

Clinical Education Handbook

Radford University



**Radford University Department of
Physical Therapy
Located within the Carilion
Roanoke Community Hospital
101 Elm Street
Roanoke, Virginia 24013
540-224-6657**

**RADFORD UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
CLINICAL EDUCATION HANDBOOK 2012-2013
TABLE OF CONTENTS**

ITEM	PAGE
PURPOSE OF CLINICAL HANDBOOK/INTRODUCTION	1
CLINICAL EDUCATION CONTACT INFO	2
STATEMENT OF CANDIDACY/ACCREDITATION	3
PROGRAM PHILOSOPHY, MISSION, VALUES, PRINCIPLES, AND GOALS	3-4
CODE OF ETHICS AND LICENSURE	5
GENERIC ABILITIES	6-15
CURRICULAR MATRIX	16
DOCTOR OF PHYSICAL THERAPY COURSE SEQUENCE	17
COURSE DESCRIPTIONS IN SEQUENCE	18-23
COMPREHENSIVE PRE-CLINICAL LABORATORY PRACTICAL EXAMINATION POLICY	24-25
OVERVIEW OF CLINICAL EDUCATION ASSIGNMENTS AND EXPECTATIONS	25-26
UNIVERSITY ROLES AND RESPONSIBILITIES IN CLINICAL EDUCATION	27-32
STUDENT ROLES, RESPONSIBILITIES AND RIGHTS IN CLINICAL EDUCATION	33-39
DIRECTOR OF CLINICAL EDUCATION AND CLINICAL INSTRUCTOR ROLES, RESPONSIBILITIES AND RIGHTS	39-43
POLICIES	44-48
CLINICAL EDUCATION OUTCOMES EVALUATION	48-49
AMERICANS WITH DISABILITY ACT AND ACKNOWLEDGEMENT POLICY	50
DEPARTMENT OF PHYSICAL THERAPY CLINICAL ASSIGNMENT PREFERENCE SHEET	51
DEPARTMENT OF PHYSICAL THERAPY ACTIVITIES RELEASE FORM	52
CLINICAL HANDBOOK ACKNOWLEDGEMENT SIGN OFF SHEET	53

***Revised 1/18/2011**

Purpose of Clinical Handbook/Introduction

This handbook is a tool utilized to effectively communicate with Clinical Education Faculty and Radford University Doctor of Physical Therapy students.

It includes:

- A list of the responsibilities of the director of clinical education, clinical education faculty, and students.
- A description of the rights and privileges of clinical education faculty

Clinical Education Communication Contact Information:

The Director of Clinical Education will post office hours weekly and is available by telephone, e-mail and by appointment.

Office and Mailing Address:

Dr. Renee Huth, PT, DPT, Director of Clinical Education (DCE)
Radford University
Located within
Carilion Roanoke Community Hospital
101 Elm Street
Roanoke, VA 24013

D.C.E. E-mail: rhuth@radford.edu

Office Telephone: (540) 224-6673

The D.C.E.'s contact information will be provided to the student and the clinical Instructor including emergency contact information. Access to contact information may also be located:

- o Waldron College website: <http://wchs-web.asp.radford.edu/>
- o Physical Therapy Department website: <http://pt.asp.radford.edu/>
- o The Clinical Addendum forms provided and signed by each site providing clinical internships.
- o Clinical Handbook
- o Student Handbook

Other department contact information:

Department Website address: <http://pt.asp.radford.edu/>

Program Director: Edward Swanson: (540) 224-6673 or eswanson3@radford.edu

Department Administrative Assistant: Nicole Fillman: (540) 224-6657 or nfillman@radford.edu

Statement of Candidacy/Accreditation

The Program in Physical Therapy offers a course of study leading to the degree of Doctor of Physical Therapy. The Program is designed to prepare students as entry-level, diverse, culturally sensitive autonomous practitioners of physical therapy.

January 30th, 2011 Doctor of Physical Therapy Program/Radford University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program may matriculate students in technical/professional courses and that the program is progressing toward accreditation. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.

A variety of health care institutions, agencies, and practice settings are utilized for clinical educational experiences; both on a local and national level. Clinical Education is an integral component of the student's educational experience.

The Graduate College Catalog describe(s) the curriculum, which is subject to revision and refinement as needed to keep abreast of current physical therapy education and practice.

Physical Therapy at Radford University

The Program in Physical Therapy offers a course of study leading to the degree of Doctor of Physical Therapy. The Program is designed to prepare students as entry-level, diverse, culturally sensitive autonomous practitioners of physical therapy. A variety of health care institutions, agencies, and practice settings are utilized for clinical educational experiences; both on a local and national level. Clinical Education is an integral component of the student's educational experience.

The Graduate College Catalog describe(s) the curriculum, which is subject to revision and refinement as needed to keep abreast of current physical therapy education and practice. The graduate college catalog may be accessed via the internet at: <http://gradcollege.asp.radford.edu/catalogs.html>, by telephone: 540.831.5431 or visiting Lucas Hall, M-F 8:00 – 5:00 on Radford University's campus, PO Box 6928, Radford, VA. 24142.

The overview of the Doctor of Physical Therapy course sequence and short descriptions follow on the next pages and may also be accessed on the department's website.

Program Philosophy, Mission, Goals, Values, Principles, and Goals

Philosophy

The curriculum for the Physical Therapy Program is designed to foster an intellectual and psychomotor teaching/learning environment that is student focused. The educational format engages students to develop and perfect decision-making skills, critical thinking, psychomotor skill development, and social skills integration. The curriculum is built on a simple to complex model beginning with an integration of foundational and clinical sciences and progressing to complex and diverse practical learning experiences. Participation and application of current research stimulates practitioners to be current in everyday practice and pursue life-long learning.

These activities result in the development of diverse autonomous practitioners with the intellectual awareness, social and psychomotor skills to positively impact their communities and the profession of physical therapy.

Mission Statement

The Mission of the Department of Physical Therapy is to develop culturally sensitive autonomous practitioners of physical therapy. These practitioners will serve the physical therapy needs of rural communities, the region, and the Commonwealth of Virginia. The development of autonomous practitioners will be facilitated through an engaging and challenging intellectual and psychomotor teaching/learning environment that is student focused. Research is considered a vital corollary to the teaching/learning process leading to lifelong learning and the creation of new knowledge to meet current and future healthcare needs of society.

Values

- The teaching/learning environment is student centered.
- The teaching/learning environment is intellectually engaging and culturally sensitive.
- The educational process creates an autonomous physical therapy practitioner.
- The educational experience creates a lifelong learner.

Principles

- The learning process is based on an integration of foundational and clinical sciences. Critical reasoning and the use of evidence based practice are essential elements of the curriculum learning process.
- Research is a vital corollary to the teaching/learning process leading to the development of a lifelong learner and the creation of new knowledge.
- Practitioners of physical therapy advocate for the provision of physical therapy services for underserved and underrepresented populations.

Goals

- The program will facilitate the development of culturally sensitive autonomous practitioners.
- Core faculty, students and graduates will provide physical therapy services to rural communities, the Commonwealth, and the region.
- The program will provide a student focused teaching learning environment.
- The program and faculty will facilitate the use of current research in the application of evidence-based practice.
- Graduates of the program will pursue lifelong learning.

Code(s) of Ethics, Honor System and Honor Code, and Licensure:

- **Radford University Code of Ethics**

Radford University is committed to maintaining the highest ethical standards and to upholding the public's trust. We recognize that our behavior affects not only our own individual reputation, but also that of Radford University. Accordingly, this Code of Ethics forms the ethical principles that will guide all members of the university community in all decisions and activities. These principles are:

- **Respect:** We will nurture a climate of care, concern, fairness, and civility toward others while recognizing and embracing each individual's dignity, freedom, and diversity even in the face of disagreement.
- **Honesty and Integrity:** We will act and communicate truthfully and candidly. We will uphold the university's values and make decisions based on the greater good, conducting ourselves free of personal conflicts or appearances of impropriety and self-dealing.
- **Communication:** We will openly share information with stakeholders regarding the processes used in developing policies and making decisions for the university.
- **Stewardship:** We will use university resources in a wise and prudent manner in order to achieve our educational mission and strategic objectives. We will not use university resources for personal benefit or gain.
- **Excellence:** We will conduct all university affairs diligently, exercising due professional care and striving to meet the high expectations we have set for ourselves as well as the expectations of those we serve.
- **Responsibility and Accountability:** We will be trustworthy and answerable for our conduct, decisions and obligations and will comply with all applicable laws, regulations, policies and procedures. We recognize our obligation to report unethical conduct to appropriate authorities.

For more information regarding the Radford University Honor Code and Honor Code Pledge, students are encouraged to refer to the current RU Student Handbook which may be accessed on-line at <http://www.radford.edu/content/student-affairs/home/dean-of-students.html>

- **Profession of Physical Therapy Code of Ethics www.apta.org/ethics**

Preamble The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA).

Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

This Code of Ethics is built upon:

- the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration)
- the core values of the profession
- the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values:

- accountability
- altruism
- compassion/caring
- excellence
- integrity
- professional duty
- social responsibility

For more information regarding the Code of Ethics, students are encouraged to access them on-line at www.apta.org/EthicsProfessionalism

- **Practice Act & Licensure**

Physical Therapy faculty is required to practice under the regulations of Virginia State practice act and licensure. The Commonwealth of Virginia Regulations Governing The Practice of Physical Therapy including general provisions and definitions found in Part I, licensure requirements in Part II, practice requirements in Part III, and standards of practice and confidentiality in Part IV may be accessed online via: http://www.dhp.state.va.us/physicaltherapy/phyther_laws_regs.htm.

Generic Abilities Self-Assessment Process

Generic abilities are attributes, characteristics or behaviors which have been proven to be linked to success in the profession. These generic abilities will be used, developed and evaluated throughout the educational experience. Upon the completion of the didactic and clinical education components of the program, the student will meet the entry-level requirements of the generic abilities for the profession of physical therapy.

The demonstrations of professional behaviors are as important as academic and clinical competence. A student may be delayed from participating in clinical experience if the required level of generic abilities development is not met. In the extreme case where the development of any one specific or number of the generic abilities are not met for entry level into the profession, this may lead to the student's inability to complete the Program. Throughout the program, assessment of each student's generic abilities will include self-assessment, peer assessment, faculty assessment, and clinical instructor assessment.

Stage I (orientation)

- During the initial orientation of the Physical Therapy program, students will receive an Introduction to the Generic Abilities Self-Assessment (GASA) and be provided a chance to ask questions regarding program expectations.
- Students will complete the generic abilities assessment during orientation to the program.
- A specific date will be established on the orientation agenda to gather the Generic abilities.
- The Program Director will collect the forms and will distribute to each student's assigned faculty advisor.
- It is the student's responsibility to schedule a meeting with his/her advisor to review the Generic Ability Self-Assessment. It is during this meeting that the advisor emphasizes the

value and importance of the use and development of the generic abilities for success in the physical therapy profession. This initial student advising meeting is not intended to be used to develop an action plan, but one may be developed if the need is identified by the student or faculty advisor.

- During each semester, students are expected to monitor his/her own generic abilities.
- This will additionally be monitored during on-going meetings with his/her advisor.
- Advisors will secure advisee completed generic abilities within offices and provide copies to the D.C.E. upon request.

