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Important Resources
• American Physical Therapy Association (APTA)
• Commission on Accreditation of Physical Therapist Education (CAPTE)
Clinical Education Informed Consent
I have read and understand the policies contained in the Alvernia University DPT Program Clinical Education Manual. I agree to follow the policies as outlined in the Manual while enrolled in the Doctor of Physical Therapy (DPT) program, and I agree to fully participate in the clinical education component of the program’s curriculum. I also understand that policies may change, and that it is my responsibility to review and follow any changes as they are provided to me by the program. Finally, I understand that failing to follow the policies in the Clinical Education Manual may result in a non-passing grade for my clinical education experience(s)/Internship(s).

Name (print):
_________________________________________________________________________________

Signature:
_________________________________________________________________________________

Date:
_________________________________________________________________________________

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Section I: Introduction to Clinical Education

Purpose of the Clinical Education Manual

This manual is designed to guide the physical therapy student, the Center Coordinator of Clinical Education (CCCE), and the Clinical Instructor (CI) through Alvernia University (AU) Doctor of Physical Therapy Program’s (DPT) Curriculum and Clinical Education Curriculum. It is the intent of this manual to improve communication and clarify expectations between AU DPT Program, clinical sites, and the students regarding policies and procedures surrounding clinical experiences and to improve the efficiency and ongoing function of AU DPT clinical education program. The manual, however, does not replace the necessary communication between the clinical sites and the AU DPT Program that should occur on a regular basis to provide ongoing feedback regarding the status of the clinical and academic programs. Both the student and the clinical facility should have a copy of this manual. It is recommended that the manual be read prior to the student’s arrival at the clinical site, and be utilized as a reference during all clinical practical courses.

Revision Policy

Alvernia University Doctor of Physical Therapy Clinical Education Program reserves the right to update and revise this manual. It is the responsibility of the student to check for the most current version. Students must adhere to any revisions made to the policies and regulations in the Clinical Education Manual. Students are encouraged to reread this manual at least on a yearly basis to familiarize themselves with the stated policies and any potential changes.

Mission of Clinical Education

The mission of the clinical education program is to train students to become generalist practitioners who are capable of safe and effective entry-level physical therapy evidence-based practice. The Clinical Education Program is designed to dovetail with and complement the didactic portion of the Program’s curriculum and provide early and frequent immersion of the student into the clinical setting.

Clinical Education Program Design

The clinical education curriculum is designed to be commensurate with the progression of the didactic course work and to address and enhance student development. Students will observe and participate in direct patient care during the first semester of the program for the purpose of fostering the early integration of classroom learning into clinical practice. This will occur through four part-time clinical experiences within the first two years of the program. The full time clinical education courses are staggered throughout the curriculum and are planned to coincide with course content and reinforce clinical skills taught during class

Students will participate in Integrated Clinical Experiences (ICE) within four clinical education courses (DPT 522, 523, 622, and 623) during the first two years of the curriculum in which they will observe clinical practice, and participate in patient care in order to apply newly learned concepts and skills. An emphasis is placed on self and peer assessment of professional behaviors and core values. Integrated Clinical Experiences will comprise a total of 108 hours in acute care, rehabilitation, and outpatient settings. Students will also participate in 4 four full-time clinical education courses (DPT 524, 624, 724, 725), which comprise a total of 36 weeks and dispersed throughout the curriculum to ensure clinical application, synthesis, and integration of theories, concepts, and principles learned during didactic instruction. The clinical education curriculum serves as the concluding experience of the curriculum culminating in two 12-week clinical education experiences after completion of all didactic classroom instruction thereby ensuring entry-level clinical competence. Integrated Clinical
Experiences and full-time clinical experiences will build upon the didactic portion of the curriculum emphasizing clinical competency, critical thinking, and self-reflection to promote the students who will become highly skilled entry-level ‘generalists.

**Clinical Education Goals**
The DPT Clinical Education curriculum will endeavor to:

1) The physical therapy student will integrate information from courses in the basic, clinical and behavioral sciences in order to problem-solve effectively in the clinical setting according to APTA’s Minimum Required Skills of Physical Therapist Graduates at Entry-level.

2) The physical therapy student will possess the psychomotor abilities, including gross motor and fine motor skills, to perform effective patient/client management elements of examination, evaluation, diagnosis, prognosis and intervention in the clinical setting according to APTA’s Minimum Required Skills of Physical Therapist Graduates at Entry-level.

3) The physical therapy student will demonstrate the ability to complete psychomotor skills within a specified timeframe that is consistent with actual clinical practice in physical therapy.

4) The physical therapy student will integrate physiological, biomechanical, behavioral, cultural and environmental factors to perform safe and effective patient/client management.

5) The physical therapy student will demonstrate Entry Level/Post-Entry Level characteristics defined by the 10 Professional Behaviors, as adopted by the AU DPT Program, in various clinical scenarios and settings.

6) The physical therapy student will be prepared to assume a leadership role as autonomous, collaborative practitioners of choice. The physical therapist will be responsible for evaluating and managing an individual’s movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions.

7) The physical therapy student will regard patient/client/consumer values and goals as central to all efforts in which the physical therapy profession will engage and advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

**Overview of Clinical Education Curriculum**
The clinical education curriculum of the AU DPT program consists of Integrated Clinical Experiences within 4 clinical education courses and 4 full-time clinical experiences. Integrated Clinical Experiences: ICE’s occur in within DPT 522 and DPT 523 in Year One and DPT 622 and DPT 623 in Year Two of the program. The purpose of these part-time clinical experiences is to provide opportunities for the students to observe clinical practice and to develop clinical and professional skills. Under direct supervision of a clinical instructor, students will perform beginning level clinical skills that are commensurate with current course work and will perform self and peer assessment of professional behaviors. AU DPT Integrated Clinical Experience Instrument will be utilized and graded using a Pass/Fail methodology. Full-Time Clinical Experiences: Students will complete 4 full-time clinical experiences for a total of 36 weeks in Year One through Year Three program. Upon completion of the clinical education curriculum, the student will have completed experiences working with individuals with a variety of diagnoses and functional abilities. Students will have the opportunity to apply knowledge and skills from all aspects of
didactic coursework. With direct supervision of clinical instructors, students will be mentored in the development of their clinical reasoning and critical thinking skills while providing direct, hands-on patient care.

Description of Clinical Practical Courses

DPT Clinical Practice I (DPT 522) is the first of 4 clinical education courses that incorporates Integrated Clinical Experiences (ICE) for three hours per week for six weeks in the first semester of the DPT Program. In addition, didactic coursework will include an introduction to expectations in the clinical environment, the application of HIPAA regulations to daily PT practice, medical terminology, medial and physical therapy abbreviations, and documentation requirements. The purpose of this course is to prepare students for clinical practice and provide students with opportunities to observe and apply newly learned concepts and skills within a clinical setting. This experience occurs concurrently as the students are taking the following courses: Anatomy & Histology (DPT 500), Lifespan Development (DPT 501), Foundations of Physical Therapy (DPT 504), and Physical Therapy Procedures (DPT 508). In DPT 508, students will learn functional training, use of adaptive equipment and assistive technology, physical agents, and introduction to therapeutic exercise. In DPT 504, students will learn about the responsibilities of the physical therapist to clients, families, colleagues, the profession, and the community and explore the concept of clinical decision-making and reasoning and the focus on patient-centered outcomes. In DPT 501, students will discover normal and abnormal motor development in the context of content learned in DPT 500. DPT 522 is designed to bridge clinical and classroom experiences in relationship to concurrent learning through the use of discussion, reflective learning, real life examples from clinical experiences, case studies, and collaborative learning. In the clinical settings, students will have opportunities to practice newly acquired skills including but, not limited to gait training, transfers, bed mobility, assistive devices use and training, wheel chair mobility, therapeutic exercise, soft tissue massage, thermal agents, and patient education in the context of a strong foundation in human anatomy, histology, and human development, which ranges from the neonate to the older adult population. An emphasis will be placed on developing an appreciation for clinical problem-solving through astute observation and self-, peer-, and instructor-reflection. Medical terminology and documentation skills as well as principles of evidence-based practice and scientific writing will be introduced during classroom meetings and through online learning activities and quizzes. Throughout the clinical experiences, students will be expected to apply the principles and practices of professional behavior, evidence-based practice, and dedication to effective patient outcomes.

DPT 523 Clinical Practice II is the second Integrated Clinical Experience with a clinical course that takes place in the first spring semester for three hours a week for 6 weeks. This experience is a continuation of DPT 522 and occurs concurrently when the students are taking Foundations of Clinical Examination and Evaluation (DPT 509), and the first foundational course within the musculoskeletal practice pattern (DPT 516) and neuromuscular practice pattern (DPT 520) tracks of the curriculum. In DPT 509, students will learn methods for collecting examination data that can be used to assess individuals’ impairments and functional status, delineate and prioritize problems, and establish a plan of care. In both DPT 516 and 520, students will learn concepts of normal and abnormal clinical physiology and its relationship to patient care. In DPT 502 (Kinesiology), students will gain an appreciation for human movement and relate this understanding to methods for addressing aberrant movement patterns. These newly acquired skills and learned concepts will be integrated into a general inpatient or outpatient setting. Students will practice newly acquired skills from the course work including, but not limited to, various components of a general examination, such skills as vital signs, joint range of motion, muscle performance, sensation, and cranial and peripheral nerve integrity. During classroom sessions and through utilization of online learning resources, students will build their knowledge-base in medical terminology, use of an electronic medical record, reimbursement principles, and billing/ coding procedures. In DPT 523, clinical research
procedures and resources will be introduced and applied through the development of collaborative group research projects.

DPT 622 Clinical Practice III and DPT 623 Clinical Practice IV are the third and fourth Integrated Clinical Experiences which take place during the second year, fall and spring semesters, for 6 hours per week for 6 weeks. These courses occur concurrently as the content of the curriculum progresses through the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. Additional coursework related to health care policy (DPT604), foundations of clinical research (DPT612) and electrotherapeutic procedures (DPT608) will also take place during this semester. The purpose of these clinical courses and Integrated Clinical Experiences is to bridge clinical and classroom experiences in relationship to concurrent learning through the use of discussion, reflective learning, and real life examples from clinical experiences, case studies and collaborative learning. To provide students with opportunities to observe and apply newly learned concepts and skills within general inpatient and outpatient clinical settings. Student performance during each ICE will increase in level of expectations as the student progresses from DPT 622 to DPT 623. Students will be expected to demonstrate competency of skills from previous experiences and those that are commensurate with the objectives from the current course work. Specific skills to be practiced by the student during these experiences will be communicated in writing to the CI. Such skills consist of developing a plan of care, constructing and instructing patients in therapeutic exercise regimens, basic manual therapy techniques, electrotherapeutic interventions, and performance of examination procedures followed by critical thinking in the context of evaluation, diagnosis, and prognosis. This opportunity offers the student a chance to identity challenging areas within their foundational practice skills, reflect on their most effective learning styles, and provide ample time to strengthen areas of weakness prior to the next full time internship. Integral to the program, this experience enables students to incorporate practice of professional behaviors with self, peer and supervisory feedback. Expectations for professional behavior and skills assessment will be commensurate with current course objectives. Clinical research procedures are emphasized through the progression of collaborative research group projects.

DPT 524 Clinical Practice III, which occurs at the end of the first academic year for 6 weeks, is the first of 4 full-time clinical education experiences. This clinical practice course is strategically placed after the completion of the Foundation of Physical Therapy (DPT 504), Physical Therapy Procedures I (DPT 508), Foundations of Clinical Exam and Evaluation (DPT 509), and the first course in the musculoskeletal (DPT 516) and neuromuscular (DPT 520) practice series. Prior to this first full-time clinical practice experience, students will also have been provided with a firm clinical science foundation through DPT 500, 501, and 502. The goal of DPT 524 is to provide the students with an opportunity to integrate and apply their new knowledge and skills, engage in critical thinking and problem-solving related to clinical challenges, and perform examination and intervention procedures with individuals in a non-specialized inpatient or outpatient setting. Students will have opportunities to implement newly-developed examination, evaluation, diagnosis, prognosis, and intervention procedures for individuals with common musculoskeletal and neuromuscular diagnoses under close supervision. Although DPT 524 represents the first full-time clinical experience, previous ICE will serve to inculcate students into the clinical environment and provide a framework that may be used to develop professional behaviors through early exposure to actual patients and real-life clinical situations. As students embark on these full-time experiences, they are expected to develop their abilities in the integration, application, and synthesis of discrete clinical skills into a more cohesive examination and intervention plan that results from patterns of evidence-based critical thinking.

DPT 624 Clinical Practice VI is the second full-time clinical experience (6 weeks), which occurs at the end of the second academic year following completion of the practice pattern coursework. Commensurate with the level of didactic and clinical practice experience, students are prepared to examine, evaluate, devise and implement a plan of care, and provide intervention for individuals with
musculoskeletal, neuromuscular, and cardiopulmonary impairments that range from simple to moderate degree of complexity. This clinical experience will take place in a non-specialized inpatient or outpatient setting where students will manage 50% of a full caseload under moderate to distant supervision. Having completed the PT Procedures courses (DPT 508, 608), the practice pattern coursework, as well as several courses within the Administration and Education track and the Critical Inquiry track, students are well prepared to engage in clinical practice with an increased level of challenge and expectation. DPT 624 will build on prior clinical experiences and the retention of previously learned procedures will be expected along with consistent demonstration of professional behaviors.

DPT 724 Clinical Practice VII and DPT 725 Clinical Practice VIII are two 12-week clinical experiences that occur after the completion of all didactic course work. As post-didactic clinical experiences, students are expected to utilize the full armamentarium of PT examination and intervention procedures at Advanced Intermediate level to Entry-level proficiency. The length of these clinical practice courses, which collectively span 24 weeks, provides sufficient opportunity for students to refine their clinical skills and become fully integrated into the clinical site in which they have been placed as fully functioning members of the rehab team. By the end of DPT726, students will manage a full caseload and become involved in all aspects of patient care including scheduling, billing, documentation, and participation in staff meetings and in-services. The level of supervision throughout these experiences is expected to be distant and minimal thus seeking to develop each student as an independent, critical problem-solver.

Section II: AU Doctoral of Physical Therapy Program Overview

ALVERNIA UNIVERSITY MISSION & VISION

Guided by Franciscan values and the ideal of “knowledge joined with love,” and rooted in the Catholic and liberal arts traditions, Alvernia University is a rigorous, caring, and inclusive learning community committed to academic excellence and to being and fostering broadly educated, life-long learners; reflective professionals and engaged citizens; and ethical leaders with moral courage.

To Be a Distinctive Franciscan University, Committed to Personal and Social Transformation, Through Integrated, Community-based, Inclusive, and Ethical Learning. Integrated Learning: combining liberal arts and professional education, and blending rigorous inquiry, practical experience and personal reflection in the classroom, on campus, and in society; Community-Based Learning: engaging the local, regional and global communities as partners in education and service; Inclusive Learning: welcoming people of diverse beliefs and backgrounds; responsive to the educational needs of recent high school graduates, working adults and established professionals, and senior citizens; respectful and self-critical in our dialogue about differences in values and perspectives; Ethical Learning: challenging individuals to be values-based leaders by developing habits of the mind, habits of the heart, and habits of the soul.

COLLEGE OF PROFESSIONAL PROGRAMS MISSION

The Mission of the College of Professional Programs is to empower departments to develop students’, faculty members’, and staffs’ personal and professional responsibility in the context of their vocations. Through modeling ethical standards of our richly diverse professional programs, we encourage continual investment in best practices and engaged learning in collaboration with our communities.

DOCTOR OF PHYSICAL THERAPY PROGRAM MISSION

The mission of the Alvernia University Doctor of Physical Therapy (DPT) Program is to pursue academic excellence in preparing the next generation of autonomous physical therapist clinicians. By challenging students to think critically, act professionally, and serve altruistically, the Program endeavors to develop graduates who are
life-long learners, reflective professionals, engaged citizens, and ethical leaders with moral courage. Graduates will be prepared to assume a leadership role in the ever-changing health care environment as Doctors of Physical Therapy who are committed to clinical competence and the application and perpetuation of evidence-based knowledge.

Achievement of this mission is accomplished through the promotion of a graduate who is self-reflective, service-oriented, and highly skilled. Self-reflective professionals are committed to lifelong learning and demonstrate the capacity to thoughtfully consider their actions and creatively solve problems. Service-oriented professionals are agents of change who understand their role within the health care continuum. Such practitioners are committed to making contributions to the profession and to the communities in which they live in the context of client and societal needs. Skilled professionals exhibit clinical knowledge and competence through the application of evidence-based principles and practices. Such practitioners are dedicated to achieving optimal outcomes through exploration of innovative strategies.

**DPT Program Goals:**

**Program Goals:**

To accomplish its mission, the Program will:

- **Program Goal 1:** Provide an innovative and visionary curriculum that includes interprofessional learning, responds to the needs of the profession, fosters new educational models and delivery methods, and adjusts to the changing manner in which students learn.
- **Program Goal 1: Outcome 1:** The DPT Program will engage students in regular interprofessional learning experiences that include interaction with students in other health-related professions, interaction with health professionals from other disciplines, and/or course content focused on interprofessional practice.
- **Program Goal 1: Outcome 2:** The DPT Program will pursue models of teaching and learning designed to connect the classroom with the clinic in a manner that addresses the needs of all students and includes the use of technology, web-based learning, active learning, innovative clinical education, and service-learning.
- **Program Goal 1: Outcome 3:** The DPT Program will adapt the curriculum in concert with changing trends in the profession and in accordance with current best evidence and best practice standards.

- **Program Goal 2:** Promote the profession through research that emphasizes the translation of evidence into clinical practice, explores new research models, and leads to innovative strategies related to movement and function.
- **Program Goal 2: Outcome 1:** The DPT Program will explore models of research designed to impact clinical practice and promote the profession of physical therapy.
- **Program Goal 2: Outcome 2:** The DPT Program will collaborate with local clinicians in the integration and perpetuation of evidence into clinical practice.
- **Program Goal 3:** Collaborate with local clinicians, other health professionals, consumers, and community organizations to pursue patient-centered initiatives that address the health-related challenges of our society.
- **Program Goal 3: Outcome 1:** The DPT Program will pursue opportunities to collaborate with other healthcare professionals and students, consumers, and individuals within the community in the pursuit of effective strategies for addressing health-related challenges.

**Faculty Goals:**

To accomplish its mission, the Faculty of the Program will:

- **Faculty Goal 1:** Demonstrate expertise in the clinical practice of Physical Therapy with advanced knowledge and skill in accordance with best practice guidelines and informed by the current best evidence.
Facade Goal 1: Outcome -1: 25% percent or more of the Core and associated faculty will possess, or be in pursuit of an advanced clinical specialization, through the American Board of Physical Therapy Specialties (ABPTS), or other recognized body, that is specific to the area of content in which they teach.

Facade Goal 1: Outcome 2: 50% or more of core faculty will continue to engage in regular clinical practice/consultation.

Facade Goal 1: Outcome 3: Program faculty will attend regular clinically-based continuing education courses and pursue scholarship designed to contribute to the development of best clinical practice standards.

Facade Goal 2: Embody the principles and practices of effective teaching by fostering an environment conducive to authentic learning and serve as a role model and resource for students, graduates, and colleagues.

Facade Goal 2: Outcome 1: Core faculty are expected to demonstrate evidence of teaching practices that reveals instructor knowledge, adherence to best practice guidelines, and skill in content delivery by satisfactorily meeting expectations of student, self, peer, and administrative evaluation.

Facade Goal 2: Outcome 2: Tenure-Track Core faculty will demonstrate effective teaching skills as evidenced by the achievement of promotion and tenure within the University.

Facade Goal 3: Demonstrate a commitment to serve the Program, University, profession, and local/global community through collaboration and leadership.

Facade Goal 3: Outcome 1: Each core faculty member is expected to serve on a minimum of 1 University or College committee and a minimum of two Program committees annually and regularly attend Program, College, and University faculty meetings.

Facade Goal 3: Outcome 2: Core and associated contract faculty will maintain membership and involvement in professional associations which support the practice, education, and research of Physical Therapy.

Facade Goal 3: Outcome 3: Core and associated contract faculty will actively serve within a professional association at either the local, state, or national level.

Facade Goal 4: Advance an agenda of scholarly activity, pursue professional advancement, and engage in lifelong learning that is designed to contribute to the profession of Physical Therapy.

Facade Goal 4: Outcome 1: Core faculty will maintain an agenda of scholarly activity which includes dissemination in non-peer and peer-reviewed formats.

Facade Goal 4: Outcome 2: Core faculty will attend continuing education seminars in their area of clinical, research, and teaching interest.

Graduate/Student Goals:

To accomplish its mission, the Graduates/Students of the Program will:

Graduate/Student Goal 1: Demonstrate competence in the examination, evaluation, diagnosis, prognosis, and intervention of the movement system across the lifespan within all available practice settings.

Graduate/Student Goal 1: Outcome 1: Graduates of the Program will demonstrate entry-level competence through the successful completion of the curriculum, including all written and practical exams as well as the comprehensive exam, and will demonstrate entry-level competence in all clinical skills upon completion of the clinical practice courses.

Graduate/Student Goal 1: Outcome 2: Graduates of the Program will demonstrate entry-level competence through the passage of the National Physical Therapy Examination (NPTE).

Graduate/Student Goal 1: Outcome 3: Graduates of the Program are expected to assume clinical positions as physical therapists within a variety of physical therapy practice settings within 6 months of graduation and provide care in accordance with professional and clinic-specific standards.

Graduate/Student Goal 2: Embrace best practice standards, that include the integration of best available research, clinical expertise, and patient centered values and goals.

Graduate/Student Goal 2: Outcome 1: Students will adhere to evidence-based principles and practices during formal clinical education experiences as determined by clinical faculty.

Graduate/Student Goal 2: Outcome 2: Graduates of the Program will consistently utilize the current best evidence and best practice guidelines in the care of individual patients as evidenced through self- and employer-assessment.
Graduate/Student Goal 3: Collaborate with other health professionals, consumers, and community organizations to address the health challenges of society as autonomous DPTs who are characterized by independent thinking, self-determination, altruistic service, and who embody the highest standards of ethical and moral practice.

- **Graduate/Student Goal 3: Outcome 1**: Graduates and students of the Program will engage in regular collaboration with other healthcare providers and the community to address society's healthcare needs.
- **Graduate/Student Goal 3: Outcome 2**: Graduates and students of the Program will recognize health disparity and promote advocacy in practice, education, and research.
- **Graduate/Student Goal 3: Outcome 3**: Graduates and students of the Program will perpetuate evidence to support the comparative effectiveness of physical therapy, to offer creative solutions to enhance health services delivery and to increase the value of physical therapy to society.
- **Graduate/Student Goal 4**: Engage in the persistent, lifelong acquisition of authentic knowledge and skill to advance the art and science of Physical Therapy and its role in the delivery of health care and health promotion.

- **Graduate/Student Goal 4: Outcome 1**: Graduates and students of the Program will engage in self-reflective clinical practice that advances their knowledge and skill in the delivery of health care and health promotion.
- **Graduate/Student Goal 4: Outcome 2**: Graduates and students of the Program will pursue new knowledge through continuing education that advances their knowledge and skill in the delivery of health care and health promotion.
- **Graduate/Student Goal 4: Outcome 3**: Graduates and students of the Program will pursue a scholarly agenda, including dissemination, that advances their knowledge and skill in the delivery of health care and health promotion.

**Curricular Philosophy**

Consistent with the principles aforementioned, the mission of Alvernia University, and the vision of the American Physical Therapy Association (APTA), the primary philosophical orientation of the Doctor of Physical Therapy Program will emanate from four primary tenants.

**Principles of Learner-Directed Education:**

The Doctor of Physical Therapy Program emphasizes a curricular structure that is individualized and learner-directed. Implicit in its framework is an appreciation of individual student learning styles. Kolb describes a model of learning that begins with a concrete experience followed by reflective observation, abstract conceptualization, and concluding with active experimentation. In clinical practice, physical therapists learn through a process very similar to that described by Kolb. The objective of the overall curricular structure and individual course structure is an explicit consideration of the learning style that is represented throughout each endeavor and to choose the experiences that best represent the pre-existing individual learning styles of the students. Paramount to philosophical orientation is the need for educators to possess a relentless preoccupation with the welfare of their students as equally contributing partners on a journey toward enhanced knowledge and understanding. In a model of learner-directed education, instructors are viewed as facilitators who guide students through meaningful learning experiences. The development of competent, critically-thinking graduates prepared to impact their profession and the lives of others requires an educational process that considers a myriad of learning styles and seeks to provide opportunities for the integration of multiple learning preferences and one in which the onus of learning is placed upon the student.

**Principles of Performance-Based Education:**

Above all, the Alvernia University DPT graduate must achieve clinical competence. With achievement of licensure as the minimum requirement and expert, competent, clinical care as the expectation, graduates of the program will develop the knowledge base and clinical skill to practice effectively and autonomously. The content and organization of the curriculum is performance-directed and engenders a philosophical orientation toward competence in clinical practice. In accordance with this initiative, content emphasizes evidence-based practice and encourages the pursuit of practice-based evidence.
The knowledge base and essential skills required to enable graduates to practice competently and autonomously will serve as the preeminent criterion for inclusion in the curriculum. Teaching initiatives will focus on the specific development of the cognitive, affective, and psychomotor domains of learning.

**Principles of Community-Conscious Education:**
Incumbent on the physical therapist professional is the ability to see beyond one’s self and serve others altruistically, generously, and without prejudice. To empathetically view experiences from different perspectives is an imperative mandate for all health care professionals. The philosophical orientation of the AU DPT Program strives to instill, enhance, and expand each student’s appreciation of those who are different. A myriad of deliberate and sustained experiences provide opportunities for students to develop cultural competence. This goal is achieved by changing attitudes and patterns of thought that precede behavioral adaptations. Viewing disability through the eyes of those whom we serve infiltrates every aspect of the curriculum and demonstration of skill in appreciating diversity is expected and required.

