DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF REHABILITATION SCIENCES
COLLEGE OF HEALTH SCIENCES
THE UNIVERSITY OF TOLEDO

CLINICAL EDUCATION MANUAL

Amy Both, P.T., M.H.S.
Academic Coordinator of Clinical Education
419-530-6675
amy.both@utoledo.edu

Michelle Masterson, P.T., Ph.D.
Program Director and Department Chair Person
419-530-6671
michelle.masterson@utoledo.edu

Becky Gwozdz
Administrative Assistant II
419-530-6670
Becky.gwozdz@utoledo.edu

Adopted: 8/2007
Reviewed and Revised: 8/2008
Reviewed and Revised: 8/2009
Reviewed and Revised: 8/2010
Reviewed and Revised: 8/2011
Reviewed and Revised: 8/2012
Reviewed and Revised: 5/2013

DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF REHABILITATION SCIENCES
COLLEGE OF HEALTH SCIENCES
THE UNIVERSITY OF TOLEDO

CLINICAL EDUCATION MANUAL

TABLE OF CONTENTS

INTRODUCTION

Thank you for agreeing to mentor future members of the physical therapy profession. Your participation in the clinical education of physical therapy students will shape the future of these individuals and is critical to ensuring high standards of care and competency in the clinical skills needed for patient care management.

This current manual provides clinical educators with basic information regarding the entry-level Doctor of Physical Therapy Program (DPT) at The University of Toledo and its Clinical Education Program. It should be viewed as an adjunct to other supporting documents you receive from Amy Both, PT, MHS, ACCE prior to the start of a student clinical education experience or during the planning stages of clinical placements. The information contained herein is subject to periodic change.

> "Clinical education is the most important phase of physical therapy education, for it is in the clinical setting where students learn to synthesize and integrate knowledge. Here the students learn by doing. Clinical education provides the avenue to transition from student to practitioner. Clinical education emphasizes analysis of problems and the application of principles. In the clinical setting, students learn to evaluate total situations involving their patients, and they learn to make judgments concerning treatment. Students who function at this high level of performance must not only have acquired basic knowledge, but retained it and subsequently translated and interpreted it. Concurrently they acquire motor skills, and they develop attitudes which make them professional physical therapists."
>
> Dickenson R, Dervitz H, Meida H. *Handbook for Physical Therapy Teachers*.

FACULTY AND STAFF DIRECTORY

Name and Title	Office Phone	Office Number	Email
Faculty:			
Amy Both, M.H.S., P.T. Clinical Assistant Professor and ACCE	419-530-6675	2008 HSHS	amy.both@utoledo.edu
Catherine Hornbeck, Ph.D., P.T. Adjunct Professor	419-530-6674	2010 HSHS	catherine.hornbeck@utoledo.edu
David Kujawa, M.B.A., P.T., OCS Clinical Assistant Professor and Director of Clinical Affairs	419-530-6676	2002 HSHS	david.kujawa@utoledo.edu
Abraham D. Lee, Ph.D., P.T. Associate Professor	419-530-6672	2014 HSHS	abraham.lee@utoledo.edu
Michelle Masterson, Ph.D., P.T. Associate Professor and Program Director	419-530-6671	2000 HSHS	michelle.masterson@utoledo.edu
Tori Smith, M.P.T. Clinical Assistant Professor	419-530-6677 419-383- 8491 (hospital)	2003L HSHS	tori.smith@utoledo.edu
Michael Tevald, Ph.D., P.T. Assistant Professor	419-530-6673	2012 HSHS	michael.tevald@utoledo.edu
Department Staff:			
Becky, Gwozdz PT Department Administrative Assistant II	419-530-6670	2001C HSHS	becky.gwozdz@utoledo.edu

Toll Free: 1-800/800-586-5336
(Ask for extension 6670 to reach Becky Gwozdz and extension 6675 to reach Amy Both)

Department Fax: 1-419-530-4780

Other Contact Information:

American Physical Therapy Association (APTA)
1111 North Fairfax Street, Alexandria, VA 22314-1488
703/684-APTA (2782) | 800/999-2782 | 703/683-6748 (TDD) | 703/684-7343 (fax)

For questions, concerns, more information, or to file a complaint regarding the Program, contact:

Michelle Masterson, PT, PhD, Program Director at 419-530-6670 or at michelle.masterson@utoledo.edu

The Commission on Accreditation in Physical Therapy Education (CAPTE) via email at accreditation@apta.org or call 703-703-3245. You can also visit their website at: http://www.capteonline.org

Complaints are submitted to the: Department of Accreditation, APTA, 1111 North Fairfax Street, Alexandria, Virginia, 22314.

CLINICAL EDUCATION CALENDAR

Summer Semester 2013 – Spring Semester 2014

SUMMER SEMESTER 2013

SEMESTER	**Monday, May 13, 2013 – Friday, August 2, 2013**
PT Class of 2014 Clinical	
Clinical Practicum III	Monday, May 13, 2013 – Friday, July 5, 2013
PT Class of 2015 Clinical	
Clinical Practicum II	Monday, July 8, 2013 – Friday, July 19, 2013

FALL SEMESTER 2013

SEMESTER	**Monday, August 19, 2013 –** Friday, December 13, 2013
PT Class of 2014 Clinical	
Clinical Internship I	Monday, October 21, 2013 – Friday, December 13, 2013

SPRING SEMESTER 2014

SEMESTER	**Monday, January 6, 2014 – Friday, May 2, 2014**
SPRING BREAK	**Monday, March 3, 2014 – Friday, March 7, 2014**
PT Class of 2014 Clinical	
Clinical Internship II	Monday, January 6, 2014 – Friday, February 28, 2014
Specialty Internship	Monday, March 10, 2014 – Friday, May 2, 2014
PT Class of 2016 Clinical	
Clinical Practicum I	Monday, April 21, 2014 – Friday, May 2, 2014

REQUESTS FOR CLINICAL EDUCATION SLOTS:

The University of Toledo emails requests for clinical education site offerings, between the APTA suggested national mailing dates of March 1st and March 15th with a suggested return date of May 1st, for the next academic year calendar.

STUDENT SELECTION OF CLINICAL SLOTS:

The selection process for the three cohorts starts in the summer semester of each year. Students are provided with a list of available sites and are then requested to indicate their preferences for clinical education starting in the summer semester and continuing through the fall semester.

NOTIFICATION OF PLACEMENT:

Final notification to facilities and students regarding clinical preliminary clinical assignments occurs before the end of the fall semester. Unplaced students and those with cancellations are resolved throughout the year with updates in notification provided to facilities by email and/or letter.

*****Dates are subject to change as approved by the University

MISSION STATEMENTS

University of Toledo:

The mission of The University of Toledo is to improve the human condition; to advance knowledge through excellence in learning, discovery, and engagement; and to serve as a diverse, student-centered public metropolitan research university.

College of Health Sciences:

The mission of the College of Health Sciences is making the world healthier by preparing outstanding professionals through education, research, practice, and community engagement.

DPT Program:

The mission of the Doctor of Physical Therapy Program is to improve the human condition through continuous **leadership**, **scholarship**, and **service**, and through the **preparation** of physical therapists who will be influential contributors to an ever-changing health care delivery system.

DPT PROGRAM GOALS

Revised 2012

The goals of the Doctor of Physical Therapy Program at the University of Toledo are to:

1. Engage in critical reasoning to solve problems and justify decisions while considering the best available evidence, ethical and legal standards of practice, and available resources (***scholarship, preparation***).

2. Deliver competent and compassionate services geared toward meeting the physical therapy needs of individuals and the community (***service, preparation***).

3. Collaborate with individuals and groups of people in order to achieve the desired outcomes in physical therapy and in health care (***leadership, service, preparation***).

4. Respect the rights of clients to fulfill their potential and to make informed choices about how one's potential is to be realized (***service, preparation***).

5. Make substantive contributions to the profession of physical therapy and to society through service and leadership (***leadership, service***).

6. Engage in scholarly activities that promote the discovery, application, and dissemination of new knowledge to advance the profession of physical therapy (***scholarship, preparation***).

7. Accept the responsibility for self-assessment and continuing personal and professional development throughout one's career/life (***leadership, scholarship, service, preparation***).

*Note: The element of the Program's Mission Statement to which each goal applies is listed in parentheses.

DPT PROGRAM OUTCOMES

Revised 2012

The program outcomes of the faculty and students of the Doctor of Physical Therapy Program at the University of Toledo are to:

1. Demonstrate skills and behaviors deemed essential to the delivery of ethical, competent and compassionate physical therapy services (2,4).

2. Communicate effectively with clients, families, health care providers, and other communities of interest, employing effective listening skills, oral and written expressive skills, and sensitivity to individual and cultural differences (2,3,4).

3. Think critically in making clinical decisions based on clearly delineated decision-making guidelines and processes including scientific inquiry, clinical reasoning, and reflective practice (1,2,6).

4. Oversee the delivery of ethical and legal physical therapy services in a manner consistent with fiscal responsibility (2).

5. Critically evaluate information, including published studies, to inform one's decisions (1,2,6).

6. Develop educational experiences based on evaluation of the learning needs of others including professional students, patients and their families, and colleagues (1,2,5).

7. Implement an educational experience that is appropriate for the learner (2,5).

8. Manage resources, including fiscal, human and material, to assist in the delivery of quality, efficient, and cost-effective physical therapy services (1,2,3,5).

9. Engage in the development and implementation of health promotion and wellness programs which are age, gender, culture and lifestyle-appropriate (2,3,5).

10. Provide consultative services such as professional or expert opinion or advice to individuals, agencies, or organizations to identify problems, recommend solutions, or produce a specified outcome or product (2,3,5).

11. Contribute to the body of knowledge in physical therapy through participation in and dissemination of collaborative research (3,6).

12. Engage in assessment of self and others to facilitate continuous improvement in professional performance (3,7).

13. Demonstrate professional and social responsibility to advocate on behalf of clients and the profession of physical therapy (2,3,4,5,7).

STUDENT OUTCOMES

Revised 2012

In addition to the above program outcomes, students of the Doctor of Physical Therapy Program at the University of Toledo will be able to:

14. Conduct a physical therapy screen to determine the need for further physical therapy examination, consultation, or referral to another health care professional (1,2,3).

15. Conduct a physical therapy examination, which includes selection and implementation of appropriate tests and measures (1,2).

16. Synthesize physical therapy examination findings and other medical and psychosocial information to determine a physical therapy diagnosis and prognosis for clients across the life span (1,2).

17. Determine appropriate physical therapy goals in collaboration with the patient while considering the examination findings, the physical therapy diagnosis, and the prognosis (1,2,3,4).

18. Develop a cost-effective, safe, achievable and justifiable physical therapy plan of care that reflects the needs and desires of the client (1,2,4).

19. Provide direct physical therapy interventions as a part of the physical therapy management of clients throughout the life span (1,3).

20. Evaluate client outcomes and modify the physical therapy plan of care as appropriate (1,2).

21. Document screening and examination findings, and evaluation and intervention information in a thorough, accurate, concise, timely and legible manner and conforming to the guidelines of the institution in which the physical therapy services are delivered (2).

*Note: The program goal(s) to which each outcome applies is listed in parentheses.

CURRICULUM PLAN

Philosophy of Physical Therapy Education (*Revised 2013*):

The philosophy of physical therapy education is a series of tenets underpinning the actions of the faculty of the Physical Therapy Program, which reflect the values and beliefs of the faculty relative to the nature of people and the world, health and illness, the nature of the physical therapy profession, the nature of learning, and the nature of present and future society.

We, the faculty of the Physical Therapy Program, believe that:

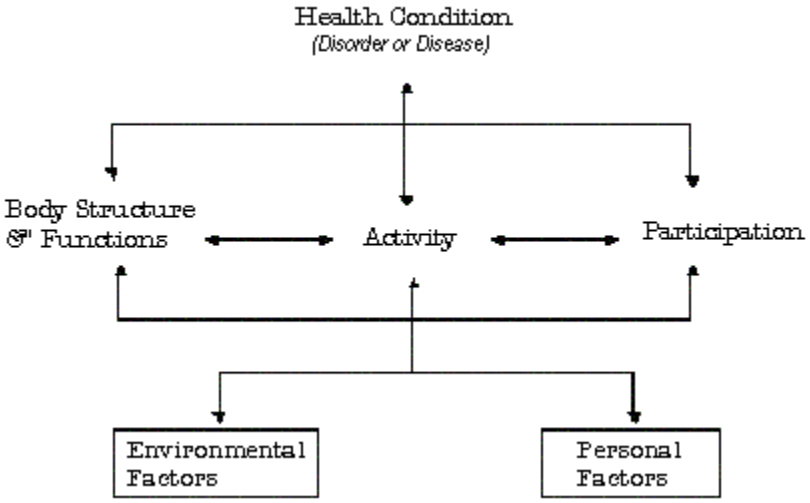
- Respect for human dignity and the right to achieve one's potential to the fullest form the foundation for the health professions
- People, as individuals, are responsible for their own health and have the right to make informed decisions regarding how their physiological, sociocultural, and psychological needs are to be addressed
- A health professional is sensitive and responsive to both the needs of the individual and society and will promote the necessary change within one's profession to improve the health care delivery system
- Participation in and communication with the interdisciplinary team maximizes health care delivery
- A health professional is ethical and accountable in the practice of one's profession
- As a health profession, physical therapy should reflect the diverse nature of society relative to race, culture, and experience and thus, the faculty will actively participate in initiatives to attract and retain diverse faculty, staff, and students; to challenge stereotypes; and to promote sensitivity toward diversity and foster an environment of inclusion in all curricular and extra-curricular activities
- As a health profession, Physical Therapy promotes optimal health and function through preventive and restorative means, which are grounded in scientific principles
- The advancement of the physical therapy profession is achieved through scientific inquiry and dissemination of scholarly works
- Students are socialized into the physical therapy profession through a series of educational and experiential activities, wherein the students develop the knowledge, modes of reasoning, skills, and attitudes that will enable them to be competent entry-level physical therapists
- As educators of future physical therapists, the faculty understands the needs and abilities of individual students and serve as effective role models and facilitators in the development of competent physical therapists
- Physical therapy education encompasses discrete phases of general, professional, and clinical education, which enable entry-level physical therapists to become critical thinkers, problem-solvers, and autonomous learners
- An undergraduate education comprised of the natural, social and behavioral sciences, coupled with a professional program based in the biomedical sciences, will provide the foundation for understanding the contemporary society and the individuals requiring physical therapy services

Curriculum Model *(Revised 2013):*

The Doctor of Physical Therapy curriculum can be described as a hybrid model. It is designed in a traditional model format whereby coursework begins with the foundational or basic sciences, followed by the clinical sciences and then courses related to physical therapy practice. However, within the context of the traditional model, courses are also built around the various physiological systems such as the musculoskeletal and neuromuscular systems and within these systems, content progresses from normal to abnormal.

Furthermore, as the curriculum progresses from the basic to clinical sciences and from normal to abnormal function within a physiological system, content is presented in a modified problem-based format. Patient problems are used with increasing complexity throughout the curriculum to facilitate the integration of the cognitive, psychomotor and affective domains of learning. This hybrid curricular model also emphasizes the use of scientific evidence to inform and develop the student's clinical decision-making and clinical reasoning skills.

The Physical Therapy Program also incorporates and integrates the International Classification of Functioning, Disability and Health (ICF) Model into its curriculum. This model is endorsed by the World Health Organization and the American Physical Therapy Association and provides a common language for classification and consequences of health conditions. Its focus is on how people live with their conditions, not on their disability.



International classification of functioning, disability, and health: ICF. Geneva, Switzerland. World Health Organization; 2001.

Educational Principles

The Doctor of Physical Therapy curriculum is based on the following educational principles:

- Learning is both autonomous and interdependent
- Learning occurs through activities that concurrently address the cognitive, psychomotor, and affective domains
- Learning is hierarchical in nature – students must be provided with opportunities to analyze, synthesize, and evaluate information in order to become critical thinkers
- Educational content and process are of equal importance
- Didactic and clinical learning experiences are of equal importance and are integrated throughout the curriculum
- Case-based learning activities are essential for developing skills in critical thinking, creative problem-solving, and clinical decision making
- Students must actively engage in the educational process and possess the skills of self-assessment in order to meet the entry-level professional expectations
- Motivation for learning is nurtured through challenging experiences and a supportive environment

COURSE DESCRIPTIONS

Below is a summary of the courses included in the DPT curriculum. Clinical Education courses are highlighted so you can see what courses they would take prior to coming to your facility.