Stage II (prior to first clinical internship)

- During the semester prior to the first clinical internship, students will be given assignments to complete including the generic abilities form and writing a letter of introduction to their assigned Clinical Instructor. A specific date will be established to gather all assignments. Points will be subtracted from the final grade of Clinical Internship I (AHPT 830) for untimely compliance. Non-compliance may prevent students from enrolling in Clinical Internship I.
- Blank generic abilities forms and information regarding the letter of introduction will be distributed to students and student advisors by the D.C.E.
- Students are expected to schedule meetings with their advisers early in the semester to review generic abilities, establish goals, and develop an action plan as needed.
- The action plan will contain at least one but not be limited to only one generic ability behavior that the students will develop during this final semester prior to first clinical internship. Advisors will secure advisee completed generic abilities within offices and provide copies to the D.C.E. upon request.
- Advisors will schedule follow up meetings with their advisees and assess outcomes of the action plan within the semester prior to the first clinical internship.
- Student advisors will collect, review, and approve letters of introduction and email final approved letters to the D.C.E. by mid semester prior to the first clinical internship. The D.C.E. will provide a final review of each introductory letter prior to students sending them to their clinical instructors.
- Students are to include a cc: to D.C.E. for all pre-clinical communications by email with clinical instructors including letters of introduction. When letters of introduction are sent by registered mail, two copies are to be made by student prior to sending. One copy is to be given to the D.C.E. and one to the student's advisor.

Stage III (fall semester second year)

- Students will be given the generic abilities forms to fill out and will be responsible to return the forms to the professor of the Professional Affairs course (AHPT 818). Completion of the forms will be given as an assignment in Professional Affairs course. A specific date will be established to gather all assignments. Points will be subtracted from the final grade within the Professional Affairs course for non-compliance.
- The professor will collect the completed Generic Ability Forms and distribute them to both the student advisors and the D.C.E.
- Students are expected to schedule meetings with their advisers to review generic abilities, establish goals, and develop an action plan as needed.
- The action plan will contain at least one but not limited to one generic ability behavior that

the student will develop during the second year's fall semester of the physical therapy curriculum. Clinical experiences will be included in the development of the action plan.

- Advisors will schedule a follow up meeting with their advisees and assess outcomes of action plan on an ongoing basis.

Stage IV (prior to second clinical internship)

- During the semester prior to the second clinical internship, students will be given assignments to complete including the generic abilities form and writing a letter of introduction to their assigned Clinical Instructor. A specific date will be established to gather all assignments. Points will be subtracted from the final grade of Clinical Internship II (AHPT 870) for untimely compliance. Non-compliance may prevent students from enrolling in Clinical Internship II.
- Blank generic abilities forms and information regarding the letter of introduction may be provided as needed by the D.C.E.
- Students are expected to schedule meetings with their advisers early in the semester to review generic abilities, establish goals, and develop an action plan as needed.
- The action plan will contain at least one but not be limited to only one generic ability behavior that the students will develop during this final semester prior to second clinical internship.
- Advisors will schedule follow up meetings with their advisees and assess outcomes of the action plan within the semester prior to the clinical internship.
- Student advisors will collect, review, and approve letters of introduction and email final approved letters to the D.C.E by mid semester prior to the first clinical internship. The D.C.E. will provide a final review of each introductory letter prior to students sending them to their clinical instructors.
- Students are to include a cc: to D.C.E. for all pre-clinical communications by email with clinical instructors including letters of introduction. When letters of introduction are sent by registered mail, two copies are to be made by student prior to sending. One copy is to be given to the D.C.E. and one to the student's advisor.
- Students and advisors will schedule a meeting to discuss personal growth demonstrated by review of the generic ability action plans. The advisor has the option to assign another action plan for the summer and fall semesters for individual students if appropriate.
- Student advisors will monitor the generic abilities development of their advisees through the end of the physical therapy program on an independent basis and be responsible for the review and approval of final Clinical Instructor introduction letters.

*Based off of the Generic Abilities Self-Assessment Process developed by May et al. & University of Wisconsin-Madison Physical Therapy Program (1995), *Journal of Physical Therapy Education*, 9, 1.

**Radford University Physical Therapy Program
STUDENT GENERIC ABILITIES SELF-ASSESSMENT***

Student Name: _____

Date: _____

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-1992. The ten abilities and their definitions developed are as follows:

GENERIC ABILITIES

1. **Commitment to Learning:** The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. **Interpersonal Skills:** The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. **Communication Skills:** The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. **Effective Use of Time:** The ability to obtain the maximum benefit from a minimum and Resources investment of time and resources.
5. **Use of Constructive:** The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. **Problem-Solving:** The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.
7. **Professionalism:** The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. **Responsibility:** The ability to fulfill commitments and to be accountable for actions and outcomes.
9. **Critical Thinking:** The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. **Stress Management:** The ability to identify sources of stress and to develop effective coping behaviors.

** Adapted for use within the Radford University's Physical Therapy program.*

May, W., & the University of Wisconsin-Madison Physical Therapy Program. (1995). Generic abilities assessment. *Journal of Physical Therapy Education*, 9, 1.

General Instructions – Student

1. Read description and definitions of Generic Abilities (GA).
2. Become familiar with behavioral criteria for each level and the visual analog scale.
3. Self-assess your performance.
 - a. Highlight (or underline) the sample behaviors you feel you have consistently performed. Think of examples that support these scores.
 - b. Based upon your self-assessment, transfer scores from the GA to the Generic Abilities *Criterion Student Score Sheet*.
 - c. It is suggested that students provide brief examples of the highest self-assessed behavior thus far to share at advisor meeting(s).

Clinical Instructors are encouraged to use this tool to help assess student generic abilities and provide a frame of reference and to encourage consistent communication on the Clinical Performance Instrument. Each criterion includes **examples** of behaviors required for competence at a given level. **However, it is NOT necessary for the student to demonstrate all of the criteria to be considered competent at a given level.**

If you have further questions about this form, please contact Renee Huth, Director of Clinical Education at rhuth@radford.edu.

Instructions: Highlight or mark all 10 criteria that describes self-assessed performance. Think of examples that support your self-assessed scores. Transfer the score for each criterion to score sheet that follows.

Criteria or description of student performance						
1	2	3	4	5	6	7
Beginning Level Behavioral Criteria (B) Score 1-2		Developing Level behavioral Criteria (D) Score 3-5			Entry Level Behavioral Criteria (E) Score 6-7	

1. Commitment to Learning						
1	2	3	4	5	6	7
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		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, or research or case studies; welcomes and/or seeks new learning opportunities			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 the limits of application to professional practice; researches and studies areas where knowledge base is lacking	

2. Interpersonal Skills						
1	2	3	4	5	6	7
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		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			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	

3. Communication Skills						
1	2	3	4	5	6	7
Demonstrates understanding of Basic English (verbal and written): uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication: listens actively; maintains eye contact.		Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview		Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely		

4. Effective Use of Time and Resources						
1	2	3	4	5	6	7
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		Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead		Sets priorities and reorganizes when 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		

5. Use of Constructive Feedback						
1	2	3	4	5	6	7
Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information		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		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		

6. Problem Solving						
1	2	3	4	5	6	7
Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems		Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem		Implements solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions		

7. Professionalism						
1	2	3	4	5	6	7
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		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		Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority		

8. Responsibility						
1	2	3	4	5	6	7
Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits		Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting		Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability		

9. Critical Thinking						
1	2	3	4	5	6	7
Raises relevant questions; considers all available information; states the results of scientific literature; recognizes holes in knowledge base; articulates ideas		Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas			Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions	

10. Stress Management						
1	2	3	4	5	6	7
Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations		Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors			Prioritizes multiple commitments; responds calmly to urgent situations; tolerates inconsistencies in health care environment	

Generic Abilities Criterion Student Score Sheet

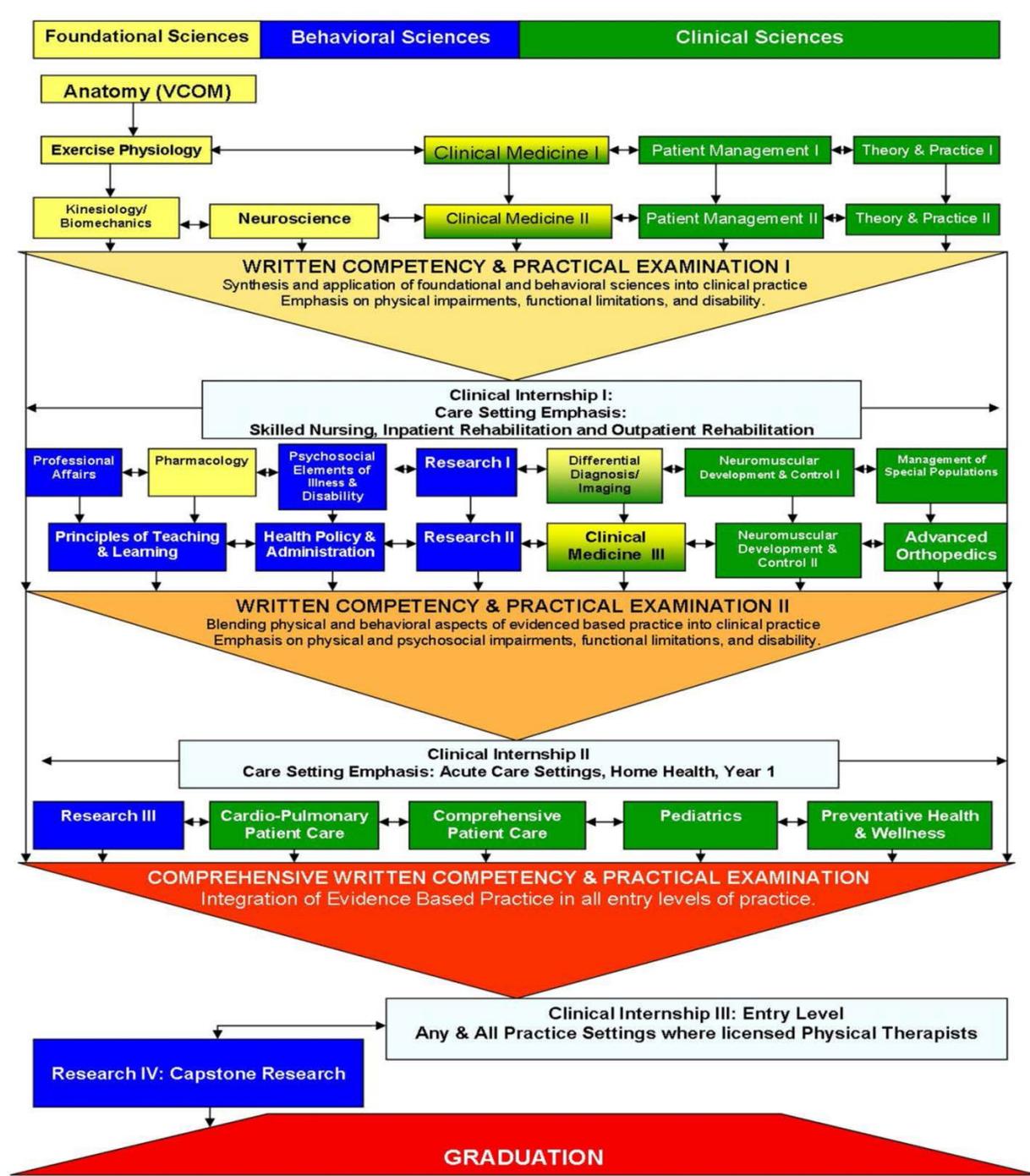
Student's Name (Printed/Typed) _____

Advisor's Name (Printed/Typed) _____

CRITERIA		DATE:	DATE:	DATE:	DATE:
		SCORE	SCORE	SCORE	SCORE
1	COMMITMENT TO LEARNING				
2	INTERPERSONAL SKILLS				
3	COMMUNICATION SKILLS				
4	EFFECTIVE USE OF TIME & RESOURCES				
5	USE OF CONSTRUCTIVE FEEDBACK				
6	PROBLEM SOLVING				
7	PROFESSIONALISM				
8	RESPONSIBILITY				
9	CRITICAL THINKING				
10	STRESS MANAGEMENT				
	AVERAGE SCORE				

Dates Advisor Meetings were held to assess and review Generic Abilities.

