

Regis University
School of Physical Therapy
Doctor of Physical Therapy

Clinical Education Manual



School of Physical Therapy Clinical Education Manual Class 2012

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The School of Physical Therapy at Regis University received initial full accreditation from the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA) on October 31, 1996, and was re-accredited in April 2001.

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Introduction

This Clinical Education Manual has been developed to serve as a guide for Regis University School of Physical Therapy students and the Clinical Faculty who affiliate with the Regis University School of Physical Therapy (i.e.: Center Coordinators of Clinical Education and Clinical Instructors). We have written this manual to provide clear guidelines regarding clinical rotation dates and descriptions as well as the policies and procedures that guide the clinical education program at Regis. We hope this manual will be helpful in facilitating communication and uniting the efforts of the clinical facility, the student and the School of Physical Therapy to create a superior clinical experience that is educational and rewarding for all individuals involved.

History of Regis University

In 1540, Ignatius Loyola founded the Society of Jesus, a community of companions and scholars known as the Jesuits, resolved to serve their fellow men. The guiding principle of the Society was that its members would meet the needs of their age and form leaders who would carry forth into their personal and professional lives a mission of service to others. For over four centuries, the Jesuits have been committed to a tradition of academic excellence, value-centered education, and service to the community.

In 1877, a group of Jesuit missionaries from Naples, Italy carried the Jesuit tradition to America when they carved out a college, named Las Vegas College, on the edge of the New Mexico desert. In 1884, the college was moved to Morrison, Colorado and renamed College of the Sacred Heart. Four years later, the Morrison site proved too remote and the college was again moved to its present location in northwest Denver, where eventually it was named Regis College.

As one of 28 Jesuit colleges and universities nationwide, Regis exemplifies the special qualities which an independent Jesuit educational institution can bring to the society it serves. Regis' mission is to provide high quality, value-centered education and community service. It is inspired by the Jesuit tradition that challenges the University to seek excellence in the continuing tasks of higher education; to nurture the life of the mind and the pursuit of truth; to provide an environment suited to effective teaching and learning; to apply knowledge to human needs and problems in accord with the highest Judeo-Christian principles; and to conserve the best of human heritage, combining it with the search for better values, greater truth, and a more just existence.

The Regis University mission challenges faculty, students, and graduates to answer the fundamental question: "How ought we to live?" It is a vision that encourages students' abilities to learn efficiently and well, to think logically and critically, to define personal standards of values and social responsibility, and to develop the skills and leadership abilities necessary for distinguished professional performance and significant contributions to society.

On July 1, 1991 the Board of Trustees changed the name Regis College to Regis University to acknowledge the tremendous growth in new educational offerings as well as the addition of new campus sites. The transition to a university occurred in a way that honored and maintained the 113-year tradition of small classes and individual attention that had characterized Regis.

The Mission of the University

Regis University educates men and women of all ages to take leadership roles and to make a positive impact in a changing society. Standing within the Catholic and United States traditions, we are inspired by the particular Jesuit vision of Ignatius Loyola. This vision challenges us to attain the inner freedom to make intelligent choices.

We seek to provide value-centered undergraduate and graduate education, as well as to strengthen commitment to community service. We nurture the life of the mind and the pursuit of truth within an environment conducive to effective teaching, learning, and personal development.

Consistent with Judeo-Christian principles, we apply knowledge to human needs and seek to preserve the best of the human heritage. We encourage the continual search for truth, values, and a just experience. Throughout this process, we examine and attempt to answer the question: “How ought we to live?”

As a consequence of Ignatius Loyola’s vision, particularly as reflected in his *Spiritual Exercises*, we encourage all members of the Regis community to learn proficiently, think logically and critically, identify and choose personal standards of values, and be socially responsible. We further encourage the development of skills and leadership abilities necessary for distinguished professional work and contributions to the improvement and transformation of society.

Regis University Graduate Education Philosophy Statement

Graduate degree programs at Regis University emanate from and embody the University mission of educating men and women to take leadership roles and to make a positive impact in a changing society. These programs provide a rigorous, focused, value-centered professional education rooted in the Jesuit Catholic tradition.

Graduate education at Regis is learner-centered. The learner is a full partner with faculty in an educational experience that emphasizes academic excellence, active participation in the educational process, the practical application of theory, ethical processes and decisions, and a commitment to lifelong learning.

Regis University’s graduate programs infuse the Jesuit ethos into professional education. In developing the whole person and fostering professional competence, Regis graduate programs emphasize the Jesuit tradition of:

- Openness - a respect for others and their perspectives;
- Optimism - a reflection of the goodness in all, of human dignity, and of life in its fullest sense; and
- Other-centeredness - a conscious move beyond self to an appreciation of the interconnectedness of human beings and their actions.

Regis University graduate programs also emphasize:

Academic Excellence – Regis University graduate programs are committed to academic excellence: the disciplined search for knowledge and the joy of discovery and understanding. Regis expects each graduate student to achieve mastery in a discipline, including the ability to integrate and extend knowledge to contexts outside the classroom and to effectively translate theory into practice. Graduate learners are also encouraged to be active partners with faculty in the collaborative process of learning and discovery and become lifelong learners.

Leadership – Regis University graduate programs develop leaders in the service of others. In this context, leaders are communicators with vision who analyze problems, find

and implement solutions, and structure and facilitate processes to make a positive impact on society.

Ethics – Ethical decision making is a fundamental component of Regis University graduate programs. Ethics in Regis graduate education guides individuals to make a conscious effort to apply ethical principles to decisions; to integrate and broaden the considerations surrounding the decisions; and to examine carefully the consequences and implications beyond personal and organizational self-interests. Ultimately, a goal of Regis graduate education is to foster ethical behavior.

Social Justice – Graduate programs at Regis University strive to nurture a life of service for the common good, to cultivate respect for human diversity, and to strengthen a special concern for the poor, the marginalized, and the oppressed. By emphasizing a concern for social justice, Regis University graduate programs reinforce an individual's commitment to be an active and productive member in society and to work for structural change to protect the disenfranchised.

Global Awareness – Regis University graduate programs are committed to preparing learners to live, work, and lead in an increasingly diverse society. In particular, graduate programs strive to create an environment that values the uniqueness of the individual and instills a passion for justice in all people.

Rueckert-Hartman College for Health Professions

Within the Jesuit, Catholic tradition of Regis University, the Rueckert-Hartman College for Health Professions embraces the following vision, mission, values and goals.

Vision

The College vision is to be nationally recognized for delivering innovative programs that prepare socially responsible, capable leaders for the advancement of health care.

Mission

The College mission is to educate men and women as leaders committed to excellence within the health care professions.

Values

Rueckert-Hartman College for Health Professions hold the following core values:

- Integrity – Honesty, fairness, respect for individual worth
- Quality – Excellence, ability, reputation
- Initiative – Purpose, innovation, life-long learning
- Commitment – Justice, engagement, community
- Service – Spirituality, compassion, caring
- Leadership – Inspiration, collaboration, accomplishment

Goals

Goals of the Rueckert-Hartman College for Health Professions are to:

- Prepare professionals able to practice effectively in the changing health care environment
- Encourage exploration of ethical issues, spiritual dimensions, and cultural differences.
- Provide educational opportunities that facilitate learning, critical thinking, and effective communication
- Promote a student-centered learning environment that respects the unique needs of the individual
- Cultivate the development of leadership skills in service of others
- Collaborate with the broader community to meet current and anticipated health care needs
- Foster respect for human diversity

School of Physical Therapy Mission Statement

The School of Physical Therapy at Regis University is dedicated to providing value-centered education within the Jesuit Catholic tradition. The professional education experience is extensive in depth and breadth and supports current best practice in varied settings. The program is designed to prepare graduates as leaders in the profession of physical therapy who bridge theory and practice in a dynamic health care environment. Special attention is placed on developing an appreciation of the uniqueness of the individual and recognition of how this uniqueness influences health and wellness of diverse populations. Emphasis is placed on developing advocates for the public welfare and the common good by changing individual self-centeredness and other existing conditions that compromise a sense of community in our society. In this process, graduates are challenged to integrate Jesuit values with future personal and professional pursuits. Graduates practice independently, ethically, and legally as primary care providers. As professionals, physical therapy graduates are decision-makers and critical thinkers who have a clear understanding of the value of being lifelong learners and contributors to the body of knowledge of physical therapy.

School of Physical Therapy Philosophy

The faculty of the School of Physical Therapy at Regis University believe that the physical therapy profession integrates knowledge from the sciences and humanities to develop, enhance, maintain, and restore movement function and prevent dysfunction. Key components in the initial study of physical therapy education include: 1) a thorough grounding in the sciences fundamental to physical therapy; 2) an appreciation of the means through which both theory and application are developed; 3) an ability to apply theoretical concepts in practical situations; 4) a development of the roles and responsibilities of the professional; 5) an understanding of the diversity of individuals in terms of development, cultural background, and present health care needs; 6) a responsibility to contribute to the common good and to the service of others.

A physical therapist is an applied scientist who manages patient care, advances knowledge within the profession, prepares future professionals, and interacts collegially with other health care providers. As an autonomous health care provider, the physical therapist acts as a primary entry point into the health care system for purposes of evaluation, diagnosis, intervention, referral, and development of physical therapy services. The physical therapist takes into consideration diversity of all members of society when planning service provision. The right of individuals, or their legal representatives, to participate to the full extent of their abilities in making health care decisions is upheld. The physical therapist has the responsibility to provide information to clients to facilitate their participation in health care planning.

As a professional, the physical therapist has an obligation to use unique skills and knowledge for the purpose that serves the community at large. The physical therapist has the responsibility to assess the profession critically, to challenge theories and concepts underlying physical therapy practice patterns, and to examine consequences of decisions and actions. Other responsibilities include fundamental fairness in all transactions, informing other health care practitioners and the public of the availability and potential value of physical therapy practice and providing learning opportunities for future members of the profession.

The professional learning environment incorporates 1) the student as a future professional; 2) human resources, particularly educators, health care clients, and other students; 3) environments in which the student applies professional skills and behaviors; 4) material resources such as space, equipment, and sources of information; and 5) the organizational structure through which all components interact. An optimal environment is one in which each of the components has identifiable characteristics but functions collaboratively.

All participants in the learning environment support the mission and values of the University, Rueckert-Hartman College for Health Professions, School and the profession of physical therapy. The goal of the School of Physical Therapy is to admit and develop students who are:

- Resourceful
- Sensitive to diversity
- Representative of the populations served
- Accepting of intellectual differences
- Intellectually curious
- Effective interpersonal communicators
- Challenged by ambiguity
- Willing to clarify impact of personal values
- Responsible for learning based on self direction
- Able to use self-assessment in the learning process

Physical therapy educators include all personnel who are directly involved in facilitating learning in academic, service, and other settings. As learners, educators must demonstrate the same characteristics as students. In addition, educators model or exemplify professional behavior and facilitate the development of these attributes in students. For these reasons, educators are involved in activities that support and facilitate teaching effectiveness, scholarship, clinical practice, and service.

Clients and patients participate in the learning environment through their willingness to allow their health care problems and needs to become an opportunity for learning. Students and educators respect the voluntary aspect of their involvement. As a whole, these individuals represent a sample of the range of health care needs and expectations that are addressed by the physical therapist.

Material resources are necessary to permit exploration and testing of theories and concepts, and their applications are readily accessible to learners, educators, and clients. Resources represent the range of technology available to and used by the physical therapist and clients.

The organizational structure supports and enhances the attributes and contributions of students and educators. The structure places emphasis on the development of rational judgment capabilities, the transition from knowledge to application, the performance of professional skills coupled with supervisory capability for technical skills, and an ability to generalize knowledge and skills from specific experiences to a variety of situations. Courses serve not only as separate fields of study, but also as mechanisms for integrating information throughout the curriculum. The organizational structure also supports independent learning through the use of:

- Concept unifying problems
- Student-directed learning facilitated by faculty
- Development of individual plans for learning
- Multiple alternatives for the acquisition and demonstration of competence

The graduate is a physical therapist prepared to practice in primary care, communicate with a variety of audiences, and contribute to the advancement of the profession. The graduate will be prepared to serve as a leader while collaborating in a dynamic health care environment. The graduate will be expected to be a lifelong learner committed to community service and an advocate for the public welfare.

School of Physical Therapy Goals

The School of Physical Therapy goals, as derived from this philosophy, are to:

1. Provide an educational environment in which fundamental principles that are fundamental to Jesuit tradition are integrated with ethical professional practice.
2. Admit and develop students who are willing to clarify the impact of their personal values and be supporters of the mission and objectives of the University, the RHCHP, and the School of Physical Therapy.
3. Attract and support educators who model professional behavior, excel in teaching, contribute to their profession, and support students in their reflection of “how ought we to live”.
4. Prepare graduates who achieve the educational outcomes of the Program.
5. Develop graduates with the knowledge, skills, and attitudes to act creatively in a constantly changing health care environment.
6. Develop leaders who assume multiple roles that have positive impact on society and the profession.
7. Promote graduates who are committed to a life of service that contributes to the common good.
8. Inspire life-long learners who integrate experience and knowledge in their appreciation of the individual within diverse cultures and societies.

School of Physical Therapy Educational Outcomes

Educational Outcomes

The graduate of the School of Physical Therapy will be able to:

1. Practice physical therapy independently, legally, and ethically in accordance with the standards of the American Physical Therapy Association “Code of Ethics, Guide to Professional Conduct” and “Standards of Practice for Physical Therapy”.
2. Establish a diagnosis, prognosis, and physical therapy intervention scheme integrating critical thinking and evidence-based practice with professional judgment for a diverse patient population.
3. Engage in autonomous practice that promotes health, wellness, and restoration of function while serving as a primary care provider, consultant, and collaborative team member.
4. Communicate professional concepts to diverse audiences using oral, written, and non-verbal strategies.
5. Educate consumers, health care providers, and future physical therapists about physical therapy practice.
6. Delegate selective components of physical therapy practice to technical assistants.
7. Participate in scholarly activities incorporating contemporary technology for the advancement of the profession and the welfare of society.
8. Serve as leaders who assume multiple roles that have a positive impact on society and the profession.
9. Incorporate the essentials of business management in the delivery of physical therapy services (personnel, fiscal, marketing, organizational structure, technological support, and risk management).

10. Commit to a life of learning, service, and the promotion of social justice.

Structure

The curriculum is structured to provide both access to information and the opportunity to engage in and develop skills in cognitive, psychomotor, and affective domains. The central concept of the curriculum is movement theory. Movement theory is presented through a systems approach as it is expressed across the life span and the diverse health care needs of individuals. The curriculum provides a strong foundation in the sciences supporting physical therapy intervention and the rationales linking theory and application to clinical practice.

The study of structured problems and issues in small group tutorial sessions throughout the curriculum enhances integration of information from current and previous courses. Integration is further supported through the use of unified sets of course objectives which express common concepts in related courses. Objective sets have been developed for courses in the following areas:

- Foundation Sciences
- Applied Sciences
- PT Management
- Professional Issues
- Research Series
- Clinical Education

The objective sets are written to address content, level of expected competence in relation to the content, and the environment in which the expected competence will be demonstrated. See the “Course Listing Categorized by Set Objectives Focus” table that follows.

Achievement of objectives are evaluated using a variety of methods throughout the curriculum, culminating with a comprehensive examination.

School of Physical Therapy
Course Listing Categorized by Set Objective Focus

Foundation Sciences	Applied Sciences	Physical Therapy Management
DPT 701 Human Anatomy/Histology	DPT 708 Management Applications of Physiology: MAP I	DPT 733 Musculoskeletal Management I
DPT 703 Biomechanics	DPT 710 Pharmacology	DPT 734 Musculoskeletal Management II
DPT 704 Neuroscience	DPT 712 Diagnostic Imaging and Procedures	DPT 735 Musculoskeletal Management III
DPT 705 Kinesiology I	DPT 715 Health Care Policy	DPT 736 Neurological Management I
DPT 706 Movement Science	DPT 730 PT Examination	DPT 737 Neurological Management II
DPT 707 Kinesiology II	DPT 731 Differential Diagnosis	DPT 732 Management Applications of Physiology: MAP II
HCE 709 Health Care Ethics for Physical Therapists	DPT 739 Exercise Application	DPT 738 Management Applications of Physiology: MAP III
DPT 716 Business Management		
DPT 776 Critical Inquiry		

Professional Issues	Research Series	Clinical Education
DPT 714 Psychosocial Aspects of Health Care	DPT 790 EBP I	DPT 750 Clinical Education I
DPT 770 Professional Issues/Case Management I	DPT 791 EBP II	DPT 751 Clinical Education II
DPT 771 Professional Issues/Case Management II	DPT 792 EBP III	DPT 752 Clinical Education III
DPT 772 Professional Issues/Case Management III	DPT 793 EBP IV	DPT 753 Clinical Education IV
DPT 773 Professional Issues/Case Management IV		
DPT 774 Professional Issues/Case Management V		
DPT 775 Professional Issues/Case Management VI		
DPT 798 Comprehensive Exam		
DPT 799 PT Capstone		

In addition to integration through set objectives, several longitudinal threads exist throughout the curriculum. These threads are:

- Critical Inquiry
- Writing Across the Curriculum
- Teaching/Learning
- Mission and Service Learning

The purpose of the critical inquiry thread is to develop graduates who have knowledge and skills in the scientific inquiry process to effectively incorporate these critical skills in daily clinical decisions at both the individual and group level upon graduation. Early in the curriculum, assignments are devoted to understanding the scientific research literature. As an understanding of the scientific method is developed, assignments begin to focus on critiquing literature and assessing the level of the evidence for clinical care decisions. Later in the curriculum, students actively gather and record observations of clinical tests and measures that allow them to analyze and synthesize data. Continued integration of data through clinical investigations and experiences allows each student to generate a question that addresses outcomes related to a specific area of clinical practice. The final question and its associated data gathering and analysis culminate in the submission of a concise focused paper and a public oral presentation. The outcome of this thread is to produce graduates who can use technology to gather information, evaluate critical clinical questions, critically analyze reports of research, articulate ethical and legal constraints for research, participate in planning and conducting a clinical investigation and/or clinical practice monitoring program, apply descriptive and inferential statistical methods for data analysis and disseminate the results of clinically applicable investigations. By linking the care individuals receive to the outcomes they experience, students develop as reflective evidence based clinicians. This thread ultimately prepares students to integrate the application of evidence into daily clinical practice decisions.

