DPT GRADUATE STUDENT HANDBOOK
2017-2018
CLINICAL EDUCATION HANDBOOK
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MISSION, PHILOSOPHY, AND OUTCOMES

William Carey University Mission:

As a Christian university which embraces its Baptist heritage and namesake, William Carey University provides quality educational programs, within a caring Christian academic community, which challenge the individual student to excel in scholarship, leadership, and service in a diverse global society.

William Carey Physical Therapy Mission:

To create a challenging and caring academic community, preparing students to become autonomous and competent entry-level physical therapy practitioners who value lifelong learning, responsible leadership, service in diverse low-resource settings, and engagement in local and global health and wellness issues.

Physical Therapy Program Goals:

- Students and graduates are prepared as competent and confident autonomous practitioners in any entry-level practice setting.
- Students, faculty, and graduates demonstrate commitment to lifelong learning and professional development.
- Students, faculty, and graduates employ evidence based practice and critical inquiry activities in developing effective and cost-efficient care plans.
- Faculty, students, and graduates actively participate in the profession through scholarship, service, and advocacy.

William Carey Physical Therapy Clinical Education Philosophy:

High quality, diverse, client-based clinical experiences foster the integration of subject material and cultivate effective clinical reasoning skills. WCU DPT clinical education provides exposure to a variety of practice settings in which students participate in quality patient care that enhances wellness, minimizes disability, and supports the participation of clients across the lifespan in activities that positively impact quality of life. WCU DPT values and promotes interprofessional clinical experiences, community and global cultural competence, application of evidence-based practice, advocacy for patient populations, and development of the psychomotor, cognitive, and affective clinical skills that are evident in competent entry-level physical therapists.
Expected Clinical Education Outcomes:

After completion of the clinical education curriculum at WCU, physical therapist graduates will:

1. Practice physical therapy in a manner consistent with established standards of professional behavior.
2. Perform evaluations, interventions, and all clinical skills with entry-level competence in order to achieve patient goals and outcomes.
3. Incorporate patient and family perspectives in designing plans of care, adapt delivery of services to support patient values, respect cultural diversity, and accommodate resource constraints.
4. Apply sound clinical reasoning with the use of robust theoretical models and contemporary evidence for the selection of evaluation and intervention plans and the interpretation of evaluation and intervention results.
5. Participate and demonstrate leadership in advocacy for the provision of health, wellness, and rehabilitation services in low-resource areas on a community, national, and global level.

CLINICAL EDUCATION IN THE WCU PT CURRICULUM

WCU DPT clinical education is integrated into the didactic curriculum to promote the translation of basic science and physical therapy course content into evidence-based patient care. Components of the clinical education program are sequenced throughout the general curriculum to provide increasing levels of student independence through academic and clinical faculty collaboration.

Components of WCU clinical education provide early opportunities for diverse patient contact and facilitate early analysis and synthesis of evidence from multiple sources. Clinical education components are designed to provide experiences with patients across the lifespan from diverse backgrounds with a range of conditions in settings common to physical therapy practice.

The sequence of clinical education components begins with faculty mentored practice during on-campus physical therapy lab sessions in which community members with rehabilitation needs provide early patient contact for students. The sequence continues with case-based coursework and faculty mentored experiences in the community and ends with student physical therapist practice supervised by clinical faculty in community, national, or international settings.

The mission of William Carey University includes service to a diverse society. The physical therapy program supports this mission and requires student participation in clinical experience in low-resource medically-underserved areas.
Components of the Clinical Education Curriculum:

- **Community Partners**
  Faculty-supervised PT Practice Laboratory sessions on campus integrate community members who have received rehabilitation services for commonly seen physical therapy examinations and interventions. Lab sessions using this pool of community volunteers provide realistic clinical experiences as well as service to the community. Volunteers’ life stories and patient perspectives shared with students contribute to the educational experience. The Community Partners Program is the responsibility of the DCE and is coordinated by the Physical Therapy Program Administrative Assistant.

- **Integrated Clinical Experiences (ICE)**
  Each intervention-based didactic course includes a minimum of one ICE, in which course faculty accompany students into the community to practice clinical skills learned during the didactic portion of the course. Psycho-motor skills, clinical decision making, and professional behavior development are emphasized. ICE’s are under the direction of individual course faculty.

- **Service Learning Project**
  Over the course of Years 1-3, students complete a total of 12 hours of active participation in a faculty-approved volunteer community service project which promotes student social responsibility, advocacy, civic engagement and leadership, and positively benefits participating communities, corporations, and organizations.

- **Clinical Decision Making I – IV**
  Course series presents clinical reasoning tools and approaches with application for progressively more complex case studies. Case-based coursework includes appraisal of evidence and design of evaluation and intervention plans for a variety of patients and patient conditions.

- **Short Term Experiential Learning**
  *Experiential Learning I* occurs Year 1, spring trimester. This part-time experience allows students to participate in the daily management and care of physical therapy patients. Clinical performance, professional behaviors, and patient safety are emphasized. Students attend clinic for a total of 80 hours.

  *Experiential Learning II* occurs Year 2, winter trimester. This full-time, short-term experience allows students to participate in patient examinations, begin analyzing examination results, participate in the design and safe execution of a plan of care, and assist with documentation and patient billing. Students attend clinic from 8:00 a.m. to 5:00 p.m. Monday through Friday for five weeks.

- **Long Term Experiential Learning**
  *Experiential Learning III* begins in the fall trimester of Year 3 and lasts for fifteen weeks. Students are assigned a caseload and are expected to independently manage patients with simple conditions. Students additionally manage patients with complex conditions with assistance from their clinical instructor.
Experiential Learning IV begins in May of Year 3 and lasts for twelve weeks. Students are expected to manage a caseload similar to that of a new graduate physical therapist and to manage patients with both simple and complex conditions. Students will still consult with the clinical instructor and clinical staff.

- International Learning Opportunities

WCU and WCU PT encourage the development of physical therapists who are aware of global health care needs and who are able to provide physical therapy services in low-resource areas. A limited number of international clinical experiences are available to Year 3 students in good standing.

Expectations for Experiential Learning Experiences

Experiential learning experiences are sequenced to support student learning and promote gradual independence for competent practice. Clear expectations and accountability for each level of clinical activity are necessary for successful progression through the program and achievement of clinical education goals.

Professional behavior is a necessary aspect of competent physical therapy practice. The development of professional behaviors will be emphasized across the didactic and clinical curriculum. Student grades in this area will be based on the Professional Behaviors Assessment Tool, an update to Generic Abilities researched and developed by Warren May, PT, MPH, Laurie Kontney, PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA. Ten professional behaviors and criteria for evaluation are listed in the appendix. Students are expected to meet (at a minimum) Beginning Level criteria during the first year of professional study, a minimum of Intermediate Level criteria during their second year of study, and a minimum of Entry-level criteria by the beginning of their final clinical experience. Failure to meet expected criteria may preclude participation in clinical experiences.

The following are clinical expectations for each level of experiential learning:

- Experiential Learning I

Students in good academic standing are assigned to a clinical center for a part-time clinical education experience. The student will practice recently acquired clinical skills in a patient care setting under supervision of clinical staff. The student has successfully completed all professional coursework in their first and second trimesters, has passed all cumulative examinations during the first and second trimesters, and has demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

Students have completed the following coursework:

- Anatomy I & II
- Physiology I & II
- Biomechanics I & II
- Biomechanics III *
- PT Practice I, II, III
- Foundations of Professionalism I
- Neuroscience*
- Neurology I (Motor Control and Motor Learning) *
  *in process concurrently with clinical experience
Students should be able to perform:

- Manual muscle testing
- Range of motion testing and exercise
- Patient positioning and draping
- Crutch, walker, and cane training
- Patient interview
- Chart review
- Patient transfers
- Basic documentation
- Self-reflection of own clinical performance and professional behavior

During this clinical experience, students are expected to require close clinical supervision 100% of the time. Students should manage patients while receiving constant monitoring and feedback, even with patients with simple conditions. Students do not carry a caseload.

- Experiential Learning II
  
  Students in good academic standing are assigned to a clinical center for a full-time clinical education experience which lasts five weeks. The student will practice recently acquired clinical skills in a patient care setting under supervision of clinical faculty. The student has successfully completed all professional coursework in their first six trimesters of professional study, passed all cumulative examinations during the first six trimesters, and demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

  Students have completed the following coursework:
  - Anatomy & Physiology I & II
  - Biomechanics I, II, & III
  - PT Practice I, II, III, & IV
  - Foundations of Professionalism I & II
  - Evidence-Based Practice I & II
  - Clinical Decision Making I & II
  - Neuroscience
  - Neurology I (Motor Learning)
  - Exercise Physiology
  - Neurology II (CVA, TBI, SCI)
  - Wellness and Prevention
  - Musculoskeletal I & II (upper and lower quadrants)
  - PT Practice V (physical agents)
Students should be able to perform the following:

- Manual muscle testing
- Range of motion measurement and exercise
- Patient positioning and draping
- Crutch, walker, and cane training
- Chart review
- Patient interview
- Basic documentation
- Patient transfers
- Application of electro-physical agents
- Basic assessment and interpretation of results for patients with simple musculoskeletal (upper and lower quadrants – not spine) and neurological conditions
- Find and evaluate evidence and appropriate research for patient conditions and interventions
- Plan basic interventions for patients with upper and lower quadrant musculoskeletal conditions
- Plan basic interventions for patients with simple neurologic conditions
- Assess and plan interventions for wellness and fitness
- Use reflection to self-assess own clinical performance and professional behavior

Expectations for level of independence:
At the beginning of the clinical experience the student is expected to receive clinical supervision 75% to 90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions. The student may begin to share a caseload with the clinical instructor.

By the end of the clinical experience the student is expected to require clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. The student should be proficient with simple tasks and is beginning to be able to consistently perform skilled examinations, interventions, and clinical reasoning. The student may maintain up to 50% of a full-time new graduate physical therapist’s caseload.
Experiential Learning III

Students in good academic standing are assigned to a clinical center for a full-time clinical education experience which lasts fifteen weeks. The student will practice clinical skills, assessments, and design plans of care with increasing independence and decreasing supervision by clinical faculty. Student has successfully completed all professional coursework to date, student has passed all cumulative examinations to date, student has demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

Students have completed all coursework except for practice management and electives. Students should be able to perform the following:
- Complete an examination of patients typically seen in the setting.
- Analyze the results of examination.
- Design a safe and appropriate plan of care based on patient needs and desires.
- Produce accurate and timely documentation consistent with facility standards.
- Establish professional relationships with patients, families, and the healthcare team.
- Use reflection to self-assess own clinical performance and professional behavior.

Expectations based on Clinical Performance Instrument (CPI):
Performance on CPI is expected to progress from Intermediate Performance to a minimum of Advanced Intermediate Performance.

Expectations for level of independence:
At beginning of the clinical experience the student is expected to receive supervision 25% to 50% of the time managing patients with simple conditions, and 50-75% of the time managing patients with complex conditions. The student is expected to be consistent and proficient with simple tasks. The student is expected to be developing the ability to consistently perform examinations, interventions, and clinical reasoning. The student should be able to manage 50% of a full-time therapist’s case load.

By the end of the clinical experience the student is expected to require supervision less than 25% of the time managing new patients or patients with complex conditions. The student is expected to be independent in handling patients with simple conditions. The student should require only occasional cueing for skilled examination, intervention, and clinical reasoning. The student is expected to manage a minimum of 75% of a full-time therapist’s caseload.
• Experiential Learning IV
Students in good academic standing are assigned to a clinical center for a full-time clinical education experience which lasts twelve weeks. The student will practice clinical skills, assessments, and design plans of care independently with consultation from clinical faculty as needed.

Criteria for placement in Experiential Learning IV:
Student has successfully completed all professional coursework to date, student has passed all cumulative examinations to date, student has demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

The student has completed all didactic coursework.

The student should be able to:
Complete an examination of patients typically seen in the setting.
Analyze the results of examination.
Design a safe and appropriate plan of care based on patient needs and desires.
Produce accurate and timely documentation consistent with facility standards.
Establish professional relationships with patients, families, and the healthcare team.
Use reflection to self-assess own clinical performance and professional behavior.

Expectations based on Clinical Performance Instrument (CPI):
Performance on CPI items is expected to progress to a minimum of Entry-level Performance on all items by the end of this clinical experience.

Expectations for level of independence:
At the start of this clinical experience the student is expected to require supervision less than 25% of the time managing new patients or patients with complex conditions. The student is expected to be independent in handling patients with simple conditions. The student should require only occasional cueing for skilled examination, intervention, and clinical reasoning. The student is expected to manage a minimum of 75% of a full-time therapist’s caseload.

