

# SECTION 1

## DOCTOR OF PHYSICAL THERAPY PROGRAM

**1.1 Department Vision Statement**  
Uniting Christianity with Healthcare Education.

**1.2 Department Mission Statement**  
In accordance with the Seventh-Day Adventist Church, Andrews University, and the College of Arts and Sciences, the Physical Therapy Department mission is to provide professional education with an emphasis on faithful witness to Christ through service to others.

Physical therapy *administration* provides resources and encourages faculty to continue their educational, professional, and spiritual growth.

Physical therapy *faculty* deliver, within a Christ-centered environment, the knowledge base and clinical skills that will prepare students for contemporary physical therapy practice.

Physical therapy *graduates* will serve Christ as evidenced by their ministering to the needs of others through effective professional healthcare.

The physical therapy administration, faculty, and graduates comprise a Christian family that is balanced in the development of the spiritual, mental, physical, and social life of its members.

**1.3 Department Professional Goals**  
The Andrews University Physical therapist Education programs will provide an education to prepare the graduate to:

1. Provide effective, ethical physical therapy services to all clients, and communities, and areas of need.
2. Utilize effective receptive and expressive communication.
3. Be committed to lifelong learning and advancement of knowledge.
4. Assume leadership roles within their profession and the community.
5. Advocate for positive change in the profession.
6. Reflect Christ in their practice of Physical Therapy.

**1.4 DPT Statement of Philosophy**  
The Doctor of Physical Therapy program affirms the mission and values of Andrews University and the College of Arts and Sciences in its desire to educate students for generous service to others with a faithful witness to Christ.

### ***The DPT Curriculum Plan***

The DPT curriculum builds upon the student's comprehensive liberal arts and sciences background. It will provide a knowledge base for the foundation and clinical sciences and helps students integrate this knowledge into the classroom and clinical environments.

The Physical Therapy curriculum begins with the foundation sciences and basic assessment and intervention skills and progresses to the more complex systems approach with specialty practice areas and research interwoven where appropriate. The curriculum culminates with the clinical education component. The Program is sensitive to the interests and changing needs of practitioners, patients, clients, families, caregivers, to the healthcare and educational systems, and to the society at large. This is especially essential within an uncertain healthcare environment, an increasingly accountable higher-education system, and an evolving body of physical therapy knowledge. Research within the academic experience greatly enhances the preparation for evidence-based practice as clinicians and contributes to the professional body of knowledge. The program fosters independent learning, stressing critical inquiry and autonomous practice, and encourages collaborative clients.

Of utmost importance is to instill within the learner the accessibility of the power of Christ. The accessibility of His power is important to utilize not only in their personal life but also within the delivery of care to the clients they serve. The program seeks to prepare the learner to discern the spiritual needs of their patients.

### ***The DPT Graduate***

The graduate of the Andrews University Doctor of Physical Therapy program should be knowledgeable, self-assured, adaptable, reflective, and service oriented. Through critical thinking,

lifelong learning, goals, and ethical values, graduates render independent judgments concerning patient/client needs; promote the health of the client; and enhance the professional, contextual, and collaborative foundations for practice.

The DPT graduate must master the breadth and depth of knowledge in order to address patient needs throughout the life span. These may be manifested as acute or chronic dysfunction of movement due to disorders of the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems. The graduate's focus should be to decrease the deleterious effects of health impairments, functional limitations, and disability.

The role of the physical therapist is expanding within a changing healthcare system. The DPT graduate must be prepared for all responsibilities and privileges of autonomous practice and be the practitioner of choice in clients' health networks. Graduates will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.

The DPT graduate must also be adaptable and prepared to participate in a broad spectrum of activities from health promotion through comprehensive rehabilitation while being sensitive to market niches and needs that will arise in the healthcare community.

Compassion should be a driving force in the graduate's work. It is our desire that they follow the example of Christ. As He worked with those in need of physical healing, it states in Matthew 14:14: "He had compassion on them." Specifically, He felt their hurt.

### **Conclusion**

The Andrews University department of physical therapy is committed to excellence in Christian healthcare education by training individuals to become physical therapists that provide evidenced-based service throughout the continuum of care.

## **1.5 DPT Program Objectives**

Graduates of the DPT Program will:

1. Become a member of the physical therapy profession, promoting the delivery of safe, ethical, effective patient care while upholding the standards of the profession.
2. Demonstrate in-depth knowledge of the basic and clinical sciences relevant to physical therapy, both in their fundamental context and in their application to the discipline of physical therapy.
3. Demonstrate competency in entry-level clinical skills necessary to conduct a comprehensive physical therapy evaluation, establish a differential diagnosis, determine patient prognosis, establish intervention and/or prevention activities, and provide health and wellness programming.
4. Provide "primary care" to clients/patients within the scope of physical therapy practice.
5. Demonstrate expressive and receptive communication skills necessary to display an appreciation of individual differences when delivering physical therapy care and when interacting with clients/patients, healthcare team members and others.
6. Model personal behavior which accurately reflects their Christianity, understand and utilize the role of prayer and faith in the complete healing process.
7. Possess the critical inquiry skills necessary to evaluate his/her professional knowledge and competencies in relation to contemporary physical therapy practice, along with evaluating current research, theory and techniques so as to design a career development plan of continuing education necessary to integrate new knowledge into effective patient care.
8. Possess an understanding of physical therapy administration including appropriate supervision of support personnel, delegation of appropriate physical therapy care to ancillary health care providers; participation in management of the physical therapy practice setting; and participation in budgeting, billing and reimbursement activities.
9. Possess knowledge of the capabilities of other health care providers and the critical thinking skills necessary to determine the need for referral to those individuals.
10. Participate in research and the advancement of physical therapy at the community, state or national level.