Date: _____	Advisor: _____ (Signature)	Student: _____ (Signature)
Date: _____	Advisor: _____ (Signature)	Student: _____ (Signature)
Date: _____	Advisor: _____ (Signature)	Student: _____ (Signature)
Date: _____	Advisor: _____ (Signature)	Student: _____ (Signature)



Radford University's Doctor of Physical Therapy Course Sequence*

Term	Course #	YEAR 1 Courses	Credit Hours
Summer	AHPT 800	Human Anatomy	7
Fall	AHPT 810	Exercise Physiology	3
	AHPT 812	Clinical Medicine I	3
	AHPT 814	Patient Management I	4
	AHPT 816	Theory and Practice I	4
	AHPT 802	Neuroscience	2
Spring	AHPT 820	Kinesiology/Biomechanics	3
	AHPT 824	Clinical Medicine II	3
	AHPT 826	Patient Management II	4
	AHPT 828	Theory and Practice II	4
	AHPT 829	Research/Scientific Inquiry I	2
	Summer	AHPT 830	Clinical Internship I
		Year 1 Total	48

Term	Course #	YEAR 2 Courses	Credit Hours
Fall	AHPT 840	Management of Special Populations (Orthotics, Prosthetics, Advanced Specialty Topics)	3
	AHPT 818	Professional Affairs	2
	AHPT 844	Neuromuscular Development and Control I	4
	AHPT 862	Differential Diagnosis/Imaging	3
	AHPT 848	Pharmacology	2
	AHPT 850	Psychosocial Elements of Illness and Disability	2
	AHPT 852	Research/Scientific Inquiry I	2
	Spring	AHPT 860	Advanced Orthopedics
AHPT 846		Clinical Medicine III	3
AHPT 864		Health Policy and Administration	3
AHPT 866		Neuromuscular Development and Control II	4
AHPT 867		Principles of Teaching & Learning	2
Summer	AHPT 870	Clinical Internship II	10
		Year 2 Total	44

Term	Course #	YEAR 3 Courses	Credit Hours
Fall	AHPT 880	Cardiopulmonary Patient Care Management	4
	AHPT 882	Comprehensive Patient Care	3
	AHPT 884	Pediatrics	4
	AHPT 886	Preventative Health and Wellness	3
	AHPT 888	Research/Scientific Inquiry III	2
Spring	AHPT 890	Clinical Internship III	10
	AHPT 892	Research/Scientific Inquiry IV	2
		Year 3 Total	28
TOTAL CURRICULUM			120
*Subject to change			

*Revised 4/8/2014

Course Descriptions in Sequence*

Course #	YEAR 1	Credit Hours
AHPT 800	<p>Human Anatomy: This course integrates human anatomy and human physiology. In preparation for clinical studies, students will be expected to learn basic principles of neurophysiology and muscle function. The application of anatomy to clinical practice is included.</p>	7
AHPT 810	<p>Exercise Physiology: This course will examine and apply theories and principles, and it will evaluate the effects of physical effort on human performance. Emphasis will be placed on the metabolic/energy transfer systems of the body and muscle structure on the histological level. The course will also assess the effects of the physical activity (e.g. cardiovascular, pulmonary, and neurological influences on human performance) across the lifespan. This course prepares students to participate in their initial clinical experience.</p>	3
AHPT 812	<p>Clinical Medicine I: Clinical Medicine I is the first in a series of courses designed to provide physical therapy students with a general knowledge and understanding of human pathology. The course introduces students to medical terminology, develops an understanding of disease processes and the integumentary system, and facilitates students' application and analysis of medical pathology in patient care. The course prepares students for their first clinical internship.</p>	3
AHPT 814	<p>Patient Management I: The course provides a foundation for examination skills relevant to orthopedic, neurological, cardiopulmonary and integumentary pathologies.</p>	4
AHPT 816	<p>Theory and Practice I: Prerequisite: Admission to the doctor of physical therapy program. The course will introduce students to basic therapeutic techniques such as bandaging, positioning, transfers, gait training, and the use of modalities.</p>	4
AHPT 802	<p>Neuroscience: This class is an integrated presentation of neuroscience and neurophysiology with emphasis on the sensory and motor functions of the human nervous system. In preparation for clinical studies, students are expected to learn the anatomy of the human nervous system, basic principles of neurophysiology, and muscle function, as well as the effects of disease on the nervous system. This class is devoted to regional gross structure and function of the nervous system, including the head, neck, upper extremity, superficial back, spine, thorax, abdomen, pelvis, and lower extremity. The student is introduced to clinical problem identification through discussion of the anatomical bases for somatic dysfunction.</p>	2

	Emphasis is placed on building the relationship between structure and function of the neuromusculoskeletal system and the clinical implications of dysfunction.	
AHPT 820	Kinesiology/Biomechanics: Prerequisite: Admission to the doctor of physical therapy program. An examination of the interaction of muscles, bones, joints, and external forces responsible for human movement.	3
AHPT 824	Clinical Medicine II: Prerequisite: AHPT 812 Clinical Medicine I. The second in a series of courses designed to acquaint students with medical aspects and pathology of diseases and disabilities.	3
AHPT 826	Patient Management II: This course continues the series on musculoskeletal evaluation, which culminates with Advanced Orthopedics. This course is based on the Cyriax principles for examination of orthopedic dysfunctions of the extremities and spine. The course prepares students to examine, evaluate, prognosis, and develop a plan of care for patients with extremity and spinal dysfunctions. The course content supplements content areas of Theory and Practice I & II, Kinesiology-Biomechanics and Clinical Medicine I & II. Successful completion of the course requires the application and integration of materials presented in Patient Management I, Gross Anatomy, Exercise Physiology, and Clinical Medicine I. This course prepares students for participation in their first clinical internships. Teaching methods include lecture, laboratory sessions, case studies, clinical observations, and patient demonstration.	4
AHPT 828	Theory and Practice II: This course focuses on treatment Intervention techniques such as therapeutic exercise, massage, extremity mobilization, spinal tractions, and prepare students to design, implement, and evaluate intervention programs. The course prepares students to perform patient interventions specifically in the outpatient setting, acute care, subacute, rehabilitation, and homecare environments. The course integrates learning content from anatomy, neuroanatomy, patient management courses, clinical medicine and kinesiology-biomechanics. Theory and Practice II prepares students to participate successfully in their first clinical internship experience.	4

AHPT 830	Clinical Internship I: Clinical Internship I is the first in a series of Courses designed to provide physical therapy students with an opportunity to apply the first year of didactic learning through a real world experience. This is the first of a series of three internships. This internship will be 40 hours per week for 12 weeks. The learning goal of the clinical education process is based on the hierarchical pattern. The initial clinical internship emphasizes basic examination, evaluation, and treatment intervention skills primarily found in nursing homes, inpatient rehabilitation facilities and outpatient rehabilitation clinical sites. Each student will be assigned an on-site Clinical Instructor who will provide one-on-one supervision during the clinical internship. As the student becomes more competent, the student will assess problems, practice evaluation skills, formulate goals and apply treatment techniques.	9
Year 1 Total		46

Course #	YEAR 2	Credit Hours
AHPT 840	Management of Special Populations (Orthotics, Prosthetics, Advanced Specialty Topics): The course introduces students to the components of normal and pathological gait across the lifespan. The normal mechanics of gait are the basis for the biomechanical assessment of the foot and ankle and patients management for orthotic and prosthetic prescription and training. Patients with gait dysfunction will be analyzed across diagnoses and practice patterns as described in the Guide to Physical Therapists Practice. The course develops strategies for the treatment of patient who use orthotic and prosthetic devices dealing with gait dysfunctions. This course prepares students to participate in their second clinical internship experience.	3
AHPT 818	Professional Affairs: The course will introduce students to methods of clinical reasoning, professional conduct, standards of practice, cultural sensitivity, and legal/ethical issues dealing with physical therapy.	2
AHPT 844	Neuromuscular Development and Control I: The course emphasizes the theoretical and clinical basis for the examination and treatment of patients with neurological impairments. Historical and current theories of CNS function, motor control, motor learning, and motor development will be used as the framework for this learning experience. Examination procedures and findings and their implications for therapeutic interventions will be examined as described in the Guide to Physical Therapist Practice. The format for the course will be lecture/lab style, including patient demonstrations and case studies, movement analysis and examinations tests and measures. This course prepares students to participate in their second clinical internship experience.	4

AHPT 862	Differential Diagnosis/Imaging: The client management of patient care will serve as the framework to present patient examination methods that lead to diagnostic reasoning that physical therapist use in clinical decision making. The course will rely on case study examples to be used in the process of gathering relative clinical information to screen for pathology and physical impairments. Students will master the knowledge required for diagnostic imaging principles and techniques as they apply to physical therapy. Standard imaging procedures that will be addressed in the course include radiography, fluoroscopy, arthrography, magnetic resonance imaging, CT scans, and angiography, nuclear medicine and special procedures.	3
AHPT 848	Pharmacology: Prerequisite: Clinical Medicine II. Pharmacology is the study of drugs with an emphasis on how drugs affect physical therapy. The course will cover pharmacotherapeutics about specific drugs that are used to prevent, treat, or diagnose disease.	2
AHPT 850	Psychosocial Elements of Illness and Disability: Prerequisite: Clinical Internship I. Psychosocial Elements of Illness and Disability introduces and examines the psychosocial concepts and factors affecting the patient, family, and the patient/therapist relationship in caring for individuals experiencing acute, chronic, and terminal illness.	2
AHPT 852	Research/Scientific Inquiry I: Prerequisite: Completion of Clinical Internship I. The course introduces research designs and statistical analyses used in physical therapy and rehabilitation research.	2
AHPT 860	Advanced Orthopedics: Prerequisite: Patient Management I and II. The focus of Advanced Orthopedics is on advanced examinations and intervention skills for the patient with spinal and TMJ musculoskeletal impairments, with an emphasis on evidenced-based practice.	4
AHPT 846	Clinical Medicine III: Prerequisite: Clinical Medicine II and Clinical Internship I. Clinical Medicine III provides an overview of pathological conditions affecting the central and peripheral neurological systems. Physicians, rehabilitation specialists, and healthcare professionals supplement selected presentations.	3
AHPT 864	Health Policy and Administration: Prerequisite: Completion of Clinical Internship I. Health Policy and Administration will explore management strategies, group dynamics and methods of communication and healthcare trends in the healthcare industry.	3