By the end of the clinical experience, the student is expected to function without guidance or clinical supervision managing patients with simple or complex conditions, although the student will consult with others to resolve unfamiliar or ambiguous situations. The student can maintain 100% of a full-time physical therapist’s caseload in a cost-effective manner.
Establishment of New Clinical Partnerships

Clinical sites are selected based on the facility’s ability to meet university standards and DPT students’ learning needs. Selection of each clinical site is based on the following:

1. Review of the facility’s mission and philosophy for congruence with the university and physical therapy program mission, philosophy, and goals
2. Review of clinical education documents:
   a. Self-Assessments of clinical site, clinical instructor, and center clinical coordinator of education
   b. Clinical Site Information Form (CSIF)
   c. Clinical education contract
   d. Student evaluation of clinical site and clinical instruction
3. Site visits with observation of patient care provided at facility
   a. Indications of evidence-based contemporary physical therapy practice
   b. Employment of a sufficient number of physical therapists to provide quality patient care and quality student experience
   c. Provision of services in an ethical and legal manner by all staff
4. Communication with staff and administration demonstrates an interest in clinical teaching
5. Review of clinical site staff to determine:
   a. Level of experience and expertise of clinical staff
   b. Availability of ABPTS specialists on staff
   c. Availability of APTA credentialed instructors
   d. Availability of appropriate professional role models
   e. Evidence of continuing education and professional development
   f. Professional organization membership
6. A review of learning experiences offered to students at the facility
   a. Variety of learning experiences
   b. Availability of interprofessional learning opportunities
   c. Specialized programs
   d. Physical space available to students
   e. Presence of active, stimulating environment for student learning
7. Type of clinical sites needed to meet WCU PT clinical education needs
8. Site’s willingness and plan to accept students in an on-going partnership
9. Site’s willingness to actively participate with feedback and communication with university program through self-assessments and participation in continuing education
10. Availability of CI’s that meet WCU standards.

The above criteria will be used to re-evaluate clinical sites every five years, with the additional consideration of past communication between CI, CCCE, and DCE. The re-evaluation will include any and all contract review processes required by the clinical site contract.
Roles of DCE, CCCE and CI

Role of the Director of Clinical Education (DCE) and associated faculty:
The DCE and associated faculty are responsible for coordinating and managing the collaboration of academic and clinical sites for the education and preparation of DPT students. The DCE and associated faculty develop, maintain, and evaluates clinical sites and maintain communication with clinical sites to keep them current as to university program curriculum and learning objectives, contractual agreements, and clinical faculty development opportunities. The DCE and associated faculty coordinate and teach clinical education courses, coordinate student assignments to clinical sites, monitor student progress during clinical internships, and provide support or remediation for students as needed or requested by the student’s CI.

Role of the Center Coordinator of Clinical Education (CCCE):
The CCCE serves as the representative of the clinical education site to the academic program. The CCCE is responsible for maintaining clinical documentation and evaluations relevant to the academic program. The CCCE schedules students, manages the logistics of student placement within the facility or facilities, ensures orientation is provided for incoming students, and manages the learning experiences of students at the clinical site. The CCCE may assist in student and CI goal setting as well as student remediation. The CCCE plans for CI professional growth and develops clinical site resources.

Role of the Clinical Instructor (CI):
The CI is responsible for the supervision of the student in the clinical environment. The CI models professional behavior and clinical skills, sequences student learning experiences appropriately for the students’ levels of expertise, and promotes progression of student goals. The CI defines expectations for students, collaborates with students to establish goals and objectives for the clinical experience, and provides formative and summative feedback. The CI is responsible for evaluating student performance during the clinical experience.

WCU Clinical Instructor Qualifications

- Demonstrates evidence-based contemporary clinical competence
- Models core values and professional behaviors in ethical and legal practice
- Has a minimum of 1 year of experience in the area of practice in which they are providing clinical instruction
- Effectively communicates with students during instruction, supervision, and evaluation
- Effectively maintains communication with CCCE and DCE regarding student performance
- Preference for ABPTS Specialist
- Preference for APTA Credentialed Clinical Instructor
Responsibilities and Rights of Clinical Faculty

Responsibilities:

- Collaborate with the DCE and associated faculty as needed to design a clinical education program that facilitates adult learning and provides the best opportunity for students to apply and integrate theoretical concepts and skills learned in the academic educational program. Collaborate with students to set clear goals, objectives, and expectations, and provide space, equipment, time, and supplies conducive to meeting student objectives and expectations.
- Orient students to the clinical site and specific departmental policies and procedures. Include information on available supports such as food servers, emergency medical facilities, library facilities, parking options, as well as any support services that may be necessary in accordance with ADA guidelines.
- Use a variety of instruction methods, with consideration for student learning preferences, that evolve from instructor-directed to student-initiated as the experience progresses and the students’ skills and abilities progress. Support student participation and self-direction in the learning process by using positive questioning and coaching, encourage student self-assessment and reflection, and provide supervision congruent with the level of education and clinical preparation of the student. Provide the type of patients appropriate for the course objectives, and identify opportunities for students to apply skills that may not be available or required at the clinical site. Recognize opportunities and resources in the clinic that may contribute to student learning, including interprofessional resources and activities.
- Facilitate the students’ problem-solving skills based on evidence from the literature. Confirm that students can justify their choices for assessment and intervention, are able to present the evidence behind their choices, and can relate their choices to patient goals and expected outcomes.
- Model clinical decision-making and reflective practice by “thinking aloud” through problem-solving processes during patient care (direct and indirect) and with issues related to professional judgment.
- Review the students’ evaluation instrument and specific skills required to be successfully completed by the end of the experience. Assess and guide student performance by scheduling consistent weekly meetings to answer student questions, update weekly planning forms, document progress toward student and site objectives, and provide timely feedback on student strengths and weaknesses in clinical skills and professional behaviors. Formally assess the students’ performances at the midpoint and conclusion of the clinical education experience using the designated performance instruments (CPI WEB for full time clinical experiences).
- After making attempts to remediate unsatisfactory performance or unsatisfactory progress in any given skill or knowledge area, contact the DCE or associated faculty to initiate a student learning contract. Immediately notify the DCE or associated faculty of any student who is in danger of failing the clinical experience or of being dismissed from the clinical setting. In case of unsafe practice by student, complete a Critical Incident Report and send immediately to DCE or associated faculty.
- Partner with the university by participating in needs assessment surveys and reciprocal constructive feedback activities regarding clinical education experiences, DPT Program curriculum, DCE and associated faculty performance, and quality of collaboration between clinic and university.
Rights:

- WCU DPT highly values our partners in clinical education. The hours, energy, and effort clinical instructors and center clinical coordinators invest in our students are respected and appreciated. WCU DPT provides CCCEs and CIs reduced fees on continuing education presented by WCU DPT, a listener’s license for free attendance to approved courses or lectures presented by WCU DPT faculty, and a certificate of appreciation, provided the CCCE and CI support the equivalent of one full time student per year. All CCCE’s and CI’s are invited to provide insight and recommendations for academic curriculum planning.

- In addition, CCCEs and CIs have the right to request a telephone conference or site visit from the DCE, request university support in the remediation of students or during conflict with students at their clinical facility, and have the right to request a student be removed from their clinical supervision and responsibility.

- Clinical faculty have the right to report a complaint against the physical therapy program. Clinical faculty may send a detailed complaint in writing to the DCE. If the complaint involves the DCE, the clinical faculty may send a detailed complaint in writing to the Program Director. All complaints will be taken seriously, and will be considered a valued attempt to improve the physical therapy program. Clinical faculty reporting a complaint will be contacted within three business days as follow-up to address the complaint.

Rights and Responsibilities of Patients

- Patients have the right to be treated fairly with dignity and respect, and without discrimination by physical therapy students from William Carey University.

- Patients have the right to have the physical therapist student identify themselves as such at each and every encounter. Patients have the right to refuse evaluation and/or treatment at any time by a student from William Carey University. If a patient refuses evaluation or treatment by the physical therapy student, the care of the patient will be immediately transferred to the clinical instructor, and the student will withdraw from care of that patient.

- If patients feel that a student from William Carey University has treated them inappropriately, they are encouraged to file a detailed complaint with the supervising clinical instructor. The clinical instructor or the CCCE will then contact the Director of Clinical Education at William Carey to report the complaint in writing, to include names of all involved parties, details of the incident, date and location of the incident, and actions taken since the incident. The patient may also register the complaint in writing directly with the Director of Clinical Education at William Carey University, and may be provided contact information by the clinical instructor, the CCCE, or by filling out the complaint form on the Clinical Education website.

Complaints may be registered by contacting the Director of Clinical Education:

Judy Prehn, PT, DSc, PCS
601-318-6560
710 William Carey Parkway
WCU Box 9
Hattiesburg, MS 39401
jprehn@wmcarey.edu
If the complaint concerns the DCE, the patient should contact the program director:
Cyndi Scott, PT, MBA, PhD
601-318-6679
710 William Carey Parkway
WCU Box 9
Hattiesburg, MS 39401
cscott@wmcarey.edu

Complaint Procedure

When a complaint is received, the DCE will contact the clinical instructor immediately to investigate the significance of the complaint. All pertinent information will be reviewed and careful assessment of the situation will be made. The CI and DCE will decide whether the student should be removed from the clinical site, whether the complaint warrants failure of the clinical experience, or on another appropriate plan of action. If the patient is dissatisfied with the steps taken to address the complaint, the patient should contact the program director directly.

If it is determined that the student stay at the clinical site, then the student will receive counseling by the DCE and CI. A plan of remediation will be established, with goals and objectives to avoid future patient complaints.

A copy of the complaint and resultant actions will be kept on file in the student’s confidential clinical education folder for a period of five years.

STUDENT ROLES AND RESPONSIBILITIES

Student Clinical Education Requirements and Student Site Selection Process

WCU DPT values and strives for close partnerships between academic and clinical settings. Our goal is to place students in clinical sites that consistently provide students with quality learning experiences and whose staff maintain relationships with the university, collaborate with academic faculty concerning didactic curriculum and student clinical performance, and have a commitment to continue offering clinical education opportunities to WCU students.

Clinical sites affiliated with WCU incorporate inpatient and outpatient settings such as private practice, rehabilitation centers, acute care facilities, skilled nursing facilities, children’s hospitals and schools, and home care agencies. Areas of practice include orthopedics, neurological rehabilitation, medical/surgical, cardiopulmonary, wound care, sports medicine, industrial rehabilitation, and pediatrics.

Students are required to complete a minimum of one acute care inpatient clinical affiliation, one general rehabilitation level affiliation, and one outpatient clinical affiliation in order to participate in the care of patients across the continuum of care. One of these clinical affiliations must be in a low-resource area, as defined by Health Professional Shortage Areas. In addition, each student is required to complete one full-time clinical affiliation out of the state of Mississippi.
A minimum of one inpatient and one outpatient clinical site must serve patients that are commonly seen in typical physical therapy practice. Specialty clinical sites may be planned in addition to required affiliations, with specialty clinics offering therapy to a more diverse population or in a specialized area. International affiliations may be available and may qualify as the low-resource clinical placement.

It is the responsibility of each student to ensure that all clinical education requirements are fulfilled.

It is the responsibility of the DCE and associated faculty to use all clinical sites in an efficient manner which promotes the continued success of the clinical education program. Student input into site selection is encouraged but personal considerations are secondary to planning a well-rounded clinical education experience that meets program requirements for variety of setting, continuum of care, and lifespan. It is each student’s responsibility to ensure that all program requirements are met with their sequence of clinical assignments.

Academic performance, cumulative exam results, professional behaviors, input from faculty, level of success in previous clinical experiences, and work towards a specialty track are considered when assigning clinical placements.

**Eligibility for Experiential Learning**

Prior to attendance at first clinical affiliation in the spring trimester of Year 1, each student’s file must contain proof of the following:

1. Membership in APTA (yearly)
2. Professional liability insurance (yearly)
3. Health insurance (yearly)
4. Immunizations, as per current CDC guidelines for healthcare workers (check CDC website for current requirements):
   a. Measles, Mumps, Rubella (MMR)
   b. Hepatitis B vaccine or completed waiver form
   c. Varicella (Chicken Pox) x 2
   d. Tetanus, Diphtheria, Pertussis (Td/Tdap)
   e. Meningococcal
5. Negative Tuberculosis (TB) test (yearly)
6. Criminal background check
7. Drug screen
8. Essential Functions compliance (signed form)
9. CPR certification for healthcare providers (every two years)
10. Completion of OSHA training (yearly) – Blood Borne Pathogens training
11. Completion of HIPAA training
12. International health and medical evacuation insurance, passport, and designated preventative medications and vaccinations for all students with international clinical placement
Note that some requirements must be maintained as current. If any of these required items are not present in the students’ file, the student will not be allowed to participate in the site selection process until clinical experiences have been assigned to peers in compliance. In addition, students without required documentation will not be allowed to participate in assigned clinical experiences and a grade of “incomplete” will be designated for that clinical experience grade.

Clinical sites may request additional documentation. It is the student’s responsibility to furnish the clinic with requested documentation.