11. Demonstrate intellectual humility, social responsibility, citizenship and advocacy through Christian service or leadership activities and/or participation in activities related to community and human service organizations.

**1.6 DPT Graduate Profile**

Doctor of physical therapy graduates have the requisite knowledge and skills to successfully pass the National Licensing Examination, be prepared for autonomous practice, and provide contemporary evidenced-based service throughout the continuum of care. They will be the practitioners of choice for health networks and provide culturally sensitive care distinguished by trust, respect and an appreciation for spirituality in healthcare.

**1.7 Faculty & Staff**

Chair:

Wayne Perry, PT, MBA, PhD  
Associate Professor  
(269) 471-6033

Admissions Director:

Mary Jane Rasnic, PT, MSA  
(269) 471-6490

Foundation Sciences Coordinator:

John Banks, MA, PhD  
Professor  
(269) 471-1086

Marketing Director:

Nadine Nelson  
(269) 471-6031

Clinical Education Coordinator:

Norene Clouten, PT, EdD  
Professor  
(269) 471-6034

Administrative Assistant:

Kellie Frazier  
(269) 471-6033

Clinical Science Coordinator:

Betty Oakley, PT, DScPT(2004)  
Associate Professor  
(269) 471-6301

Clinical Education Assistant:

Esther Aust  
(269) 471-6305

General Medicine Coordinator:

David Villiage, PT, GCS,  
DScPT(2004)  
Associate Professor  
(269) 471-6073

Operations Assistant:

Shelly Erhard  
(269) 471-6061

Neurology Coordinator:

Lee Olson, PT, DC  
Associate Professor  
(269) 471-6491

Orthopedic Coordinator:

Kathy Berglund, PT, ATC, OCS  
Associate Professor  
(269) 471-6076

Pediatric Coordinator:

Bonny Dent, PT, PCS  
Associate Professor  
(269) 471-6302

Research Coordinator:

Lynn Millar, PT, PhD  
Professor  
(269) 471-3588

## SECTION 2

### TECHNICAL STANDARD OF PERFORMANCE

Based on the Doctor of Physical Therapy Philosophy, the intent of the program is to graduate individuals who are prepared for all responsibilities and privileges of autonomous physical therapy practice. To function as a physical therapist at entry-level, students must be able to complete, with reasonable accommodation as necessary, certain psychomotor, cognitive, communication and behavioral skills. If a student cannot demonstrate these skills, it is the responsibility of the student to request appropriate accommodation. The University will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program and does not impose undue hardship such as would cause significant expense or be disruptive to the educational process.

#### 2.1 Standards

The student must be able to perform at least the following skills safely and reliably while in the DPT program:

##### ***Psychomotor Skills:***

1. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and workstations.
2. Physically maneuver in required clinical settings, to accomplish assigned tasks.
3. Move quickly in an emergency situation to protect the patient (e.g. from falling).
4. Maneuver another person's body parts to effectively perform evaluation techniques.
5. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer.
6. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
7. Move or lift another person's body in transfers, gait, positioning, exercise, and mobilization techniques. (Lifting weights between 10-100+ lbs).
8. Manipulate evaluation and treatment equipment safely, and accurately apply to clients.
9. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively. (Lifting, pushing/pulling weights between 10-100lbs).
10. Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) using guidelines issued by the American Heart Association or the American Red Cross.
11. Legibly record thoughts in English for written assignments and tests.
12. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
13. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual's response to environmental changes and treatment.
14. Safely apply and adjust the dials or controls of therapeutic modalities
15. Safely and effectively position hands and apply mobilization techniques
16. Use a telephone
17. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature and patient charts.
18. Observe active demonstrations in the classroom.
19. See training videos, projected slides/overheads, X-ray pictures, and notes written on a blackboard/whiteboard.
20. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to normal standard for purposes of evaluation of movement dysfunctions.
21. Receive visual information from the treatment environment (e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc).

22. Receive visual clues as to the patient's tolerance of the intervention procedures. These may include facial grimaces, muscle twitching, withdrawal etc.
23. Hear lectures and discussion in an academic and clinical setting.
24. Distinguish between normal and abnormal lung and heart sounds using a stethoscope.

**Cognitive Skills**

1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy examination of a client's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use examination data to formulate a physical therapy evaluation and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with acceptable norms of clinical settings.
4. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

**Communication Skills**

1. Effectively communicate information and safety concerns with other students, teachers, clients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These all need to be done in a timely manner and within the acceptable norms of academic and clinical settings.
2. Receive and interpret written communication in both academic and clinical settings in a timely manner.
3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.