The purpose of the writing across the curriculum thread is to develop graduates who have writing skills to effectively fulfill professional communication needs. To meet this challenge, graduates of the program must be able to share their knowledge in writing to communicate with a wide variety of audiences including patients, the general public, physical therapists, other health care professionals, reimbursement agents, and researchers. In achieving this communication outcome, the graduate student will demonstrate competence in writing skills in a developmental sequence which progresses throughout the curriculum. The sequence will progress through the following types of writing: Personal, Expository, Argumentative, and Research. The first writing thread assignment is a personal essay completed in semester 1. This initial assignment promotes expression of the student's own ideas about personal experiences. In semester 2, writing and critical thinking development will be evaluated in a laboratory write-up. The student will express their understanding of new information and describe its applicability to physical therapy content. This

expository writing skill will be further developed in semester III as the student critiques a book's organization and clarity. Beginning argumentative writing skills will be facilitated in semester IV. Students develop a convincing logical strategy for a physical therapy intervention through a clinical note using professional language typical of the physical therapy discipline. Argumentative writing skills are further developed in semester VI through an advocacy paper assignment. Successful development of writing skills is illustrated by evidence of written communication while on clinical rotations and the overall written presentation of a portfolio capstone project.

The purpose of the teaching/learning thread is to develop graduates who can effectively communicate with a wide variety of audiences using a format that is congruent with the situational needs. Early in the curriculum, students have the opportunity to identify and compare different teaching and learning styles and practice various methods of oral communication. Continuing throughout the curriculum, the students participate in a number of group and individual interactions that support and develop information delivery. For example, students present instructional segments in academic and clinical settings, and orally present case reports. The outcome of this thread is to produce graduates who use a variety of educational strategies, identify and prioritize educational needs of an audience, recognize the limits of an educator, and engage in self-directed learning activities.

The purpose of the mission and service thread is to cultivate an understanding of personal and professional responsibilities that embody the School of Physical Therapy Mission and the Regis University Mission which flow from the Jesuit Mission. Students are expected to follow the Ignatius Spirit in the "Examen of their conscious" when making professional and personal decisions. All people are part of the same world community and, as such, deserve equal respect and access to the goods of society. Students can enhance participation of all members of society through education of themselves and others. As leaders in the community, students are also encouraged to respect human dignity through examining their values and ethical beliefs and by reflecting on how they respond to the needs of others, the impact this has on thought, and the subsequent actions needed to change individual self-centeredness and other existing conditions that compromise a sense of community in our society.

The mission and service thread is organized as an integration of material throughout the curriculum. The classroom provides the content and the community provides the context for students to explore issues, give to others, utilize critical thinking, and apply professional skills.

The outcome of this thread is to produce graduates who show evidence of leadership and who plan to continue life long contributions to the profession, the community, and society.

Program Description

The professional (entry-level) program is 110 semester hours of full-time study, offered in eight semesters over three calendar years. Classes are held in traditional weekday format on the Lowell Campus in north Denver. Students typically start the program each August. Upon successful completion of the program, graduates are awarded a Doctor of Physical Therapy (DPT) degree. This degree prepares students to be autonomous general practitioners equipped with the necessary tools to practice physical therapy in the 21st century. Graduation requirements include completion of a research project and an electronic portfolio capstone project. In addition, students are eligible to take the physical therapy licensure examination in any U.S. jurisdiction.

The physical therapy curriculum explores motor control and movement theory as foundation principles of PT education. Students study movement and its effects on each body system and how it relates to physical therapy management across the lifespan. Extensive study of the foundation sciences is incorporated into the curriculum. Within an evidenced-based practice perspective, graduates apply the most current medical literature to daily clinical decisions. This model enables students to successfully link theory and application to clinical practice. Numerous faculty facilitated, small group activities are also included in the curriculum. For example, in-depth clinical problems and issues are explored in small group tutorials offered each semester in the Professional Issues series of the curriculum. These tutorials serve to extend and integrate material discussed in other courses and foster students' ability to access and apply information. Tutorials also stress development of communication, teaching skills, and ongoing personal assessment.

During clinical experiences, students have the opportunity to integrate knowledge gained from courses and to refine their skills in examination, evaluation, diagnosis, prognosis, intervention, outcomes, and communication with diverse populations. Participation in clinical rotations within the program necessitates travel to various sites outside the Denver area and across the country. All expenses incurred at all clinical rotations are the responsibility of the student. Students are required to participate in a minimum of one rural experience and one out of state experience to facilitate an appreciation of various practice settings. Currently, the School is affiliated with more than 400 clinical sites throughout the country, as well as select international experiences. During any one rotation students are given choices within a select subset of these sites.

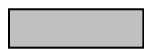
The curriculum is designed in a core curriculum format with each student taking all courses within the designated time line. The academic/clinical schedule along with the Curriculum design are described in the following schemes:

Regis University
Professional (Entry Level) Doctor of Physical Therapy
Curriculum Design

	SEMESTER I (Fall)		SEMESTER II (Spring)		SEMESTER III (Summer)	
Year	COURSE	SEMESTER HOURS	COURSE	SEMESTER HOURS	COURSE	SEMESTER HOURS
I	DPT 701 Human Anatomy and Histology	6	DPT 704 Neuroscience	4	DPT 707 Kinesiology II	4
	DPT 703 Biomechanics	3	DPT 705 Kinesiology I	3	DPT 714 Psychosocial Aspects of Healthcare	3
	DPT 708 Management Applications of Physiology: MAP I	3	DPT 710 Pharmacology	2	DPT 733 Musculoskeletal Management I	3
	DPT 770 Professional Issues/Case Management I	1	DPT 706 Movement Science	2	DPT 771 Professional Issues/Case Management II	2
	DPT 776 Critical Inquiry	3	DPT 730 PT Examination	3	DPT 790 EBP 1	2
	Total	3	DPT 732 Management Applications of Physiology: MAP II	4	Total	2
		16	Total	18		14
Year	SEMESTER IV (Fall)		SEMESTER V (Spring)		SEMESTER VI (Summer)	
II	HCE 709 Health Care Ethics for Physical Therapists	3	DPT 735 Musculoskeletal Management III	5	DPT 715 Health Care Policy	2
	DPT 712 Diagnostic Imaging and Procedures	3	DPT 737 Neurological Management II	5	DPT 731 Differential Diagnosis	2
	DPT 734 Musculoskeletal Management II	2	DPT 738 Management Applications of Physiology: MAP III	5	DPT 739: Exercise Application	2
	DPT 736 Neurological Management I	3	DPT 773 Professional Issues/Case Management IV	1	DPT 751 Clinical Education II	4
	DPT 750 Clinical Education I	3	DPT 791 EBP II	1	DPT 774 Professional Issues/Case Management V	1
	DPT 772 Professional Issues/Case Management III	2				
	Total	1	Total	17	Total	11
		14				
Year	SEMESTER VII (Fall)		SEMESTER VIII			
III	DPT 716 Business Management	3	DPT 753 Clinical Education IV	6		
	DPT 752 Clinical Education III	5	DPT 793 EBP IV	1		
	DPT 775 Professional Issues/Case Management VI	1	DPT 796 Physical Therapy Capstone	1		
	DPT 780E-W Topics in Physical Therapy	1				
	DPT 781E-W Topics in Physical Therapy	1				
	DPT 792 EBP III	1				
	DPT 799 Comprehensive Exam	1				
	Total	0	Total	8	Total	110
		12				

Academic – Clinical Sequence

	Fall Semester 16 weeks			Spring Semester 16 weeks		Summer Semester 13 weeks (16 week block)		
Year 1								
	16 weeks (16 SH)		3 wk break	16 weeks (18 SH)		13 weeks (14 SH)		3 wk break
Year 2								
	6 weeks CE (2 SH)	10 weeks (12 SH)	3 wk break	16 weeks (17 SH)		8 weeks CE (4 SH)	5 weeks (7 SH)	3 wk break
Year 3								
	7 weeks (7 SH)	9 weeks CE (5 SH)		14 weeks CE (6 SH)		2 week (2 SH)		



Academic Sequence



Clinical Affiliation (CE)



Break

Course Descriptions

Total semester hours (SH) are designated for each course.

DPT 701. HUMAN ANATOMY AND HISTOLOGY (6). Examines normal gross anatomy and histology across the lifespan. Explores relationships of the musculoskeletal, nervous, integumentary, and cardiopulmonary systems at the cellular, tissue, organ, and system level. Neuromusculoskeletal embryology is included. Co-requisite: DPT 770. NOTE: Laboratory includes cadaver dissection.

DPT 703. BIOMECHANICS (3). Investigates the structure and function of bone, cartilage, connective tissue, and skeletal muscle properties during the production of movement. Involves videographic and body diagram analysis to evaluate the kinematics and kinetics of movement. Co-requisite: DPT 770.

DPT 704. NEUROSCIENCE (4). Studies the structure/function of the nervous system across the lifespan. Includes cellular, systemic, and clinical pathology discussions of peripheral and central neural components. Examines sensations, perceptions, cognition, and muscle control as well as introduces pathology and basic examinations of these systems. Prerequisite(s): DPT 701 and DPT 708. NOTE: Laboratory included.

DPT 705. KINESIOLOGY I (3). Studies relationships of kinematics, kinetics and muscle function of single and multi-axis joints of the extremities and spine. Compares and contrasts joint structure versus connective tissue arrangements. Prerequisite(s): DPT 701 and DPT 703. NOTE: Laboratory included.

DPT 706. MOVEMENT SCIENCE (2). Investigates the theoretical principles of motor learning and motor control. Analysis of the motor behavior approach to movement science and clinical intervention is discussed. Co-requisite: DPT 704. Note: Laboratory included.

DPT 707. KINESIOLOGY II (4). Analyzes neural recruitment of muscle, kinematic and kinetic characteristics of multi-joint movement patterns in the extremities across the life span. Balance, upper extremity function, transitional movements and gait are addressed. Co-requisite: DPT 771. Prerequisite(s): DPT 705 and DPT 706. NOTE: Laboratory included.

DPT 708. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP I (3). Studies physiologic principles necessary for physical activity, physiologic changes and adaptations that occur with exercise and the associated effects of physical activity on health and wellness across the lifespan. Addresses measurement of fitness and development of training programs to improve physical fitness. Co-requisite: DPT 770. NOTE: Laboratory included.

DPT 710. PHARMACOLOGY (2). Investigates pharmacokinetic and pharmacotherapeutic principles in light of clinical application, therapeutic and adverse effects, and drug interactions. Emphasizes knowledge of the relationship between medications and physical therapy interventions to improve patient/client outcomes.

DPT 712. DIAGNOSTIC IMAGING AND PROCEDURES (2). Introduces the foundations and principles of diagnostic imaging and procedures used in clinical management to include radiographic imaging, MRI and electrophysiologic studies. Rationales and guidelines for examination selection are discussed. Performs nerve conduction and needle EMG studies. Basic interpretation of diagnostic imaging as well as interpretation of EMG and nerve conduction studies is studied. Co-requisite: DPT 772. Prerequisite(s): DPT 701. Note: Laboratory included.

DPT 714 PSYCHOSOCIAL ASPECTS OF HEALTH CARE (3). Explores responses to illness and disability as influenced by psychological, psychiatric, social, cultural, ethnic and lifespan factors. Examine psychological behavior models including adherence, prevention, and behavioral modification. Incorporate above principles into physical therapy management. Co-requisites: DPT 733, DPT 771, and DPT 790. Pre-requisite(s): DPT 730, DPT 732, DPT 770.

DPT 715. HEALTH CARE POLICY (2). Explores major forms of health care delivery and how they interact with physical therapy services. Investigates practice settings, organizational structures, reimbursement mechanisms, and the impact of managed care from a fiscal, quality, and legal perspective. Co-requisite: DPT 751. Prerequisite(s): DPT 773 and HCE 709.

DPT 716. BUSINESS MANAGEMENT (3). Introduces principles of strategic planning, market analysis, personnel, fiscal, and total quality management through development of a business plan. Applies legal boundaries and ethical guidelines related to service provision issues. Co-requisite: DPT 775. Prerequisite(s): DPT 715, DPT 751, and HCE 709.

DPT 730. PHYSICAL THERAPY EXAMINATION (3). Introduces physical therapy examination, evaluation, and diagnosis within a clinical decision making framework referencing the *Guide to Physical Therapist Practice*. Prerequisite(s): DPT 701, DPT 703 and DPT 708. NOTE: Laboratory included.

DPT 731. DIFFERENTIAL DIAGNOSIS (2). Advances differential diagnosis skills with emphasis on patients/clients with complex presentations. Explores the clinical decision making role of a primary care practitioner by performing a thorough systems review to differentiate dysfunction within the scope of PT practice from those that indicate referral to other practitioners. Prerequisite(s): DPT 735, DPT 737, and DPT 738. NOTE: Laboratory included.

DPT 732. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP II (4). Studies physiology and pathophysiology of the cardiovascular and pulmonary systems across the lifespan. Incorporates physiologic principles in the physical therapy management of patients with cardiovascular and pulmonary conditions. Prerequisite(s): DPT 708. NOTE: Laboratory included.

DPT 733. MUSCULOSKELETAL MANAGEMENT I (3). Initiates the examination, evaluation and intervention strategies for patients/clients with musculoskeletal problems of the lower extremities. Discusses interventions such as orthotics, and bracing, therapeutic exercise, manual therapy, physical agents and electrotherapeutic modalities selected for a wide variety of conditions of the spine and peripheral joints. Co-requisite: DPT 771. Prerequisite(s): DPT 730. NOTE: Laboratory included.

DPT 734. MUSCULOSKELETAL MANAGEMENT II (3). Studies advanced principles of prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcomes as they relate to patients with musculoskeletal dysfunction of the lumbar, pelvic, and lower extremity across the lifespan. Topics include: amputations and prosthetics. Co-requisite: DPT 772. Prerequisite(s): DPT 732 and DPT 733. NOTE: Laboratory included.

DPT 735. MUSCULOSKELETAL MANAGEMENT III (5). Studies advanced principles of prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcomes as they relate to musculoskeletal dysfunction of the upper extremity, cervical, TMJ, and thoracic spine across the lifespan. Topics include: women's health, emergency trauma care and ergonomic assessment. Co-requisite: DPT 773. Prerequisite(s): DPT 710, DPT 712, DPT 732, and DPT 734.

DPT 736. NEUROLOGICAL MANAGEMENT I (3). Studies the intervention for individuals with neurological dysfunction based upon neurophysiological and pathokinesiological mechanisms resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes application and integration of theoretical constructs, evidence-based practice, examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes. Co-requisite: DPT 772. Prerequisite(s): DPT 704, DPT 706, and DPT 732. NOTE: Laboratory included.

DPT 737. NEUROLOGICAL MANAGEMENT II (5). Continues the study of interventions for individuals across a lifespan with neurological dysfunction based upon neurophysiological and pathokinesiological mechanisms resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes evidence-based clinical decision making for examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes. Co-requisite: DPT 773. Prerequisite(s): DPT 736. NOTE: Laboratory included.

DPT 738. MANAGEMENT APPLICATIONS FROM PHYSIOLOGY: MAP III (5). Studies physiology and pathophysiology of the gastrointestinal, renal, endocrine, immune and integumentary systems across the lifespan. Incorporates identification of signs and symptoms associated with disease. Discusses management of patients with conditions, affecting these systems or a combination of systems. Co-requisite: DPT 773. Prerequisite(s): DPT 732. NOTE: Laboratory included.

DPT 739 EXERCISE APPLICATION (2). Integrates individual exercise interventions for optimal health across the lifespan. Focuses on the identification, intervention, and progression of therapeutic exercises for patients in various phases of rehabilitation. Co-Requisite: DPT 731 and DPT 774.. Prerequisite(s): DPT 735, DPT 737, and DPT 738. Note: Laboratory included.

DPT 750. CLINICAL EDUCATION I (2). Focuses on examination, evaluation, and intervention techniques in a clinical setting. Utilizes written and oral interpersonal communication skills with patients/clients, family, and other staff. Emphasizes professional socialization, self-assessment, and critical thinking. Co-requisite: DPT 772. Prerequisite(s): DPT 707, DPT 732, DPT 733, and DPT 771. Pass/No Pass only.

DPT 751. CLINICAL EDUCATION II (4). Emphasizes application of comprehensive prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcome strategies for clients with cardiopulmonary, musculoskeletal, and/or neuromuscular problems in a clinical setting. Requires refinement of interpersonal communication skills, role delineation, and professional behaviors. Prerequisite(s): DPT 732, DPT 735, DPT 737, DPT 738, DPT 750, and DPT 773. Pass/No Pass only

DPT 752. CLINICAL EDUCATION III (5). Focuses on the integration and application of all previous course and clinical work in relationship to the development, enhancement, and restoration of movement function, the prevention of movement dysfunction, and non-patient care opportunities. Prerequisite(s): DPT 751. NOTE: DPT 752 and DPT 753 are a 24-week combined clinical experience. Length and timing of clinical placements at any one facility may vary. Pass/No Pass only

DPT 753. CLINICAL EDUCATION IV (6). Continues the focus of DPT 752. In addition to the refinement of critical thinking and clinical decision making, emphasizes the autonomous practice and professional socialization in the clinical setting. Non-patient care opportunities will also be included. Prerequisite(s): DPT 752. NOTE: DPT 752 and DPT 753 are a 24-week combined clinical experience. Time may be divided into a number of clinical placements of varied lengths and practice settings. Pass/No Pass only

DPT 760E-W. INDEPENDENT STUDY IN PHYSICAL THERAPY (1-6). Advanced study in specific topic of interest in the areas of practice, research, or education developed by contract and conducted under the supervision of a faculty member. This is an optional course that is offered with the permission of the faculty. Prerequisite(s): Graduate standing and permission of instructor required.

DPT 770. PROFESSIONAL ISSUES/CASE MANAGEMENT I (1). Begins a series of six courses. Introduces mission and philosophy, curriculum model, and service learning. Explores student values, principles of teaching, learning and aspects of professionalism. NOTE: Laboratory and service learning included.