Year 1 students must have all above criteria met by January 5. Year 2 and Year 3 students must have all updates in place by January 5 of each year.

In addition to the above requirements, each student must pass all cumulative exams and prior clinical experiences to participate in assigned clinical affiliations.

**On-Site Professional Appearance**

While participating in clinical experiences students will adhere to Uniform/Professional Dress Policy as indicated in the WCU DPT Graduate Handbook. Students will not observe “Casual Friday” dress during clinical experiences.

Clinical facilities will generally have dress guidelines and students should take responsibility for determining the dress code prior to arrival. Unless stated by the facility to which the student is assigned, business casual attire will be expected during clinical experiences. Students should not assume they can dress in a less formal manner similar to staff unless they have permission from the DCE and the CCCE. If the facility requires different attire, the student will notify the DCE to get approval for a change in dress code. The student under NO circumstances shall request the facility to allow a specific type of attire. The DCE will be notified if a student dresses inappropriately or demonstrates an unprofessional appearance. Continued problems with professional appearance can result in removal from the clinical experience with a failing grade.

In addition to dress code requirements outlined in the WCU DPT Graduate Handbook, additional dress considerations are necessary for clinical settings. These additional requirements are important for infection control, comfort and well-being of patients, and safety of the student. The following requirements will also be observed:

- No cologne or body spray (no scents)
- Only small earrings
- Hair that is shoulder length or longer must be secured in clip, pony tail, etc.
- Short fingernails; no artificial fingernails
- No rings, with the exception of a plain wedding band
- Low-heeled, closed-toed shoes with non-skid soles
- Name tag worn at all times
Clinical Attendance

Attendance for the entirety of each clinical experience is mandatory. In the event of illness or other family emergency, the student is responsible for immediately notifying the CI and the DCE. Absences greater than three days are to be made up as determined by the DCE and clinical faculty. Students are expected to be punctual with all clinic attendance. Failure to arrive on time is considered unprofessional behavior and can be sufficient to prompt remedial action. Guests and family members are not to visit the student at the clinical site during clinic hours. Students are not allowed to change the day or date of clinic attendance without the expressed and documented consent of the DCE or associated faculty.

On Site Expenses

Students are responsible for all fees and expenses incurred during clinical education. This includes lodging, meals, parking, and travel to clinical sites. For most clinical sites, it will be the student’s responsibility to locate and make arrangements for housing. Consideration of financial issues will be taken into account as possible during clinical site assignment. Students should be prepared to meet all financial obligations of this important part of physical therapist education.

Student Forms and Evaluations

At mid-term and end of each clinical experience, students are required to self-assess and reflect on their performances of clinical skills and professional behavior. At these two times during each clinical experience, students will complete the CPI and the Professional Behaviors Self-Assessment and have both forms signed and dated by their clinical instructor or CCCE.

Students are required to collaborate with their clinical instructor to write objectives for each clinical experience. In conjunction with these objectives, students may complete weekly planning forms to monitor and facilitate progress in meeting the objectives. Clinical instructors sign off on each planning form.

At the end of each clinical experience, students are required to complete the Student Clinical Site Evaluation and the Clinical Instruction Evaluation. These evaluations are essential in the process of maintaining quality clinical sites. Grades will not be awarded for these clinical experiences until these evaluations have been received by the DCE or associated faculty.

Electronic Devices

Student physical therapists are expected to contribute to a positive clinical environment by listening attentively, responding to questions, and engaging vigorously in all clinical experiences and clinical site learning activities. Use of cellular devices for texting, instant messaging, or sending or receiving emails, or sending or receiving phone calls is a distraction and will not be tolerated during clinic hours. Students may check their phones prior to clinic hours, at lunch break, and after clinic hours. Cell phones should not be carried by the student during clinic hours.
Student Injury, Illness, or Request for Accommodations

In the event that a student requires accommodation to successfully complete a clinical experience, it is the student’s responsibility to request reasonable accommodation in the clinic prior to clinic assignments. Students are to discuss their exceptional learning needs with the DCE in a proactive fashion prior to their assigned clinical education experiences so that an effective strategy can be agreed upon and implemented at each clinical site prior to assignment.

It is the student’s responsibility to seek appropriate medical care should student injury or illness occur during clinical affiliation. Students should contact their clinical instructor if the illness or injury will interfere with attendance. If an injury occurs in the clinic, the student must immediately notify the clinical instructor and complete a facility incident report. Students should email the DCE a copy of the incident report. Students are requested to contact the DCE at the earliest opportunity when illness or injury occur. Financial responsibility for medical care is the responsibility of the student.

International Clinical Education Policies

International clinical learning promotes cultural sensitivity, effective communication, adaptability, and flexibility of practice, as well as altruism, compassion, and caring – core values of the physical therapy profession. WCU DPT will maintain a limited number of international clinical learning opportunities. These clinical experiences will be supervised by a U.S. licensed physical therapist and will count towards fulfillment of clinical education hours.

In consideration of student safety, effectiveness of student contributions to the clinic and patients, feasibility in travel, and the ability of the DCE and related faculty to communicate with clinic staff, international clinical sites must have English as their primary language, unless the student is able to pass a language proficiency test in the language spoken. In addition, the clinical instructor must be able to communicate with WCU DPT in English. The exception to this policy will be short term clinical experiences when the student is accompanied by a WCU DPT faculty member.

Students participating in international clinical placements will be responsible for fees and tuition charged by the clinical site, all travel expenses, food, and lodging. In addition, students will be responsible for meeting any medication or immunization recommendations of the CDC for travel to that region.

Students are allowed only one international clinical experience.
EVALUATION OF EXPERIENTIAL LEARNING

Grading of Clinical Experiences

Final grading for each clinical experience is the responsibility of the DCE and related faculty. Grades are based on clinical performance instruments completed by CI’s, professional behavior self-assessments, communication from CI’s and CCCE’s, and completion and quality of work assigned during the clinical experience.

In the event that a student is at risk for failing a clinical experience, the CI notifies the DCE and a student learning contract is developed with input from the CI, DCE, and student. If progress is not sufficient with the learning contract, then a remediation plan is established with specific objectives, timelines, and consequences developed to address areas of concern. Student compliance with the remediation plan is mandatory.

Should a student not be making sufficient progress to pass or if the remediation plan has not been completed, an extension of the clinical experience may be requested when logistically possible. If the student requires such an extension, the student will receive a grade of “incomplete” for that clinical experience until the extension is completed.

Should a student fail a clinical experience, the DCE will meet with the CI, the program director, and related faculty to determine if the student will be allowed to continue with academic coursework with the opportunity of repeating the clinical experience.

Termination of Clinical Experience

The DCE has the right and obligation to terminate a clinical experience and remove the student from their clinical placement if there is evidence of unprofessional student behavior, evidence that the student is not competent in safely performing skills required at the clinical site, evidence of unethical or incompetent clinical instruction, or if the facility for some reason is unable to continue their contractual obligation.

Should termination of the clinical experience be due to unprofessional student behavior or student unsafe clinical practice, the DCE will meet with the program director and related faculty to determine if the student will be allowed to continue remediation and academic coursework.

Should termination of the clinical experience be due to an inability of the clinical site or clinical instructor to provide student supervision, the student will be placed in an alternate clinical setting as soon as possible without grading penalty.
RIGHT TO PRIVACY

Patient

Patients have the right to refuse evaluation and treatment by a physical therapy student. Students are required to introduce themselves as a student and request permission to work with that patient at every session. WCU DPT complies with the Health Insurance Portability and Accountability Act (HIPAA). WCU and WCU DPT students protect patient health information accessible to students during the course of the clinical experience. Facilities may require students to sign HIPAA compliance forms. Students will complete HIPAA training prior to assignment of their first clinical experience.

Facility

Students participating in clinical experiences at a facility may have access to organizational reports, marketing strategies, organization plans, meeting minutes, and other confidential organizational communications. This information is considered protected information, and students are not to disclose any organizational information to persons outside of the organization.

Student

Student grades earned prior to their clinical experiences are confidential and thus not shared with clinical faculty. Likewise, student evaluations from their clinical experiences are protected and are not shared among clinical sites. CI’s, CCCE’s and the DCE are responsible for maintaining student confidentiality at all times.
Agreement for Clinical Education

William Carey University
School of Physical Therapy
(“University”)
and

(“Affiliate”)

Effective Date of Agreement

This agreement is entered into between the University and the Affiliate, sharing common goals for education and desiring to establish a relationship for the purpose of providing educational experiences at the Affiliate’s sites for University physical therapy students.

Responsibilities of Parties

I. Joint Responsibilities:
The University and the Affiliate will jointly:
Work together to maintain an environment of high quality patient care. At the request of either party, a meeting will promptly be held to resolve any problems or develop improvements in the clinical education experiences, propose modifications to curriculum design, and/or evaluate teaching methods.

Review objectives for the academic program and clinical experiences

Provide each party with timely notice of changes in the curriculum, the availability of learning opportunities and staff affecting clinical teaching

Agree to make no distinction among students covered by this contract on the basis of race,
religion, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a Veteran, disability or health status

Agree to practice physical therapy in a manner consistent with established professional standards and ethical guidelines, as well as federal and state regulations.

II. University Responsibilities:
The University will maintain ultimate responsibility for the education of its students.

The University will provide the Affiliate with student names and contact information, level of academic and pre-clinical preparation, and educational objectives for each clinical experience prior to students’ arrival.

The University will refer to the Affiliate only those students who have satisfactorily completed the academic prerequisites for the assigned clinical experience.

The University will permit Affiliate clinical staff to visit the Physical Therapy program for the purpose of observing, auditing and participating in teaching clinical aspects of physical therapy practice.

The University will be responsible for determining the student’s final grade for the clinical experience, with input from the Affiliate evaluation.

The University will maintain communication with the Affiliate on matters of clinical education, including site visits, workshops, meetings and educational materials relevant to the clinical education program.

The University will maintain the right to terminate a clinical education assignment at the University’s discretion, if in the best interest of the student, University, or Affiliate.

University students will assume responsibility for providing proof of health screen, immunizations and background check when required, as well as proof of health and liability insurance.

III. Affiliate Responsibilities:
The Affiliate will allow University faculty and/or representatives and/ or accreditation officials to visit the Affiliate facility for observing, auditing or participating in the teaching process, attending meetings, or evaluating for accreditation.
The Affiliate will be responsible for facilitating the students’ professional growth by providing clinical experiences appropriate to the students’ level of education and clinical preparation, including space, equipment, time and supplies adequate for the student to meet the educational objectives for the clinical experience.

The Affiliate will retain ultimate responsibility for all aspects of patient care and the welfare of its patients.

The Affiliate will consult with the University promptly regarding concerns about student professional behavior or clinical competency. The Affiliate will share responsibility with the student and the University in devising a plan to assist the student in achieving the educational objectives for the assigned clinical experience.

The Affiliate will evaluate the performance of the student, using forms designated by the University, at interim (formative) and final (summative) points of the clinical experience.

The Affiliate will advise the University immediately of any changes in its operation, policies, or personnel which may affect the clinical education experience of the students.

The Affiliate will provide their assigned students information on the availability of support services such as food servers, emergency medical care, library facilities, and parking, as well as reasonable support services that may be necessary in accordance with ADA guidelines.

IV. Terms of Agreement

Terms and conditions of this Agreement may be amended upon written request by either party.

This Agreement shall become effective on ____________ and shall continue indefinitely or until terminated. This Agreement may be terminated by either party with a written notification giving a three-month period of advance notice. Should notice of termination be given, students shall be allowed to complete any previously scheduled clinical assignment with the Affiliate.

Under terms of this Agreement, all services rendered by students are considered educational in nature with no employer-employee relationship, partnership, or payment obligation of any kind by either party.