**Behavioral Skills**

1. Maintain general good health and self-care in order to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.
3. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
4. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within set time constraints, and often concurrently.
5. Demonstrate professional behaviors and a commitment to learning as outlined in section 3 of this handbook.

## SECTION 3

### PROFESSIONAL EXPECTATIONS

The Physical Therapy Program faculty are committed to the concept of adult learning where instructors serve as facilitators of the process of learning. Within this environment the student holds the ultimate responsibility to determine the quality of his/her educational experience. The generic abilities are behaviors, attributes, or characteristics that are not explicitly part of a profession's core of knowledge and technical skills, but nevertheless are required for success in that profession.

Generic abilities specific to the practice of physical therapy were identified by the faculty of the University of Wisconsin-Madison and have been validated and accepted as defining physical therapy professional behavior. The quality of professional behavior expected of Andrews University physical therapy graduates is exemplified by the following ten physical therapy specific generic abilities:

#### 3.1 **Generic Abilities**

##### ***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.

##### ***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.

##### ***Communication Skills***

The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

##### ***Effective Use of Time and Resources***

The ability to obtain the maximum benefit from a minimum investment of time and resources.

##### ***Use of Constructive Feedback***

The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

##### ***Problem-Solving***

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

##### ***Professionalism***

The ability to exhibit appropriate professional conduct and to represent the profession effectively.

##### ***Responsibility***

The ability to fulfill commitments and to be accountable for actions and outcomes.

##### ***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.

##### ***Stress Management***

The ability to identify sources of stress and to develop effective coping behaviors.

Each student is expected to demonstrate professional behaviors and a commitment to learning throughout the program. This will include, but not be limited to, punctuality and preparedness for each class session, and timely completion of assignments. Students are encouraged to participate in class discussions in a manner that demonstrates respect for their instructor and classmates.

At the end of each semester the student will be evaluated by the faculty based upon the ten generic abilities above. Students who do not meet these standards are notified in writing. These students must then meet with their advisor to submit a corrective plan of remediation to the physical therapy faculty council in order to continue in the physical therapy program. If the remediation plan is not followed, the student will not be allowed to continue in the program.

## SECTION 4

### GLOSSARY OF TERMS

#### 4.1 **Academic Coordinator of Clinical Education (ACCE)**

An individual, employed by the educational institution, whose primary concern is relating the students' clinical education to the curriculum. This coordinator administers the total clinical education program and, in association with the academic and clinical faculty, plans and coordinates the individual student's program of clinical experience with academic preparation, and evaluates the student's progress.

#### 4.2 **Center Coordinator of Clinical Education (CCCE)**

The individual at each clinical education center who coordinates and arranges the clinical education of the physical therapy student and who communicates with the ACCE and faculty at the educational institution. This person may or may not have other responsibilities at the clinical education center.

#### 4.3 **Clinical Education**

The portion of the student's professional education that involves practice and application of classroom knowledge and skills to on-the-job responsibilities. This occurs at a variety of centers and includes experience in evaluation and patient care, administration, research, teaching, and supervision. It is a participatory experience with limited time spent in observation.

#### 4.4 **Clinical Education Center**

A health care agency or other setting in which learning opportunities and guidance in clinical education for physical therapy students are provided. The clinical education center may be a hospital, agency, clinic, office, school, or home and is affiliated with one or more educational programs through a contractual agreement.

#### 4.5 **Clinical Instructor (CI)**

A person who is responsible for the direct instruction and supervision of the physical therapy student in the clinical education setting.

Reference: Barr, Jean S., Gwyer, Jan, and Tolmor, Zippora.  
Standards for Clinical Education in Physical Therapy

## SECTION 5

### GUIDELINES FOR CLINICAL EDUCATION

Between 1989 and 1994 two APTA Task Forces on Clinical Education (1989-1991 and 1992-1994), in concert with clinical educators throughout the nation dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was evidenced of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Education Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were adopted by the APTA Board of Directors in November 1992 and endorsed by the APTA House of Delegates on June 13, 1993.

The publication, **Clinical Education Guidelines and Self-Assessments** may be obtained from the APTA, Division of Education by telephoning (800) 999 2782 ext. 3203. The Guidelines for Clinical Education Sites are included in this handbook.

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

## **SECTION 6**

### **CLINICAL EDUCATION**

#### **6.1 Health Examinations**

Students will have a current Health Form and documentation of Hepatitis B vaccination (some facilities accept a signed waiver) prior to each clinical experience. The Health Form will include a physical examination, appropriate vaccinations, and clearance from TB. (TB skin test or chest x-ray) The Health Form is to be updated on a yearly basis. The student will retain the original for use during clinical rotations and a copy is kept on file in the Department of Physical Therapy office. Some clinical sites will require additional health related testing (e.g. HIV or drug). If such testing is positive the student may not be able to complete the clinical experience.

The Department of Physical Therapy will schedule and pay for the standard yearly physical and TB skin test provided by the University Medical Specialties, Inc. If the student misses the scheduled appointment or chooses to have it done by another physician the student will use the form provided by the department and is responsible for the cost.

If a student is known to have a positive TB skin test they may omit the skin test and proceed with a chest x-ray. The department will cover the cost of one chest x-ray only.