**Principles of Doctoral-Trained Professional Education:**
A doctor may be defined as “a person who has earned the highest academic degree awarded by a college or university in a specified discipline”. Implicit within this definition is the doctor’s contract with society. With this privilege comes a great deal of personal responsibility to “do no harm”. More than avoidance of non-maleficence, however, doctors are expected to operate at all times under the terms of beneficence. As doctors of a newly-anointed doctoring profession, graduate physical therapists must attend to the dual constructs of personal responsibility and societal expectation. Graduates of the AU DPT Program receive explicit instruction in the personal requirements and professional responsibilities associated with their entrance into the doctoring profession of physical therapy. As doctors of physical therapy, graduates will appreciate their role as leaders within the health care community and be fully equipped to pursue their rightful place as autonomous professionals in the service of those in need. As citizens of a larger community, graduates will be prepared to practice ethically, honestly, and diligently for the better good of mankind in clinical practice, academic endeavor, and scientific inquiry. Graduates will be dedicated to embracing the art and the science of physical therapy according to the ethical principles and practice act requirements as delineated elsewhere. Associated with professionalism is the ability to altruistically serve those in need and to provide expert care that is founded upon the current best evidence.

**Values Statement:**
Consistent with Alvernia University and the profession of physical therapy, the DPT Program is founded upon the core values of altruistic service, respect for the dignity and autonomy of others, cultural competence, and a relentless commitment to excellence. These values guide all Program initiatives from course content to hiring practices to student admissions and ensure that the mission, goals, and outcomes of the Program are achieved. An appreciation for the role of the Program as part of a larger community will prepare graduates for making significant contributions to the communities in which they live and serve.

**References:**
Curricular Model

The Program’s curricular model is best described as a “hybrid” model that combines both a traditional and systems-based approach to professional education. The traditional aspect of the curriculum begins with a strong foundation in the basic sciences, which serves as the scaffolding upon which the clinical science and practice courses are built. The systems-based model uses the systems-based practice patterns that are developed through a progression from foundational to more complex concepts. Once students obtain foundational knowledge in the clinical sciences, they embark on educational experiences designed to explore the role of physical therapy in addressing specific impairments that emerge from each of the practice patterns described in the Guide to Physical Therapist Practice (GPTP) (musculoskeletal, neuromuscular, cardiopulmonary, integumentary). The progression of content and learning experiences that develop from basic to complex in the context of clinical practice is consistent with evidence supporting the best methods to ensure the development of clinically-relevant skills and knowledge. The Clinical Education Program espouses a Clinical Expert Integration Model (CEIM) in which expert clinicians are actively involved in all aspects of the curriculum and serve as lab assistants, guest lecturers, primary course instructors, clinical instructors, pro bono clinic supervisors, student mentors, and provide ongoing feedback regarding individual course content and overall curricular structure. Within this model, the integration of clinicians who are actively involved in regular clinical practice is elevated as the preferred method for creating an authentic, contemporary learning experience that connects the classroom to the clinic.

The curriculum embodies the application of evidence-based educational principles as the foundation of the curriculum. Such principles include an emphasis on problem-solving and critical and integrative thinking. The application of this principle is demonstrated in the Program's learner-directed model in which students are required to routinely reflect on their performance. The curricular structure is designed with the intent to allow students to progress from foundational to complex concepts which culminate in empowering students to become independent problem solvers in the presence of ambiguity. Active learning represents a significant component of the curriculum that includes an emphasis on connecting the clinic to the classroom, lab-based coursework, peer-mentoring in the classroom and clinic, and student assignments that require engagement and collaboration. Structured and varied experiences of sufficient depth and breadth to allow the acquisition and application of essential knowledge, skills, attitudes, and behaviors, early and frequent exposure of students to clinical experts in the classroom and clinic.

Instructional Methods

A myriad of instructional methods will be used throughout the Program for the purpose of meeting student needs and achieving expected student outcomes. The overarching philosophy of the Program is to engage each student as an active participant in the process of learning through learning experiences that place the onus of learning on the student. Within this “Learner-Centered Paradigm”, the instructor facilitates and guides the student toward greater levels of knowledge and skill while the student takes the lead and responsibility for the attainment of new knowledge. The primary purpose of the learner-centered paradigm is for the instructor to create environments and experiences that bring students to discover and construct knowledge for themselves. In-classroom instruction is considered to be only one of many opportunities for learning to occur. Within this model, the process of learning may be divided into three distinct phases: 1) the preparation for learning phase which is designed to prepare students for the active learning experience; 2) the active learning phase which focuses on developing skill through practice; and 3) the evaluation of learning phase which insures that learning has occurred and reinforces prior learning.
Within the DPT Program, there is a consistent emphasis on connecting the classroom to the clinic. In semester one, students, with supervision, will perform newly learned skills with actual patients. Two 12-week post-didactic clinical internships will ensure entry-level performance. The curriculum will emphasize the importance of repetition in facilitating the attainment of new knowledge. Content will be delivered in a fashion that progress from foundational to more complex. Teaching methods address the affective, cognitive, and psychomotor domains and will be developed in a manner that seeks to address the varied learning styles of each student. Opportunities for active engagement, which places the onus of learning on the student, will result in the creation of authentic knowledge. Evaluative criteria that is used to assess student learning will be consistent with the manner in which the content was taught and applied. Faculty will adhere to pedagogical constructs that represent excellence in teaching, explore innovative strategies to active learning, and develop skill in meeting the individual needs of students with varied learning styles and abilities. The Journal of PT Education as well as a variety of educational journals and published texts will be used to inform teaching and learning strategies.

### ALVERNIA UNIVERSITY

**Doctor of Physical Therapy Program**

**Curricular Sequence**

**Fall (semester 1)**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>DPT500 Gross Anatomy &amp; Histology</td>
<td>5</td>
</tr>
<tr>
<td>DPT501 Development Through the Lifespan</td>
<td>4</td>
</tr>
<tr>
<td>DPT504 Foundations of Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>DPT508 Physical Therapy Procedures I</td>
<td>4</td>
</tr>
<tr>
<td>DPT522 Clinical Practice I</td>
<td>1</td>
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<td><strong>TOTAL</strong></td>
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**Spring (semester 2)**

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<tr>
<th>Course</th>
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<tbody>
<tr>
<td>DPT502 Kinesiology</td>
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<tr>
<td>DPT509 Foundations of Clin Exam and Eval</td>
<td>4</td>
</tr>
<tr>
<td>DPT516 Musculoskeletal PT Practice I</td>
<td>4</td>
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<tr>
<td>DPT520 Neuromuscular PT Practice I</td>
<td>4</td>
</tr>
<tr>
<td>DPT523 Clinical Practice II</td>
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**Summer (semester 3)**

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<tr>
<td>DPT524 Clinical Practice III (May-June)</td>
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<tr>
<td>DPT505 Education and Communication in P.T.</td>
<td>3</td>
</tr>
<tr>
<td>DPT612 Foundations of Clinical Research I</td>
<td>3</td>
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### Physical Therapy Department Clinical Education Manual

#### Fall (semester 4)

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<thead>
<tr>
<th>Course</th>
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<tbody>
<tr>
<td>DPT604 Health Care Policy &amp; Issues in P.T.</td>
<td>3</td>
</tr>
<tr>
<td>DPT615 Musculoskeletal PT Practice II</td>
<td>4</td>
</tr>
<tr>
<td>DPT620 Neuromuscular PT Practice II</td>
<td>4</td>
</tr>
<tr>
<td>DPT628 Cardiopulmonary PT Practice I</td>
<td>3</td>
</tr>
<tr>
<td>DPT622 Clinical Practice IV</td>
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<td><strong>TOTAL</strong></td>
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#### Spring (semester 5)

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<tr>
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<tbody>
<tr>
<td>DPT608 Physical Therapy Procedures II</td>
<td>4</td>
</tr>
<tr>
<td>DPT617 Musculoskeletal PT Practice III</td>
<td>4</td>
</tr>
<tr>
<td>DPT621 Neuromuscular PT Practice III</td>
<td>4</td>
</tr>
<tr>
<td>DPT629 Cardiopulmonary PT Practice II</td>
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</tr>
<tr>
<td>DPT623 Clinical Practice V</td>
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#### Summer (semester 6)

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<tr>
<td>DPT624 Clinical Practice VI (July-August)</td>
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<tr>
<td>DPT704 Administration &amp; Management in P.T.</td>
<td>2</td>
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<tr>
<td>DPT712 Foundations of Clinical Research II</td>
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#### Fall (semester 7) (8 weeks)

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<tr>
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<tr>
<td>DPT708 Management of Medical-Surgical</td>
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<tr>
<td>Conditions, Diagnostics, and Pharmacotherapeutics</td>
<td></td>
</tr>
<tr>
<td>DPT713 Clinical Research Seminar I</td>
<td>3</td>
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<tr>
<td>DPT732 Integumentary PT Practice</td>
<td>3</td>
</tr>
<tr>
<td>DPT724 Clinical Practice VII (Oct-Jan)</td>
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<tr>
<td>DPT801-809 Electives</td>
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#### Spring (semester 8)

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<tr>
<td>DPT725 Clinical Practice VIII (Jan-April)</td>
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<tr>
<td>DPT714 Clinical Research Seminar II</td>
<td>3</td>
</tr>
<tr>
<td>DPT810 Comprehensive Examination</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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</table>

**Electives: (Choose 1)**

- DPT890/10: Special Topics: Sports Physical Therapy
- DPT890/11: Special Topics: Advanced Neuromuscular Rehabilitation
- DPT890/12: Special Topics in Physical Therapy

**TOTAL CREDITS: 121**
Physical Therapy Department Clinical Education Manual

Essential Functions:
The DPT Program at Alvernia University, in compliance with the Americans with Disabilities Act (ADA), does not discriminate against qualified individuals with disabilities. A person qualified for the DPT program is one who has met academic standards and is able, with or without reasonable accommodations, to meet the essential functions of a physical therapist, in alignment with current practice as determined by several sources as referenced.

These essential functions are the activities that a student physical therapist must be able to perform, with or without accommodations, in partial fulfillment of the requirements for successful completion of the professional curriculum. They are applicable in the classroom, laboratories, simulated clinical settings, and on clinical education assignments. Alvernia University uses independent clinical education sites that may or may not be able to offer the same reasonable accommodations made available by the university.

The list of essential functions is designed to assist students interested in the DPT program to make informed decisions about career options. Additional requirements and competencies are outlined in course syllabi and on the clinical performance instrument. The Essential Functions must be completed in all settings, which include highly complex environments, and within a time frame that is consistent with actual clinical practice. If it becomes apparent that a student is unable to fulfill each essential function with reasonable accommodation or if the needed accommodations are beyond what would be considered reasonable thus causing undue hardship to the university or harm to others.

The Alvernia University DPT Program Essential Functions document has been developed to achieve compliance with the following statutes: the Americans with Disabilities Act of 1990, the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973. ADA records are maintained by the Disability Services Coordinator. Information related to ADA, Discrimination, and Title IX can be found on the University website at http://www.alvernia.edu/student-life/index.html. Questions should be directed to the Disability Services Coordinator located in Bernardine Hall, Room 1121, and by phone at 610-796-8423. For questions, concerns, or to request review of a request for accommodations, students should contact: Vice President for University Life and Dean of Students, 400 St. Bernardine Street, Reading, PA 19607, 610-796-8211, joe.cicala@alvernia.edu.

Essential Functions in the Affective Domain:

1. Interact effectively and sensitively using appropriate verbal, nonverbal, and written communication skills with faculty, peers, other members of the health care team, and patients/clients, and caregivers.
2. Read, write and interpret written and nonverbal communication at a competency level that allows one to safely function in classroom, laboratory, and clinical settings.
3. Recognize the impact and influence of age, lifestyle, family or peer support, socioeconomic class, culture, beliefs, race, and abilities on faculty, peers, other members of the health care team, and patients/clients, and caregivers.
4. Recognize the psychosocial impact of movement dysfunction and disability on the client and caregivers and integrate these needs into patient examinations, evaluations, assessments, interventions, discharges, and or referrals.
5. Efficiently organize and prioritize multiple tasks, integrate and critically analyze information, and formulate applicable decisions.
6. Practice in a safe, ethical, and legal manner, following guidelines for standard practice as established by federal, state, and local law, the College, clinical facilities, the APTA, and related professional organizations.
7. Accept personal responsibility for all actions, reactions, and inactions.
8. Demonstrate responsibility for self-assessment, professional growth and development.
9. Effectively and consistently manage personal stress and appropriately respond to the stress of others.
10. Speak and write effectively in English to convey information to other individuals and groups.

**Essential Functions in the Cognitive Domain:**
1. Comprehend, retain, recall, and apply complex information learned in required prerequisite courses to the program's professional course work.
2. Read, comprehend, integrate, critically analyze, interpret, and apply information from written materials, demonstrations, lectures, laboratory sessions, and research literature, and other pertinent sources to develop and support the rationale for appropriate patient examinations, evaluations, assessments, interventions, discharges, or referrals.
3. Collect, organize, prioritize and document information to make safe, appropriate and timely decision regarding patient care for the purposes of examination, evaluation, assessment, intervention, discharge, and or referral for any patient.
4. Demonstrate management skills including planning, organizing, supervising, and delegating.

**Essential Functions in the Psychomotor Domain:**
1. Possess sufficient mental and physical stamina, postural and neuromuscular control, and eye-hand coordination for extended periods of time in order to perform patient care tasks in a manner that does not compromise patient or therapist safety.
2. Safely, reliably, and efficiently perform required physical therapy examination and intervention procedures to evaluate and treat the functional skills & limitations and gross motor system of patients across the lifespan. These include but are not limited to:
   - Cognitive, mental, emotional status
   - Cardiopulmonary status
   - Segmental length, girth, volume
   - Skin integrity & wound care
   - Sensation
   - Strength
   - Joint mobility, motion and play
   - Muscle tone and reflexes
   - Coordination & balance
   - Development skills & movement patterns
   - Functional abilities
   - Posture & gait
   - Endurance
   - Pain
   - Therapeutic exercises
   - Prosthetics & orthotics
   - Adaptive devices & assistive technology
   - Demonstrate the ability to perform CPR and emergency first aid.
   - Safely and reliably read meters, dials, printouts, and goniometers.
   - Demonstrate the ability to manipulate and operate physical therapy equipment and monitoring devices.
   - React safely and appropriately in a timely manner to sudden or unexpected situations involving persons and or equipment.

**Sources**
The Alvernia University DPT Program Essential Functions document has been developed to achieve compliance with the following statutes: The Americans with Disabilities Act of 1990, the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973. ADA records are maintained by the Disability Services Coordinator. Questions should be directed to the Disability Services Coordinator located in Bernardine Hall, Room 1121, and by phone at 610-796-8423. For questions, concerns, or to request review of a request for accommodations, students should contact: Vice President for University Life and Dean of Students, 400 St. Bernardine Street, Reading, PA 19607, 610-796-8211, joe.cicala@alvernia.edu

Section III: Roles and Responsibilities

Academic Coordinator of Clinical Education (ACCE)

The Academic Coordinator of Clinical Education (ACCE) is a core faculty member who is responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education. The ACCE is the course instructor for all clinical practice courses (ICE and full time) and awards the course grade. The ACCE serves as a liaison between the physical therapy program and clinical education sites. In cooperation with other academic faculty, the ACCE establishes clinical education standards, selects and evaluates clinical education sites, and maintains communication among all parties. (APTA Model Position Description ACCE) Appendix A: APTA Model Position Description for the ACCE/DCE: PT Program.

ACCE Upholds Academic Regulations, Policies, and Procedures Related to Clinical Education:

Under the direction of the DPT Department Chair, the ACCE assumes responsibility for maintaining the integrity of the clinical education program. This will be accomplished through a process by which the academic regulations and all policies and procedures that are related to clinical education are strictly upheld. This process is most effective by enacting 3 levels of interaction. The ACCE will seek to communicate and assist clinical sites in meeting the expectations and policies related to the clinical education program prior to contract execution, during affiliation experiences, and following completion of each affiliation experience.

Prior to executing a contract with a clinical site, the ACCE will fully inform each site of all policies and expectations. As clinical sites are added to the cohort of active affiliation sites, the ACCE will communicate both informally and formally with the CCCE regarding the distinct roles of both the university as well as the clinical site. The ACCE will provide each clinical site with the DPT Clinical Education Manual, which includes the program mission, philosophy, expected outcomes, an overview of the curriculum, and all policies and procedures related to the clinical education program. Prior to hosting a student, all clinical sites will engage in a fully executed contract with the University. The ACCE will encourage open dialogue to ensure that any questions or concerns from the clinical site are addressed prior to contract execution.

In March of each year, the ACCE will mail a Clinical Experiences Request/Response Form (Appx. ) requesting placement for students in all clinical education experiences for the following calendar year in compliance with the Uniform Mailing Date established by the Education Section of the APTA. Clinical sites will return completed request/response forms by April 15 each year which will indicate the specific number of students and their placement for the following calendar year. Once the completed Clinical Experiences Request/Response Form is received, the ACCE will confirm placements and provide the CCCE with pertinent information regarding the student and the objectives related to that specific affiliation experience. A confirmation letter will be sent to the student and clinical site.
The ACCE shares the responsibility of student supervision and evaluation with the CI throughout each clinical experience utilizing periodic reports, phone conversations, site visits, and consultation. The ACCE, or assigned core faculty member, will contact the clinical site to discuss the student’s progress and performance at various points during each experience. The ACCE, or designated faculty member, will attempt to visit each student during each clinical experience. The purpose for these site visits is to assist with clinical site development and to foster productive working relationships between the DPT program and the clinical sites.

If a student is on a learning contract upon entering a clinical experience, the ACCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the ACCE. After evaluating the CI's concerns, the ACCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as previously defined in Part VI of the DPT Program Policies and Procedures Manual. The ARC's decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

In circumstances when a student has transferred to another clinical instructor or facility, the ACCE will check in with the CI and student on a regular basis during the first week.

If a clinical instructor is identified as not meeting the requirements of the program, the ACCE will immediately contact the CCCE/CI to determine the extent of the breach. The ACCE will submit a “request for corrective action” in writing to the CCCE, which must be completed. If this occurs during a student's clinical experience, the "request" must be completed within 2 days or the student will be removed. If the nature of the breach in contract is egregious or emergent, the student will be removed immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract or cannot ensure that the situation will not arise again, that site will be removed from the active site list until further notice. After removal of a student from a clinical experience or removal of a clinical site from the active site list, the ACCE will provide a formal letter to the CCCE outlining the reasons and invite further discussion and clarification as needed. To ensure that all CIs are meeting program requirements, the ACCE will monitor the CSIF on an annual basis, during the process of site selection, and immediately prior to student placement. The ACCE closely monitors student progress at sites where one individual supervises more than one student at a time, or at sites where a student might start with one clinical instructor and be transferred to another clinical instructor, to insure the necessary support is provided.

If a clinical site is identified as not meeting the academic regulations established by the program, the ACCE will immediately contact by phone or site visit the CCCE/CI to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the ACCE will notify the CCCE for the clinical site of this breach of contract and submit to the CCCE a “request for corrective action” notification in writing. The ACCE will follow up with the CCCE for the clinical site within 2 days of this request to identify if the situation has resolved. If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the affiliation at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or clients, the student will be removed from the clinical site immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her affiliation at another location. After removal of a student from a clinical experience, the ACCE will provide a formal letter outlining the reasons for the removal to the site's CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location.
until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another student at a clinical site in which an issue has arisen, the ACCE will verbally communicate with the CCCE prior to the affiliation to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

ACCE Maintains Agreements Between the Institution and Clinical Education Sites:

The ACCE will maintain site folders for all active clinical sites. Each site folder will contain separate sections for: contract, communication with site, previous student site evaluations, specific clinical site requirements, and all other correspondence between the University and the clinical site. All active clinical sites are logged into a database by the ACCE which tracks contact information, contract date, and clinical site utilization. The database is reviewed prior to each semester for contracts which require updates. Once a year, all site files are individually reviewed and the database is updated accordingly. Contracts which are close to expiring are updated according to type of contract (university-generated or facility-generated). Sites that utilize facility-generated contracts are contacted to begin the renewal process. Sites which utilize university-generated contracts are sent new contracts to review and sign. As a compliment to the ongoing clinical site database, APTA CSIF Web will be utilized with the ultimate goal of having all clinical sites update their information online annually.

ACCE Communication with Students:

Formally and informally, students will be provided with instruction by the ACCE regarding the expectations for professional and performance behaviors in the clinical setting including review of the Integrated Clinical Experience forms for part-time clinical experiences and review of the APTA Clinical Performance Instrument (CPI) for full-time clinical experiences. For each clinical practice course, students will be provided with a syllabus which outlines the objectives of the course. The syllabus serves as a contract between the ACCE and the student and describes the consequences for not meeting course requirements.

Communication between the Academic Coordinator of Clinical Education and the students will occur formally throughout their tenure within the program and informally as needed. Formal contact will include the following:

1. **Orientation** – The ACCE will introduce the clinical education program during orientation and review the DPT Clinical Education Manual. At this time, the ACCE will formally review all necessary requirements for DPT 522 & 523.

2. **Office hours** – Formal 1:1 meeting times can be arranged through office hours. Extended office hours will be offered during time when students are researching and choosing clinical sites and completing necessary paperwork and requirements to ensure ample opportunities for students to have their questions and concerns addressed. Evening office hours are available when students are participating in full-time clinical education experiences/internships.

3. **Part-Time Clinical Practice Courses** – During the first 6 weeks of DPT522 and 523, the ACCE will meet with the students to review all policies and procedures and expectations related to the clinical education program. In DPT522, students will also complete OSHA and HIPAA requirements. Assessment tools will be reviewed including the Integrated Clinical Experience Form (Appx. F)

4. **Clinical Education Site Placement Process** – The ACCE will facilitate the process of clinical site placement that involves both student preference and random assignment. The ACCE will provide
students with the information needed to make informed choices and will establish open lines of communication between the student and the clinical site. For all full-time clinical experiences, each student will be randomly assigned a number indicating the order of choosing available sites. The ACCE will be available to assist students throughout this critical process.

5. **Mid-Term Interview** - During each full-time clinical practice course, the ACCE, or designated faculty member, will complete the mid-term evaluations in person or by phone. Students will be encouraged to share challenges, concerns, likes and dislikes at this time.

6. **Clinical Education Feedback Session** - Following each clinical practice course, the ACCE will meet with each class to collect data and to provide an opportunity for students to collaboratively discuss their overall clinical experiences.

7. **Submission and Communication of Final Grades** - As the primary instructor of the clinical practice courses, the ACCE has the primary responsibility of assigning grades after consultation with the CI. The ACCE will also be available to students for feedback.

8. Informal communication between the ACCE and student(s) will be ongoing through email, telephone and in person. The ACCE will maintain an open door policy, however, students will be encouraged and/or directed to daytime and evening office hours if time is needed to answer questions. The ACCE will verbally, and in writing, encourage students to keep the lines of communication open and express any concerns/issues as early as possible with the ACCE.

**ACCE Communication with Core Faculty:**

Under the direction of the DPT Department Chair (DC), the Academic Coordinator of Clinical Education (ACCE) will be the primary coordinator and manager of the clinical education component of the curriculum. The ACCE will regularly communicate with the DC regarding all facets of the clinical education program. The current pattern of communication between the ACCE and DC includes weekly summaries at faculty meetings, and daily interaction including opportunities to check-in with each other regarding clinical education. In addition, the ACCE and DC faculty offices are in close proximity and both faculty members have open door policies. A weekly meeting will occur between the ACCE and DC on an ongoing basis.

The ACCE will regularly communicate with the DPT core faculty the policies and procedures related to the clinical education program and discuss any changes to these policies or issues that arise during weekly faculty meetings. Clinical education will be a standing agenda item at these meetings. The core faculty are expected to prepare students for their clinical experiences in accordance with the program’s academic policies. The ACCE will periodically review the syllabi of the clinical courses within the curriculum to ensure that course objectives satisfy the demands of the clinical education program.

**ACCE Communication with Clinical Sites:**

Once a student has been assigned to a clinical site, a letter introducing the student and a confirmation of the dates for the affiliation, will be sent to the clinical site by the ACCE. The ACCE will be responsible for updating all affiliated clinical sites on changes within the didactic and clinical education curriculum, and DPT program in general. The ACCE will send to all CCCEs and CIs updated versions of either an electronic file, paper copy, or electronic hyperlink for the DPT Clinical Education Manual. Prior to each clinical practice course, the ACCE will send to the assigned Clinical Instructor, the dates of the clinical experience, the assigned student’s name and email address, the course syllabus, and a cover letter.
which explains grading expectations and procedures, and ACCE contact information. The ACCE will develop relationships with clinical faculty for the purpose of integrating these experts into all aspects of the curriculum in accordance with the Program’s Clinical Expert Integration Model (CEIM), as discussed in Part VII of this Manual. The ACCE will oversee all issues related to clinical site compliance requirements and, with the assistance of the DPT Department Secretary, will ensure that all students have met the compliance requirements needed for participation in clinical education experiences.