This contract shall supersede any and all prior contracts between the parties regarding the subject matter hereof.
SELF-ASSESSMENTS FOR CLINICAL INSTRUCTORS

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1. Do you, as the clinical instructor (CI), have at least 1 year of clinical experience? □ Yes □ No □ Developing

2. Do you demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching? □ Yes □ No □ Developing

3. Do you, as the CI, demonstrate competence as a physical therapist or a physical therapist assistant by:
   a) Utilizing the patient/client management model in the Guide to Physical Therapist Practice to demonstrate a systematic approach to patient care? □ Yes □ No □ Developing
   b) Using clinical reasoning and evidence-based practice in the delivery of health services? □ Yes □ No □ Developing
   c) Providing rationale for the patient/client?
      - Examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations (PT) □ Yes □ No □ Developing
      - Interventions (including data collection and outcomes associated with those interventions) as directed and supervised by the PT and within the plan of care (PTA) □ Yes □ No □ Developing
   d) Demonstrating effective time-management skills? □ Yes □ No □ Developing

4. Do you, as the CI, adhere to legal practice standards?
   a) By holding a current license/registration/certification as required by the physical therapy practice act in the state in which you practice? □ Yes □ No □ Developing
   b) By providing physical therapy services that are consistent with your state practice act and interpretive rules and regulations? □ Yes □ No □ Developing
2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

1. Do you, as the CI, use verbal, nonverbal, and written communication skills and information technology to clearly express yourself to students to:

   a) Define performance expectations for students?  □ Yes  □ No  □ Developing

   b) Collaborate to develop mutually agreed-on goals and objectives for the clinical education experience?  □ Yes  □ No  □ Developing

   c) Provide feedback?  □ Yes  □ No  □ Developing

   d) Demonstrate skill in active listening?  □ Yes  □ No  □ Developing

2. Do you, as the CI, facilitate communication by:

   a) Encouraging dialogue with students?  □ Yes  □ No  □ Developing

   b) Providing time and a place for ongoing dialogue to occur?  □ Yes  □ No  □ Developing

   c) Initiating communication that may be difficult or confrontational around an issue of concern?  □ Yes  □ No  □ Developing

   d) Remaining open to and encouraging feedback from students, clinical educators, and other colleagues?  □ Yes  □ No  □ Developing

COMMMENTS/PLAN:
3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

1. Do you, as the CI, form a collegial relationship with students?
   □ Yes □ No □ Developing

2. Do you model behaviors and conduct and instructional and supervisory skills that are expected of the PT or PTA?
   □ Yes □ No □ Developing

3. Do you demonstrate an understanding of the impact of your behavior and conduct as a role model for students?
   □ Yes □ No □ Developing

4. Do you promote the student as a colleague to others?
   □ Yes □ No □ Developing

5. Do you demonstrate respect for and sensitivity to individual differences?
   □ Yes □ No □ Developing

6. Are you willing to share your strengths and weaknesses with students?
   □ Yes □ No □ Developing

7. Do you, as the CI, remain approachable by assessing and responding to student concerns with empathy, support, or interpretation, as appropriate?
   □ Yes □ No □ Developing

8. Do you, as the CI, interact appropriately with patients, colleagues, and other health professionals to achieve identified goals?
   □ Yes □ No □ Developing

9. Do you represent the physical therapy profession positively by assuming responsibility for career and self-development and demonstrate this responsibility to the student by participation in activities, such as:
   a) Continuing education courses?
      □ Yes □ No □ Developing
   b) Journal club?
      □ Yes □ No □ Developing
   c) Case conferences?
      □ Yes □ No □ Developing
   d) Case studies?
      □ Yes □ No □ Developing
   e) Literature review?
      □ Yes □ No □ Developing
   f) Facility sponsored courses?
      □ Yes □ No □ Developing
   g) Post-entry-level education?
      □ Yes □ No □ Developing
h) Area consortia programs?
   • Yes  • No  • Developing

i) Membership and active involvement in the profession (e.g., America Physical Therapy Association)
   • Yes  • No  • Developing

COMMENTS/PAIN:
1. Do you, as the CI, implement, facilitate, and evaluate learning experiences for students based on a plan created in collaboration with students?  
   □ Yes  □ No  □ Developing

2. Do you, as the CI, review the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience?  
   □ Yes  □ No  □ Developing

3. Do you include learning experiences in the patient/client management model (e.g., examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes for the PT student; directed interventions with the plan of care for the PTA student) and practice management activities (e.g., billing, staff meetings, marketing)?  
   □ Yes  □ No  □ Developing

4. Do you, as the CI, maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment?  
   □ Yes  □ No  □ Developing

5. Do you, as the CI, integrate knowledge of various learning styles to implement strategies that accommodate students' needs?  
   □ Yes  □ No  □ Developing

6. Do you, as the CI, sequence learning experiences to allow progression towards the student's personal and educational goals?  
   □ Yes  □ No  □ Developing

7. Do you, as the CI, monitor and modify learning experiences in a timely manner, based on the quality of the student's performance?  
   □ Yes  □ No  □ Developing

COMMENTS/PLAN:
5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CI, present clear performance expectations to students at the beginning of and throughout the learning experience?
   □ Yes □ No □ Developing

2. Are goals and objectives mutually agreed on by you and students?
   □ Yes □ No □ Developing

3. Do you, as the CI, provide both formal and informal feedback?
   □ Yes □ No □ Developing

4. To provide student feedback, do you collect information through:
   a) Direct observation and discussions with students?
      □ Yes □ No □ Developing
   b) Review of the students' patient/client documentation?
      □ Yes □ No □ Developing
   c) Available observations made by others?
      □ Yes □ No □ Developing
   d) Students' self-assessments?
      □ Yes □ No □ Developing

5. Do you, as the CI, provide feedback to students that is:
   a) Frequent?
      □ Yes □ No □ Developing
   b) Positive?
      □ Yes □ No □ Developing
   c) Constructive?
      □ Yes □ No □ Developing
   d) Timely?
      □ Yes □ No □ Developing

6. Do you, as the CI, review and analyze feedback regularly and adjust learning experiences accordingly?
   □ Yes □ No □ Developing

7. Do you, as the CI, perform constructive (interim) and cumulative (final) evaluations of the students' performance by:
   a) Participating with the student in ongoing constructive evaluations?
      □ Yes □ No □ Developing
   b) Providing cumulative evaluations at least at midterm and at the completion of the clinical education experience?
      □ Yes □ No □ Developing
   c) Including student self-assessments?
      □ Yes □ No □ Developing
1. Do you, as the CI, familiarize yourself with the students' evaluation instrument(s) prior to the clinical education experience? □ Yes □ No □ Developing

2. Do you, as the CI, use and articulate available information and observations when evaluating students' knowledge, skills, and behavior as related to specific performance criteria? □ Yes □ No □ Developing

3. Do you, as the CI, recognize and document students' progress by identifying areas of:
   a) Entry-level competence? □ Yes □ No □ Developing
   b) Exceptional performance? □ Yes □ No □ Developing
   c) Unsafe or ineffective performance? □ Yes □ No □ Developing
   d) Appropriate progression? □ Yes □ No □ Developing

4. In collaboration with the CCCE and ACCE/DCE, do you plan activities that continue to challenge student performance based on areas of:
   a) Exceptional performance? □ Yes □ No □ Developing
   b) Appropriate progression? □ Yes □ No □ Developing
   c) Specific deficits? □ Yes □ No □ Developing

5. Do you, as the CI, demonstrate awareness of the relationship between the academic program and clinical education site as it relates to:
   a) Student performance evaluations? □ Yes □ No □ Developing
   b) Grading? □ Yes □ No □ Developing
   c) Remedial activities? □ Yes □ No □ Developing
   d) Due process in the case of student failure? □ Yes □ No □ Developing

6. Do you, as the CI, demonstrate a constructive approach to student performance evaluation that is:
   a) Educational? □ Yes □ No □ Developing
   b) Objective? □ Yes □ No □ Developing
   c) Reflective? □ Yes □ No □ Developing
7. Do you foster student evaluation of the clinical education experience, including:
   a) Learning opportunities? □ Yes □ No □ Developing
   b) Cl performance? □ Yes □ No □ Developing
   c) CCCE performance? □ Yes □ No □ Developing
   d) The evaluation process? □ Yes □ No □ Developing
NEGOTIATED LEARNING CONTRACT*

Memorandum of Agreement

“I have read and understood the contents of the following:

(Identify the name of relevant documents, policies, agreed upon expected behaviors, or the level of performance to be attained with respect to clinical education performance.)

(Clearly specify for all involved parties the specific consequences when the identified criteria are successfully achieved and the consequences when the identified criteria are not achieved)

I agree to abide by the policies and procedures and agreed upon expected performance standards as stated in the above listed materials.”

______________________________  ________________________________
Student Name  (Printed)  CI Signature

______________________________  ________________________________
Student Signature  CCCE Signature

______________________________  ________________________________
Date  Date

* This information was used with permission and taken from the presentation “Legal Context for Evaluating and Dismissing Physical Therapy Students” by Steve Milam, Senior Counsel and Assistant Attorney General, Health Sciences and Medical Centers, University of Washington, Seattle, WA. Content found in: APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section V-6.
Critical Incident Report

Directions: Record each entry clearly and concisely without reflecting any biases.

Student’s Name:
Evaluator/Observer:

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

Student Initials:  
Evaluator Initials:

Student Initials:  
Evaluator Initials:

Student Initials:  
Evaluator Initials:

Student’s Signature:
Evaluator’s Signature:

Weekly Planning Form

Dates: ___________________  Week #: ________________

Summary of Previous Week:
(Progress, Feedback)

Student:

Clinical Instructor:

Goals for the Upcoming Week:

Student’s Signature  Clinical Instructor’s Signature
William Carey University Physical Therapy Program
CLINICAL FEEDBACK FORM

Clinical site: ___________________________ City/State: ___________________________
Name of person completing this form: ___________________________ 
Email of person completing this form: ___________________________ 
Date: ___________________________ Student’s Name ___________________________

Primary type of experience: 
- Acute care
- Out-patient ortho
- Gen out-patient rehab
- SNF/Sub-acute
- Out-patient neuro
- Other (explain)
- IP Rehab
- Pediatric
- Home Health
- School system

Evaluation of Curriculum
Information from this evaluation will be used to monitor the quality, timing, and content of both didactic and clinical curricula at William Carey DPT. Your input into the physical therapy curriculum is a vital component of our program. Please comment on your perceptions of the student’s academic preparation:

<table>
<thead>
<tr>
<th>AREA</th>
<th>Very well prepared</th>
<th>Adequately prepared</th>
<th>Not adequately prepared</th>
<th>No opinion</th>
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<tbody>
<tr>
<td>Professional behavior</td>
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<td>Verbal communication</td>
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<td>Written communication and documentation</td>
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<td>Safety</td>
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<td>General Examination</td>
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<td>General Intervention</td>
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<td>Assessment/evaluation interpretation, including clinical problem solving</td>
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<td>Plan of care including discharge planning</td>
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<td>Spine orthopedics</td>
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<td>Extremity orthopedics</td>
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<td>Orthopedic manual therapy</td>
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<td>Neuromuscular</td>
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<td>Integumentary</td>
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<td>Therapeutic exercise</td>
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<td>Modalities</td>
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<td>Geriatrics</td>
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<td>Pediatrics</td>
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<td>Patient/family education</td>
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<td>Evidence based practice</td>
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<td>Prevention, health promotion and wellness</td>
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<td>Practice management</td>
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<tr>
<td>Overall preparation of the student.</td>
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</table>

Please comment on any specific areas in which the academic preparation could be improved:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Feedback for DCE:
William Carey DPT values your evaluation of the clinical education program and seeks your recommendations for improvement. We appreciate your honest feedback.

<table>
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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>NA</th>
</tr>
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<tbody>
<tr>
<td>The process of assigning PT students to your facility has gone smoothly.</td>
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<td>Information regarding students (immunizations, goals etc) has been complete and timely.</td>
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<td>Communication with WCU regarding the clinical contract has been appropriate.</td>
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<td>The clinical affiliation process with WCU has been completed smoothly.</td>
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<td>Information about the goals and expectations for students from WCU DPT was readily available.</td>
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<td>Communication with the DCE regarding student performance has been appropriate in timing and amount.</td>
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<td>The DCE at WCU DPT was an effective resource with issues related to students.</td>
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<td>The CPI is an effective tool to evaluate student performance.</td>
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<td>The CPI is an effective tool to provide student feedback.</td>
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<td>The length of clinical rotations at WCU DPT is appropriate for this setting.</td>
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<tr>
<td>The timing of clinical rotations at WCU DPT works well for this facility.</td>
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<tr>
<td>WCU DPT students are generally well prepared academically for their clinical rotations.</td>
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<tr>
<td>Overall, we find working with WCU DPT to be an easy process.</td>
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<td>We plan to continue to work with WCU DPT students.</td>
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How can we improve the clinical experience for students from WCU DPT?

How can we best support you in your role as CCCE or CI working with WCU DPT students?
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INTRODUCTION
THIS HANDBOOK IS PREPARED AS A RESOURCE FOR STUDENTS ENROLLED IN THE DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM AT WILLIAM CAREY UNIVERSITY. IT CONTAINS INFORMATION REGARDING THE POLICIES AND PROCEDURES THAT GOVERN AND GUIDE GRADUATE LEARNERS AND FACULTY. POLICIES AND PROCEDURES ARE UPDATED ANNUALLY, BUT MAY BE REVISED MORE FREQUENTLY WITH THE APPROVAL OF THE PROGRAM AND COLLEGE OF HEALTH SCIENCE (COHS). CHANGES ARE COMMUNICATED TO LEARNERS THROUGH EMAIL, ANNOUNCEMENTS IN CLASS, OR BY OTHER MEANS DEEMED NECESSARY BY THE FACULTY OR ADMINISTRATION OF THE SON OR UNIVERSITY. LEARNERS ARE ALSO ADVISED TO CONSULT THE UNIVERSITY GRADUATE ACADEMIC CATALOG AS WELL AS THE GENERAL STUDENT HANDBOOK, THE RED BOOK.
ACADEMIC COURSE LOAD/ CURRICULUM DESCRIPTION

The Doctor of Physical Therapy Program is designed for learners who are seeking entry into the physical therapy profession. Physical therapists are health care professionals who diagnose and treat individuals of all ages with medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. The physical therapist is dedicated to promoting wellness, preventing disability, and supporting participation in activities that impact quality of life. The Doctor of Physical Therapy Program at William Carey University prepares learners for these professional responsibilities by providing high quality academic and clinical education experiences. The program is a cohort based program of full time study. Learners earn 119-122 hours of graduate semester credit in lecture, discussion, case-study, and clinical learning modalities.