Courses listed by number:		**The University of Toledo DPT Curriculum**	
Term	**Course Number**	**Course Title**	**Course Descriptions**
Su Yr 1	PHYT5000	Gross Anatomy	An integrated study of structure and function of human musculoskeletal, circulatory, and connective tissue systems utilizing cadaver dissection. Emphasis is on anatomy related to human movement and corresponding clinical implications. (4 hours)
Su Yr 1	PHYT5110	Clinical Pathophysiology I	A study of normal physiological and pathophysiological processes in the human body at the cellular, organ, and systemic levels including normal & abnormal physiological functions and the manifestations of diseases. (1 hour)
Fa Yr 1	PHYT5050	Analysis of Movement	An integrated study of applied biomechanics, kinesiology, and anatomy related to analysis of human movement. Emphasis is placed on the development of a detailed understanding of normal musculoskeletal system function. (4 hours)
Fa Yr 1	PHYT5120	Clinical Pathophysiology I	(A continued study of normal physiological and pathophysiological processes in the human body at the cellular, organ, and systemic levels including normal & abnormal physiological functions and the manifestations of diseases. (2 hours)
Fa Yr 1	PHYT5350	Introduction to Examination	Introduction to physical therapy examination, including history-taking, systems review, and the examination of posture, muscle length, joint range of motion, and manual muscle testing. (3 hours)
Fa Yr 1	PHYT5450	Foundations of Physical Therapy	This course addresses the professional socialization process with emphasis on professional codes of ethics and conduct, laws relative to PT practice, therapeutic communication, cultural competency, stress management and conflict resolution. (2 hours)
Fa Yr 1	PHYT5750	Clinical Reasoning I	Introduction to theoretical models that guide clinical decision making, including patient management, clinical reasoning, disablement, and evidence-based practice models. Documentation will be discussed as a tool to aid clinical reasoning. (1 hour)
Fa Yr 1	PHYT6460	Teaching & Learning	Study of a physical therapist's role as educator of peers, patients and families, community members, and students in the clinical setting. Emphasis on instructional design, instructional strategies, teaching methods, and evaluation of learning. (2 hours)
Sp Yr 1	PHYT5070	Neuroscience	Introduction to fundamental concepts in neuroanatomy and neurophysiology related to human movement and basic bodily function. Emphasis placed on effects of neurological conditions relevant to physical therapy and functional performance. (3 hours)
Sp Yr 1	PHYT5080	Neuro Seminar	Emphasis on basic clinical assessment skills for clinical manifestations of neurological impairments will provide the clinical focus for integration of foundation neuroscience information with clinical practice. Taken concurrently with Neuroscience. 1 hour.
Sp Yr 1	PHYT5170	Research Design & Measurement	Introduction to the principles of measurement and the elements of research design, with an emphasis on critically evaluating the design of research studies relevant to clinical practice. (2 hours)
Sp Yr 1	PHYT5270	Applied Exercise Physiology	A study of physiological and biochemical responses and adaptations of the human body with/witho diseases to exercise, including biological mechanisms underlying exercise-induced functional impr of body organs and systems. (3 hours)
Sp Yr 1	PHYT5280	Therapeutic Interventions I	The management of a client in acute care including evaluation and intervention strategies for the prevention of secondary complications, improvement of mobility, and preparation for the next level of care. (2 hours)
Sp Yr 1	PHYT5300	Principles of Therapeutic Exercise	Application of scientific principles of anatomy, biomechanics, and exercise physiology to the development of sound therapeutic exercise procedures. (2 hours)
Sp Yr 1	**PHYT5850**	**Clinical Practicum I**	Clinical observation and supervised application of examination and intervention skills. Emphasis on professional socialization, progression of development within the Generic Abilities, and self-assessment of clinical skills and professional development. (1 hour)

Su Yr 1	PHYT5020	Lifespan I	Examines typical development from birth to adolescence. Emphasis on gross motor development, contemporary theoretical models, family-centered care and the elements of physical therapist practice. Overviews fine motor and cognitive development. (2 hours)
Su Yr 1	PHYT5180	Applied Biostatistics	Introduction to statistical analysis procedures commonly used in clinical research with an emphasis on the critical evaluation of the analysis of research studies relevant to clinical practice. (2 hours)
Su Yr 1	PHYT6210	Therapeutic Interventions II	A combined lecture and laboratory course covering the theory, evidence, and practical application of physical agents that are integrated into a physical therapy plan of care. (2 hours)
Su Yr 1	PHYT5650	Pharmacology	A study of the pharmacodynamics and pharmacokinetics of common drugs with emphasis on the physiological mechanisms of the actions of drugs, indications, contraindications, adverse drug reactions, and the implications for physical therapy care. (1 hour)
Variable	PHYT6990	Independent Study in PT	In-depth exploration and study of clinically related problems or topics of interest. May be repeated for credit. (1-4 hours).
Su Yr 1	**PHYT5860**	**Clinical Practicum II**	Continued clinical observation and supervised application of examination and intervention skills. Emphasis on progression of basic practice skills and Generic Abilities according to focused suggestions identified during Clinical Practicum I. (1 hour)
Fa Yr 2	PHYT6170	Scholarly Project in PT I	The first in a series that will culminate in the oral and written presentation of a scholarly project. Includes the development and presentation of a project proposal. (2 hours)
Fa Yr 2	PHYT6260	Cardiovascular-Pulmonary PT	A study of the effects of cardiovascular and pulmonary diseases on health/functional status including an in-depth understanding of the disease processes and skill development for the examination and evaluation of, and interventions for the diseases. (3 hours)
Fa Yr 2	PHYT6200	Health Promotion	Discussion and application of the elements of health and wellness as described by Healthy People 2020. Emphasis on health assessment, physical activity, nutrition, complementary/ alternative management, and behavior modification strategies. (2 hours)
Fa Yr 2	PHYT6500	Musculoskeletal Rehab I	A combined lecture and laboratory course covering the examination, evaluation, and management of musculoskeletal dysfunction involving the upper and lower extremities. (3 hours)
Fa Yr 2	PHYT6600	Neuromuscular Rehab I	Principles of rehabilitation for clients with neuromuscular impairments due to CVA, SCI and TBI. Emphasis on theories, philosophies, and the PT plan of care including examination, evaluation, and intervention strategies. (3 hours)
Sp Yr 2	PHYT6020	Life Span II	The principles of normal aging including the physiological, functional, and psychosocial changes associated with aging, and a review of diseases and disorders common to the aging population. (2 hours)
Sp Yr 2	PHYT6050	Health Care Policy and Delivery	An overview of the origin, components, and structure of the American health care delivery system, the public policy that shapes it, and its influence on and relationship with the physical therapy profession and practice. (1 hour)
Sp Yr 2	PHYT6180	Scholarly Project in PT II	The second in a series that will culminate in the oral and written presentation of a scholarly project. A continuation of the project initiated in PHYT 617. (2 hours)
Sp Yr 2	PHYT6510	Musculoskeletal Rehab II	A combined lecture and laboratory course covering the examination, evaluation, and management of musculoskeletal dysfunction involving the spine, jaw, and pelvis. (3 hours)
Sp Yr 2	PHYT6610	Neuromuscular Rehab II	Integrated study of rehabilitation principles for adults and children with neuromuscular disability. Emphasis on contemporary practice theories, application and synthesis of the physical therapist practice model. Also explores disability psychodynamics. (3 hours)
Su Yr 2, Fa Yr 3 or Sp Yr 3	PHYT6720	Special Topics in PT *(Will fulfill elective requirement)*	Intensive exploration of topics related to physical therapy service delivery in advanced practice. Designed to meet students' special interest and professional goals. Subject matter varies depending on interest. (2 hours)

Sp Yr 2	PHYT6750	Clinical Reasoning II	Second of two courses emphasizing application of problem-solving and critical thinking skills for a variety of diagnoses and practice settings. Key elements include comprehensive evaluation and analysis of one's clinical-reasoning abilities. (1 hour)
Su Yr 2	**PHYT6850**	**Clinical Practicum III**	Continued clinical observation and supervised application of comprehensive examination, evaluation and intervention skills for simple and complex patients. Emphasis on further professional socialization, knowledge integration, evaluation/prognosis and intervention planning/progression. (4 hours)
Su Yr 2	PHYT6190	Scholarly Project in PT III	The third in a series that will culminate in the oral and written presentation of a scholarly project. A continuation of the project initiated in PHYT 617. (1 hour)
Fa Yr 3	PHYT6700	Professional Issues	Discussion of current events and issues identified by the profession. This includes, but is not limited to, topics of the professional organization, reimbursement, autonomy, specific practice settings, and healthcare teams. (1 hour)
		Practice Management	Emphasis on contemporary business, management, and leadership concepts designed to develop knowledge, attitudes, techniques and skills utilized to operate and manage a physical therapy practice in a variety of settings. (2 hours)
Fa Yr 3	PHYT7100	PT Management of Complex Patients	Emphasis on concepts and skills necessary for advanced examination and evaluation of, and interventions for clients in physical therapy with complex movement dysfunction involving impairments in multiple body systems. (3 hours)
Fa Yr 3	PHYT7200	Scholarly Project in PT IV	The culmination of the scholarly project. Includes the completion of the written manuscript and presentation of the scholarly project in a public forum. (1 hour)
Fa Yr3	PHYT7620	Trauma Rehab	Integrated study of the principles of rehabilitation for clients who have sustained substantial trauma including, but not limited to: TBI, multiple fractures, and burns. Students will be asked to integrate previous coursework in making decisions regarding the role of PT in the interdisciplinary management throughout the continuum of care for clients who have multi-system impairments due to physical trauma. (2 hours)
Fa Yr 3	**PHYT7890**	**Clinical Internship I**	Continued supervised physical therapy practices including advanced examination, evaluation, PT diagnosis, prognosis and interventions. Development progressing entry-level physical therapist skills in either acute, rehab or outpatient orthopedic settings. (4 hours)
Sp Yr 3	**PHYT7900**	**Clinical Internship II**	Continued supervised physical therapy practices including advanced examination, evaluation, PT diagnosis, prognosis and interventions. Development progressing entry-level physical therapist skills in the remaining acute, rehab or outpatient orthopedic settings. (4 hours)
Sp Yr 3	**PHYT7990**	**Specialty Internship**	Supervised clinical practice and/or formal, professional experience in a specialized practice setting, research lab and/or an administrative environment designated to meet the students' special practice interests and professional goals. (4 hours)

Updated: Spring 2013

CLINICAL EDUCATION OVERVIEW

Purpose

The purpose of clinical education is to provide students with the appropriate sequence of learning opportunities needed to develop competency as entry-level practitioners. Through active participation in patient care, it complements academic preparation and affords students the opportunity to apply concepts learned in the classroom to patient care in the clinic. Clinical education is viewed as an essential part of the physical therapy program and greater than 1,400 clock hours are devoted to clinical education in settings that share the Physical Therapy Program's commitment to excellence in patient care. It is, therefore, designed to include both breadth and depth in the experiences in order to maximize student learning. In doing so, clinical education promotes an understanding of the standards of clinical practice, the health care delivery system, and the dynamics related to ethical and legal practice.

The DPT program maintains primary responsibility for planning, developing, coordinating, and facilitating the clinical education courses. The program curriculum and key documents, such as the Code of Ethics (Appendix A), the Core Values (Appendix B), and the Generic Abilities (Appendix C), provide a foundation for the objectives of the clinical courses. The ACCE also works closely with clinical faculty to implement clinical experiences and assess both student learning experiences and student performance. Standard procedures and forms are used to coordinate assignment of students to experiences, communicate with clinical faculty, monitor the quality of the student experiences, and assess student and clinical instructor performance. Routinely assessing clinical education data is vital to maintaining the quality clinical faculty mentoring and clinical education programs.

Phases

Clinical education is divided into two distinct phases: clinical practicums and internships.

1. **Clinical practicums** are embedded within the didactic portion of the curriculum and provide opportunities for students to participate in patient care and apply newly learned concepts and skills. The first two practicums are two weeks in length and can occur in a variety of settings. These practicums are completed at the end of the first year. The third clinical practicum is eight weeks in length and typically will occur in acute care settings, outpatient orthopedics or comprehensive rehabilitation/skilled nursing clinical settings. This practicum is completed at the end of the second year.

2. **Internships** occur after the completion of the didactic portion of the curriculum during the third year in the program. There are three eight-week internships scheduled sequentially. Two of the internships must occur in a generalist setting that was not completed during the eight-week practicum (placement could be in acute care, orthopedic rehabilitation or neurologic rehabilitation/skills nursing facility). The third internship provides students who have met the expected competencies for generalist practice with an opportunity for exposure to practice in specialty areas and beginning skills needed for participation in specialty/niche practice.

Variety of Experiences

It is the intent of the program to expose students to a variety of clinical education experiences in a variety of practice settings; therefore, students will have some minimal requirements to assist in the promotion of "generalist" skills for career flexibility. Rules regarding student assignment to sites are defined in the policies section of this manual. In addition, students will be afforded an opportunity for one clinical specialty placement to provide exposure to unique areas of practice and/or further skills in one area of interest. Assignment of clinical placements will be collaboratively planned between students, the Center Coordinators of Clinical Education (CCCE's) and the Academic Coordinator of Clinical Education (ACCE).

CLINICAL EDUCATION DEFINITIONS, ROLES AND RESPONSIBILITIES

Academic Coordinator of Clinical Education (ACCE): A licensed physical therapist(s), employed by the academic institution as a core faculty member, whose primary concern is relating the students' clinical education to the curriculum. The ACCE is the faculty member of record for the clinical education courses. This coordinator administers the total clinical education program and, in conjunction with the academic and clinical faculty plans, organizes, develops, facilitates, coordinates, administers, monitors and assesses the clinical education component of the curriculum. In addition, the ACCE is responsible for evaluating the students' progress. Responsibilities of the ACCE include, but are not limited to:

1. Selecting clinical education sites which will provide quality clinical education for the students.
2. Developing and coordinating the selected clinical education site(s) with the Center Coordinator of Clinical Education (CCCE).
3. Developing, planning, organizing, facilitating, coordinating, supervising, monitoring and assessing the clinical education experiences for each student with the clinical faculty (CCCE and Clinical Instructors CIs).
4. Assisting clinical faculty in the development, implementation, and evaluation of quality clinical education programs.
5. Serving the Physical Therapy Program in additional teaching, advising, service, and research activities.

Clinical Education Site/Facility: A setting in which learning opportunities and guidance in clinical education is provided for physical therapy students. The clinical education site may be a hospital, clinic, school, home or other setting that is affiliated with the University through a contractual agreement.

Clinical Education Faculty: Those individuals engaged in providing the clinical education components of the curriculum, generally referred to as either CCCEs or CIs. While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.

Center Coordinator of Clinical Education (CCCE): A licensed physical therapist(s) or other qualified individual, employed and designated by the clinical education site, who develops, organizes, arranges and coordinates the clinical education program for the site. Responsibilities include, but are not limited to:

1. Identifying, organizing, and coordinating the specific learning experiences available at the clinical education site.
2. Selecting and assigning clinical instructors CIs for each clinical placement and to ensure the CI's readiness to participate in the clinical education process. CCCEs should use the APTA Guidelines and self-assessments to assist CIs in analyzing their preparedness as clinical supervisors and to ensure that they meet minimal competency standards.
3. Coordinating, organizing, directing, supervising, and evaluating the activities of the clinical instructors and the students assigned to that site.
4. Organizing and implementing clinical instructor development programs to enhance clinical education skills and assess ongoing clinical instructor skills. The ACCE may assist in the design and implementation of clinical instructor development activities.
5. Maintaining communication with the CI, ACCE, and the assigned student during the clinical education experience.
6. Orienting the student to the facility, personnel, its policies and procedures, and expectations for the learning experience or assign responsibility for orientation to a clinical instructor.
7. This person may or may not have other responsibilities at the clinical education site.

Clinical Instructor (CI): A licensed physical therapist, employed by the clinical education site, who is responsible for the direct instruction, supervision, and evaluation of the physical therapy student in the clinical education setting. Responsibilities of the CI include but are not limited to:

1. Planning the clinical education learning experience for the student using the instructions for the clinical rotation and the student's previous clinical experience as a guide.
2. Providing an opportunity to practice while being supervised to reinforce knowledge, skills and behaviors acquired in the classroom.
3. Acquainting the student with the role of the PT in a clinical setting.
4. Assigning specific cases to the student so the student can perform examinations, interventions, patient education, communication with others, documentation and all other responsibilities associated with the specific cases.
5. Providing ongoing, informal feedback on student's performance, as well as formal, written evaluations so students can discover strengths, areas needing improvement and suggestions for additional learning experiences.
6. Providing an opportunity for the student to participate in departmental activities, including departmental meetings, inservices, case reviews, patient care conferences, rounds, etc.
7. Participating in clinical instructor development programs.
8. Maintaining communication with the CCCE and the ACCE as necessary regarding the students' performance.

Minimum Expected Criteria:

The following are characteristics that CI's should possess**:**

1. The individual must be a licensed Physical Therapist
2. Have 1 year of clinical experience
3. Good communication skills: as a communicator, the CI should:
    a. Be an active listener
    b. Communicate with others (students, patients, co-workers) in a non-threatening and tactful manner
    c. Clearly present ideas/ information to others in a well organized, concise manner
    d. Provide constructive feedback to others in a timely manner

4. The ability to provide a positive environment for active student learning. as a teacher, the CI should:
    a. Establish prioritized objectives for the learning experience with student input
    b. Be able to clearly explain the student responsibilities
    c. Provide opportunities for learning within the student's current scope of practice
    d. Facilitate therapist-student relationships

5. A positive attitude and genuine interest toward teaching. as a teacher, the CI should:
    a. Be accessible and approachable by others
    b. Be available to the student for discussion of patient management
    c. Be available to the student for periodic discussion of student progress
    d. Integrate knowledge of various learning styles into clinical teaching
    e. Use planned and unplanned experiences to promote learning
    f. Encourage self-assessment in students

6. Good problem solving skills and the ability to facilitate problem solving in others. ss a teacher, the CI should:
    a. Demonstrate problem solving abilities in clinical, interpersonal, interprofessional, and administrative areas
    b. Encourage problem solving in others

7. Exemplary professional behavior. As a professional role model, the CI should:
    a. Work effectively with peers/other health care team members
    b. Accept responsibility in a positive manner
    c. Display self confidence, desirable attitudes and the core values of the profession
    d. Be aware of his/her own limitations and show an active interest in further self development

Additional Qualifications:

1. APTA Clinical Instructor Credentialing- Basic level is preferred.

Physical Therapy Student:

Prior to the student's arrival at the assigned clinical education site, the student is responsible for:

1. Adhering to the PT Program's policies for clinical education in particular annual physical examination and health screens, immunizations and titers, health insurance, liability insurance, HIPAA training, OSHA training and CPR.
2. Reviewing information located in the clinical education files which is pertinent to the assigned clinical site.
3. Reviewing the academic program's Student Handbook.
4. Completing pertinent information that is to be included in the student personal data packet prior to the time information is mailed to the facility.