DPT 771. PROFESSIONAL ISSUES/CASE MANAGEMENT II (2). Introduces health care delivery systems, regulation of and legal requirements for clinical practice and documentation and the role of physical therapist and physical therapist assistant. Uses evidence from the literature and other available sources to discuss clinical situations in small group tutorials with faculty facilitation. These tutorials use problem-based learning concepts. Expands application of communication and teaching/learning theory.. Prerequisite(s): DPT 770. NOTE: Laboratory and service learning included.

DPT 772. PROFESSIONAL ISSUES/CASE MANAGEMENT III (1). Expands concepts of problem-based learning using patient scenarios. Discusses aspects of diversity, scope of practice, and professionalism in the clinical setting. Prerequisite(s): DPT 771. NOTE: Laboratory and service learning included.

DPT 773. PROFESSIONAL ISSUES/CASE MANAGEMENT IV (1). Continues problem-based learning using patient scenarios to expand the application of communication and teaching/learning theory and the role of a doctoring profession. Jesuit mission, evaluating strategies for competency-based education, conflict resolution and clinical negotiation skills are integrated into the tutorials. Prerequisite(s): DPT 772. NOTE: Laboratory and service learning included.

DPT 774. PROFESSIONAL ISSUES/CASE MANAGEMENT V (1). Addresses patient issues related to musculoskeletal, neuromuscular, and complex case management. Resume and interview skills are discussed. Reflection, during case presentations, on the opportunity to be change-agents in the PT profession for the DPT and the use of EBP will be performed. Prerequisite(s): DPT 773. NOTE: Laboratory and service learning included.

DPT 775. PROFESSIONAL ISSUES/CASE MANAGEMENT VI (1). Continues problem-based learning using patient scenarios to further develop evidence-based clinical decision making skills. Methods to refine communication skills are explored. Prerequisite(s): DPT 774. NOTE: Laboratory and service learning included.

DPT 776. CRITICAL INQUIRY (3). Explores research methodologies used in health care research. Examines descriptive and inferential statistics, and evidence-based practice principles. Addresses literature searches and evidence based analysis of research reports, with a focus on treatment effectiveness studies. Co-requisite: DPT 770.

DPT 780E-W. TOPICS IN PHYSICAL THERAPY I (1). Advances study in topics of interest related to physical therapy practice. Prerequisite(s): DPT 732, DPT 735, DPT 737, DPT 738, and DPT 750.

DPT 781E-W. TOPICS IN PHYSICAL THERAPY II (1). Advances study in topics of interest related to physical therapy practice Prerequisite(s): DPT 732, DPT 735, DPT 737, DPT 738, and DPT 750.

DPT 790. EVIDENCE BASED PRACTICE I (2). Introduces clinical research and analysis of practice projects. Reviews ethical constraints and obligations of research. Introduces survey research methods and seeking research funding. Addresses critical analysis of research reports, with a focus on diagnostic literature. Prerequisite(s): DPT 776.

DPT 791. EVIDENCE BASED PRACTICE II (1). All students examine data, perform statistical analyses. Analysis of Practice groups present results in publishable format. Clinical Research groups collect data, submit Introduction/Methods in publication format, and outline anticipated Results/Tables/Figures. Critically analyze the prognostic literature. Prerequisite(s): DPT 750 and DPT 790.

DPT 792. EVIDENCE BASED PRACTICE III (1). Analysis of Practice groups examine data to date, present results in publishable format. Clinical Research groups write Results, Discussion, Conclusion sections in publication format. All submit abstracts, perform critical analysis of systematic reviews / meta-analyses. Prerequisite(s): DPT 751 and DPT 791.

DPT 793. EVIDENCE BASED PRACTICE IV (1). Analysis of Practice groups continue to acquire data during clinical rotations, submit final written manuscripts, perform poster / platform presentation. Clinical research groups submit final manuscripts, perform final platform / poster presentations. Prerequisite(s): DPT 753 and DPT 792.

DPT 796. CAPSTONE (1). Focuses on the culmination of the student's clinical and professional development based on the portfolio presentation. Clinical education reflections and curricular review are also included in the capstone. Co-requisite: DPT 753 and DPT 793. Prerequisite(s): DPT 716, DPT 735, DPT 737, DPT 738, DPT 775 and DPT 799.

DPT 799. COMPREHENSIVE EXAM (0). Administered following the completion of all academic requirements of the curriculum with the exception of completing clinical case reports, other clinical education requirements and capstone course. Serves as the component of the capstone experience that measures success of curricular outcomes and prepares the student for the licensure examination. Pass/No Pass only.

HCE 709. HEALTH CARE ETHICS FOR PHYSICAL THERAPISTS (3). Examines ethical issues and moral reasoning processes in health care. Philosophical and faith-based foundations, including Catholic moral tradition, sociocultural influences, professional codes, organizational and personal ethical norms are explored. Ethical issues are examined with emphasis on leadership and the practice of physical therapy. Students will analyze ethical dilemmas and evaluate ethical practice using ethical theory, moral argument, and case studies. A required course in the Doctor of Physical Therapy program. Offered on campus. Co-requisite: DPT 772.

Clinical Education Terminology

To ensure proper communication, select definitions concerning clinical education have been provided:

Academic Coordinator of Clinical Education (ACCE)

The licensed physical therapist employed by the academic facility who develops, organizes, supervises, and coordinates the clinical education component of the physical therapy curriculum. Each student is assigned an ACCE for their primary clinical education advisor.

Affiliation Agreement

The written agreement between the School of Physical Therapy and any agency participating in clinical education, which describes the rights and responsibilities of the participating agency and of Regis University. Students are placed in facilities only where there is a current signed agreement.

Center Coordinator of Clinical Education (CCCE)

The licensed physical therapist employed and designated by the clinical facility to organize, direct, supervise, coordinate, and evaluate the clinical education program in that facility.

Clinical Education

The portion of the student's professional education, which involves practice and integration of classroom knowledge and skills to clinical practice. This occurs at a variety of clinical facilities and includes experience in examination and patient care, administration, research, teaching, and supervision. It is a participatory experience with limited time spent in observation.

Clinical Education Center/Facility/Site

An accredited or approved health care facility that provides the physical therapy student with a clinical learning experience and patient contact for the development of physical therapy competencies.

Clinical Education Team

This is a Regis University, School of Physical Therapy committee comprised of 4 individuals who have specific roles in managing and maintaining the quality of the clinical education program (See [Appendix A](#) for detailed information about committee members).

Clinical Instructor (CI) (aka: Clinical Faculty)

The licensed physical therapist employed by the clinical educational facility who supervises and evaluates the activities of physical therapy students. All Clinical Faculty are expected to abide by all University policies related to their faculty role.

Clinical Education Scholar Program (CES program)

The Clinical Rotation Selection Process

Description of Clinical Rotation Types and Experiences

Each student must participate in and satisfactorily complete four clinical rotations as part of completing their degree plan. During clinical rotations, students have the opportunity to integrate knowledge gained from courses and to refine their skills in examination, evaluation, diagnosis, prognosis, intervention, outcomes, and communication with diverse populations. Participation in clinical rotations within the program necessitates travel to various sites outside the Denver area and across the country. All expenses incurred at all clinical rotations will be the responsibility of the student. Currently, the School is affiliated with more than 400 facilities throughout the country and during any one rotation, students are given choices within a select subset of these sites. As the Clinical Education Scholar (CES) Program grows, relationships with clinical sites will be stronger and the program will likely reduce the number of sites offered to students. The physical therapy program at Regis University supports graduation of general practitioners. In order for each student to develop skills as a generalist practitioner, the School expects that students will complete a rotation in each of the following clinical concentration areas:

Complex Systems

To meet this requirement, students will work with patients who have impairments in more than one system, including musculoskeletal, neuromuscular, cardiopulmonary, and/or integumentary involvement. *Clinical experiences in this category are typically found in hospitals, acute rehab, subacute rehab, skilled nursing facilities (SNF), extended inpatient care (ECF), and home health.*

Musculoskeletal

In these settings, patients are generally medically stable but continue to require therapy to achieve functional independence and/or recreational and occupational goals. *Clinical experiences in this category may be found in outpatient settings that are private practice, corporate owned, hospital-based, or in practices that serve the needs of a specific population (e.g.: sports, women's health, lymphedema, and other specialty areas).*

Neuromuscular

Settings in this category will provide students with the opportunity to work with patients with primarily neuromuscular disorders. *Clinical experiences in this category may include (but are not limited to): acute rehab, subacute rehab, skilled nursing (SNF), extended inpatient care (ECF), home health, and outpatient with a substantial population of patients with neuromuscular impairments/disabilities.* In these settings there is generally more of an emphasis on the team approach with physical therapists having the opportunity to work with physicians, social workers, occupational therapists, speech therapists, nursing, and families to plan for patient care/patient discharge.

Rural and Out of State Expectations

All students are expected to also complete *at least one rural and one out of state rotation*. Please note, it is possible that students will need to complete more than one rural and/or out of state rotation depending on site availability and desired clinical concentration area for any given rotation.

Rural

Rural experiences are those that meet specific guidelines established by this School which are based on the US Census Bureau and the Colorado Area Health Education Center (AHEC). To define rural it is also important to define urban. According to the US Census 2000, **urban areas** or “urban clusters” have boundaries to encompass densely settled territory, which consists of:

- core census block groups or blocks that have a population density of at least 1,000 people per square mile and
- surrounding census blocks that have an overall density of at least 500 people per square mile

Therefore, **rural areas** are defined by this School as being those that:

- are not urban as described by the US Census 2000 descriptions above
- contain a population of 50,000 people or less
- involve driving time that is 40 to 45 minutes to access a Level 1 trauma center
- primarily serve patients who live in rural or frontier areas

Out of State

Students are expected to participate in at least one out of state experience to facilitate an appreciation of various practice settings. It is important for each student to understand that while Regis University will work to provide clinical rotations that are in the city of Denver and the State of Colorado, we have many clinical affiliates out of state. Costs associated with out of state clinical rotations will be the student’s responsibility.

Alternative experiences of 1 to 4 weeks, including those in international venues, will not satisfy this requirement. In some rare instances a student may have a hardship situation that necessitates a request to receive a waiver of the out of state expectation. Students in this situation must first speak to their ACCE. Waiver requests must be submitted in writing to the Clinical Education Team. The Committee’s decision to grant hardship requests will be based on the issues presented and on the fact that students are given adequate time to prepare relationally, financially, emotionally, mentally, and strategically in order to participate for out of state rotations. Hardship waivers will not be granted for issues relating to lack of planning, preparation, or desire to be out of state. Requests will be reviewed by the Clinical Education Team during meetings which take place 2 times per month. Students will be notified in writing whether the request was granted (or not) and on what basis.

Important Notes Related to Rotation Selection:

1. Students are expected to participate in one rural experience and one out of state experience (see above) to facilitate an appreciation of various practice settings. Students may also participate in alternative clinical rotations.
2. Some experiences may fulfill more than one clinical concentration area (e.g., complex systems and neuromuscular), but no experience can fulfill more than two (2) clinical concentration areas.
3. Students may not participate in more than a total of 20 weeks in one of the following clinical concentration areas: musculoskeletal, neuromuscular, or complex systems.
4. Some clinical sites have additional requirements. Students who wish to select sites with additional requirements in E*Value must first meet with their ACCE to seek consultation and permission.
5. Students who wish to complete more than one rotation (up to 20 weeks) in a specialty area (e.g., pediatrics, women's health, hand therapy, etc.) must receive permission in writing from the Clinical Education Team Chair.

Alternative Experiences

As part of completing DPT 752 (Clinical Education III) and DPT 753 (Clinical Education IV), students may participate in alternative experiences that range in duration from 1 to 4 weeks. Examples of these alternative experiences include but are not limited to: travel to Nicaragua, the Dominican Republic, or Ethiopia to provide physical therapy under the supervision of a Clinical Instructor in those countries, observation in a pediatric gait lab, shadowing an orthotist, internship at the APTA National headquarters in Alexandria, VA, or observation/patient care in a niche practice of physical therapy (e.g., oncology, cardiac rehabilitation, women's health, pediatrics, veterinary care, hippotherapy, etc.). In order to assure that all students who desire to participate in alternative experiences have the opportunity to do so, requests for a second alternative experience will be addressed once all primary requests have been confirmed. Students interested in international clinical experiences such as Nicaragua, the Dominican Republic, or Ethiopia must go through an interview/application process and are selected by clinical and academic faculty. These students will not participate in E*Value. They will work with the ACCE to determine site availability to meet their clinical practice needs and timeframes. See the "International Travel Requirements" section and [Appendix B](#) for more information.

Restrictions on Clinical Placements

In order to facilitate diversity and variety of experience, and to avoid challenges related to changing roles within a facility (e.g., previous aid to physical therapy student/future physical therapist), students are not allowed to select a clinical experience at a facility where they have previously worked or where they have volunteered more than 240 hours. Students will also not be allowed to participate in a clinical experience where they have a current or previous personal relationship with their Clinical Instructor.

New Site Requests

Students who wish to have an opportunity to participate in a clinical rotation at a clinical facility that does not currently affiliate with Regis University must talk to their ACCE before initiating any contact with the clinical site. Students must also complete a "Student Request of New Site Development Form" ([Appendix C](#)). After the discussion with the ACCE, the student may be guided to visit the site to determine further interest. Students should not discuss specifics of clinical affiliations or contractual agreements with sites

when/if they visit the site and should not take action to contact a site to arrange their own clinical rotations. The Clinical Education Team must approve all requests for new sites before action is taken by the Clinical Education Team to pursue a clinical agreement with a new site.

All requests for new sites should be submitted to and discussed with the Clinical Education Team at least 6 months prior to the start of the requested affiliation. Receipt of a new site request does not guarantee that the Clinical Education Team will agree to pursue the clinical site. Decisions regarding the establishment of new sites will be handled on an individual basis based on the type of clinical experience, needs of the student, needs of the physical therapy program, and potential for accommodating students in the future. The following guidelines should be considered by students requesting sites as they are the criteria used by the Clinical Education Team in determining whether or not to pursue a clinical agreement with a new site:

1. The clinical site philosophy for patient care and clinical education are compatible with those of the Regis University, School of Physical Therapy program.
2. Clinical education rotations for students are planned to meet specific objectives of the academic program, the clinical rotation site and the individual student.
3. Clinical site ownership must abide by legal boundaries and APTA policies. For example the clinical site must not be owned by a physician.
4. The clinical site has a variety of quality learning experiences available to students.
5. The Clinical Faculty provide an active, stimulating environment appropriate for the learning needs of students, and are open to current research and discussion of the best evidence available.
6. Roles of physical therapy personnel within the clinic are clearly defined and distinguished from one another according to state and federal laws and regulatory agencies.
7. Physical therapy staff is adequate in number to provide an educational program for students.
8. The clinical site shall have a person designated as CCCE who shall be responsible for coordinating the assignments and activities of students at the clinical site.
9. Physical therapy Clinical Instructors have a minimum of one year of clinical experience and demonstrate a willingness to work with students.
10. The clinical site encourages CCCE and CI training and development. It is preferred that the CI has attended the APTA credentialing course.

Finally, students may submit requests for the formation of more than one new clinical site but they will only be allowed to be held out of the E*Value selection process for one (1) rotation. If additional site requests are pursued and contractually established by the Clinical Education Team, the site will be placed on the E*Value list and will be made available to the entire class.

Classification of Clinical Sites

Sites are classified within the School using a classification key. Understanding of this classification system will help students to identify the primary type of experience that they may have at a clinical site. This information is commonly found on site selection forms distributed to students and on forms contained in the clinical site files (housed in the West stairwell on the 4th floor of Carroll Hall for student use).

AC/HF	Acute Care/Hospital Facility
AC/OP	Ambulatory Care/Outpatient
ECF/NH/SNF	Extended Care Facility/Nursing Home/Skilled
Federal/State/County Health	Nursing Facility
HH	Home Health
R/SR	Rehab/Sub Acute Rehab
S/PP	School/Preschool Program
W/PP	Wellness/Prevention Program
Other	

E*Value

E*Value is a computer assisted matching program that the School of Physical Therapy uses to assist in the placement of students for clinical rotations. After researching the sites offered for a specific rotation and talking with their clinical education contact, students enter their top 10 choices of clinical sites for each rotation.

E*Value is used for all rotation selections under the following guidelines:

- Students enrolled in the School of Physical Therapy program will be given access to participate in E*Value.
- Clinical Sites with Regis Clinical Education Scholars will have a higher priority to be selected in the computer matching process.
- Dependent on a number of factors relative to sites available for any rotation and the number of students requesting the same site, not all students may be matched during the E*Value run. If this occurs, the non-matched students may: (1) select a clinical site still available from the E*Value list or (2) pursue a new clinical site to Regis (per policy).
- Students who have set up a new clinical site with the approval of the Clinical Education Team Chair will be assigned that site and will not participate in the E*Value process for that rotation. The new site will then become part of the clinical education site database and will go into future E*Value offerings. Students who request new sites for a specific rotation will be expected to sign a “Commitment to Use New Site” form ([Appendix D](#)) guaranteeing their commitment to use the new site once it has been established. See “New Site Requests” for more information related to this process.
- If students are out of rotation sequence due to academic or clinical issues, the Academic Coordinator of Clinical Education (ACCE) will place them in the clinical environment when and where appropriate.
- Once the E*Value run has been completed, all E*Value selections and clinical assignments are final. Students may not switch sites formally (e.g., by making a request via the ACCE) or informally (e.g., with another student) once E*Value selections and site assignments have been finalized.

Clinical Education Objectives

DPT 750 CLINICAL EDUCATION I (2 SH, 6 week full time clinical experience)

Course Description

Focuses on the examination, evaluation, and intervention techniques in a clinical setting (6 weeks). Written and oral interpersonal communication skills with patients/clients, family, and other staff are used. Professional socialization, self-assessment, and critical thinking are introduced and emphasized. (Corequisites: DPT 772. Prerequisites: DPT 707, DPT 732, DPT 733, DPT 771).