Payment for further tests, immunizations, titers, x-rays, Hepatitis B vaccinations, or other medical treatments is the responsibility of the student.

It is the student's responsibility to search out information on facility health test requirements from the ACCE, Clinical Education Assistant, or from information provided, prior to the selection of the clinical site for a practicum or affiliation. Payment for any additional health tests, etc. required by a clinical site is the responsibility of the student.

#### **6.2 Health Insurance**

Students are required to have proof of personal health insurance prior to commencing clinical education. The documentation must provide proof of continual coverage for at least one year at a time. This insurance is available through Andrews University at the student's expense.

#### **6.3 Cardiopulmonary Resuscitation**

Current professional CPR certification is required prior to each clinical experience, and a copy of the certificate is to be kept on file in the Department of Physical Therapy office.

An opportunity for certification is scheduled and paid for by the Department of Physical Therapy. Students may make their own arrangements at their own expense. The student must then provide the Department of Physical Therapy a current certificate at least one week prior to any clinical experience so that a copy may be kept on file.

#### **6.4 Name Tags**

Nametags are to be worn during all clinical education experiences. One nametag is supplied free of cost to each student. Nametags for replacement or name changes are at the student's expense.

#### **6.5 Student Photographs**

Photos are included in the student information packet, which is mailed to the clinical facilities to schedule each clinical experience. An opportunity for having the photo taken is scheduled and funded by the Department of Physical Therapy.

#### **6.6 Student Expenses**

Room and board, and transportation to and from clinical experiences are the student's responsibility, and clinical rotations will not be arranged to accommodate these needs. While some facilities offer incentives to students this cannot be expected.

#### **6.7 Clinical Site Selection**

All clinical assignments will be made by the Academic Coordinator of Clinical Education or a designate. Because of the limited number of facilities available, assignments cannot be made on

the basis of the student's family/marital status or personal preference. Although the department makes an effort to accommodate the student's preference, the student agrees to accept the clinical assignments made by the department at any of the affiliated facilities, whether local or out of state.

Clinical experiences (clinical slots) are arranged for each student from 6 to 9 months prior to the scheduled assignment. Once the arrangements become finalized they are considered the same as a firm contract, and no changes will be allowed.

#### **A. Student Input**

Andrews University maintains Clinical Affiliation Agreements with a variety of clinical facilities. A file with information about these clinical sites is available for student review.

A student who knows of a clinical site that is interested in establishing a clinical affiliation should give the information to the ACCE at least six months in advance of the selection of the affiliation sites using the Clinical Experience Special Request form provided.

Students are not to make formal contact with any facility on behalf of the University. This must be done by the ACCE.

#### **B. Choosing the Site for Clinical Experiences**

1. A list of possible sites will be available for students.
2. The Clinical Center Information file is also available in the student lobby for student use.
3. Students should use the following guidelines when choosing clinical sites:
  - a. Each student should seek a variety of clinical experiences and should complete only one rotation at any one site.
  - b. Each student is advised to complete an affiliation in outpatient Orthopedics, Inpatient, and a Neurology setting.
  - c. Unless unusual circumstances exist, students will not be assigned to an affiliation site where they are actively employed, or be assigned to a clinical instructor who has supervised them in a previous employment situation. A student should not have their final affiliation at a facility where they have a commitment of employment.
  - d. Students will not be assigned to more than one rotation at a new affiliation site (that is a site recently established that has not had any affiliating student previously).
  - e. Students are not to contact an affiliation site until they have been assigned to that site.
4. By the set deadline, students will enter their preferred clinical sites into the computer.
  - a. The computer program randomly assigns the sites according to the student's preferences.
5. When a student has recommended a site as described above (A.STUDENT INPUT) that student may receive priority for assignment to that site.

#### **6.8 Clinical Center Information**

Students should familiarize themselves with the contents of the Clinical Center Information File. After assignment to a clinical site, but prior to beginning the rotation, students should contact the Center Coordinator of Clinical Education (CCCE) to finalize details of the rotation. If assistance with housing is offered, arrangements should be made with the CCCE soon after the clinical sites are assigned.

#### **6.9 Clinical Education Request Form**

At least two weeks prior to beginning an affiliation, students will complete the Clinical Education Request Form and mail it to the CCCE at the clinical site.

#### **6.10 Clinical Conferences**

Individual pre- and post-clinical conferences are to be scheduled with the ACCE. Grades are normally assigned following post-clinical conferences.

### **6.11 Clinical Attire**

As representatives of Andrews University and members of the physical therapy profession, students within clinical facilities are required to be well groomed and to dress in a professional manner. The following guidelines should be observed in the clinic unless the facility has provided students with a dress code more suitable for that particular setting.