The Physical Therapy Program, in collaboration with Student Financial Services, defines full-time study as 6 credit hours per semester for learners enrolled in cohort-based graduate programs.

ACADEMIC STANDING

An overall 3.0 GPA on graduate courses taken at WCU is required for graduation. A student whose GPA drops below a 3.0 in any trimester is placed on academic probation. Learners on academic probation must raise their GPA to a 3.0 by the end of the next trimester of enrollment. Learners must also pass all course work in the program.

Earning a grade of “F” or failing to be removed from probation will result in further academic disciplinary action which may include:

1) Dismissal - the usual form of academic discipline.
2) Reclassification - in extenuating circumstances a learner may appeal to the program director to be reclassified. In this instance the student may be permitted to withdraw from matriculation and offered remediation by retaking one or more courses recommended by the faculty. The usual recommendation is to repeat an entire year of study as all courses are offered in sequence and only once each academic year. Such a student is required to indicate in writing the intention to reinstate 60 days prior to re-enrollment. Learners should also be aware that repeating course work already passed may have financial aid/student loan implications.

ACADEMIC INTEGRITY

William Carey University (WCU) seeks to create an environment that encourages continued growth of moral and ethical values which include personal honesty and mutual trust. The University places the highest value on academic integrity and regards any act of academic dishonesty as a serious offense. Academic dishonesty is considered unethical and in violation of William Carey University’s academic standards and Christian commitment.
A full explanation of the procedures for responding to instances of academic dishonesty is contained in the university’s *Policies and Procedures Manual* and in the student handbook, *The Redbook*.

**Unauthorized access** to tests or other learning materials is specifically prohibited. Students should not attempt to photograph, recall, or digitally copy quiz, test, or exam questions, either prior to, during, or during test reviews. Faculty members will inform you if test items or other assessments may be shared with others.

**Facilitation** is the conspiring of students to commit academic integrity breaches. Students may not use WCU resources to form any group (electronic or otherwise) with the intent to share test items, or collaborate on other forms of assessment unless specifically given permission by faculty.

**Plagiarism** is using someone else’s thoughts or words as one’s own. Plagiarism is an act of academic dishonesty and will not be tolerated. It can result in failure of a project, failure of a course, or dismissal from WCU. It is HIGHLY recommended that the student view the online presentation on plagiarism at the WCU library website.

The DPT Program considers each course assignment to be essential to achieving the graduate outcomes of the program; therefore, the student should turn in original work for each course. Although thoughts and excerpts from previous, similar assignments are permissible, they should be synthesized, integrated, and referenced in subsequent assignments and may only represent a small portion of the completed assignment. **No student may turn in an assignment from one course in the DPT program in its entirety to meet the requirements of a different course.**

**ADMISSIONS CRITERIA**

The DPT Program admits learners without regard to age, sex, race, disability, national origin, religion, or political affiliation. To begin the admission process, learners must submit an application and all required forms and transcripts to the Physical Therapy Common Application System at [www.ptcas.com](http://www.ptcas.com). Once all application materials are received, the admissions committee will review the files.

The criteria for admission to the DPT include the criteria for admission to the graduate school. These are:

a) hold a baccalaureate degree from official college/university transcripts from an accredited university or school
b) submit an application
c) provide official transcripts of all college work completed to date
d) pay the application fee.
Additionally, the DPT program requires that the applicant:

a) Has completed two semesters of undergraduate biology, two semesters of anatomy and physiology, two semesters of chemistry, two semesters of physics, and one semester of statistics. Science courses must be those intended for science majors, and the statistics course should be from the psychology, mathematics, or education departments.

b) Have an undergraduate GPA of 3.0 on the last 60 hours of credit earned.

c) Submit official GRE Scores.

d) Comply with current admissions deadlines as stated in the PTCAS website.

Admission to the DPT program is competitive in nature, and learners with strong academic backgrounds are encouraged to apply. Once the admissions committee has finalized the accepted applicants, they will be notified by email of their admission status. Learners may be fully accepted, placed on an alternate list, or denied admission.

ADMISSION STATUS

Due to the competitive nature of the admissions process, learners who meet all the criteria and are recommended by the admissions committee for acceptance will be admitted under Regular Admission Status.

ADVISEMENT

The plan of study is a cohort based full time plan of study, with each class of learners enrolling in a pre-determined curriculum each semester. Learners will be assigned a faculty advisor for purposes of reviewing the curriculum, gaining access to student services, and general support. Learners should meet with their faculty advisor at least once during each trimester of enrollment.

AMERICANS WITH DISABILITY ACT

Learners with disabilities who are protected by the Americans with Disabilities Act of 1990 and require special accommodations should contact Mrs. Valerie Bridgeforth at 601-318-6188. Mrs. Bridgeforth’s office is located in the Student Services Office in Lawrence Hall.

ATTENDANCE AND PREPARATION

As part of the preparation for the professional Doctor of Physical Therapy role, the faculty of the DPT program expect candidates to adhere to the highest level of punctuality, attendance, and participation in all scheduled activities. Absences may seriously affect the work of the whole class as well as that of the individual who is absent. In no circumstances will learners receive credit for a course if they are noncompliant with the WCU requirement of meeting class at least 80% of the scheduled meeting time (classroom and clinical calculated separately). Learners are
responsible for their own transportation. The DPT Program adheres to the following guidelines:

1. Class Attendance
   a. The student is expected to attend class 100% of the time.
   b. If absence does occur, the student will be held responsible for any announcements and materials missed. The student is also responsible for all assignments due that day.
   c. Any missed activities or assignments may be made up at the discretion of the course faculty. In extreme circumstances, such as illness or death in the immediate family, a student may be allowed to make up a project or in class assignment at a later time provided the instructor has been notified of the need to be absent as indicated by the instructor in the syllabus. If the student fails to notify the instructor by provided guidelines, a grade of “0” will be assigned.
   d. Faculty members have the right to request appropriate documentation regarding an absence.
   e. The program director has the right to intervene if a pattern of absences is noted.
   f. Learners must meet WCU requirements for attendance for hybrid courses. For these courses, assignments must be submitted by the deadlines as outlined in the syllabus and/or addendum, and attend face-to-face meetings.

1. Tardiness
   a. Punctuality for class is considered an integral part of professional behavior. Tardiness and leaving class early are considered unprofessional behaviors, and are disruptive to the learning environment.
   b. Learners are expected to be in their seats and ready to perform when class begins.
   c. Learners exhibiting a pattern of tardiness or departing early will be referred to the program director.

2. Class Preparation
   a. Learners are expected to be prepared for and participate appropriately in every class.
   b. Learners should show respect for classmates. This includes attendance for and participation in the presentations of others.
   c. Learners should come to class prepared and in possession of appropriate class materials.

3. Written Assignments
   a. All written assignments are to be typed and in revised AMA format unless otherwise specified. Incorrect AMA format and style, incorrect grammar, inaccurate spelling, and typographical errors are unacceptable and will result in grading penalty up to failure of the assignment.
   b. Written assignments will be presented to the instructor in the designated manner (Canvas, DropBox or as instructed by faculty.)
   c. Written work submitted late will be assessed a penalty as determined by the individual instructor.

4. Attendance/Punctuality for Experiential Learning Exercises
   a. Learners are expected to attend clinical education experiences as scheduled with their clinical instructor. Should an assigned day need to be missed, the director of clinical education and clinical instructor must be notified as soon as possible.
b. The missed day must be made up in order to meet contact hour requirements.
c. Punctuality for scheduled clinical experiences is expected as part of professional behavior.
d. See clinical education manual for further information

5. Behavior During Experiential Learning
   a. Learners are expected to dress and behave in a professional manner at all times during clinical experiences (see Uniform/Professional Dress Policy).
   b. Consistent unprofessional or unsafe behaviors may result in failure of the course.

6. Other
   a. Smoking is not permitted on WCU campuses.
   b. Smoking or drinking alcoholic beverages while representing WCU in any capacity is not permitted.
   c. If food/drink are permitted during class, debris must be disposed of in an appropriate manner.

BOOKS/BOOKSTORE

The WCU bookstore is operated by Barnes & Noble, located in McMillan Hall. Faculty select textbooks, which are made available to learners through the bookstore at www.wmcarey.bkstore.com. The bookstore also carries a variety of traditional textbooks and reference books, school supplies, snacks, gifts, and clothing. Store hours and the policy on book returns and buy-back of books are stipulated in The Red Book.

COMPUTER TECHNOLOGY REQUIREMENTS

Technology is an essential and integral aspect of a web-enhanced curriculum. The student must have access to a computer and stable connection to the Internet on a regular basis, software to meet course requirements and adequate system capacity. A high-speed internet connection, such as a cable modem or DSL is preferred. The student will need access to the most current version of Microsoft Office Software, including: Word, PowerPoint, and Excel. As web-enhanced lectures may contain an audio component and you may be required to use voice over capabilities, the student will additionally need the capability to access audio through speakers and record through a microphone.

CPR CERTIFICATION

All learners must complete and maintain certification or re-certification of CPR for the Health Professional during their tenure at WCU. Students will be provided an opportunity to take American Heart Association courses during their matriculation at WCU.

Students are responsible for submitting evidence of current certification to the DPT office for their file. Failure to do so will result in the inability to attend the clinical portion of a course and ultimate failure in the course.
CRIMINAL BACKGROUND CHECKS

All learners enrolled in physical therapy must have clearance of criminal background checks. This is a mandatory requirement as part of the Mississippi state law, Section 43-13-11 of Mississippi Code of 1972.

Students accepted into Mississippi programs must have evidence of a clear criminal background check prior to attending clinical in any of the contracted agencies. The background check will be conducted through fingerprinting on the date assigned by the Director of Clinical Education. Learners who do not have a clear background check will meet with the Program Director.

After initial enrollment, any subsequent disciplinary action, arrest, charge, addiction, or impairment shall also be reported immediately to the Program Director. Failure to report any and all subsequent disciplinary actions, arrests, or impairment will constitute falsification of records and may result in denial of licensure.

All costs associated with criminal background checks are the responsibility of the student.

DEGREE APPLICATION

Participation in the graduation ceremony is required. Degrees are not conferred in absentia, except with permission by the Office of Academic Affairs. Learners must submit a written request for permission to miss the commencement ceremony.

Learners who are candidates for August graduation are required to file applications for their degrees in the Registrar’s office by March 31. Late applications will be accepted up to 30 days after the deadline. Should degree applications be received late, a late fee is assessed by the business office. It is the student’s responsibility to satisfy requirements for a degree.

DISMISSAL/WITHDRAWAL

When learners’ conduct, or health endangers the well-being of others or makes it inadvisable to remain in the physical therapy program, the faculty reserves the right to dismiss the individual from the course or program. Learners may choose to withdraw from the program at any time. Learners who wish to withdraw from a course must follow the withdrawal procedure in the Graduate Academic Catalog.

DRUG TESTING

All learners enrolled must provide evidence of a negative drug screen within one month of beginning courses. A urine 10-panel drug screen is required. Random drug screening may be done for learners enrolled in clinical courses. Refusal by a student to submit to drug testing will
result in denial of admission for new learners and immediate dismissal from the DPT Program for continuing learners. Any admitting or continuing student who tests positive for illegal drugs must withdraw from the program. The student may reapply for admission at the next available admission cycle will be admitted based on admission criteria as any new student making application.

All costs associated with drug testing are the responsibility of the student.

**ELECTRONIC CLASS HANDOUTS AND RESOURCES**

All class syllabi, documentation, and handouts will be provided electronically during your journey at WCU DPT Program. If you choose to print you may do so using your personal printing resources.

Handouts will be posted on the current Learning Management System (Canvas) 48 hours before a class session to allow adequate time for personal preparation. Please be advised that while faculty make a good faith effort to post handouts 48 hours prior to class, instructors may, at their discretion, modify handouts up until the time of the actual class session to insure current and up to date information.