**Determine if Clinical Education Faculty Meet the Needs of the Program:**

Prior to entering into a clinical education contract, the ACCE ensures that each clinical site and all clinical faculty meet the expectations of the Program and to the best of the clinic’s abilities, meet current standards set forth by the APTA Guidelines for Clinical Education (updated 12/14/2009). The ACCE, using the following sources, determines the appropriateness of the clinical education sites: the Clinical Site Information Form (CSIF), clinical sites visits, and/or communication with the CCCE/CI. To meet program expectations, each site must have a copy of each clinician’s current valid PT license, demonstrate adequate administrative support and space, employ a designated CCCE, and offer a variety of appropriate learning experiences that are commensurate with course objectives. The administration and clinical faculty must exhibit a positive attitude toward clinical education as determined by past student feedback reported on the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form and current interactions with the ACCE. The clinical atmosphere must be professional and foster an “environment of learning” as shown by positive interactions and willingness for clinicians to assist and facilitate goal setting with students. Optimally, clinical sites have educational policies that include staff education on teaching and student supervision through inservicing and support for continuing education. Sites that do not meet the above described standards will be offered assistance by the ACCE to further develop their clinical education program.

The ACCE, in collaboration with the clinic’s CCCE, is responsible to ensure that clinical education faculty meet the needs of our program and individual students. The CSIF provides information related to the clinical faculty’s years and types of experience, certification and continuing education, however, many CIs have not updated information into the CSIF and therefore, the ACCE will be responsible for collecting this information through site visits, email or by phone conversations with the CCCE and/or CI. Prior to confirming a student placement, the ACCE will attempt to ensure that the CI has the skills and experience to meet the course objectives. If the CI appears to lack adequate experience, the ACCE will determine if resources are available from the clinic and AU DPT faculty to educate the CI and provide the necessary support or the ACCE, or will reassign the student to a different CI or clinical site. At the conclusion of each academic year, the ACCE will evaluate the effectiveness of each CI through the use of the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form and/or Integrated Clinical Experiences Evaluation Form, and data collected through informal interactions with CCCE’s/CI’s and students. From this data, the ACCE will seek to identify trends across all clinical sites as well as needs or deficiencies of clinical faculty within specific clinical sites or needs among specific clinical instructors. The ACCE will utilize this information to develop resources to support clinical faculty. This information will also be used to determine if clinical instructors are not meeting the Program’s criteria for retention, upon which they will not be assigned another student until such deficiencies have been corrected. These criteria include appropriate communication and supervision of students, safety in the clinic, and appropriate professional behavior and attitudes towards patients, staff, and students. A summary of the process used to evaluate clinical education faculty by the Program and all forms used for assessment can be found in the DPT Clinical Education Manual.
Clinical Faculty: Center Coordinator of Clinical Education (CCCE) & Clinical Instructors (CI)

The DPT Clinical Education Manual is the binding document that states the responsibilities of the CCCE and CI, and will be kept current by the ACCE. The ACCE will provide each site with the manual in an electronic or printed format, upon request. This manual includes the Program mission, philosophy, expected outcomes, and an overview of the curriculum and policies and procedures related to the clinical education program. The ACCE will also communicate both informally and formally with the CCCE/CI regarding the distinct roles of both the University as well as the clinical site. Prior to hosting a student, all clinical sites will engage in a fully executed contract with the University which represents each individual site as required by CAPTE. Within the contract, the specific roles of each party are thoroughly outlined. Receipt of a signed copy of the contract indicates the CCCE and CI have acknowledged and are in agreement regarding their responsibilities. The ACCE will encourage an open dialogue to ensure that any questions or concerns from the site are addressed prior to contract execution.

The DPT curriculum is utilizing a Clinical Expert Integration Model whereby clinical instructors will routinely be involved in classroom and laboratory experiences. Clinical instructors will assist core faculty members to ensure the integration of clinical practice with the didactic curriculum. This occurs through involvement of the clinical faculty in delivering content, developing learning activities, and in the assessment of students in both the clinical and classroom settings. Clinical faculty will be informed of any other teaching responsibilities within the Program as outlined above by the DC, ACCE, or other core faculty members. Coordination of teaching duties within courses or for continuing education workshops will occur through contact with the primary instructor for each course. The DC will serve as the liaison between the Program and the clinical faculty member when the faculty member is involved as an associated contract or hourly faculty member, as a member on the advisory board, and/or during clinical supervision of students in the pro bono clinic(s).

Selected clinical faculty will also be involved in curricular design and development both informally and by providing input during the Program’s Professional Advisory Board meetings and End of Semester Review (ESR). In addition clinical faculty may also be involved in patient care and the supervision of Program students in the developing pro bono clinic(s).

Center Coordinator of Clinical Education (CCCE)

The Clinical Coordinator of Clinical Education (CCCE) is a licensed physical therapist(s) or other qualified individual employed and designated by the clinical education site who is responsible for coordinating the assignments and activities of students at the clinical site. The CCCE is expected to show effective communication, interpersonal, supervisory, instructional and administrative skills.

The CCCE’s responsibilities include: 1) identifying, organizing and coordinating the specific learning experiences available at the clinical education site(s), 2) completing APTA’s CSIF Web/printed or equivalent at the initiation of a contract, and updating information annually or when changes occur with regard to the site’s organizational operations and/or PT departmental staffing, 3) coordinating student assignments, student orientation and clinical instructor development, 4) ensuring the CI’s readiness to participate in the clinical education process by using the APTA Guidelines and Self-Assessment to analyze their preparedness as clinical supervisors and ensure that they meet minimal competency standards, 5) directing, supervising and evaluating the activities of the students assigned to that site, including ensuring that students have appropriate office space and supplies, and 6) coordinate and distribute pertinent information between the students, CI and the ACCE. Appendix B: APTA Guidelines: Center Coordinators of Clinical Education.
Clinical Instructor (CI) Responsibilities and Requirements

The Clinical Instructor (CI) is a licensed physical therapist, employed by the clinical facility, and responsible for the direct instruction, supervision and evaluation of the physical therapy student in the clinical setting. Responsibilities of the CI include: 1) plan and provide daily clinical education learning experiences for the students using the objectives for the clinical experience and those indicated in the Student Information Form, 2) provide ongoing, informal feedback regarding the student’s performance, as well as formal written midterm and final evaluations using the APTA’s Clinical Performance Instrument (CPI) and or Integrated Clinical Experience Form, 3) act as a professional role model, and 4) ensure patient and student safety and report such deficiencies to the ACCE. A description of the roles and responsibilities of the CI can be found in the APTA CI Roles (APTA Guidelines: Clinical Instructors, Appendix C).

The minimum program requirements for clinical faculty will be clearly communicated to each prospective clinical site and again immediately prior to student placement. The minimal requirements of the program for each CI that will be involved in the supervision of students are as follows:

1) The CI will possess a license to practice physical therapy in the state in which the student will be supervised

2) The CI will have a minimum of one year of full-time experience in clinical practice

3) The CI will demonstrate clinical competence, as determined by the requirements established by the clinical site, within the area of practice in which the student will be supervised

4) The CI will have verification of ongoing continuing education in his/her area of clinical specialization

5) The CI will have no record of prior issues in the supervision of physical therapy students as determined by information gained from the CSIF and conversations with the CCCE

6) The CI will be a physical therapist and not a physical therapist assistant or other healthcare professional.

Although not required, in addition to the above expectations, it is preferred that the CI: 1) possesses certification as an APTA Credentialed Clinical Instructor, 2) has obtained ABPTS certification, or other credentials, in the area of practice in which the student will be supervised (especially for DPT 724 and 725), and 3) has more than 3 years of experience in full-time clinical practice.

Clinical faculty are expected to effectively teach using an adult learning approach that provides the students with quality educational experiences. To be effective, the CI is expected to be familiar with the academic program’s objectives and expectations for each experience. The CI must possess authentic, evidence-based clinical knowledge and skill within each specific practice setting. The CI should partner with each student in the acquisition of new knowledge and in the development of effective skills. CI's will demonstrate the ability to motivate and encourage students to share in the learning process through skillful communication. The CI should serve as a mentor and role model and embody ethical and culturally competent practice, have a positive attitude and genuine interest in teaching, and show enthusiasm about the information being taught. The CI is expected to be a good problem solver that possesses the ability to facilitate these skills in his/her students. The CI is expected to impart clinical knowledge and clearly-defined expectations to the student in a respectful and engaging fashion. The CI must provide constructive and timely feedback regarding student performance and be prepared to adapt the level of supervision, type of feedback, and manner of instruction in a way that ideally meets each
student’s individual needs. The CI must demonstrate the attributes of an engaged listener and create an environment that fosters collegial interaction and focused learning. The CI’s ability to impart evidence-based, authentic and contemporary clinical knowledge and skill is based on the degree to which the CI possesses such knowledge. Toward that end, those entrusted to assume this role must be experienced, well-trained, and skilled clinicians who have pursued post-professional training and are committed lifelong learners. CIs should be actively engaged in the profession and possess an awareness of the PT’s role within the healthcare continuum while pursuing collegial relationships with others.

Rights & Privileges of AU DPT Clinical Faculty/Sites

Coordinators of Clinical Education and Clinical Instructors within the Alvernia University DPT Program have the following rights and privileges associated with this position: 1) to be treated fairly with dignity and without discrimination by all students and Alvernia University faculty, 2) the right to request assistance from the academic program in addressing clinical education issues or problems that arise in the clinic, 3) the right to receive information regarding affiliating students, and any changes in the Program in a timely fashion, and 4) the right to terminate a student’s participation in the clinical education experience if they perceive that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or not in conformity with the clinic’s standards, policies, procedures or requirements.

Additional privileges for CCCE/CI include priority access to continuing education programming sponsored by Alvernia University at a reduced cost and access to all library resources, including database access. The library has the necessary physical therapy resources to support clinical faculty’s educational and scholarship goals. This includes online access to 32 print journal titles related to allied health subject areas, proxy-server authentication to access electronic resources from off-campus, and assistance with a librarian in person, by IM chat, telephone or email. Clinical instructors will have access to the library’s physical space which includes a technology-rich environment. At a future date, the DPT program will offer a Teaching and Learning Conference that will provide instruction through lectures and breakout sessions in topics related to both academic as well as clinical education and various clinically-focused seminars. The primary objective of DPT Program sponsored continuing education program is to build the bridge between academic and clinical education and ensure the integration of classroom instruction into the clinical setting. The DPT Program also plans to sponsor an annual APTA Clinical Instructor Credentialing Program course for which local clinicians will be invited to attend. This APTA training course is designed to provide clinicians with the skills and information necessary to provide a structured learning environment and enhanced clinical educational experience for students.

Role of Student Physical Therapist in Clinical Education Setting

Each student must assume many roles and responsibilities throughout the clinical education curriculum and will be held accountable for his/her own actions at all times. Students are representatives of Alvernia University and are responsible to the Doctoral of Physical Therapy Program and Graduate School of Professional Studies, The Clinical Facility, CCCE/CI and patients as follows:

1. Respect and adhere to policies and regulations of the University, program and clinical facility.

2. Respect the administration and mission of the facility.

3. Demonstrate attitudes and behaviors according to the Code of Ethics of the APTA, the Alvernia University Mission, and the Code of Ethics for the State in which the clinical facility is located.

4. Provide the best possible physical therapy services with utmost compassion, respect and undivided concern.
5. As an adult learner, students are responsible to participate fully in their clinical experience and assist the CCCE/CI in developing learning experiences and behavioral objectives appropriate for their areas of clinical strengths and weaknesses.

6. Students are responsible for all homework assignments and preparation for patient care prior to and during clinical experience/internships.

At any time during the clinical curriculum, if a student cannot abide by the responsibilities listed above, he/she must seek counsel with the ACCE, CCCE, or CI. Students are held accountable for all actions or lack thereof at all times.

Communication and Documents

The ACCE, CCCE, CI and the student work closely throughout all clinical practical experiences to foster optimal learning and ultimately develop a competent, generalist, licensed physical therapist. To meet this goal, communication must occur with one another in a meaningful and productive manner throughout all clinical experiences. The following are available channels of communication:

I. Clinical Practical Courses / Meetings
   a. Orientation – The ACCE will introduce the clinical education program during orientation and provide each student with a DPT Clinical Education Manual. At this time, the ACCE will formally review all necessary requirements for DPT 522 & 523 and communicate clinical site assignments. If any clinical site requires screening in addition to what is required by AU, students will receive a letter at this time specifying the requirements and options for completing.

   b. DPT 522, 523, 622 and 623 Clinical Practice Courses – During the first 6 weeks of these courses, the ACCE will meet with the students to review all policies and procedures and expectations related to the clinical education program and they will also complete OSHA and HIPAA requirements.

   c. Office hours – Formal 1:1 meeting times can be arranged through office hours. Extended office hours will be offered during full-time clinical experiences and during essential times when students are researching and choosing clinical sites and completing necessary paperwork. As primary instructor of the clinical practice courses, the ACCE has the primary responsibility of assigning grades after consultation with the CI. The ACCE will also be available to students for feedback.

   d. Clinical Education Feedback Session – Following each clinical practice course, the ACCE will meet with each class to collect data and to provide an opportunity for students to collaboratively discuss their overall clinical experiences.

II. Letters / phone calls / emails

Communication is welcome and encouraged, and clinical sites and students are encouraged to contact the ACCE whenever there is a problem, concern, or opportunity to provide feedback (positive or constructive). The ACCE can be reached by email (janet.mutschler@alvernia.edu) office phone (610-796-5261) or by cell phone (484-772-5040) at all times during normal clinical hours or after hours as needed.

Informal communication between the ACCE and student(s) will be ongoing through email,
telephone and in person. The ACCE will maintain an open door policy; however, students will be encouraged and/or directed to office hours if time is needed to answer questions. The ACCE will verbally and in writing through the Clinical Education Manual encourage students to keep the lines of communication open and express any concerns/issues as early as possible with the ACCE.

III. Forms and Questionnaires
At various times during the year, forms and/or questionnaires are sent to clinical sites. Forms include:

a. Request to complete or update Clinical Site Information Form (CSIF/CSIF Web)

b. Clinical Placement Request/Response form:
The APTA has deemed March 1 through March 15 as the standard time to request student placements at clinical sites for the following calendar year. During this window each year the ACCE will send a letter and an email to all appropriate affiliated clinical sites requesting placement for the following academic year.

c. Confirmation of Student Placement: Once a student or students have been assigned to a clinical site, a letter or an email will be sent to the clinical facility and the student in order to confirm the placement. Appendix D: AU DPT Program: Sample Clinical Placement Confirmation Letter

d. Student Clinical Information Form
Six weeks prior to the clinical experience, the clinical site will receive the Student Information Form, which provides the CCCE/CI with up to date information about the student’s previous clinical experiences, the overall curriculum sequence, the student’s goals, behavioral objectives, expectations, and preferred style of supervision and feedback. It is recommended that the CI use the information provided from the Student Information Form as a starting point for a discussion with the student during the first day of the clinical experience and as a guide to plan an individualized approach for supervision and feedback. Students will be required to reflect upon these goals and behavioral objectives at the conclusion of their experience and will not be awarded a course grade until completed. Any questions or concerns should be addressed to the ACCE prior to the student’s first day. (Appendix E: AU DPT Program Student Clinical Information Form).

e. Curriculum, Course Syllabus and Clinical Education Objectives
Along with the Student Information Form described above, the CCCE/CI will receive the DPT and clinical Education curriculum and clinical practice course syllabi which include specific behavior objectives 6 weeks prior to the beginning of any clinical experience. Any program updates or changes will be provided to the clinical instructors prior to the beginning or as needed throughout the clinical experience.

f. Clinical Evaluation Forms – See Clinical Education Evaluation Process – Section VI

IV. Clinical Site Visits
a. The ACCE will arrange site visits (via in-person or telecommunication methods) midway through each student’s clinical experience or as needed. The primary purpose of site visit meetings is to provide an opportunity for formal feedback between the student, CI, ACCE, or designated faculty member. Discussion will include but will not be limited to their communication, feedback, supervision, problems, and strategies for current or potential
Section IV: Clinical Education Policies & Procedures

Requirements for Student Participation in a Clinical Practice Course

Prior to students embarking upon any of their clinical education experiences, it is vital for the core faculty to determine each student’s readiness for managing the rigors and challenges of clinical practice. A student’s readiness for clinical practice will be based on each student’s demonstration of sufficient ability in the cognitive, affective, and psychomotor domains in all coursework leading up to the clinical experience. To ensure competent care and to protect the clients whom the students serve, each student must meet the following specific criteria before beginning each clinical education course.

1. All students must have successfully completed all coursework prior to the clinical practice course with a grade of "C", or better or a grade of "Pass", in all clinical practice courses. This requirement for student progression within the Program includes the requirement for passage of all practical examinations with a grade of 75%, or better. See the practical exam re-take policy in the syllabi of all clinical courses. Students will not be permitted to enter a clinical practice course with a grade of "Incomplete" in any course unless authorized by the DPT Academic Review Committee.

2. A learning contract may be in place for students entering a clinical practice course. However, in such cases, core faculty must agree that the student is sufficiently prepared for the experience and will practice in a safe and effective manner. The extent to which a CI and clinical site is able to accommodate and comply with the specific requirements of the learning contract may also impact a student’s ability to engage in a clinical practice course at a particular location.

3. The student must meet the criterion, “student demonstrates safe practice principles in the performance of lab skills and practical examinations”. This criterion is determined through student passage of all practical examinations. Each practical exam includes criteria related to “Safety” and “Professionalism”. Failure to achieve these criteria results in an immediate failure of the practical examination.

4. Any student who has committed a breach of the Program’s policies regarding professional behaviors may be prohibited from participation in a clinical practice course. If a student fails to correct identified unprofessional behaviors, demonstrates ongoing breaches in professional behavior, or commits an egregious breach of the Program’s expectations related to professional behavior, the student will be prohibited from participation in a clinical practice course and disciplinary action may be taken up to and including dismissal from the Program.

5. All students must demonstrate the ability to execute all of the "essential functions" of a physical therapist with or without reasonable accommodation as outlined in Program manuals.

The student must be deemed by the core faculty, including the student’s faculty advisor and ACCE, to be sufficiently prepared for the clinical education experience, as determined by the professional judgment of the faculty. This determination is based upon each student’s performance within the Program in combination with the requirements of the planned clinical site. To support student success, faculty reserve the right to restrict access to specific clinical sites based on these factors. Faculty will share any concerns regarding a student’s readiness to participate in a particular clinical experience during faculty meetings within the standing agenda item, “Student Issues”. At the end of semester retreat (ESR), faculty will vote on which students they feel are prepared and which students are not prepared to engage in the pending clinical education experience. A unanimous faculty decision is
required for students to enter each clinical education experience. It is the responsibility of core faculty to first and foremost preserve the safety of patients and students to the extent to which they are able.

A student who is at risk or has been determined to lack the readiness for a scheduled clinical experience may not be prepared for a clinical practice course may be referred to the DPT Academic Review Committee. The ARC, who will develop a learning plan and contract that is designed to provide specific tasks with timelines for supporting the student in his/her preparation for the clinical practice course, to advocate for the student’s subsequent success in an upcoming clinical experience (see pgs 64, 65 in the DPT P&P Manual). In the event that a student is deemed to be unprepared to participate in or advance in a clinical practice experience, (with or without learning contract), the student may be offered an opportunity for further development within the requirements of a learning contract after which demonstration of competency and safety will be required before participating in the clinical experience. If failure to achieve competency and safety is not possible within the time frame required for the student to complete his or her clinical practice course, a failing grade will be assigned, and the student may be dismissed from the Program with or without the opportunity for readmission with the next cohort of students. All courses are pre-requisites of one another so failure to complete a clinical practice course may result in failure of the student to progress within the Program. The ARC, in conjunction with the ACCE, will determine if an exception can be made that would enable the student to complete a clinical practice course out of sequence. This will be decided upon on an individual basis and based upon the extent and nature of each particular student’s deficiency and unique situation. When possible, efforts will be made for learning contracts to be fulfilled and competency and safety demonstrated prior to each clinical practice course so that students can remain within the established curricular sequence of the Program. These criteria are communicated on pg ?? of the DPT P&P Manual.

Clinical Site Selection/Assignment Process

Procedures for Developing Clinical Sites

Under the supervision of the DPT Department Chair, the ACCE will be charged with establishing an adequate number of clinical education sites as required by CAPTE. The ACCE will initially communicate with all clinical sites who expressed an interest in hosting students during the feasibility study that was performed prior to program start-up. Additional clinical sites will be solicited through introduction letters, which announced the DPT Program and provided an overview of the curriculum. This letter will be followed up with a phone call or personal contact by the ACCE. Through formal and informal communication, the ACCE will ascertain any specific site requirements as well as the availability of the site for hosting students, including which of the four clinical practice experiences is available at a particular site. Once a clinical site has expressed interest in hosting students, the ACCE will request a letter of Intent indicating the clinical site’s willingness to accept students in their first year clinical experience. Concurrently, a contract will sent to establish a fully executed contract prior to the clinical experience. (Appendix G: AU DPT Program: Sample Clinical Education Contract)

Students who wish to attend a clinical site out-of-town, where Alvernia University does not have an existing contract, a minimum of 6 months will be necessary to establish a contract and will be at the discretion of the ACCE. All requests for clinical placements should be submitted to the ACCE in writing. The ACCE will be responsible for ensuring that each student is placed in a clinical site and with a clinical instructor that is consistent with goals and objectives for the student’s particular experience/internship. Students are not permitted to contact clinical sites.

The ACCE will serve as the primary liaison between the DPT Program and clinical sites. A list of potential clinical sites has been generated through faculty (ACCE, DC, and core faculty) contacts, collaboration with the Occupational Therapy Program, assistance from local clinicians, and contact with local hospitals and health system networks. The initial contact is to determine who is responsible for establishing a Clinical Education Contract, and to identify and attain contact information for the Clinical
Coordinator of Clinical Education (CCCE). The ACCE has and will continue to speak to each CCCE by phone or in person to present the DPT Clinical Education program and curriculum. During these phone conversations, the ACCE will share the benefits of participating in the clinical education program, which includes access to Alvernia University library resources including an on-line database, discount on continuing education, and opportunities for collaboration on research. Once the CCCE verbally agrees to participate, the secretary of the DPT Program will mail the Clinical Education Contract and the Clinical Education Manual to the clinical site. The ACCE is copied on all communications and available through email or phone for questions and clarification. Once a contract is received, an email notification is sent to the clinical education site (CCCE) from the ACCE. This pattern of communication will continue for all new clinical education sites. In addition, site visits have begun and will continue for the purpose of establishing relationships with clinical sites and faculty, assessing the clinical site facility to ensure the requirements of the program are met, and providing necessary assistance. Student site visits will be used for the purpose of monitoring student progression, assisting the CCCE/CI with student issues, and to discuss the student mid-term evaluation. The ACCE or designated faculty member will be available to conduct a site visit as needed.

Once a student has been assigned to a clinical site, a letter introducing the student and a confirmation of the dates for the affiliation, will be sent to the clinical site by the ACCE. The ACCE will be responsible for updating all affiliated clinical sites on changes within the didactic and clinical education curriculum, and program in general. The ACCE will develop relationships with clinical faculty for the purpose of integrating these experts into all aspects of the curriculum in accordance with the Program’s Clinical Expert Integration Model (CEIM), as discussed in Part VII of this Manual.

Procedures for Student Clinical Education Assignments

Part Time Clinical Experience (Integrated Clinical Experiences – ICE) Placement Procedures

- All part time clinical experiences will primarily use a 2:1 collaborative model or a 1:1 model when preferred by the clinical site. Students will be randomly assigned to a clinical site by the ACCE that is within driving distance from campus.

- DPT 522 & 523: Students will be informed of site placements during the first few weeks of DPT 522 and DPT 523.

- DPT 622 & 623: Students will be randomly assigned to different clinical sites for DPT 622 and 623. Prior to the fall and spring semesters, students will be provided with the necessary information (CCCE and CI contact phone and email) to contact the clinical site and begin preparation for any additional requirements from the clinical site.

Full-Time Clinical Experiences Placement Procedures

- There are 4 full time clinical experiences, DPT 524, DPT 624, DPT 724, and DPT 725, and students will be assigned to each experience through a combination of lottery and student preference. Students will be placed in general inpatient and outpatient clinical settings for DPT 524 & 624. Clinical sites for DPT 724 and DPT 725 will be assigned through a combination of student requests and randomized lottery system.
• Placement Process:
  o Randomization Process: A computer generated random number table will be created for the total number of students in the cohort. Each student will receive a randomly generated number. This number represents the order in which students will choose their preferred clinical site.
  o Students will be given the opportunity to review the list of confirmed clinical sites and locations prior to the Clinical Site Selection meeting.
  o During the Clinical Site Selection meeting, the selection process will occur according to the randomized number order previously determined.
  o Once all students have selected their sites, the ACCE will notify the clinical sites and provide them with the relevant student contact information. Students will receive CI contact information once the site has been confirmed.

Under no circumstances should students contact a clinical facility and request a clinical placement. Any contact with potential clinical sites is to be initiated by the ACCE. Students are not allowed to contact any clinical site until they have been assigned there as a student. It is unacceptable for students to contact their assigned clinical sites to alter their clinical experience/internship in any way. Any alterations (such as changes in dates) made directly with the clinical site by the student without approval from the ACCE, may result in cancellation of that clinical education experience.

Confirmation Letter and Curricular Overview/Objectives: Once a student has been assigned to a clinical site, a letter introducing the student and confirming the dates for the affiliation will be sent to the clinical site by the ACCE. This letter will also provide an overview of the curriculum and objectives for the pending clinical education experience. Any changes that are made in the curriculum are also communicated through letters which are sent out with reservation forms. This ensures that all sites are receiving the information in multiple formats. Appendix E: AU DPT Program: Sample Clinical Placement Confirmation Letter

Clinical Experiences/Internship Cancellations
Occasionally there are sudden, unforeseen changes at a clinical site, such as staff resignations, which require the site to cancel a scheduled placement. The University is not always given adequate advance notice of such events. Students should, therefore, be prepared for changes in their assignment and understand that they need to be flexible in their needs.