While at the assigned clinical education site, the student is responsible for:

1. Adhering to the policies and procedures, rules and regulations of the clinical education site.
2. Adhering to the clinical education policies of the University of Toledo as stated in the Student Handbook.
3. Obtaining consent from patients to provide care and actively engaging in physical therapy patient management opportunities.
4. Demonstrating adult learning qualities when participating in professional activities of the clinical education site.
5. Reflecting on the quality of his/her own mastery of professional knowledge, attitudes and skills by completing the required student self-assessments.
6. Evaluating the effectiveness of the clinical education experience at the clinical education site and providing feedback to the clinical education site and clinical instructor by completing the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instructor,* APTA 2003.

Patients:

Throughout the clinical education process, CIs will select and assign students to work with specific patients who may assist the student in applying knowledge and gaining skills. Patients should grant consent for a student to provide care and may refuse involvement with students at any time during the clinical education process with no risk to their rights and access to care.

CLINICAL FACULTY RIGHTS AND PRIVILEGES

Clinical Education Faculty members of the University of Toledo's Doctor of Physical Therapy Program have the following rights and privileges associated with their participation in the DPT clinical education program:

1. The right to be treated fair, with dignity, and without discrimination by all students and UT Faculty.

2. The right to receive information regarding affiliating students, changes in clinical education, and the physical therapy program in a timely fashion.

3. The right to have access to current materials used in clinical education at all times (i.e., Clinical Instructor's Handbook and Student Evaluation Tools).

4. The right to request assistance from the academic program in resolving issues or problems that arise in clinic during student clinical education experiences.

5. The right to terminate a student's participation in the clinical education experience if it is felt that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or otherwise not in conformity with the clinic's standards, policies, procedures, or health requirements.

6. The right to obtain a certificate, recognizing service as a voluntary Clinical Instructor, with the privilege of obtaining CEUs for those that meet the criteria established by the Ohio Physical Therapy Practice Act.

7. The right to suggest changes in the PT/PTA curriculum based on observations of student performance in the clinic.

8. The privilege of an invitation to our annual Robert Livengood Student Research Forum and Keynote Address event offered each fall. CEU's are provided for attendance.

9. The privilege of an invitation to periodic continuing education courses sponsored by the UT DPT Program and the College of Health Sciences. These are typically provided from July through April of each year and CEUs are provided for attendance.

10. The privilege of an invitation to an annual clinical education continuing education course provided by the Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education (UT DPT Program is a member). Each clinical education site affiliating with an Ohio Kentucky Consortium educational program is sent an invitation inviting the entire staff to these programs. CEU's are provided for attendance.

11. The right to request consultation with the core academic faculty regarding current research resources to support evidence based practice in physical therapy.

12. The right to request individual inservices at the clinical site regarding effective clinical teaching and mentoring methods, as well as presentations on requested topics in order to support the achievement of clinical education goals.

13. The privilege of accessing resources of the University of Toledo library. A request to the ACCE is required so that access may be coordinated through the library services department liaison.

EVALUATION OF CLINICAL SITES AND CLINICAL FACULTY BY THE PROGRAM AND THE STUDENT

Both the ACCE and students routinely engage in evaluation of the clinic sites and clinical faculty during clinical education experiences as it is essential that affiliating programs meet the program standards and student needs for learning experiences.

Clinical sites are initially evaluated by the ACCE through a review of the Clinical Site Information Form (CSIF). This allows the ACCE to determine if the site has adequate resources for learning, opportunities for learning experiences at the site, and if the clinical faculty meet the minimum expected criteria of licensure and years of experience.

During the clinical education experience, the ACCE reviews student journal assignments relevant to evaluating the site and the primary clinical instructor as well as midterm Physical Therapist Student Evaluation of the Clinical Site and the Clinical Instructor (CECI) forms. The CECI evaluation has several components: 1) evaluation of the clinical instructor, 2) evaluation of the clinical education program, 3) narrative questions regarding the rotation, and 4) narrative questions regarding the curriculum and academic preparation.

Following review of the midterm CECI and midterm student journaling assignments, the ACCE completes post-midterm phone visits during longer clinical experiences to check on student progress, evaluate the clinical instructor, and monitor the clinical education program at the site. Specific concerns identified by either the ACCE or the students are shared with clinical instructors and center coordinators during the site phone visits. Specific suggestions for improvement, clinical teaching techniques, mentoring suggestions or written forms used to improve the learning experience are provided.

In addition at the end of each clinical education experience, the results of the CECI are to be shared with the Clinical Instructor by the student after the CI has completed his/her assessment of the student using the PT Clinical Performance Instrument. After the clinical education experience, the ACCE reviews the completed final CECI forms. Results of these evaluations are tabulated for inclusion in a database and are evaluated to look for both concerns as specific locations and trends within the clinical education program. A summary of the results are reported to the faculty and curriculum committee. Concerns with individual sites are shared with the CCCE by the ACCE. Information from this database is used to guide individual mentoring by the ACCE and education programs from both the consortium and the university.

Students are also actively involved in evaluative process as noted above. In addition, upon return to the academic setting, the ACCE encourages students to verbally provide additional feedback regarding their experiences. This information is collected during individual meetings or collectively through exit interviews conducted around the time of graduation.

EVALUATION OF STUDENT PERFORMANCE AND GRADE ASSIGNMENT

Evaluation of student performance is completed by CI and/or CCCE, the ACCE, and the student during any given clinical education experience. The timing and forms used for formal evaluation vary by the clinical education experience. In addition, online course assignments are also used during the clinical education experiences to provide additional opportunities for student evaluation.

Evaluation Tools by Learning Experience

Clinical Practicum 1 and 2 only

During Clinical Practicum 1 and 2, a 2 page abbreviated evaluation tool is used as each clinical education experience is only two weeks in length. The tool uses a Likert scale and asks for objective rating of key skills targeted in the learning experience. It also allows for narrative comments to be documented in each area. Summaries of 'strengths' and 'areas needing improvement' are included at the end of the evaluation tool. The abbreviated evaluation tool is completed by both the student and the CI at the end of the clinical experience and is reviewed by the ACCE. Students also complete self-assessments of professional behavior using the Generic Abilities Assessment form. The ACCE uses course assignments on Blackboard to evaluate student performance.

Clinical Practicum 3 through Specialty Internship only

Experiences during Clinical Practicum 3 and Internships are all eight (8) weeks in length. For these experiences the web-based PT Clinical Performance Instrument or (PT CPI) is used. The CPI is completed by both the student and the CI at midterm and at the final and is reviewed by the ACCE. During Clinical Practicum 3 only, students continue to complete self-assessments of professional behavior using the Generic Abilities Assessment form. The ACCE uses course assignments on Blackboard to evaluate student performance.

Evaluation Tools

Clinical Practicum 1 and 2- Evaluation Tool

The abbreviated 2 page evaluation form focuses on assessment of early professional behavior, communication skills, early clinical decision making skills, early psychomotor skills for basic exam measures, and safe implementation of therapeutic exercise and basic interventions, such as functional mobility.

Copies of the 2 page forms used for evaluation of student performance are provided in Appendix D.

PT CPI

The second tool that is used by the Physical Therapy Program is the PT Clinical Performance Instrument or PT CPI. This web-based instrument is used during all 8 week clinical education experiences and is completed at the midterm and a final. Expectations for performance on the CPI increase with each additional clinical education experience. The student must achieve entry-level competency on all criteria at least once by the completion of the final clinical experience.

CPI Features:

- 18 Performance Criteria
    - Six criteria evaluate professional practice skills
    - Twelve criteria evaluate patient management skills
- Sample Behaviors (examples of commonly observed behaviors presented in logical order)
- 5 Performance Dimensions (supervision/guidance, quality, complexity, consistency and efficiency) that should be considered when rating a performance criterion
- Rating Anchors
    - There are 6 rating anchors that are clearly defined for you in the standardized training and are referenced in Appendix C of the PT CPI

- Rating marks for student performance may be placed on the 6 anchors or anywhere within the intervals between the anchors
- Ratings are more clearly tied to the performance dimensions

- A Comments Box is provided with each criterion and for each section in the summative comments (Comments must be made in each box for all sections before the evaluation can be finalized)

Information on PT CPI Training

Training is required prior to evaluating a student and may be completed at the APTA Learning Center website (www.apta.org). Upon log-in to the website access to the training can be found at APTA PT CPI Training and then searching for the course, **Online: PT CPI**.

From there you can follow links that will help you access the training. Please note: there are slightly separate training log in procedures for APTA members and non-APTA members so please refer to the correct training information included later in this section for the specific procedure. The training process does periodically undergo some updates so please refer to online instructions for details.

There is no cost for the training and APTA is awarding 2 CEU contact hours to those that complete the training. Training takes between 1-2 hours to complete and only needs to be completed one time, not each time you have a student.

This training provides the user with the necessary information about the appropriate, valid and reliable use of the PT CPI. In order to successfully complete the training, it is recommended that the CI print out 'Appendix C' of the CPI prior to taking the post-course assessment. 'Appendix C' is the CPI rating scale and will assist you with answering the questions on the post-course assessment. Successful completion of the training program and post-course assessment (passing $\geq$70%) is required for all users to access the PT CPI Web and input student evaluation data.

Information on Log-In and PT CPI Use

Following completion of the required training, you will be able to log in to the PT CPI Website by following the link: https://cpi2.amsapps.com/user_session/new

If you had a password in PT CPI Web 1.0, it should still work in 2.0. If you did not have a password, or forgot your password, please click on the 'I Forgot My Password' link and follow the instructions to set/reset your password. PLEASE NOTE: Make sure to close out of any internet browsers containing PT CPI Web 2.0 prior to accessing the link in your email as this may result in an error when trying to set/reset your password.

Once you are logged in to the PT CPI Web, you may access a hard copy/pdf file of the PT CPI through the "APTA links" box so that you can take a more detailed look at the new tool. You may also access your student's CPI for rating. Please refer to the 'Basic Log In and Use of the CPI' information provided by the ACCE in the student packet for details of instruction.

Generic Abilities Assessment Form

The third tool used by the Physical Therapy Program assessment student progress is the Generic Abilities Assessment form. Behavioral criteria were identified for each generic ability and these criteria were ultimately classified into four complexity levels: 1) beginning (B) – behaviors acquired by the end of the first year of the professional program; 2) developing (D) – behaviors demonstrated by the end of the second academic year; 3) entry-level (EL) – behaviors demonstrated by the end of the clinical education experiences/the end of the professional program; 4) post entry-level (PEL)- behaviors that continue to develop as the novice therapist gains experience in practice. [Source: May W et al. Model for ability based assessment in physical therapy education. Journal of Physical Therapy Education. 1995: 9 (1): 3-6] (See Appendix C)

GRADING

Grade Assignment:
Clinical education course grades are assigned by the ACCE with input from the Clinical Instructor and the student.

Grading Scale:
All clinical education experiences are graded either **S** (satisfactory) or **U** (unsatisfactory).

Grading Requirements:
A grade of satisfactory requires the following:

1. Acceptable performance on the CI copy of the designated student evaluation form. Guidelines for expected performance are designated in each course syllabus.
2. Written comments by the CI indicating acceptable performance in the designated student evaluation form.
3. Completion of self-assessment using the designated student evaluation form.
4. Completion of self-assessment using the Generic Abilities Self-Assessment Form during clinical practicums.
5. Completion of the "Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction" per course instructions.
6. Timely communication with the ACCE per course syllabus.
7. Timely receipt of all online and written assignments by the ACCE per course syllabus.
8. Attendance per the policy of the department and course syllabus.

A grade of unsatisfactory may be given for any of the following:

1. Violation of patients' rights.
2. Violation of the rights others.
3. Violation of the APTA Code of Ethics.
4. Unprofessional behavior.
5. Unsafe practice.
6. Substance abuse that affects performance.
7. Failure to complete any of the requirements listed in the previous section.

A grade of unsatisfactory will require the student to repeat the clinical and/or complete remedial clinical experiences agreed upon by the academic program and the clinical facility.

Student Performance Issues:
To minimize problems with student performance, a document on 'Principles of Clinical Teaching and Mentoring for Clinical Instructors' is located in Appendix E. In addition, Appendix F provides guidance regarding managing attitudinal challenges for students with problems in the affective domain of learning. If at any time during a clinical education experience a student experiences difficulty in any area the 'Clinical Performance Intervention Procedure' serves as a guide for interventions used to resolve problems and improve to student performance. Please see Appendix G or the full policy.

DEVELOPMENT OF CLINICAL EDUCATION SITES AND AFFILIATION AGREEMENTS

The Physical Therapy Program at the University of Toledo has a procedure for the establishment of new clinical education sites and clinical education affiliation agreements. The procedure is as follows:

1. If a student or a representative of a clinical site expresses interest in establishing an affiliation with the University of Toledo's Physical Therapy Program, information on the representative is given to the ACCE. Helpful contact information includes:

    - Site and Contact Name
    - Site Mailing Address
    - Site/Contact Phone Number
    - Site Website if available
    - Rationale for making the request

2. The ACCE then makes a phone call to discuss the specific needs of the Program with the interested party. A phone interview is conducted using the 'Initial Clinical Site Screening Form' to ensure that the facilities policies and philosophy regarding clinical education are complementary to the Program's philosophy for a clinical education experience. The ACCE or a program faculty representative may schedule a tour of the site in order to gather additional information, if this seems necessary.

3. If the ACCE determines that the clinical education site meets the standards and the needs of the Physical Therapy Program, the site will be invited to become a program affiliate. At that time, if both parties remain interested in establishing a clinical affiliation, the director and/or CCCE is sent a packet of information. This packet includes a link to the Clinical Education Manual (or hard copy if preferred), the Clinical Site Information Form (CSIF), information about the upcoming clinical experience dates, and an affiliation agreement template.

4. The Clinical Site is asked to return the CSIF to provide additional information so the ACCE can determine if the site has adequate resources for clinical education.

5. The Clinical Site and the University then negotiate and sign the contract. Specific responsibilities of the academic program and the clinical education site are enumerated within the affiliation agreement. When all signatures are obtained by both the clinical site and the University the contract is considered complete. One completed, signed contract is sent back to the Clinical Site and one is sent to the University's Legal Services Department. A copy of the signed contract is retained for the Clinical Site file for student review. <u>No student can be placed in a clinical site without a completed contract.</u> It is expected that physical therapy students will review these affiliation agreements prior to each a clinical placement to ensure their understanding of the responsibilities and legal parameters' governing clinical placements.

6. After a signed contract is obtained and before a student is placed, the ACCE provides the site with the resources necessary to implement the clinical education experience as noted in the clinical faculty rights and privileges. This includes access to the student evaluation tools and any necessary training resources (CP1 and CP2 forms and the PT CPI), course syllabi, site instructions, and any privileges that require request by the clinical faculty.

7. Potential clinical education sites are encouraged to follow guidelines for developing and evaluating a clinical education program, outlined in the *APTA Guidelines and Self-Assessments for Clinical Education, Clinical Education Sites, 1999.* Ongoing development of selected clinical education sites results from interaction between academic and clinical faculty. This process is coordinated by the ACCE and the CCCE.

ASSIGNMENT TO CLINICAL SITES

Offerings

The process for assignment to clinical sites begins with the request for offerings from the clinical sites. Initial requests are emailed annually by the ACCE between the APTA suggested national mailing dates of March 1st and March 15th with a suggested return date of May 1st. Additional requests made after that time will be due to unresolved placement issues or cancellations.

Preliminary Requests

Once offerings are received, a master list of available offerings is compiled and shared with the students. Students submit their preferences for assignments to the ACCE. Every effort will be made to meet these preferences. However, the ACCE's first priority in assigning students is to the program requirements for variety of experiences.

When making decisions regarding preferences for clinical placements, the following rules must be considered:

Selection rules of allowable clinical education experience sites

1. Students can only be assigned to facilities that have a signed affiliation agreement with the University of Toledo.
2. Students may not return to a clinical facility/site in which they have volunteered or worked at either prior to or during PT school or have signed a contract to work at following graduation.
3. Students may not go to a clinical facility/site in which they were previously assigned for clinical education experiences unless the practice setting and staff are different. For larger health systems, each location counts as a separate site/facility providing they are staffed by different therapists.
4. A minimum of one placement needs to occur outside of a 60 mile radius from the University of Toledo.
5. Preferences for selection are dependent upon the availability of the clinical education sites.