Course Objectives

In any service provision setting, under the supervision of a licensed physical therapist, the student will:

1. List sources that provide patient/client information.
2. Participate in a systems review on each patient.
3. Identify special tests according to patient presentation.
4. Assist in the basic patient/client examination.
5. Compile all information gained from the examination to plan an intervention.
6. Postulate a diagnosis from the clinical findings within the practitioner's base of knowledge.
7. Discuss factors to consider in developing a plan of care.
8. Identify factors that may influence expected outcomes.
9. Perform basic interventions consistent with plan of care.
10. Recognize patient/client response to interventions.
11. Inform patient/client/family/caregiver about condition and intervention.
12. Identify outcome measures to evaluate effectiveness of care.
13. Perform basic safety techniques for self, patient and others.
14. Document patient care incorporating guideline requirements of the facility and regulatory agencies.
15. Identify the need to modify communication styles to meet patient/client's needs.
16. Demonstrate professional behavior during interactions with others.
17. Discuss a plan of action in response to self-assessment and feedback.
18. Describe physical therapy-related tasks that can be legally and ethically delegated.
19. Follow ethical and legal practice in the clinical setting.
20. Determine learning needs to promote quality of physical therapy practice.
21. Demonstrate respect for the roles and contributions of all participants in patient care.

DPT 751 CLINICAL EDUCATION II

(4 SH, 8 week full time clinical experience)

Course Description

Emphasizes application of comprehensive prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcome strategies for clients with cardiopulmonary, musculoskeletal, and/or neuromuscular problems in a clinical setting (8 weeks). Refinement of interpersonal communication skills, role delineation, and professional behaviors is expected. (Prerequisites: DPT 732, DPT 735, DPT 737, DPT 738, DPT 750, DPT 773).

Course Objectives

1. Develop approach to gather past and present information on patient/client.
2. Perform systems review on each patient.
3. Prioritize special tests according to patient presentation.
4. Organize basic examination skills in effective sequence for comfort and safety.
5. Use information from examination to determine patient management.
6. Establish a diagnosis from clinical findings within practitioner's base of knowledge.
7. Incorporate the diagnosis when determining options for the plan of care.
8. Discuss factors that may influence expected outcomes.
9. Perform procedures and techniques considering patient's needs and abilities.
10. Adapt interventions based on patient's response.
11. Describe benefits, risks and costs of interventions relative to patient situation and condition.
12. Utilize outcome measures to determine effectiveness of patient care.
13. Incorporate safe practice methods to protect self, patient and family/caregiver.
14. Document patient care incorporating guideline requirements of the facility and regulatory agencies.
15. Describe ways to modify communication style for a given patient or situation.
16. Demonstrate professional behaviors that promote effective interactions.
17. Consider multiple approaches when responding to self-assessment and feedback.
18. Delegate physical therapy-related tasks to facilitate effective and efficient patient care.
19. Explore ethical dilemmas in the clinical setting.
20. Recognize legal practice in the clinical setting.
21. Incorporate multiple sources of evidence into clinical practice.
22. Contribute to the patient plan of care in a manner that considers all parties.

DPT 752 CLINICAL EDUCATION III (5 SH)

Course Description

Focuses on the integration and application of all previous course and clinical work in relationship to the development, enhancement, and restoration of movement function and the prevention of movement dysfunction. Non-patient care opportunities will also be included. The DPT 752 and 753 are a 24-week combined experience. The length and timing of clinical placements at any one facility may vary. (Prerequisites: DPT 751).

Course Objectives

In any service provision setting, under the supervision of a licensed physical therapist, the student will:

1. Synthesize history and systems review to develop a comprehensive patient/client examination.
2. Justify use of chosen test and measures.
3. Perform examination in a timely manner.
4. Synthesize all information gained from the examination of patients with complex disorders/situations to determine patient management.
5. Incorporate the impact of socioeconomic, psychosocial and cultural factors into the evaluation.
6. Determine the need to refer patient when problem is out of the scope of physical therapy practice.
7. Provide diagnosis based on a cluster of signs and symptoms, syndromes and categories.
8. Utilize the diagnosis to develop an effective, individualized plan of care.
9. Incorporate factors that influence expected outcomes.
10. Perform procedures and techniques considering efficiency, efficacy and available resources.
11. Determine alternative interventions based on patient response.
12. Coordinate care of the patient with healthcare professionals, family and or caregiver through effective communication and documentation.
13. Compare individual patient outcomes to evidence in the literature.
14. Maintain safe practice methods to protect welfare of self, patient and family/caregiver.
15. Integrate requirements of the facility and/or regulatory agencies into clinical decisions and documentation regarding patient care.
16. Modify communication style according to the needs of a given situation.
17. Conduct self in a professional manner in diverse environments and situations.
18. Determine behavior modification based on self-assessment and feedback.
19. Evaluate quality of patient care delegated to support personnel.
20. Promote ethical and legal practice in the clinical setting.
21. Expand physical therapy evidence and knowledge in practice.
22. Incorporate education to influence a variety of audiences and purposes.
23. Consult with individuals, community or other organizations.

DPT 753 CLINICAL EDUCATION IV (6 SH)

Course Description

Continues the focus of DPT 752. In addition to the refinement of critical thinking and clinical decision making, autonomous practice and professional socialization in the clinical setting is an emphasis. Non-patient care opportunities will also be included. DPT 752 and DPT 753 are a 24-week combined clinical experience. Time may be divided into a number of clinical placements of varied lengths and practice settings. (Prerequisites: DPT 752).

Course Objectives

In any service provision setting, under the supervision of a licensed physical therapist, the student will:

1. Synthesize history and systems review to develop a comprehensive patient/client examination.
2. Justify use of chosen test and measures.
3. Perform examination in a timely manner.
4. Synthesize all information gained from the examination of patients with complex disorders/situations to determine patient management.
5. Incorporate the impact of socio economic, psycho social and cultural factors into the evaluation.
6. Determine the need to refer patient when problem is out of the scope of physical therapy practice.
7. Provide diagnosis based on a cluster of signs and symptoms, syndromes and categories.
8. Utilize the diagnosis to develop an effective, individualized plan of care.
9. Incorporate factors that influence expected outcomes.
10. Perform procedures and techniques considering efficiency, efficacy and available resources.
11. Determine alternative interventions based on patient response.
12. Coordinate care of the patient with healthcare professionals, family and or caregiver through effective communication and documentation.
13. Compare individual patient outcomes to evidence in the literature.
14. Maintain safe practice methods to protect welfare of self, patient and family/caregiver.
15. Integrate requirements of the facility and/or regulatory agencies into clinical decisions and documentation regarding patient care.
16. Modify communication style according to the needs of a given situation.
17. Conduct self in a professional manner in diverse environments and situations.
18. Determine behavior modification based on self-assessment and feedback.
19. Evaluate quality of patient care delegated to support personnel.
20. Promote ethical and legal practice in the clinical setting.
21. Expand physical therapy evidence and knowledge in practice.
22. Incorporate education to influence a variety of audiences and purposes.
23. Consult with individuals, community or other organizations.

Clinical Education Academic Policies & Procedures

Clinical Attendance

Students are expected to follow the schedule of their Clinical Instructor including weekends and/or holidays. This is important for students to consider as they will be in the clinic during Labor Day (semester four) and during Thanksgiving, Christmas and New Year's Day (semester seven). Any clinical absence may jeopardize a student's ability to successfully meet clinical objectives as well as inconvenience the clinical site. If a student will be absent from the clinic during any portion of a clinical rotation, for any reason, they must first discuss the absence with their Clinical Education Contact person at Regis, receive pre-approval, and discuss arrangements to make up missed days. In the case of emergencies or illness, both the clinical site/CI and Regis Clinical Education Contact must be contacted immediately. Clinical and academic faculty reserve the right to require students to make up any missed clinical times. Students required to make up a clinical absence(s) are required to do so based on Clinical Faculty availability and convenience.

Clinical Dress Code

Client consideration and professional image are of utmost importance in any clinical situation. The following describes our expectations of clinical dress and is expected unless a clinical environment specifically requires something different. Regis nametags are required.

Men: Shirt and tie, dress pants with sufficient length and mobility to safely handle clients while maintaining professional modesty, including coverage of the torso.

Women: Dresses, suits, skirts, dress pants with sufficient length and mobility to safely handle clients while maintaining professional modesty, including coverage of the torso (chest through buttocks covered). Females must wear bras and neck lines should not be inappropriately low cut so as to reveal the chest area or cleavage.

Men and women: Socks (men) and socks/stockings (women) and closed-toe shoes are required. Jewelry, including body piercing, should be kept to a minimum and must not interfere with the ability to communicate and safely and effectively treat clients/patients, therefore no lips or tongue piercing will be allowed. Because of increased scientific reports linking higher numbers of gram-negative microorganisms and fungi cultured from the fingertips of personnel wearing artificial nails compared to personnel with natural nails and an increased incidence of health-care acquired infections, direct patient caregivers may not wear artificial nails. Natural nails must be kept short (no more than ¼" past the tip of the finger) and may not be pierced. It is recommended that nails be left unpolished.

Clinical Course Policies

1. Students are expected to understand and follow policies and procedures of each clinical setting to which they are assigned at all times.
2. When in any clinical setting, the student is accountable directly to the Clinical Faculty member of his/her designee. Students should always notify the Clinical Faculty member before leaving the facility.
3. Students are expected to arrive on time at the clinical setting prepared for daily clinical activities.
4. As stated upon admission to the program, students are expected to have internet access while on clinical rotations in order to communicate by email and to complete PT CPI Web coursework.
5. HIPAA (the Health Insurance Portability and Accountability Act of 1996) requires that all providers of health care be trained in privacy and security procedures under this Act. In preparation for the first clinical rotation, students will be required to participate in a HIPAA education program. A post education test must be passed with a grade of 80% or higher before students can participate in their clinical experience. Students are expected to inquire about and follow any HIPAA policies specific to their clinical site. Students are expected to maintain patient confidentiality and to practice according to sound professional and ethical principles.
6. Students are expected to follow the schedule of their Clinical Instructor including weekends and/or holidays (see Clinical Attendance policy above).
7. If a student would like to attend an American Physical Therapy Association sponsored meeting (e.g., Annual Meeting or Combined Sections Meeting), a State Chapter meeting, National Student Conclave, or any other type of conference or continuing education event, they must first receive permission from their Clinical Education Contact and must then seek permission of the clinical facility's Coordinator of Clinical Education (CCCE) and Clinical Instructor(s) *before* making travel arrangements. Students should always be prepared to make up any missed clinical days. Students must also be aware that some clinical facilities may not approve days off for these types of events and plan accordingly.
8. Students are required to report immediately any errors of omission or commission (incidents) involving a patient to the Clinical Instructor. If required, an incident report must be filled out according to facility policy. The Regis Clinical Education Contact should be called immediately and a Regis University incident report must also be completed (Appendix E). A copy of any facility incident report and the original university incident report must be immediately sent to the Clinical Education Contact and Clinical Education Team Chair.
9. Any student injury should be reported immediately to the Clinical Faculty member and the ACCE/Clinical Education Contact and addressed according to the Regis University Workers Compensation policy.

10. Students are expected to abide by the School dress code while in clinic as described in the general policies of this handbook.
11. Students who do not successfully complete clinical objectives for a clinical rotation receive a failing grade for that rotation and are placed on academic probation.
12. Students may not participate in clinical education rotation DPT 751, DPT 752, and DPT 753 unless remediation for a grade of “C” or “C-“ in the previous semester course is completed. Also, a student on academic probation is not allowed to participate in clinical education experiences. Refer to the *Remediation* section. It should be noted that failure to participate in a clinical education experience may limit a student’s ability to continue participation in the program within the current schedule. Since courses are offered once a year, this may necessitate stepping out until the next academic year.

Generic Abilities

Generic abilities are attributes, characteristics, or behaviors that are not explicitly part of a profession’s core of knowledge and technical skills but are essential for success as a physical therapy professional. Assessment of generic abilities involves observation and appraisal in many contexts based on explicit behavior criteria of the individual learner in action. Each clinical education course emphasizes assessment of specific behavioral criteria that should be demonstrated at the stated level as defined in course syllabi and related materials. See specific criteria in [Appendix F](#). Progress in exhibiting generic abilities is one factor used to evaluate overall student performance throughout the curriculum and may influence clinical placement. In semesters two, four, six, and eight, students must complete a self-assessment evaluation of their progress toward achieving entry-level criteria in the generic abilities.

Hazardous Communication/Infection Control

Students are expected to follow appropriate Hazardous Material Communication and Infection Control Policies as appropriate to the environment whether it is classroom, laboratory, or clinical setting. Specific policies and procedures are introduced in student orientation and discussed in courses throughout the program, and facility specific guidelines must be reviewed at the clinical facility.

Medical Assistance/Personal Counseling

Students requiring medical assistance or personal counseling during their clinical experiences should seek referral assistance from the Clinical Faculty member. Services provided are at the expense of the student or his/her insurance policy. The ACCE is also a resource to the student during these clinical experiences.

Medicare A and Medicare B

In order for a PT facility to bill Medicare for physical therapy treatments there are strict [guidelines](#) in regards to supervision of student physical therapists. Please refer to [Appendix G](#) for specific material regarding Medicare guidelines involving student physical therapists. Note. Medicare guidelines presented in this manual are subject to change based on Federal policy changes. It is the student’s responsibility to stay current with Medicare guidelines and other policies guiding clinical practice which includes but is not limited to state practice acts and the APTA Guide for Professional Conduct.

Non-Discrimination

In accordance with its Jesuit Catholic mission, Regis University is committed to maintaining a humane atmosphere in which the civil rights of every individual are recognized and respected. Regis University complies with all local, state, and federal nondiscrimination laws and regulations in the provision of educational services and in employment practices.

Service Learning

The educational process at Regis University is founded on Judeo-Christian ideals and is committed to intellectual growth, a search for truth, respect for human dignity and service to others. As future professionals, students are expected to give back to the community through service in a variety of ways and may find these opportunities during their clinical rotations. Examples might include: (1) participating in health screenings for a local sports team, (2) developing/participating in an educational outreach (eg: back school) or (3) volunteering to perform health screenings at a health fair.

Sexual Harassment Policy Statement

The overriding factor in sexual harassment is that the behavior is uninvited and unwanted. Sexual harassment is not accepted social or courting behavior. In one extreme form, sexual harassment occurs when a person in a position of influence or control uses authority or power to coerce sexual relations or to punish refusal. Sexual harassment, however, is not limited by the gender of either party, nor by superior-subordinate relationships.

A hostile environment may occur even if the harassment is not targeted specifically at the individual. For example, if a group of students regularly directs sexual comments toward a particular student, a hostile environment may be created not only for the targeted student, but also for those who witness the illegal conduct.

Sexually harassing behaviors may include, but are not limited to, the following:

- Coerced sexual relations.
- Physical assault, including rape.
- Unwelcome sexual flirtation, advances or propositions.
- Inappropriate personal questions.
- Verbal remarks of a sexual nature, whether to an individual or directed to a group.
- Sexually explicit or sexually offensive jokes.
- Graphic or degrading verbal or written comments about an individual or the individual's appearance.
- Public display of sexually explicit, offensive or demeaning photographs.
- Written or electronic transmissions with sexually explicit or sexually offensive content.
- Requiring a person to wear sexually revealing clothing when not relevant to the educational or work experience.
- Any suggestive or unwelcome physical contact.
- Demanding sexual favors accompanied by promises, hints or threats concerning one's employment or educational status or opportunities.
- Introducing clearly inappropriate or generally offensive sexual content into a classroom discussion.
- Stalking

General Principles of Student Evaluation

Student clinical performance evaluation should be used as a mechanism for determining strengths and weaknesses of the student, as well as assessing the effectiveness of the academic and clinical phases of the curriculum. Rating should be made:

- on the basis of systematic and specific observations of the student's behavior
- on the basis of the typical frequency of performance rather than on isolated instances
- as summary of regular feedback given to the student throughout the clinical rotation
- on the basis of performance as judged by the stated objectives and the criteria given for each item performed.

Student Performance Evaluations

Center Coordinators of Clinical Education and Clinical Instructors should use two types of evaluations during the student's clinical experience: Formative and Summative.

Formative: This includes feedback on an informal basis that occurs during the day. Feedback is usually more frequent at the beginning of a clinical rotation and less frequent as the student becomes more proficient in his/her skills. It is also important to have more formal feedback sessions providing the opportunity to go into more in-depth discussions.

Summative: This type of evaluation is a formal summary of the student's overall performance and is provided in the form of the Clinical Performance Instrument (CPI). This evaluation must take place at midterm and at the end of the clinical rotation at a minimum.

Clinical Performance Instrument (CPI)

The School of Physical Therapy at Regis University has adopted the APTA Clinical Performance Instrument (CPI) Web to evaluate the student's performance in the clinic. The following guidelines describe the process of using the PT CPI Web when assessing the clinical performance of Regis University physical therapy students. The CI/CCCE is expected to document the student's performance using the PT CPI Web at Midterm and Final. The student will also have access to the CPI to complete a self-assessment. The student and the CI/CCCE are expected to complete the documentation of the CPI separately and then discuss the student's performance together. Since the PT CPI Web is a web-based instrument, all midterm and final comments are available for student, CI, CCCE, and ACCE review.

Using the Clinical Performance Instrument (CPI)

1. Each therapist assigned to supervise a student is required to participate in an online training program followed by an assessment. Training information access will be provided prior to the clinical experience. The CI should become familiar with the CPI and all associated materials relating to the specific clinical education course before the student begins the clinical experience. Being familiar with the performance

criteria is essential in looking at daily performance of the student and determining relevant strengths and weaknesses.

2. The CPI must be completed at midterm and final and there must be a formal evaluation discussion between the student and CI at both midterm and final regarding the scores and comments on the CPI.
3. Each performance criterion should be scored by marking the interval that most accurately reflects student performance.
4. The midterm evaluation is a means of formal feedback to the student about his/her performance. It should provide an opportunity for the Clinical Instructor and the student to set goals, review clinical objectives and design learning experiences for the last half of the clinical rotation. The ratings should reflect the most typical performance within recent observations rather than an average from the beginning to the rating date.
5. It is extremely important for the CI's ratings to be accompanied by explanatory remarks. These remarks should summarize strengths and weaknesses and be supported by specific examples of behavior exhibited by the student.
6. A self-assessment using the CPI should be completed by the student prior to the midterm and the final evaluation. Both the CI and the student use the CPI. They independently complete it to identify strengths and weaknesses, discrepancies in perceptions, and expectations for future performance. Students are required to make comments at midterm and final on their self-evaluation CPI.
7. If, at any time, the CI has significant concerns about the student's performance or feels the student is in danger of failing the clinical experience, the CI should call the ACCE immediately. The concerns and poor performance should be reflected in the comments in the CPI and discussed with the student. Students who feel concerned about midterm scores or CI expectations should also feel comfortable calling the ACCE to discuss these issues.
8. Both the student and CI must review both the CI's CPI and the student's CPI. Both documents must be submitted to the School of Physical Therapy at Regis University and will be reviewed by the Clinical Education Team.