AHPT 866	Neuromuscular Development and Control II: Prerequisite: Neuromuscular Development/Control I. Neuromuscular Development/ Control II is the second in a sequence of neuromuscular patient management content areas. The course examines the theoretical and clinical basis for the treatment of neurological pathologies. The course builds on previous course content such as Neuromuscular Dev. / Control I.	4
AHPT 864	Principles of Teaching & Learning: Prerequisite: Completion of Psychosocial Elements of Illness and Disability. Principles of Teaching and Learning examine learning across the lifespan. The integration and application of teaching strategies and methods selected and developed for a specific audience will be emphasized.	2
AHPT 868	Research/Scientific Inquiry II: Prerequisite: Research Scientific Inquiry I. Research/ Scientific Inquiry II are the second in a sequence of research-based courses. The course will explore the Comprehensive Patient Care integrates both clinical and basic science knowledge and skills acquired throughout the curriculum by analyzing patients with multiple medical and physical diagnoses.	2
AHPT 870	Clinical Internship II: Prerequisite: Clinical Internship I (AHPT 830 and Year II course step lock curriculum).Clinical Internship II is the second of a series of three internships. This internship requires 40 hours per week for 12 weeks. The focus of these internships to advance professional behaviors and adult learning and decision-making for medically complex patients. Students will have the opportunity to practice the skills they have learned in supervised clinical settings including any previous setting not yet experienced within nursing homes, inpatient rehabilitation facilities, and outpatient rehabilitation clinical sites. The students will also have the opportunity to choose to participate in supervised practice in acute, hospital or home-health settings.	10
Year 2 Total		46

Course #	YEAR 3	Credit Hours
AHPT 880	Cardiopulmonary Patient Care Management: Prerequisite: Completion of Clinical Medicine III. Cardiopulmonary Patient Care Management prepares students to provide comprehensive interventions to individuals suffering from cardiopulmonary etiologies. The course provides students with non-invasive strategies to maximize patient outcomes.	4
AHPT 882	Comprehensive Patient Care: Prerequisite: Neuromuscular Development/ Control I and II. Comprehensive Patient Care integrates both clinical and basic science knowledge and skills acquired throughout the curriculum by analyzing patients with multiple medical and physical diagnoses.	3

AHPT 884	Pediatrics: Prerequisite: Completion of Clinical Internship II. The Pediatrics course is based on the Guidelines for Pediatric Content in Professional Physical Therapy Education from the Pediatric Section of the American Physical Therapy Association. Upon completion of the course, students will have the specific body of knowledge needed for entry-level pediatric physical therapy practice.	4
AHPT 886	Preventative Health and Wellness: Prerequisite: Completion of Clinical Internship II. Preventative Health and Wellness is a combination of four independent but interrelated topics important to the education of physical therapists: 1) prevention, 2) health promotion, 3) fitness and 4) wellness. These topics contribute to the ultimate goal of optimum health for individual/ patients of all ages in the community.	3
AHPT 888	Research/Scientific Inquiry III: Prerequisite: Research/ Scientific Inquiry II. Research/ Scientific Inquiry III are a continuation of Research/ Scientific Inquiry II. Students will justify, conduct, analyze and evaluate a research project in physical therapy.	2
AHPT 890	Clinical Internship III: Prerequisite: Successful completion of all course content areas taught in the third year of the doctor of physical therapy program. Clinical Internship III is the last of a series of three internships. This internship is the finale of clinical internships and of didactic curriculum. It requires 40 hours per week for 12weeks. The focus of this internship is to assimilate didactic knowledge of professional behaviors and decision making for medically complex patients. Students will have the opportunity to enhance the skills they have learned in the classroom and supervised clinical settings in a practice area relevant to that of a licensed physical therapist. At the conclusion of this course, students will be expected to have entry-level skills as practitioners of physical therapy.	10
AHPT 892	Research/Scientific Inquiry IV: Prerequisite: Research/ Scientific Inquiry III. Research / Scientific Inquiry IV are the final course in the Research Scientific Inquiry sequence. Students will complete their capstone research project through the data analysis, results, and conclusion phases of their project.	2
Year 3 Total		28

* Subject to change

Preparation for Clinical Internships: Knowledge, Skills and Experiences

Students will be expected to matriculate through the course sequence per the curricular matrix. Prior to fulfilling clinical internship arrangements, students must satisfy all prerequisite course requirements including successfully passage of comprehensive pre-clinical practical established by department faculty.

Comprehensive Pre-Clinical Laboratory Practical Examination Policy

The purpose of the comprehensive lab practical is to provide the student with the opportunity to demonstrate the culmination of clinical skills and for this reason it is held prior to each clinical rotation. Development, dissemination, and administration of the comprehensive pre-clinical laboratory practical are the responsibility of faculty within the department of physical therapy who have taught didactic coursework prior to clinical internships. See the student handbook for further details.

The practical will include patient cases that span the Practice Patterns as described in the Guide to Physical Therapist Practice. During the semester prior to the first clinical internship, students will be given the “S” (history) portion of each case. On the day of the practical, each student will be randomly assigned one case. Faculty members will work in pairs; one will act as the patient and one will be a secondary evaluator. The other faculty member will act as the primary evaluator. The practical will proceed as follows:

- **Part One (Examination):** Time allowed: 20 minutes per student.

The student is given the “S” portion of the case study. He/she is to interview the patient and perform a systems review then document the applicable history and patient’s subjective comments as presented by the patient scenario. The student will be expected to list three examination procedures and present the best evidence available to support at least two of the listed examination procedures.

- **Part Two (Evaluation, Diagnosis and Prognosis):** Time allowed: 20 minutes

After the student has completed part one of the examination, he/she is given the “O” portion of the case study. During this 20 minute portion, the student will write an assessment and intervention plan for the patient. The assessment is to include the physical therapy diagnosis (including physical impairments/dysfunctions and functional limitations), expectation statement and goals. The student will also be expected to accurately document the assessment and intervention plan portion of the comprehensive examination.

- **Part Three: (Intervention)** Time allowed: 20 minutes per student

The student’s assessment and intervention plan will be reviewed. If the assessment and intervention plan are deemed appropriate by the primary evaluator, the student will demonstrate two treatment techniques and provide rationale based on evidence based practice for each treatment demonstrated.

*****If the student receives an unsatisfactory on a component, receives a score of “needs improvement” on 3 or more sections, or fails to meet safety requirements, he/she will be required to re-take the practical.**

In the event that the student does not successfully pass the comprehensive practical, a re-take will be conducted and the student’s clinical experience will be indefinitely postponed until the student has successfully completed the practical. The first re-take will take place within one week from the scheduled date of the practical. Before the re-take, remediation of the student by an identified core faculty member is required. The student will repeat the entire practical with a new case in the same specialty area.

If the student fails the practical for the second time, he/she will have the opportunity to retake the

exam for a final time within one week from the second re-take. During that time, further student remediation will be required under the guidance and direction of the student's advisor and identified core faculty. The student will repeat the entire practical with a new case in the same specialty area.

In the event that the student is unable to pass the comprehensive exam on the third and final attempt, the student will be dismissed from the program.

Overview of Clinical Education Assignments and Expectations

Clinical Internship Assignments

Clinical assignments are arranged and assigned by the Director of Clinical Education (D.C.E.). Specific learning objectives are sent by the Department to Clinical Instructors at contracted facilities to assist in reinforcing content currently being presented in the classroom setting and for communicating outcome expectations. These expectations are the course objectives and may be found on the class syllabi.

The D.C.E. establishes clinical agreements in coordination with Radford University Materials and Contracts Management Office with agencies which provide physical therapy services representative of those commonly seen in practice across the lifespan. All clinical affiliations are 12-week full-time clinical experiences. A variety of facilities are available.

Students are provided an opportunity to rank their choices, but choices are not guaranteed and are made in order of seniority, availability, and selection/assignment is made in order of a blinded drawing of student names.

During the initial department orientation, students will be provided the Clinical Assignment Preference Sheet so they may become familiar with the process. This form may also be obtained from the D.C.E. during posted office hours. These Clinical Assignment Preference Sheets allow the student to identify and prioritize clinical internship affiliation preferences for three possible sites per clinical internship.

The first Clinical Assignment Preference Sheet will be submitted to the D.C.E. during the fall semester prior to the first affiliation by a designated date determined by faculty at the first meeting of the fall semester. Final student clinical placements are determined by the D.C.E. acting on the advice of the Program Director and core faculty. Local placements will not be guaranteed and all students should expect to travel for one or more of their clinical experiences.

This form may be viewed at the end of this handbook or may be provided by the D.C.E. during office hours. The D.C.E. will send confirmation of Clinical Assignment e-mails to students with instructions regarding login set up/application instructions for use of Academic Management Systems Clinical Performance Instrument (CPI) Web 2.0 on-line as well as HIPAA on-line training.

A list of DPT clinical sites with up-to-date agreements with Radford University is maintained by the D.C.E. The D.C.E. will provide a list to students to determine clinical assignments during the semester prior to clinical internships. If a student has identified a clinical site that has not yet established a clinical agreement arrangement with Radford University, the student is to bring this

to the attention of the D.C.E. in writing at least four (4) months prior to clinical internship, so that the D.C.E. may make contact and present the possibility of developing a clinical agreement. No sites are guaranteed due to the fact that unforeseen circumstances with outside agencies occur. All contacts in developing clinical affiliation agreements are to be processed through the D.C.E. of Radford University's Doctor of Physical Therapy Program.

Clinical internships offer the opportunity for students to apply skills, knowledge and professional attributes gained through previous curricular experiences.

- The first clinical experience therefore may be in outpatient rehabilitation, inpatient rehabilitation or skilled nursing facility.
- The second year clinical experience expands to include opportunities in home health and acute/hospital, as well as affiliation settings not yet experienced in the first clinical.
- The last clinical rotation may include anywhere physical therapists currently practice.

The overall goal for the clinical education curriculum is to allow students to practice in diverse and worthwhile environments that build on skills mastered within the didactic aspect of the curriculum. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important factor in these assignments.

Students may refuse a student clinical placement, but this may delay their continuation or completion of the Physical Therapy Program. Any further student internship placement will occur after all other student clinical experiences in the program are completed.

The DPT clinical internship calendar follows the Radford University academic calendar with summer Clinical Internship I & II beginning with the Radford University Maymester session and ending following 12 successive weeks of clinical internship. Clinical Internship III begins with the RU academic spring semester and ends two weeks prior to the end of the semester allowing students to return to campus to complete and present their Research IV Capstone Projects. Academic calendars may be accessed through the Academic Registrar's site: http://www.radford.edu/registra/web_2009/calendar.htm.

University Roles, Responsibilities and Rights

As quoted from the 2010 Student Code of Conduct Handbook, Radford University promotes community standards through education. The University has a duty to protect its educational purpose by setting standards of scholarship and conduct. The guiding principle of University regulations is to promote student responsibility and accountability while protecting the community as a whole. Radford University, therefore, has the responsibility to provide an environment during the conduct process that is:

- free from discrimination and harassment on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion or political affiliation
- Fundamentally fair
- Inclusive of the option for a hearing and an appeal as outlined in this policy

Radford University, as an institution within the Commonwealth of Virginia establishes annual clinical agreements with each clinical internship site facilitated by the Physical Therapy Department Director of Clinical Education. Please note that some clinical agreements including the initial agreements prior to candidacy may span multiple years, but final approval is always necessary by Radford University's Department of Material Management and Contracts. All agreements are reviewed and signed by Radford University's Director of Material Management and Contracts.