**EMPLOYMENT OPPORTUNITIES**

The program collects employment announcements from various sources for student use. If the announcement is provided in electronic format, it will be forwarded to all students by electronic mail. Employment notices may also be found on the student bulletin board in the Thomas Building. In addition, the Clinical Education Committee compiles employment notices and files them for a year. Students may see the Director of Clinical Education to view these files. Finally, employment opportunities may be found by searching the Mississippi PT Association and the American PT Association websites at [http://jobs.mspta.org/home/index.cfm?site_id=11683](http://jobs.mspta.org/home/index.cfm?site_id=11683) or [http://www.apta.org/apta/hotjobs/default.aspx](http://www.apta.org/apta/hotjobs/default.aspx)

**EVALUATION OF FACULTY AND COURSES BY LEARNERS**

Learners will have the opportunity to evaluate faculty and courses at the end of the term as specified by the University evaluation schedule. In addition, learners are encouraged to provide constructive feedback informally throughout the trimester.
EXAMINATION PROCEDURES

Learners are expected and ethically obliged to take examinations honestly and resist any temptation to obtain an unfair advantage during an examination.

- Examinations will be given/taken in electronic format whenever possible. Learners must provide their own computing device for in-class examinations.
- Examinations are given frequently throughout the curriculum. The examination period starts with the first student tested and continues until the last student has completed the examination. Discussing a written, practical or oral examination with any class member during this time period is considered a breach of academic honesty and will be handled accordingly. In the event that a student is unable to take the exam during the scheduled time frame, The Instructor of Record will notify learners that the exam period has been extended.
- Proctors will be present during every examination. Proctors may be faculty, graduate learners or staff. Learners are expected to police themselves regarding inappropriate behavior and are expected to treat all proctors with the respect.
- All personal effects, including books, newspapers, magazines, jackets, hats, book bags, audio devices, PDAs, cell phones, and other electronic devices are to be removed from desk tops during examinations. If calculators are required, you will be notified ahead of time; only simple, non-programmable calculators are permitted. Computing devices used to access the examination are exempt.
- The use of electronic data devices during any part of an examination period to give, receive or retrieve information is strictly prohibited, unless specifically permitted in the instructions for the exam (as in an open book test).
- Personal breaks are allowed but discouraged. If a break is necessary, the student must leave all data devices with the proctor while absent from the room. The length of time during which the student is out of the room will be noted by the proctor and shall not exceed 10 minutes. Examination time will not be extended for a student who has taken a break.
- Announcements made to the class while a student is out of the room will not be repeated.
- No examination questions will be changed, corrected, or interpreted during the examination.
- Learners are not permitted to ask the proctor questions once the examination has begun. However, obvious typographical errors discovered by the faculty or learners that compromise the value of an examination question will be rectified by a general announcement.
- The examination beginning and ending times will be announced at the beginning of the examination. They will be followed strictly. The electronic testing format notes time of submission of an exam. Late submissions will be subject to grading penalty.
- In the event that the emergency alarm sounds during an examination, all learners must leave all personal computing devices in the area and exit the room or building as instructed. Upon return to the examination the Proctor will announce a revised ending time.
- Once the student has submitted his or her examination materials electronically, they may not be altered or changed in any way.
• It is the prerogative of the course faculty to determine the nature of the examination to be given and the date the examination will be scheduled.
• In the rare situation when illness or an unexpected emergency prevents a student from taking an examination at the scheduled time, the Instructor of Record must be notified immediately by email prior to the examination. The Instructor of Record, in collaboration with the Program Director will decide if and when the examination may be made up.
• If a student has a very compelling reason that he or she cannot be present for an examination, he or she must secure the permission of the instructor of record to reschedule the exam via written e-mail with the Program Director copied on the request. Unless the absence is due to an emergency, a request for a change in exam must be given to the course coordinator within 72 hours of receiving the course syllabus. The instructor of record has the right to determine whether it is reasonable to reschedule the exam and the nature of the rescheduled examination. If the instructor of record approves the absence and agrees to reschedule the examination, the student and the faculty member will mutually determine a date for the exam. Ordinarily, the exam will be scheduled prior to the absence.
• A score of zero will be recorded for unexcused missed examinations.
• No examination materials, results, or answer keys will be released for review until all learners have taken the examination.
• Course faculty determines whether the examinations are retained or returned to the student. If examinations are retained, they will be available for student review at a time determined by the Instructor of Record.
• Requests for a change of a grade on an examination or assignment must be directed to the Instructor of record within five (5) business days of notification of the grade. Requests submitted after this time will not be honored and no grade change will be made. The student will receive notification whether a change in grade is made.

EXIT INTERVIEW POLICY

A student who withdraws from the DPT Program for any reason is required to meet with the Program Director and complete an Exit Interview. Once completed, a copy of the form is sent to the Special assistant to the Dean of the College of Health Sciences.

Every reasonable effort is made to meet with each student who withdraws from the DPT program – regardless of cause. In the event that a student refuses to meet with the Program Director, it will be noted on the form the student’s refusal to participate.

EXPERIENTIAL LEARNING

The Doctor of Physical Therapy Program contains thirty three (33) weeks of full time clinical experiences, and 10+ weeks of part time and integrated experiences. Learners are expected to follow all guidelines found in the Experiential Learning Handbook, found on the Program’s Website. Failure to comply may result in disciplinary action, up to and including dismissal from the program.
EXTENDED DISASTER LEAVE

In the event of closure or cancellation of classes due to a natural/man-made disaster or other emergency cause, general information will be forwarded to local media, posted on the WCU website, and sent via automated process to your WCU student email address or cell phone; through Sader Watch. Specific information regarding the continuation of coursework will be posted on the University’s course management system (Canvas) at https://elearning.wmcarey.edu. For up-to-the minute alerts regarding emergency situations, sign up to receive notifications through Sader Watch, the WCU emergency text message service. Instructions can be found under “Current Learners” on the WCU homepage.

FACILITIES ACCESS

The WCU DPT Program facilities are available to learners for class–related activities including but not limited to:

- quiet study space;
- group meetings;
- skill practice using equipment (such as plinths and assistive devices)

The following rules are designed to protect the learners while in the building after hours:

- Enrolled learners are allowed to use the physical facilities in the Rehabilitation Services Building 24 hours a day, 7 days per week except on days when the building itself is closed for holidays. Learners are expected to abide by all rules and regulations of the building.
- “After hours” is defined as between 6 p.m. and 7:30 a.m. Monday-Friday and from 6 p.m. Friday until 7:30 a.m. on Monday. Please note: the heating/air conditioning system is turned off after business hours on weekdays, and all day on Saturday and Sunday, so dress accordingly.
- Learners must use their WCU ID card to gain entry into the building. This card registers the student by name and provides PTHMS a record of use.
- Use of the DPT Program facilities is for registered learners only; no guests are permitted.
- Learners must never use the facilities after hours alone.
- Learners are asked to bring a cell phone with them.
- The WCU ID card must be used to gain entry into classroom, laboratory, lounge and study areas appropriate for the trimester of study.
- Learners must always lock the door behind them upon entering and always lock all doors when departing.
- Instructors of record of each course will determine and announce the equipment that cannot be used unsupervised in each trimester.
- Learners are not permitted to use the AV systems without prior permission and appropriate orientation.
- Learners must not test or treat patients who are subjects for a group research project if the faculty advisor is not present.
• In the event that a student is injured after hours, regardless of whether emergency care is sought, he or she must report the incident to the instructor of record by 10 a.m. of the next workday.
• If equipment breaks while learners are using it, they must notify the course coordinator by 10 a.m. the next workday. However, the student should take the responsibility to put a sign on the equipment and isolate it so that other learners do not risk injury by trying to use it before the department is notified.
• Learners are expected to maintain the floor in a tidy condition and to return all equipment used.
• Use of the rehabilitation facilities after hours is a privilege. Abuse of the privilege could result in a student being denied access to the floor or, depending on the severity of the abuse, could result in more severe disciplinary action.
• Ongoing misuse by a larger portion of the student body will result in loss of access for all learners.

FACULTY TITLES AND NAMES

All faculty and staff should be addressed according to their formal titles (Dr., Professor, Mr., Mrs., Miss, Ms.). When faculty and learners are in a less formal setting, it is the prerogative of the individual faculty member to request being addressed informally.

FILING A COMPLAINT WITH CAPTE

The William Carey University Doctor of Physical Therapy Program strives to maintain complete compliance with the standards and elements of the Commission on Accreditation of Physical Therapy Education at all times. Please contact the program director to conduct an inquiry regarding a potential breach of this policy. In addition, interested parties may file a complaint directly with the accrediting agency (CAPTE) by visiting http://www.capteonline.org/Complaints/.

GRADING

The University uses the following grading system for graduate learners:

A  Reserved for work which is definitely superior in quality
B  Earned for work which is consistently good and would be considered above average
C  Earned for minimal work and shows that basic requirements in class assignments have been met, but is not considered standard work for graduate learners
F  Earned when the student has failed the course
I  (“Incomplete”) assigned only when unavoidable circumstances prevent completion of the work of the course on schedule and must be approved by the instructor and the program director (see graduate catalogue for further explanation)
The Doctor of Physical Therapy Program has interprets this grading system as follows:

A  90-100 %
B  80-89 %
C  70-79 %
F  less than 70 %

GRADUATE STUDENT ROLE/PROFESSIONALISM

DPT Program faculty and administration believe that graduate learners are self-motivated to learn and expand their professional behavior beyond that of the baccalaureate level. Learners are expected to maintain a positive professional attitude that allows for academic growth. Learners are accountable for achieving high levels of leadership, consultation, collaboration, communication, therapeutic intervention, and scholarship.

In addition, learners are expect to demonstrate the Core Values of the physical therapy profession, developed by the American Physical Therapy Association at all times when in the role of a WCU DPT student. Learners who do not consistently display these professional behaviors will be subject to disciplinary action. In addition, the student who is consistently non-compliant will not be allowed to represent WCU in experiential learning activities. The core values are as follows:

Accountability- The active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

Altruism -The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest.

Compassion/Caring - Compassion is the desire to identify with or sense something of another’ experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

Excellence - physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.

Integrity - steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

Professional duty - the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.
Social responsibility - the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

GRADUATE OUTCOMES FOR DPT

Learners and Graduates of the DPT Program will:

1. Be prepared as generalist practitioners to assume an entry level practice role in any practice setting as evidenced by pass rates on the licensing exam, employment rate, and diversity of practice settings.
2. Practice professionalism by demonstrating the core values of the profession of Physical Therapy; accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.
3. Invest in the profession of physical therapy and promote it by remaining active in professional organizations, educating physical therapy learners, and advocating for the profession and the patients it serves.
4. Seek leadership roles in their professional and personal lives.
5. Strive for excellence in practice by participating in professional development activities, integrating current evidence into practice, and using tools to promote quality of care.
6. Advocate for underserved populations in local, state, national and international communities.
7. Address health promotion and preventive issues at the individual, group, and community levels.

GRIEVANCE/COMPLAINT PROCEDURE

The DPT Program seeks to provide each learner with a positive educational experience. Learners who experience difficulty are encouraged to make every effort to resolve the problem informally by discussing it with persons closest to the source. However, learners who wish to file formal complaints should do so in accordance with William Carey University and DPT Program policies.

For the graduate DPT student who is dissatisfied with physical therapy courses, faculty, staff procedures, policies, or other issues; the student must submit concerns in writing with supporting evidence to the instructor of the course. If no resolution is achieved, the student may appeal to the DPT Program Director. If no satisfactory outcome is reached, the student may appeal to the Dean of the College of Health Sciences, and then the Associate Dean of the Graduate Programs.

Under no circumstances will the complainant receive retaliatory behavior or consequences from the program faculty, staff, or administration as a result of filing a complaint.
HEALTH POLICIES

Learners must submit a WCU College of Health Sciences history and physical form to the designated DPT staff member within 2 weeks of enrollment. Any changes in physical status must be reported to the program director. Documentation of hepatitis B series (or a positive titer) or declination statement, annual PPD or negative Chest X-ray, varicella immunization or immunity, two MMR or MMR titer, malpractice insurance, health insurance, release of information form, and HIPAA form must be on record within two weeks of enrollment. No clinical hours can be accrued without satisfactory completion of all proofs.

Learners should also consult the contract and/or Director of Clinical Education for additional requirements of specific assigned clinical facilities.

HIPAA GUIDELINES

Each student is required to read and understand the information on HIPAA regarding protection of patients’ privacy. A signed acknowledgement form must be signed and returned to the administrative assistant to the Program Director. This acknowledgement form is kept in the student’s folder.

INCIDENT REPORTS

Any time a student encounters an injury or damaging event while on the WCU campus, they should report the incident to the program director. The program director will assist the student in making the appropriate contacts and reports to document the incident. This procedure should be carried out whether or not the injury requires further intervention.

If at any time a student encounters a clinical situation that requires reporting, the student is to fill out the incident report of the clinical facility. A copy must be provided to the faculty of that course and the campus director of clinical education. William Carey University is not responsible for any costs associated with incidents occurring in the clinical setting.