Selection rules for providing a variety of clinical education experiences

1. Students will complete affiliations in the acute care, neurologic rehabilitation/SNF, and outpatient orthopedic rehabilitation settings unless otherwise determined by the core faculty. Preparation for career flexibility is dependent upon both completion of time in each setting and the students ability to demonstrate the expected level of competency in the 3 required care settings per the course syllabi. The three practice settings are defined as below:

    a. *Acute Care*:
        i. Includes in-patient hospital primary care settings, such as: orthopedic, med-surg, oncology, neuro, cardiac units, ICU's, step-down units, and pre-operative testing/screening.
        ii. Excludes in-patient based subacute units and TCU's (these would be considered comprehensive rehabilitation placements).

    b. *Neurologic Rehabilitation/Comprehensive Rehabiltiation/SNF*:
        i. Includes in-patient rehabilitation hospitals, skilled nursing facilities, TCU's, subacute units and facilities, home health and comprehensive outpatient settings.
        ii. Emphasis of patient care should focus on patients with neurological disorders/insults and also includes exposure to rehabilitation diagnoses such as: post-surgical, amputations, multiple trauma, burns, and cardiopulmonary dysfunction.
        iii. Emphasizes interdisciplinary team approach to patient care

c. *Orthopedic Rehabilitation:*
    i. Emphasis on ambulatory care for the physical therapy management of patients with musculoskeletal disorders
    ii. May include private practice settings, HMO managed clinics, hospital based out-patient clinics, and national practice organizations.

2. Students who have met the expected competencies for the require care settings will be afforded the opportunity to participate in a specialty internship. The specialty internship can be in a variety of clinical settings and is designed to promote exposure to practice in "specialty" areas and beginning skills needed for participation in "specialty"/niche practice or new/advanced clinical skills in one of the required settings. Examples of these settings are listed below:

    a. Critical Acute Care
    b. Home Health
    c. Pediatrics
    d. Geriatrics
    e. Sports Medicine
    f. Manual Therapy
    g. Burn Rehabilitation
    h. Industrial Rehabilitation
    i. Aquatics
    j. Women's Health
    k. Alternative Medicine
    l. Pulmonary Rehabilitation
    m. Vestibular Rehabilitation
    n. Administration
    o. Research
    p. Academia
    q. Governance

Assignment to Sites and Confirmations

Students complete forms indicating geographical and site preferences for each clinical experience. The ACCE uses this information along with information regarding the offerings provided by the CCCE at the clinical site to determine preliminary placements. Once preliminary placements are made, the ACCE sends a letter to the CCCE at the clinical site with the name(s) of the student(s) assigned to them and a confirmation form. This assignment site process will take place annually by the end of fall semester. Once confirmations are received, the assignment process is complete.

Cancellations

In the event of a cancellation, the ACCE will notify the student and use the preliminary placement form, unused placement offerings, and any additional information the student provides to reassign the student to a new clinical education experience and confirm the placement.

PRE-CLINICAL REQUIREMENTS

Communication

It is the ACCE's responsibility to send to the clinical site the course syllabi, instructions for the clinical instructor, CPI training materials, verification of OSHA training, and verification and/or a certificate of liability insurance approximately 6 weeks prior to the start of the clinical education experience.

It is the student's responsibility to contact the clinical site 4-6 weeks prior to the start of the clinical education experience to determine information regarding location, parking, clinic hours, dress code, etc. The student must submit to the site required up-to-date health information along with verification of health insurance, background check, HIPAA training, and CPR Certification.

Health Forms

Each student, while enrolled in the didactic and clinical portions of the physical therapy curriculum, is required to have completed an **annual Student Health Form**. **Students are prohibited to engage in laboratory activities or to attend clinical facilities if this information is not on file for the current year.** The necessary forms will be provided to the student, and are to be completed and signed by the examining physician and returned to Health Information Management by the appropriate due date. **Each student shall maintain a copy of his/her annual Student Health Form in his/her personal records** as it is the responsibility of the student to send personal health information to their clinical site prior to the start of each clinical.

It should also be noted that some clinical education sites have **additional health requirements** (flu shots, drug screens, etc.). When these are known in advance, the program will inform the student of any additional health requirements. However, during preparations for upcoming clinicals, the student is responsible for checking with the CCCE to determine if there are any additional health requirements. It is recommended that this process be initiated approximately 4-6 weeks prior to the start of the clinical to allow adequate time for completion of any additional health requirements.

All expenses incurred in obtaining a physical, necessary laboratory tests, immunizations and additional health requirements are the responsibility of the student.

Required Screenings:

- Annual History and Physical Examination
- Annual Tuberculin Screening
  - 2-step tuberculin Mantoux (Year 1 students) – if positive, chest X-ray required;
  - One-step PPD (tuberculin skin test) for 2nd and 3rd year students only

Required Titers (completed only during Year 1**):**

- Mumps titer – * if negative, MMR required
- Rubella titer – * if negative, MMR required
- Rubeola titer – *if negative, MMR required
- Varicella titer – *if titer is negative, 2 varicella vaccinations required

Required Immunizations:

- Hepatitis B vaccinations (a series of 3 are administered)
- Tetanus/Diphtheria – adult booster required within the past 10 years
- Others as identified above based on outcome of titers*

Some clinical education sites may have additional health requirements (drug screens, etc.). The ACCE will provide any additional information regarding health policies as necessary throughout the professional course of study.

All expenses incurred in obtaining a physical, necessary laboratory tests and immunizations are the responsibility of the student. Currently enrolled students may obtain services through the UT Student Health and Wellness Center.

Health Insurance

Students will be expected to show proof of coverage for personal health insurance before being accepted for clinical placements by clinical sites. Few clinical education centers provide more than emergency treatment for students, and students are expected to assume responsibility for payment for such services. Information on health care and emergency services available during off campus clinical education experiences is included on each clinical site's CSIF.

A student health insurance plan is available on a semester by semester basis through the university. This plan is convenient for those students who have no other health insurance coverage. Health insurance identification information must be included in Personal Data Sheets.

Liability Insurance

All students are provided professional liability insurance through the University of Toledo. Professional liability insurance covers their activities as a physical therapy student in the classroom, laboratory educational experiences and clinical education experiences. *One's student professional liability insurance does not cover the student in activities outside the domain of the Physical Therapy Program (e.g. while employed as a PT aide) or during unsupervised practice of psychomotor skills.* Proof of professional liability insurance by clinical sites is available upon request.

Criminal Background Check

All incoming physical therapy students are required to complete both an Ohio BCI&I check and a FBI criminal background check. The purpose of the background check policy is to:

1. Promote and protect patient/client safety, as well as the well-being of the campus community.

2. Comply with the mandates of clinical sites which require student background checks as a condition of their written contracts with the Physical Therapy Program, The University of Toledo, as stipulated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

3. Promote early self-identification of students who may be "at risk" for not meeting Physical Therapy licensure eligibility requirements in some states due to a felony conviction.

    - Students with an identified history of criminal activity may be at risk for not being able to successfully complete the required clinical education requirements of the DPT program. Successful completion of all designated clinical practicums and clinical internships is a graduation requirement for a DPT degree.

    - In order to ensure that a student with a history of a felony conviction is eligible for sitting for the Physical Therapy licensure exam, the "at risk" student will need to seek clarifying information directly from the licensure board of the state in which s/he wishes to practice. As PT practice laws vary from state to state, it becomes the student's responsibility to know the laws of individual states regarding policies associated with the awarding of a PT license; the "at risk" student may need to petition the state licensure agency to request a declaratory

order/opinion from the licensure agency. Please, see the following website for contact information for the PT licensure agency for each state: www.fsbpt.org

Cardiopulmonary Resuscitation Certification (CPR)

During all clinical education activities, students are required to maintain active CPR health care provider certification. The student must carry his/her card at all times for proof of certification.

HIPAA Training

Prior to clinical education experiences, students receive HIPAA training. Proof of completion of HIPAA training is available upon request.

OSHA Training

Prior to clinical education experiences, students receive training in body and blood-bourne pathogens. Proof of OSHA training is available upon request.

CLINICAL EDUCATION STANDARDS OF CONDUCT

Professional Behavior

Expectations regarding behaviors while in the professional course of study have been identified by academic and clinical faculty as essential for the "new graduate". Therefore, the policies and guidelines herein have been formulated to assist with professional growth and socialization into the profession of Physical Therapy.

Frequently faculty members are requested to provide professional references for students and graduates, which require evaluation of one's attendance, punctuality, adherence with policy, etc. To that end the faculty will be observing (on an ongoing basis) the degree to which student conduct and attendance policies are being met.

Behaviors consistent with public situations are required at all times. Please refer to the specific expectations that the PT professional delineated in the Code of Ethics, the APTA Core Values, and the Generic Abilities located in the manual appendices A, B, and C.

Use of alcohol or other chemical substances prior to or during clinic hours is considered unacceptable and unprofessional behavior and will be result in immediate referral to the disciplinary process.

Clinical Dress Code/Personal Appearance

As a health care professional in training, students should demonstrate professional appearance and behavior during all clinical education experiences. In addition to the general guidelines for professional students, students need to observe the following guidelines:

- Professional attire is expected.
- Solid color slacks.
- Solid, print, striped or plaid, conservative cut shirt or blouse.
- All attire should be clean, pressed and in good repair.
- Comfortable, clean, dress shoes in good shape; athletic shoes in good shape may be permitted.
- Ties may be required.
- A short, white lab coat may be required.
- Student identification badge should be worn at all times.

Additional requirements for acceptable appearance may be identified by individual clinical facilities.

Attendance

General Attendance:

Attendance is required unless there is an unanticipated absence.

Unanticipated Absences:

Per departmental policy, unanticipated absences include:

- Illness of self or dependent
- Death of an immediate family member (parent, grandparent, sibling, spouse, or child)
- Jury duty (please contact the Program Director if asked to serve jury duty)

- Students are allowed to miss one day for an unanticipated absence but absences of greater than one day must be made up in a manner that is acceptable to the facility and approved by the ACCE (or assigned faculty).

- The student will follow facility procedure regarding notification of the clinical instructor in the event of an unanticipated absence.

- It is the student's responsibility to notify the ACCE (or assigned faculty) at 419-530-6675 within two days of the absence.

Requests for absences for reasons other than those mentioned above will need to be approved by both the clinical instructor and the ACCE (or assigned faculty). Any time missed for reasons other than unanticipated absences will need to be made up in a manner that is acceptable to the facility and approved by the ACCE (or assigned faculty).

Excessive Tardiness and Absences:

Excessive tardiness and/or absences may be considered to be "unprofessional behavior/ conduct" and may be subject to disciplinary action within the Physical Therapy Program.

Attendance Following a Change in Health Status:

In the event that one's health status changes at any time, it is the responsibility of the student to notify individual course instructors and the ACCE regarding any changes in health status or limitations that may place the student "at risk" for not being able to complete the course requirements, including any requirements of psychomotor skills or physical activity.

In the event of a prolonged illness (lasting longer than 4 days) requiring medical attention, a prolonged injury (lasting longer than 4 days) requiring medical attention or a surgery, the student will be required to use the following guidelines:

1. The student will be responsible for providing individual course instructors (including the ACCE if the student is engaged in clinical activities) with a written statement that s/he has been approved to return to and participate in all required classroom, laboratory activities and clinical activities.
2. In the event that activities need to be restricted, the physician will need to document all limitations and plans for re-examination.
3. The student will be responsible for providing individual course instructors (including the ACCE if the student is engaged in clinical activities) with the written documentation.

In the event of a prolonged illness (lasting longer than 4 days) not requiring medical attention or a prolonged injury (lasting longer than 4 days) not requiring medical attention, the student will be required to use the following guidelines:

1. The student will be responsible for contacting contact individual course instructors (including the ACCE if the student is engaged in clinical activities) to determine the appropriate level of participation in classroom, laboratory and clinical activities.
2. Course instructors (including the ACCE if the student is engaged in clinical activities) will assist in determining if clearance by a physician will be required prior to resumption of normal classroom/clinical activities.

In the event of pregnancy, the student will be required to use the following guidelines:

1. The student is strongly encouraged to provide early notification to the course instructors (including the ACCE) in order to formulate a plan that will lead to satisfactory completion of didactic and/or clinical program requirements in a safe, efficient, and timely manner.
2. In the event that activities need to be restricted, the physician will need to document all limitations.
3. The student will be responsible for providing individual course instructors (including the ACCE if the student is engaged in clinical activities) with the written documentation.

Inclement Weather Policy:
The Physical Therapy Program's policy is that students will follow the direction of the clinic regarding attendance during inclement weather. If the student is advised by the clinic to remain at home/go home early this will be an excused absence. One day of excused absence is allowed, but absences of greater than one day must be made up in a manner that is acceptable to the facility and approved by the ACCE (or assigned faculty). Students are asked to use discretion when attending the clinic during severe weather conditions. If the student chooses to stay home during severe weather conditions, this time will need to be made up in a manner that is acceptable to the facility and approved by the ACCE (or assigned faculty).

Holidays:
Students may be expected to work on holidays for which the clinical site is staffed if the CI(s) is also working. Holidays are taken when the clinical site designates them, even though the academic holiday may be celebrated on a different day.

Personal Days:
Students are not routinely permitted to take time off from the clinic for a personal day. A personal day does not warrant an excused absence (per policy noted above). Students may discuss a need for a personal day with the ACCE and clinical instructor. If time off is granted then it must be made up.

Job Interview Leave:
Students are not routinely permitted to take time off from the clinic to complete job interviews. A job interview does not warrant an excused absence (per policy noted above). Students may discuss a need for a personal day for a job interview with the ACCE and clinical instructor. If time off is granted then it must be made up. Students are excused from the clinic for at least the morning to attend the annual UT OT/PT Job Fair.

Documentation-Student Signature

Students should sign documentation according to the laws of the state in which they are affiliating and the clinical site requirements. Currently, according to the practice act in the State of Ohio, students may sign "Student Physical Therapist," "Student PT," or "SPT."

Medicare Procedures for Supervising Students

Information in Appendix H provides Medicare guidelines for supervising students.

Use of Information Other than PHI Obtained from Clinical Sites

Students must obtain permission from clinical sites for personal use of any examination forms, exercise programs, patient educational materials, or other documents that bear a clinical site's name and/or logo outside of the clinical site. Any information provided in a public domain, such as a site's webpage, does not require permission, but should follow copyright and fair use rules.

Transportation, Lodging, and Costs During Clinicals

Transportation, lodging during clinical education experiences and any other associated costs are the responsibility of the student.

Issues related to student conduct during clinicals may have consequences both in terms of participation in clinical education activities and in terms of student academic status.

NONDISCRIMINATION ON THE BASIS OF DISABILITY-AMERICANS WITH DISABILITIES ACT COMPLIANCE

The statement of this policy (#3364-50-03) is as follows:

> "Since passage of the Rehabilitation Act, The University of Toledo has been committed to eliminating barriers to services, employment and educational opportunities for people with disabilities. Our commitment was renewed with the passage of the Americans with Disabilities Act ("ADA") in 1990. With the passage of the ADA Amendments Act of 2008 (ADAAA), we restate our goal of providing seamless access. The university does not discriminate on the basis of disability in violation of the ADA, or the Rehabilitation Act in admission or access to, or treatment or employment in, its programs or activities."

The purpose of this policy is not to serve as a comprehensive statement but to provide guidance to the university in committing itself to providing employment, quality health care services and educational opportunities to people with disabilities and complying with the ADA, Section 503 and Section 504 of the Rehabilitation Act of 1973 ("the Rehabilitation Act") and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability.

Per this policy, a qualified individual with a disability is an individual who satisfies the requisite skill, experience, and educational requirements of the position or the educational program and one who can perform the essential functions of the job or curriculum with or without reasonable accommodation.

Further, essential functions are defined as those functions that the individual who holds the position or who is in the academic program must be able to perform unaided or with or without reasonable accommodation.

Information on Program Essential Functions:
See Appendix I for the details of the Essential Functions of the Physical Therapy Program.

University of Toledo Policy #3364-50-03:
See Appendix J for the entire text of this policy.

Students should contact the Office of Academic Access (Rocket Hall 1820; 419.530.4981; officeofacademicaccess@utoledo.edu) as soon as possible for more information and/or to initiate the process for accessing academic accommodations.

APPENDIX A
THE APTA CODE OF ETHICS

http://www.apta.org/AM/Template.cfm?Section=Home&CONTENTID=73028&TEMPLATE=/CM/ContentDisplay.cfm

Code of Ethics for the Physical Therapist

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). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

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, and 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, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. 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.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/ client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7**:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health, needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist

American Physical Therapy Association. Code of Ethics. American Physical Therapy Association, Alexandria, VA; updated February 2013.
(http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf).

APPENDIX B
APTA Core Values

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Introduction

In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to A Doctoring Profession (RC 37-01). The Plan includes six elements: Doctor of Physical Therapy, Evidenced-based Practice, Autonomous Practice, Direct Access, Practitioner of Choice, and Professionalism, and describes how these elements relate to and interface with the vision of a doctoring profession. In assisting the profession in its transition to a doctoring profession, it seemed that one of the initiatives that would be beneficial was to define and describe the concept of professionalism by explicitly articulating what the graduate of a physical therapist program ought to demonstrate with respect to professionalism. In addition, as a byproduct of this work, it was believed that practitioner behaviors could be articulated that would describe what the individual practitioner would be doing in their daily practice that would reflect professionalism.