Clinical Performance Instrument (CPI) Performance Expectations

All clinical experiences, which include DPT 750 (CE I), DPT 751 (CE II), DPT 752 (CE III) and DPT 753 (CE IV), will be graded on a Pass/Fail basis. The expectations for satisfactory performance on the Clinical Performance Instrument (CPI) are discussed with the student prior to each clinical rotation.

Ratings will be reviewed to ensure that each student performs at a minimal acceptable level. The performance criteria used by the ACCE to determine a Pass/Fail grade will be based on the final assessment given by the Clinical Instructor. Academic institutions will no longer be providing passing score expectations for the CPI. Instead, you will be expected to score the student based on your assessment of their performance in your setting.

Strategies for How to Grade CPI Items Commonly Not Observed

Clinical Instructors (CIs) and students sometimes find that select criteria in the CPI are difficult to interpret or address in their specific clinical setting. The following outline offers some suggestions to expand some of the sample behaviors. This list is not meant to be exhaustive and should assist with interpretation of criteria. Remember that all items on the CPI were designed so that students at any level could show some degree of achievement. The Regis Clinical Education Team hopes that every performance criterion on the CPI will be addressed on each clinical rotation.

Performance Criterion #3 - Accountability

- Seeks out new opportunities such as study groups
- Spends time outside of work for professional development
- Attends local, state or national APTA meetings
- Writes letters to senators and legislatures regarding current issues relating to PT practice and patient care
- Makes contributions to facility
- Participates in community service – health fairs, talks to community on arthritis, balance etc.

Performance Criterion #6 – Professional Development

- Assesses own performance
- Gives feedback to school and CI; seeks feedback
- Requests to see patients outside of comfort zone
- Asks CI and other clinicians questions
- Seeks research and best practice guidelines
- Utilizes functional outcome measures

Performance Criterion #8 - Screening

- More discussion with student about appropriate screening tools; What type of patient would benefit from screening? When to use full screening vs. full examination.
- Screens all systems and make referrals (examples: uses cognitive screen and consults with speech therapy, ADL screen and consults with OT)
- Sports screens
- Health fairs
- Quarterly screens in SNF's
- Perform health and wellness “screens” (example: PAR Q screening)

Performance Criterion #16 – Outcomes Assessment

- Tracks functional outcome measures
- Follows best practice evidence
- Participates in peer reviews
- Completes UR forms for Medicare A
- Confirms diagnosis against gold standard
- Observes that student modifies treatment from guidelines based on patient needs or response
- Continue to re-evaluate student's goals; have student “look back” and reflect on care
- Evaluates support personnel – gives feedback on performance

- Participates in evaluating patient surveys

Performance Criterion #17 – Financial Resources

- Insurance considerations - seeks appropriate authorization and reauthorization as needed by carrier
- Consider D/C issues in initial evaluation
- D/Cs patient when appropriate
- Schedules patients with efficient utilization, (e.g., decreases frequency of visits as patient becomes more independent)
- Understands DRG system
- Utilizes other educational resources such as videos, books/pamphlets, group exercises and health club services
- Discusses business management practices
- Discusses cost containment strategies

Performance Criteria #18 – Direction and Supervision of Personnel

- Determines if PT or PTA should treat a patient
- Evaluates effectiveness of massage therapy and/or support personnel
- Utilizes front desk personnel with respect and effective communication skills
- If there are no support personnel, uses CI to role play an assistant/aide or create scenarios “if you had this support staff”
- Keeps informed of patient’s current status through verbal/written communication
- Asks questions regarding patient status and communicates feedback to support personnel
- Resets patient goals based on patient’s progress
- Informs patient regarding care by support personnel and the rationale for delegation
- Have students write a self assessment on how they performed as a supervisor or in their role of delegating tasks

Student Evaluation of the Clinical Instructor and Clinical Site

Each student is required to complete the Student Evaluation of the Clinical Instructor and Clinical Site Form. This form is available to the student on PT CPI Web and in [Appendix H](#) of this handbook. The student is expected to share the evaluation with the CI/CCCE at midterm and at the final review. Both the student and CI should sign page 3 of the document following the final review. The student is responsible for returning the document to the Regis University School of Physical Therapy within three working days following the last day of the experience. The information in the document is reviewed by the Clinical Education Team. Information related to the CI is kept in the School file for that facility. Information related to the site is housed in the clinical files available for student review when they are choosing clinical sites. Each student is required to complete this document for each Clinical Instructor who spends more than ten hours per week with the student.

In-Service Presentation Evaluation Form

The students are required to give an oral presentation during their last three clinical experiences unless another option is requested and approved by the ACCE. The Clinical Faculty is expected to give feedback to the student via the In-Service Presentation

Evaluation form and may request oral presentations during the earlier clinical experiences. [See Appendix I.](#)

Alternative Clinical Experience Evaluation Forms

If a student participates in an alternative clinical experience, they are required to submit both the (a) Site Supervisor Evaluation of Student for Alternative Clinical Experience (b) Student Self-Evaluation of Alternative Clinical Experience and the (c) Student Site Evaluation of Alternative Clinical Experience Form. All of these forms are available online through PT CPI Web and in [Appendix J.](#)

Summary of Assignment Expectations to Complete a Clinical Rotation

In order to complete clinical education course requirements and to receive a passing grade for any clinical course, students must participate in online PT CPI Web discussions and submit the following documents:

1. A midterm journal
2. The electronic submission of the CPI Evaluation completed by the Clinical Instructor and student reflecting comments/scores at Midterm and Final
3. The Evaluation of the Clinical Instructor and Site with Student and CI signatures, [\(Appendix H\)*](#)
4. The In-service Presentation Evaluation Form [CEII, CEIII, and CEIV] [\(Appendix I\)*](#)
5. The Site Supervisor Evaluation of Student for Alternative Clinical Experience Form (when applicable) [\(Appendix J\)*](#)
6. The Student Self-Evaluation of Alternative Clinical Experience Form (when applicable) [\(Appendix J\)*](#)
7. Any other coursework described in course syllabi*

***Note.** These documents need to be sent to Jen McGinn in the School of Physical Therapy within 72 hours of completing each clinical rotation.

An Incomplete (I/F) will be given until all of the above assignments are completed and submitted to the Clinical Education Administrator Coordinator (Jen McGinn).

Consequences of Less than Satisfactory Performance

If student performance is not satisfactory or if a critical incident form is completed during the clinical experience, the ACCE will conduct a review process to determine eligibility to pass the clinical experience or if additional remediation is required.

Students receiving less than the specified criteria outlined above will receive an I/F for the clinical experience. If eligible for remediation, the student will be required to complete additional time in the clinical environment. The location, length and any additional remediation activities related to this additional clinical experience will be determined by the ACCE. The ACCE has the final decision for the grade issued in any clinical experience.

Remediation of Failed Clinical Experiences

The opportunity to remediate a failed clinical experience will be the decision of the ACCE based on input from the Director, CI, CCCE and the student. All records including the Clinical Performance Instrument (CPI), critical incident reports, and anecdotal records will be considered. The decision must have the support of the School Director. Students who are remediating a failed clinical experience will be placed in a facility chosen by the ACCE. The facility may be within driving distance of the University so that the ACCE or other faculty can be available to support the student.

Students who fail a clinical experience for reasons explained in the Disciplinary Review Process section of this manual will not be permitted to remediate and will not be able to continue in the program. Handling a failed clinical experience will follow the same procedures as a failed grade as defined in the University Bulletin.

Guidelines for Midterm Communication

The ACCE or academic advisor will contact each clinical site midway through the clinical rotation and speak to the CI/CCCE and the student. Communication will address the following:

- Level of performance
- Strengths
- Opportunities for growth
- Types of experiences/case load
- Level of supervision
- Goals for the rest of affiliation
- Concerns
- Feedback for curriculum/program

Site Visitation Policy

It is the intent of the School of Physical Therapy at Regis University to develop and maintain close relationships with each clinical education site. To accomplish this, the ACCE will make periodic visitations of the sites, be a resource for new and established sites, establish open communication and be in contact with the clinical educator during the student's clinical experience. Each student will be visited during his/her clinical experience a minimum of once during the four clinical education experiences. Clinical site visits will depend on several factors including, but not limited to:

- Experience and development needs of the Clinical Faculty
- Needs of a particular student
- Schedule of student assignments
- Distance from the campus

Efforts will be made to visit a site once for every five students placed in that facility or every thirty-two months, whichever is longer. (Thirty-two months is the approximate time one class rotates through the four clinical rotations).

Disciplinary Review Process

All Rueckert-Hartman College for Health Professions students are bound by the provisions of the *Regis University Student Handbook*, the *Regis University Bulletin*, and the appropriate RHCHP school or departmental handbook, including, but not limited to, the Standards of Conduct and general University policies and regulations. Copies of the *Regis University Student Handbook* may be obtained in the Office of Student Life located in the Student Center or accessed online at www.regis.edu.

Procedures for reviewing violations of the University's Standards of Conduct are outlined in the *Regis University Student Handbook*. Incidents of unsafe behavior or unprofessional conduct in a clinical or academic setting are also grounds for disciplinary action, including, but not limited to suspension or expulsion from the program, as set forth below. The academic dean of the Rueckert-Hartman College for Health Professions shall have sole discretion for determining which procedure shall be used and for determining which provisions apply in individual cases.

The faculty member and/or responsible supervisor making the initial judgment that a situation of unsafe behavior or unprofessional conduct in a clinical or academic setting exists shall inform the student of the charges against him/her and notify the dean of the School of Physical Therapy or designee. If in the judgment of the faculty member and/or responsible supervisor the nature of the conduct or behavior warrants, the student may be suspended from the classroom or clinical area until the review process has been completed.

Following a preliminary review of the evidence available in a case, the appropriate school dean/department director or designee shall schedule a hearing with the student to review the charges. If the student fails to appear at the hearing and the failure of appearance is not excused by the school dean/department director, the charges shall be deemed to be unchallenged and the student shall be deemed to have waived the right to a hearing. In such cases the school dean/department director may proceed to apply such sanctions as the school dean/department director deems appropriate.

At the hearing, the school dean/department director or designee shall:

1. Provide the student with copies of all written reports regarding the circumstances and facts of the case. The student shall have an opportunity to give his/her reactions to the reports and to offer any additional information relevant to resolving the case.
2. Interview involved parties, including the student, about the facts of the case. The student shall have the right to hear any testimony related to the case that may adversely affect him/her and to question persons giving such testimony.
3. Allow the student to present witnesses on his/her own behalf and to be accompanied by one advisor who is not a party to the case. Such advisors must be members of the Regis University faculty or full-time staff.

Following the hearing and consultations deemed necessary with program faculty or committees, the school dean/department director or designee shall make a determination of the facts of the case and sanctions if appropriate. Sanction options include, but are not limited to, expulsion or suspension from the program, probation, warnings, or failure of a course.

Notification of the results of the review by the school dean/department director or designee shall be provided in writing by regular mail to the student's last known address as identified in the records of the University and to the academic dean of the Rueckert-Hartman College for Health Professions.

The student shall have three working days from receipt of the letter to appeal the decision of the school dean/department director to the academic dean. Notification of the results of the review by the academic dean shall be provided in writing by mail to the student with a copy to the school dean, department director or designee. The decision of the academic dean is final.

Examples of unprofessional conduct or unsafe behavior include but are not limited to:

- a. A pattern of unsafe clinical performance.
- b. Unsuccessful progression of Generic Abilities.
- c. Any action of omission or commission that results in serious injury or harm to another.
- d. Disrespectful, abusive, or dishonest interactions with patients, families, staff, faculty, or peers.
- e. Violation of a client's right to confidentiality.
- f. Performance of a criminal act.
- g. Abuse of drugs or illegal use or possession of controlled substances.
- h. Failure to follow policies and procedures of the clinical agency.
- i. Academic dishonesty or plagiarism.
- j. Unauthorized/ improper collaboration
- k. Manipulation, alteration, removal or destruction of other student/faculty/University/clinical facility materials and/or equipment.
- l. Unauthorized use of University or clinical agency equipment inclusive of computer accounts and files.
- m. Violations of the professional standards of conduct and ethics of the profession the student is preparing to enter.
- n. Other prohibited conduct as defined by Regis University, the Rueckert-Hartman College for Health Professions and the school or program.
- o. Other conduct or behavior that is unprofessional or unsafe as determined by the discretion of the school.

Student/Clinical Faculty Conflicts

In the case of any perceived conflict with Clinical Faculty, students should use the following procedure:

1. Discuss conflict with the Clinical Faculty member within three (3) working days of conflict.
2. If discussion with the relevant Clinical Faculty member is not possible for whatever reason or does not result in satisfactory resolution of the conflict, the student should contact and discuss the conflict with the Clinical Coordinator for Clinical Education (CCCE). If a satisfactory resolution cannot be made, the student may submit a written summary of his/her concerns to the Academic Coordinator of Clinical Education (ACCE) within three (3) working days of this discussion with the relevant Clinical Faculty member.

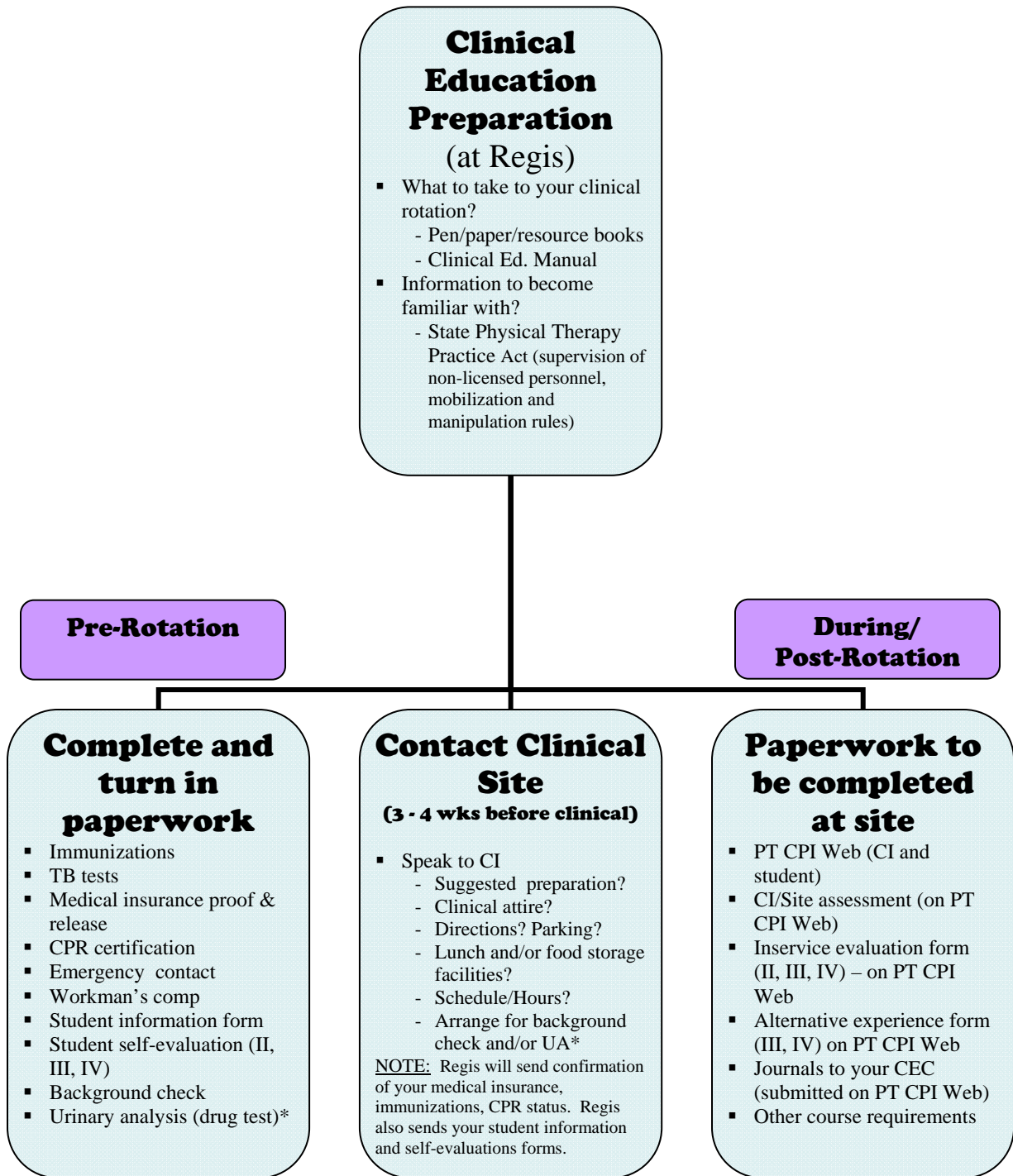
3. The ACCE arranges mediation discussions with the involved student and Clinical Faculty member within five (5) working days of receiving the request from the student.
4. In the absence of a mediated resolution to the perceived conflict, the issue may be referred to the School Director.
5. The CI/CCCE is obligated to contact the ACCE in writing or by telephone as early as possible of any concerns regarding a student's behavior or performance. The ACCE will always make it a priority to be available for a site visit when concerns/problems need to be resolved dependent upon travel distance from the University.

Family Education Rights and Privacy Act (FERPA)

There are times when the ACCE needs to relate information to a clinical facility regarding the academic or clinical progress of a student on previous coursework or to explain why a student may be "off cycle" in the clinical education process. The Family Educational Rights and Privacy Act of 1974 states that only directory information may be released without written authorization from the student. In accordance with this law, students will be asked to sign a release form allowing the ACCE to disclose specific information to a site CCCE (Appendix K). The student should contact the Office of the Registrar for further clarification of this act. Refer to Unofficial Grades for additional policies that reference FERPA guidelines. The School of Physical Therapy adheres to this act with the guidance of the Registrar.

Student Preparation for Clinical Rotations

There are numerous forms to be completed and items that must be current before you are allowed to participate in any clinical rotation. The following overview will help you prepare as you plan for your upcoming clinical rotations.