Mrs. Pamela Simpkins, Director, Materiel Management & Contracts
Radford University
P.O. Box 6885
David E. Armstrong Complex
Radford, Virginia 24142-6885
Telephone: 540.831.6118
E-Mail: ppsimpkin@RADFORD.EDU

Agreements- blank copy –next page



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www.radford.edu

**Memorandum of Agreement between
Radford University and
XXXXXXXXXXXXXX**

This Memorandum of Agreement (MOA) is entered into on this ____ day of _____, 2012, by **Radford University (UNIVERSITY)** and _____ (**AGENCY**) for Physical Therapy student education. The parties to this MOA, in consideration of mutual covenants, promises and agreements herein contained, agree as follows:

WITNESSETH:

WHEREAS, the **UNIVERSITY** is the operator of the **Physical Therapy Program** which require clinical educational experiences, and,

WHEREAS, the **AGENCY** is the operator of a facility in which such educational experiences presently exist, and,

WHEREAS, the parties herein referred to are desirous of entering into the **MOA** for the express purpose of setting forth clearly and accurately a complete and detailed statement of their respective agreements and responsibilities during the term of the **MOA**;

NOW THEREFORE, the **UNIVERSITY** and the **AGENCY**, functioning collaboratively, herein agree to carry out the responsibilities as set forth in this **MOA**.

The UNIVERSITY agrees to:

1. Assume and maintain full responsibility for the planning and administering of the Physical Therapy Program, including programming, curriculum content, and designation of the Director of Clinical Education (D.C.E.).
2. be responsible for the student and D.C.E. compliance with AGENCY rules and regulations during clinical affiliation with the AGENCY.
3. Provide orientation to the educational program for the appropriate AGENCY staff prior to the beginning of each student clinical experience.
4. Provide and maintain on-going communication with the AGENCY's assigned Center Coordinator of Clinical Education and arrange feasible on site visits.

5. Communicate with the AGENCY's assigned Center Coordinator of Clinical Education at a time mutually agreed upon, to plan schedule of student assignments which include the student's name, level of academic preparation, length, dates and type of clinical education experience.
6. Seek mutual agreement with the AGENCY regarding days and hours for student assignments to the AGENCY.
7. Require that all STUDENTS and UNIVERSITY faculty participating in the Educational Experiences are covered for any and all acts or occurrences that happen during or arise from the Educational Experiences by professional liability insurance with coverage amounts not less than the maximum amount recoverable from a health care provider for any injury to, or death of, a patient resulting from a malpractice action as specified under Section 8.01-581.15 of the 1950 Code of Virginia, as amended, or any successor statute thereto per occurrence and three (3) times the maximum amount set forth above in the aggregate. The UNIVERSITY shall also require that, during the term of this Agreement, all faculties participating in the Educational Experiences are covered by workers' compensation insurance covering the faculty in the amount required by the State of Virginia. Evidence of the coverage required by this paragraph will be presented to the Provider upon request, and the School shall promptly notify the Provider of any cancellation, reduction, or other material change in the amount or scope of any coverage(s) required under this Section. Failure to maintain proper insurance in accordance with this Section shall be grounds for immediate termination of this Agreement regardless of any other provision of this Agreement.
8. Require each student maintain health insurance coverage during clinical affiliation.
9. Ensure that all students complete HIPAA awareness training prior to the start of their clinical education. The HIPAA awareness training is provided by the UNIVERSITY and a Certificate of Training with the specific date(s) the training was completed and signed by the instructor will be provided to the AGENCY per their request.

The AGENCY agrees to:

10. Provide supervised learning experiences for the affiliating student. Qualified personnel will be provided by the AGENCY to directly supervise the student during the clinical experience. The AGENCY shall designate and submit in writing to the UNIVERSITY the name and professional and academic credentials of the person to be responsible for the educational program hereinafter referred to as the Clinical Instructor.
11. Inform the UNIVERSITY of the number of students that will be accepted for affiliation for any given period of time and will be dependent in part on its philosophy, available space, patient population, and qualified staff.
12. Provide for orientation of the UNIVERSITY appointed D.C.E. and students regarding AGENCY's policies and procedures.
13. To inform the UNIVERSITY reasonably in advance of any student affiliation of medical tests or procedure related to occupational health or safety which it requires for students placed at its facility.
14. Allow time for Clinical Instructor and/or Center Coordinator of Clinical Education to meet periodically with the UNIVERSITY appointed D.C.E. to discuss mutual concerns.

15. Upon reasonable request, permit inspection of its clinical educational facilities, student records, or other such items as may pertain to the Clinical Education Program utilized by the students, UNIVERSITY, or appropriate agencies.
16. To make reasonable attempts to gain access to emergency first aid treatment, in case of accident or illness to STUDENTS while at the AGENCY for clinical experience. The AGENCY shall not bear the cost of the emergency treatment or any other health care services provided to the STUDENTS.
17. Allow students during clinical affiliations at AGENCY to utilize facilities and resources including supplies and equipment of the AGENCY that are essential for clinical experiences.
18. Permit the use of parking facilities by students and D.C.E. for clinical affiliation purposes with AGENCY.

It is MUTUALLY agreed that:

19. The AGENCY may terminate, upon reasonable cause, the clinical placement of any student whose work performance is unsatisfactory or whose physical and/or mental health renders her/him unable to perform the essential requirements of the program with reasonable accommodation. Prior to termination, the AGENCY will provide the student and UNIVERSITY written notice of the proposed termination and reasons therefore, and shall furnish the student and the UNIVERSITY a reasonable opportunity to respond to such notice; provided, where the student's health or performance poses imminent danger to self or others, suspension may be effective upon verbal notice and verbal opportunity to respond thereto, and the procedures for termination herein described may be implemented subsequent to the suspension.
20. Representatives of both the UNIVERSITY and the AGENCY shall meet to discuss issues of mutual concern and whether or not any changes are necessary in their agreement prior to renewal.
21. The STUDENTS and the D.C.E. of the UNIVERSITY shall function in cooperation with the AGENCY. The UNIVERSITY will inform the student that she/he is not to be considered an employee of the AGENCY for purposes of wages, fringe benefits, worker's compensation, unemployment compensation, social security or any other purpose solely because of their participation in the clinical affiliation with the AGENCY.
22. The Physical Therapy Education Program shall be the responsibility of, and under the control and supervision of the UNIVERSITY and shall be administered through its faculty and staff. Client services shall be the responsibility of the AGENCY, its administration and its personnel.

Please note this contract is defined as a four-year period in order to cover the Commission Accreditation in Physical Therapy Education (CAPTE) requirements and Radford University's Doctor of Physical Therapy curriculum's clinical internship obligation to our students.

This MOA will be automatically reviewed **prior to this date** unless otherwise indicated by one of the parties. All follow up contracts will be reviewed annually and cover an additional four year period as agreed upon by both parties.

This **MOA** may be changed or discontinued by either party with 60 days written notice at any time during the period of the contractual agreement. However, if an academic semester and clinical affiliation has commenced, the **MOA** shall remain in effect through the completion of that semester and clinical affiliation.

This **MOA** must be revised or modified by mutual consent. All modifications must be in writing and signed by official of the **UNIVERSITY** and **AGENCY**.

CLINICAL AGENCY:

Contact Name at Clinic Agency:

Address

E-Mail:

By: _____

Printed Name:

Title:

RADFORD UNIVERSITY:

Waldron College of Health and Human Services

Physical Therapy Department

P.O. Box 6986

Radford, Virginia 24142

Contact Name in Department: Renee Huth, Director of Clinical Education

101 Elm Street

Roanoke, VA 24013

Telephone: 540-224-6673

E-Mail: rhuth@radford.edu

By: _____

Printed Name: Pamela P. Simpkins, VCO

Title: Director of Materiel Management and Contracts



**RADFORD UNIVERSITY
CERTIFICATE OF COVERAGE**

ISSUED TO:

INSURER: COMMONWEALTH OF VIRGINIA

AUTHORIZATION: Commonwealth of Virginia Risk Management Plan and the Code of Virginia, 2.2-1837.

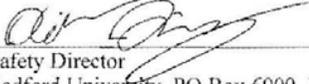
COVERAGE PERIOD: 6/18/2010 - Current

PURPOSE: Verification of insurance coverage for authorized activities of its employees and authorized agents.

COVERAGE: Tort Liability, including Medical Malpractice and Automobile when applicable. Coverage also applies for liability and physical damage for rental/lease vehicles used on official state business.

LIMITS: \$2,000,000 - tort claims against persons
\$100,000 - tort claims against the Commonwealth
\$2,000,000 - medical malpractice incident per occurrence
Actual cash value- non-owned agency-authorized vehicles

ADMINISTRATOR: Division of Risk Management
PO Box 1879
Richmond, VA 23218-1879

VERIFIED BY: 
Safety Director
Radford University, PO Box 6909, Radford, VA 24142
540-831-7790

This certificate is for information only. It does not alter any provisions of the Risk Management Plan or the Code of Virginia.

Student Roles, Responsibilities and Rights in Clinical Education

- **Students**

Students have the responsibility to follow all regulations outlined in the University's Standards of Student Conduct Handbook, the Department Student Handbook and the Clinical Handbook.

1. Prior to internships

The Program Enrollment and Annual Requirements Student Check List provides the prerequisites that DPT students are held responsible to complete prior to clinical assignments. All are overseen by the Department of Physical Therapy.

- **Disability Resource Office Confidentiality Statement**

The student will sign and submit the Acknowledgement of Clinical Handbook Review Sheet annually to the D.C.E. 30 days prior to clinical assignments with the acknowledgement that the student understands he or she has been provided information regarding Radford University's Policy for Students with Disabilities. The Clinical Handbook Review Sheet will be provided with link to the Clinical Handbook on the department website and in person at student orientation. A reference Clinical Handbook is available within the administrative office of the Department Chair.

Once registered with the Disability Resource Office (DRO), all information becomes confidential, adhering strictly to confidentiality laws. The DRO cannot disclose any information concerning a student's files, academic performance, or appointments to **ANYONE including parents without prior written consent from the student.** It is the student's responsibility to disclose information regarding his/her disability to those who are in the best position to help. For more information, please contact the Disability Resource Office (DRO) by telephone directly at (540) 831-6350 or review the DRO's website at <http://www.runet.edu/~dro/>.

- **Contact Information Sheet (Department)**

Students will be responsible to update or maintain current personal data sheets each semester at scheduled advising faculty meetings and as personal contact information changes. These forms may be obtained from the administrative office of the Department Chair. These forms will be stored in the administrative office of the Department chair.

- **CPR Certification**

Certification for Cardiopulmonary Resuscitation (CPR) is a requirement for admittance and matriculation within the program. All graduate physical therapy students are required to obtain and maintain current certification in cardio-pulmonary resuscitation, submit a copy of their certification to The Director of Clinical Education within the Department of Physical Therapy on admission to the program, **AND as a requirement PRIOR** to each clinical education assignment. Students are to provide proof of certification to clinical sites as requested.

The *American Heart Association BLS-C Health Care Provider* course is preferred for CPR. Renewal for the AHA/BLS-C certification is every two years. Students may also take the *American Red Cross CPR for the Professional Rescuer* course. Renewal for the ARC/CPR certification is every 12 months.

- **Criminal Background and Drug Screen Requirement**

Students will successfully complete a background check and drug screening prior to each of the required clinical internships. Results of the background check and drug screenings must be submitted to the Director of Clinical Education thirty days (30) prior to beginning each clinical internship. The provider used to perform the screening process is CertifiedBackground.com. If results are not received in the identified time period, students may be restricted from participating in classes or clinical internships. If the drug screen results are positive for drugs, students can be dismissed from the DPT program and denied participation in clinical internship.