Section V: Rights, Responsibilities, Safety, Privacy, Dignity of Students

The University policies and procedures that address the rights, responsibilities, safety, privacy, and dignity of DPT program students can be found under the heading “Community Standards” in the Alvernia University Student Handbook. More specifically, they can be found under the headings, “Students’ Personal Rights” and “Students’ Collective Rights”, “Student Code of Citizenship” and “Examples of Prohibitions that Flow from the Tenets of the Student Code of Citizenship”.

Student Background Checks and Medical Compliance:
All applicants must understand that in order to meet Program outcomes, they are obliged to directly work with children and/or older adults. There are no alternatives to meet these Program outcomes. Such applicants/students with convictions/charges documented on the criminal or child abuse reports will be denied acceptance into courses with associated clinical practice and, therefore, cannot complete the applicable program of study. Such applicants/students will be advised of other academic study options at Alvernia University and will not be admitted into the DPT Program. Convictions/charges documented on a PA Criminal Record Check report or a Federal Criminal Background Check Report will be based on
criteria outlined in Acts 169/13. To practice physical therapy, licensing beyond a college degree is required. Applicants may be denied employment for misdemeanors and felony convictions, including alcohol related offenses.

**Criminal Background Clearances**

**Pennsylvania State and Federal Criminal Record Checks:**
It is the policy of Alvernia University’s academic programs to fully comply with Pennsylvania State Laws related to criminal record and child abuse history clearances prior to entering any clinical education setting that involves direct contact with children or older adults (defined as a person who is 60 years of age or older) and is associated with academic programs and/or service learning. Students will be required to attain the following criminal background checks prior to matriculation into the DPT Program. Annual criminal background checks will be required.

1. **Act 34 [Pennsylvania (PA) Criminal History Clearance]**
All students enrolled in the DPT program are required to have a **PA Criminal History Clearance**. A fee is required for this clearance. Complete the application on line at: [https://epatch.state.pa.us/Home.jsp](https://epatch.state.pa.us/Home.jsp) (you will need to pay an $8.00 fee using a credit card) – Select “Submit a New Record Check” (on the left hand side), fill in the information and press submit – print the report.

2. **Act 151 [Pennsylvania (PA) Child Abuse History Clearance]**
All students enrolled in the DPT program are required to have a **PA Child Abuse History Clearance**. Register online by logging onto: [https://www.compass.state.pa.us/CWIS](https://www.compass.state.pa.us/CWIS). A password will then be sent to the applicant’s email. (Use an Alvernia email account.) All information must be completed in full (the form asks for all information for people with whom the applicant has resided including names, addresses, and household members since 1975. This also includes anyone the applicant has lived with as roommates, etc. This information must be provided to the best of the applicant’s knowledge and belief. Under “Purpose for Clearance” check – “Volunteer Having Direct Contact with Children”. The average time to attain the PA Child Abuse History Clearance is 4 weeks (please plan accordingly).

3. **Act 114 (Federal Criminal Background Clearance with FBI Fingerprinting)**
This clearance requires 4 to 6 weeks for processing, therefore, please complete the application and fingerprinting processes as soon as possible. All students must log onto [www.pa.cogentid.com](http://www.pa.cogentid.com) to complete this online application. A fee of $25.75 is required (credit card only). On the PA Cogent website, select the “Department of Human Services” icon in the center of the first line. Click “Register Online” then enter the requested information. For “Reason for Fingerprinting” select: “Employment with Significant Likelihood of Regular Contact with Children”. The results will be returned to the applicant at the address entered at the time of registration, therefore, it is important to use a current or permanent address. Verify information and complete the registration process. Once registered, return to the home page at [www.pa.cogentid.com](http://www.pa.cogentid.com). Since all candidates must have electronic fingerprinting performed in Pennsylvania, click on the link that displays fingerprinting sites to find the nearest location for fingerprinting. For out-of-state residents, please contact the ACCE for specific fingerprinting instructions.

Students in academic programs and/or service learning (if required by the facility) with convictions charges documented on the background check reports will be advised on an individual basis. The student must understand and agree that Alvernia University may disclose the results of the background checks to the clinical facility where the student has sought to be placed. Certain types of clinical facilities have the right and/or responsibility to preclude students from the facility who have a history of criminal activity or child abuse. The DPT Program will include written statements regarding background checks in their marketing and catalog documents. Students will be advised of the background check policy prior to any clinical education or service learning experience (if required by the facility). Students will be
responsible for all costs associated with pre-clinical education background checks and clearances which are required annually prior to embarking on clinical education experiences. The student will pay these fees directly online at the time that they apply for these clearances.

**Medical Compliance Requirements**

Each DPT student is required to complete all medical compliance requirements prior to August 1 of the matriculation year. Instructions will be provided to all students regarding submission of copies of all medical compliance records and the completion of required documents through the Alvernia University Health and Wellness Portal. Students will need to retain the originals for all medical records. All DPT students will be required to update medical records during all years of the DPT program as required by Alvernia University, the DPT Program, and specific clinical education facilities.

**Ten Panel Drug Screening** A 10-panel drug screening will be required in order to participate in the all clinical education experiences. This screening (urinalysis) will need to be completed during the first week of the Fall semester through one of the Penn State St. Joseph Health Laboratories in Reading, PA. The DPT Program will provide updated information to students regarding this requirement during the orientation program. The fees for drug screenings through one of the above listed medical laboratories will be paid by Alvernia University.

**CPR Certification**

**CPR Certification** – Documentation of current BSL Certification is required through either the American Red Cross or the American Heart Association. The required certification level is “Basic Life Support for Healthcare Providers” and must include training for proficiency in use of an Automated External Defibrillator (AED). Proof of certification (a copy of both sides of the certification card) must be submitted to the DPT program prior to August 1 of the matriculation year. Students must obtain this certification from a qualified provider for either the American Red Cross or the American Heart Association. Documents from any other CPR training courses or agencies will not meet this requirement.

**Additional Student Fees:**

Students will pay an annual comprehensive program (student activity) fee, which will cover costs associated with lab fees and required clinical equipment. Costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences will be the responsibility of the student and may be covered by the student’s personal health insurance coverage which all students must have prior to admission and while enrolled in the DPT Program. Any deductibles, co-pays, or costs for care not covered by insurance will be the responsibility of the student and their families. Students will also incur additional costs related to textbooks and supplies that are required for each course. Students will incur a $100 Graduation fee.

**Housing and Transportation for Clinical Experiences**

It is the responsibility of the student to secure transportation and living arrangements during all clinical experiences and internships, including those outside the Reading area. Any additional expenses related to travel to assigned clinical sites and for housing will be the responsibility of the student. Students will be informed of any additional costs associated with affiliating at a particular clinical site prior to the time when students are asked to submit their request for a clinical site.
**Dress Policy**

The Student is expected to maintain professional demeanor and appropriate personal hygiene. The student should follow the dress code specified by each facility. Dress codes vary from scrubs, uniforms, casual attire, or more formal attire (including dress shirt and ties for men). It is student’s responsibility to ascertain the proper dress code prior to participating in the clinical experience. If no dress code is specified in advance by the Facility, the student should follow the dress code of AU DPT Program as expressed in the DPT P & P Manual.

**Working Hours/ Attendance**

The student is expected to be prompt and to work the assigned regular working hours of the clinical facility and the clinical instructor. Clinical sites are open from Sunday to Saturday and frequently into evening hours. On occasion, the student may need to stay beyond typical hours to complete patient care and/or documentation. Holidays will be determined by the schedule of the clinical facility and not by the University schedule. While at the clinical site, the student is directly responsible to the CI/CCCE and the clinical facility, and must abide by the policies and procedures of the hospital/department concerning breaks, parking, etc. Likewise, the student is responsible for setting up and cleaning up the work area of all assigned patients, as well as assisting in the general maintenance and orderliness of the facility. Students are expected to participate in 35-40 hours of clinical education experiences per week. Not included in this count are the hours needed to complete documentation, other patient-care related tasks, or assigned homework.

- Every student is required to attend his or her assigned clinic. Attendance is mandatory to assigned clinics on dates of assignment.

- The student is responsible for reporting any potential scheduling conflicts to the ACCE. Excusing a visit will be at the discretion of the ACCE on an individual basis.

- Any unexcused absences from assigned clinic may result in a failure of the course. Missed time will need to be made up prior to the end of the affiliation, with the collaboration of the student, ACCE, and the clinical site.

**Injuries, Illness, Family Emergency and Other Clinical Site Schedule Changes**

In the event of illness, injury or family emergency, the Student is responsible for contacting the ACCE and CI/CCCE as soon as possible and will maintain contact on a daily basis with the ACCE and CI/CCCE throughout the absence. It is the expectation that all missed clinical time will be made up and the ACCE, in coordination with the CI/CCCE, will formulate a plan for make-up time. In addition, the ACCE reserves the right to require an alternate assignment of the student to ensure mastery of the content. Lengthy absences may require rescheduling of the clinical experience/ internship. Absences other than illness, injury, or family emergency are RARELY acceptable and students should not make plans or accept invitations that would result in absence from scheduled clinical hours.

It is NOT permitted for students to request schedule changes or days off from their CI/CCCE, even if they intend to make up the time, without prior approval of ACCE.

In the case that a student would like to request a change to the clinical schedule in order to accommodate a known event, the student must bring their request to the ACCE. The ACCE requires that requests be made in writing and include supporting documentation where appropriate. Based on merits of request, the ACCE may approve a change in the student’s clinical schedule, however, the schedule change must also be approved by the Clinical Instructor/ CCCE.
In event that a student misses assigned clinical hours secondary to the clinic closing or the clinic’s inability to provide CI coverage, students are required to make-up the missed time. If the facility cannot accommodate the missed time, the student may be required to complete missed time at another facility or complete an alternative assignment at the discretion of the ACCE, to ensure student mastery of the content objectives.

**Professional Liability Insurance Requirements**

Professional liability insurance coverage is provided for DPT Program students through Travelers Indemnity Company and United Educators Insurance (Commercial General Liability Policy Number: 630-0C353768-IND-15 and Licensed Professional Liability Policy Number: LPD2015002737). The policy is renewed annually on July 1 beginning at 12:01 a.m. at address of 400 Saint Bernardine St., Reading, PA 19607 with the retroactive date of the previous July 1 at 12:01 a.m. The limits of liability (including defense costs) are $1,000,000 each claim, $3,000,000 annual aggregate, with a deductible of $10,000 per claim.

Students enrolled in the DPT Program are automatically covered by the Alvernia University professional liability insurance policy and do not need to enroll for coverage. Students are expected to immediately report any incident related to or arising out of a Professional Service or Professional Internship Program to the Physical Therapy DC and/or ACCE who in turn will report the incident to Alvernia University’s insurance carrier. The policy covers any actual or alleged wrongful act in the performance or failure of performance of any professional service or while performing services in a professional internship program. Professional services are activities that may only be legally performed by a person holding a professional license, regardless of whether the person is licensed or not; and, whether the person is an employee, uncompensated volunteer or independent contractor of Alvernia—as long as they are acting within the scope of his/her professional license and only while acting within the scope of his/her duties assigned by the Included Entity (i.e. Alvernia or internship site). It does not include any activity for which an employee is compensated by any party other than an Alvernia or internship site.

**Personal Health**

Students are required to submit to the University Health and Wellness Center a completed Medical History Form and proof of having received a Physical Examination by a physician. Health records maintained by the Health and Wellness Center are confidential and will be released only with written permission of the student.

**Required Medical Records and Authorization to Release Medical Information**

Students are expected to submit all required medical and criminal background check records to the CCCE or CI prior to the start of the clinical experience or on Day 1 of the clinical experience as required by the clinical site.

In rare cases, some required health information may need to be sent directly from the Alvernia Health & Wellness Center to the clinical site. Students are responsible for completing and submitting the Authorization to Release Medical Information Form (Appendix L) to the Alvernia University Health & Wellness Center (located in Veronica Hall) in order that information requested by clinical sites may be made available to them by the Alvernia University Health & Wellness Center. Information shared with clinical sites becomes part of the student’s Educational Record under FERPA. This includes, but is not limited to: immunization records, physical exams, Tuberculosis tests, blood titers, and drug screens.

The only medical information that the DPT Program maintains are the summary reports sent out by the Alvernia University Health & Wellness Center regarding student completion of health requirements. The Health & Wellness Center records include: immunization records, PPD tests, physical exams, drug screens, and the medical history tracking form, which is reviewed prior to each semester. All students
must have up-to-date records with the Health & Wellness Center in order to begin each clinical education experience. Specific health requirements for each clinical education site as well as updates for requirements are sent to the ACCE by the clinical site. The student is provided with the health requirements by the ACCE upon confirmation of the clinical education experience. Students are informed that clinical sites may have additional health requirements and that they will need to comply with all clinical site health requirements prior to the start of their educational experience. Students will be informed of these additional requirements within a sufficient period of time to ensure compliance.

Health insurance is required for all students prior to enrollment into the DPT Program. Proof of health insurance coverage must be provided in the fall semester of each year to the Alvernia University Health & Wellness Office by uploading a copy of the current health insurance card or certificate into the portal. Insurance may be purchased through the University. Current insurance rates for voluntary students change based on student age and term. Information related to health insurance and rates is available to students under the “Student Billing” tab on the University homepage at alvernia.edu/parents/student-billing. This information is updated annually to reflect changes. Any costs for emergency care, deductibles, co-pays, or costs for care not covered by the student’s insurance will be the responsibility of the student and their families. Refer to the Alvernia University Health & Wellness Center webpage (http://www.alvernia.edu/student-life/student-services/health/index.html) regarding options for enrollment in a university-sponsored student health insurance policy.

Costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences will be handled by the student’s insurance coverage, which all students must have prior to admission into the program and maintain throughout their time in the Program. Any deductibles, co-pays, or costs for care not covered by insurance will be the responsibility of the student and their families.

**Required Immunizations and Medical Tests**

For the safety of all students, the University requires specific immunizations and medical tests. These requirements are supported by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

The following is a list of AU’s requirements for immunizations and tests which are to be submitted to the Health and Wellness Center by August 1 of the matriculation year.

- **Tuberculosis (TB) Testing** - Proof of a negative 2-step PPD test is required (defined by the CDC as two negative PPD skin tests within the past 365 days)
- **Measles, Mumps, Rubella (MMR)** - Proof of immunity against Measles, Mumps and Rubella. Two immunizations are required or a blood titer which demonstrates a positive antibody response documenting immunity.
- **Hepatitis B Immunization Series** – Proof of three doses or a blood titer demonstrating a positive antibody response documenting immunity.
- **Varicella Immunization** - Completed Varicella series or a blood titer demonstrating a positive antibody response documenting immunity.
- **Tetanus, Diphtheria, Pertussis (Tdap) Immunization** - Proof of immunization within the past 10 year period.
- **Influenza Vaccine** - Proof of influenza immunization with current season influenza vaccine. *Vaccines are available through a “Flu Vaccine Clinic” offered by the Alvernia University Health and Wellness Center in September/October or through local pharmacies.*
- **Any student living on-campus is required to have a meningitis vaccine within the past 5 years or choose to sign a waiver denying the immunization.**
- **Pneumovax Vaccine** - Proof of immunization or signed declination.
Drug Screening
AU requires a 10-panel drug screen (urinalysis) in accordance with National standards (including marijuana, opiates, cocaine, amphetamines, PCP, barbiturates, benzodiazepine, methaqualone, propoxyphene, methadone). Penn State- St. Joseph Health Labs is the designated laboratory. Testing locations are listed on the Referral Form (Appendix). Students are required to sign the a release (the Alvernia University Drug Testing Waiver Agreement) to allow Penn State- St. Joseph Health Labs to report results directly to the Alvernia University Health and Wellness Center (see Appendix ). Drug screens are required for each DPT student on an annual basis or as required by a clinical site. Alvernia University will be responsible for the fee for the first drug screen performed for each student during the required testing time periods.

Patient/ Client Safety
CPR Certification for Healthcare Providers
Basic Life Support for Health Care Providers or Professional Rescuer level Certification by either the American Red Cross or the American Heart Association is required. CPR certification is current for one to two years. This required CPR course includes adult, child, and infant certification as well as AED training. There is no grace period for expired courses, and our clinical sites require verification that each student is currently certified. Students are responsible for the registration fees for CPR certification and recertification courses.

Potential Health Risks and Standard Precautions
The Occupational Safety and Health Administration (OSHA) requires that all health care workers understand the dangers of blood borne pathogens and how to protect themselves and others through the use of standard precautions. The DPT Program as well as many of the contracted clinical facilities require that students have been educated in standard precautions procedures. The DPT Program provides education regarding standard precautions within the first semester of the Program in DPT 522: Clinical Practice I and revisits this principle in subsequent coursework. Students are required to complete an online training course which is provided by Alvernia University.

Procedure: All DPT students and core faculty must complete an online training program regarding the prevention of the transmission of blood borne pathogens through the MedCom/Trainex continuing education provider. Website Link:  http://www.medcomrn.com/alvernia/ The University will be responsible for providing this online training program. All DPT students complete this training as a component of DPT522 during the first 3 weeks of the fall semester prior to participating in clinical experiences. Copies of all certificates of completion must be submitted to the ACCE.

During each clinical experience, students are required to follow all clinical facility policies regarding blood borne pathogens. Such policies include, but are not limited to, standard precautions, regular hand washing, and the appropriate use of personal protective equipment such as gloves, gowns, masks, and goggles. Any potential exposure to body fluids must be reported via the facility’s reporting mechanism with an additional report made to the ACCE. Any follow-up care will occur upon the advice of a physician.

Exposure Control Plan
Policy: The DPT Program’s Exposure Control Plan is designed to reduce the chances of exposure to blood borne pathogens that individuals in the DPT Program may encounter during classroom, laboratory, or clinical education experiences. Blood borne pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HBC), and human immunodeficiency virus (HIV). The following information will serve as a supplement to the guidelines put forth in the Exposure Plan written for all employees of Alvernia University. These guidelines were established by the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910.1030. This plan specifically focuses on the following individuals: 1) Licensed Physical Therapists serving as clinical or associated faculty involved in
educational activities with DPT Program students, 2) Core DPT Faculty involved in educational activities with DPT Program students, 3) DPT Program students engaged in classroom, laboratory, or clinical education experiences within the curriculum, 4) DPT Program students engaged in pro bono services or service-learning activities arranged through the Program.

All employees and students are encouraged to review the detailed exposure control plan developed by the University, which is available in the Health Center. It is important that all bodily fluids are treated as if they contain a blood borne pathogen. The following activities may place an individual at risk for encountering the potential exposure to a blood borne pathogen: performing CPR that includes resuscitation using mouth to mouth; dressing wounds, burns, blisters; managing an ill individual (vomitus); suture/post-surgical dressing removal; assisting physicians with procedures or operating room observation; proper disposal of soiled linens and towels; cleaning tables and infected areas; proper disposal of biohazard waste.

**Compliance:** The goal of compliance in preventing disease transmission of blood borne pathogens is achieved in several ways. Appropriate engineering and work practice controls along with practicing Universal Precautions can help protect all members of the Program. Appropriate containers for biohazard waste along with personal protective equipment are available in the DPT learning space. All waste soiled with potentially infectious material should be disposed of in specific containers for hazardous waste and labeled accordingly. Appropriate hygiene measures (i.e. hand washing) should be performed immediately after care of a sick and/or injured individual. Antiseptic gels or wipes will be used for routine cleaning of equipment. Areas that are in direct contact with individuals will be sanitized using antiseptics after each use. If hands come in contact with any bodily substance or materials contaminated by a bodily substance, they should be washed with soap and water immediately. A sink with antiseptic hand cleanser is available in the DPT learning space. All waste soiled with potentially infectious material should be disposed of in specific containers for hazardous waste and labeled accordingly. Appropriate hygiene measures (i.e. hand washing) should be performed immediately after care of a sick and/or injured individual. Antiseptic gels or wipes will be used for routine cleaning of equipment. Areas that are in direct contact with individuals will be sanitized using antiseptics after each use. If hands come in contact with any bodily substance or materials contaminated by a bodily substance, they should be washed with soap and water immediately. A sink with antiseptic hand cleanser is available in the DPT learning space. It is important that personal protective equipment be used when the potential for exposure exists. This equipment consists of the following: latex gloves, goggles, face shields, CPR masks, and gowns. Any equipment that is single use should be disposed of in red biohazard bags. Any sharps instruments (i.e. needles or scalpel blades) should be placed in an appropriate sharps container. An appropriate disinfectant solution will be made available in the circumstance that any surface is soiled with blood or body fluids.

**Post-Exposure:** In the event that an exposure incident occurs, the involved individual must contact his/her direct supervisor or faculty member. If the supervisor is unable to be contacted, treatment should not be delayed. The following steps should be taken after an attempt to contact the supervisor: 1) Wash the affected area with soap and water. If an eye splash injury occurs, flush the eye with water, 2) Go immediately to the nearest Emergency Room with your source individual, if feasible, 3) If an individual is at an off-campus clinical facility at the time of exposure, go to the nearest emergency room in the respective area. Do not wait until you return from the experience or activity before receiving care, 4) the involved individual should follow-up with recommended care as directed by the Emergency Department personnel, 5) the involved individual should inform the DPT Department Chair of the event and inform him/her of the recommended treatment plan and any treatment that has been provided since the exposure.

It is important that documentation of the incident also takes place immediately on the Exposure Incident Report form. This document will contain the route(s) of exposure and how the exposure occurred. The exposed individual will be given the option for baseline blood testing. If the source individual is known, they will be given the option to consent for testing to determine HIV, HCV, and HBV status. If the source individual is already known to have a blood borne disease, new testing does not need to be performed. If their status is unknown and they consent to testing, laws protecting the confidentiality of this information will be followed.
Health Insurance Portability & Accountability Act (HIPAA)

HIPAA Training
It is the policy of Alvernia University College of Professional Programs’ related to health-related professions Health Care Students and Faculty (Athletic Training, Nursing, Occupational Therapy, Social Work, and DPT) to participate in a mandatory online Health Insurance Portability and Accountability Act (HIPAA) training program prior to entering the clinical education coursework. The goal of this program is to identify HIPAA initiatives regarding patient privacy and data security and to help healthcare workers comply with the guidelines. HIPAA training course objectives include: 1) Describe the overall purpose and goals of the HIPAA, 2) Discuss the compliance issues with privacy reforms, including written notice, acknowledgement, prior authorization, and minimum disclosure, and 3) Discuss compliance with data security reforms, including issues regarding workplace layout, information storage, and rules covering conversation. At the conclusion of these training sessions, students will sign a “proof of HIPAA training” form and they will be expected to adhere to all policies and procedures related to HIPAA when interacting with individuals from outside of the University. Prior to embarking on each clinical practice course, students will engage in a review of HIPAA and the policies that govern the protection of PHI as it applies to specific clinic requirements.

The Alvernia University College of Professional Programs procedure for HIPAA Training requires students to:

1. Access the online HIPAA for Healthcare Workers program by MEDCOM TRAINEX through the website: http://www.medcomrn.com/alvernia. Any computer with online access may be used.
2. Create an account following directions on the screen. There is not an Alvernia identifier, so they can use any ID and Password to gain access.
3. Enter personal registration information following directions on the screen.
4. Proceed to program instructions..
5. Complete all three (3) programs:
   a. HIPAA for Nurses: An Overview
   b. HIPAA for Nurses: The Privacy Rule
   c. HIPAA for Nurses: The Security Rule
6. Complete all three posttests, program evaluations and print certificates.
7. Provide the ACCE and/or DPT Program secretary with all three (3) program certificates by the due date that will be provided.

Protected Health Information (PHI)
During Program orientation, students will be introduced to the proper use of PHI. Formal HIPAA training will be conducted as part of the course requirement for DPT 522, which occurs in the first semester of the Program (see "HIPAA Training" below). DPT students are also required to complete a series of online training programs regarding HIPAA regulations through the Medcom/Trainex continuing education provider (see "HIPAA Training" below).

Students will be expected to strictly follow all guidelines established by their assigned host clinical sites related to the use of PHI. Students will receive further instruction related to PHI and HIPAA throughout the Administration and Education track of the curriculum, most specifically in DPT 604 and 704 (see course syllabi). Students will be tested to assess their comprehension of this information. In addition, DPT faculty will model strategies for proper handling of PHI as they incorporate actual patient scenarios into regular classroom and lab teaching activities and as they integrate actual patients into classroom teaching situations. DPT faculty and staff will be informed of the Program’s policies and procedures related to the use of PHI by requiring all faculty and staff to read and acknowledge acceptance of policies pertaining to PHI contained within the DPT Policies & Procedures Manual, upon hire.
Information Obtained from Clinical Sites:

In addition to HIPAA regulations and PHI, students will be exposed to a substantial amount of information that is specific to the clinical education site. Such information may include, but is not limited to, administrative policies and practices, billing policies and practices, client care procedures and protocols, or personal information related to clinical staff. Any information to which students are exposed to during their clinical practice courses is deemed confidential unless otherwise stated by the clinical site. Such information will remain confidential and will not be communicated either verbally or non-verbally outside of the specific clinical education environment without written consent by the administrator of the clinical education site. In addition to communicating this information to students through receipt of printed manuals upon entrance into the Program, students will also be provided with details related to Program standards and expectations during clinical education orientation sessions. These sessions will take place during the first portion of the part-time clinical education experiences (DPT 522, 523, 622, 623). Students will receive additional information related to clinic-specific policies that govern the use of information that students are exposed to during clinical practice courses. Students will be expected to strictly follow all guidelines established by the host clinical site. DPT faculty and staff will be informed of the Program’s policies and procedures related to the use of information obtained from clinical sites by requiring all faculty and staff to read and acknowledge acceptance of all policies contained in DPT Handbooks and Manuals upon hire.