As a part of the preparation for this consensus conference, relevant literature was reviewed to facilitate the development of the conference structure and consensus decision-making process. Literature in medicine[3, 18, 19, 25, 27] reveals that this profession continues to be challenged to define professionalism, describe how it is taught, and determine how it can be measured in medical education. The groundwork and advances that medicine laid was most informative to the process and product from this conference. Physical therapy acknowledges and is thankful for medicine's research efforts in professionalism and for their work that guided this conference's structure and process.

Eighteen physical therapists, based on their expertise in physical therapist practice, education, and research, were invited to participate in a consensus-based conference convened by APTA's Education Division on July 19-21, 2002. The conference was convened for the purpose of:

1. Developing a comprehensive consensus-based document on Professionalism that would be integrated into *A Normative Model of Physical Therapist Professional Education, Version* 2004 to include a) core values of the profession, b) indicators (judgments, decisions, attitudes, and behaviors) that are fully consistent with the core values, and c) a professional education matrix that includes educational outcomes, examples of Terminal Behavioral Objectives, and examples of Instructional Objectives for the classroom and for clinical practice.
2. Developing outcome strategies for the promotion and implementation of the supplement content in education and, where feasible, with practice in ways that are consistent with physical therapy as a doctoring profession.

The documentation developed as a result of this conference is currently being integrated into the next version of *A Normative Model of Physical Therapist Professional Education: Version 2004.* The table that follows is a synopsis of a portion of the conference documentation that describes what the physical therapist would be doing in his or her practice that would give evidence of professionalism.

In August 2003, **Professionalism in Physical Therapy: Core Values** was reviewed by the APTA Board of Directors and adopted as a core document on professionalism in physical therapy practice, education, and research. (V-10; 8/03)

We wish to gratefully acknowledge the efforts of those participants who gave their time and energies to this challenging initiative; a first step in clearly articulating for the physical therapist what are the core values that define professionalism and how that concept would translate into professional education.

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Seven core values were identified during the consensus-based conference that furthered defined the critical elements that comprise professionalism. These core values are listed below in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of physical therapist professionalism. The group made every effort to find the optimum nomenclature to capture these values such that physical therapists could resonate with each value and would clearly understand the value as provided by the accompanying definition and indicators.

For each core value listed, the table that follows explicates these values by providing a core value definition and sample indicators (not exhaustive) that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

1. Accountability
2. Altruism
3. Compassion/Caring
4. Excellence
5. Integrity
6. Professional Duty
7. Social Responsibility

Core Values Definition and Sample Indicators

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

1. Responding to patient's/client's goals and needs.
2. Seeking and responding to feedback from multiple sources.
3. Acknowledging and accepting consequences of his/her actions.
4. Assuming responsibility for learning and change.
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.
7. Participating in the achievement of health goals of patients/clients and society.
8. Seeking continuous improvement in quality of care.
9. Maintaining membership in APTA and other organizations.
10. Educating students in a manner that facilitates the pursuit of learning.

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

1. Placing patient's/client's needs above the physical therapists.
2. Providing pro-bono services.
3. Providing physical therapy services to underserved and underrepresented populations.
4. Providing patient/client services that go beyond expected standards of practice.
5. Completing patient/client care and professional responsibility prior to personal needs.

Compassion/ Caring:
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.

1. Understanding the socio-cultural, psychological and economic influences on the individual's life in their environment.
2. Understanding an individual's perspective.
3. Being an advocate for patient's/client's needs.

Caring is the concern, empathy, and consideration for the needs and values of others.

1. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.
2. Designing patient/client programs/interventions that are congruent with patient/client needs.
3. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.
4. Focusing on achieving the greatest well-being and the highest potential for a patient/client.
5. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases.
6. Embracing the patient's/client's emotional and psychological aspects of care.
7. Attending to the patient's/client's personal needs and comforts.
8. Demonstrating respect for others and considers others as unique and of value.

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

1. Demonstrating investment in the profession of physical therapy.
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.
4. Conveying intellectual humility in professional and interpersonal situations.
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.
6. Using evidence consistently to support professional decisions.
7. Demonstrating a tolerance for ambiguity.
8. Pursuing new evidence to expand knowledge.
9. Engaging in acquisition of new knowledge throughout one's professional career.
10. Sharing one's knowledge with others.
11. Contributing to the development and shaping of excellence in all professional roles.

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.

1. Abiding by the rules, regulations, and laws applicable to the profession.
2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).
3. Articulating and internalizing stated ideals and professional values.
4. Using power (including avoidance of use of unearned privilege) judiciously.
5. Resolving dilemmas with respect to a consistent set of core values.
6. Being trustworthy.
7. Taking responsibility to be an integral part in the continuing management of patients/clients.
8. Knowing one's limitations and acting accordingly.
9. Confronting harassment and bias among ourselves and others.
10. Recognizing the limits of one's expertise and making referrals appropriately.
11. Choosing employment situations that are congruent with practice values and professional ethical standards.
12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.

Professional Duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

1. Demonstrating beneficence by providing "optimal care".
2. Facilitating each individual's achievement of goals for function, health, and wellness.
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.
4. Involved in professional activities beyond the practice setting.
5. Promoting the profession of physical therapy.
6. Mentoring others to realize their potential.
7. Taking pride in one's profession.

Social Responsibility: Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.
2. Promoting cultural competence within the profession and the larger public.
3. Promoting social policy that effect function, health, and wellness needs of patients/clients.
4. Ensuring that existing social policy is in the best interest of the patient/client.
5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.
6. Promoting community volunteerism.
7. Participating in political activism.
8. Participating in achievement of societal health goals.
9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.
10. Providing leadership in the community.
11. Participating in collaborative relationships with other health practitioners and the public at large.
12. Ensuring the blending of social justice and economic efficiency of services.

References

1. Albanese, M. Students are *not* customers: A better model for education. Acad Med. 1999; 74(11):1172-1186.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 2000*. American Physical Therapy Association, Alexandria, VA; 2000.
3. American Physical Therapy Association. Professionalism in Physical Therapy: Core Values. American Physical Therapy Association, Alexandria, VA; August 2003 (**www.apta.org/documents/public/education/professionalism.pdf**).
4. Arnold, L. Assessing professional behavior: Yesterday, today and tomorrow. *Acad Med*. 2002; 77(6): 502-515.
5. Cary, JR, Ness, KK. Erosion of professional behaviors in physical therapist students. *Journal of Physical Therapy Education*. 2001;15(3):20-24.
6. Cohen, CB, Wheeler, SE, Scott, DA and the Anglican Working Group in Bioethics. Walking a fine line: Physician inquiries into patient's religious and spiritual beliefs. *Hastings Center Report 31*. 2001;5: 29-39.
7. Coles, R. The moral education of medical students. *Acad Med*. 1998;73(1):55-57.
8. Covey, SR. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. Simon & Schuster Adult Publishing Group, New York, NY: August 1990.
9. Covey, SR, Merrill RA, Merrill RR. *First Things First: To Live, To Love, To Learn, To Leave a Legacy*. Simon & Schuster Trade Paperbacks, New York, NY: May 1995.
10. Covey, SR, Reynolds. *Principled-Centered Leadership: Strategies for Personal and Professional Effectiveness*. Simon & Schuster Adult Publishing Group, New York, NY: September 1992.
11. DeRosa, C. Innovation in physical therapy practice. *PT Magazine*. February 2000:40-46.
12. Epstein, RM. Mindful practice. *JAMA*. 1999; 282(9):833-839.
13. Fox, RC. Time to heal medical education? *Acad Med*. 1999;74(10):1072-1075.
14. Ginsburg, S, Regehr, G, Stern, D, Lingard, L. The anatomy of the professional lapse: Bridging the gap between traditional frameworks and students' perceptions. *Acad Med*. 2002; 77(6):
15. Greenlick, MR. Educating physicians for the twenty-first century. *Acad Med*. 1995;70(3):179-185.

16. Hayward, LM, Noonan, AC, Shain, D. Qualitative case study of physical therapist students' attitudes, motivations, and affective behaviors. *J Allied Health.* 1999; 28: 155-164.
17. Hensel, WA, Dickey, NW. Teaching professionalism: Passing the torch. *Acad Med*. 1998;73(8):865-870.
18. Kirschenbaum H. Values clarification to character education: A personal journey. *Journal of Humanistic Counseling, Education, and Development*. 2000; 39(1):4.
19. Kopelman, LM. Values and virtues: How should they be taught? *Acad Med.* 1999; 74(12):1307- 1310.
20. Ludmerer, KM. Instilling professionalism in medical education. *JAMA.* 1999; 282(9):881-882.
21. MacDonald, CA, Cox, PD, Bartlett, DJ, Houghton, PE. Consensus on methods to foster physical therapy professional behaviors. *Journal of Physical Therapy Education.* 2002;16(1):27-35.
22. Markakis, KM, Beckman, HB, Suchman, AL, Frankel, RM. The path to professionalism: Cultivating humanistic values and attitudes in residency training. *Acad Med*. 2000;75(2): 141-150.
23. Mathews, Jane. Practice Issues in Physical Therapy: Current Patterns and Future Directions. Thorofare, NJ: Slack, 1989.
24. May WW, Morgan BJ, Lemke JC, Karst GM, et al. Development of a model for ability-based assessment in physical therapy education: One program's experience. Journal of Physical Therapy Education, 1995, 9 (1):3-6.
25. Pellegrino, ED. Toward a virtue-based normative ethics for the health professions. *Kennedy Institute of Ethics Journal*. 1995:5(3): 253-277.
26. Perry, J. Professionalism in physical therapy. *Phys Ther*. 1964;44(6):429-434.
27. Robins, LS, Braddock III, CH, Fryer-Edwards, KA. Using the American board of internal medicine's "elements of professionalism" for undergraduate ethics education. *Acad Med*. 2002; 77(6).
28. Sullivan, WM. What is left of professionalism after managed care? *Hastings Center Report 29.* 1999;2:7-13.
29. Swick, HM, Szenas, P, Danoff, D, Whitcomb, ME. Teaching professionalism in undergraduate medical education. *JAMA.* 1999;282(9):830-832.
30. Triezenberg, HL. Teaching ethics in physical therapy education: A Delphi study. *Journal of Physical Therapy Education*. 1997;11(2):16-22.
31. Triezenberg, HL, McGrath, JH. The use of narrative in an applied ethics course for physical therapist students. *Journal of Physical Therapy Education*. 2001;15(3): 49-56.
32. Weidman, JC, Twale, DJ, Elizabeth LS. *Socialization of Graduate and Professional Students in Higher Education: A Perilous Passage?* ASHE-ERIC Higher Education Report Volume 28, Number 3. San Francisco, CA: Jossey-Bass.

APPENDIX C
THE GENERIC ABILITIES

University of Toledo - Doctor of Physical Therapy Program
Physical Therapy Generic Abilities

	Beginning	Developing	Entry-Level	Post-Entry-Level
1. Commitment to Learning	• Identifies problems • Formulates appropriate questions • Identifies and locates appropriate resources • Demonstrates 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 • 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 can verify solutions to problems • Reads articles critically and understands limits of application to professional practice • Researches and studies areas where knowledge base is lacking	• Questions conventional wisdom • Formulates and re-evaluates position based on available evidence • Demonstrates confidence in sharing new knowledge with all staff levels • Modifies programs and treatments based on newly-learned skills and considerations • Acts as a mentor in area of specialty for other staff
2. Interpersonal Skills	• 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 mistakes, apologizes • 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	• Recognizes role as a leader • Builds relationships with other professionals • Establishes mentor relationships

	Beginning	Developing	Entry-Level	Post-Entry-Level
3. Communication Skills	• Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression • Writes legibly • Recognizes impact of non-verbal communication: maintains eye contact, listens actively	• Utilizes non-verbal communication to augment verbal message • Restates, reflects, and clarifies message • Collects necessary information from patient interview	• Presents verbal or written message with logical organization and sequencing, • Modifies communication (verbal and written) to meet the needs of different audiences • Maintains open and constructive communication • Utilizes communication technology • Dictates clearly and concisely	• Demonstrates ability to write scientific research papers • Fulfills role as patient advocate • Mediates conflict • Communicates professional needs and concerns
4. Effective Use of Time and Resources	• Focus on tasks at hand without dwelling on past mistakes • Recognizes own resource limitations • Uses existing resources effectively • Uses unscheduled time efficiently • Completes assignments in a timely fashion	• Coordinates schedule with others • Sets up own schedule • Demonstrates flexibility • Plans ahead	• Performs multiple tasks simultaneously and delegate when appropriate • Has ability to say "No". • Sets priorities and reorders when necessary • Considers patient's goals in context of patient, clinic, and third party resources • Uses scheduled time with each patient efficiently	• Uses limited resources creatively • Manages meeting time effectively • Takes initiative in covering for absent staff members • Develops programs and works on projects while maintaining case loads • Follows up on projects in a timely manner • Advances professional goals while maintaining expected workload
5. Use of Constructive Feedback	• Demonstrates active listening skills • Actively seeks feedback and help • Demonstrates a positive attitude toward feedback • Critiques own performance • Maintains two way communication	• 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 • Reconciles differences with sensitivity • Modifies feedback given to clients according to their learning styles • Considers multiple approaches when responding to feedback	• Engages in non-judgmental, constructive problem-solving discussions • Acts as conduit for feedback between multiple resources • Utilizes feedback when establishing professional goals • Utilizes self-assessment for professional growth

	Beginning	Developing	Entry-Level	Post-Entry-Level
6. Problem-Solving	• Recognizes problems • States problems clearly • Describes known solutions to problem • Identifies resources needed to develop solution • 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 implementation of solutions	• Weighs advantages • Participates in outcome studies • Contributes to formal quality assessment in work environment • Seeks solutions to community health-related problems
7. Professionalism	• 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 appropriate 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	• Actively promotes profession • Participates actively in professional organizations • Attends workshops • Acts in leadership role when needed • Supports research
8. Responsibility	• 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	• Delegates as needed • Directs patients to other health care professionals when needed • Encourages patient accountability	• Orients and instructs new employees/students • Promotes clinical education • Accepts role as team leader • Facilitates responsibility for program development and modification
9. Critical Thinking	• 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 • Critiques hypotheses and ideas • Formulates new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Understands scientific method	• Exhibits openness to contradictory ideas • Assesses issues raised by contradictory ideas • Justifies solutions selected • Determines effectiveness of applied solutions	• Distinguishes relevant from irrelevant • Distinguishes when to think intuitively vs. analytically • Demonstrates beginning intuitive thinking • Identifies complex patterns of associations • Recognizes own biases and suspends judgmental thinking • Challenges others to think critically

	Beginning	Developing	Entry-Level	Post-Entry-Level
10. Stress Management	• 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 appropriate affective responses to situations • Accepts constructive feedback • Establishes outlets to cope with stressors.	• Tolerates inconsistencies in health care environment • Prioritizes multiple commitments • Responds calmly to urgent situations	• Recognizes when problems are unsolvable • Assists others in recognizing stressors • Demonstrates preventative approach to stress management • Establishes support network for self and clients • Offers solutions to the reduction of stress within the work environment

Reference: May, W., Straker, G., Foord-May, L. (2000) *Opportunity Favors the Prepared. Guide to Facilitating the Development of Professional Behavior.* May and Associates Consulting.

APPENDIX D
Clinical Practicum 1 and 2 Evaluation Tools

University of Toledo
College of Health Sciences
Doctor of Physical Therapy Program

PhyT 5850: Clinical Practicum I
STUDENT CLINCIAL PERFORMANCE EVALUATION

GRADING SCALE:
EL = performs at "entry level" proficiency
PA = "performs appropriately" to academic preparation
NI = "needs improvement"
N/O = "no opportunity" to work on the objective

Professional Behavior

1. Demonstrates a positive attitude toward learning.	□ EL	□ PA	□ NI	□ N/O
2. Projects a professional image.	□ EL	□ PA	□ NI	□ N/O
3. Demonstrates punctuality.	□ EL	□ PA	□ NI	□ N/O
4. Abides by state laws and Code of Ethics.	□ EL	□ PA	□ NI	□ N/O

Comments:

Communication Skills

1. Communicates with others in a respectful, non-judgmental manner.	□ EL	□ PA	□ NI	□ N/O
2. Interviews a patient and/or family member to gather patient history.	□ EL	□ PA	□ NI	□ N/O
3. Maintains confidentiality during patient interactions.	□ EL	□ PA	□ NI	□ N/O
4. Interacts and communicates effectively with the clinical instructor.	□ EL	□ PA	□ NI	□ N/O
5. Actively seeks feedback to critique one's own performance.	□ EL	□ PA	□ NI	□ N/O

Comments:

Psychomotor Skills

1. Accurately measures LE ROM.	□ EL	□ PA	□ NI	□ N/O
2. Accurately measures UE ROM.	□ EL	□ PA	□ NI	□ N/O
3. Accurately measures strength using MMT.	□ EL	□ PA	□ NI	□ N/O
4. Provides patient education for basic therapeutic exercises.	□ EL	□ PA	□ NI	□ N/O
5. Performs basic therapeutic interventions.	□ EL	□ PA	□ NI	□ N/O
6. Demonstrates safety in patient interactions.	□ EL	□ PA	□ NI	□ N/O

Comments:

Clinical Decision Making Skills

1. With assistance from the CI, begins to select the appropriate tests and measures needed to objectively examine non-complex, straightforward patients.