- The standard clinical uniform is a white lab jacket worn over slacks (not jeans) or a skirt (of modest length) unless otherwise stipulated in the clinical facility dress code. In most clinics the Andrews University Physical Therapy polo shirt is acceptable (no other logos).
- Andrews University student nametags must be worn during clinical education. Some facilities also provide a nametag which students are expected to use.
- Shoes are to be sturdy with non-skid soles and heels. For safety, sandals and open-toed shoes are not to be worn. Athletic shoes are not acceptable unless specifically requested by the facility.
- Hairstyles must meet clinical standards. Hair must be neat, clean, well groomed and socially acceptable in a professional physical therapy setting. Long hair should be fastened with hair fasteners. Men should keep facial hair neatly trimmed (able to be covered with a face mask).
- Personal cleanliness and hygiene are to be maintained at all times. Perfume, colognes or aftershave lotions should be used with caution as they may be an irritant to patients.
- Accessories, including jewelry should reflect professional clinical standards in harmony with the conservative standard of dress outlined in the Andrews University student handbook.

### **6.12 Conduct at the Clinical Setting**

At all times the student is expected to:

1. Be aware of, and follow, the rules and regulations of the Department of Physical Therapy and/or the clinical setting (e.g. working hours, billing procedures, dress code, preparation of treatment area, etc.).
2. Comply with the ethical standards of the APTA, Andrews University and the clinical facility.
3. Conduct himself/herself in a professional manner in regard to both patients and staff.
4. Respect the integrity and rights of all persons.

Noncompliance with any of the above will be taken into account in the student's evaluation. Noncompliance can result in dismissal from the affiliation, an unsatisfactory grade and/or dismissal from the physical therapy program.

While at the clinical facility, it is the student's responsibility to complete all assignments as requested by the CCCE and/or the CI including, but not limited to, readings, in-service presentations, notes, home programs, etc. Failure to do so may result in an unsatisfactory grade for the clinical experience.

Students will familiarize themselves with all policies and procedures of the clinical facility. This includes, but is not limited to those policies and procedures dealing with scheduling, billing, note-writing, transportation of patients, discharge of patients, use of abbreviations and medical terminology, referrals to other disciplines within and outside of the facility, evaluation and treatment protocol.

Tardiness is not an acceptable practice in clinical education. Make-up time will be required; in extreme cases failure may result.

### **6.13 Absences**

Clinical education is an integral component of Physical Therapy education and students are expected to attend all clinical experiences as arranged. It is at the discretion of the clinical instructor to decide when absences may be permitted and it is the responsibility of the student to abide by this decision. If there is a question regarding this, the Academic Coordinator of Clinical Education may be contacted. If it is necessary to be absent it is the student's responsibility to notify the CI. For an absence of more than one day per rotation, the student must also notify the ACCE.

To allow for travel time to the next clinical site when there is a distance of over 500 miles, the clinical experience will be completed on Thursday rather than Friday.

### **Excused Absences**

1. Illness or injury (up to 10% of total clinical time) provided the student notifies the clinical supervisor.
  - When participating in clinical experiences, students must consider the health of those with whom they come in contact. If the student has an illness that may be a threat to the health of the patients or staff he/she should not participate in the clinical experience for that day.
  - A student who has to wear a cast or has another condition which does not allow participation in physical therapy will consult with the ACCE, who will attempt to reschedule the experience. Observation does not replace practice.
2. Emergencies. If there is a death or other serious problem in the immediate family, the situation should be discussed with the clinical instructor.
3. In the event that a student finds it necessary to be absent for reasons other than illness, injury, or an emergency situation, he/she will make arrangements for make-up time with the clinical supervisor.
4. While attendance at professional meetings is encouraged as part of the professionalization process, students should be performing satisfactorily in the clinic before being excused for conferences.
5. There will be NO "allowed" absences in the clinical program.

### **Unexcused Absences**

Unexcused absences are absences of which the clinical supervisor or Academic Coordinator of Clinical Education have not been notified or absences which result in incomplete or unacceptable performance at a clinical facility. All unexcused absences require make-up time.

#### **6.14 Personal Injury Procedure**

If you are injured while practicing at an Andrews University clinical assignment, please use the following procedure:

1. **Seek medical treatment** if:
  - a. You have had contact with blood or body fluids to an open wound, to mucous membranes or as an invasive exposure, OR
  - b. Your on-site supervisor or campus instructor/coordinator asks you to seek medical evaluation/treatment, OR
  - c. You feel that medical evaluation/treatment is needed:  
In general, medical treatment will be needed:
    - a. **Contamination situations.** You have had contact with blood or body fluids to an open wound, to mucous membranes or as an invasive exposure, OR
    - b. **Injuries.** You have been injured, i.e. fall, sprain, over-stretch, fracture, etc.
2. **Report the incident** to your on-site supervisor. Use the incident report form required by your clinical site AND the Andrews University incident report.
3. **Report the incident** to the ACCE
4. **Follow any instructions** given by your on-site supervisor and by the ACCE.

Each student is responsible to take the University's incident report form to the clinical site. One is provided to you in the appendix.

#### **6.15 Evaluation of Student Performance**

Students will be evaluated by their Clinical Instructors using the Clinical Performance Instrument (CPI). The student will also use the CPI for self-assessment. Prior to the beginning of clinical experiences, the ACCE will explain the evaluation procedures to students.

In the event that a student is experiencing problems during his/her affiliation, the student should first discuss the problem with his/her CI. If an agreement cannot be reached regarding a resolution to the problem the matter should be discussed with the CCCE and the ACCE.

Site Visits:

1. During each clinical experience the ACCE or another member or the Department Clinical Education Committee will contact the clinical setting at least once by telephone and/or in person.