Patient Refusal to Participate in Clinical Education

The Program respects a patient’s right to refuse care that is provided by a student physical therapist during a clinical education experience or during a classroom lab experience. During each clinical education experience, the DPT student will verbally communicate his/her status as a student physical therapist and notify the patient that he/she plans to provide care under the supervision of an on-site, licensed physical therapist. Each student will wear his/her name badge in a clearly visible location to further verify his/her status. Prior to engaging in the clinical care of each patient, the student physical therapist will communicate to the patient what he/she plans to do and verbally obtain informed consent prior to initiating care. It is important that the student assess the patient’s comprehension of the information that was presented in clear plain language and provide an opportunity for the patient to ask any questions. If the patient is unable to provide informed consent due to the nature of their current condition or due to a language barrier, the student will seek other means of communicating. If obtaining such consent directly from the patient is not possible, the student will obtain consent from the patient’s most accessible significant other or family member. The patient will be given the opportunity to refuse care from the student physical therapist without fear of retaliation or a reduction in the quality care that is provided. If there is doubt as to whether the student has received consent to initiate care, the clinical instructor will attempt to ascertain the patient’s true wishes. If the student recognizes any degree of hesitancy on the part of the patient, the student is expected to consult with his or her CI for the purpose of gaining clarification before further intervention is initiated. If after further consultation, doubt remains regarding patient consent, the student is expected to not initiate care or discontinue care immediately.

The Program’s policies and expectations related to patient refusal will be communicated to students during clinical education orientation sessions in DPT 522, 523, 622, 623 (see course syllabi). Students will also receive formal classroom instruction in respecting patient autonomy and the right to refuse intervention in a broader context in DPT 504, 505, 604, and 704 after which they will be tested to assess comprehension (see course syllabi). Students will be informed of clinic-specific policies related to this prior to each clinical education experience. DPT faculty and staff will be informed of the Program’s policies and procedures related to patient refusal by requiring all faculty and staff to read and acknowledge acceptance of all policies contained in DPT Manuals upon hire.

Obtaining Authorized Use of Patient/Health Professional-Related Material or Images
During part-time or full-time clinical education experiences, students may be exposed to patient materials that may hold educational value for the student and others. These materials may include such things as diagnostic images and reports, lab reports, physical therapy documentation, medical chart information, and other materials that contain PHI related to the patient. Since this material contains confidential information, the student’s ability to use this information is contingent upon patient consent in writing. Furthermore, if this information was obtained at a clinical site outside of Alvernia University, consent from the clinical site to utilize this information must also be obtained in writing prior to use and the clinical site’s policy for student use of information obtained during a clinical education experience will be followed. In addition to information related to patients, information related to anyone involved in the care of patients (ie. physicians, therapists, others) is also considered confidential and requires consent from all parties in order for this information to be used. When possible, the student is expected to sterilize all materials to prevent personal identification.

The hybrid nature of the DPT curriculum will involve student performance of case presentations and involvement in interactive case discussion related to actual patients currently or previously seen in the clinic. Students will obtain consent from the patient and the clinical site to use the information and the materials will be sterilized of patient, therapist, or other involved individual-identifying information, when possible. Both the patient and clinic will be informed as to the extent of information and in what forum this information and materials will be disseminated. Faculty will be expected to follow the same guidelines for use of patient or health-professional related materials. Such materials may include photos, video, diagnostic images, or data from a patient’s medical record. Patient consent and clinical site consent must be obtained in writing and, when possible, the materials will be sterilized of identifiable information.

The Program’s policies and expectations related to use of such material will be communicated to students during clinical education orientation sessions in DPT 522, 523, 622, 623 (see course syllabi). Students will be informed of clinic-specific policies related to this prior to each clinical education experience and reminded by DPT faculty during the use of such materials during classroom learning experiences. Faculty will refer students to this policy during course assignments where the use of patient and health professional-related materials may be used. DPT faculty and staff will be informed of the Program’s policies and procedures related to the authorized use of material by requiring all faculty and staff to read and acknowledge acceptance of all policies contained in DPT Manuals upon hire.

**Protection of Clinical Instructor Information**

Throughout the course of each clinical education experience, students will be provided with access to the clinical instructor and CCCE. Students must be aware that information that they obtain through formal and informal discussion with their CI is considered confidential information and should not be shared with Alvernia faculty or other students unless the CI provides written consent. In such cases, this information should only be used for the educational benefit of DPT students. All information used for this purpose will relate to the care of patients and will not include any personal information related to the CI or patient. The privacy and dignity of the CI will be safeguarded. As a member of the DPT clinical faculty at Alvernia, CI’s agree to provide information that will ensure their suitability for this role and the ideal placement of students; however, at no time will personal information be requested. Students will be informed of these policies during clinical education orientation sessions in DPT 522, 523, 622, 623 (see course syllabi) at which time they will be referred to the policies as printed in the DPT Manuals. Faculty will also be directed toward these policies which are provided in printed form upon hire.

**Protection of Confidential Student Information (Student Identifying information)**

The DPT Program will protect information that may be used to verify student identity in accordance with University policy as dictated by FERPA. As described above, this Act protects student educational records from disclosure to third parties. Information that may be used to verify student identity will be protected and only information required by Alvernia faculty and staff to safely and effectively engage the
student in the course of study will be provided. Information that may be used to verify student identity will be contained within the student’s file and maintained in a locked cabinet in the locked DPT Program Office and available only to Alvernia faculty and staff who are directly involved in the student’s course of study. Prior to disclosure of any information to other parties for educational purposes, such as clinical sites or associated faculty, students will be asked to provide written approval to release this information to the Registrar’s Office and DPT Program Director.

During all clinical education experiences, Alvernia University students will maintain student photo ID cards used for identification purposes that are expected to be with the student at all times when they are at the off-campus clinical site.

**Information Shared with the Clinical Facility**

For purposes of safety, each student’s medical record will be shared with teaching or clinical sites and becomes part of the student’s Educational Record under FERPA. This includes, but is not limited to, immunization records, physical exam records, Tuberculosis tests, drug screens, as well as any other additional records as required by each specific facility. This information is shared with the clinical site by the student. In rare cases, the student may request to have a medical record sent to a clinical facility by the Health and Wellness Center pursuant to the student’s completion and submission of the **Authorization to Release Medical Information Form.** Additional information regarding the student is provided to the clinical site on the **Student Clinical Information Form,** which is completed by the student and will be sent to the Center Coordinator of Clinical Education (CCCE) at the time in which the clinical education experience is confirmed. To protect student confidentiality, details regarding the student’s academic status will not be routinely communicated to clinical sites. However, clinical sites will be informed by the ACCE if a student assigned to a specific clinical site is unable to engage in the clinical practice experience for academic reasons or if they have been dismissed from the Program as soon as the issue has arisen. The ACCE will also inform the CCCE/CI if a student is entering the clinical education experience with a learning contract in place. The details of the learning contract will be communicated so that it is clear what is expected of the CI and the student during the clinical experience and to allow the CI to determine if he/she is capable of fulfilling the requirements of the contract.

**Request for Accommodation**

The DPT Program has adopted a policy of non-discrimination. All students must successfully perform, with or without reasonable accommodation all of the Essential Functions contained in Part V of this manual. Alvernia University determines its ability to meet the specific requests of special needs students on a case-by-case basis. Reasonable accommodations, as defined by Act 504 and the Americans with Disabilities Act (ADA), are provided when students self-identify and provide documentation to the University’s Disabilities Services Coordinator. In accordance with Act 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), the University offers accommodations to students with documented learning, physical and/or psychological disabilities. It is the responsibility of the student to contact the ADA coordinator, preferably prior to the beginning of the semester, to initiate the accommodation process and to notify instructors as soon as possible to develop an accommodation plan. Course requirements will not be waived but, if possible, reasonable accommodations will be made to allow each student to meet course requirements. Students needing assistance should contact the Disabilities Services Coordinator in BH 1121-A, at 610-796-8423. Details on academic support for special needs students can be found in the “University Procedures” section of the Alvernia University Student Handbook and in the DPT Program Student Handbook both of which are issued to enrolled students upon admission to the program.

**Confidentiality of Records (FERPA)**

Physical Therapy Department Clinical Education Manual
The Federal Family Education Rights and Privacy Act of 1974 (FERPA) protects a student’s educational records from unauthorized disclosure to third parties. A student must sign a consent form to grant access to his/her Community Standards record before the Office of Community Standards will disclose the information contained in the student’s records, unless an exception is permitted by law. These privacy requirements apply to students’ parents and/or legal guardians except for specific situations. Federal law makes an exception in these cases and does allow, but not require, the University to share Community Standards information. FERPA affords students certain rights with respect to their academic records. For information on FERPA rights, the student is directed to the Registrar’s Office.

The policy related to the confidentiality of records that involve student disciplinary action is described in the Alvernia University Student Handbook under the heading, “Privacy of Community Standards Records”. The policy for student inspection of their records is under the heading, “Inspection of Community Standards Records” and parent review of student disciplinary file records is found under the heading, “Parent/Legal Guardian Notification”. The policy regarding the making of amendments to disciplinary records is found under the heading, “Amendment of Records”. (Appendix I – FERPA)

**Harassment Policy**
Details on AU Harassment Policy can be found in Appendix N.

**Due Process**
Alvernia University’s policies related to ensuring that students are provided with the fundamental principles of justice and entitled to proper legal procedures are provided in the Alvernia University Student Handbook, which is distributed to all students upon admission to the University by the Admissions Office. These policies are described under the heading, “Community Standards”, “Students’ Personal Rights”, “Students’ Collective Rights”, and “Rights of Accused Students”. The process for corrective actions are provided under the headings, “Interim Suspension”, “Community Standards Conferences”, “Preliminary Conference”, “Reconsideration of Sanction”, “Formal Administrative Conference”, and “Sanctions”. The process for student appeals is described under the heading, “Appeal Process” and the policy related to confidentiality is also fully described under the heading, “Confidentiality of Student Records”. University policies related to student appeals as it relates to academics are described in the Alvernia University Graduate Catalog under the headings, “Student Appeals”, “Appeal of Grades”, and “Due Process for Grade Appeals”. The University’s due process policy related to a student’s dismissal from a program or the University is described under the headings, “Dismissal from the Academic program”, “Dismissal from the University”, and “Due Process for Dismissal from a Program or the University”.

**Personal Communication**
Personal phone calls to/from students in and out of clinical sites should be limited to emergency situations only. It is not appropriate to carry a cell phone for personal use during working hours.

**Section VI: Grading Policies for Clinical Practice Courses**

**Student Notification of Clinical Performance and Frequency of Reporting**
Students who are experiencing difficulty fulfilling the requirements of a clinical practice course will be notified at the time in which an infraction or problem arises by the CI, CCCE, ACCE, or all three. If the student appears to be having difficulty fulfilling course requirements, the CI and/or ACCE in consultation with one another, will notify the student immediately in an attempt to correct any deficiencies. Since the student is completing this learning experience off-site, it is important that open communication exists between the CCCE/CI and the ACCE, who serves as the Program’s clinical liaison. For this reason, it will also be important that the CCCE/CI have daily dialogue with the student regarding performance and
a formal designated time for discussion on a weekly basis, at minimum. If the student fails to correct problematic behaviors, elevate his or her performance to an acceptable level, or if the student commits an unsafe, unprofessional, or egregious act, the CI will confer with the ACCE. After evaluating the CI's concerns, the ACCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as defined in Part VI of the DPT P&P Manual. The ARC’s decision may result in the development of a learning contract which may lead to an alteration in the student’s progression and/or dismissal of the student from the program. If a learning contract needs to be established during a clinical experience. In circumstances when a student has transferred to another instructor or facility, the ACCE will check in with the CI and student on a daily basis during the first week.

Assessment Tools

APTA Physical Therapist Clinical Performance Instrument (APTA PT CPI)

APTA’s web-based Physical Therapist Clinical Performance Instrument (WebCPI) tool will be utilized to assess the student’s professional behaviors and clinical performance during full-time clinical experiences. Both the CI and the Student will complete individual copies of the CPI for formal review at both midterm and final. The CI will electronically sign the midterm CPI evaluation of the student and the student will electronically sign both the self-CPI evaluation and the CI CPI evaluation of student performance after the CI has reviewed the CPI evaluation with the student. A final evaluation of the student’s performance using the CPI will follow the same format as the midterm evaluation.

The PT CPI was developed by the APTA in 1997 and was most recently revised in 2006. The PT CPI is used by the CI to evaluate the student’s performance during clinical internships on both a summative and formative basis and is one source of information used by the ACCE in assigning course grades. The tool consists of 18 performance criteria with sample behaviors. The criteria for entry level are consistent both the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists¹ and A Normative Model of Physical Therapist Professional Education: Version 2004². The tool allows students to be assessed on 18 criteria over five performance dimensions, including: quality of care; supervision/guidance required; consistency of performance; complexity of task/environments; and efficiency of performance.

The rating scale for the CPI has six defined anchors for each criterion;

- Beginning Performance
- Advance Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

The expectation is that each student should be scored by his/her Clinical Instructor at the following levels for each full-time clinical experience or clinical internship. Each CI that uses the PT CPI must complete and pass a web-based training program through the APTA before using the PT CPI to evaluate students. The program expects that students will be at the entry-level performance anchor by the end of their clinical education courses.


Integrated Clinical Experience Form

For all part-time clinical experience courses including DPT 522, 523, 622, and 623, students will be assessed using the Integrated Clinical Experience (ICE) evaluation instrument. This instrument consists of two parts, a Professional Behavior Assessment and Clinical Skills Checklist. A unique part-time Clinical Experience form Clinical Skills Checklist will be created for each course based on course objectives, goals and objectives from current course work, and input from faculty members. An example of the Integrated Clinical Experience Form for DPT522 can be found in Appendix F. Refer to course syllabi for others.

The Professional Behavior Assessment portion will be completed through self, peer and CI assessment utilizing behaviors/attitudes that are appropriate for first time and part time clinical experiences. Criteria to be assessed include: Interpersonal & Communication Skills, Use of Constructive Feedback, Professionalism, Responsibility, Stress Management, Problem Solving and Safety. All criteria will be scored as Needs Improvement, Meets Expectations Exceeds Expectations.

The Skills Checklist consists of psychomotor skills that are commensurate with didactic learning and will require competency in different skills for each course. Each skill will be completed under the direct supervision of the CI by the conclusion of the clinical internship and will be scored $S = \text{Satisfactory Performance}$ $U = \text{Unsatisfactory Performance}$.

Student Clinical Information Form

The Student Clinical Information Form is a document that includes demographic information, past physical therapy experiences, and student goals and expectations for a particular clinical experience. Students are required to complete this form prior to all full-time clinical experiences within a timely fashion as determined by course syllabi. At the end of each experience, students will reflect on their goals and expectations through guided questions and a written summary. Specific dates and rubric can be found in each course syllabi. (See Appendix E)

Grading of Clinical Experiences/Internships

As the primary course instructor for all 8 clinical practice courses, the ACCE will be responsible for assigning final grades after consultation with the CI. Grade reporting by faculty is listed as a primary responsibility of faculty on pg. 20 of the AU Faculty Handbook 2013.

Part-time clinical experiences (DPT 522, 523, 622, 623)

The ACCE is ultimately responsible for providing a course grade for each student based on input from the Clinical Instructor and/or CCCE. Each course is pass/fail.

- AU DPT Integrated Clinical Experience (ICE) Form:
  - Completion of the Professional Behavior self-assessment, peer-assessment (when available) and assessment by CI.
  - Completion of Clinical Skills Check List - “Satisfactory” on each item. All skills must be completed by the end of the experience. See “Unsatisfactory Performance” for policies related to inability to complete the Clinical Skills Check List.
• Student Clinical Information Form – Must be completed 6 weeks prior to beginning of experience and one-page summary must be completed within 3 days of experience ended. Pass/Fail

Full- time Internships (DPT 524,624,724,725)

DPT 524 Clinical Practice III – First year, Summer session

1. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
2. Be graded by their CI on the final PT CPI evaluation between “Advanced Beginner” and “Intermediate” performance level on criteria #1 - #16*
3. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to develop a remediation plan.
4. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).
5. Complete and submit the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form

DPT 624 Clinical Practice VI – Second year, Summer session

1. Capable of maintaining a patient caseload of 50% of an entry-level physical therapist employed at the facility in which they are participating in their clinical experiences.
2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
3. Be graded by their CI on the final PT CPI evaluation between “Intermediate” and “Advanced Intermediate” performance levels on each of the 18 criteria.*
4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.
5. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).
6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

DPT 724 Clinical Practice VII – Third year, Fall semester

1. Capable of maintaining a patient caseload of 75% of an entry-level physical therapist employed at the facility in which they are participating in their internship.
2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
3. Be graded by their CI on the final PT CPI evaluation between “Advanced Intermediate” and “Entry Level” performance level on each of the 18 criteria.*
4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.

5. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).

6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

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DPT 725 Clinical Practice VIII – Third year, Spring Semester

1. Capable of maintaining a patient caseload of 100% of an entry-level physical therapist employed at the facility in which they are participating in their internship.

2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.

3. Be graded by their CI on the final PT CPI evaluation between “Entry Level” and “Beyond Entry Level” performance level on each of the 18 criteria.*

4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.

5. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).

6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

Unsafe Practice: Unsafe practice by students during clinical experiences is considered a serious event and may lead to a student’s dismissal from the Program. All practical exams throughout the curriculum will assess and grade each student’s performance as it relates to safety. Significant or repeated issues related to safety during lab and/or practical examination experiences may put the student at risk for failing the examination and/or the course. The Clinical Performance Instrument (CPI) and the Integrated Clinical Experience Form also include criteria related to safety. The Clinical Instructor and/or the CCCE is encouraged to contact the ACCE immediately if an issue of safety arises with an affiliating student. Depending upon the nature of the issue, or in the case of repeated safety issues, a student may be at risk for failing the clinical education experience. During mid-term follow up and at the conclusion of each clinical education experience the ACCE, or designated alternate, will obtain information regarding the student’s adherence to safe practice guidelines. The policy for safe practice within the Program is as follows:

“A Physical Therapist’s primary obligation to his/her client is to avoid harm. As such, a student’s safe performance of all procedures and utilization of equipment during all lab and clinical education experiences is vital. For purposes of safety, students are required to observe recommended guidelines to ensure safe practice not only for others but for themselves as well. Students are expected to fully understand all indications, precautions, and contraindications that govern the use and implementation of all procedures prior to their use. In addition, students will be expected to have knowledge and observe best practice guidelines. Students who do not feel safe performing or receiving certain examination or intervention procedures are expected to make their concerns known and not engage in such activities.
VII: STUDENT RETENTION, PROGRESSION, WITHDRAWAL, DISMISSAL

Course Registration

To enroll in courses, all students must complete the University registration process. No student can register for another student or allow another person to register on the student’s behalf. All students must be authorized in the “Self-Serve” tab on the University website to register by their academic advisor. If a student registers during pre-registration and then decides not to return to the University, it is the student’s responsibility to notify the Graduate and Continuing Studies Office in writing prior to the beginning of classes to avoid charges. Registration dates can be found on the Academic Calendar. Information regarding tuition and course offerings is available from the Office of Graduate & Adult Education. The policy for enrollment in graduate courses is found under the heading, "Registration" in the Alvernia University Graduate Catalog.

DPT Program Retention and Progression Policies and Procedures

Credits/Overloads Policy: The University policy related to number of credits per semester requires graduate students to register for a maximum of 9 credits per academic semester. Greater than 17 credits per semester is considered overload. Overloads require the approval of the student’s faculty advisor. Students enrolled in the DPT Program and undergraduate students who are currently pursuing the 3+3 accelerated track will be automatically approved for overload as dictated by the pre-determined curricular plan. The University policy for taking overload credits can be found under the heading, "Credits/Overload" in the Alvernia University Graduate Catalog.

Auditing Policy: In order to progress through the Program, students may be required to audit one or more courses. They may be required to audit a course in partial fulfillment of a learning contract in a course that was passed but one in which reinforcement of material may be required in order to fulfill the requirements of the learning contract. Students may also choose to gain exposure to an additional area of specialty practice by auditing a second elective during semester 7. No credit is earned for an audited course. The cost of auditing a course is 50% of the cost of the course, per credit. University policies related to auditing courses can be found under the heading, "Auditing" in the Alvernia University Graduate Catalog.

Course Repeat Policy: The Course Repeat Policy allows for students to complete the requirements of a learning contract enabling them to continue in the Program. If a student fails to pass a course, they will be placed on academic probation and a learning contract (Action Plan) will be established by the DPT Academic Review Committee (ARC), which may include the option for a student to repeat/delete a course. In addition to the policy as described under the heading, "Repeat/Delete Option" in the Alvernia University Graduate Catalog, the Program has additional requirements. Since each course within the DPT Program requires the successful completion of all prior coursework, students failing to pass a course with a grade of "C", or better will be unable to continue within the Program and must re-take and pass the course with a grade of "C", or better the next time that the course is offered. A student may only utilize the repeat/delete option one time throughout the Program. When a course is repeated for credit, the earlier grade remains on the student’s permanent record and appears on all transcripts. The higher grade is used in computing the cumulative grade point average. The repeat/delete option may only be used in cases where both the original and repeated courses were earned at Alvernia; neither may be by correspondence or by study at another institution.
Clinical Education Standard Supervision & Feedback Plan

Integrated Clinical Experiences
The CI will formally meet with the student at the beginning and end of each ICE, as part of the CI responsibilities. The initial meeting will focus on reviewing the Student Clinical Information Form and discuss preferred methods for providing supervision/feedback and review objectives for the ICE.

During all Integrated Clinical Experiences, (DPT 522, 523, 622, 623), students will require supervision 100% of the time when performing patient care activities. Beyond direct patient care, an ongoing feedback plan is determined by the CI and student on the first day of the experience as it relates to their professional behavior and clinical skills. If the student feels he/she requires additional feedback, it will be the student’s responsibility to inform the CI/CCCE and create a more formalized plan. If the student still feels that he/she is not receiving appropriate supervision and feedback, he/she should contact the ACCE who will arrange a phone call or site visit to assist with the development of an appropriate supervisor/feedback plan. The CI is responsible for observing and evaluating the student’s performance of all (if possible) clinical skills indicated on the Integrated Clinical Experience Form (Appendix J). At the end of each day, the CI and student will discuss the CI’s evaluation of the student’s clinical skills. At this time, the CI provides feedback and instructs the student in homework to strengthen any clinical skills as needed. At the completion of each ICE, the CI will evaluate the student’s professional behaviors using the Integrated Clinical Education Evaluation Form and provide feedback for the student. The student and CI will meet formally to review all of the clinical skills the student has performed and the CI will provide any final feedback regarding clinical skills performance. Lastly, the CI and student will discuss goals and objectives from the Student Clinical Information Form.

Full Time Clinical Experiences
During the full-time clinical experiences (DPT 524, 624, 724, 725), formal meetings should occur at a minimum of three times throughout the experience: beginning, middle and end. The purpose of the first formal meeting is to review the Student Clinical Information Form, review and modify behavioral objectives as needed and discuss preferred supervision and feedback methods. The second formal meeting will take place in conjunction with the mid-term evaluation process using the CPI and will include a discussion between the student and CI on their perceptions of the experience to date. The ACCE or assigned faculty member will meet in person (or by phone) with the CI and the student, will review the CPI, and will complete the Midterm Check-in Form. The CI and student will meet again formally at the end of the clinical experience/internship to reflect on feedback/supervision received throughout the experience, review the student’s attainment of behavioral objectives, and review and complete the final CPI.

Specific structure of supervision and informal feedback should be individualized for each student and commensurate with the development of the student’s clinical skills and professional behavior for full-time clinical experiences. It is the responsibility of the Clinical Instructor to vary the amount of feedback based on the student’s needs in order to preserve patient safety and maximize the learning experience. The ACCE will be available for assistance with a customized supervision plan at any time during a student’s clinical internship. For all clinical experiences, the ACCE will monitor the level of supervision and feedback actively via formal and informal assessment including the CPI.

Student Notification of Academic Performance and Progress

University Policies for Student Notification of Academic Performance

Semester Grades Policy: Students with certain levels of outstanding financial obligations will not have access to their Self-Service transcript until their accounts are cleared. The responsibility for identifying
grade errors is that of the student. Blackboard does not necessarily represent the final grade earned and students are advised to review academic transcripts. Students on hold may visit the Office of the Registrar or the Graduate and Adult Education office during business hours to view their transcript. Any grade correction must be made by the instructor and filed in the Registrar's Office. The deadline for corrections is 21 calendar days after the grade is issued (except in cases of a grade grievance or in the case of an approved Incomplete). After that time, no changes will be made on the student’s record. This policy can be found under the heading, "Semester Grades" in the Alvernia University Graduate Catalog.

Transcripts Policy: Requests for transcripts may be made in writing to the Registrar’s Office or requested through Self Service. Forms are available from that office or at www.alvernia.edu/academics/registrar. No transcript request is released until all financial obligations to the University have been met. Students may request unofficial copies for their personal use. The first transcript requested after the degree is conferred is free. Processing of a transcript request is completed within five working days after the request is received; the prevailing fee must be submitted with the request for each transcript. This policy can be found under the heading, "Transcripts" in the Alvernia University Graduate Catalog.

Computation of Grades: At the completion of a course, each student is assigned a letter grade based upon the appropriate scale below: A = 4.0 (94-100); A- = 3.7 (90-93); B+ = 3.3 (87-89); B = 3.0* (83-86); B- = 2.7 (80-82); C = 2.0 (73-79); F = Failure (72 and below). *Less than 3.0 may = probation. The DPT Program grading scale can be found under the heading: "Computation of Grades" in the Alvernia University Graduate Catalog.