□ EL □ PA □ NI □ N/O

2. Contributes ideas to the development of a plan of care on non-complex, straightforward patients.

□ EL □ PA □ NI □ N/O

Comments:

SUMMARY

Student Strengths:

Student Areas Needing Further Growth and/or Improvement:

Student Signature: _____

CI Signature: _____

Facility Name: _____

Date: _____

University of Toledo
College of Health Sciences
Doctor of Physical Therapy Program

PhyT 5860: Clinical Practicum II
STUDENT EVALUATION FORM

GRADING SCALE:
EL = performs at "entry level" proficiency
PA = "performs appropriately" for academic preparation
NI = "needs improvement"
N/O = "no opportunity" to work on the objective

Professional Behavior

1. Demonstrates a positive attitude toward learning. ☐ EL ☐ PA ☐ NI ☐ N/O
2. Demonstrates professional conduct. ☐ EL ☐ PA ☐ NI ☐ N/O
3. Demonstrates beginning time management skills. ☐ EL ☐ PA ☐ NI ☐ N/O
4. Abides by state laws and Code of Ethics. ☐ EL ☐ PA ☐ NI ☐ N/O
5. Describes the delivery of PT services for the facility. ☐ EL ☐ PA ☐ NI ☐ N/O

Comments:

Communication Skills

1. Communicates with others in a respectful, non-judgmental manner. ☐ EL ☐ PA ☐ NI ☐ N/O
2. Interviews a patient and/or family member to gather patient history. ☐ EL ☐ PA ☐ NI ☐ N/O
3. Maintains confidentiality during patient interactions. ☐ EL ☐ PA ☐ NI ☐ N/O
4. Produces documentation to support delivery of PT services. ☐ EL ☐ PA ☐ NI ☐ N/O
5. Interacts and communicates effectively with the clinical instructor. ☐ EL ☐ PA ☐ NI ☐ N/O
6. Actively seeks feedback to critique one's own performance. ☐ EL ☐ PA ☐ NI ☐ N/O

Comments:

Psychomotor Skills

1. Performs a basic PT examination. ☐ EL ☐ PA ☐ NI ☐ N/O
2. Accurately measures LE ROM. ☐ EL ☐ PA ☐ NI ☐ N/O
3. Accurately measures UE ROM. ☐ EL ☐ PA ☐ NI ☐ N/O
4. Accurately measures strength using MMT. ☐ EL ☐ PA ☐ NI ☐ N/O

5. Provides patient education for basic therapeutic exercises. □ EL □ PA □ NI □ N/O

6. Performs basic therapeutic exercises. □ EL □ PA □ NI □ N/O

7. Performs basic therapeutic interventions for functional mobility. □ EL □ PA □ NI □ N/O

8. Performs therapeutic modalities. □ EL □ PA □ NI □ N/O

Comments:

Clinical Decision Making Skills

1. Selects the appropriate tests and measures needed to objectively examine non-complex, straightforward patients.

   i. □ EL □ PA □ NI □ N/O

2. With assistance from the clinical instructor, integrates exam findings into a PT evaluation and prognosis.

   i. □ EL □ PA □ NI □ N/O

3. Contributes ideas to the development of a plan of care on non-complex, straightforward patients.

   □ EL □ PA □ NI □ N/O

Comments:

SUMMARY

Student Strengths:

Student Areas Needing Further Growth and/or Improvement:

Student Signature: _____

CI Signature: _____

Facility Name: _____

Date: _____

APPENDIX E
CLINICAL FACULTY DEVELOPMENT
CLINICAL TEACHING AND MENTORING STUDENTS

I. **General Planning Principles for the Clinical Instructor**

A. **Assess Learner Readiness**

1. This can be done using materials sent prior to the start of the clinical and during the initial meeting between the student and the CI.

2. Two important questions to ask:
    a. What is the student's level of academic preparation?
    b. What is the student's learning style?

3. This can also be done periodically throughout the clinical affiliation during informal feedback sessions with the student. A weekly feedback form is available on the PT CPI Web page.

B. **Establish Objectives and Expectations**

1. This can be done in writing or informally.

2. Objectives should reflect both the necessary steps in patient management as well as the unique offerings of the clinical site.

3. Keep in mind principles of safety and professional development. Having objectives build on one another over time helps the student to set weekly goals.

4. Clarify the expectations, have the student do this by practicing reflective communication.

5. Orient the student to the clinic and your caseload.
    a. Identify critical information and focus the learner so he/she can perform effectively.
    b. Share the clinical frameworks you use to understand the information with the students.

6. Consider providing reading materials for preparation and follow-up.

C. **Allow Opportunities for Practice and Skill Development**

1. Consider allowing the student to practice on you before working with patients.

2. Make sure supervision is at an appropriate level.

3. Transition between having the student function as your aide/assistant to you functioning as the student's aide/assistant.

4. Practice should include depth (several patients with the same diagnosis or similar interventions) as well as breadth (different patient problems and interventions).

D**. Provide Feedback on Performance**

1. Effective feedback is individualized to the learner's needs and intentionally relates to the goals that are set for the learning experience.

2. Effective feedback is fair, honest and constructive.

3. Feedback should help to identify specific strengths and areas of improvement rather that making global comments or judgmental statements about overall performance.

4. Feedback should provide a balance between positive comments and suggestions for improvement.

5. Feedback should be timely and lead to a practical plan to maintain current strengths and remedy weaknesses.

6. Feedback should be checked for clarity to make sure that the message was properly understood.

7. In addition, **providing feedback should include an equal exchange of ideas between you and the student**.

8. Students should be encouraged to reflect on their performance and work on their self-assessment skills. Then the two of you can collaborate and develop a plan for future action.

9. Ask for ideas about your performance as well. This reinforces the notion that there is a dialog and keeps the lines of communication open.

10. Keep the lines of communication between the clinic and the academic program open as well. If you have questions or concerns, call us early on so that we can assist with a solution.

E. **Encourage Mutual Learning**

1. Design a plan of care for a particular patient separately and then together discuss your rationale for decision making.

2. Allow time for questions and discussion.

3. Participate in the 2:1 Collaborative Learning Model with students from other programs or PT-PTA student pairings.

4. In-service each other on various topics.

5. Develop a patient education or home instruction program together.

6. Discuss ways you could help each other grow.

7. Review and discuss journal articles related to patient management.

8. Frequently discuss rationale for treatment.

F. Encourage Problem Based Learning

1. In clinical education, the motivation for learning is high as the students problem solve in the context of "real" professional practice. However, this learning can be either PROACTIVE or REACTIVE.

2. REACTIVE
    a. In the REACTIVE learning environment, the student acts in response to particular patient needs and then experiences the consequences of his/her actions.
    b. Afterwards, the student infers the effects of treatment and generalizes the interpretations of the effects to other patient scenarios.
    c. The next time the student is presented with a similar patient problem, decisions are made on past experiences without any attempt to analyze the problem further or collect new, relevant information.
    d. This type of learning is more passive and lacks the integration of multiple resources.
    e. The quality of the education in reactive learning is based solely on the teaching skills of the clinical instructor and the variety of patients the student sees in the clinic.
3. PROACTIVE OR PROBLEM BASED
    a. In the PROACTIVE or PROBLEM BASED learning environment, the student learns how to collect data, interpret and synthesize findings, evaluate critically the effect of actions taken, perform procedures skillfully, and relate to patients in an ethical and caring manner.
    b. This type of learning is more interactive and allows the student to integrate information from multiple resources instead of relying on factual recall of information.
    c. To become critical thinkers, students must also be given an opportunity to discuss their experiences, reflect on their learning, make connections to basic science information, restructure the knowledge that they already have, and engage in real problem-solving with patients under their care.

4. The process of problem based learning is relatively easy to follow and is outlined in the steps listed below:
    a. Read and digest relevant patient information.
    b. Identify areas in the patient situation that are both understood and not understood.
    c. Define the problem.
    d. Analyze the problems further.
    e. Formulate learning objectives for the patient problem.
    f. Collect new information.
    g. Synthesize old and new information.
    h. Summarize and design your intervention plan.
    i. Implement your intervention plan.
    j. Retest your intervention plan.

APPENDIX F
CLINICAL FACULTY DEVELOPMENT
MANAGING STUDENT ATTITUDINAL CHALLENGES IN THE CLINIC

MANAGING STUDENT ATTITUDINAL CHALLENGES IN THE CLINIC

The following information should assist you with: 1) identifying affective domain (attitudinal) challenges and 2) identifying alternatives to managing these behavior challenges.

The Affective Domain

Attitudinal challenges fall into the realm of learning known as the affective domain. The affective domain is defined as the development and understanding of one's values, attitudes, interests, ethics, and methods of adjustment in the classroom or clinic setting. The affective domain is further divided into five hierarchical levels that are presented in order from simple to complex. They include:

1) **Receiving** (awareness, attending to the message)
2) **Responding** (replying, discussing, observing, examining)
3) **Valuing** (accepting, seeking to understand)
4) **Organizing** (placing values in some kind of priority, judging, weighing, and discriminating)
5) **Characterization** (internalizing, controlling behavior based on an established value system).

Behaviors Associated With Affective Domain Levels

If the student is having difficulty at the RECEIVING AND RESPONDING LEVELS (knowledge), he/she needs to work on the following behaviors:

Awareness	Discussing
Listening	Observing or examining
Attending to	Complying with
Being interested in	Volunteering
Replying	Practicing

If the student is having difficulty at the VALUING LEVEL (application level), he/she needs to work on the following behaviors:

Accepting	Being persuaded
Believing	Approving
Being convinced of	Selecting voluntarily

If the student is having difficulty at the ORGANIZING OR CHARACTERIZING LEVEL (problem-solving level), he/she needs to work on:

Assessing	Managing multiple demands
Prioritizing	Resolving internal conflict
Judging	Formulating acceptable decisions
Discriminating	Changing inappropriate belief systems
Serving as a role model	

Significance Of The Affective Domain In The Clinic Setting

During clinical affiliations, factors that can impact and affect the student's professional socialization include: student/ CI roles and responsibilities, student/ CI needs and expectations, student/ CI learning styles, student/ CI life experiences and personal bias, and the evaluation of student performance and learning. **Communication with the student on day one of the clinical** helps you to set the stage for success and to discuss/clarify learning styles, life experiences, and performance and behavioral expectations for your clinic. It also gives you an opportunity to examine the student's current level of professional development and his/her motivation for change.

Don't be afraid to talk about expectations for both behavior and attitudes and allow the student the opportunity to do the same. Recognize that you may need to review/repeat your expectation if they are new to the student.

Identifying The Problem

Some clinical instructors find that the most difficult part of addressing student attitudinal challenges is **identifying the problem**. While the CI is able to recognize that the student is having a problem, he/she is unable to specifically pin-point the problem. This becomes a source of frustration for both the student and the CI as the CI is able to articulate that he/she is unhappy with performance, but is unable to give specific feedback to the student that will lead to improvement in performance.

However, there are still some options. I highly recommend that the CI talks to either the CCCE or the ACCE. Putting two heads together can be better than one and sometimes another person can help the CI to look at the situation more objectively. Another idea that CI's may find helpful is to classify the problems in general behavior categories. For example, concerns could be grouped into categories such as: performance issues, conduct issues, and dependability issues.

Performance issues would include problems with professional judgment, quality of care and concern toward the patient. Conduct issues would include respect for and communication with supervisors/staff and patients. Finally, dependability issues would focus on problems of attendance and timeliness, etc. You may develop your own categories collectively as a staff and use them to help you more clearly identify the specific problem the student is having. Remember, recognition is a big step toward problem resolution so do not miss the growth opportunity.

Managing The Challenge

If a student has difficulty emulating professional conduct, you do have options (no matter how impossible the problem may seem!) Begin by identifying patterns of behavior. Try to focus on what happened just prior to the incident, what actually happened, and what was the result of behavior outcome. Identifying the affective hierarchy level involved can help the clinical instructor to know how to address the problem with the student and promote change.

For example, if the student's problem is at the receiving level, the clinical instructor may manage the problem by increasing the student's awareness of the problem. Modeling appropriate behavior, using a series of directed questions or asking the student to journal/reflect on the clinical experience may help you to increase student awareness of the issues.

If the problem is at the responding level, the clinical instructor may manage the problem by discussing it with the student and then helping the student to identify appropriate alternative strategies. It may feel uncomfortable to address issues in the affective domain with the student, but I think that you will find that it increases your communication skills as a clinical instructor and may even improve your relationship with the student.

Another effective strategy to manage change is role rehearsal. Discussing possible problems prior to the event can help to decrease anxiety and allow the student to act more professionally when faced with a challenging situation. It also allows you as the CI to empathize with the student by placing yourself in his/her shoes. Sometimes we really do forget what it is like to be a student!

The use of negotiable time is an option that can teach student control of time and establish habits for life-long learning. Negotiable time is when you allow the student some flexibility in the schedule with expectations of what will come from allowing that time. For example, if a student feels overwhelmed by waiting until the end of the day to document patient care, time around the lunch hour or within the morning or afternoon could be negotiated. This would be done with the expectation that all documentation would be completely done by the end of the day.

Another strategy that can be used to manage attitudinal challenges is to videotape or audiotape simulated interactions and then follow up with self-reflection and discussion. Provide the student an opportunity to practice appropriate behavior and then provide an opportunity for feedback and/or evaluation to modify and/or reinforce changes. Minimize negative learning!

When problems persist between the student and the CI no matter what management strategies are tried, provide alternative supervisory styles, such as the 2 to 1 Model, and use part-time supervisory personnel to assist in effecting change. While it is important not to overwhelm the student, having consistent feedback from more than one person can help the student to identify the problem. Whatever you do, avoid involving too many staff members as the student may perceive that the staff is gossiping about him/her and feel that he/she is in a "no win" situation.

At any point in time you can always call the ACCE. We do want to be informed of concerns early on. We also want to be a part of the solution!

APPENDIX G
CLINICAL PERFORMANCE INTERVENTION PROCEDURE

UNIVERSITY OF TOLEDO
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF REHABILIATION SCIENCES
DOCTOR OF PHYSICAL THERAPY PROGRAM

CLINICAL PERFORMANCE INTERVENTION PROCEDURE

I. PURPOSE

The purpose of these procedures is to outline a sequential procedure for interventions, instructional and/or disciplinary, in the event of unsatisfactory student performance on clinical placements. The intent is to encourage early intervention, with an emphasis on collaborative problem solving in order to maximize successful student clinical performance.

Definitions of "satisfactory" and "unsatisfactory" performance, as well as roles of the student, clinical instructors and academic faculty are outlined. Unsatisfactory performances may result in informal and formal counseling, academic warning, academic probation, or dismissal from the Physical Therapy program.

II. PERFORMANCE INTERVENTION PROCEDURE

This procedure contains six levels that include both instructional and disciplinary intervention. The levels are usually encountered in a sequence beginning at level one, but the sequential use of the policy may vary depending on the nature of the unsatisfactory performance.

Certain behaviors (e.g. illegal or unethical activities) may be cause immediate removal of the student from the clinical site and an immediate change in the student status, including dismissal from the program. See section C-6 of the student handbook for further clarification.

The intervention sequence may be ended at any time by the student's successful completion of a remedial action plan.

PROCEDURE

A.) Performance Intervention Level One

Clinical Instructor (CI) reports unsatisfactory performance to student immediately upon identification.

1. CI counsels student on corrective actions.

2. CI and student may consult with the Clinical Coordinator of Clinical Education (CCCE) or the Academic Coordinator of Clinical Education (ACCE) for guidance regarding corrective action as needed.
3. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended. If the problem continues then proceed to the next level of the *Clinical Performance Intervention Procedure.*
4. A summary of these events should be documented in a critical incident form in the PT CPI.

B.) Performance Intervention Level Two

CI notifies Center Coordinator of Clinical Education (CCCE) of a continuing problem.

1. CCCE and CI further counsel the student on corrective actions.
2. CCCE, CI and student should consult with the ACCE for guidance if not done previously.
3. The ACCE or assigned faculty initiates an investigation into the situation. During the investigation, the ACCE gathers information from the student, CI, CCCE and any other persons involved.
4. If student performance appears *unsatisfactory,* the ACCE suggests strategies for resolution of the problem. This may include, but is not limited to the development of a mutually developed plan of action for the remainder of the clinical experience.
5. The ACCE will monitor continued student progress to determine if resolution of the problem is occurring.
6. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended. If the problem continues then proceed to the next level of this policy.
7. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

C.) Performance Intervention Level Three

CI or CCCE notifies ACCE of non-resolving problem.

1. ACCE or assigned faculty continues with further investigation into the situation as noted above.
2. If student performance appears *unsatisfactory* but remediation is possible within the clinical education experience, the student is placed on verbal warming and the ACCE suggests strategies for resolution of conflict. A mutually developed plan of action will be developed at this time if it was not developed earlier.
3. If student performance appears *unsatisfactory* and remediation is not possible within the clinical education experience, proceed to the next level of this policy.

4. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended. If the problem continues then proceed to the next level of the *Clinical Performance Intervention Procedure*.
5. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

D.) Performance Intervention Level Four

The student is placed on written academic warning status and a written remediation plan is developed jointly by student, CI, CCCE, and ACCE (signed by all four parties). The remediation plan includes, but is not limited to: a description of the problem; suggested learning strategies or activities; outcome measure; time lines; and consequences of success or failure to meet requirements as set forth in the plan.