2. An attempt will be made to visit each student during one of his or her clinical affiliations.

#### **6.16 Student's Report of the Clinical Experience**

The student will evaluate the clinical site and the Clinical Instructor prior to the completion of the affiliation. Informal meetings with the Clinical Instructor should be used to voice student concern regarding the clinical experience to allow for appropriate changes to be made if necessary.

The results of the evaluation are to be shared with the Clinical Instructor prior to or on the last day of the affiliation. The Report of The Clinical Experience should be returned to the ACCE along with the other evaluation forms.

The report will be filed and will be available to future students. It is important to be honest and as objective as possible when completing the facility evaluation. One student's input may enhance another's experience.

#### **6.17 Return of the Evaluation Forms**

All evaluation forms are to be returned to the ACCE **within one week** of completion of each clinical experience. When students are returning directly to the university they may hand deliver the forms in a sealed envelope.

**Students are responsible for returning appropriate forms to the ACCE.** Be aware of the forms that are to be returned and remind your Clinical Instructor. Failure to return appropriate forms will result in an unsatisfactory (U) grade.

Post-clinical conferences with the ACCE are to be arranged as soon as possible following clinical experiences.

#### **6.18 Satisfactory Completion of Clinical Experiences**

Forty weeks of clinical experience are included in the physical therapy program. There is one four-week practicum, two eight-week affiliations, and two ten-week affiliations. The student must satisfactorily complete each clinical experience prior to enrolling in the next clinical assignment.

Final grades for the clinical experiences are SATISFACTORY (S) or UNSATISFACT-ORY (U). Grades are assigned by the Academic Coordinator of Clinical Education after reviewing the recommendation of the Clinical Instructor. For the Clinical Practicum and Clinical Affiliations I, II, and III students will receive a DEFERRED GRADE (DG). The (DG) will be changed to (S) or (U) as appropriate. Following Affiliation IV the return of all completed records must be expedited in preparation for graduation.

For satisfactory completion of each clinical experience:

1. The evaluation and reports of the Clinical Instructor reflect an acceptable level of clinical performance.
2. The student completes assignments at the facility to which he/she has been assigned.
3. All required records are completed and received by the ACCE, Dept. of Physical Therapy, Andrews University, Berrien Springs, MI 49104

#### **6.19 Unsatisfactory Clinical Performance**

The following may result in dismissal from and/or unsatisfactory completion of a clinical experience:

1. Unexcused absences
2. Excused absences in excess of 10% of the total clinical time
3. Unethical and/or unprofessional conduct
4. Misconduct resulting in possible danger to a patient
5. Failure to meet course objectives

If a student fails to complete a clinical experience the ACCE will consult with the Clinical Instructor and evaluate the student's progress. Any or all of the following may be required as determined by the ACCE and/or the PT Clinical Education Committee and may result in a delay of graduation.

1. Make-up time for unexcused or excused absences or tardiness.

2. Additional clinical time in the same or a different facility (at the discretion of the ACCE) to improve skills to meet course objectives and/or enhance professional and ethical standards. Rescheduling of clinical experiences is dependent on the availability of an appropriate clinical facility.
3. Additional didactic work to be completed prior to a further clinical experience.
4. Dismissal from the Department of Physical Therapy.

If a student has not performed satisfactorily during Affiliations I or II, it may be possible to attempt remediation of the problem areas during the following spring semester. If this is successful the student may continue with Affiliation III and IV.

**Unsatisfactory performance on the final affiliation** will require remediation beyond the scheduled completion time and will delay graduation.

The Physical Therapy Clinical Education Committee will meet to decide what actions will be taken. The options include

- a. Advising the student to seek additional help to deal with specific problems that may be interfering with performance.
- b. Arrange for more didactic work to be completed prior to additional clinical experience. Satisfactory completion of this specific assignment will be necessary for a final (fifth) clinical affiliation to be assigned.
- c. Arrangements by the Academic Coordinator of Clinical Education for a final (fifth) clinical experience directed towards problem areas.
- d. Dismissal from the Physical Therapy program.

If a student does not achieve entry level in all areas of the final evaluation of their final (fifth) clinical affiliation the student will be dismissed from the Physical Therapy program.

#### **6.20 Interruption of Clinical Experiences**

If a student is unable to complete Clinical Affiliations in a sequential order due to illness, injury, pregnancy, personal problems, etc., the following steps will be taken:

1. The student (or representative) will notify the ACCE and the Clinical Instructor. If the student or representative is unable to notify the Clinical Instructor, the ACCE will do so.
2. In case of illness, injury, or pregnancy, the student's physician should notify the ACCE in writing of the student's ability/inability to complete the affiliation.
3. In case of personal problems, the student should document, in writing, the extent of the problem. If the student is receiving counseling, a letter from the counselor may also be necessary.
4. With Department of Physical Therapy Clinical Education Committee approval the student may continue to take classroom courses even though he/she is unable to participate in clinical experiences.
5. It is the student's responsibility to meet with the ACCE to discuss a schedule for future completion of the Clinical Education experience as soon as possible.
6. The ACCE will arrange for the completion of the Clinical Education experience. If this is not possible, the Physical Therapy Clinical Education Committee will meet to discuss the situation and make alternate plans for completing the clinical experience.
7. If there is an interruption of more than 8 months between the time the student finishes his/her classroom course work and the start of the clinical education experiences, the student will be required to demonstrate competency of didactic work and/or retake courses. This decision shall be made by the Department of Physical Therapy Clinical Education Committee.
8. Before resuming his/her clinical affiliations, the student will provide the University with a written statement from the physician, counselor, etc., stating that in his/her opinion, the student is able to resume the clinical affiliation experience. If the reason for interruption of the internship is personal, the student will submit the written statement in his/her own behalf.