Procedures:

1. Students will receive an instruction sheet for background check and drug screening procedures with acceptance to the DPT program.
2. Result of background check and drug screening must be received by the Program Director prior to initial enrollment.
3. The Program Director will provide student background check information to the D.C.E. who will maintain records within the D.C.E. office.

- **Health Insurance**

Students **must have** personal health insurance coverage that provides for hospital care. Such a Policy may be obtained through the Dean of Student's Office on the web: <http://www.radford.edu/dos-web/contact.htm> or by calling 540-831-5321. A copy of the student's health insurance card must **be** submitted to the Office of Physical Therapy upon entrance into the program.

- **HIPAA Policy**

All students in the Physical Therapy program are required to have participated in the HIPAA training and passed a written examination prior to their first clinical rotation. The student is to provide applicable documentation of this HIPAA training to the Department of Physical Therapy's Director of Clinical Education. The Director of Clinical Education is to maintain and secure current records within the Director of Clinical Education office.

- **Health Forms, including PPD and Immunization Maintenance**

The Commonwealth of Virginia and/or Radford University requires that the health record form and certificate of immunizations be completed and submitted to the student health center prior to enrollment at Radford University and each subsequent fall semester. The form may be accessed on the graduate college website under forms: <http://health.asp.radford.edu/AD3%2520health%2520record%252008.pdf> or on the Student Health Services webpage: <http://health.asp.radford.edu/index.htm>. All pages of the Health Record form must be returned to Student Health Services, PO Box 6899, Radford, VA 24142 by July 1 for students entering fall semester. Students are encouraged to make personal copies of completed health form for their own records. Students who have not met this requirement by the end of their first term may be dismissed from the University. Students are responsible to provide an up-to-date copy of their immunizations and health record annually to Student Health Services.

Student Health Services is located in Moffet Hall and may be utilized for annual tuberculin skin testing (TST, PPD, and TB skin test), Hepatitis B vaccinations, allergy injections, flu vaccine, and Women's Health each for a minimal fee. The Student Health Center provides a

24-hour, 7 day-a- week, toll-free telephone service. The number for this service is: 1-866-205-2164.

In addition, students are required to provide a copy of his or her health record including, immunization, and TST records directly to the Director of Clinical Education within the Department of Physical Therapy within the first week of each fall semester. **Documentation of an up to date PPD is required to attend clinical assignments. Therefore, students who have not maintained an updated student health form may be precluded from clinical affiliations.** The Director of Clinical Education will secure all confidential information in the office of the Director of Clinical Education.

These student health forms must be updated on a yearly basis or as changes occur to meet the requirements of the College as well as to meet the needs of the student internship placement sites. It is required that the student's health records be sent to the clinical internship upon request of each affiliating agency prior to the student's arrival. If the records are not complete, the clinical site has the right to reject the student and he or she will lose his/her clinical internship site.

Student health information will not be distributed until the student signs the Department of Physical Therapy Health/Educational/Curriculum Activities Release Form found at the end of the Clinical Handbook. Once this authorization form is signed and completed it is to be submitted and recorded in the Student Health Center. The student is to notify the Director of Clinical Education that the medical authorization form has been approved. Please refer to the Health Information Distribution Policy within the Department's Policy and Procedures Manual which may be accessed in the administrative office of the department Chair. Additional information may be accessed at Radford University's Student Health Services on-line at <http://health.asp.radford.edu/>.

- **Informed Consent for Laboratory and Clinical Participation Policy**

An informed consent form will be given to the students during orientation of the first year in the Physical Therapy Program. This informed consent, found in the Department Student Handbook will cover the student for the duration of the Physical Therapy Program through the day of graduation.

All students are required to sign an informed consent acknowledging that they understand expectations in laboratory coursework on campus and off campus. In addition, students are expected to participate fully in clinical experiences that are a component of their course requirements.

The student is expected and is responsible for notifying the Program Director and the course instructor in writing for reasons for non-participation. The Program Director and course instructor will make a determination, and this decision may be appealed. Informed consent forms will be placed in the student file along with any documentation for non-participation.

- **Malpractice Insurance**

All students are covered by Radford University malpractice insurance while functioning as a Radford University student in course related activities. For more information, please see the University Health & safety website. The certificate of coverage may be accessed at:

http://www.radford.edu/fpc/Safety/risk_man/ins_cert.htm.

In addition, the faculty recommends that students carry their own malpractice insurance policy. For more information, the Code of Virginia § 8.01-581.15 specifies the limitation on recovery in certain medical malpractice actions and may be accessed directly: <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+8.01-581.15>.

- **Release of Records**

The university will not release information about a student from records, except directory information, to other than a specified list of exceptions without obtaining the written consent of the student. Written consent using RU's Authorization and request for Release of Records and Information is requested one time within the Department of Physical Therapy during the matriculating Department of Physical Therapy student orientation, and secured in the Director of Clinical Education office. Students may revise release of information at any time by providing written notice to the Director of Clinical Education or the Department Chair.

A full statement of the **Family Educational Rights and Privacy Act (FERPA)** and information as to how students may exercise the rights accorded them by this policy are available from the office of the University Registrar or from the Dean of Students Office.

University and federal laws permit the university to routinely release information in the following categories:

- Student's name, local & home address, phone listing
- E-mail address
- Major field of study
- Participation in officially recognized activities & sports
- Weight & height of members of athletic teams
- Photograph
- Dates of attendance
- Degrees & awards received
- The Department of Physical Therapy may request students to release records for the purposes of program improvement and accreditation reporting. The form may be found on the RU registrar website:

http://www.radford.edu/~registra/web_2009/forms/students/records_release.html.

- **Clinical Internship Forms**

The student will sign and submit to D.C.E. an Acknowledgement of Clinical Handbook Review Sheet including updated editions during orientation and one semester prior to clinical assignments. These forms will be provided at student orientation with the distribution of the clinical handbook and may be found on the last page of the student clinical handbook. Copies of this form are also available within the administrative office of the Director of Clinical Education. All of the following information is found in the Clinical Handbook and therefore may be signed off using the Acknowledgement of Clinical Handbook form.

- The Clinical Assignment Preference Sheet
- Clinical Internship Assignment Confirmation
- Academic Management Systems Clinical Performance Instrument (CPI) Web

- 2.0 login set up/application instructions
- Communications Technology Policy

- **Transportation Policy**

- Students are responsible for providing their own transportation to and from clinical internships, agencies and sites.
- Adequate coverage of automobile accident insurance must be maintained, as is the personal responsibility of the student.
- Students should not transport clients in the clinical setting and are personally liable for disregarding this policy.

- **Student Clinical Letter**

To assist with the best possible outcome, students will be responsible to write a letter of introduction to each of their assigned clinical instructors prior to each clinical internship which will be approved by both his or her faculty advisor and the D.C.E. prior to sending to assigned Clinical Instructors in the field. Letters of introduction will include but are not limited:

- to describing how the student learns best
- identifying personal strengths and identified needs
- a list of desired experiences, goals, and outcomes from the clinical internship.

More information and guidance will be provided during the semester prior to the student's first clinical internship.

2. During internships

- **Attendance**

Clinical internships are 12 weeks in duration and full time. The official RU policy states: "All students are expected to be officially registered and attend classes on a regular basis. No absences of any nature will be construed as relieving the student from responsibility for the completion of all work assigned by the instructor. A student registering late for a class will be responsible for all work assigned and material covered during the class sessions missed due to late registration."

Students are expected to report to their clinical site prepared and on time. Documented absences other than preapproved absences by both the D.C.E. and the onsite C.I. and unusual circumstances that are verifiable, such as being in court or in the hospital, will not be tolerated.

In the event that a student acquires greater than three (3) absences during a twelve (12) week clinical internship, the student may be required to make up time as determined by the D.C.E. under the advisement of the Department Program Director and the Core faculty. Attendance and punctuality are important. Arriving late and leaving early is considered unprofessional. A student assumes full responsibility for the loss incurred because of an absence.

All absences are first to be reported by the student to the clinical site supervisor or clinical instructor followed by the program's D.C.E. Reported absences whenever possible are requested prior to the time the student is scheduled to report. Preferred communication techniques include contacting the student's site clinical instructor and D.C.E. directly by telephone (do not count on voice mail) and when not possible, by e-mail. Students are

advised to verify that messages were received by speaking with the site clinical instructor and the D.C.E. directly.

Students and Clinical Instructors should exchange contact information on the first day of the clinical internship. Students must provide an excused absence from a doctor if absent greater than three (3) consecutive days. Students presenting with flu like symptoms are encouraged to stay home for the safety of their patients, clinicians and themselves.

- **Dress Code/Clinical Internship Attire**

Uniform dress code will be at the discretion of the faculty member and cooperating agency contact person. Refer to the agency dress code for clinical sites.

Students are expected to wear a nametag in all public forums as professional attire including during clinical internships specifying the following:

- Photograph
- Name
- Physical Therapy Student
- Radford University

Shirts should also be in conservative colors and plain or simple in design (no large or inappropriate logos).

- Pants should be ankle length and made of appropriate fabric (no denim).
- Footwear should be well maintained and presentable, oxford style shoes are recommended. Tennis shoes, sneakers, clogs, open toed or open heel styles are not acceptable. An exception may be made for tennis shoes/sneakers as deemed appropriate by the Clinical instructor of the site.
- Socks or pantyhose must be worn with shoes.
- Tattoos and piercings (i.e. dangling navel/earrings) should not be within visible sight if possible.

Male students are expected to wear dress slacks, shirt, tie and nametag on the first day of clinical internships; female students are expected to wear dress slacks with blouse and nametag. After consulting with the assigned Clinical instructor the first day of the internship on site, students are to follow the expected agency attire. In the case where there is no written policy at the agency site, students are expected to follow the clinical first day's dress policy. A white, clean laboratory coat may be required.

Special dress codes required by clinics dress code and will be observed by affiliating students.

- **Housing & Meals**

Students are responsible for providing their own room and board, including the cost of housing and meals during all clinical internships.

- **Travel**

Students are responsible for providing their own transportation to and from clinical internships, agencies and sites. Students should not transport clients in the clinical setting. Adequate coverage of automobile accident insurance must be maintained, as is

the personal responsibility of the student.

3. At the completion of internships

Students will be responsible to complete self, site and clinical instructor surveys. Final grades will be determined by the D.C.E. based on criteria provided on each clinical internship syllabi with assistance from the student's clinical instructor's on-line CPI web assessment. Grades will be submitted according to deadlines on that may be found through 2014 on the academic calendar: http://www.radford.edu/registra/web_2009/calendar.htm.

Director of Clinical Education/Clinical Instructor Roles, Responsibilities and Rights

• Overview

Clinical assignments are arranged and assigned by the Director of Clinical Education (D.C.E.) based on the Student Clinical Preference Form, program mission, and specific entry profession level learning needs. Specific learning course objectives are sent by the Department to Clinical Instructors at contracted sites to assist in reinforcing content currently being presented in the classroom setting and for communicating outcome expectations. These expectations are the course objectives and may be found on the class syllabi.

Clinical internships offer the opportunity for students to apply skills, knowledge and professional attributes gained through previous curricular experiences. The goal is for the clinical aspect of the curriculum to be diverse. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important factor in these assignments.

- The first clinical experience therefore may be in outpatient rehabilitation, inpatient rehabilitation or skilled nursing facility.
- The second year clinical experience expands opportunities to include home health and acute/hospital, as well as affiliation settings not yet experienced in the first clinical.
- The last and third clinical may include anywhere physical therapists currently practice including specialties in practice such as pediatrics, cardiac rehabilitation, and women's health to name a few.