Early Warning Notices Policy: In mid-semester, faculty members submit early warning notices to the Office of Student Success. Students who earn less than “C” in a course are identified and specific information regarding their lack of progress is noted. Students, their advisors, and the Registrar’s Office are notified. This policy can be found under the heading, "Early Warning Notices Policy" in the Alvernia Undergraduate Catalog.

DPT Program Policies for Student Notification of Academic Performance
DPT students will be notified of their academic and clinical performance and progress through both formal and informal means. The minimal expectation for communication to the student regarding their performance both academically and clinically is once at the conclusion of the semester at which time final grades are submitted. At the conclusion of each semester, students will be issued a final grade for each course by the primary instructor of the course in accordance with the University grading system described under the heading, “Computation of Grades” in the Alvernia University Graduate Catalog, as referred to above. This final grade will be added to the student’s permanent, official transcript. Assigned grades are consistent for all courses across the curriculum and will be included on each course syllabus. Students will receive an unofficial grade report, which is posted under the “Self-Serve” tab on the University website, at the conclusion of each semester from the Registrar’s Office. This “unofficial transcript” will include individual final grades for each course as well as the student’s semester and cumulative GPA. Informally, students may also be notified of their final grade in each class by the primary instructor via email, in Blackboard, or in person prior to the student viewing their unofficial transcript. In addition to notification of a student’s final grade in a course, students will also be notified of their grade on class assignments, written examinations, and practical examinations throughout each course. It is expected that grades on assignments and exams are communicated to students within one week of their completion, except with larger projects in which more time may be necessary. Grades on assignments and exams will be communicated confidentially to each student by the primary course instructor. Communication of grades may be done through email, Blackboard, telephone, or personal contact between the student and primary course instructor. The Program ascribes to the importance of timely student feedback in the educational development of each student.
Students who have failed to meet the academic and/or professional behavior requirements of the Program will be placed on probation. Students will be notified of this change in status from good to unsatisfactory standing with the Program through written notification from the Program Director immediately. The student’s DPT faculty advisor will also be notified of the student’s change in status. In this written notification, the student will be apprised that he/she is on probation and asked to appear before the DPT Academic Review Committee (ARC), who will be responsible for developing a learning contract with the student. After careful deliberation, the chair of the ARC will provide the student with the details of the learning contract established between the ARC and the student in written form. This document will contain specific measurable behavioral goals and will serve as a formal contract and will be signed by all members of the ARC, as well as the student, and placed in the student’s permanent file. If the student fails to fulfill the requirements of the learning contract, he or she will be dismissed from the Program. The student will receive written notification of his or her failure in fulfilling the requirements of the contract and will be asked to meet once again with the ARC after which the student will receive written notification of his/her dismissal from the Program. This written notice will be prepared by the ARC and will be placed in the student’s permanent file. If the student succeeds in meeting the requirements of the learning contract, he/she will be informed that he/she has been removed from probation and is currently in good academic standing and allowed to proceed within the Program.

Students who are experiencing academic difficulty throughout the curriculum may be notified through formal and informal interactions between the student and the student’s academic advisor, who is one of the core faculty members within the DPT Program. During these interactions, the academic advisor will notify the student of his/her current academic status and negotiate with the student a plan to address these issues proactively, when possible. Students who are having consistent issues or those whom a primary course instructor or faculty advisor perceives as demonstrating the potential for not meeting course or Program requirements may be asked to appear before the DPT Academic Review Committee (ARC), at which time a learning contract (Education or Progression Plan) may be developed to assist the student in addressing any issues. The ARC will maintain minutes of all student meetings and the faculty advisor will also take minutes of all student meetings, which will be maintained in the student’s permanent academic file. Students who are struggling academically are encouraged and expected as adult learners to initiate contact with the primary course instructor or faculty advisor on an ongoing basis. See information regarding the DPT Academic Review Committee (ARC) below.

DPT Program Resources to Support Retention and Progression:

Orientation: Each Fall, prior to the start of class, all DPT students will attend orientation. Orientation will be conducted by the DPT faculty with the involvement of returning students. Orientation is designed to achieve the following objectives: 1) introduce first year students to the faculty and returning students, 2) provide an overview of the profession of physical therapy, 3) provide an overview of the University including mission and resources, 4) provide an overview of the DPT Program including mission, objectives, and curricular structure, 5) convey pertinent information about Program policies and requirements. Orientation will include a morning information session followed by an afternoon social event designed to promote student interaction and to orient students to the campus. Orientation will also include a keynote address designed to inspire students toward achievement.

Advising: All students will be assigned a faculty advisor, who is a core member of the DPT Program faculty, in the summer before the start of coursework within the Program. As adult learners, students are expected to initiate all interactions with their faculty advisors. Faculty advisors will receive notification from the Registrar if their advisees are experiencing academic difficulties. Faculty advisors will provide mentoring and advising for students on an ongoing basis and will serve as an important resource for students. Faculty advisors will maintain the same advisees throughout their time in the Program. If a student wishes to be assigned a different advisor, approval must be granted by the Program Director, after consulting with all involved parties.
Learning Contracts: If students are in danger of not fulfilling academic or non-academic Program requirements or are currently not fulfilling the requirements of the DPT Program, a formal learning contract may be employed. Such contracts are designed to proactively curtail a student's decline in performance, when possible, or to provide a strategy for assisting a student who is on probation to be restored to good academic standing. See below for details of the various types of learning contracts developed by the Program.

Academic Review Committee (ARC): This committee is comprised of the DPT Program Director and Program core faculty and is convened on an as needed basis. The ARC may convene regarding issues of academic performance, professional behavior, or concerns over safety. The primary objective of the committee is to review current or pending issues related to the progress of students throughout the curriculum. The ARC will consider requests, make recommendations, and take action related to: 1.) academic rules, regulations, and performance, 2.) violations of student conduct, including issues of safety, 3.) student grievances, and the 4.) dismissal and re-admission of students.

If students are not successfully demonstrating the competencies and skills required by the DPT Program, a formal learning contract will be developed by the ARC. Such formal contracts will include specific measurable, behavioral objectives, expectations, responsibilities, and consequences. These learning contracts are designed to provide very specific expectations and objectives that may be used to guide progression and facilitate restoration of the student to good academic standing within the program or proactively to prevent the student from being placed on probation. Contracts may be developed to address student performance in either the classroom or clinical practice environment and may relate to issues regarding any of the Program requirements. Once established, the learning contract will be provided to the student in written form from the Chair of the ARC within 2 days of the ARC meeting. Members of the ARC, as well as the student, will indicate their acceptance of the terms of the contract by affixing their signatures to the printed document. An original signed copy of the learning contract will be maintained in the student’s permanent academic file. Three specific types of learning contracts may be established by the ARC to achieve these objectives.

- Education Plan is a proactive contract between a student and the faculty. It may be written in the case where areas for improvement have been identified in either the classroom or clinical setting that could put a student at risk for not achieving Program expectations or requirements in the future.
- Progression Plan is an in-process contract between a student and the faculty when a student is currently not meeting expectations and requirements during the course of a semester.
- Action Plan is a retroactive contract between a student and the faculty which may be used when a student has failed to meet Program expectations and requirements and is on Probation. The action plan is designed to outline the specific tasks, requirements, and expectations that must be accomplished, including time frames, by the student in order to be removed from probation and reinstated to good standing within the Program. Action plans may require the student to perform tasks that are beyond general program requirements, such as auditing courses, engaging in clinical observation, and meeting regularly with academic or clinical faculty, among others. A student on probation will not be able to proceed within the curriculum unless he/she successfully executes the specific requirements that have been outlined in the action plan.

Progression Activities:

The DPT Program will make every effort to assist students in identifying and addressing specific deficits in knowledge, behavior, and skill. As an adult learner and in keeping with the learner-directed philosophy of the Program, it is ultimately the student’s responsibility to identify areas of deficiency and develop a plan for resolution. Progression activities designed to assist students in overcoming deficits observed in student knowledge, behavior, and skill will occur both formally and informally. When deficits in student
performance are observed by an academic or clinical faculty member or by the student’s academic advisor, the DPT Program will endeavor to provide timely assistance to support students in maintaining or returning the student to good academic standing within the Program. At the time in which a deficit in knowledge, skill, or behavior is identified, and upon consultation with the core faculty, the Program Director will invite the student to meet with the Academic Review Committee (ARC). The ARC provides the primary mechanism by which the Program will develop a formalized plan, referred to as a learning contract, to assist students in addressing deficits that are identified throughout the Program. Upon meeting with the student and considering all factors related to the deficit that has been identified, the ARC will develop a learning contract and inform the full DPT core faculty of the parameters of the contract. If a student behavior is found to be egregious, the student will not be offered the opportunity to further progress within the Program and may be immediately dismissed from the Program with or without the option to reapply at a later date. Egregious behaviors consist of any behavior in which the student knowingly disregards Program policies resulting in a situation which places themselves, other students, faculty, or patients/clients at risk for harm. Unsafe practices may be one manifestation of an egregious behavior, however, unsafe practice may also be an indicator of profound deficits in student knowledge and/or skill. Within the Program, unsafe practice is considered a serious offense and handled with fervent diligence at every level. From lab skill checkouts to practical exam criteria and throughout the clinical practice coursework, students who routinely engage in unsafe practice will not be allowed to continue within the Program. The decision to dismiss a student from the Program as a result of unsafe practice depends on the nature of the event and the student’s history of similar events. Each case will be handled on an individual basis by the ARC. If a student is dismissed for egregious behavior or repeated episodes of unsafe practice, the services designed to support the student’s retention and progression will no longer be available to the student.

During the time in which a student is on probation, all University and Program support services for retention and progression, as described above, are available to the student. The ARC may also recommend an action plan in which additional support and specific actions may be required of the student. In such cases, the full complement of University and Program support services are available to the student. The learning contracts developed by the ARC may require the student to access specific University and/or Program support services for the purpose of addressing the specific needs of the student. The full complement of support services offered at both the University and Program levels that are designed to support student retention and progression in the Program are outlined in the previous section.

Each learning contract will vary and is designed to address each student’s specific needs. These contracts, which are explained elsewhere within this document, are designed to address each deficit through supplementary instruction and remediation that results in evidence that each deficit has been resolved. In addition to the support services previously described, students with identified deficits in knowledge, skill, or behavior who have been placed on a learning contract may be provided with the following support services designed to promote student progression within the Program:

**Degree Requirements:**

The Program’s Degree Requirements policy is as follows: To qualify for the degree of Doctor of Physical Therapy from the Alvernia University DPT Program, the following degree requirements must be accomplished: 1) successful fulfillment of all graduate requirements of Alvernia University (see Alvernia University Graduate Catalog), 2) successfully complete the minimum number of prescribed graduate credits (121 credits), 3) successfully complete all 8 clinical education experiences with a grade of “Pass”, 4) achieve a cumulative GPA of 3.0 or better, 5) complete the minimum number of prescribed graduate credits within 3 calendar years from the start of matriculation unless approved by the DPT Academic Review Committee, 6) successfully pass all practical examinations with a 75%, or better throughout the curriculum, 7) successfully pass the comprehensive examination with a 75%, or better at the conclusion of all required coursework, 8) No student will graduate with an incomplete grade in a course, 9) demonstrate strong moral character and consistently exhibit professional behavior, 10) students who
have met the above criteria and plan to graduate must file a petition to graduate, as required by the University.

The grading system adopted by the DPT Program is similar to other graduate programs within the University. It is University policy that at the completion of a course, each student is assigned a letter grade by the primary course instructor based upon the scale below: A = 4.0 (94-100); A- = 3.7 (90-93); B+ = 3.3 (87-89); B = 3.0 (83-86); B- = 2.7 (80-82); C = 2.0 (73-79); F = Failure (72 and below). As described, if a student is unable to achieve a final grade of “C”, or better for any course, they are placed on academic probation and they must repeat and achieve a final grade of “C”, or better, in the course in order to continue within the program. An incomplete grade will be assigned only if there are extenuating circumstances preventing the student from completing all course requirements and the instructor, Department Chair, and Dean approve and sign the Submission for Incomplete Grade form. The completed form must be returned to the Office of Graduate & Adult Education by the final day of the course to have the incomplete grade posted. The student must complete and submit the assignments listed on the form to the instructor within four weeks of the exam period for a semester course. Incomplete grades that have not been changed by the instructor at the end of this period will automatically be changed to an “F.” No student will graduate or be able to proceed throughout the Program unless all courses have been completed. The University policy related to incomplete grades can be found under the heading, "Incomplete Grades" in the Alvernia University Graduate Catalog.

**Student Withdraw & Dismissal**

**DPT Program Policies & Procedures Related to Student Withdrawal & Dismissal:**

The policies and procedures related to student withdrawal, dismissal, and probation are made available to all prospective and enrolled students in printed form upon admission to the Program.

**Essential Functions:** A student who is unable to perform these functions with reasonable accommodation for whatever reason will also be unable to fulfill the demands of a practicing physical therapist. In such cases, the students will be counseled toward a career path that is better suited for their individual talents. The list of Essential Functions can be found at [http://www.alvernia.edu/academics/graduate/dpt/functions/index.html](http://www.alvernia.edu/academics/graduate/dpt/functions/index.html).

**Academic Integrity:** The Program’s Academic Integrity Policy is in alignment with the University’s policy described in the Alvernia University Student Handbook under the heading, “Academic Honesty”. This policy will be listed on every course syllabus within the curriculum as a reminder of this important contract between the program and the student. Violation of this policy is considered a serious breach of contract that will result in a failing grade on the assignment and penalties up to and including dismissal from the program without the opportunity to return.

**Professional Behaviors:** The Program places a high priority on the development of student professional behaviors. This is evidenced in several ways throughout the Program and breaches in professional behavior, which may result in probation or dismissal. Students of the DPT Program are representatives of their class, the DPT Program, the University, and the profession of physical therapy. Students are expected to dress appropriately for classroom and laboratory instruction and to be in professional attire whenever possible. Professional attire is defined as that which would be acceptable in a physical therapy clinical setting. Students are expected to be prompt for all scheduled activities. If a student is going to be late or will need to miss class or a scheduled event, the student is expected to call and notify the appropriate faculty member or Program secretary in advance. For graduate students, there is no mandatory attendance policy, however, course instructors have the freedom to implement policies for attendance and tardiness as they apply to individual courses. Such policies will be described in course syllabi which serve as the contract between the instructor and the student. When completing clinical experiences, students are expected to meet or exceed the expectations of the clinical setting with regard to professional attire, promptness, attendance, and completion of assigned tasks. Students who exhibit behaviors that are unprofessional may be required to meet with the Academic Review Committee, who may recommend or require a specific learning contract. Students who do not comply with required
contracts, who commit egregious acts, or who continue to display unprofessional behaviors may be dismissed from the program. The professional behavior policy is as follows:

“As a future physical therapist, you will be expected to act professionally when interacting with colleagues, clients, families, and coworkers. Acting professionally includes, but is not limited to, being respectful of other's opinions, obeying rules and procedures, avoiding gossip and demeaning dialogue, avoiding the use of profanity, demonstrating teamwork and collegiality, informing employers of absences and tardiness, and maintaining favorable relationships with others. With this in mind, the DPT Program faculty and staff will expect you to act professionally throughout all interactions. More specifically, faculty will expect the student: to inform them in advance of any absences or tardiness, to engage in respectful verbal and non-verbal communication in and outside of class, to avoid the use of profanity, to dress appropriately during all classroom and clinical situations, to interact with those from outside of the university with respect. I understand that violation of this policy is considered a serious breach of contract that may result in the development of a learning contract and/or penalties up to and including dismissal from the Program.”

Practical Examination Retakes: In alignment with the Program’s philosophy, which emphasizes clinical competence, the Program has instituted a practical examination re-take policy which requires students to pass a practical exam within 2 re-take attempts (3 times total). The specific policies and procedures related to the administration of practical examinations is an issue of academic freedom and is determined by each individual faculty member. Student assessment of cognitive, affective, and psychomotor knowledge and ability during practical examinations elevates the importance of these experiences throughout the curriculum. For this reason, students must demonstrate the ability to successfully complete all practical examinations. If a student fails a practical exam, he/she will have a maximum of 2 re-takes. Students unable to pass the practical exam within 3 attempts will fail the course in which the exam is required and will be unable to proceed through the curriculum. Specific testing policies and procedures are a matter of academic freedom and are, therefore, determined by the primary course instructor. This policy applies to the number of allowable re-examination attempts and the specific policies governing the scoring of any re-examination attempts relative to the determination of the final course grade. Any variation in this policy will be noted by the primary course instructor in each course’s syllabus which is distributed to each student at the beginning of each semester. The following policies shall serve as the minimum requirement regarding the practical examination process in all courses throughout the curriculum:

- **Passing Score:** Although the primary course instructor may require a higher passing score, the minimum passing grade for all practical examinations within the DPT Program is a 75%.

- **Maximum Re-examination Attempts:** If the student is not successful on the first attempt, a maximum of 2 re-examination attempts are allowed for each practical examination. Each student has a maximum of 3 attempts to pass each practical exam. Individual course instructors may require a more stringent re-examination policy.

- **Not Achieving a Passing Score on the Maximum Number of Re-examination Attempts:** If the student is not successful in passing a practical on the maximum number of allowable attempts for a course, a grade of “F” for both the practical exam and the course will be assigned. If a grade of “F” is received for the practical, and subsequently the course, the student will be unable to proceed through the curriculum and will, therefore, be placed on academic probation and will not be able to proceed through the Program until the student successfully passes the course the next time it is offered.

- In preparation for a practical reexamination, the student is expected to seek assistance and develop a schedule for review.

- Whenever possible, practical reexaminations will be videotaped for review purposes and will be evaluated by an instructor different from the instructor who evaluated the first attempt.
This policy is subject to the individual preferences of the course instructor. The student is advised to become familiar with the specific requirements of each individual course.

Academic Performance, Probation, and Dismissal: The Program’s Policy for Probation and Dismissal is in alignment with the University policy described under the heading, "Academic Probation/Academic Dismissal" in the Alvernia University Graduate Catalog. The DPT Program policy for probation and dismissal is as follows: Students enrolled in the DPT Program must maintain a cumulative GPA of 3.0, or better, on a 4.0 scale throughout the curriculum and a grade of “P” in all clinical education courses. A student may be placed on academic probation for the following reasons: 1) A student whose cumulative GPA falls below a 3.0, 2) A student who earns a semester GPA below 3.0, 3) A student who earns a final grade of “C” in more than one course in the same semester, 4) A student who earns a final course grade that is below a “C” or “P” thus indicating failure of the course. Students who receive a final course grade below a “C” or “P” will be required to re-take the course when it is next offered and will be unable to continue in the Program until they have successfully completed the course after which they will proceed through the Program a year later than anticipated. The student's initial grade will remain on the student’s permanent transcript but the most recent course grade will be used to calculate the student's cumulative GPA. Upon being placed on academic probation, the student will receive written notification from the Program Director that they are on probation and no longer in good academic standing and will be required to meet with the DPT Academic Review Committee (ARC), at which time a learning contract will be developed.

A student will be dismissed from the DPT Program for the following academic reasons: 1) One additional semester after being placed on probation, a student is unable to attain a cumulative GPA at or above a 3.0, 2) One additional semester after being placed on probation, a student earns a semester GPA below 3.0, 3) One additional semester after being placed on probation, a student earns a final grade of “C” in more than one course in the same semester, 4) A student who earns a final course grade that is below a “C” or “P” fails to earn a final course grade of “C”/”P”, or better, upon re-taking the course, 5) A student who is on academic probation more than once throughout the Program will be dismissed. As per University policy, a student who has been academically dismissed may write an appeal letter to the Program Director and Department Chair if extenuating circumstances warrant a review of the academic record. Appeal letters should include documentation of the extenuating circumstances and at least one letter of support from the advisor or an Alvernia instructor. A student who does not appeal or whose appeal has been unsuccessful will no longer be enrolled in the Program and will not be entitled to Financial Aid. A student who has been dismissed for academic reasons may petition for re-admittance into the Program.

Unsafe Practice: Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student’s dismissal from the Program. All practical exams throughout the curriculum will assess and grade each student's performance as it relates to safety. Significant or repeated issues related to safety during lab and/or practical examination experiences may put the student at risk for failing the examination and/or the course. The Clinical Performance Instrument (CPI) and the Integrated Clinical Experience Form also include criteria related to safety. The Clinical Instructor and/or the CCCE is encouraged to contact the ACCE immediately if an issue of safety arises with an affiliating student. Depending upon the nature of the issue, or in the case of repeated safety issues, a student may be at risk for failing the clinical education experience. During mid-term follow up and at the conclusion of each clinical education experience the ACCE, or designated alternate, will obtain information regarding the student’s adherence to safe practice guidelines. The policy for safe practice within the Program is as follows:

“A Physical Therapist’s primary obligation to his/her client is to avoid harm. As such, a student’s safe performance of all procedures and utilization of equipment during all lab and clinical education experiences is vital. For purposes of safety, students are required to observe recommended guidelines to ensure safe practice not only for others but for themselves as well. Students are expected to fully understand all indications, precautions, and contraindications that govern the use and implementation of all procedures prior to their use. In addition, students will be expected to have knowledge and observe
best practice guidelines. Students who do not feel safe performing or receiving certain examination or intervention procedures are expected to make their concerns known and not engage in such activities until they feel safe to do so. Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student’s failure of the course and dismissal from the program.”

Dismissal for Non-Academic Reasons: In addition to the policy on professional behaviors, the Program has instituted a policy of dismissal for non-academic reasons, which is in alignment with University policies. In addition to the specific programmatic requirements related to professional behavior, University policy states that students may be dismissed from the graduate program for any of the following non-academic reasons: 1) failure to respect the rights of others as evidenced by verbal, physical or mental abuse of others, harassment of any kind, assault, or any action which endangers the rights of others, 2) failure to abide by federal, state, and local laws which prohibit the use, possession and sale of illegal substances, 3) failure to adhere to the various professional codes of ethics, such as the American Physical Therapy Association Code of Ethics, 4.) failure to function appropriately within the site placement settings, internships or practicums, as documented through evaluations by on-site supervisor and academic adviser.

In addition to University policy, the DPT Program will recommend dismissal to the Provost for the following non-academic reasons: 1) Students will attest to their ability to perform all of the criteria within the Program’s “Essential Functions” document with or without reasonable accommodations. Should a situation arise in which the student is unable to perform all criteria described in this document, he/she will be unable to continue in the Program. For additional information regarding reasonable accommodations the student will be referred to the Alvernia website at http://alvernia.edu/student-life/student-success/ADAServicesandAccommodations.html. 2) Misconduct outside of the Program that results in a felony conviction may make a student ineligible for licensure. Therefore, students who are convicted may be dismissed. 3) Breaches in scientific misconduct as defined in the document, “Honor in Science”, breaches in academic honesty, breaches in the code of ethics and standards of practice as published by the American Physical Therapy Association, and breaches in the standards of clinical integrity as defined in the DPT Clinical Education Manual. 4) Students who place their clients at risk physically and/or emotionally. 5) Students who are unable to relate appropriately with others, including clients. 6) Students who are unable to perform in a professional manner, including inability to adhere to professional work ethics, professional dress codes, and resistance to supervision. 7) Students who are unable to use professional judgment, including seeking help for personal problems which interfere with professional practice, 8) Students who are consistently unable to demonstrate the knowledge, values, and skills necessary for generalist PT practice, 9) Failure to respect the rights of others as evidenced by verbal, physical or mental abuse of others, harassment of any kind, assault, or any action which endangers the rights of others, 10) Failure to abide by federal, state, and local laws which prohibit the use, possession, and sale of illegal substances. Only the Provost may dismiss a student from the University for non-academic reasons. Students may appeal such a dismissal to the President of the University. This policy is delineated under the heading, "Dismissal from the Academic Program" in the Alvernia University Graduate Catalog.

Voluntary Withdrawal: Students for any reason and at any time may voluntarily withdraw from the Program. The tuition refund schedule for students who withdraw from the University and the policy regarding withdrawal from the University can be found under the heading, "Withdrawal Policies" in the Alvernia University Graduate Catalog. Total withdrawal from the University applies only to students who submit in writing to the Office of G&AE Office their intention to completely withdraw from all courses. Reapplication and acceptance are required for these students to be readmitted after withdrawing from the University. The effective date of withdrawal is the date a completed official withdrawal notice is returned to the G&AE Office. Students who do not comply with the withdrawal procedure forfeit their right to any refund. If a student fully withdraws from the University following the end of the Withdrawal period and prior to the last week of classes, a grade of “Withdraw Pass (WP)” or “Withdraw Fail (WF)” will be assigned based on whether a student currently has a “B” average up to the point of withdraw from
the University. Students withdrawing from Alvernia University will be held financially responsible for all costs and fees. Students who withdraw from a course for any reason will not be allowed to progress through the Program. Students may be eligible to re-enroll at a later time pending approval by the DPT ARC.

**Medical Withdrawal:** Inquiries regarding the medical withdrawal procedure are directed to:

Claire Murphy, MD, Director of Health Services  
Alvernia University  
400 Saint Bernardine Street  
Reading, PA 19607-1799  
Phone: 610-568-1467  
Fax: 610-796-8422

**Registration Change:** As dictated by University policy, which is outlined under the heading, "Registration Changes" in the Alvernia University Graduate Catalog, each of the following constitutes a registration change: adding or dropping a course, withdrawing from a course after the add/drop period, or auditing a course. Schedule Change Forms are obtained from the Graduate and Adult Education Office and must be filed with that office to complete the process. The policy regarding each of the following types of registration changes are described below.

**Add/Drop Period:** The deadlines for the add/drop period are located on the academic calendar. Requests to add/drop a course must be received by 5 PM on the date listed. Students wishing to drop a course may do so by dropping via Self-Service or by completing the proper paperwork. Paperwork can be found on the Alvernia website, under the heading, “Current Students”, and “Printable Forms”.