## **SECTION 7**

### **STUDENT / CLINICAL INSTRUCTOR RIGHTS**

The Physical Therapy Department General Complaint Procedure requires any complaint or concern about the Physical Therapy Department or about the Department's policies, programs, faculty, staff or students to be presented in writing. A written response stating how the complaint/concern is to be handled (or was handled) should be submitted to the appropriate person or committee.

#### **7.1 Grievance**

Students who feel they have a legitimate grievance concerning a grade or treatment in a particular setting may appeal to the clinical instructor or ACCE. If a satisfactory solution to the problem cannot be reached, students then take their complaint to their academic advisor, department chair, the dean of the College of Arts and Sciences, the Ombudsman, the vice president for academic administration, and the president in that order. The Department Chair may request a written confirmation of each concern before appropriate follow through is made. It is then the student's responsibility to provide the requesting party with written verification of their concern.

#### **7.2 Clinical Instructor Grievance Procedure**

The Clinical Instructor who may feel they have a grievance concerning a student should first attempt to address the concern with the student and if the situation remains unresolved should then consult with the CCCE and the ACCE. If a satisfactory solution cannot be reached the complaint should be taken to the faculty council, department chair, dean of the College of Arts and Sciences as outlined above. If the Clinical Instructor has a grievance concerning the Physical Therapy Department they should first address the concern with the ACCE and then with the Program Administrator.

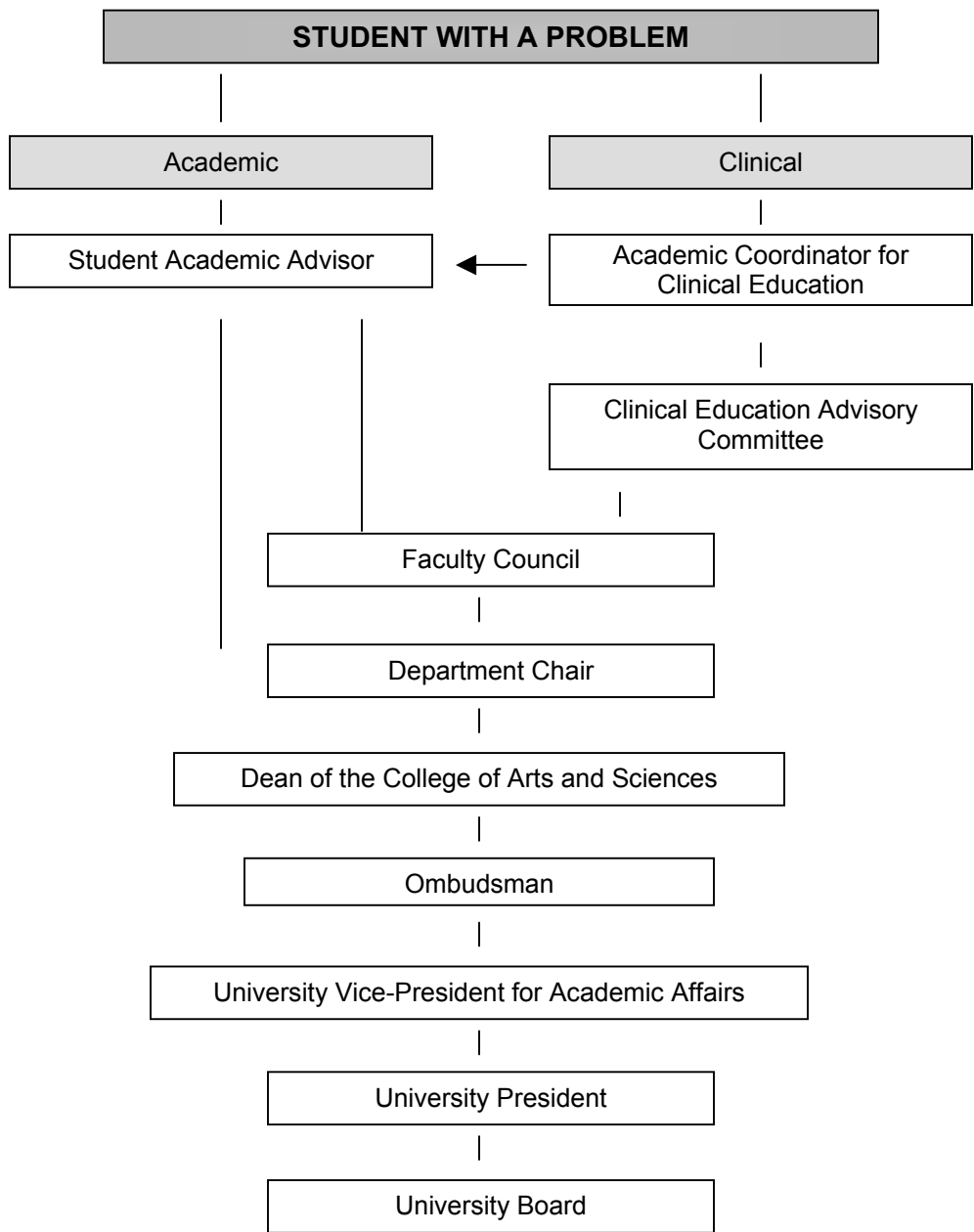
#### **7.3 Discrimination and Harassment**