To assist with the best possible outcome, students will write a letter of introduction to each of their assigned clinical instructors prior to each clinical internship. Letters of introduction will include but are not limited to describing how the student learns best; his/her self-assessed strengths and needs, and a list of desired experiences, goals, and outcomes from the clinical internship.

Students participating in the clinical educational program of the physical therapy program shall not be deemed employees of the clinical site for the purpose of compensation, fringe benefits, worker's compensation, unemployment, minimum wage laws, income tax withholding or social security. Students may only receive monetary funding in the form of a scholarship to further their educational experience during the clinical internship(s).

Clinical faculty will be provided a copy of the agreement between the affiliated site and Radford University. If this is a Radford University written agreement, this may be accessed within this clinical handbook on page 63.

Each contracted clinical site is required to provide a completed clinical site information form of their site to the DPT D.C.E. This APTA Clinical Site Information Form (CSIF) developed by Department of Physical Therapy Education (1111 North Fairfax Street, Alexandria, Virginia

22314) may be accessed at American Physical Therapy Association on-line:

<http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=328&ContentID=41516>, on the RU Department of Physical Therapy website: or may be provided by the D.C.E. of the program by request. The CSIF form contains information specific to each site including, but not limited to: Contact Information, Clinical Site Accreditation/Ownership, Clinical Site Primary Classification, Clinical Site Location, Information About the Clinical Teaching Faculty, Clinical Instructor Information, Areas of Practice, Site hours of Operation, Special Programs/Activities/Learning Opportunities, Health and Educational Providers at the Clinical Site, Affiliated PT and PTA Educational Programs, Availability of the Clinical Education Experience, Clinical Site's Learning Objectives and Assessment, Arranging the Experience, Housing, Transportation, Meals, Stipend, and Special Considerations. Once a student is assigned to a specific site, and all sites are confirmed, this information will be provided to the student.

- **Director of Clinical Education Roles and Responsibilities**

The Director of Education (D.C.E.) facilitates and directly supervises the clinical education program within the Radford University Physical Therapy curriculum. The roles and responsibilities of the D.C.E. are administrative, managerial and educationally based. The D.C.E is charged with ensuring the development of student clinicians including providing students access to opportunities to acquire necessary clinical skills at entry-level practice of physical therapy. The D.C.E develops, manages, coordinates, administers and analyzes the clinical education program in order to provide quality assurance and meet current advances in the A.P.T.A. vision and current and future practice expectations. The D.C.E represents Radford University and contributes to the development of clinical education faculty as clinical teachers, mentors and practitioners. The D.C.E communicates and facilitates all aspects of the clinical education program to all involved parties.

- **Clinical Faculty Roles and Responsibilities**

Once clinical sites are contracted, CCCEs will be asked to identify physical therapists who demonstrate exemplary clinical competence in particular areas of expertise or specialty in practice including APTA credentialed instructors (CIs) on the APTA Clinical Site Information Form (CSIF). This form will be updated annually and monitored by the D.C.E.

The program expects all clinical education faculties to demonstrate clinical teaching effectiveness in the areas of supervision, mentorship, communication and core professional values and to meet clinical internship course objectives and outcomes. Specific clinical internships course objectives and detailed descriptions are found on each clinical internship course syllabus.

Multiple assessment tools will be used to assess whether clinical education faculty are effective teachers. These assessment tools will evaluate student supervision, mentorship, communications and core values.

- Supervision
 - a. CPI comments
 - b. D.C.E. Interview of student and CI
 - c. Student survey and comments
 - d. D.C.E. observation
- Mentorship
 - a. Analysis of CI self-assessment, student assessment, and D.C.E. assessment utilizing the Core Value Assessment
(<http://www.apta.org/AM/Template.cfm?Section=Search§ion=Leadership&template=/CM/ContentDisplay.cfm&ContentFileID=287>)
 - b. CPI comments
 - c. D.C.E. Midterm assessment of site and CI-mentorship and supervision
 - d. Student survey and comments
 - e. Completion of Student weekly goals
 - f. D.C.E. observation
 - g. Weekly goal discussion meetings
- Communication
 - a. Written: CPI, Student Survey
 - b. Verbal: contacting D.C.E. for additional assistance regarding student needs, student weekly review of goals
 - c. Timeliness: appropriate as warranted by situation
- Core Values
 - a. Analysis of CI self-assessment, student assessment, and D.C.E. assessment utilizing the Core Value Assessment
(<http://www.apta.org/AM/Template.cfm?Section=Search§ion=Leadership&template=/CM/ContentDisplay.cfm&ContentFileID=287>)
 - b. CI, CERC, Core Faculty, Curriculum Review Committee, Student Focus Group feedback analysis

- **Clinical Faculty Rights and Privileges**

The responsibilities of clinical faculty (CCCEs and CIs) are delineated by the D.C.E. following clinical agreement execution and confirmation of clinical slot pledge. The D.C.E. is responsible for coordinating, managing and communicating the efforts of the academic program and clinical education sites in the education and preparation and follow through of DPT assigned student clinical experiences. Whenever possible, initial contacts are made by the D.C.E. in person with CCCEs and CIs to initiate positive relationships. Other communication methods include e-mails, on-going telephone conferences, department website, e-mails, video conferencing, CPI Web 2.0 program, participation in committee meetings, and through on-going CEU on-site and on-the-web trainings.

Information packets provided at initial meetings include:

- Clinical Handbook
 - a curricular matrix
 - list of prerequisite courses to clinical experiences

- clinical internship syllabi
- Student release of information sheet
- certificate of coverage
- “Students are a Resource” information sheet
- Radford University clinical affiliation benefits sheet
- business card contact including department website
- a copy of clinical agreement and clinical slot addendum (where appropriate).

When in person, information packets are handed to CCCEs/CIs during initial on-site contractual and clinical addendum pledge meetings, and when sent in the mail or email to sites, the information is reviewed over the phone. All updated program information will be sent to CCCEs and may be accessed on the web at: <http://pt.asp.radford.edu/>.

The CCCE and CI will be provided a copy of the clinical agreement prior to student affiliation assignments to facilitate communication of signed agreement.

- The clinical education faculty (CCCEs and CIs) are afforded rights and privileges appropriate and similar to the rights and privileges of clinical faculty in other Radford University programs. All clinical faculty at Radford University have access to research resources including library, laboratory space, department equipment, and support from the Office of Sponsored Programs and Grants Management.
- Clinical faculty may receive assistance in research including pre-award, proposal budgeting information, proposal abstracts editing, letters of support, bio-sketches and are encouraged to collaborate not only within the department but also across multi-disciplines.
- Additional clinical faculty rights and privileges as reflected in new clinical packets provided to clinical education coordinators/clinic owners at agreement signing meetings and currently include:
 - **Continuing Education Opportunities**
 - a. Free CPI web 2.0 training .2 CEUs through APTA Learning Center:http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx
 - b. One randomly chosen clinical instructor from contracted sites will be selected annually to have registration paid in full to attend clinical instructor education credentialing class paid in full by Radford University’s DPT program. If the clinical instructor is currently credentialed, he/she may choose another physical therapy clinician at his/her site. Current credentialing classes are 15 contact hours or 1.5 CEUs.
 - c. One clinical instructor will be recognized as Radford University’s DPT Clinical Instructor of the Year for going above and beyond to provide excellent clinical education to a Radford University DPT student. A press release will be written by the D.C.E. and sent to the Radford University’s Public Relations and placed on the department’s website.

- **Professional Growth**
 - a. One clinical instructor will be recognized as Radford University's DPT Clinical Instructor of the Year for going above and beyond to provide excellent clinical education to a Radford University DPT student. A press release will be written by the D.C.E. and sent to the Radford University's Public Relations and placed on the department's website.
 - b. Clinical faculty will be invited and encouraged to participate and contribute to any of three program committees:
 - The Clinical Education Review Committee
 - The Curriculum Review Committee
 - The Professional Advisory Committee
 - c. Clinical faculty may apply to participate as Associate faculty. Opportunity to give back to profession and influence practice of physical therapy in the future.
 - d. Advertising and marketing of services
 - Contracted site home links will be placed on department website under clinical education menu.
 - Clinical faculty and contracted site highlights will be provided on department website and change monthly.
 - Clinical Education site coordinators will be contacted regarding modifications when appropriate/necessary.

Prior to student affiliation assignments of contracted sites, clinical faculty will be directed to the department website to review the clinical education handbook which describes the clinical faculty's rights and privileges. Any on-going changes or additions to these rights or privileges will be provided to all clinical faculty by quarterly updates, updates to department website, by e-mail, or direct mailings from the D .C .E . and reiterated prior to clinical affiliation student assignments as witnessed by signed acknowledgement of receipt of the Clinical Education Handbook found on the last page of the Clinical Education Handbook. Once acknowledgement of receipt is received, clinical faculty who has not taken CPI web training will be instructed to do so and student assignments will be made through CPI web 2.0.

All clinical faculties will be invited and encouraged to participate and contribute to any of three program committees including the Curriculum Review Committee, Clinical Education Review Committee and Advisory Committee. Outcomes of committee meetings will be communicated through quarterly updates or within information packets provided at initial contractual meetings. Communication methods utilized to correspond with all faculty, including clinical and other program faculty.

Policies

- **Americans with Disability Act and Acknowledgement of Radford University's Policy for students with disabilities**

Please refer to student responsibilities within this handbook for more information. The sign off form may be found at the end of this clinical handbook.

- **Clinical Internship Grading Policies**

Student Clinical Internship grades of pass/fail and reporting of grades will be determined by the D.C.E. communicated with students by through the Course Syllabi. Please refer to the Physical Therapy Department Student Handbook for more information Grading Policies.

- **Student Clinical Internship Policy**

Students will be assigned to clinical internship experiences based on their cognitive, psychomotor, and affected preparedness determined by meeting predetermined curriculum milestones. Examples of curriculum milestones would be to complete the first academic year in good academic standing and by passing the clinical practical examination requirement of the first academic year. As the mastered knowledge, clinical experiences, and academic requirement of the curriculum increase and students successfully meet those demands so will their abilities to meet more complex clinical and patient care demands.

The program has determined the types of and progression of clinical site placement as students' progress through the curriculum. Students participating in their first clinical internship placement will have to opportunity to gain clinical experience in skilled nursing home facilities, in-patient rehab setting, and out-patient clinical environments. Once students complete their second year of the curriculum and again based on curriculum content, clinical experiences, and clinical skills development their clinical opportunities will be increased from sites identified in year I to the acute care hospital setting and home care environment. Students participating in their third and final clinical internship experience will have completed the course sequence in the doctoral curriculum and will be eligible to participate in all clinical practice environments previous identified and specialty area such as pediatrics, sports medicine, industrial rehab, women's health, and school programs.

- **Clinical Site Information Sharing Policy**

Prior to the clinical internship, and after a release of information is signed by the student and provided to the Director of Clinical Education, the department of physical therapy may provide the following information to clinical instructors and or the coordinator of clinical education upon request:

1. Disability/accommodations recommendations
2. CPR certification
3. Personal contact information
4. Listing of courses completed
5. Certification of HIPPA and Standard Precautions training

Criminal background check information will not be released to the clinical sites. The department of physical therapy will notify clinical sites that the student has completed a

current criminal background check and that the program has determined that the student is suitable for clinical practice.

A signed copy of the information release form will be maintained in a secure area in the office of the Director of Clinical Education.