INCOMPLETE GRADE

The grade of “I” (Incomplete) is given only by written agreement of the instructor and student. If requested, it is the student’s responsibility to contact the instructor and submit work or take examinations appropriate to the removal of the Incomplete. When completed, the instructor will change the Incomplete (I) to the earned letter grade by submitting the appropriate form to the Registrar’s Office. This process must be completed no later than the end of the next term. The grade of Incomplete automatically becomes an “F” if not resolved prior to the end of the next term.
LENGTH OF PROGRAM

The program is a 36 month continuous full time program. It is a cohort based program in which courses are offered in sequence once a year. Learners enroll in a specified curriculum each trimester and are expected to successfully complete all courses in a trimester prior to progressing to the next trimester.

LIBRARY

WCU has a full service library on both the Hattiesburg and Tradition campuses. Hours of operation have been established to best meet the needs of learners on each campus. Many of the online databases may be accessed from off campus computers. DPT learners will be required to utilize library resources throughout the program.

MALPRACTICE INSURANCE

The student is responsible for providing documentation of malpractice insurance within two weeks of admission into the DPT program. Group malpractice insurance is available through WCU at the time of enrollment. Failure to do so will prevent learners from attending any clinical practice or practicum experiences and may jeopardize the completion of the program.

PRACTICAL EXAMINATIONS

The WCU DPT Program has a contractual and professional obligation to the clinical community to ensure, to the best of its ability, that all learners entering a clinical education experience sanctioned by the program have demonstrated safe performance of the skills taught prior to the start of the clinical experience and are ready to utilize these skills under supervision with patients/clients.

Performance on practical examinations will be assessed according to established criteria, which will be provided to learners at least one calendar week prior to date of practical examination. All practical examinations are considered cumulative in nature, and may include assessment of all information previously provided in the curriculum sequence.

PROFESSIONAL DEVELOPMENT POLICY

Professional development begins with professional education and continues throughout one’s professional life. Professional development is the foundation where the student physical therapist assumes an attitude of inquiry and engages in an ongoing process of assessment and evaluation of knowledge, skills, and abilities. The acquisition of new knowledge, skills and behaviors is a planned activity, based on assessment and re-assessment of self and of the environment in which one practices. Each student member is obligated to participate in professional development not
only to ensure the acquisition and maintenance of minimally acceptable standards of practice but also to garner new knowledge and skills. Professional development may occur in formal instructional settings or in natural societal settings and may include such varied experiences as academic courses of study, organized continuing education, independent study, and self- and external assessment. (APTA, 2012. BOD Policy P03-01-25-87, APTA.org, Accessed April 18, 2017)

Overview

1. Each student will accumulate approximately 4 hours of professional development activity during each trimester of matriculation in the DPT program. Activities may be cumulative from semester to semester, with the goal of achieving 16 hours of professional development activity during each academic year.

2. At least 4 of the 16 required professional development units must be from Certified Activities.

3. Notification of the required number of hours to date will be published in the course syllabi of each of the four Foundations of Professionalism Courses found throughout the curriculum.

4. Penalties for noncompliance with the professional development activities policy will be announced in the course syllabi of the Foundations of Professionalism Course. Noncompliance may result in sanctions up to and including failing the course.

5. Reporting professional development activities is completed on the honor system, by documenting on the student’s curriculum vitae or in the student’s online professional portfolio. However, the program reserves the right to audit randomly selected students for compliance with the professional development requirements. Penalties for dishonest reporting may result in sanctions up to and including failure of the course and subsequent dismissal from the program.

Content

The content must be aligned with the field of physical therapy and/or or health and well-being of the community and must be designed to meet one of the following goals:

1. Allow the student to enhance his/her knowledge and skills.

2. Provide opportunities for interdisciplinary learning.

3. Extend limits of professional capabilities and opportunities.

4. Facilitate personal contributions to the advancement of the profession.

Sources of Professional Development

Professional development hours may be accrued from the following sources.

1. **Certified activities** are activities that go through a certification process to determine if the activity meets a minimal threshold of required criteria and how well that activity meets additional “desirable” criteria. **At least 4 hours are required per academic year in this category.**
a. Conferences and continuing education activities that meet the Standards of Continuing Competence (SCC) as set forth by the Federation of State Boards of Physical Therapy (FSBPT). Credit is applied as awarded.
b. Conferences and continuing education activities provided by the American Physical Therapy Association (APTA), and all of its components. Credit is applied as awarded.
c. Educational programs where continuing competence credit is given and approved by regionally accredited universities. Credit is applied as awarded.

2. **Approved Activities** are activities that are approved but do not go through a formal certification process due to the fact that these activities would be difficult to verify. Approved activities are assigned a set value as a group, based on the criteria, versus each individual activity being assigned a value. **Limited to 12 credits per academic year.**
   a. Continuing education courses and conferences not outlined above in Certified Activities. 10 Credits are applied for courses containing ≥ 32 contact hours. 5 Credits are applied for courses containing 8-31 contact hours. 2 credits are awarded for courses containing 1-7 contact hours.
   b. Self-study, which may include independent study, or studies directed by a correspondence course, video, internet or satellite program by provider not outlined in Certified Activities above. One (1) credit per study topic is applied. If audited, record of study objectives, activities, and time spent to meet objectives, as well as reflection on learning achieved are required as evidence of compliance.
   c. Attendance at in-service education programs pertaining to clinical concepts, safety training or governmental regulatory training. One (1) credit per in-service is applied. If audited, learning objectives, program schedule, and verification of attendance from employer or clinical site are required as evidence of compliance.
   d. Presentations made before the public, physical therapists or other health care professionals and directly related to the profession of physical therapy. 8 credits per peer reviewed presentation/topic are applied. 4 credits per non-peer reviewed presentation are applied. If audited, learning objectives and presentation brochure or flyer are required as evidence of compliance.
   e. Professional publications. 8 Credits are applied for each peer-reviewed manuscript. 4 Credits are applied for each non-peer reviewed article. If audited, Copy of article, book chapter, or other work product is required as evidence of compliance.
   f. Board, Officer, and Committee Work. Must be related to physical therapy or general health and well-being of the community. 5 Credits are applied for assignments requiring time commitment of ≥ 33 hours/year. 3 Credits are applied for assignments requiring time commitment of 16-33 hours/year. If audited, organizational materials listing participation, responsibilities and activities, as well as written verification of time spent in activity is required as evidence of compliance.
   g. Structured Interactive Study (i.e. group study, journal club). 3 credits per study group is applied per academic year. If audited, group attendance records reporting time spent, study group goals, and reflection on goal attainment and learning are required as evidence of compliance.
h. Formal Mentorship (as mentor or as protégé). Must be volunteer. 1 credit is applied per trimester, with a maximum of 4 hours per academic year. If audited, objectives and action plans, as well as documentation of activities and contact hours are required as evidence of compliance.

i. Community service activities. Must be related to physical therapy and/or general health and well-being. 1 credit awarded per hour of participation in an activity. Also, 1 credit per $50.00 of funds raised may be applied up to a $500 limit. Finally 1 credit may be applied if acting in a leadership capacity at such an event. If audited, copy of event registration, fund raising efforts, or letter of participation is required as appropriate for the activity.

j. Professional advocacy and networking activities. Must be related to physical therapy or general health and wellness of the community. 1 credit per advocacy effort is allowed. If audited, copy of letter to political entity, registration for networking event, or letter of participation required as appropriate to the activity.

3. Unacceptable activities include:
   a. Staff meetings
   b. Orientation to specific work-site programs dealing with organizational structures, processes, or procedures.
   c. Entertainment or recreational meetings or activities.
   d. Self-directed studies other than those previously outlined.
   e. Credit for repetitions of an activity more than once in an academic year.
   f. Routine assignments completed as course requirements in the program.

PROFESSIONAL ORGANIZATION MEMBERSHIP

Learners are required to be active participants in the American Physical Therapy Association and the Mississippi Physical Therapy Association for the duration of their educational experience in the DPT program. Many courses require access to resources developed by the organization. Learners should provide proof of membership within two weeks of enrollment, and at the beginning of each Fall Trimester thereafter.

In addition, learners may be assigned to attend district, state and/or national professional activities when they are in reasonable proximity to WCU. Learners should be prepared financially to absorb the cost of these activities. Faculty will make good faith attempts to provide advance notice when attendance is required.

PROGRAM ACCREDITATION

William Carey University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur, GA 30033-4097, (404) 679-4501, to award bachelor and master degrees and doctoral degrees.
Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

William Carey University has been granted Candidate for Accreditation status by CAPTE. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

In the event that the WCU program is unable to successfully complete the Accreditation Process, the program will make a good faith attempt to transfer learners to other accredited programs for completion of the degree and subsequent eligibility for licensure. In the absence of availability of a transfer program, all student tuition and fees will be refunded.

PROGRAM COMPLAINTS OUTSIDE OF THE STUDENT GRIEVANCE PROCESS

When interested parties experience difficulties with program faculty, staff, policies, procedures, or practices, they may file a complaint. Faculty and staff should strive to resolve differences closest to the source to avoid the need for a formal complaint. However, if an unsatisfied individual wishes to file a formal complaint, they must do so in writing, to the program director. The program director investigates and attempts to resolve the complaint directly as circumstances indicate. If no resolution is available from the program director, or involves the program director, the complainant may proceed to the Vice President of Health Programs, followed by the President of the University. The complaint policy resides on the program’s website for public use.

The program stores the program’s formal complaints, along with the resolution process and outcome in electronic format in the “Complaints” folder on the departmental drive. Under no circumstances will the filing individual receive untoward consequences or retaliation in response to filing a complaint.

Students wishing to file complaints must follow the grievance/complaint policies in the WCU Student Handbook and DPT Learner Handbook.

Complaints may be filed with:

Dr. Cyndi Scott, PT, PhD
Physical Therapy Program Director
cscott@wmcarey.edu
710 William Carey Parkway, Box 9
Hattiesburg, MS 39401

Or
Dr. Janet Williams, RN, PhD
Assistant Vice President of Health Programs
jwilliams@wmcarey.edu
710 Tuscan Drive, Box 9
Hattiesburg, MS 39401
PHILOSOPHY

Physical therapy is dedicated to promoting wellness, preventing disability, and supporting participation in activities that impact quality of life. The physical therapy program at William Carey is committed to prepare students for these professional responsibilities by providing high quality academic and clinical educational experiences based on adult learning principles. Students are self-directed and assume responsibility for their learning, with the faculty guiding the education process by providing rich, diverse, interactive learning experiences that foster clinical reasoning and the integration of subject material. Core to the professional educational program at William Carey will be engagement in experiences that foster:

- Effective and cost-efficient patient care
- Inter-professional collaboration
- Community and global cultural competence
- Research application and evidence based practice
- Advocacy for populations served

PROGRESSION

The student will be able to progress based on the satisfactory completion of previous terms and a status of good standing in the DPT program. See individual syllabi for progression policies for specific courses.

PURPOSE/MISSION

In concert with the William Carey University mission statement, the mission of the physical therapy program is to create a challenging and caring academic community, preparing learners to become autonomous and competent entry level physical therapy practitioners who value lifelong learning, responsible leadership, service in diverse low-resource settings, and engagement in local and global health and wellness.

RELEASE OF STUDENT INFORMATION

William Carey University has a responsibility to protect the privacy of our learners. Only directory information may be released without learners’ written permission. Learners may request additional information be released by completing the Release of Information form and submitting it to the Registrar’s office.
SAFETY IN THE LABORATORY/SIMULATION GUIDELINES

As physical therapy involves movement, activity, and human interaction, there are inherent health risks present during laboratory classes and when in the clinical situations. Exposure to pathogens is a distinct possibility when in close encounters with other individuals. Students should take all precautions to protect themselves, their classmates, and patients from all potential risks, including infectious agents, unsafe situations and musculoskeletal injury.

In order to provide a safe and effective learning environment, the following safety guidelines during laboratory, simulation and clinical activities should be followed.

1) Course faculty are responsible for appropriate maintenance of laboratory equipment. Annual safety inspections and calibrations of equipment should be arranged with the program director.

2) Students should report any equipment that is not functioning properly to the instructor of record. If the instructor is not readily available, the student should label and isolate the piece of equipment until the instructor can be notified.

3) Standard infection control precautions should be practiced at all times in laboratory sessions, including appropriate hand hygiene, personal protective equipment, waste disposal, and environmental cleaning.

4) Course faculty are responsible for proper marking, storing, and disposal of hazardous materials used in instruction. Hazardous materials should be stored in a locked cabinet. Prior to student contact with these materials, faculty should provide clear instructions for use and applicable safety considerations.

4) Students and faculty should at all times utilize appropriate lifting techniques and body mechanics.

5) If a student becomes uncomfortable participating as a subject for a particular technique, he/she should discuss the concern privately with the instructor of record for the course/laboratory. Although peer to peer practice is an essential part of the educational program, students have the privilege to refuse participation if the activity has the potential to harm the student.

6) In the event that students are practicing independently in the lab the procedures for after-hours activities should be followed.