1. CI monitors student progress and provides formal (written) and informal feedback to the student and the ACCE for the duration of the clinical placement, which can include an extension of the clinical education experience.
2. If the reason for concern is resolved by the end of the clinical education experience, then the student will be taken off academic warning status. If the problem continues then proceed to the next level of this policy.
3. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

E.) Performance Intervention Level Five

The student is placed on academic probation for continued unsatisfactory performance and a written remediation plan will be developed jointly by the student and ACCE. The student will receive a grade of either an "incomplete" or a "U" for that specific clinical placement. The grade will be determined by the ACCE with input from the CCCE and CI.

1. If the student receives a grade of "incomplete", the student must satisfactorily complete remedial work at either the same clinical placement or a new assignment as determined by the discretion of the ACCE. Once the remedial work is completed per the remediation plan, a final grade will be assigned by the ACCE with input from the CCCE and CI.
2. If the reason for concern is resolved by the end of the clinical education experience then the student status may be returned to "in good standing" and the student will be able to complete any unfinished parts of the program.
3. If the reason for concern is not resolved by the end of the clinical education experience, the student is assigned a "U" and then the student must re-enroll in the clinical course and repeat the entire clinical course.

3. The assignment of remedial or repeat clinical placements will also be based upon the available options for clinical placement and may result in a delay in the completion of program.
4. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

F.) Performance Intervention Level Six

For continued unsatisfactory performance during a repeated clinical course, the student will have one last opportunity to improve performance per a written remediation plan. At the end of this clinical education experience, a grade will be determined by the ACCE with input from the CCCE and CI.

1. If the reason for concern is resolved by the end of the clinical education experience then the student status may be returned to "in good standing" and the student will be able to complete any unfinished parts of the program.
2. Failure to satisfactorily complete the repeated clinical experience will result in dismissal from the program, in accordance with PT program retention policies.
3. A summary of these events is documented and retained in the student's clinical education file at University of Toledo.

APPENDIX H
MEIDCARE GUIDELINES FOR SUPERVISING PT STUDENTS

The following information is a direct copy of the section of the RAI manual that is pertinent to physical therapy students. It is not an interpretation of the manual. Reference is provided below.

SOURCE:
CMS's RAI Version 3.0 Manual; May 2010; Section O0499: Therapies: page O-19-21.

THERAPY AIDES AND STUDENTS

Therapy Students

Medicare Part A--Therapy students must be in line-of-sight supervision of the professional therapist (Federal Register, July 30, 1999). Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the service under line-of-sight supervision.

Medicare Part B--The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

- The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment; and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician's service, not for the student's services.)
- Physical therapy assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy assistant students while providing services within their scope of work and performed under the direction and supervision of a qualified physical or occupational therapist.

MODES OF THERAPY

A resident may receive therapy via different modes during the same day or even treatment session. The therapist and assistant must determine which mode(s) of therapy and the amount of time the resident receives for each mode and code the MDS appropriately.

Individual Therapy

The treatment of one resident at a time. The resident is receiving the therapist's or the assistant's full attention. Treatment of a resident individually at intermittent times during the day is individual treatment, and the minutes of individual treatment are added for the daily count. For example, the speech-language pathologist treats the resident individually during breakfast for 8 minutes and again at lunch for 13 minutes. The total of individual time for this day would be 21 minutes.

When a therapy student is involved with the treatment of a resident the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment.

Concurrent Therapy

Medicare Part A

The treatment of 2 residents, who are not performing the same or similar activities, at the same time, regardless of payer source, both of whom must be in line-of-sight of the treating therapist or assistant.

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident and the therapy student is in line-of-sight; or
- The therapy student is treating 2 residents, both of whom are in line-of-sight of the therapy student and the supervising therapy assistant; or
- The therapy student is not treating any residents and the supervising therapist assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part B
The treatment of two or more residents, regardless of payer source, at the same time is documented as group treatment.

Group Therapy
Medicare Part A
The treatment of 2 to 4 residents, regardless of payer source, who are performing similar activities, and are supervised by a therapist or assistant who is not supervising any other individuals,

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and all the residents participating in the group (see definition above) and the therapy student are in line-of-sight of the supervising therapist/assistant who is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident.

Medicare Part B
The treatment of 2 or more individuals simultaneously who may or may not be performing the same activity.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy Student is providing group treatment and the supervising therapist/assistant is present and in the room and is not engaged in any other activity, or treatment; or
- The supervising therapist/assistant (is providing group treatment and the therapy student is not providing treatment to any resident.

Therapy Modalities

Only skilled therapy time (i.e., require the skills, knowledge and judgment era qualified therapist and all the requirements for skilled therapy are met, see page O-17) shall be recorded on the MDS. In some instances, the time a resident receives certain modalities is partly skilled and partly unskilled time; only the time that is skilled may be recorded on the MDS. For example, a resident is receiving TENS (transcutaneous electrical nerve stimulation) for pain management. The portion of the treatment that is skilled, such as proper electrode placement, establishing proper pulse frequency and duration, and determining appropriate stimulation mode, shall be recorded on the MDS. In other instances, some modalities only meet the requirements of skilled therapy in certain situations. For example, the application of a hot pack is often not a skilled intervention. However, when the resident's condition is complicated and the skills, knowledge, and judgment of the therapist are required for treatment, than those minutes associated with skilled therapy time may be recorded on the MDS minutes.

APPENDIX I
ESSENTIAL FUNCTIONS OF THE PHYSICAL THERAPY PROGRAM

University of Toledo
Department of Rehabilitation Sciences
Doctor of Physical Therapy Program

Essential Functions of a Physical Therapy Student for Matriculation and Graduation

INTRODUCTION

The University of Toledo (UT) abides by The Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, The State of Ohio Revised Code, and other applicable statues and regulations relating to equality of opportunity. UT is committed to equal access for all qualified applicants and students. The 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' state the expectations of all UT Physical Therapy students. The Essential Functions provide information to allow a candidate to make an informed decision for application and are a guide to accommodation of students with disabilities. Academic adjustments can be made for disabilities in some instances, but a student must be able to perform the essential functions of the Physical Therapy Program independently either with or without reasonable accommodation.

UT admits and matriculates qualified physical therapy students in accordance with the UT Policy Of Nondiscrimination on the Basis of a Disability – The Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, The State of Ohio Revised Code, and other applicable statues and regulations relating to equality of opportunity. UT prohibits discrimination against anyone on the basis of a documented disability. UT expects all applicants and students to meet certain essential functions as set forth. In adopting these standards the UT Physical Therapy Program believes it must keep in mind the ultimate safety of both students and patients who may be involved in the course of a student's education. The essential functions reflect what the Physical Therapy Program believes are reasonable expectations for physical therapy students learning and performing patient care.

IMPLICATION FOR ADMISSION

A physical therapist must have the knowledge and skills to function in a broad variety of clinical settings and to render care to a wide spectrum of patients/clients. Performing successfully as a student physical therapist involves completing significant intellectual, social and physical tasks throughout the curriculum. Students must master a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude and demeanor. In order to carry out the activities described below, candidates/students must possess, at a minimum, abilities and skills in observation, communication, motor function, intellectual-conceptualization, behavioral and social skills. These abilities and skills comprise the categories of UT Physical Therapy Program's 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' and are defined below.

Approved: 9/22/10 UT Physical Therapy Program Policy-Essential Functions
Reviewed and Approved: 10/14/10 by Jeannine Rajan, Office of Accessibility, HSC

Essential Functions of a Physical Therapy Student For Matriculation and Graduation

The purpose of this document is to delineate the specific demands of the physical therapy professional education program so that candidates/students may compare their own capabilities with these educational challenges and make requests for reasonable accommodation, as necessary.

Essential Function: I		**A candidate/student must be able to or must have:**
Observation	A	Hear with or without aides.
	B	Visual perception, which includes depth and 20/20 acuity with or without correction.
	C	Acquire a defined level of information presented through demonstrations and other learning experiences. The required learning outcomes include delineation and analysis of quantitative and qualitative characteristics and/or criteria. This includes but is not limited to information conveyed through the use of vision, hearing and tactile sensation.
	D	Learn to perform visual and tactile physical examinations and treatments and to discern the differences and variations in shape, and general appearance between normal and abnormal, soft and hard tissues.
	E	Learn to observe a patient accurately, up close and at a distance, and observe and appreciate verbal, non-verbal communications and other graphic images to determine a patient's history and to determine a patient's condition and safety when performing physical or manual techniques.
	F	Understand and interpret information from written documents and to process information presented in images from paper, films, slides, video, computer and cadaver dissection.

Essential Function: II		**A candidate/student must be able to or must have:**
Communication	A	Demonstrate English proficiency in reading, writing and speech. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others.
	B	Complete forms according to directions in a complete and timely fashion.
	C	Expressively and receptively communicate effectively with others in verbal, non-verbal, and written forms, demonstrating sensitivity to individual and cultural differences. Communication includes the ability to read, listen, observe body language, speak and write in a manner, which is concise, accurate, technically correct, and non-judgmental. Computer literacy is required.
	D	Seek out, use and provide constructive feedback for improving personal and therapeutic interventions.

Essential Function: III		**A candidate/student must be able to or must have:**
Motor Function	A	Sufficient motor skills to learn and implement the essential functions of a physical therapist. These skills include postural control, gross and fine motor skills and the manual dexterity to perform PT examination and intervention procedures in a safe and effective manner. Motor demands include reasonable endurance, strength and precision.
	B	Elicit information from patients by palpation, auscultation, percussion, and diagnostic maneuvers and procedures in a safe and effective manner without the use of an intermediary.
	C	Execute general motor movement such as transfer/transport and position disabled patients, physically restrain adults and children who lack motor control, perform gait training, and employ manual therapy techniques.
	D	Specifically, a candidate/student must be able to:
		1. Attend and participate in classes and clinical education for 40 hours or more per week during each academic semester. The typical day is 8 hours. Classes consist of a combination of lecture, discussion, laboratory and clinical activities.
		2. Frequent sit and stand for 2 consecutive hours daily in the classroom and occasionally walk in the classroom.
		3. Constantly sit, stand, walk and travel during clinical education.
		4. Occasionally lift weights of 50 pounds, frequently lift weights of 25 pounds and constantly lift weights of 10 pounds.
		5. Occasionally carry 25 pounds while walking 50 feet. Frequently carry 10 pounds while walking 50 feet.
		6. Occasionally exert 50 pounds of push/pull forces to objects for 50 feet and frequently exert 10 pounds of push/pull forces for 50 feet.
		7. Frequently twist, bend, stoop and squat.
		8. Occasionally crawl, kneel, climb steps and reach above shoulder level, climb stairs and negotiate uneven terrain.
		9. Frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
		10. Frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
		11. Frequently use their hands repetitively with a simple grasp and frequently with a firm grasp and manual dexterity skills.
		12. Frequently coordinate verbal and manual activities with gross motor activities.
	E	Perform cardiopulmonary resuscitation and emergency treatment to patients in a safe and effective manner.
	F	Be responsible for independent mobility on campus and at clinical education sites, including transportation to/from campus and clinical education sites.

Essential Function: IV		**A candidate/student must be able to or must have:**
Intellectual-Conceptualization	A	The intellectual capacity and ability to understand fundamental theory and to assimilate, within a reasonable time, large amounts of complex, technical, and detailed information.
	B	Read, write technically, measure, calculate, reason, analyze, integrate, evaluate and synthesis pertinent aspects of the patient's history and examination in order to develop an effective treatment plan. A candidate/student must be able to perform the above problem-solving skills in a timely manner in order to provide effective patient care.
	C	Comprehend three-dimensional relationships and understand the spatial relationships of structures. Candidates/students must use these abilities to problem solve and think critically in order to independently make sound clinical judgments.
	D	The ability to use computers for searching, recording, storing and retrieving information.

Essential Function: V		**A candidate/student must be able to or must have:**
Behavioral and Social Skills	A	Adequate mental and emotional health required for full utilization of his or her intellectual abilities; engaging in self-assessment, exercising good judgment and functioning effectively during periods of high stress. A candidate/student must be able to display flexibility and learn to function in the face of uncertainties.
	B	Accept responsibility for professional behavior, complete all responsibilities promptly and interact maturely and sensitively with people of all ages, gender, races, socio-economic, religious, and cultural backgrounds. All students are responsible for understanding and complying with the Standards of Conduct defined by University of Toledo Health Science Campus (UT HSC) Policy No. 3364-25-01.

References:

1. American Physical Therapy Association Web site. Available at: http://www.apta.org. Accessed September 1, 2010.
2. O*NET/ERGOS Web site. Available at: http://online.onetcenter.org/link/summary/29-1123.00. Accessed September 1, 2010.
3. US Dept of Labor Web site. Available at: http://www.bls.gov. Accessed September 1, 2010.
4. University of Toledo, 'Handbook for Physical Therapy Students', Revised August 2010.

Procedure for Requesting Reasonable Accommodation

See UT policy #3364-50-03 (Appendix J) for the proper procedure for requesting reasonable accommodations.

APPENDIX J

**NONDISCRIMINATION ON THE BASIS OF DISABILITY-
AMERICANS WITH DISABILITIES ACT COMPLIANCE**

**NONDISCRIMINATION ON THE BASIS OF DISABILITY-
AMERICANS WITH DISABILITIES ACT COMPLIANCE**

Policy Number:	3364-50-03
Approving Officer:	President
Responsible Agent:	Senior Director, Office &Institutional Diversity
Scope:	All University of Toledo Campuses
Most recent revision:	September 24, 2012
Original effective date:	August 12, 2008

(A) Policy statement

Commitment. Since passage of the Rehabilitation Act, The University of Toledo ("the university") has been committed to eliminating barriers to services, employment and educational opportunities for people with disabilities. Our commitment was renewed with the passage of the Americans with Disabilities Act ("ADA") in 1990. With the passage of the ADA Amendments Act of 2008 (ADAAA), we restate our goal of providing seamless access. The university does not discriminate on the basis of disability in violation of the ADA, or the Rehabilitation Act in admission or access to, or treatment or employment in, its programs or activities.

(B) Purpose of policy

The purpose of the following policy is not to serve as a comprehensive statement but to provide guidance to the university in committing itself to providing employment, quality health care services and educational opportunities to people with disabilities and complying with the ADA, Section 503 and Section 504 of the Rehabilitation Act of 1973 ("the Rehabilitation Act") and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability.

(C) Nondiscrimination.

(1) Equal opportunity. The university is an equal opportunity educational institution and employer. Because we are committed to providing superior employment and educational opportunities, we will continue to make employment and academic decisions based upon qualifications. However, the policy of the university prohibits unlawful discrimination based upon disability, as defined by the ADA.

(2) Compliance with the ADA. Furthermore, it is the policy of the university to comply with all the relevant and applicable provisions of the ADA. The university will not discriminate against any qualified employee, applicant, student, or prospective applicant, with respect to any terms, privileges, or conditions of employment or admission due to a person's disability. The university is committed to malting reasonable accommodations and/or academic adjustments for all employees, students, or applicants with disabilities, provided that the individual can safely perform the essential duties and assignments inherent to the job or the program curriculum and provided that any accommodations made do not represent an undue hardship to the institution. Academic adjustments, however, shall not alter the fundamental nature of the programs and courses offered by the university.

(3) Physical access. The university is committed to providing a physical facility that is accessible to individuals with disabilities. The university's goal is to work towards a barrier-free environment and this means that it strives to remove structural barriers in new and existing facilities, as defined in Section 504 of the Rehabilitation Act, to the extent readily achievable. Where such action is not readily achievable, then the university strives to provide reasonable alternatives to promote physical access and ensure program access.

(4) Employment practices. The university does not limit, segregate, or classify applicants or employees in any manner that adversely affects their opportunities or status because of disability. The university will make reasonable accommodations to the known physical or mental limitations of an otherwise qualified applicant or employee unless the university can demonstrate that the accommodation would pose an undue hardship. The university will review employment practices and policies to ensure that job applicants and employees with documented disabilities are given nondiscriminatory consideration when their job qualifications are assessed.

(5) Academic practices. The university does not deny admission or educational opportunities, or discriminate in admission, recruitment, or any other academic endeavor on the basis of disability. The deans of each college will charge the department chairs and directors with responsibility to make certain applicable technical standards and or academic policies ensure that students with disabilities are given nondiscriminatory access and opportunities to participate in the academic environment.

(6) Public and patient care services. The university delivers health care services to its patients and other services to visitors and clients regardless of disability. It is the policy of the university to provide reasonable access to these services in a nondiscriminatory manner.

(7) Association. The university will not exclude or otherwise deny equal goods, services, facilities, privileges, advantages, reasonable accommodations or other opportunities to an individual or entity because of the known disability of an individual with whom the individual or entity is known to have a relationship or association.

(8) Education. All current or incoming employees and students will be informed about the ADA policy. Visitors may also access the university's ADA policy online at http://www.utoledo.edu/policies.

(D) Definitions.

(1) Disability.

(a) Under the ADA as amended, in order to qualify as "disabled", an individual must demonstrate that he or she:

(i) Has a physical or mental impairment that substantially limits one or more of that person's major life activities;
(ii) Has a record of such an impairment; or
(iii) Is regarded as having such an impairment.

(b) Record of impairment. An individual may have a record of an impairment if she/he meets any part of the definition of "disability" as set forth above.

Consequently, one who has previously had a qualified impairment may be protected by the ADA.