Students may be encouraged to provide further personal information to clinical instructors in a letter of introduction including some or all of the information about with their letters prior to clinical internship for best possible outcome success of each internship.

- **Communications Technology Policy**

The use of cell phones, pagers, and text messaging are prohibited during all classroom and laboratory learning activities/experiences both on and off campus. Faculty will take immediate action if cell phones, pagers, and text messaging are being used during classroom and laboratory learning activities/experiences by confiscating the device. Computers in the classroom, laboratory, and clinical settings are to be used for academic/clinical purposes only. Faculty will take immediate action if computers are being used for other than academic or clinical purposes by confiscating the device. During testing and examinations, the use of, accessibility to, or the disruption from any communication device is strictly prohibited. Faculty will take immediate, if a violation occurs by the confiscation and removal of the device.

Students participating in clinical internship may use cell phones, pagers, and text messaging only during scheduled lunch breaks or during regularly scheduled daily breaks. The use of cell phones, pages, and texting messaging is prohibited during all clinical treatment time and learning experiences e.g. patient treatments, seminars, professional presentations, and clinical instruction. Clinical instructors will have the authority if a violation occurs to confiscate the device.

- **Policy on Accidental Needle Sticks**

This policy is intended to provide students with information concerning steps to deal with accidental needle sticks. This is the most frequent route of exposure to blood-borne pathogens. Students should consult their health care provider if testing and treatment becomes necessary.

Procedure

Report all needle sticks immediately to your instructor or immediate supervisor. Complete an incident report concerning the needle stick in the agency where the needle stick occurred. This must be completed within 24 hours of the needle stick. (Review policy of that agency for completion of form.)

Determine if the needle was clean or dirty.

- a. A "clean" needle is one that did not come in contact with the patient. For example, a clean needle may be used to draw up medication from a multi-dose vial. Or you may have dropped an unused needle on the floor and then stuck yourself while trying to dispose of it.

- *Treatment for clean needle sticks includes:*

- Tetanus prophylaxis booster (if you haven't had one in 10 years).
- Cleansing wound with antiseptic
 - Dressing if needed.

b. A "dirty" needle is one that came in contact with a patient or the patient's attachments, i.e., piggyback needle from the IV tubing; a needle used for IM injection or an IV style needle.

- *Treatment steps for sticks by a dirty needle includes:*
 - Request that the identified patient be tested for Hepatitis B surface antigen and HIV antibodies (informed consent for HIV testing is required).
 - Have your blood tested for Hepatitis B and HIV antibodies as soon as possible. This will provide you with valuable *baseline* values to compare with all future tests.
 - Begin drug treatment if necessary.
 - Begin counseling concerning your treatment.

Anti-retroviral medications, such as zidovudine (Retrovir), significantly lower and exposed person's seroconversion rate. (Some studies indicate a 79% reduction.) You should decide within 2 hours of exposure to an HIV-positive patient whether or not you want to receive Zidovudine (Retrovir) prophylactically. If your baseline test for HIV is normal, you will need to be retested in the following manner: at 3 weeks, at 6 weeks, at 3 months, at 6 months, and at 1 year. If your serum converts (become HIV positive), begin treatment immediately. Follow up testing for Hepatitis B antibody should occur 30 to 60 days after a needle stick. You will be observed for 1 year for clinical evidence of Hepatitis B, C, or D. If infection doesn't occur in that time, follow-up is complete.

Reference: Coats, D.T. (1997) HIV Occupational exposed health care workers and prophylactic drug therapy. *Journal of Emergency Nursing* (23), 116-119.

- **Clinical Education Calendar**

- Summer clinical internships begin typically one week prior to Summer Session to allow for 12 week internship. The Radford University academic calendar through 2014 may be accessed at http://www.radford.edu/registra/web_2009/calendar.htm
- Designated placement on Department Website for Clinical Planning Calendar: http://pt.asp.radford.edu/clinical_calendar2.html
- Mid-Atlantic Physical Therapy Clinical Education Consortium website gives an overview of all of Virginia's PT/PTA programs clinical rotation schedules: <http://www.midatlanticptclinedconsortium.com/schedule>

- **Planning and Feedback**

- Academic Management Systems CPI Web 2.0
- Clinical faculty, students and the D.C.E. will use the Academic Management Systems software as their main form of communication tool. Each student and clinical instructor

will take a CPI on-line web training course to become familiar and obtain access to the management system. The 2.0 format includes a means for the D.C.E. to provide reminders to students and clinical instructors, provide access to CPI, anecdotal forms, critical incidence reports. Access information is located on the tab for Clinical Education on the Department website: <http://pt.asp.radford.edu/>.

- Students are expected to develop weekly goals which the Clinical Instructor and the student will review at the beginning and end of each week during the clinical internship.

- Student clinical performance will be graded on the Clinical Performance criteria per the APTA guidelines. The Clinical Instructor is expected to grade performance of the student using this performance tool. Overall grades will be determined and posted by the D.C.E. of the Physical Therapy Program based on the course syllabi grading criteria, student feedback, and clinical instructor feedback. Midterm visits will be made in person whenever possible, and an on-site visit report forms will be completed by the D.C.E. Teleconferences with the student and/or clinical instructor will be completed mid-semester when on-site visits are not possible.

- **Attendance**

Clinical internships are 12 weeks in duration and full time. Students are expected to report to their clinical site prepared and on time. Documented absences other than preapproved absences and unusual circumstances that are verifiable, such as being in court or in the hospital, will not be tolerated. In the event that a student acquires greater than three (3) absences during a twelve (12) week clinical internship, the student may be required to make up time as determined by the Director of Clinical Education under the advisement of the Department Chair and the Core faculty.

All absences are first to be reported by the student to the clinical site supervisor or clinical instructor followed by the program's D.C.E. Reported absences whenever possible are requested prior to the time the student is scheduled to report. Preferred communication techniques include contacting the student's site clinical instructor and D.C.E. directly by telephone (do not count on voice mail) and when not possible, by e-mail. Students are advised to verify that messages were received by speaking with the site clinical instructor and the D.C.E. directly.

Students and Clinical Instructors should exchange contact information on the first day of the clinical internship. Students must provide an excused absence from a doctor if absent greater than three (3) consecutive days. Students presenting with flu like symptoms are encouraged to stay home for the safety of their patients, clinicians and themselves.

- **Interruption of Clinical Internship**

There are various reasons why a clinical internship may be interrupted e.g. absences due to illness, maternity leave, or military leave; student performance e.g. Safety. An extension or repeating of a clinical internship will be assessed on an individual basis. The determination of dropping or withdrawing a student from a clinical internship course will be determined by the D.C.E. in collaboration with the Clinical Instructor and designated faculty.

Students who are withdrawn from a clinical internship will be allowed to repeat the clinical internship one time. Remediation plans will be determined on an individual basis

by designated faculty with final approval by the D.C.E.

- **Student Grade Determination**

Overall grades will be determined and posted by the D.C.E. of the Physical Therapy Program based on the course syllabi grading criteria, clinical instructor's grading on CPI and feedback, as well as student feedback.

- **Processing Complaints**

Complaints about any aspect of the program or its constituents are encouraged to be communicated directly and in a timely manner. Complaints from students or Clinical Instructors may be directed to the D.C.E. who will provide feedback and offer suggestions how to move forward effectively.

All complaints regarding safety of the student or clients/patients MUST be directed in a timely manner to the D.C.E. Students may be pulled immediately from treating patients until the D.C.E. is contacted. Whenever safety is in question, all practitioners are reminded to "do no harm."

- Complaints regarding the Clinical Education Program within the Department of Physical Therapy may be made to: Dr. Renee Huth: (540) 224-6673 or rhuth@radford.edu.
- Complaints regarding the Director of Clinical Education may be made to the Department Chairperson, Dr. Edward Swanson at eswanson3@radford.edu.
- Complaints regarding the Program Director may be made to the Associate Dean of Waldron College, Dr. Ken Cox at kcox3@radford.edu

For more information regarding the grievance or complaints process, please review the Department of Physical Therapy Student Handbook or contact the D.C.E. or Program Director.

Clinical Education Outcomes Evaluation

The core faculty functioning as a faculty of the whole is responsible for the development, implementation, review, and continued improvement of the professional curriculum. Curriculum content and its ability to prepare students to meet clinical demands will be assessed on a continuous basis.

Methods used in the assessment process will consist of regularly scheduled faculty meetings, annual faculty retreats, input from student focus groups, and results from Curriculum Review Committee meetings. Input from clinical education faculty members will be gathered through conducting Clinical Education Review Committee meetings, results of clinical on-site visitations by the D.C.E., and analysis of CPI results carried out on an annual basis. Input from the clinical community will be received annually by conducting Clinical Education Review and Professional Advisory Committee meetings consisting of a board selection of area clinicians and the core faculty. Additional input will be gained through the analysis of graduate and employer surveys results and licensure passage rates.

Type	Outcomes measures Qualitative/Quantitative	Frequency
Faculty Meetings	Qualitative	On going
Review of FSBPT Enhanced Score Content Reports	Quantitative	Annually
Professional Advisory Committee	Qualitative	Annually
Curriculum Review Committee	Qualitative/Quantitative	Annually
Faculty Retreat	Qualitative/Quantitative	Annually
Student Focus Group	Qualitative	2 x / Semester
Clinical Education Review Committee	Qualitative/Quantitative	Annually

Additional feedback used to assist in the evaluation and continuous improvement of the clinical education program will include:

- Use of Academic Management Systems CPI Web 2.0-will provide APTA clinical information/statistics
- Department Website access to:
 - Student self-evaluation (on-line survey under development)
 - Student Evaluation of Clinical Internship (on-line survey under development)
 - Clinical Instructor evaluation (on-line survey under development)
 - Director of Clinical Education evaluation (on-line survey under development)
 - Evaluation by Clinical Site Clinical Instructor and Clinical Coordinator of Clinical Education of University/Department
 - Committee Meeting minutes and agendas
 - Curriculum Committee
 - Clinical Education Review Committee
 - Professional Advisory Committee
 - D.C.E. participation in Mid-Atlantic Physical Therapy Consortium

**Radford University
DEPARTMENT OF PHYSICAL THERAPY**

Clinical Assignment Preference Sheet

Where applicable, I have filled in my previous clinical internship experiences to assure I have met the requirement of a local site and a diverse clinical background.

Clinical Rotation	Setting(SNF, OP, IP Rehab, Acute, HH)	Name of Facility	Location (city, state)
1			
2			
3			

The following are my clinical affiliation selections for Rotation in order of preference:

Clinic Internship _____(fill in #) Preferences	Setting(SNF, OP, IP Rehab, Acute, HH)	Name of Facility	Location (city, state)
1			
2			
3			

Student Name (PRINT)

Student's Signature

Date

D.C.E.'s Name

D.C.E.'s Signature

Date Received

A copy of the document has been provided to the student _____, _____
Date D.C.E. initials

**Radford University
DEPARTMENT OF PHYSICAL THERAPY**

**Doctor of Physical Therapy
Clinical Handbook
Acknowledgement Sign-Off Sheet**

I have read and have been provided an opportunity to ask questions about the materials within this handbook.

I comprehend the materials presented in this Clinical Handbook.

Name –Student or Clinical Faculty (PRINT)	Signature	Date
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Witness (PRINT)	Witness’s Signature	Date
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This page is to be returned to the Director of Clinical Education.

**Radford University Physical
Therapy Department
P.O. Box 6986
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