



THE  
UNIVERSITY  
OF UTAH

Department of Physical Therapy and  
Athletic Training  
Doctor of Physical Therapy Program

# Student Handbook



JULY 2020

# UUPT Student Handbook

## Table of Contents

WELCOME TO THE UNIVERSITY OF UTAH .....	4
DEPARTMENT ADDRESS AND PHONE NUMBERS.....	5
INTRODUCTION TO THE DEPARTMENT.....	6
HISTORY OF THE DEPARTMENT .....	6
INTRODUCTION TO THE DEPARTMENT .....	6
FACULTY.....	6
FACULTY OFFICE SPACE .....	6
CURRICULUM.....	6
RECORDING (AUDIO, VIDEO, PHOTO) IN CLASS .....	7
COURSE OF STUDY.....	7
TUITION.....	7
TEXTBOOKS.....	7
GRADING POLICIES AND ACADEMIC PROBATION .....	8
CONTINUOUS REGISTRATION.....	8
LEAVE OF ABSENCE .....	8
PROFESSIONAL BEHAVIOR.....	8
STUDENT APPEALS PROCESS .....	9
GRADUATION.....	9
RESOURCE FACILITIES.....	9
HPEB STUDENT COMPUTER LAB .....	11
CONFIDENTIALITY AND FERPA.....	11
PERSONAL COMPUTER SECURITY.....	11
SECURITY AND PERSONAL SAFETY .....	12
SAFE & DRUG-FREE ENVIRONMENT POLICY.....	13
PARKING AND SHUTTLE SERVICES.....	15
FINANCIAL AID AND SCHOLARSHIPS.....	15
ESTABLISHING UTAH RESIDENCY .....	16
TEACHING / ASSISTANT OPPORTUNITIES .....	16
STUDENT COMPLAINT PROCEDURES.....	16
PROFESSIONAL RESONSIBILITIES .....	17
DRESS CODE .....	17
TECHNICAL STANDARDS / ESSENTIAL FUNCTIONS.....	18
ADDITIONAL REQUIREMENTS.....	20
CLASS ORGANIZATION.....	20

STUDENT RUN PRO BONO CLINIC .....	21
ACADEMIC EDUCATION.....	21
OVERVIEW .....	21
DPT COURSE OF STUDY .....	21
CLASS SCHEDULES .....	22
We make every effort to keep changes in the schedule to a minimum; however, unforeseen events will occur requiring alterations. In some circumstances, these can be major depending on the semester, the instructor and other extraneous reasons. It is imperative you take the responsibility to determine ahead of time whether changes will be occurring before you finalize your schedules of activities outside of school.....	
CLINICAL EDUCATION PROGRAM OVERVIEW.....	23
CLINICAL EDUCATION PROGRAM PHILOSOPHY.....	25
CLINICAL EDUCATION PROGRAM POLICIES.....	26
NONDISCRIMINATION .....	26
EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES .....	26
CLINICAL EXPERIENCES (PART-TIME):.....	26
FULL-TIME CLINICAL EXPERIENCES.....	27
EXPERIENCE SETTING REQUIREMENTS.....	27
ACADEMIC GOOD STANDING.....	27
RURAL AND OUT OF STATE EXPERIENCES.....	27
ESTABLISHING NEW CLINICAL SITES .....	27
FULL-TIME EXPERIENCES AT SITES PROVIDING FINANCIAL INCENTIVES .....	28
FULL-TIME EXPERIENCES AT FORMER EMPLOYMENT SITES.....	28
RETURNING TO A PREVIOUS EXPERIENCE FACILITY .....	28
CONTRACT OR CLINICAL TRAINING AGREEMENTS WITH CLINICAL SITES/FACILITIES .....	28
EXPENSES for Clinical Education.....	28
REGISTRATION AND TUITION .....	28
RELOCATION.....	29
CANCELLING A FULL-TIME EXPERIENCE .....	29
STUDENT ILLNESS, INJURY, OR EMERGENCIES WHILE ON EXPERIENCES.....	29
ABSENCES OR "TIME OFF" DURING FULL-TIME CLINICAL EXPERIENCES .....	29
HOLIDAYS.....	30
CLINIC HOURS .....	30
EMPLOYMENT DURING CLINICAL EDUCATION COURSES .....	31
APPROPRIATE BEHAVIOR .....	31
APPROPRIATE CLINICAL PROFESSIONAL DRESS .....	32
ID BADGES .....	33
WITHDRAWL FROM A CLINICAL EXPERIENCE .....	33
IMMUNIZATIONS .....	34
BACKGROUND CHECKS .....	34