**Course Withdrawal:** After the add/drop period has ended, a student may withdraw from a course by completing proper paperwork in the School of Graduate & Continuing Studies Office. A student may withdraw from a course up until the close of the withdrawal period with no academic consequences. Students withdrawing from a course will still be held financially responsible for all costs and fees. Refer to the Academic Calendar for deadline information at [http://www.alvernia.edu/academics/calendar.html](http://www.alvernia.edu/academics/calendar.html). Students who withdraw from a course for any reason, either within the add/drop period or after, will not be allowed to progress through the Program. Students may be eligible to re-enroll at a later time pending approval by the DPT ARC.

**DPT Program Policies for Student Notification of Academic Performance and Progress in Clinical Practice Courses**

If a student is on a learning contract upon entering a clinical experience, the ACCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the ACCE. After evaluating the CIs concerns, the ACCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as defined in Part VI of the DPT P&P Manual. The ARC’s decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

If a student is at risk of not meeting expectations during a clinical practice experience, the CI will confer with the ACCE. After evaluating the CIs concerns, the ACCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as defined in Part VI of the DPT P&P Manual. The ARC’s decision may result in the development of a learning contract which may
lead to an alteration in the student's progression and/or dismissal of the student from the program. If a learning contract needs to be established during a clinical experience. In circumstances when a student has transferred to another instructor or facility, the ACCE will check in with the CI and student on a daily basis during the first week.

**Indications and Plan for Altered Level of Clinical Supervision and Feedback**

An altered level of supervision or feedback may be needed if a student exhibits issues regarding safety, professional behavior or academic performance. Immediate action is required for students who engage in unsafe practices during clinical experience whether due to deficit in clinical knowledge or clinical skill. Unsafe practice by students during clinical experiences is considered a serious event and may lead to a student's dismissal from the program.

If the CI determines that these safety or communication issues are of concern, an altered level of supervision will be created through collaboration with the CI and ACCE. The specific aspects of this supervision plan will be determined based on the student needs and clinical site program. Throughout any clinical experience, the need for a change in clinical supervision or feedback can be initiated by the student, CI/CCCE, or the ACCE informally.

If the student is concerned about the supervision or feedback they are receiving, he/she must first address this concern with the CI/CCCE. Once the student expresses a need for change, it is the responsibility of the CI/CCCE to carefully consider the student’s request, discuss the situation with the CCCE and ACCE, and determine if a new plan should be developed or provide a rationale for continuing with present plan. The CI is responsible for providing documentation if a new plan for supervision is developed and forwards this plan to the ACCE who will keep a record in the student’s file. If necessary, the ACCE will coordinate with the CI and/or CCCE in developing a plan for an alternative supervisory and feedback program.

Students should first seek assistance from the CI in defining and solving 'problems. This applies even in situations in which the problem is perceived as a 'personality conflict' between the student and the CI. Real or imagined personality conflicts are often resolved with open communication between the two parties. If good faith attempts at resolution directly with the CI fail, the student and ACCE may approach the CCCE. The student, CI, and CCCE can contact the ACCE at any point during this process and in fact, the earlier is usually better.

There are occasions where a CI may meet all program requirements but still not be capable of providing expected and appropriate supervision and feedback as described in “Responsibilities of Clinical Instructor”. At the mid-term interview/site visit, the ACCE will interview the student and the CI, as described. Questions regarding the quality of the supervision and feedback being provided will be asked and will assist the ACCE in determining the level of competence exhibited by the CI. Clinical Instructors demonstrating egregious behavior, defined as behavior that endangers the welfare and safety of the student or client, at any time during a clinical experience will result in the immediate removal of a student from the clinical site with re-assignment by the ACCE to another clinical site.

It cannot be realistically expected that each clinical experience or internship will meet all the students’ needs all of the time. It is expected that most needs, if responsibly expressed, would be met within the capabilities of the clinical facility. Students as “active learners” are responsible to show initiative and work with the CI/CCCE to develop an appropriate clinical education experience mutually agreed upon. The student is responsible for communicating his/her professional needs, interest and abilities with the CI and to take initiative in establishing learning objectives in conjunction with the CI. This communication will begin with the each student completing their Student Clinical Information Form in order for the form
to be sent to the clinical facility in a timely manner. On occasion, the CI and student may have different views of the abilities and learning needs of the student or a problem in communication.

At any point during a clinical experience or internship, students have concerns regarding the ability of the CI or clinical site to meet his/her educational needs, it is the student's responsibility to contact the ACCE.

**Procedures for Reassignment of the Student Due to Clinical Site/ Clinical Instructor**

There are occasions where a CI may meet all program requirements but still not be “clinically competent” as determined by best practice guidelines. At the mid-term interview/site visit, the ACCE will interview the student and the CI, as described. Questions regarding the quality of the clinical care being provided will be asked and will assist the ACCE in determining the level of competence exhibited by the CI. In addition, students will complete the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form at the conclusion of their clinical practice experience which will provide additional information to be used in determining the clinical competency of the CI. CIs found to demonstrate incompetence through this process will not be used in the supervision of future students.

CIs demonstrating egregious behavior, defined as behavior that endangers the welfare and safety of the student or client, at any time during a clinical experience will result in the immediate removal of a student from the clinical site with reassignment by the ACCE to another site.

If a clinical site is identified as not meeting the academic regulations established by the program, the ACCE will immediately contact (by phone or site visit the CCCE/CI) and request clarification. If the site is truly not meeting the requirements as outlined in the contract, the ACCE will notify the clinical site of this breach of contract and submit to the site a “request for corrective action” notification in writing. The ACCE will follow up with the clinical site within 2 days of this request to identify if the situation has resolved. If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the affiliation at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or clients, the student will be removed from the clinical site immediately.

If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her affiliation at another location. After removal of a student from a clinical experience, the ACCE will provide a formal letter outlining the reasons for the removal to the site’s CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another student at a site where an issue has arisen, the ACCE will verbally communicate with the CCCE prior to the affiliation to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

**GRIEVANCE POLICY**

**Overview:**

It is the practice of the University to direct formal complaints to the group best qualified to address the specific area of concern. Student or faculty complaints are directed to the grievance procedures in the student or faculty handbook; issues of ethics are directed to EthicsPoint; complaints concerning research are directed to the Institutional Review Board, complaints concerning Discrimination, Equal Employment or Harassment are directed to the Office of Student Life/Human Resources. Each of these bodies is responsible for following up on complaints.
and maintaining records of the disposition of each complaint. Student records related to formal complaints will be kept on file by the appropriate office within the University which includes the Provost’s office for student, faculty complaints or issues of ethics, the Chair of the IRB’s office for complaints related to research, and in the Human Resources office for any complaints related to discrimination, equal employment, or harassment. Any complaints made directly to the DPT Program such as complaints from clinical education sites, employers of graduates, and the public will be maintained in the student’s confidential file located in a locked cabinet in the DPT Department Chair’s office. These files will be maintained in this fashion for a period of 5 years from the time of separation of the student from the University, after which they will be purged while maintaining confidentiality.

University policies related to the handling of complaints are presented and made available to students and faculty within the Alvernia University Faculty Handbook, Alvernia University Course Catalog, Alvernia University Graduate Catalog, Alvernia University Student Handbook, and Alvernia University Employee Handbook.

Policy and Procedure for Handling Grievances Outside of the Department:

An individual or organization who experiences an unfavorable experience with any student, faculty member, or staff member of the Alvernia University Doctor of Physical Therapy Program is able to file a written grievance. This grievance should be filed within 30 days of the offending incident(s) and should be addressed to the Doctor of Physical Therapy Program Director. The written grievance and any corrective action(s) will be kept on file in a locked cabinet in the Program Director’s office for a period of 5 years, after which they will be purged while maintaining confidentiality.

Complaints should be addressed to:

Alvernia University
Physical Therapy Department Chair
400 Saint Bernardine Street
Reading, PA 19607

DPT Procedure for Handling Grievances:

The Program procedure for handling such grievances is as follows:

1. The party wishing to file a grievance should submit a detailed written explanation of the grievance to the DPT Program Director. The description of the complaint should be as detailed as possible and should include the names of all involved parties, dates of the incident(s), and any actions taken since the incident(s).

2. Upon receiving the written grievance, the Program Director will discuss the complaint directly with the complainant within 7 days from the date that the grievance was filed.

3. Based on the discussion with the complainant, the Program Director will develop a written plan to investigate and address the complainant’s concerns. This written action plan will be sent to the complainant.

4. If the complainant is satisfied with the written action plan, a letter from the Program Director acknowledging the resolution of the complaint will be filed with the complaint in the Program Director’s office and a copy will be sent to the complainant.

5. If the complainant is dissatisfied with the written action plan developed by the Program Director or if the complaint is related to the Program Director, the complainant will be encouraged to submit a written grievance to the Dean of the College of Professional Programs. The Dean will contact the complainant directly and develop a written corrective action plan, which will be filed with the complaint in the Program Director’s office and a copy will be sent to the complainant. The Dean will meet individually or jointly with all parties involved to seek resolution.

6. If the complainant remains dissatisfied with the Dean’s written action plan for resolution, the complainant is encouraged to contact the Provost of the University. A written corrective action plan for resolution will be developed by the Provost and filed with the complaint in the Program Director’s office and a copy will be sent to
the complainant. A letter outlining the final resolution of the grievance by the Provost will be filed with the complaint in the Program Director’s office and a copy will be sent to the complainant.

7. A copy of the grievance and all written corrective action plans for resolution will be kept on file in the Program Director's office for a period of up to 5 years from when the complaint was filed.

**RIGHTS, RESPONSIBILITIES, SAFETY, PRIVACY, DIGNITY OF FACULTY & STAFF**

The institutional policies and procedures that affect the rights, responsibilities, safety, privacy, and dignity of Program faculty and staff are identical to those which apply to all faculty and staff within the University and can be found in the **AU Faculty Handbook, AU Graduate Catalog, and the AU Employee Handbook**. These University policies and procedures apply to all faculty and staff within the DPT Program. These policies and procedures will be disseminated to Program faculty and staff at the time of hire in electronic form and in printed form upon request. The institutional policies related to Program faculty and staff rights and responsibilities include the following: **Non-Discrimination, Harassment, Confidentiality, Promotion and Tenure, Faculty Development, Grievance, Professional Liability Insurance, Workplace Safety.**

**RIGHTS, RESPONSIBILITIES, SAFETY, PRIVACY, DIGNITY OF STUDENTS**

The University policies and procedures that address the rights, responsibilities, safety, privacy, and dignity of DPT program students can be found under the heading “Community Standards” in the **AU Student Handbook**. More specifically, they can be found under the headings, “Students’ Personal Rights” and “Students’ Collective Rights”, “Student Code of Citizenship” and “Examples of Prohibitions that Flow from the Tenets of the Student Code of Citizenship”. All of the policies identified below will be made available to students via the catalogs which are identified below at the time of enrollment, either through the University homepage, the Program homepage, or in printed form upon request.

**Section VIII: Clinical Education Evaluation Process**

AU is dedicated to an ongoing “evaluation” process that includes continual feedback, both summative and formative feedback. Continual feedback, both positive and constructive is imperative for the ACCE to perform ongoing evaluation of the Clinical Education Curriculum in its totality.

**Student Evaluation of Clinical Experience and Clinical Instructors**

The effectiveness of clinical faculty in teaching students is generated from several sources. The primary source of feedback regarding teaching effectiveness emanates from trends in student feedback. For assessment, students will use the **AU DPT ICE Feedback Form (Appendix P)** and the **APTA PT Student Evaluation: Clinical Experience and Clinical Instruction Form**. At the midterm and final evaluation periods, clinical instructors will be rated on a Likert scale based on how the student perceived the instruction that was provided during the clinical experience. It is expected that students assign a minimum score of Agree in all categories. If the student rates the CI less than Agree in any category, the ACCE will contact the CI and student separately to investigate the origin of the student's rating. Students will also have the opportunity to provide feedback regarding the CI's teaching effectiveness during midterm visits/phone interviews which are performed by the ACCE, or designated alternate, during each of the full-time clinical experiences. In addition, it is expected that the CI receive positive feedback from students in the post clinical reflection comments on the Student Clinical Information Form as well as any self-assessments provided by clinical education sites.
The DPT Outcomes Committee will conduct interviews and surveys with all graduating DPT students, as well as, surveys of Program graduates and employers at 1 and 5 year intervals for the purpose of assessing the teaching effectiveness of clinical faculty. During these interviews, students will be given the opportunity, through both structured and unstructured interactions, to provide feedback to Program faculty regarding the clinical education program and faculty.

**Student Evaluation of the ACCE**

Students will assess ACCE Performance using the APTA ACCE Performance Assessment: Student Survey. The ACCE plays a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. Student feedback is deemed important to enhance ACCE performance and to refine AU DPT’s clinical education program.

**Student Evaluation of their Academic Preparation**

The PT Student Evaluation: Clinical Experience and Clinical Instruction includes a brief section regarding academic preparation for the clinical experience. Information indicated by each class of students on this form will be used to assess the academic preparation of students. A summary of students’ responses will be presented by the ACCE to the Curriculum Committee on an annual basis.

**ACCE Review of the Clinical Education Program**

One of the ACCE’s primary responsibilities is to ensure a varied cohort of qualified clinical education faculty who are committed to the profession, the Program, and most importantly, to the advancement of student knowledge and skill. The ACCE will engage in routine assessment of the clinical education faculty in regard to varied clinical specialization, professional advancement, and teaching effectiveness. As contracts with new facilities are pursued, the ACCE will ensure that the clinical faculty sufficiently meet the needs and objectives of the Program.

**Student Feedback**

Student feedback and outcomes will also provide data that may lead to revisions in the curricular plan. Students will have multiple opportunities to offer informal and formal feedback. Students may offer collective feedback through the Alvernia PT Student Association (PTSA). Prior to graduation, each student will participate in an exit interview where they will have the opportunity to discuss ideas and provide feedback in a one-on-one setting with faculty and will complete a DPT Student Exit Survey. Formal feedback regarding individual courses will be provided through the Alvernia University Student Feedback Evaluations for every course offered during each semester as dictated by University policy. In addition to student feedback, student performance will also serve as a gauge for determining the effectiveness of the curriculum in meeting Program goals. A variety of outcome measures, including NPTE pass rates, graduation rates, and employment rates, among others, will be used by the DPT Outcomes Committee to determine the need for curricular review and revision.
Appendices

Appendix A: APTA Model Position Description for the ACCE/DCE PT Program

This comprehensive position description was initially compiled in 1991 based on position descriptions provided by individual Academic Coordinators of Clinical Education (ACCEs) throughout the United States. This current version of the model position description was developed based upon Academic Coordinators/Directors of Clinical Education suggested revisions to the 1999 model position description. The position description represents an aggregate perspective of a broad continuum of activities and responsibilities assumed by ACCEs/DCEs in physical therapist and physical therapist assistant programs in 2002. This description is meant to serve as a resource and guide and primarily emphasizes roles and responsibilities associated with the management of the clinical education program with the understanding that additional responsibilities are expected of a faculty member related to teaching, service, and scholarship. Expected roles and responsibilities for this individual ultimately lie with the individual academic program and institution.

Minimum Requirements (no specific order)
- Graduate of an accredited physical therapist professional program or deemed equivalent non-accredited program.
- Earned post-professional master’s degree in physical therapy, education, clinical specialty, or other related fields of study.
- Licensed or eligible for licensure in the state where employed.
- Minimum of 3 years’ experience as a licensed physical therapist.
- Minimum of 3 years’ experience as a clinical teaching and/or clinical coordination experience.
- Strong communication, organization, interpersonal, problem-solving, and counseling skills.
- Current knowledge and skill in the use of information and computer technology (e.g., word processing, e-mail, database) or proven ability to learn these skills.
- Able to work with students with special needs based on the Americans with Disabilities Act (ADA).
- Knowledge of legislative, regulatory, legal, and practice issues affecting clinical education, students, and the profession of
- Able to meet faculty requirements as stated in the Evaluative Criteria for Physical Therapist Education Programs.
- Design and conduct independent and/or collaborative research in clinical education or related areas.
- Member of the American Physical Therapy Association.
- Able to initiate, administer, assess, and document clinical education programs.
- Able to work independently and coordinate work with colleagues and peers.
- Able to travel, as needed.

**Preferred Requirements**
Possess all minimum requirements, with the addition of ... (no specific order)
- Prior teaching experiences in a physical therapist academic program and/or administrative experience in clinical practice.
- Earned doctoral degree or enrolled in or desire to pursue doctoral studies.
- Knowledge of educational, management, and adult learning theory and principles.
- Active in clinical practice, especially as applicable to clinical education.
- Active in professional activities at local, state, and/or national levels.
- Earned status as an APTA Credentialed Clinical Instructor.

**ACCE/DCE Position Description**
The ACCE/DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum development. In addition, the ACCE/DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:
- Developing, monitoring, and refining the clinical education component of the curriculum,
- Facilitating quality learning experiences for students during clinical education,
- Evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,
- Educating students, clinical and academic faculty about clinical education,
- Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,
- Maximizing available resources for the clinical education program,
- Providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and
- Actively engaging core faculty clinical education planning, implementation, and assessment.

The ACCE/DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The ACCE/DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

**ACCE/DCE Position Responsibilities**
The ACCE/DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT and PTA students by performing the following activities:

I. **Communicates Between the Academic Institution and Affiliated Clinical Education Sites**

A. Communicates news, and current information (eg, curriculum, clinical education objectives, staffing changes, and site availability) among all concerned stakeholders (eg, the academic institution, clinical
education sites, clinical faculty and students) to maintain current knowledge of the educational program, the clinical education site, and health care changes affecting clinical practice and education.

B. Provides ongoing communication with clinical educators at each clinical education site to include:

- philosophy of the academic program;
- academic program curriculum and specific syllabus and learning objectives for each clinical experience and behavioral expectations that may not be addressed by learning objectives;
- policy and procedures of the academic program pertaining to clinical education;
- current materials required for accreditation;
- clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site;
- dissemination of appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA);
- collection of information about clinical education sites for use by students in their selection of or assignment to clinical education sites; provision of dates for each clinical education experience;
- academic program requests from clinical education sites regarding the number and type of available student clinical placements;
- coordinating student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences);
- clinical faculty development opportunities including educational seminars and faculty availability as a resource in their areas of expertise, and;
- maintenance and distribution of a clinical education manual.

C. Communicates and oversees communication with Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and students to monitor progress and assess student performance. Provides guidance and support as required to problem solve and discuss pertinent issues with student(s), CIs, and/or CCCEs.

D. Places, supervises, and communicates with students while on clinical experiences. Responsibilities associated with these roles include, but are not limited to:

- informing students of clinical education policies and procedures;
- supplying relevant clinical education site information to facilitate students’ selection of or assignment to clinical education sites (e.g., learning experiences, clinical site prerequisites, housing availability);
- providing a process for students to assess their performance and satisfaction;
- preparing clinical rotation assignment schedules and coordinating information dissemination to clinical education sites;
- assisting with educational planning, behavior/performance modification, remedial education, referral to student support agencies (financial aid counseling as required), and;
- arranging for periodic and or impromptu visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or CCCEs.

E. Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.

II. Clinical Education Program Planning, Implementation, and Assessment
A. Performs academic responsibilities consistent with the Commission on Accreditation in Physical Therapy Education (CAPTE), and with institutional policy.

- Coordinates and teaches clinical education courses and other related course content based on areas of content and clinical expertise.
- Directs effort and attention to teaching and learning processes used throughout the curriculum (eg, management and education theory, adult learning).
- Monitors and documents the academic performance of students to ensure that they successfully achieve the criteria for completing clinical learning experiences.
- Reviews and records student evaluations from CIs and determines the final grade for all clinical education courses in the curriculum.
• Utilizes intervention strategies with CI s, CCCEs, and students who excel or demonstrate difficulties while on clinical education experiences or require learning strategies where a disabling or learning condition is present.

• Develops remedial experiences for students, if necessary. Confers with the appropriate faculty (clinical and academic), the Program Director, Dean, Administration and other individuals (e.g., counseling staff) where applicable.

• Provides direct input into curriculum design, review, and revision processes by:
  o Collecting and organizing pertinent information from clinical education sites and students and disseminating this information to faculty during curricular review processes in a timely manner.
  o Preparing reports and/or engaging in discussions with faculty on student progress in clinical education.
  o Keeping faculty informed about the clinical education program, pertinent policies and procedures, and changes influenced by accreditation.

• Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.

• Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.

• Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (e.g., scholarship of teaching, application, integration and discovery). (Refer to CAPTE Position Paper on Scholarship Expectations [PT Criterion 2.2.4.2], December 2000)

• Functions as a faculty member in other job responsibilities as delegated by the Program Director/Chair or as required by the academic institution, Dean or other Administrator.

• Monitors the changing health care delivery system and advises the Program Director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education, and equipment needs.

• Develops and administers information and education technology systems which support clinical education and the curriculum.

• Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (e.g., Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, and APTA Education Division activities).

B. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy, and practice setting requirements.

• Administers a system for the academic program's clinical education records which include:
  o current database of clinical education sites;
  o current information on clinical education site and clinical faculty;
  o status of negotiated clinical education agreement between the academic program and clinical education site;
  o utilization of clinical education sites;
  o reports on the performance of students in clinical education, and
  o reports on clinical site/faculty performance in clinical education.

• Acts as an intermediary among the appropriate parties to:
  o facilitate the acquisition of clinical education agreements;
  o administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
- ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.

- Assists the Program Director in the development of a program budget by providing input on items related to the clinical education program and overall program budget.
- Manages fiscal allocations budgeted for clinical education.
- Develops, implements, and monitors adherence to policy and procedures for the clinical education component of the curriculum.
- Develops, administers, and monitors the academic program's evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty.
- Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

III. Clinical Site Development
A. Develops criteria and procedures for clinical site selection, utilization, and assessment (e.g., APTA Guidelines for Clinical Education).
B. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (i.e., continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.
C. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and areas needing further development or action (e.g., in service training, discontinue student placements).

IV. Clinical Faculty Development
A. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.
B. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.
C. Maintains knowledge of current trends in health care and its affect on clinical education and apprises clinical educators and faculty of any changing trends.
D. Mentors other academic faculty about their role and responsibilities related to clinical education (e.g., clinical site visits, determining readiness for the clinic).
Appendix B: APTA Guidelines: Center Coordinator of Clinical Education

GUIDELINES: CENTER COORDINATORS OF CLINICAL EDUCATION_BOD G03-06-21-55 [Amended BOD G03-04-23-57; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were first adopted by APTA’s Board of Directors in November 1992 and endorsed by APTA’s House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA’s Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines for Clinical Education were approved by APTA’s Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version 2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for A
ccreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient’s home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of “should” and “may.”

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor’s Standards for Clinical Education in Physical Therapy (1981) and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

1.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.2 To qualify as a Center Coordinator of Clinical Education (CCCE), an individual should meet the Guidelines: Center Coordinators of Clinical Education. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.2.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students.

1.2.1.1 The CCCE meets the requirements of APTA’s Guidelines for Clinical Instructors.

1.2.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable of the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist assistant or a physical therapist.
The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.

2.1.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.1.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.1.3 The CCCE serves as a representative of the clinical education site to academic programs.

2.1.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.1.5 The CCCE communicates with the Academic Coordinator of Clinical Education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6 The CCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.

2.1.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.2 The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.2.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.2.2 The CCCE recognizes the uniqueness of teaching in the clinical context.

3.3 The CCCE identifies needs and resources of CIs in the clinical education site.

3.4 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.5 The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.

3.6 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.2 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/student(s) team.

4.2.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.2.2 The CCCE serves as a resource to both CIs and students.

4.2.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATE EFFECTIVE PERFORMANCE OF EVALUATION SKILLS

5.1.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.1.2 The CCCE contributes to the clinical education site's process of personnel evaluation and development.

5.1.3 The CCCE provides feedback to CIs on their performance in relation to the
5.1.4 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.2 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.2.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS

6.2 The CCCE is responsible for the management of a comprehensive clinical education program.

6.2.1 The clinical education program includes, but is not limited to, the program's goals and objectives: the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.2.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.

6.3 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.

6.4 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.

6.4.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.5 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

6.6 The CCCE maintains current information, including clinical site information forms (e.g., CSIF), clinical education agreements, and policy and procedure manuals. The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.7 The CCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.

6.8 The CCCE demonstrates an understanding of the clinical education site's quality improvement and assessment activities.

The foundation for this document is:


Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

**Explanation of Reference Numbers:**
BODP00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the “P” indicates that it is a position (see below). For example, BODP11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
Appendix C: APTA Guidelines: Clinical Instructors

GUIDELINES: CLINICAL INSTRUCTORS_BOD G03-06-21-55 [Amended BOD G03-04-22-56; BOD 11-01-06-09; BOD 03-99-23-75; Initial BOD 11-92-43-201]

[Guideline] Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA’s publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCES). These guidelines were first adopted by APTA’s Board of Directors in November 1992 and endorsed by APTA’s House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA’s Board of Directors in 1999 and 2004. In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines for Clinical Education were approved by APTA’s Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version 2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for...
Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient’s home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of “should” and “may.”

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor’s Standards for Clinical Education in Physical Therapy (1981) and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

1.1 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.

1.2 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

1.2.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

1.3 The CI is a competent physical therapist or physical therapist assistant.

1.3.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the Guide to Physical Therapist Practice.

1.3.2 The CI uses critical thinking in the delivery of health services.

1.3.3 Rationale and evidence is provided by:

1.3.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.

1.3.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.

1.3.4 The CI demonstrates effective time-management skills.

1.3.5 The CI demonstrates the core values associated with professionalism in physical therapy.

1.4 The CI adheres to legal practice standards.

1.4.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

1.4.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.
1.4.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.
1.4.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.