Please contact your clinical instructor, ACCE, department chair, dean of the Colleges of Arts and Sciences, or vice president for student affairs, in that order, unless one of the above is suspect in which case start with the one higher up.

#### **7.4 Problem Resolution**

Several things should be noted:

1. It is hoped that the problem will be solved at the lowest administrative level possible. If a solution is not attained at any particular level, the next level should be sought. The first contact for the student should be with the clinical instructor and then the ACCE, and the instructor should contact the CCCE of the facility or the ACCE. If possible the ACCE should follow through the various progressive administrative steps with the student or instructor until the solution is attained. Should the student not be comfortable with their first contact, they may go to the next higher level for assistance. This person will then follow through with the problem.
2. If the student feels that the problem has not been dealt with fairly up to and through the vice president level, they should seek the assistance of the president designated ombudsperson prior to proceeding to the university president's office.
3. A petition form may be required. The petition will require approval at the various respective levels prior to the final solution.



## 7.5 Risk Situations

If a situation shows a potential personal risk to the student (or her unborn child, if applicable) the A.C.C.E. will review the known potential risk with the student, C.C.C.E, and clinical instructor.

### ***Dropping Out***

If the student chooses to drop out of the program until the situation clears the policy as outlined in Section 4.2 of this handbook will be followed for exiting and reentering the program. (The Physical Therapy Faculty Council reviews these situations). A statement from the student's physician will be necessary to document the reasons.

### ***Informed Consent***

Having been informed of the potential risk, if the student chooses to continue in regular standing in the program they will:

1. Furnish a statement from the student's physician (signed by the physician). This document will indicate the physician's recommendation(s) with any noted comments or limitations.
2. Provide a signed *Informed Consent Form* (the signature of the spouse may also be required if pregnancy is involved). This may be required for each academic semester or clinical experience and is obtained from the program administrative assistant or A.C.C.E.
3. If a student is aware that they have been exposed to an infectious disease, for which they have not been immunized, they will share this information immediately with the A.C.C.E. The student may be asked to take a test at the student's expense to ascertain if they are a potential carrier of the disease. It may be necessary for the student to withdraw from the program and arrange makeup time. A clinical experience may require rescheduling. A rescheduled or added clinical experience may result in a delayed graduation.
4. ***Any change noted by a student in their physical condition which has the potential of influencing their skills or judgments or endangering the safety or well-being of themselves, their unborn child, or their clients must be reported to the A.C.C.E. or the program director immediately.***

## **SECTION 8**

### **CLINICAL PRACTICUMS**

#### **8.1 General Objectives**

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Present self in a professional manner.
3. Demonstrate professional behavior during interaction with others.
4. Adhere to ethical practice standards.
5. Adhere to legal practice standards.
6. Communicate in ways that are congruent with situational needs.
7. Produce documentation to support the delivery of physical therapy services.
8. Adapts delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
9. Apply the principles of logic and the scientific method to the practice of physical therapy.
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services.
11. Perform a physical therapy patient examination.
12. Evaluate clinical findings to determine physical therapy diagnosis and outcomes of care.
13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan.
14. Perform physical therapy interventions in a competent manner.
15. Demonstrate that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.
16. Implement a self-directed plan for professional development and lifelong learning.

See appendix for Practicum Forms

## **SECTION 9**

### **CLINICAL AFFILIATION**

#### **9.1 General Objectives**

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Present self in a professional manner.
3. Demonstrate professional behavior during interaction with others.
4. Adhere to ethical practice standards.
5. Adhere to legal practice standards.
6. Communicate in ways that are congruent with situational needs.
7. Produce documentation to support the delivery of physical therapy services.
8. Adapts delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
9. Apply the principles of logic and the scientific method to the practice of physical therapy.
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services.
11. Perform a physical therapy patient examination.
12. Evaluate clinical findings to determine physical therapy diagnosis and outcomes of care.
13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan.
14. Perform physical therapy interventions in a competent manner.
15. Educate others (patients, family, care givers, staff, students, other health care providers) using relevant and effective teaching methods.
16. Participate in activities addressing quality of service delivery.
17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
18. Address patient needs for services other than physical therapy as needed.
19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting.
20. Incorporate an understanding of economic factors in the delivery of physical therapy services.
21. Use support personnel according to legal standards and ethical guidelines.
22. Demonstrate that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.
23. Implement a self-directed plan for professional development and lifelong learning.
24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities.

See appendix for Affiliation Forms