7) Laboratories are for instructional and educational use only. NO LOITERING OR UNRULY BEHAVIOR ALLOWED!
TECHNICAL STANDARDS

The Doctor of Physical Therapy program will attempt to develop creative ways of opening admissions to individuals with disabilities. In doing so, however, the program must maintain curriculum requirements deemed essential to the education of a doctor of physical therapy.

It is the policy of WCU that no student shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination in any program sponsored by WCU. (See Nondiscrimination Policy and Diversity Statement.)

Regarding individuals with disabilities, the physical therapy program does not discriminate against such individuals who are otherwise qualified. The program does require applicants and learners meet minimal technical standards. These standards identify reasonable expectations of Doctor of Physical Therapy learners, and physical therapists, in performing common functions.

A candidate for the Doctor of Physical Therapy degree must have multiple abilities and skills including observation; communication; conceptual, integrative, and quantitative skills; adequate motor function and behavioral and social abilities. Accommodations can be made for various disabilities, but a candidate must be able to perform in a reasonably independent manner. Those individuals who need accommodations and are otherwise qualified may request accommodation in writing to the Program Director. He/she will talk with the individual, may request documentation, and may refer the student for individual assessment by qualified experts. Self-identified learners will be referred to the Office of Disabilities at WCU for evaluation, assessment, and recommendation for accommodation. (See Red Book for details)

- **Observation** - The candidate must be able to acquire a level of required information as represented through demonstrations and experiences in the basic sciences. This includes, but is not limited to, information conveyed through physiologic and pharmacological demonstrations in normal and pathologic states. Furthermore, a candidate must be able to observe a patient accurately, at a distance and close at hand; acquire information from written documents; and see information presented in images on paper, film, slide, or video. The student must be able to interpret X-ray and other graphic images and digital or analog representations of physiologic phenomenon (such as EKGs). Assistive devices may be used if necessary. Observing and acquiring information from these sources usually requires functional visual, auditory, and somatic sensation enhanced by other sensory modalities.

- **Communication** - The candidate must be able to communicate effectively, efficiently, and sensitively with patients and their families and with all members of the health care team. The student should be able to elicit information, describe psychosocial changes and interpret non-verbal communication. The ability to read, write, and effectively utilize the English language is essential.
• **Motor** - Candidates and learners should have sufficient motor functions to execute movements that are required to provide general care and emergency treatment to patients. Examples include cardiopulmonary resuscitation, and general first aid techniques, transfer and mobility training, and fall prevention. Candidates should possess the motor skills necessary to directly perform palpation, percussion, auscultation and other diagnostic maneuvers and procedures. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

• **Sensory** – Physical therapy candidates need exceptional sensory skills, and it is therefore necessary to thoroughly evaluate individuals who are otherwise qualified but who have significant tactile sensory or proprioceptive disabilities.

• **Intellectual, Conceptual, Integrative, and Quantitative Abilities** - The candidate must be able to measure, calculate, reason, analyze, and synthesize objective and subjective data in a timely fashion. The student is expected to have problem solving-skills in order to make decisions that reflect consistent and thoughtful clinical judgment. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structure.

• **Behavioral and Social Attributes** - Candidates must possess the emotional health required to fully utilize their intellectual abilities, to responsibly attend to the diagnosis and care of a patient, and to develop mature, sensitive, and effective relationships with patients. Candidates and learners must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. The core values of the physical therapy profession include accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. These personal qualities will be assessed during the admission and educational processes.

• **Immunization** - The student must be able to comply with requirements for immunizations of all hospitals accredited by the Joint Commission on Accreditation of Healthcare (JCAHO)/Healthcare Facilities Accreditation Program (HFAP).

**TECHNOLOGY IN THE CLASSROOM**

The use of technology in classroom is intended to enrich the educational environment for all learners. While we encourage an electronic, paper-free environment, the use of technology that interferes with the educational environment, encourages academic dishonesty, or promotes illegal activities (such as copyright infringement) is prohibited by faculty, instructors and the DPT program at WCU.
Learners may use hand held electronic devices, mobile computing technologies, and cellphones only as permitted by the instructor. Mobile technologies will be expected to be utilized as appropriate when professors or learners need to reference information to further classroom inquiry or when utilized as a part of instruction. To minimize distractions and keep learners’ full intellectual energies inside the classroom, learners are required to observe the following when present in the classroom and lab settings.

- During classes, cell phones, pagers and beepers must be turned off or placed on silent mode. Learners are expected to show courtesy to classmates and faculty by not using computers or cell phones for texting, playing games, or sending/responding to personal communications during class. If a family emergency requires that the student be available by phone or pager during class times, special permission to leave the communication devices on during classes may be obtained from the Instructor of Record. If permission is granted, learners must place the device on silent mode, and must leave the classroom to interact with the technology when it is not used as a part of classroom instruction.

- The use of a tablet or a computer in the classroom is a privilege, not a right, and should be used for note taking or to further the educational inquiry of the student (ie: referencing information pertinent to classroom activities). If a tablet or a computer is utilized for texting, e-mail, or accessing social media sites (without the explicit permission of the instructor), the instructor may ask the student to discontinue use of the technology for the remainder of the class period.

- Digital recording of any class is only for personal educational purposes or for sharing recording between cohort classmates. A faculty member may reserve the right not to be digitally recorded. Recordings must not be shared outside of WCU DPT Program.

- Learners may not post ANY material from physical therapy classes on any social networking sites (Facebook, YouTube), or file sharing sites without the explicit written permission of the instructor. In addition, written permission must be sought from any person that is present in any digital media prior to sharing of recordings in any forum. At no time shall any patient encounter be recorded by any means without the express written permission of the patient or caregiver. Learners shall not approach a patient or caregiver on an individual basis.

- Learners who have official documentation from the Services for Learners with Disabilities (SSD) that recommends the use of technology to accommodate verified learning needs will be accommodated to use the recommended technology during class.
TECHNOLOGY RESOURCES

William Carey University provides a number of technological resources to enhance learners’ learning experiences and environment.

- Indigo Portal allows access to transcripts, registration, grades, etc., as well as library resources and databases.
- Carey Air wireless network can be accessed from anywhere on campus.
- The primary means by which WCU communicates with learners is the Student Email Account.
- Canvas is the web platform WCU uses for online enrichment, hybrid, and online courses. Canvas allows learners quick access to course content, assignments, discussions, quizzes, etc. DPT learners are required to utilize Canvas in a variety of ways; therefore, it is imperative to have a functioning account.

The information technology department provides a Student Technology User Guide to assist learners with the setup and troubleshooting of these resources. The user guide can be accessed at the WCU homepage under “Technology.”

TRANSFER CREDIT

Due to limited class seat availability, the DPT Program does not typically accept transfer students from other professional DPT programs. Individuals with extenuating circumstances may inquire with the program director. Decisions regarding transfer will be made on a case by case basis.

UNIFORM/PROFESSIONAL DRESS POLICY

Learners must present a professional appearance at all times while representing the WCU DPT Program. As participants in a professional program, learners should project the image of a doctor of physical therapy. Faculty may excuse a student from class or lab due to inappropriate dress. Any classwork missed will be made up at the faculty member’s discretion. Learners who are consistently non-compliant with the professional dress policy may be referred to the program director for appropriate discipline.
**Classroom and clinical attire** consists of business casual dress and white laboratory coat with official WCU DPT Patch affixed to the left shoulder. William Carey University identification badge should be worn at all times. Prohibited fashion items include:

- clothing that is dirty, wrinkled or in poor repair
- poorly fitting clothing (either too tight or too loose)
- jeans, shorts, or athletic styles
- athletic shoes or sandals
- revealing clothing (too short or low cut, etc.)
- scrubs
- graphic t-shirts
- extremes in jewelry, accessories, hair, or make-up
- visible tattoos and body piercing
- headwear of any type unless medically or culturally required

Refer to the clinical education manual for further details regarding dress during clinical experiences.

**Laboratory attire** consists of loose fitting clothing that allows learners to access appropriate body parts for peer to peer practice. Learners should have laboratory clothing available at all times. In general, recommendations for women include sports bra or halter with t-shirt or cover-up and loose fitting shorts. Recommendations for men include loose fitting shorts and t-shirts. Hair should be pulled off the shoulders if worn long. Please refer to the course syllabus for requirements for specific laboratories.

*In no circumstances should learners wear lab attire outside the laboratory setting.*

**Casual Fridays** allow for more informal dress during scheduled learning activities. Jeans, Bermuda shorts, or scrubs with William Carey University or Physical Therapy themed t-shirts may be worn. Athletic shoes and sandals are allowed. Casual Fridays are not observed when guest speakers or special events are scheduled, or while on experiential learning exercises. The program director may cancel Casual Friday at his/her discretion.

**Personal hygiene** of all learners is expected to be impeccable at all times. Frequent bathing, brushing of teeth, use of deodorant are highly recommended. Hair should be clean and worn in conservative styles. Nails should clean and short in length. Facial hair should be neatly groomed and short in length.
UNIVERSAL PRECAUTIONS (BLOOD BORNE PATHOGENS)

The Occupational Safety and Health Administration (OSHA) has developed a set of regulations which address duties to protect both faculty and students in schools of health care professionals from exposure to blood borne pathogens (effective March 6, 1994). Because clinical sites are the primary location where possible exposure to infectious diseases may occur, William Carey University has adopted the following policy to address this issue for all students and faculty involved in the care of patients in the clinical setting. Those personnel specifically addressed in this policy include those who have potential contact with blood or other potentially infectious materials in the performance of duties necessary to fulfill course objectives at William Carey University. This policy has been developed to fulfill compliance with guidelines set forth by the Centers for Disease Control and OSHA.

For purposes of clarification for this policy, the following definitions shall apply:
2. Blood-borne pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
3. Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
4. Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of duties in the role of a student in the William Carey University DPT Program.
5. Occupational exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties in the role of students in the William Carey University DPT Program.
6. Personal protective equipment: specialized clothing or equipment worn by a student for protection against hazard. General work clothes (e.g. uniform, pants, skirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
7. Source individual: any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the student-faculty. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for developmentally disabled; trauma victims; clients of drug and alcohol treatment centers; residents of hospices and nursing homes; human remains.
8. Standard precautions: an approach to infection control. According to the concept of standard precautions, all human blood and certain body fluids are treated as if known to be infectious of HIV, HBV, and other blood borne pathogens.
In order to comply with the guidelines previously addressed in this document, William Carey University DPT Program has the following responsibility to the enrolled students

1. William Carey University faculty will provide education in the execution of standard precautions, specifically the selection and use of appropriate protective equipment, prior to the student’s first clinical experience.

2. William Carey University faculty will ascertain the student’s understanding of standard precautions prior to the first clinical experience.

3. The student shall comply with the standard precautions guidelines in the care of all patients in the clinical setting.

4. All students engaged in clinical practice must present proof of having received the hepatitis B vaccine to the DPT Office or have signed and submitted to their program director a declination statement.

5. All students will sign a written statement that indicates their receipt of education and/or performance practicum competency of the same, and compliance with the requirement for the hepatitis B vaccination or declination.

6. Any student who is HIV positive or becomes HIV positive during enrollment is responsible for notifying the program director.

Post exposure evaluation and follow-up:

1. A student has an ethical duty to report to the faculty member, Program Head, or Dean any incident during which an exposure or potential exposure has occurred which places him/her at risk for transmission of a blood borne disease.

2. Following an accidental exposure or potential exposure to HBV, HCV, or HIV, CDC guidelines should be followed immediately. The exposed area should be washed thoroughly with soap and water. If mucous membrane exposure has occurred, the area should be flushed with copious amounts of water and/or saline.

3. CDC guidelines as outlined in the Updated U.S. Public Health Service Guideline for the Management of Occupational Exposure to HBV, HCV and HIV and Recommendations for Post exposure Prophylaxis (CDC, MMWR, Recommendations and Reports, 2001) should be followed to determine risk factors for developing HBV, HVC, or HIV. A copy of this document will be housed in the office of the Program Director.

4. Following exposure or accidental exposure, the student should be immediately HIV tested to establish sero-negativity. The CDC guidelines should be used to determine the need for follow-up testing for HBV, HVC or HIV.

5. If an exposure or potential exposure occurs, the student should contact their personal health care provider immediately to determine if treatment is recommended. Do not procrastinate.

6. Students are responsible for the cost of post exposure testing and follow-up testing or treatment.

7. Any other requirements of the health care agency in which the exposure occurs must be met.
WRITING AND COMPUTER REQUIREMENTS

Learners in the DPT Program are expected to demonstrate communication proficiency in written, computer, and verbal skills. Written papers are to be typed using AMA format. Written papers should be logically and completely developed as well as demonstrate proper spelling and grammar.

Computer skills will be utilized throughout the program. Learners will be expected to integrate current online information into discussion forums, papers, and presentations. Online sources may include rehabilitation journals and research reports. Learners must utilize Microsoft Office Software Programs in submitting papers and presentations.