(c) Regarded as impaired. Individuals may be regarded as having such an impairment even if their impairment does not fall within the definition of "disability" under the ADA. There are three circumstances under which a person may be regarded as having such an impairment:

(i) The individual has an impairment which does not substantially limit major life activities but is perceived and treated as if he or she did;

(ii) The individual has an impairment that substantially limits major life activities only because of the attitudes or beliefs of other people; or

(iii) The individual may not have a covered impairment or any impairment at all but is nonetheless treated as if he or she did.

(2) Physical or mental impairment. A qualifying impairment is any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of several body systems or any mental or psychological disorder.

(3) Substantial limitation. Determining whether an impairment substantially limits an individual's major life activities requires consideration of:

(a) The nature and severity of the impairment, including the active phase of any condition that is episodic or in remission,

(b) Whether the duration or expected duration of the impairment is more than six months, and

(c) The permanent or long term impact of, or resulting from, the impairment on the manner, conditions, and duration in which a person engages in one or more major life activity in comparison to the average person in the general population.

(4) Major life activities. Major life activities include, but are not limited to: caring for oneself, performing manual tasks, walking, standing, lifting, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions as defined by the ADA as amended.

(5) Qualified individual with a disability. A qualified individual with a disability is an individual who satisfies the requisite skill, experience, and educational requirements of the position or the educational program and one who can perform the essential functions of the job or curriculum with or without reasonable accommodation.

(6) Essential functions. Essential functions are those functions that the individual who holds the position or who is in the academic program must be able to perform unaided or with or without reasonable accommodation.

(E) Compliance organization

(1) ADA compliance officer. The ADA/504 Compliance Officer is appointed to perform the functions and responsibilities of ADA Compliance Officer. The ADA compliance officer is also the individual designated to coordinate efforts to comply with the ADA and Rehabilitation Act.

The ADA Compliance Officer is Wendy Wiitala, AS 2050, The University of Toledo, 2801 W. Bancroft St. MS 342 Toledo Ohio 43606, 419.530.5792, wendy.wiitala@utoledo.edu.

The ADA compliance officer has the authority to assure campus wide adherence to this policy. Each individual unit/department will be fiscally responsible for any accommodations necessary within their unit/department. Responsibilities of the ADA compliance officer include:

(a) Monitoring and assisting ADA coordinators in the developing of ADA policies which further the compliance with the Americans with Disabilities Act;
(b) Directing education/training for ADA awareness;
(c) Forwarding complaints to office of institutional diversity;
(d) Serve as the chairperson of the ADA compliance committee;
(e) Serve as an ex officio member of the ADA appeals committee.

(2) ADA Coordinators. ADA Coordinators are:

(a) Employee ADA Coordinator:
Director, Talent Management
Theresa Kovacs
TC l150F
2801 W. Bancroft St. MS 205, Toledo, Ohio 43606
419.530.1478
terrie.kovacs@utoledo.edu;

(b) Faculty ADA Coordinator:
Senior Human Resource Officer
Kevin West
TC 1050F
2801 W. Bancroft St. MS 205, Toledo, Ohio 43606
419.530.4053
kevin.west2@utoledo.edu;

(c) Student ADA Coordinator:
Director, Office of Academic Access
Toni Howard
RH 1820C
2801 W. Bancroft St. MS 342, Toledo, Ohio 43606
419.530.2522
toni.howard@utoledo.edu;

(d) Public/Patient ADA Coordinator:
Patient Information Advocate
Monica Stack
DH 0075
419.383.3606
3000 Arlington MS 1048, Toledo, Ohio 43614
419.383.3606
monica.stack@utoledo.edu;

(e) Facilities ADA Coordinator:
University Architect
Daniel Klett
PO 1440B
419.530.1453
2801 W. Bancroft St. MS 216, Toledo, Ohio 43606
daniel.klett@utoledo.edu.

The ADA coordinators have the following responsibilities in their respective areas:

(a) Ensure compliance by enforcing policies in their respective areas that further compliance with the ADA as amended;
(b) Ensure that requests for reasonable accommodations are met in their departments in consultation with the ADA compliance officer;
(c) Serve as members of the ADA compliance committee;
(d) Report resolutions of requests for accommodation to the ADA compliance officer.

(3) ADA compliance committee. The ADA compliance committee will consist of the ADA compliance officer (chairperson) and the ADA coordinator. The committee will:

(a) Review and recommend changes to ADA policies and procedures, if necessary;
(b) Work to address compliance issues that arise;
(c) Convene with the ADA compliance officer as needed;
(d) Serve as members of the ADA appeals committee.

(4) Complaint Process. The Senior Director, Office of Institutional Diversity or designee, will receive and investigate complaints regarding the accommodation process or decisions thereof. See section (K) for complaint process.

(5) ADA appeals committee

The ADA appeals committee will be chaired by the Director of Internal Audit and Chief Compliance Officer and consist of all ADA coordinators except those involved in the initial complaint.

(F) Physical accessibility

(1) New and existing facilities. The university will maintain a facilities condition report and an annual capital projects renovation plan. All new construction and renovations to the existing facilities will be designed and built to comply with all current ADA Standards of Accessible Design and Ohio building codes for construction.

(G) Employment environment

(1) The application process. The university ensures equal opportunity in the application process. Any selection criteria, qualification standards, and employment tests which are used to evaluate applicants are job related for the position in question and shall be consistent with the legitimate business needs of the university. Evaluations of applicants and their qualifications will be conducted in a nondiscriminatory manner.

(2) Accessible interviews. Applicant interviews will be conducted in accessible rooms and areas. All other parts of the facility that may foreseeably be used by an applicant, e.g., restrooms, will be accessible.

(3) Application forms. Employment forms and applications will not contain discriminatory language nor ask questions that are designed to elicit information regarding an applicant's disability. However, the university may make specific inquiries regarding the ability of an applicant to perform job related functions.

(4) Medical/psychological examinations/questions.

(a) Applicants. The university may require applicants for certain positions to submit to a medical/psychological examination after an offer of employment is extended, but before employment begins. The university may condition an offer of employment on the results of a medical/psychological examination.

(b) Employees. The university may require that incumbent employees submit to medical/psychological examinations to determine the employee's ability to perform job related functions. This might be the case when, for example:

(i) The employee is having difficulty performing his or her job effectively;
(ii) The employee desires to return to work following time off for an injury or illness related disability;
(iii) The university needs to evaluate the employee's request for a specific accommodation;
(iv) The reason is otherwise job related and consistent with business necessity; or
(v) The examination is required by law.

The university may also request an employee's voluntary participation in any medical/psychological examinations that are a part of the employee's health program available at the university.

(c) Confidentiality. Any medical/psychological information obtained as a result of a medical examination required by the university will not be used to impermissibly discriminate against an applicant on the basis of a disability. All medical/psychological information obtained as a result of a medical/psychological examination required by the university will be kept confidential to the extent permissible by law and maintained in a separate medical/psychological file. Medical/psychological information obtained may need to be shared, for example, with supervisors, managers, safety personnel, government officials investigating compliance, Ohio Bureau of

Workers' Compensation or used for medical/psychological insurance purposes as permitted by law.

(d) Basis for rejection. The university may withdraw an offer of employment or terminate a current employee based upon the results of a medical/psychological inquiry if:

(i) the rejection is job-related and consistent with a business necessity;

(ii) the applicant poses a direct threat to the health and safety of others; or

(iii) no reasonable accommodation and/or adjustments would enable the applicant/employee to perform essential job functions.

(5) Job descriptions. Essential functions of the job are tasks that bear a fundamental relationship to the job in question. They are job duties or functions that must be performed. A function may be essential because the reason the job exists is to perform that function. The university reserves the right to determine which functions are necessary to a given job and create written job descriptions accordingly.

(6) Human Resources department. The role of the human resources department is to assure that the provisions of this section are implemented through the management of sound policies and procedure.

(H) Academic environment

(1) The application process. The university ensures equal opportunity in the application process. Any selection criteria and qualification standards that may be used to evaluate student applicants will relate to the essential elements of the curriculum. Evaluations of applicants and their qualifications will be conducted in a nondiscriminatory manner.

(2) Accessible interviews. Applicant interviews will be conducted in accessible rooms and areas. All other parts of the facility that may foreseeably be used by an applicant, e.g., restrooms, shall be accessible to the disabled applicant.

(3) Application forms. Application forms and other admission documents will not contain discriminatory language nor ask questions that are designed to elicit information regarding an applicant's disability.

(4) Medical/psychological examinations/questions.

(a) Applicants. The university reserves the right to require applicants to submit to a medical/psychological examination after an offer of acceptance to a field of study is extended, but before class actually begins.

The university may condition an offer of admission into an academic program on the results of a medical/psychological examination.

(b) Current students. The university may require that incumbent students submit to medical/psychological examinations to determine the student's ability to perform curriculum-related functions. This might be the case when:

(i) The student is not meeting the fundamental/required objectives of the program;

(ii) The student desires to return to school following time off for an injury or illness related disability;

(iii) The university needs to evaluate the student's request for a specific accommodation;

(iv) The reason is otherwise educationally related and consistent with academic necessity; or

(v) The examination is required by law.

(c) Confidentiality. Any medical/psychological information obtained as a result of a medical/psychological examination requested by the university will not be used to impermissibly discriminate against an applicant or student on the basis of a disability. All medical/psychological information obtained as a result of a medical/psychological examination required by the university will be kept confidential to the extent permissible by law and maintained in a separate medical/psychological file. Medical/psychological information obtained hereunder may need to be shared, for example, with appropriate faculty members involved in the student's education, safety personnel, government officials investigating ADA compliance, accrediting agencies or other agencies as permitted by law http://www.ed.gov/policy/gen/guid/fpco/doc/ferpa-hippaguidance. pdf.

(d) Basis for rejection. The university may withdraw an offer of enrollment/admission or terminate a current student based upon the results of a medical/psychological inquiry if:

(i) the rejection is curriculum-related and consistent with academic and non-academic standards including technical standards of the student's program;
(ii) the individual poses a direct threat to the health and safety of others; or
(iii) no reasonable accommodation would enable the individual to perform essential elements of the curriculum.

(5) Academic standards. The university does not, on the basis of disability, exclude a qualified student with a disability from participation in, deny the benefits of, or otherwise subject the student to discrimination under any academic, research, occupational training, housing, health insurance, counseling, financial aid, physical education, athletics, recreation, transportation, other extracurricular, or other post secondary education, benefits, or services to which the ADA or Rehabilitation Act (34 CFR 104.43). Academic requirements will be essential to the instruction being pursued by the student or to any directly related licensing requirement. Modifications to academic requirements may be made to ensure that academic requirements do not discriminate on the basis of disability. The university reserves the right to determine what functions are necessary to a given curriculum and create academic standards accordingly.

(6) College responsibilities. It is the responsibility of each respective college within the university to ensure that this policy is followed. Each program of education will have the essential elements of that program delineated.

(I) Public and patient care environment

(1) The university strives to ensure that all patients, visitors, clients, and other members of the public will have equal opportunity and access, to the services provided by the university.

(2) Requests for accommodation should be made directly to the university department within which the individual is receiving the service.

(3) The university department will refer the patient or any other individual seeking accommodation to the public/patient ADA coordinator if the accommodation is not readily available within the department. The accommodation procedure delineated in section (J) will then be followed.

(4) If the request for accommodation is denied, the individual may use the complaint procedure as delineated in section (K). The public/patient ADA coordinator will assist the individual in obtaining the necessary complaint forms.

(J) Reasonable accommodation and/or adjustments

(1) Reasonable accommodation and/or adjustments. The university will accommodate qualified individuals so long as the accommodation does not impose an "undue hardship" on the university. A reasonable accommodation and/or adjustment must provide an opportunity for a person with a disability to:
(a) achieve the same level of performance; or
(b) enjoy benefits or privileges equal to those of a non-disabled person; or
(c) perform the essential functions of the position held or desired.

(2) Responsibility to notify. The university will make reasonable accommodations to an otherwise qualified individual with a disability. It is the responsibility of the individual with the disability to inform the university that an accommodation is needed. The university will request documentation of the individual's functional limitations to support a need for an accommodation.

(3) Reasonable accommodations identification process.

(a) General Process.

(i) Employment accommodations. An individual seeking an accommodation to perform the essential functions of a position must submit an accommodation request with disability documentation to the Employee or Faculty ADA Coordinator to determine eligibility. If the employee is eligible, the Employee or Faculty ADA Coordinator will work with the appropriate individuals to implement a reasonable accommodation. If the employee is not satisfied with the accommodation see section (K) for complaint procedure.

(ii) Academic Accommodations. A student seeking an academic accommodation to perform the essential elements of the curriculum/course must submit an accommodation request including disability documentation which must adhere to institutional documentation guidelines (http://www.utoledo.edu/utlc/accessibility). This information is to be submitted to the Office of Academic Access. Academic accommodations shall not fundamentally alter the course and/or programmatic objectives offered by the university. If eligible, students will be required to obtain a memorandum outlining accommodations to be provided each block/clinical clerkship/semester from the Office of Academic Access. It is the student's responsibility to disclose the memorandum to faculty prior to needing said accommodation. Accommodation requests are not retroactive. If the student is not satisfied with the accommodation, see section (K) for complaint procedure.

(iii) Public accommodation requests. Refer to section (I) for patient/public/visitor requests.

(4) Confidentiality. All medical information obtained under this accommodation procedure shall be subject to the confidentiality provisions of section (G) (4) (c) and section (H) (4) (c).

(K) Complaint procedure.

(1) Notification. If any individual believes that an accommodation was unreasonably denied, or that he or she has otherwise been subjected to discrimination or harassment on the basis of his or her disability by employees, other students, or third parties in violation of the Law and this policy, the individual may voice an optional informal complaint to the appropriate ADA Coordinator for resolution. If the individual is dissatisfied with the resolution, or chooses not to make an informal complaint, a formal written complaint may be submitted to the Senior Director, Office of Institutional Diversity or designee for resolution. If the complainant is alleging that the Senior Director, Office of Institutional Diversity was involved in discrimination or harassment on the basis of disability, the complainant may file the complaint instead with the Director of Internal Audit. (For proposes of this complaint procedure, the term "Investigator" is used to refer to the Senior Director, Office of Institutional Diversity, or the Director of Internal Audit). Complaint forms may be obtained in the Office of Institutional Diversity.

Such complaints must be made within a reasonable time, usually within fourteen calendar days of receiving the determination regarding accommodations. The university will process complaints made after that time, although an individual's failure to make a complaint within a reasonable time may encumber the university's ability to provide reasonable accommodation or address alleged discrimination and properly investigate the complaint and may be considered in determining credibility issues which arise during the investigation.

(2) Investigation. The Investigator will initiate an investigation within 14 calendar days of receipt of the complaint. The investigation will consider information provided by the complainant and respondent. The complainant and respondent(s) may recommend names of witnesses who may have information to be considered as part of the investigation. The Section 504/ADA Coordinator will be consulted as needed throughout the investigation to ensure the University's adherence to the requirements of Section 504 and Title II and their implementing regulations. The investigation normally should be completed within 45 business days from the beginning of the investigation, although in some situations, additional time may be necessary.

(3) Remedial action. At the conclusion of the investigation the complainant and respondent will be notified in writing of the outcome of the complaint.

(4) Appeal. The individual filing the complaint may appeal the decision of the Investigator by submitting a written appeal, within fourteen calendar days of receiving the decision, to the chairperson of the appeals committee, associate vice president for safety and health.

(a) The chairperson of the ADA appeals committee will convene the appeals committee to review the complaint and within fourteen calendar days after receiving the complaint, the appeals committee comprised of ADA coordinators

will make its recommendation to the appropriate administrator who has administrative authority over the department/area handling the matter.

(b) The appropriate administrator will review the ADA Appeals Committee recommendation and notify the ADA Compliance Officer of the final determination on the appeal within seven calendar days after receiving the recommendation. The ADA Compliance Officer will notify the complainant of the decision in writing and the appropriate ADA coordinator or designee responsible for implementing the decision. This decision shall be the university's final position on the matter.

(5) Non-retaliation policy. The university will not retaliate against any individual for filing a complaint or for participating in an investigation under this policy or the Law, and will not permit retaliation by management employees, faculty, co-workers, or fellow students. Alleged retaliation for filing a complaint or participating in an investigation should be reported as described in Section K of this policy.

(6) The University will maintain documentation of all complaint proceedings, including the complaint, investigation materials, and any appeal, including the finding(s) of fact(s), and any transcripts or audio recordings (if any were made) in accordance with the University's records retention schedule.

(7) The University will take steps to prevent recurrence of disability harassment and/or to correct the effects of disability discrimination as needed.

Approved by: _____ Lloyd A. Jacobs, President September 24, 2012 Date *Review/Revision Completed by:* Internal Audit Office of Legal Affairs	**Policies Superseded by This Policy:** • *Former 3364-50-03, previous effective date January 1, 2009* Initial effective date: August 12, 2008 Review/Revision Date: January 1, 2009 September 24, 2012 Next review date: September 24, 2015

The University of Toledo does not discriminate in admission or access to, or treatment or employment in, its programs or activities.

The University has designated a Section 504 Coordinator to coordinate the University's compliance with the Rehabilitation Act and Americans with Disabilities Act.

The University's Section 504/ADA Compliance Officer is:

Wendy S. Wiitala
Main Campus, Rocket Hall Room 1354
2801 W. Bancroft St. MS 342
Toledo, Ohio 43606

Telephone: 419.530.5792
Email: wendy.wiitala@utoledo.edu