*Note. Only required by some sites

During the clinical rotation remember that (a) good communication and establishing expectations is critical, (b) it is important to realize that learning styles may vary between you and your CI – discuss how you learn best with your CI and see how you can accommodate to their style as well, and (c) Check your email – Regis account and PT CPI Web on a regular basis.

Following the completion of the clinical rotation, the following paperwork must be handed in **within 72 hours** and will be reviewed by each student's Clinical Education Contact person:

- PT CPI Web submitted
- CI/Site assessment form with student and CI signatures (signature area found on pg. 3)
- In-service evaluation form (II, III, IV)
- Alternative experience forms (III, IV)
- Other required assignments
- assignments (where applicable)

Student Paperwork

Drug Screening and Criminal Background Check

It is becoming common practice for agencies and/or field placement sites to have policies requiring screening and/or criminal background checks for their employees, volunteers, and for students who are assigned to the facility. Regis University will comply with these requirements in placing students at such facilities or agencies. As a condition for enrollment and continued matriculation in academic programs involving external placements, clinical rotations, internships, or service learning experiences, students are required to submit to drug screening tests and to participate in a criminal background check prior to matriculation. This will be at the discretion of Regis University or the agency sponsoring the field placement or internship.

Regis University will assist students in understanding and complying with the requirements. However, the responsibility for providing such information and their associated costs, rests with the student and not with Regis University. Failure to submit to such testing or to provide such information as required as a condition for admission and clinical placement or internship may result in disqualification from further study at the University. Similarly, results from the drug screening tests or criminal background check may result in disciplinary action on the part of the University, including, but not limited to disqualification from further studies at the University.

First Aid/CPR

Students are required to personally obtain and maintain current CPR certification throughout their academic and clinical education at Regis University. Proof of such certification must be in each student's file no later than the end of the first semester. Students are not permitted to participate in clinicals without current certification.

Health Insurance

As a condition of enrollment, all graduate PT students must maintain and submit proof of health insurance coverage that includes effective date and renewal date to the Program Assistant for Clinical Education at the beginning of each academic year. This requirement can be met by enrolling in the University-sponsored student health insurance plan or by presenting proof to the School of coverage by an alternative health insurance plan. Personal health insurance covers illness and injury in classroom and lab situations as well as any off campus injuries/illnesses. All students are informed of the Regis University Worker's Compensation Program during Clinical Education I, DPT750.

Health and Safety

Students are required to have evidence of a physical examination and proof of immunization prior to beginning the first semester enrollment at Regis. Required immunizations include tuberculosis vaccination, MMR (2), polio, tetanus DPT, and completion of the first of the three hepatitis B vaccines. The second is given one month after the first and the third hepatitis vaccine is given six months after the second and can be received while students are enrolled. Vaccinations are at the student's expense.

Students who fail to submit documentation of the required immunizations will not be permitted to participate in clinicals.

Additional exams and or immunizations may be required depending on clinical placement. These immunizations are at the student's expense. Students failing to submit documentation of such exams or immunizations will not be permitted to participate in clinicals.

A student whose physical well-being becomes impaired or whose health status changes (including pregnancy) must notify the Director immediately upon confirmation.

Continuation in the program is dependent on the following:

- Student can present a written statement from a qualified physician confirming the student's ability to continue participation in the program.
- Appropriate clinical sites can be found for the student.
- The Director and ACCE think in their best judgment that the student's performance will not be a physical safety hazard to assigned patients.
- The School is able to make reasonable accommodations for the student.
- Due to contact with clients both in the classroom and clinical setting, students who are ill for more than two consecutive days must provide a medical release from a qualified health care provider for readmission to class or the clinical setting.

International Travel Requirements

Regis University has specific regulation related to students traveling to foreign countries. Information related to the clinical experience abroad can be found in [Appendix B](#) and will be presented further at an interest/informational meeting. Prior to leaving for the clinical experience, students must supply evidence of set requirements.

Lab Release Form

During Clinical Education Preparation sessions, students will receive a copy of the clinical education course syllabus. The syllabus contains a lab release form that must be completed by the student prior to the start of the clinical rotation. If a student has any impairments, functional limitations, or disabilities that will prevent them from completing all of the tasks that might be expected of them during a clinical rotation, they are encouraged to disclose those issues using this form and to bring those issues to the attention of their CI/CCCE. All reported impairments, functional limitations and disabilities must be substantiated in writing by a health care professional before the student will be allowed to participate in the upcoming affiliation.

Learning Contract

Learning contracts that are associated with each clinical education course must be signed and turned in to the Course Coordinator before students will be allowed to participate in the respective clinical rotation.

OSHA Training

The Occupational Safety and Health Administration (OSHA) has established guidelines regarding universal precautions and blood borne pathogens. Each student is expected to receive OSHA training each year prior to participating in clinical rotations. Training will be conducted within the School of Physical Therapy at Regis University during an Independent Skills Lab time (see semester schedules for details). It is the responsibility of the student to attend the scheduled lecture and to follow the recommended guidelines.

Student Emergency Contact Form

Prior to departing on each clinical rotation, students are required to complete a Student Emergency Contact Form". This form contains pertinent contact information related to how to reach them during their clinical rotation (Appendix L).

Student Information Form

Prior to each clinical experience, students complete a Student Information Form that is sent to the clinical site by the School prior to the student's arrival at the site. The Student Information Form gives the site the following information:

- Medical problems
- Previous volunteer or paid experience
- Prior clinical experiences
- Objectives for the clinical experience
- Clinical strengths
- Opportunities for growth
- Preferred learning styles
- Special accommodations

The intent of this form is to help prepare both the student and the Clinical Instructor for the clinical experience (Appendix M).

Student Professional Liability Insurance

Students are required to carry student professional liability insurance through the group University policy. This insurance premium is assessed as a student fee and is renewed on an annual basis. This policy covers students during all approved student clinical experiences while in the program. The policy also requires appropriate student supervision while in the clinical setting. Students must not take on responsibility which is above their capacity in any student experience. Certain clinical situations require proof of such insurance. The student can request verification of insurance from the Administrative Assistant for Clinical Education.

Student Self-Evaluation Form

Each student is required to complete this document for each Clinical Instructor to help the Clinical Instructor in planning the clinical experience. The School will send the form to the clinical site prior to the student arriving. See Appendix N.

Workers' Compensation

If a student should sustain a work related injury/illness while participating in a clinical rotation the following is applicable. In the event of a "life-threatening" injury/illness, medical treatment should be obtained from the most convenient and appropriate medical provider available. If the event is not "life-threatening" the student must seek care as follows:

During Weekdays During Business Hours:

Injury requiring immediate attention:

1. Follow the clinic or hospital policy for on-the-job injuries initially
2. Go to the closest preferred provider facility
3. Report all work-related injuries to your Clinical Instructor (CI). **Within 12 hours** the CI must:
 - a. Complete a "First Report of Injury". **This form must be turned into Human Resources at Regis within 4 days**
 - b. Call the Human Resource Department at Regis University at 303.458.3503
 - c. Inform HR which preferred provider facility the student was seen at*
 - d. Call Regis Chair, Physical Therapy Practice Department at 303-458-4983.
4. A representative from Human Resources will contact the preferred provider facility to authorize treatment

Injury not requiring immediate medical attention

(medical services can be rendered at a later time)

1. Follow the clinic or hospital policy for on-the-job injuries initially
2. Schedule an appointment with Concentra within **24 hours of the injury** and
 - a. CI to complete a "First Report of Injury". **This form must be turned into Human Resources at Regis within 4 days**
 - b. CI to call the Human Resource Department at Regis University at 303.458.3503
 - c. Inform HR which preferred provider facility the student has an appointment scheduled*
 - e. Call Regis Chair, Physical Therapy Practice Department at 303-458-4983.
3. A representative from Human Resources will contact the preferred provider facility to authorize treatment

Weekends or After Hours:

Injury which needs immediate medical attention outside of the preferred medical provider's network. (check hours on the preferred provider list and websites, as hours at different locations vary)

1. Follow the clinic or hospital policy for on-the-job injuries initially
2. Go to the After Hours and Weekend Care facilities listed on the Colorado locations form or the nearest full service emergency room/hospital if you are not in the listed areas.
3. Schedule an appointment with a preferred provider **within 24 hours of the injury**
4. Report all work-related injuries to your Clinical Instructor (CI). **Within 12 hours** the CI must:
 - a. CI to complete a "First Report of Injury". **This form must be turned into Human Resources at Regis within 4 days**
 - b. CI to call the Human Resource Department at Regis University at 303.458.3503

- c. Inform HR which preferred provider facility the student has an appointment scheduled*
 - d. Call Regis Chair, Physical Therapy Practice Department at 303-458-4983.
5. A representative from Human Resources will contact the preferred provider facility to authorize treatment

An Activity Status Report signed by the physician and the student must be filed with Human Resources at Regis before the student can return to their clinical rotation. If the student has been injured and waives their right to be seen by a preferred provider facility, they must sign at Worker's Compensation Release to be filed with Human Resources at Regis.

***Out-of-State Rotations:** In the case of an on-the-job injury, call Human Resources (303.458.3503) to determine where to be seen.

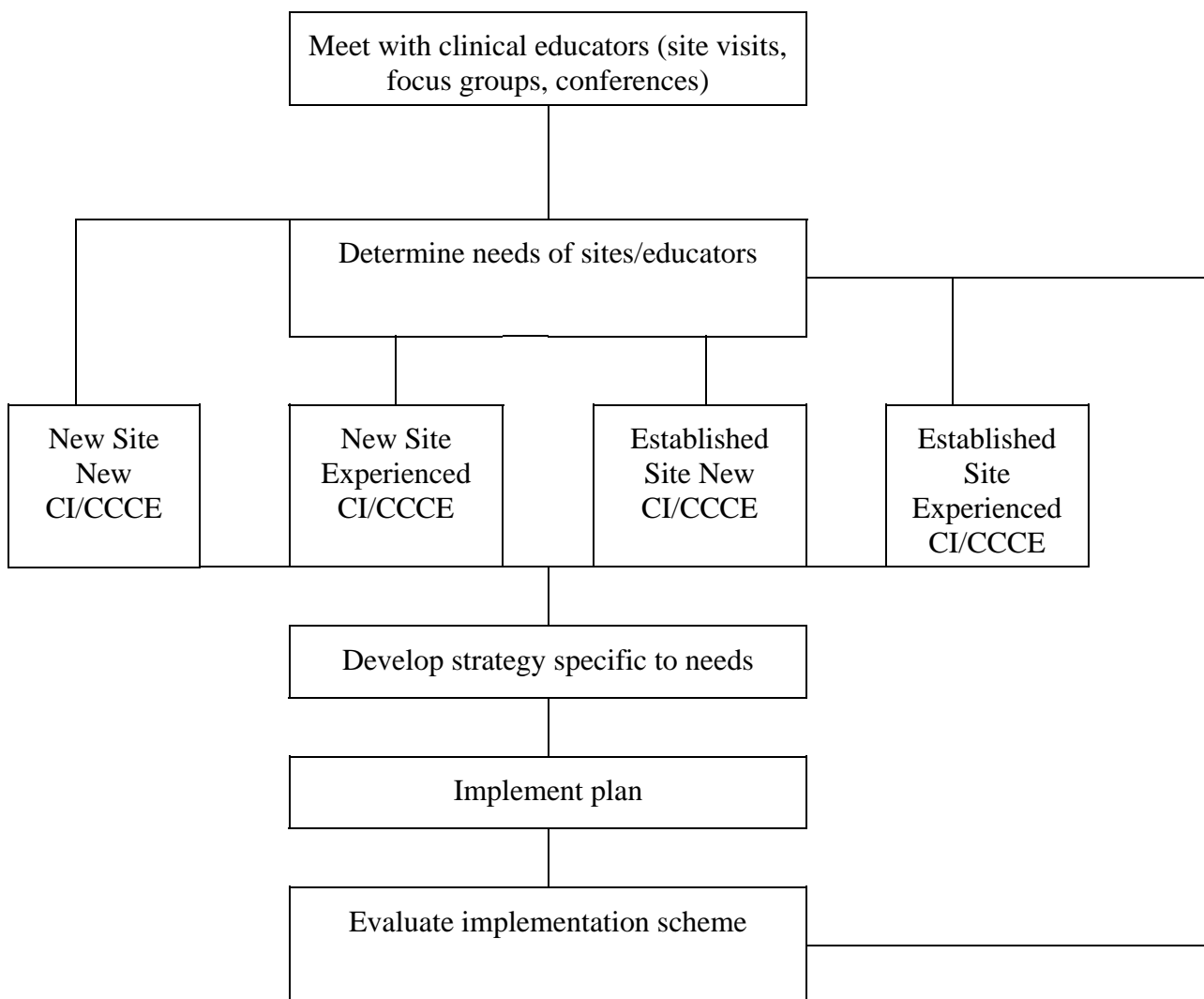
Students who are injured while on a clinical rotation must also complete Workers' Compensation documentation to report the injury. A form outlining this procedure and a signature form (to document student's awareness of the policy) is located in [Appendix O](#). These signed forms are kept on file in the Clinical Education office. Students are also given a card that lists the locations of the designated medical providers.

Clinical Faculty Guidelines

Clinical Faculty are considered an integral part of the faculty in the School of Physical Therapy. For this reason, they are encouraged to participate in faculty development options that promote excellence in clinical teaching. The School supports Clinical Faculty in a variety of ways to accomplish this goal. The ACCE and academic faculty are available to assist Clinical Faculty in their continued development.

Clinical Faculty Development Scheme

The Clinical Faculty Development scheme directs the process for Clinical Faculty development. The Academic Coordinator of Clinical Education (ACCE) is responsible for coordinating the process in conjunction with the Clinical Instructors (CI) and Center Coordinators of Clinical Education (CCCE). The ACCE will solicit academic faculty participation in the implementation phases of this plan as indicated.



Clinical Educator Benefits

Special arrangements for auditing PT classes (limited to two clinical educators per course per semester due to space issues) will be arranged by request on a first come first serve basis. The usual tuition requirements for course auditing will be waived for clinical educators actively participating in the clinical education program at Regis University.

Each year the University hosts distinguished persons who come to campus to speak to faculty, students and the community. Clinical Faculty have opportunities to attend these special events.

The School offers the APTA CI Credentialing Course one to two times per year. Clinical Faculty, who come from facilities who have taken Regis PT students, have a portion of their course tuition paid by the School.

The School of Physical Therapy faculty are available to be resources to the clinical community on a variety of topics.

Clinical Faculty are invited to attend the research presentations given by the students.

Grand Rounds events hosted at Regis are offered monthly to Clinical Faculty and information from the Grand Rounds is available on our Clinical Education web site at <http://regis-scholars.wikidot.com/>

Seminars may also be offered annually at no charge. Topics are determined by feedback from Clinical Instructors, academic faculty, students, and information gathered by the ACCE's during clinical site visits.

Since Regis School of Physical Therapy is a member of the Northwest Intermountain Consortium (NIC), any course or conference sponsored by this group is offered to Clinical Faculty free of charge or at a substantial discount.

Colorado Clinical Educator's Forum

The forum is a group of clinical and academic educators who meet once a month to discuss issues concerning the education of physical therapy and physical therapist assistant students in the State of Colorado. It offers support and educational opportunities. Clinical educators of Regis University are encouraged to participate in this special interest group.

Regis University Clinical Education Scholar Program **Program Highlights**

The Regis Clinical Education (CES) Program is an optional program for our clinical faculty who would like to advance their professional development in clinical education and to enhance their relationship with the Regis University School of Physical Therapy

The Vision of the Regis Clinical Education Scholar Program (CES)

The purpose of the Regis CES program is to strengthen academic- clinical partnerships with individual physical therapists so as to realize APTA Vision 2020, facilitate the Regis School of Physical Therapy mission, promote faculty development in clinical teaching and ensure optimal student learning throughout all DPT experiences.

Expected Outcomes of the CES Program

The Clinical Education Scholar will:

- Provide student clinical experiences that are congruent with the educational outcomes of the Regis DPT program (mentorship in evidence based doctoral practice, leadership, social justice, advocacy, ethical and legal autonomous practice with sensitivity to diversity consistent with APTA Core Professional Values).
- Demonstrate passion and commitment to excel in clinical teaching
- Foster and support opportunities that encourage unique and innovative methods of participation in DPT education beyond traditional clinical education experiences
- Commit to ongoing participation as a Regis clinical faculty member

Roles and Responsibilities of Each Partner

Regis role in this collaboration is to:

- Offer CES orientation through 9 – 1 hr online education modules, APTA CI credentialing and a focused 8 week online course on EBP and professional development in a doctoral profession (DPT DPT 770T, introductory course in the Transition DPT program)
- Promote ease of integration of EBP within personal practice through Regis University library database access
- Provide lifelong learning opportunities through free post-professional courses that could lead to academic degrees and/or certificates (tDPT and PT fellowships). The University will offer 1 free 3 credit course for every 2 supervised clinical rotations, which can be used to take any course in the Transition DPT or fellowship programs
- Support CES through ongoing mentorship with academic faculty

The CES role in this collaboration is to:

- Supervise directly a minimum of 2 Regis student clinical rotations/year
- Complete the CES orientation curriculum
- Maintain active membership in APTA and support Vision 2020
- Role model the expectations of a Regis faculty member who supports the University mission and values
- Demonstrate behaviors that are consistent with the expected outcomes of a Regis clinical scholar

For additional details on this exciting program, visit <http://regis-scholars.wikidot.com>

Appendix A

Clinical Education Team Information



Nancy Mulligan PT, DPT, OCS

303-458-4022

nmulliga@regis.edu

Chair, Department of Physical Therapy Practice, ACCE

Nancy has enjoyed over 25 years of experience as a physical therapist creating a broad spectrum of skills in manual therapy, neuromuscular re-education, ergonomics and fitness. She graduated from Texas A&M University with a bachelor's degree in Exercise Technology followed by a bachelor's degree in Physical Therapy from The University of Texas Southwestern Medical Center. She completed her Doctor of Physical Therapy degree at Regis University. Nancy has served many years as a Clinical Instructor, has been credentialed as an Advanced Clinical Instructor, and now is a Trainer for the APTA's Clinical Instructor Education and Credentialing Program. In addition to expanding her clinical and mentoring skills, Nancy has developed a strong interest in individual learning styles and attentional issues related to students' academic, clinical, and professional success. Nancy is the Chairperson for the Northwestern Intermountain Consortium of clinical educators.