1.5 The CI demonstrates ethical behavior.
1.5.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and APTA’s Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Physical Therapist Assistant, and Guide to Physical Therapist Practice.

2.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.2 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.
2.2.1 The CI defines performance expectations for students.
2.2.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.
2.2.3 The CI provides feedback to students.
2.2.4 The CI demonstrates skill in active listening.
2.2.5 The CI provides clear and concise communication.

2.3 The CI is responsible for facilitating communication.
2.3.1 The CI encourages dialogue with students.
2.3.2 The CI provides time and a place for ongoing dialogue to occur.
2.3.3 The CI initiates communication that may be difficult or confrontational. The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.2 The CI forms a collegial relationship with students.
3.2.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.
3.2.2 The CI promotes the student as a colleague to others.
3.2.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.
3.2.4 The CI is willing to share his or her strengths and weaknesses with students.

3.3 The CI is approachable by students.
3.3.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.4 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.5 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.
3.5.1 Activities for development may include, but are not limited to: continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA.
4.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.2 The CI collaborates with students to plan learning experiences.
   4.2.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with
students.
   4.2.2 Learning experiences should include both patient/client interventions and patient/client
practices and management activities.

4.3 The CI demonstrates knowledge of the student's academic curriculum, level of didactic
preparation, current level of performance, and the goals of the clinical education experience.

4.4 The CI recognizes and uses the entire clinical environment for potential learning experiences, both
planned and unplanned.

4.5 The CI integrates knowledge of various learning styles to implement strategies that accommodate
students' needs.

4.6 The CI sequences learning experiences to promote progression of the students' personal and
educational goals.
   4.6.1 The CI monitors and modifies learning experiences in a timely manner based on the
quality of the student's performance.

5.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.2 The CI supervises the student in the clinical environment by clarifying goals, objectives, and
expectations.
   5.2.1 The CI presents clear performance expectations to students at the beginning and
throughout the learning experience.
   5.2.2 Goals and objectives are mutually agreed-on by the CI and student(s).

5.3 Feedback is provided both formally and informally.
   5.3.1 To provide student feedback, the CI collects information through direct observation and
discussion with students, review of the students' patient/client documentation, available
observations made by others, and students' self-assessments.
   5.3.2 The CI provides frequent, positive, constructive, and timely feedback.
   5.3.3 The CI and students review and analyze feedback regularly and adjust the learning
experiences accordingly.

5.4 The CI performs constructive and cumulative evaluations of the students' performance.
   5.4.1 The CI and students both participate in ongoing formative evaluation.
   5.4.2 Cumulative evaluations are provided at least at midterm and at the completion of
the clinical education experience and include student self-assessments.

6.1 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

6.2 The CI articulates observations of students' knowledge, skills, and behavior as related to specific
student performance criteria.
   6.2.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the
clinical education experience.
   6.2.2 The CI recognizes and documents students' progress, identifies areas of entry-level
competence, areas of distinction, and specific areas of performance that are unsafe,
ineffective, or deficient in quality.
   6.2.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the
ACCE/DCE, when applicable, activities that continue to challenge students' performance.
   6.2.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the
CCCE and ACCE/DCE, when applicable, remedial activities to address specific
deficits in student performance.

6.3 The CI demonstrates awareness of the relationship between the academic program and clinical
education site concerning student performance evaluations, grading, remedial activities, and due
process in the case of student failure.
6.4 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.

6.5 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:


Revisions of this document are based on:


Explanation of Reference Numbers:

**BOD P00-00-00-00** stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.
Appendix D: AU DPT Program: Sample Clinical Placement Confirmation Letter

July 9, 2013

Hospital XYZ
Attention: John Doe
1234 Road
Reading, PA XXXX

Dear:

This is to inform you that student's name(s) will be serving as a Doctoral of Physical Therapy Student(s) under your supervision for a clinical course & # of hours during the Fall semester of 2015. The student(s) will contact you to discuss clinical requirements and a work schedule. Please contact me at (610) 796-5621 with any questions or concerns.

A copy of Alvernia’s Liability Insurance Certificate and a copy of the Clinical Education Manual are included with this letter. Additional information regarding name of student’s health information that is required will be mailed to you shortly.

Again, thank you for your help and cooperation in providing learning opportunities for Alvernia’s Doctoral of Physical Therapy Students. If you have any questions or concerns please do not hesitate to contact me at 610-796-5621

Sincerely,

ACCE Name

Academic Coordinator of Clinical Education
Alvernia University  DT Program
ACCE Contact Information
Appendix E: AU DPT Program: Student Clinical Information Form

Alvernia University
Doctor of Physical Therapy Program
Student Information Form

Check the clinical internship:  
**Part-time:** □ DPT 522  □ DPT 523  □ DPT 622  □ DPT 623  
**Full-time:** □ DPT 524  □ DPT 624  □ DPT 724  □ DPT 725

<table>
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<tr>
<th>Student Name</th>
<th>Phone</th>
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<td>Mailing address</td>
<td>City</td>
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<tr>
<td>Student E-mail address</td>
<td></td>
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<tr>
<td>Clinical Facility</td>
<td>Date of Clinical Internship</td>
</tr>
<tr>
<td>Clinical Address</td>
<td>City</td>
</tr>
<tr>
<td>Clinical instructor</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Physical Therapy experiences before entering physical therapy school.
**Student Instructions:** Describe any physical therapy experiences that you have had prior to beginning PT school. Please include the type of facility, activities that you performed or observed, and the approximate number of hours at each facility.

A.

B.

C.
Previous physical therapy clinical internship (DPT 522, 523, 524, 622, 623, 624, 724)

Student Instructions: Please list the facility name, type of facility and a brief description of your experiences during each of your internships

DPT 522/523: Facility Name: ________________  Facility Type: ____________________________
________________________________________________________________________________
________________________________________________________________________________

DPT 524: Facility Name: ________________  Facility Type: ____________________________
________________________________________________________________________________
________________________________________________________________________________

DPT 622/623: Facility Name: ________________  Facility Type: ____________________________
________________________________________________________________________________
________________________________________________________________________________

DPT 624: Facility Name: ________________  Facility Type: ____________________________
________________________________________________________________________________
________________________________________________________________________________

DPT 724: Facility Name: ________________  Facility Type: ____________________________
________________________________________________________________________________
________________________________________________________________________________

Student Goal/Reflection/Expectations:

Clinical Instructor Instructions: Clinical Education is a critical component of each student’s professional Physical Therapy education and is designed to prepare students for entry-level physical therapy practice. To provide a more individualized clinical education experience, knowledge of a student’s self-perceived strengths and areas of needed improvement may be useful. Please use the following information in your planning of this clinical internship.

Student instructions: Based on your prior experiences in the clinic, during class, and referring to your prior professional behavior assessments and skill check list, please answer the following questions. Create specific objectives, relevant expectations, and what you anticipate learning during this present clinical internship.

What are your expectations for this clinical experience? What do you expect from the clinic, CI, patient population, peers, workload.)
Did this clinical experience meet your expectations? Why or Why not. Reflect on the expectations you established above. Considerations may include prior to the experience, available, relevant, accurate, accessible information about the clinical. How relevant was the patient population to current course work and skills.

What specific skills would you like to learn or improve upon during this clinical internship?

Reflect on your ability to learn or improve upon the skills listed above. Specify what about the clinical experiences fostered or hindered your ability to learn or improve on each skill.

What specific areas of clinical practice (including professional behaviors and non-clinical aspects) are you most concerned about as you enter this clinical internship?

Are you still concerned about these areas? Please explain. Are there other areas you are concerned about or would like to focus on for your next internships?

What specific areas of clinical practice (including professional behaviors and non-clinical aspects) are you most comfortable with as you enter this clinical internship?
Do you feel you made an accurate assumption of your level of comfort in the specific areas listed above? Did these areas of clinical practice help to enhance (or hinder) other areas of practice?

What is your preferred learning style? Do you learn best through visualization, discussion, reading, or manually?

Describe how and when you would like to receive feedback from your CI

State or discuss anything else you would like your CI to know.

Student Signature

Date

ACCE Signature

Date
Appendix F: AU DPT Program: Example Integrated Clinical Experience Form

Alvernia University Doctor of Physical Therapy Program
Integrated Clinical Experience Form
DPT 522, Fall 2014

This instrument consists of two sections: Part I – Professional Behavioral Assessment and Part II – Clinical Skills Check List. Please follow the directions as described for each part. Once completed, please have all parties sign and date assessment. Any comments from CI, student or peer are encouraged.

PART I: Professional Behavioral Assessment.

Clinical Instructors: Please assess student behavior on each of the following criteria on a separate sheet provided. Please give one copy to student and fax/mail a copy to ACCE at the end of the clinical experience.

Students: Please assess your behaviors on each of the following criteria. Sample behaviors for the “Meets Expectation” rating are included with each criterion as examples of the program’s expectations. Comments are encouraged, as they provide valuable insight into your strengths and weaknesses.

Student Peer: Please assess your student partner’s behavior on each of the following criteria on a separate sheet provided. Please give one copy to student and fax/mail a copy to ACCE at the end of the clinical experience.

Student: 
Signature 
Date

Student Peer: 
Signature 
Date

Clinical Instructor: 
Signature 
Date

Overall comments:

______________________________

______________________________

AU DPT Program: Example Integrated Clinical Experience Form (cont.)

1. Interpersonal & Communication Skills: Communicates in ways that are congruent with situational needs.

Sample behaviors for the “Meets Expectations” rating:

- Effectively and respectfully communicates verbally and nonverbally with patients and staff (e.g. student introduces self).
- Recognizes the verbal and nonverbal characteristics that portray confidence
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons.
- Adjusts communication style based on audience (e.g. language, level of education, cognitive impairment, cultural differences).
2. **Use of Constructive Feedback**: Communicates in ways that are congruent with situational needs.

*Sample behaviors* for the “Meets Expectations” rating:
- Demonstrates active listening skills.
- Effectively seeks and responds to constructive feedback.
- Maintains two-way communication without defensiveness.

[ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

[ ] Area of Concern – if checked, please explain

Comments:

---

**AU DPT Program: Example Integrated Clinical Experience Form (cont.)**

3. **Professionalism**: Demonstrates professional behavior in all situations.

*Sample behaviors* for the “Meets Expectations” rating:
- Projects professional image.
- Demonstrates cultural/generational awareness, ethical values, respect and regard for peers, clinical staff, patients and other healthcare providers.
- Abides by all aspects of Alvernia University’s honor code and APTA Code of Ethics.

[ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

[ ] Area of Concern – if checked, please explain

Comments:

---

4. **Responsibility**: Demonstrates professional behavior in all situations.

*Sample behaviors* for the “Meets Expectations” rating:
- Demonstrates punctuality, assumes responsibility for actions and follows through on commitments.
- Effectively uses time and resources.
- Adheres to legal and ethical standards.
- Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
AU DPT Program: Example Integrated Clinical Experience Form (cont.)

5. **Stress Management:** Performs a patient examination and intervention with assistance.

   *Sample behaviors* for the "Meets Expectations" rating:
   - Maintains professional demeanor in all situations.
   - Recognizes own stressors.
   - Recognizes distress or problems in others

   [ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

   [ ] Area of Concern – if checked, please explain

   **Comments:**

6. **Problem Solving:** Applies current knowledge, theory, clinical judgment, and the patient’s values and perspectives in patient management.

   *Sample behaviors* for the "Meets Expectations" rating:
   - Synthesizes examination data to determine simple physical therapy diagnosis and prognosis, with guidance.
   - Utilizes information from multiple data sources to make clinical decisions (e.g. patient, clinical instructor, evidence, didactic coursework).
   - Presents a logical rationale for clinical decisions.

   [ ] Needs Improvement  [ ] Meets Expectations  [ ] Exceeds Expectations

   [ ] Area of Concern – if checked, please explain

   **Comments:**
7. **Safety:** Practices in a safe manner that minimizes risk to patient, self and others.

Sample behaviors for the “Meets Expectations” rating:
- Recognizes and responds to potential or real risks presented by patients.
- Practices in a safe manner that minimizes risk to patient, self, and others.
- Requests assistance when necessary.

Needs Improvement  Meets Expectations  Exceeds Expectations

☐ Area of Concern – if checked, please explain

Comments:

**Part II – Clinical Skills Check List**

**Clinical Instructions:** Indicate the date the skill was performed and if the student preformed satisfactory (safe and accurate) or unsatisfactory (unsafe or inaccurate). If the student performs unsatisfactory, it is the student’s responsibility to create a remediation plan and inform the CCCE, CI and ACCE in writing.

**AU DPT Program: Example Integrated Clinical Experience Form (cont.)**

**Students:** Have your CI observe you perform the following skills on a patient. It is your responsibility to identify opportunities to perform skill check off. If there is not an opportunity to perform a particular skill on a patient, perform the skill on a peer while being observed by our CI. Return Skills Check Off sheet to CI at the end of your clinical experience signed by yourself and CI indicating completion and authenticity of work.

**AU DPT Program: Example Integrated Clinical Experience Form (cont.)**

Skill Check List: KEY  S = Satisfactory Performance  U = Unsatisfactory Performance

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<td>Assitive Devices for Gait – assess/teach on level surfaces</td>
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**Wheelchairs – assess proper fit**

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**Wheelchairs – assess/train on level surfaces**

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**Wheelchairs – assess and train on uneven surfaces/curbs**

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Appendix G: AU DPT Program: Sample Clinical Education Contract

ALVERNIA UNIVERSITY  
READING PENNSYLVANIA  
DOCTORATE OF PHYSICAL THERAPY PROGRAM  
CONTRACTUAL AGREEMENT

Through mutual agreement, ____________________________ will participate in the fieldwork education for physical therapy students from Alvernia University effective ____________

It is agreed that both ALVERNIA UNIVERSITY and the FACILITY will be compliant with the laws and regulations governing the practice of physical therapy.

It is agreed that Fieldwork Education should provide learning experiences that give the student opportunities to prepare for physical therapy practice.

It is agreed that the ALVERNIA UNIVERSITY Doctorate of Physical Therapy Program will:

a. Prepare the student for fieldwork education;
b. Remove the student at the request of the FACILITY for evidenced misdemeanor, unethical conduct, or unbecoming personal conduct;
c. Provide the services of an academic fieldwork coordinator who shall act as liaison between ALVERNIA UNIVERSITY and the FACILITY. The academic coordinator will schedule appropriate visits, consultation conferences, and be available by telephone or letter as needed;
d. Assure that the student provides the FACILITY with required personal and academic information, and;
e. Assure that the student has liability insurance as required by the FACILITY;
f. Assure that the student submitted proof of ownership of health/accident insurance coverage and certification in Cardiac Pulmonary Resuscitation (CPR) and First Aid, Criminal Record Check (ACT 151) and Pennsylvania Child Abuse History Clearance (ACT 34). Records of these will be kept by ALVERNIA UNIVERSITY and are available by written request;
g. Assure that students with health or physical conditions obtain a physicians statement that the condition will not be aggravated by or endanger clients/patients. Reasonable accommodations may be requested of the FACILITY according to ADA regulations;
h. Assure that the student will have been informed of ALVERNIA UNIVERSITY policies concerning: Non-discrimination, Sexual Harassment, Drug Free Policy, Waiver Forms, and Student Grievance Policy.

It is agreed that the FACILITY will:

a. Provide for the supervision of the student by licensed and qualified physical therapy personnel;
b. Plan and implement appropriate learning experiences aimed at the achievement of the objectives of fieldwork education;
c. Inform the student of policies and procedures that govern the workplace at the start of the Fieldwork;
d. Evaluate the student’s performance on forms provided by ALVERNIA UNIVERSITY and return the forms to the Academic Fieldwork Coordinator upon completion of the fieldwork education;
e. Notify the Academic Fieldwork Coordinator upon completion of the fieldwork education;
f. Take any necessary action to ensure the safety and maintain the FACILITY’s operation;
g. Provide the student access to emergency medical care at the student’s expense; and
h. Comply with all federal, state, and local nondiscrimination laws in its fieldwork education program.

It is agreed that the UNIVERSITY will take reasonable steps to insure that the student will:

a. Provide the FACILITY with health records and meet criteria for allied health personnel at the FACILITY;
b. Provide evidence of T.B. tests and/or vaccinations as required by the FACILITY;
c. Provide evidence of current certification in CPR and first aid as required by the FACILITY;
d. Provide evidence of liability and health insurance as required by the FACILITY;
e. Be responsible for meals and lodging not provided by the FACILITY;
f. Adhere to the working hours scheduled and will follow the FACILITY’s policy for time off from assigned duties;
g. Maintain the confidentiality of patient information as described in FACILITY policies;
h. Abide by the rules, regulations, policies and procedures of the FACILITY during the scheduled fieldwork education;
i. Refrain from using illicit drugs or alcohol during scheduled fieldwork education; and
j. Abide by the APTA Code of Ethics for Physical Therapists.

ALVERNIA UNIVERSITY hereby agrees to hold the FACILITY harmless from any claims, liabilities, suits, or loss sustained by the FACILITY as a result of any damage to the property of, injury to death of any patient, representative, visitor, or employee of the FACILITY which results or is caused by the negligence, error or omission of any ALVERNIA UNIVERSITY faculty member, employee, representative or student. ALVERNIA UNIVERSITY also agrees to indemnify the FACILITY for liability the FACILITY might incur arising from the death, injury to the person or damage to the property of faculty members, students, representative, or employees of ALVERNIA UNIVERSITY caused by the negligence of the University, its faculty members, students, employees or representatives.

The FACILITY agrees to hold ALVERNIA UNIVERSITY harmless from any claim, liability, suit, or loss, including counsel fees and costs sustained by ALVERNIA UNIVERSITY as a result of the death, injury, or damage to the property of patients of the FACILITY which results from or is caused by the negligence, error or omission of the FACILITY or its employees or representatives. The FACILITY also agrees to indemnify ALVERNIA UNIVERSITY for any liability the FACILITY might incur arising from injury to FACILITY employees or agents, caused by the negligence of the FACILITY, its agents, or employees.
Both parties shall comply with all applicable privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA).

This agreement shall terminate upon 60 days written notice by either party. Cause shall be defined as a failure on the part of either party to comply with the requirements of this agreement. This contract will automatically renew annually unless cancelled in writing by either party, and will be reviewed at least every five years by both parties.

**Indemnification**

Alvernia shall defend, indemnify and hold Contractor, jointly and severally, harmless from any and all liability, obligation, claim, cost, expense, or loss whatsoever, including reasonable attorneys’ fees, arising directly from any negligent act or omission of the University, its employees, agents, officers, or directors in connection with this Agreement. Such indemnification shall not be effective or enforceable or relieve Contractor from any liability arising out of the negligence or misconduct of Contractor, or its respective agents, servants, officers, directors, or employees.

Contractor shall defend, indemnify and hold Alvernia, jointly and severally, harmless from any and all liability, obligation, claim, cost, expense, or loss whatsoever, including reasonable attorneys’ fees, arising directly from any negligent act or omission of the Contractor, its employees, agents, officers, or directors in connection with this Agreement. Such indemnification shall not be effective or enforceable or relieve Alvernia from any liability arising out of the negligence or misconduct of Alvernia, or its respective agents, servants, officers, directors, or employees.

Any notice to be provided under the terms of this agreement shall be sent by registered mail to:

**FOR ALVERNIA UNIVERSITY**  
Alvernia University  
400 St. Bernardine Street  
Reading, PA 19607

**FOR THE FACILITY**

This agreement shall be constructed in accordance with the laws of the Commonwealth of Pennsylvania.

In witness whereof, the parties have caused this Agreement to be executed by their duly authorized officers, as of the day and year first written.

**Alvernia University**

_________________________________________  __________________________
Karen S. Thacker, Ph.D., RN  
Dean, College of Professional Programs  
Karen.Thacker@alvernia.edu  
610-796-8306

**Facility**
Appendix H: Authorization to Release Medical Information Form

ALVERnia UNIVERSITY HEALTH AND WELLNeSS CENTER  
Physical therapy STUDent health information

All full-time Alvernia University students are required to submit a completed health record including immunization and physical evaluation to the Health and Wellness Center. (Alvernia University Student Handbook). All full-time and part-time Physical Therapy students are expected to comply with this requirement.

Health records maintained by the Health and Wellness Center are confidential and will be released only with written permission. Physical Therapy students are responsible for completing the “Authorization to Release Medical Information” (below) and submitting it to the Health & Wellness Center (located in Veronica Hall) in order that information requested by fieldwork sites can be made available to them. Students are responsible for maintaining communication with the Director of Health & Wellness and for assuring that current information is on file in the Health & Wellness Center.

Students and fieldwork educators may request information from:

Claire Murphy, MD                                      Phone: 610-568-1467
Director of Health Services                          FAX: 610-796-8422
Alvernia University                                       
400 St. Bernardine Street                           
Reading, PA 19607-1799

__________________________________  __________________
Signature                            Date

____________________________________________________
Print Name

__________________________________  __________________
Signature                            Date

____________________________________________________
Student Signature

____________________________________________________
Student ID number
Appendix I: FERPA

FERPA Rights and Policy Notice

The Family Educational Rights and Privacy Act (FERPA) is a Federal law which was enacted in order to protect students' education records at all schools that receive funds under a program of the U. S. Department of Education. This document provides a summary of this law.

Rights of the Student or Parent
FERPA gives a student's parents certain rights over the student's education records until the student reaches the age of 18 or attends a school beyond the high school level. At that time, the rights are transferred from the parents to the eligible student. These rights enable the eligible student or parents to:

- Inspect and review the student's education records maintained by the school. If the student and parents are unable to review the records at the school, they can request copies from the school (and may be charged a fee for them).
- Request that a school correct the student's records if they believe they are incorrect or misleading. If the school chooses not to update the student's records, the student or parent has a right to a formal hearing. If, after the hearing, the school still decides not to modify the student's records, the parent or student can include a statement in the records which contests the information.

When a School Does Not Need Written Consent
Generally, a school must have written permission from the parent or student before releasing any information from the student's records. Schools can, however, disclose the student's records without the student's or parent's consent to any of the following parties or under any of the following conditions:

- School officials with legitimate educational interest
- Other schools to which the student is transferring
- Specified officials for audit or evaluation
- Appropriate parties in connection with the student's financial aid
- Organizations which are conducting studies for, or on behalf of, the school
- Accrediting organizations
- In order to comply with a judicial order or a lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law

Disclosure of Directory Information
Schools do not need consent to disclose "directory" information, such as the student's name, address, telephone number, date of birth, place of birth, honors and awards, and dates of attendance. Schools must, however, tell parents and the student about the directory information and give them a reasonable amount of time to request that the directory information not be disclosed.

Annual Notification of Rights
Each year, schools are required to notify the student and parents of their rights under FERPA. This notification may come in the form of a letter, a note in a PTA bulletin or the student handbook, or a newspaper article.

For More Information

If you need additional information about FERPA, call 202-260-3887. Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.
Appendix J: Harassment Policy

HARASSMENT POLICY

ACADEMIC FIELD EXPERIENCES

A. BACKGROUND

It is the responsibility of each person on campus to respect the personal dignity of others. Alvernia has always encouraged its students, faculty and staff to celebrate in the diversity of the University and to immediately confront any expressions of harassment within the community based on differences in sex, race, religion, disability or ethnic background. Your Academic Field Experience will be taking you outside of the Alvernia Campus Community. The Agency in which you will serve has been carefully screened by the University and the Sponsoring Agency has affirmed its complete agreement with the policy of showing no tolerance for any form of harassment. The Sponsoring Agency has agreed to hold all members of its institutional community to the same high standards of respect and dignity essential to the mission of Alvernia.

B. DEFINITIONS

Sexual Harassment is one example of forbidden harassment and has been defined by the University as unwanted sexual attention, intimidation or advances that are made:

a. Either explicitly or implicitly as a term or condition of academic or employment status or advancement;

b. As a basis for academic or employment decisions;

c. Which unreasonably interfere with an individual's work or academic performance; and/or

d. Which create an intimidating, hostile or offensive work or academic environment.

C. RESOURCES

Alvernia does wish to make known to all of the participants in Academic Field Experiences that there are available resources and procedures for resolving any instances of harassment, including sexual harassment, which might be confronted by program participants within the Alvernia Community, or while in the institutional community of the Sponsoring Agency.

1. Information, Counseling and Support

If you, as a participant in an Academic Field Experience, believe that you may have been the victim of harassing conduct, and you wish to seek information and/or counseling about the incident or incidences giving rise to this concern, you should immediately contact either:

a. The Faculty Supervisor of the Program;
b. The Department Chair; or

c. The Division Dean, and request a confidential counseling session. In order that any incident may be immediately addressed, you should make this contact within ten (10) days of the occurrence.

If your concerns can be addressed at this first counseling session, and neither you nor your counselor feel that the incident rises to the level of harassment, the matter may be concluded without further action. If, however, after the counseling, you wish to proceed with a formal Complaint regarding the perceived harassment, you may take advantage of the formal Complaint procedure.

2. Formal Complaint Procedure

Any participant in an Academic Field Experience who feels he or she has been the subject of harassment of any kind may, after participating in the initial counseling session, file a Complaint in writing setting forth the material facts of the incident. To facilitate the contemporaneous investigation of the incident, the written Complaint should be filed within ten (10) days of the informal counseling session. The written Complaint should be directed to and addressed to the Vice President of Academic Affairs.

Upon receipt of the written Complaint, the Vice President of Academic Affairs will initiate an investigation concerning the Complaint. The investigation will include the contacting of the Sponsoring Agency, as well as others identified as being witnesses or having first-hand knowledge of the alleged behavior or incident.

Following an investigation and a completion of appropriate corrective measures, if warranted, the University will so advise the person filing the formal Complaint.