Mary Christenson PT, PhD

303-964-5058

mchrste@regis.edu

ACCE; coordinates clinical education courses; coordinates international and alternative experiences

Mary has been working with the clinical education program at Regis University for nearly six years and has enjoyed the opportunity to work with the Clinical Faculty who mentor our students. She received a Bachelor's degree in Physical Therapy from the University of Colorado Health Sciences Center, a Master's degree in Exercise and Sport Science from Colorado State University, and her PhD in Health and Behavioral Sciences at the University of Colorado at Denver. She is also an instructor in the entry-level and transition Doctor of Physical Therapy programs in topics including health and wellness, mentoring, and professional issues. Her primary areas of research focus are rheumatology, geriatrics, rural health, and clinical education student outcomes. She is a Trainer for the APTA's Clinical Instructor Education and Credentialing Program, Chair-elect for the Association of Rheumatology Health Professionals, and active member of the Colorado Coalition for Older Adult Wellness.



Alice Davis PT, DPT

303-964-5482

amdavis@regis.edu

ACCE; coordinates site offerings with student requests; Grand Rounds coordinator

Alice received her Master's of Science Degree in Physical Therapy from Thomas Jefferson University in Philadelphia, Pennsylvania. In May of 2007, Alice earned a Clinical Doctorate degree in Physical Therapy through Regis University. She has worked in diverse rehabilitation settings and has a strong background in neuromuscular re-education/therapeutic exercise, orthopedics, geriatrics and wellness & prevention. Alice works at Sport and Spine Physical Therapy in Centennial, Colorado and is also an Instructor and ACCE in the School of Physical Therapy at Regis University. She is a certified practitioner of Pilates rehabilitation through Polestar education. Over the past 8 years, Alice has served on professional development committees for the APTA both at the National and State level.



Jennifer McGinn

303-458-4983

mmcginn@regis.edu

Department Administrative Coordinator; serves as liaison in negotiations with clinical agencies for placements and contracts; oversees student documentation requirements

Jennifer joined Regis University, School of Physical Therapy in May, 1999. Since then she has had the pleasure of developing professional relationships with numerous clinical facilities and clinical educators. She is a critical member of the Clinical Education Team ensuring that the clinical education component of the DPT program is offered in an effective and efficient manner and is in compliance with legal contracts of clinical agencies and accreditation standards.

Appendix B

International Travel Documents

REGIS UNIVERSITY
School of Physical Therapy

International Travel for Alternative Clinical Experiences

Dear Student:

Regis University has recently updated their policies and procedures related to service learning or work experiences in countries outside of the U.S. Please review the following information and return the following forms to **Jen McGinn** by **DATE** by **TIME**.

By signing the “*Personal Safety and Property Disclosure Release Form*” you are indicating that you are aware that there are certain risks associated with travel to a foreign country. By completing and signing the “*Medical Information, Authorization, and Release Form*” you are allowing your trip coordinator to obtain medical care for you should you not be able to do so on your own. You should also be aware that you have two types of insurance that are provided for you by Regis University. Please take this information with you when you travel.

1. The first type of insurance is Professional Liability Insurance. This insurance will cover you in the U.S. as well as a foreign country as long as the claimant (injured party) brings the case against you in the U.S. Cases brought against you in a foreign county are not insured. (The copy of this policy is on file here at Regis. You do not have a copy of this policy).
2. The second type of insurance is a policy that covers accidents, injuries, and sickness (see ACE policy for details). You also have a brochure from CNA that lists “Companion Services” that they provide such as (a) pre-trip information on visas passports, immunizations, etc., (b) personal assistance regarding lost baggage, emergency cash, legal referral, emergency travel arrangements, etc., and (c) medical assistance such as emergency medical referral, eyewear and medication replacement, and emergency medical evacuation.

The University also requires that you purchase traveler’s insurance to cover any costs associated with changes in your travel arrangements. The policies listed above do not cover costs associated with changes in travel arrangements. If you choose to not purchase traveler’s insurance your signature on the release form indicates that you are aware that you are responsible for incurring the costs of any changes in your travel arrangements. If you are interested in purchasing traveler’s insurance we recommend the following websites:

Traveler’s Insurance Websites:

<http://www.csatravelprotection.com/>

<http://www.travelguard.com/>

<https://www.travelex-insurance.com/Consumer/Welcome.htm>

<http://www.worldtravelcenter.com/eng/cobrandindex.cfm?affiliate=ecuadore>

US Government Travel Advisory:

Regis University also requires that all students who are traveling abroad check the US Government Travel Advisory website before leaving the U.S. by logging onto www.travel.state.gov. This website contains travel warnings and information sheets regarding travel to foreign countries. If the US government suggests citizens not travel to a certain destination, it is the University and the insurance carrier's position that the students not travel.

If you have any questions regarding any of this information, please do not hesitate to contact Dr. Nancy Mulligan for clarification at 303-458-4022 or nmulliga@regis.edu.

REGIS UNIVERSITY

Personal Safety and Property Disclosure Form

As a member of the Regis University Community, you have chosen to participate in the alternative clinical experience in a foreign country through the School of Physical Therapy.

Your choice to participate in the alternative clinical experience in a foreign country through the School of Physical Therapy carries with it certain risks and responsibilities.

During your trip to a foreign country it is important that you use common sense in caring for yourself and your property. During your entire learning experience you will be interacting with your trip coordinator, individuals and patients affiliated with the clinical site in a foreign country and local organizations and NOT with the School of Physical Therapy at Regis University. As with any trip to any part of the world, there is a risk that you could be hurt during your trip to and time in a foreign country, that you could become sick, or that you could lose some of all of your property. You could be a victim of a crime, or you could be involved in an automobile or other kind of accident. You will need to take every practical precaution to ensure that your trip will be safe and enjoyable, and understand that something bad or harmful could still happen to you or to your property. No guarantees can be made to you by anybody or any program about your personal safety, the well-being of your personal belongings, or the nature of your experience.

As a condition of your participation in the alternative clinical experience in a foreign country you are required to sign the attached **Release Form** indicating that you understand and accept the risks involved in these activities and release the University and its personnel from liability for harm, injury or damage that may impact you. **NOTE:** Parent(s) must sign if the participant is under the age of 18.

PROOF OF TRAVEL INSURANCE: You are financially responsible for the costs involved in any changes to your travel arrangements. For that reason travel insurance is required.

Attach a copy of your travel insurance policy and policy number.

PHOTO ID:

Attach a copy of your International Student ID Card (may be obtained from a travel agent), passport, or U.S. Driver's License.

Appendix C

Student Request of New Site Development Form

REGIS UNIVERSITY
School of Physical Therapy

Clinical Education
Student Request of New Site Development Form

Students who are interested in clinical sites not already on our site list must talk to their Clinical Education Contact before initiating any contact with the clinical site and complete the “Student Request of New Site Development Form.” Decisions regarding the establishment of new sites will be based on student and Physical Therapy School needs. After the discussion with the ACCE, the student must visit the site to determine further interest and match. All student requests for establishment of new sites need to be made at least six months before the clinical rotation. New site requests will be handled on an individual basis based on the type of clinical experience, needs of the physical therapy program and potential for accommodating students in the future.

Please provide the following information and return to your Clinical Education Advisor or Clinical Education Team Chair:

Your name: _____

Facility name: _____

Facility address: _____

Contact person: _____

Phone number: _____

Type of clinical rotation: _____

Specific dates for the requested clinical rotation: _____

Reason for request of this site for clinical education development:

Other opportunities available at the facility:

Student Signature: _____ Date: _____

Appendix D

Commitment to Use New Site Form

**REGIS UNIVERSITY
School of Physical Therapy**

Commitment to Use New Site Form

I, (Print Name)_____ recognize that I am asking the Clinical Education Team in the School of Physical Therapy at Regis University to develop an affiliation with a new clinical facility at my request. I understand that by making this request that I am committing to participate in the clinical experience offered by (Name of Site)_____ in the event that an affiliation agreement is established. I also realize that I will be held out of the E*VALUE process for the clinical selection process for the timeframe/clinical education rotation agreed to by this site.

Student Signature_____

Date_____

Appendix E

Incident Report Form

Appendix F

Generic Abilities

Generic Abilities

1. Commitment to Learning

Behavioral Criteria

Beginning Level

- Identifies problems
- Formulates appropriate questions
- Identifies and locates appropriate resources
- Demonstrates a positive attitude (motivation) toward learning
- Offers own thoughts and ideas
- Identifies need for further information

Developing Level (builds on preceding level)

- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Seeks out professional literature
- Sets personal and professional goals
- Identifies own learning needs based on previous experiences
- Plans and presents an in-service on research or case studies
- Welcomes and/or seeks new learning opportunities

Entry Level (builds on preceding levels)

- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice
- Researches and studies areas where knowledge base is lacking

Post-Entry Level (builds on preceding levels)

- Questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other allied health professionals and physical therapists for treatment ideas
- Acts as mentor in area of specialty for other staff

2. Interpersonal Skills

Behavioral Criteria

Beginning Level

- Maintains professional demeanor in all clinical interactions
- Demonstrates interest in patients as individuals
- Respects cultural and personal differences of others: is non-judgmental about patients' lifestyles
- Communicates with others in a respectful, confident manner
- Respects personal space of patients and others
- Maintains confidentiality in all clinical interactions
- Demonstrates acceptance of limited knowledge and experience

Developing Level (builds on preceding level)

- Recognizes impact of non-verbal communication and modifies accordingly
- Assumes responsibility for own actions
- Motivates others to achieve
- Establishes trust
- Seeks to gain knowledge and input from others
- Respects role of support staff

Entry Level (builds on preceding levels)

- Listens to patient but reflects back to original concern
- Works effectively with challenging patients
- Responds effectively to unexpected experiences
- Talks about difficult issues with sensitivity and objectivity
- Delegates to others as needed
- Approaches others to discuss differences in opinion
- Accommodates differences in learning styles

Post-Entry Level (builds on preceding levels)

- Recognizes role as a leader
- Builds partnerships with other professionals
- Establishes mentor relationships

3. Communication Skills

Behavioral Criteria

Beginning Level

- Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression
- Writes legibly
- Recognizes impact of non-verbal communication: maintains eye contact, listens actively

Developing Level (builds on preceding level)

- Utilizes non-verbal communication to augment verbal message
- Restates, reflects and clarifies message
- Collects necessary information from the patient interview

Entry Level (builds on preceding levels)

- Modifies communication (verbal and written) to meet the needs of different audiences
- Presents verbal or written message with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively
- Dictates clearly and concisely

Post-Entry Level (builds on preceding levels)

- Demonstrates ability to write scientific research papers and grants
- Fulfills role as patient advocate
- Communicates professional needs and concerns
- Mediates conflict

4. Effective Use of Time and Resources

Behavioral Criteria

Beginning Level

- Focuses on tasks at hand without dwelling on past mistakes
- Recognizes own resource limitations
- Uses existing resources effectively
- Uses unscheduled time efficiently
- Completes assignments in timely fashion

Developing Level (builds on preceding level)

- Sets up own schedule
- Coordinates schedule with others
- Demonstrates flexibility
- Plans ahead

Entry Level (builds on preceding levels)

- Sets priorities and reorganizes as needed
- Considers patient's goals in context of patient, clinic, and third party resources
- Has ability to say "No"
- Performs multiple tasks simultaneously and delegates when appropriate
- Uses scheduled time with each patient efficiently

Post-Entry Level (builds on preceding levels)

- Uses limited resources creatively
- Manages meeting time effectively
- Takes initiative in covering for absent staff members
- Develops programs and works on projects while maintaining case loads
- Follows up on projects in timely manner
- Advances professional goals while maintaining expected workload

5. Use of Constructive Feedback

Behavioral Criteria

Beginning Level

- Demonstrates active listening skills
- Actively seeks feedback and help
- Demonstrates a positive attitude toward feedback
- Critiques own performance
- Maintains two-way communication

Developing Level (builds on preceding level)

- Assesses own performance accurately
- Utilizes feedback when establishing pre-professional goals
- Provides constructive and timely feedback when establishing pre-professional goals
- Develops plan of action in response to feedback

Entry Level (builds on preceding levels)

- Seeks feedback from clients
- Modifies feedback given to clients according to their learning styles
- Reconciles differences with sensitivity
- Considers multiple approaches when responding to feedback

Post Entry Level (builds on preceding levels)

- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Utilizes feedback when establishing professional goals
- Utilizes self-assessment for professional growth

6. Problem-Solving

Behavioral Criteria

Beginning Level

- Recognizes problems
- States problems clearly
- Describes known solutions to problem
- Identifies resources needed to develop solutions
- Begins to examine multiple solutions to problems

Developing Level (builds on preceding level)

- Prioritizes problems
- Identifies contributors to problem
- Considers consequences of possible solutions
- Consults with others to clarify problem

Entry Level (builds on preceding levels)

- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Updates solutions to problems based on current research
- Accepts responsibility for implementing solutions

Post Entry Level (builds on preceding levels)

- Weighs advantages
- Participates in outcome studies
- Contributes to formal quality assessment in work environment
- Seeks solutions to community health-related problems

7. Professionalism

Behavioral Criteria

Beginning Level

- Abides by APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Abides by facility policies and procedures
- Projects professional image
- Attends professional meetings
- Demonstrates honesty, compassion, courage and continuous regard for all

Developing Level (builds on preceding level)

- Identifies positive professional role models
- Discusses societal expectations of the profession
- Acts on moral commitment
- Involves other health care professionals in decision-making
- Seeks informed consent from patients

Entry Level (builds on preceding levels)

- Demonstrates accountability for professional decisions
- Treats patients within scope of expertise
- Discusses role of physical therapy in health care
- Keeps patient as priority

Post-Entry Level (builds on preceding levels)

- Participates actively in professional organizations
- Attends workshops
- Actively promotes the profession
- Acts in leadership role when needed
- Supports research

8. Responsibility

Behavioral Criteria

Beginning Level

- Demonstrates dependability
- Demonstrates punctuality
- Follows through on commitments
- Recognizes own limits

Developing Level (builds on preceding level)

- Accepts responsibility for actions and outcomes
- Provides safe and secure environment for patients
- Offers and accepts help
- Completes projects without prompting

Entry Level (builds on preceding levels)

- Directs patients to other health care professionals when needed
- Delegates as needed
- Encourages patient accountability

Post Entry Level (builds on preceding levels)

- Orients and instructs new employees/students
- Promotes clinical education
- Accepts role as a team leader
- Facilitates responsibility for program development and modification

9. Critical Thinking

Behavioral Criteria

Beginning Level

- Raises relevant questions
- Considers all available information
- States the results of scientific literature
- Recognizes "holes" in knowledge base
- Articulates ideas

Developing Level (builds on preceding level)

- Feels challenged to examine ideas
- Understands scientific method
- Formulates new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas

Entry Level (builds On preceding levels)

- Exhibits openness to contradictory ideas
- Assesses issues raised by contradictory ideas
- Justifies solutions selected
- Determines effectiveness of applied solutions

Post Entry Level (builds on preceding levels)

- Distinguishes relevant from irrelevant patient data
- Identifies complex patterns of associations
- Demonstrates beginning intuitive thinking
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

10. Stress Management

Behavioral Criteria

Beginning Level

- Recognizes own stressors or problems
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Developing Level (builds on preceding level)

- Maintains balance between professional and personal life
- Demonstrates effective responses in all situations
- Accepts constructive feedback
- Establishes outlets to cope with stressors

Entry Level (builds on preceding levels)

- Prioritizes multiple commitments
- Responds calmly to urgent situations
- Tolerates inconsistencies in health-care environment

Post-Entry Level (builds on preceding levels)

- Recognizes when problems are un-solvable
- Assists others in recognizing stressors
- Demonstrates preventative approach to stress management
- Establishes support network for self and clients
- Offers solutions to the reduction of stress within the work environment

May, W.W., Morgan, B.J., Lemke, J.C., Karst, J.M., & Stone, H.L. (1995). Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education, 9, 3-6.

Appendix G

Medicare Guidelines Regarding Student Physical Therapists

Medicare Guidelines Regarding Student Physical Therapists¹

- ❖ The licensed physical therapist and student of physical therapy are responsible to know if the patient they are treating is presently receiving care under Medicare A or Medicare B coverage (don't make assumptions based on the type of facility).

Medicare A

- Most common in inpatient hospitals, rehab facilities and skilled nursing facilities
<http://www.cms.hhs.gov/transmittals> (Transmittal R65BP pdf file pg. 9)
 - CMS has the following definition as of January 26, 2007: "Therapy services provided by students must be under the direct supervision of the therapist. In the inpatient hospital setting, direct supervision for therapy services means the therapist is present on the same unit or on the same floor while the patient is treated and is immediately available according to the circumstances appropriate to the service rendered."
 - CMS guidelines supersede APTA recommendations.

There is also information on the APTA website regarding this issue²:

<http://www.apta.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=18841>.

- APTA states a student can perform patient care and it would be reimbursable if the CI provides line of sight supervision. For instance, the CI must be able to see the student and patient at all times during the physical therapy session.
- A student can document their notes in the patient chart with a co-signature from a CI
- In Summary, in a hospital setting a PT student can bill for services provided with direct supervision (CI on floor) if allowed by the state PT practice act. In a skilled nursing or rehab facility, line of site supervision is required for all billable services.

Medicare B

- Most common in outpatient facilities especially private practices
Information can be found on the APTA website:
<http://www.apta.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=18844>

In the letter to ASHA, CMS once again restated, in order to be paid, Medicare Part B services must be provided by practitioners who are acting within the scope of their state licensure. CMS further described circumstances, under which they consider the service as being essentially provided directly by the qualified practitioner, even though the student has some involvement. Such services would be billable. Specifically, CMS states:

"The qualified practitioner is recognized by the Medicare Part B beneficiary as the responsible professional within any session when services are delivered."

"The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment."

Resources:

¹ Centers for Medicare and Medicaid Services transmittals January 2007.

² APTA guidelines Spring 2005.

"The qualified practitioner is present in the room guiding the student in service delivery when the student is participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time."

"The qualified practitioner is responsible for the services and as such, signs all documentation (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's services, not for the student's services)."

- A student can not document in the patient's chart; they can do a "practice" note for review by their CI

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Appendix H

Student Evaluation of the Clinical Instructor and Clinical Site

Note. Click on
Appendix H title to
link to form

Appendix I

In-Service Presentation Evaluation Form

In-Service Presentation Requirements

- Objective:** During Clinical Education II, III and IV, the student will present a clinically relevant topic and set up an atmosphere that promotes an exchange of ideas.
- Assignment:** The student will present an educational session to Health Care Personnel during the clinical experience.
- Competencies:** In order to satisfactorily complete this assignment the student must:
- Define segment objectives
 - Organize content effectively
 - Discuss evidence relevant to chosen topic
 - Check for understanding
 - Respond to questions/challenges in a manner that promotes discussion and critical thinking

REGIS UNIVERSITY
School of Physical Therapy

In-Service Presentation Evaluation Form

Student: _____ Date: _____

Topic: _____

Assessor: _____

Clinical Site: _____

Criteria	5 (100)	4(92)	3(84)	2(76)	1(68)
Defines segment objectives	5	4	3	2	1
Organizes content effectively	5	4	3	2	1
Checks for understanding	5	4	3	2	1
Discusses evidence relevant to topic	5	4	3	2	1
Responds to questions/challenges in a manner that provokes further critical thinking	5	4	3	2	1

Strengths of presentation:

Areas needing additional focus/concentration:

Appendix J

Alternative Experience Evaluation Forms

REGIS UNIVERSITY
School of Physical Therapy

Site Supervisor Evaluation of Student for Alternative Clinical Experience

Student Name _____
 Supervisor's Name _____
 Site/Facility Name _____
 Dates of Experience _____

Please complete the following evaluation and fax to 303-964-5474, Attn: Jen McGinn

	Strongly Agree			Strongly Disagree	
Demonstrates professional behaviors during interactions with others	5	4	3	2	1
Practices legally and ethically	5	4	3	2	1
Communicates, verbally and nonverbally, in a professional manner	5	4	3	2	1
Demonstrates initiative	5	4	3	2	1
Practices in a safe manner	5	4	3	2	1
Demonstrates critical thinking skills	5	4	3	2	1
Seeks evidence to inform clinical decisions	5	4	3	2	1
Accurately evaluates the patients' abilities, problems, and needs	5	4	3	2	1
Develops an appropriate plan of care to meet defined goals	5	4	3	2	1
Implements effective interventions	5	4	3	2	1
Provides education to address identified needs of clients	5	4	3	2	1
Initiates clinically relevant discussions and provides related resources	5	4	3	2	1
Demonstrates willingness to discuss new concepts/perceptions	5	4	3	2	1
Exhibits respect for and sensitivity to individual differences	5	4	3	2	1

Supervisor's comments:

Student's strengths:

Areas to be improved and strategies for improvement:

Student Signature: _____

Date _____

Supervisor Signature: _____

Date _____

REGIS UNIVERSITY
School of Physical Therapy

Student Self-Evaluation of Alternative Clinical Experience

Student Name _____
 Site/Facility Name _____
 Dates of Experience _____

Please complete the following evaluation and fax to 303-964-5474, Attn: Jen McGinn

	Strongly Agree			Strongly Disagree	
Demonstrates professional behaviors during interactions with others	5	4	3	2	1
Practices legally and ethically	5	4	3	2	1
Communicates, verbally and nonverbally, in a professional manner	5	4	3	2	1
Demonstrates initiative	5	4	3	2	1
Practices in a safe manner	5	4	3	2	1
Demonstrates critical thinking skills	5	4	3	2	1
Seeks evidence to inform clinical decisions	5	4	3	2	1
Accurately evaluates the patients' abilities, problems, and needs	5	4	3	2	1
Develops an appropriate plan of care to meet defined goals	5	4	3	2	1
Implements effective interventions	5	4	3	2	1
Provides education to address identified needs of clients	5	4	3	2	1
Initiates clinically relevant discussions and provides related resources	5	4	3	2	1
Demonstrates willingness to discuss new concepts/perceptions	5	4	3	2	1
Exhibits respect for and sensitivity to individual differences	5	4	3	2	1

Student's comments:

Student's strengths:

Areas to be improved and strategies for improvement:

Student Signature: _____

Date _____

Supervisor Signature: _____

Date _____

REGIS UNIVERSITY
School of Physical Therapy

Student Site Evaluation of Alternative Clinical Experience

Student Name _____
Site/Facility Name _____
Address _____
Phone _____
Email _____
On-site Supervisor _____
Dates of Experience _____

Instructions: Please complete all questions – additional space may be used as needed. Return to your clinical advisor by the first Monday following completion of your alternative clinical experience.

Please write a description of this experience and include unique learning opportunities.

What length of time do you feel is optimal for this experience and why?

In what way did this experience help prepare you for a doctoring profession, and how might you integrate it into your professional practice?

How would you recommend future students prepare for this experience?

What suggestions do you have for future student learning opportunities at the site?

Other comments/suggestions:

Student Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Appendix K

Family Education Rights and Privacy Act (FERPA) Form

**Note. Click on
Appendix K title to
link to form**

Appendix L

Student Emergency Contact Form

Appendix M

Student Information Form

**REGIS UNIVERSITY
STUDENT INFORMATION FORM**

**SCHOOL OF PHYSICAL THERAPY G-4 • 3333 REGIS BLVD. • DENVER, CO 80221-1099
PHONE: (303) 458-4916 FAX: (303) 964-5474**

Clinical Experience:	Regis ID#:	Class Year:
Name:	Preferred Name:	Age (optional)
Current Address:		
City, State, ZIP		
Address & Phone # where you can be reached in the 4 weeks prior to the start of this clinical experience		
In case of emergency notify:	Relationship:	
Phone (home)	Phone (work)	
Previous Education: _____ (College or University)	Degree: _____	Major: _____
_____ _____		
List any medical problems you have which the Clinical Faculty will need to consider when planning your clinical experience:		
Previous volunteer and/or paid experience in PT. Please list facility and location. Give brief summary of experience at each:		
Prior clinical affiliations:		

What objectives do you have for this clinical experience?

Please indicate your clinical strengths:

Please indicate your opportunities for growth in the clinical setting:

Learning Style (per Kolb): _____

Preferred Learning Strategies: Rank the following in order of preference: 1 = most, 5= least

- _____ Observation of Clinical Instructor
- _____ "Trial and error" with supervision, but without prior discussion
- _____ Discussion with supervisor about individual treatment plan prior to initiation of patient care
- _____ "Practice run" with supervisor prior to actual patient handling
- _____ Researching written literature on selected topics

Do you have any disabilities or impairments which may impact your ability to perform during this experience?
(Please circle) YES NO

If yes, please indicate and identify any accommodations needed:

Please provide any additional information you would like the clinical supervisor to know that has not been addressed:

I voluntarily reveal this information in preparation for this clinical experience. This information is confidential and may be used only by the CCCE and CI in this facility. Any additional information needed by the CCCE and CI may be obtained through written inquiry to the ACCE of the School of Physical Therapy at Regis University.

STUDENT SIGNATURE _____ DATE: _____

Appendix N

Student Self Evaluation Form

REGIS UNIVERSITY
School of Physical Therapy

Student Self-Evaluation Form

Fill out the following form to help your CI plan your clinical internship. Using the key provided, choose the number that most represents how you assess your experience level in each of the CPI performance criterion, tests and measures, and interventions listed. Highlight the performance criterion, tests and measures, and interventions you are particularly interested in gaining experience in.

Key: 0 = No experience/background. May need lots of assistance and preparation.

1 = Very minimal experience/background. Would need to observe CI and discuss prior to supervised application.

2 = Minimal experience/background. Would be able to do with supervision and some guidance.

3 = Moderate experience/background. Would need little supervision and guidance.

4 = Significant experience/background. Very confident. Would be able to act independently.

Thank you to David Levison, PT, MHS, University of Montana for sharing this form.

Name: _____

Course Number: _____

Clinical Performance Criteria:	0 No Experience	1 Very Minimal Experience	2 Minimal Experience	3 Moderate Experience	4 Significant Experience
1. Safety					
2. Responsible Behavior					
3. Professional Behavior					
4. Ethical Practice					
5. Legal Practice					
6. Communication					
7. Documentation					
8. Individual/Cultural Differences					
9. Critical Inquiry					
10. Screening					
11. Examination (see next page for complete list)					
12. Evaluation/ Diagnosis/Prognosis					
13. Plan of Care					
14. Treatment/Intervention (see next page for complete list)					
15. Education					
16. Quality of Service Delivery					
17. Consultation					
18. Management of Patient Services					
19. Resource Management					
20. Fiscal Management					
21. Support Personnel					
22. Professional/Social Responsibilities					
23. Career Development/ Lifelong Learning					
24. Wellness and Health Promotion					

Tests and Measures:	0 No Experience	1 Very Minimal Experience	2 Minimal Experience	3 Moderate Experience	4 Significant Experience
Aerobic capacity					
Anthropometric characteristics					
Arousal, mentation, and cognition					
Assistive and adaptive devices					
Community and work (job, school or play) reintegration					
Cranial nerve integrity					
Environmental, home, and work barriers					
Ergonomics and body mechanics					
Gait, assisted locomotion, and balance					
Integumentary integrity					
Joint integrity and mobility					
Motor function					
Muscle performance (including strength, power & endurance)					
Neuromotor development and sensory integration					
Orthotic, protective, and support devices					
Pain					
Posture					
Prosthetic requirements					
Range of motion					
Reflex integrity					
Self-care and home management (including activities of daily living and instrumental activities of daily living)					
Sensory integration					
Ventilation, respiration, and circulation					

Interventions:	0 No Experience	1 Very Minimal Experience	2 Minimal Experience	3 Moderate Experience	4 Significant Experience
Airway clearance techniques					
Debridement and wound care					
Electrotherapeutic modalities					
Functional training in community and work (job, school, or play) reintegration.					
Functional training in self-care and home management					
Manual therapy techniques					
Patient-related instruction					
Physical agents and mechanical modalities					
Prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective and supportive devices and equipment					
therapeutic exercise (including aerobic conditioning)					

Appendix O

Workers' Compensation Information

FORM 1: Notice of One Time Change of Physician/Authorization for Release of Medical Information

FORM 2: Concentra Medical Centers – Denver Metro Area

FORM 3: Health One Medical Centers Map/Information

**Note. Click on Form
Titles above to link to
forms.**

REGIS UNIVERSTIY

WORKERS' COMPENSATION PROGRAM

If you should sustain a work related injury/illness the following is applicable. **In the event of a “life-threatening” injury/illness, medical treatment should be obtained from the most convenient and appropriate medical provider available.**

PROCEDURE:

- You must report the injury immediately to your supervisor/instructor/designated department individual, or in the case of work-study, the work-study’s assigned supervisor.
- You should seek medical treatment from the designated medical provider as outlined below.
- An Employer’s First Report of Injury (form in Human Resources) (HR) **MUST be completed and signed by:** -Injury of Employee – Employee’s supervisor -Injury of Work Study – Work Study’s assigned Supervisor -Injury of Intern – designated individual in SPS Faculty, MLS -Injury of Service Learning Student – designated individual in degree program -Injury of Students in health related clinical experience:
 - Physical Therapy – designated individual in Physical Therapy Departmen
 - Nursing – designated individual in Nursing
 - Department Health Services Adm. & Mgt. – designated individual in Health Services Adm. & Mgt.
- Employer’s First Report of Injury must be forwarded to HR within Twenty-four (24) hours of injury.
- If a provider needs authorization to treat, have them contact LaDana Gaddis, HR Benefits Administrator, at 303-458-1869.
- Instruct providers at time of treatment that all claims are to be filed with Liberty Mutual Insurance Group at 10770 E. Briarwood Ave, Ste 200 Englewood, CO 80112 – (603) 334-0260 (Fax)

DESIGNATED MEDICAL PROVIDERS -The Colorado Workers’ Compensation statute allows Regis University to designate the medical provider. If you do not receive medical treatment as outlined below, you may be financially responsible for the care received.

Employee/Work Study

- If you work on a Regis University campus, you **MUST** seek medical treatment and follow up care from a designated provider. All Colorado employees have access to Concentra Medical Centers. In addition to this facility, effective January 1, 2008, Regis University employees that work in Colorado have an option to choose between two different providers. Employees who work in the Denver metropolitan area have access to and HealthONE Clinic Services. If you are a Longmont/Fort Collins employee you have access to WorkWell Occupational Medicine and those who work in the Colorado Springs area may also seek treatment from Memorial Health System Occupational Health Network.
- Facility location information is available in HR or the Denver phone directory.
- If you work at a Regis University site outside of the Denver metropolitan area, you should contact HR or seek medical treatment from the most appropriate medical provider available.

Interns/Students in health related clinical experience

- If you are assigned to a facility that provides appropriate medical treatment, you should receive treatment initially from that facility. A follow up appointment **MUST** be made next business day at Concentra Medical Center or designated facility.
- If you are assigned to a facility that does not provide appropriate medical treatment you **MUST** be seen at a Concentra Medical Center or designated facility.

I have read and understand the above.

PRINT NAME/ Signature

Date

Designated Workers' Compensation Medical Providers-Colorado Only

Below is the list of Regis University's designated medical providers to be used for workers' compensation medical and therapy services. Please select a provider by checking the box of the providers designated for your campus location. **Should you receive after hours, urgent or emergency department care first, you must select one of the providers designated for your campus location for whatever follow-up care is necessary.**

Preferred Initial Provider – Check the Box

- Concentra Medical Centers* (see attached Designated Health Care Provider Disclosure form) – **ALL CAMPUS LOCATIONS**
- HealthONE Clinic Services, LLC* (see attached Designated Health Care Provider Disclosure form) – **DENVER METRO CAMPUSES**
- WorkWell Occupational Medicine* (see attached Designated Health Care Provider Disclosure form) – **LONGMONT/FORT COLLINS CAMPUSES**
- Memorial Health System Occupational Health Network* (see attached Designated Health Care Provider Disclosure form) – **COLORADO SPRINGS CAMPUS**

* All clinics accept walk-in patients

Your authorized representative for Regis University is:

LaDana Gaddis, Benefits Administrator
3333 Regis Boulevard, Mail Code K-4
Denver, Colorado 80221-1099 Tel: 303-458-1869; Fax: 303-964-5498

After you have selected your provider and completed this form, immediately fax or hand-deliver a copy of this form to your authorized representative.

Regis University maintains workers' compensation insurance through Liberty Mutual, PO Box 3539, Englewood, CO 80155-3539, (303) 708-8260.

I have selected the provider checked above for medical and/or therapy treatment relating to a work-related injury that occurred on _____(date).

Employee Name (print) _____
Employee Signature _____ Date _____

List of Out of Area Occupational Medical Providers

Alaska

Anchorage, AK – Hillside Family and Occupational Medicine
9220 Lake Otis Pkwy # 9, Anchorage, AK
5.9 mi S - (907) 344-0200

Arizona

Globe, AZ – Cobre Valley Community Hospital.

Colorado

Basalt, CO – Occ Health
406 Hyland Park Dr # F, Glenwood Springs, CO
19 mi NW - (970) 945-4315

Delta, CO – Health Options Program
2004 N 12th St, Grand Junction, CO
35 mi NW - (970) 256-6490

Durango, CO – Mercy Medical Center
375 E Park Ave, Durango, CO
0.6 mi NE - (970) 247-4311

Fruita, CO – St Mary’s Hospital and Regional Medical Center: Occupational Health Center
1100 Patterson Rd, Grand Junction, CO
10 mi SE - (970) 244-2001

Greeley, CO – Ft. Collins Concentra
2620 E. Prospect, Suite 160, Ft. Collins, CO., 80525
P: 970.221.5811, F: 970.221.5817

Pueblo, CO – Emergicare
N. Elizabeth at Hwy. 50 West, 4117 N. Elizabeth St.
P – 719.545.0788, F – 719.545.0787

For a non-emergency situation this person could utilize the South Concentra Clinic in Colorado Springs, 20 min. drive, to 2322 South Academy Blvd., 719.390.1727

Sterling, CO – McDonald Physical Therapy & Sports Medicine Center
427 W Main St, Sterling, CO
0.6 mi W - (970) 522-7743

Wray, CO – McDonald Physical therapy & Sports Medicine Ctrs.
7th & Main, Wray, CO
0.1 mi SE - (970) 332-3471

Florida

Tallahassee, FL. – Patients First Medical Center
1690 N Monroe St, Tallahassee, FL
1.7 mi N - (850) 385-2222

Zion, IL – Concentra Medical Center –
1147 Warwick Way, Suite 2

Missouri

Osage Beach, MO – St Mary’s Health Center
3525 Country Club Dr, Jefferson City, MO
36 mi NE - (573) 634-4133

Nebraska

Blair, NE – Memorial Hospital for Dodge County
450 E 23rd St, Fremont, NE
20 mi W - (402) 721-1610

New Mexico

Raton, NM – TMA
31017 Old Sopris Rd, Trinidad, CO
16 mi NW - (719) 845-1900

Oregon

Canby, OR – Adventist Medical Center: Occupational medicine Clinic
10201 SE Main St # 29, Portland, OR
19 mi N - (503) 251-6363

Utah

St. George, UT – IHC Workmed Clinic
577 S River Rd, Saint George, UT
1.5 mi E - (435) 688-6220

Washington

Aberdeen, WA – Grays Harbor Community Hospital or
Westcare Clinic
3000 Limited LN NW, Olympia, WA
42 mi E - (360) 357-9392

Anacortes, WA – Licensed Occupational Therapy
1017 20th St, Anacortes, WA
0.5 mi S - (360) 293-4502

Graham, WA– US Healthworks Medical Clinic: Puyallup
3850 Meridian St S # 10, Puyallup, WA
7.0 mi N - (253) 840-1840

Silverdale, WA – Occupational Medicine Associates of Kitsap
10513 Silverdale Way NW, Silverdale, WA
0.9 mi N - (360) 692-1848

Raton, NM – TMA
31017 Old Sopris Rd, Trinidad, CO
16 mi NW - (719) 845-1900

Wisconsin

Racine, WI 53406

Location Hours : 8:30am – 5:30pm (Mon – Fri)

P : 262.886.3997 F: 262.886.1273

After Hours Phone: 262.886.3997

Wyoming

Cheyenne, WY – Healthreach

2030 Bluegrass Cir, Cheyenne, WY

2.1 mi NE - (307) 635-3500