DRUG SCREENS .....	34
CARDIOPULMINARY RESUSITATION TRAINING .....	35
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), INFECTION CONTROL, ENVIRONMENTAL HAZARDS & OTHER RECURRENT ANNUAL TRAINING .....	35
HEALTH INSURANCE .....	35
PROFESSIONAL LIABILITY INSURANCE .....	35
CURRENT CONTACT INFORMATION and COMMUNICATION .....	35
STUDENT SUPERVISION .....	35
CLINICAL INSTRUCTOR QUALIFICATIONS AND RESPONSIBILITIES .....	36
CLINICAL INSTRUCTOR PRIVILEGES AND AFFILIATE PROGRAM .....	36
EVALUATION OF STUDENT CLINICAL PERFORMANCE WHILE ON CLINICAL EXPERIENCE .....	37
GRADING AND CONSEQUENCES OF A FAILURE OF A FULL-TIME CLINICAL EXPERIENCE .....	37
CLINICAL EDUCATION MANAGEMENT SYSTEM – EXXAT .....	38
THE CLINICAL EXPERIENCE SELECTION PROCESS .....	39
PURPOSE .....	39
CONSIDERATIONS IN THE PLACEMENT PROCESS .....	39
PART AND FULL-TIME CLINICAL EXPERIENCE REQUIREMENTS .....	39
FULL-TIME CLINICAL EXPERIENCE PRACTICE SETTING REQUIREMENTS .....	40
STUDENT SPECIAL NEEDS / REQUESTS .....	40
FULL-TIME CLINICAL EXPERIENCE SELECTION PROCESS & TIMELINE .....	40
FULL TIME EXPERIENCE PERFORMANCE EXPECTATIONS QUICK REFERENCE .....	43
STUDENT RESPONSIBILITIES .....	44
CLINICAL EXPERIENCES .....	44
STUDENT PROJECT / INSERVICE .....	49
TECHNICAL STANDARDS/ESSENTIAL FUNCTIONS .....	50
LEVELS OF SUPERVISION .....	52
GENERAL SUPERVISION .....	52
DIRECT SUPERVISION .....	52
DIRECT PERSONAL SUPERVISION .....	52
GLOSSARY OF CLINICAL EDUCATION TERMS .....	53
APPENDIX C .....	60
NOTES .....	62

## **“WELCOME TO THE UNIVERSITY OF UTAH”**

For a smooth transition into the University, here is a list of offices to visit and some possible things “to do” before the semester begins:

- **Student Immunization Office**: All new, transfer and readmitted students born after December 31, 1956, are required to submit proof of immunity to the Student Health Service (in addition to the form you submitted to the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program). Instructions and forms will be mailed and are to be returned to the Student Health Service by the second Friday of fall semester. Mail the appropriate forms to:  
University Wasatch Clinics, Level I  
555 Foothill Blvd.  
SLC, UT 84112
- **The University Counseling Center (UCC)** offers opportunities for personal development that will lead to enhanced learning and contribution to the University. The Center helps students, staff, and faculty resolve existing problems, prevent potential problems, and develop new skills that will enrich their lives. Services address personal, career, and academic learning issues. Formats include individual and group counseling, classes, and workshops.  
University Counseling Center  
Student Services Building  
201 South 1460 East Room 426  
Salt Lake City, UT 84112-9061  
<http://www.sa.utah.edu/counsel/>  
Office: (801) 581-6826; Fax: (801) 585-6816
- **Financial Aid Office**, 105 SSB, 581-6211: Provides information and applications for Financial aid and general University scholarships.
- **Ucard Services**, To be issued a student ID card please visit: <https://ucard.utah.edu>. You may upload your photo online then pick up your student ID card in person at the Student Union Bldg., 200 South Central Campus Dr. #158, 801-581-2273 or School of Medicine, Room AC 142B, 801-581-5955. Please specify when picking up your ID that you need a VERTICAL UHEALTH ID. Your first standard ID card (Ucard) is free; however, there is a \$20 fee for replacement of lost, stolen or damaged cards.
- Find **Class Schedules and General Catalog** on the University of Utah website: [www.utah.edu](http://www.utah.edu) or you can purchase general catalog at the University of Utah Bookstore.
- **Academic Calendar**: See <http://registrar.utah.edu/academic-calendars/index.php> for the most up to date information.
- **Parking Services**, 1901 E. Research Road, Rm 101, 581-6415: Purchase a parking permit or find out about alternatives to driving to campus.
- **Health Sciences Bookstore**, located in the Eccles Health Sciences Education Building, 26 S. 2000 E., 581-8049. This is where you will purchase your textbooks.
- **Spencer S. Eccles Health Sciences Library**: Study halls, computer centers, and research access. The Computer Center in the basement will provide information about setting up an e-mail account (call 581-8052). The Marriott Library Multimedia Center (lower campus, 1<sup>st</sup> floor, West Entrance) provides computer short courses (free to students) and information about using the Internet, etc.
- **Residential Living**, Benchmark Plaza, Building 822 – 5 Heritage Center, 581-2002, [www.housing.utah.edu](http://www.housing.utah.edu).
- **Child Care Coordinating Office**, 316 Olpin Union, 585-5897, [www.childcare.utah.edu](http://www.childcare.utah.edu). The Child Care Coordinating Office provides programs and services which support the availability and quality of child care for University families. Parents may obtain information on types of care available as well as consumer guides for selecting quality programs for their child.

# DEPARTMENT ADDRESS AND PHONE NUMBERS

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Department of Physical Therapy and Athletic Training,  
Doctor of Physical Therapy Program  
520 Wakara Way, Suite 302  
Salt Lake City, UT 84108-1213  
Department FAX Number: (801) 585-5629

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Bo Foreman	Professor	<a href="mailto:bo.foreman@hsc.utah.edu">bo.foreman@hsc.utah.edu</a>	(801)581-3496
Eduard Gappmaier	Associate Professor	<a href="mailto:ed.gappmaier@hsc.utah.edu">ed.gappmaier@hsc.utah.edu</a>	(801)581-3424
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# INTRODUCTION TO THE DEPARTMENT

## ***HISTORY OF THE DEPARTMENT***

The University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program was established in 1969 in the College of Health. At that time there were no full-time faculty, so courses were taught by community physical therapists. By 1975, the Department had grown to three full-time faculty members and an increased number of auxiliary faculty comprised of physical therapists and other health providers. Currently, there are 16 core faculty members and approximately 30 adjunct faculty who teach in the curriculum. The Department has over 900 contracts with sites across the country providing experiences for students. The Department is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) and was last accredited in 2018, for which it was given a ten-year accreditation.

## ***INTRODUCTION TO THE DEPARTMENT***

Students are awarded the Doctor of Physical Therapy (DPT) degree as the entry level to the profession. The course of study will require approximately 3 years to complete.

## **FACULTY**

The faculty is committed to guide the student to become a professional and competent physical therapist. Faculty members are clinically active in their physical therapy specialties in order to remain in the mainstream of the profession. Along with the professional preparation of students, Department faculty members are expected to conduct research, publish and provide professional service.

The student will find that faculty members donate their talents to professional service at local, regional and national levels. To fully appreciate the responsibilities of a faculty member at the University of Utah, students should know that one of the primary missions, besides teaching, is research. Faculty are expected, particularly at the doctoral level, to be involved in research and publishing in order to meet the requirements for being a faculty member at the University. The current faculty is actively working to move the research agenda of the Department forward.

Currently, the Department houses the Movement Dysfunction Laboratory, Skeletal Muscle Exercise Research Lab and the Motion Capture Core Facility where investigational studies are conducted related to physical therapy concerns. The Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program and the Department of Neurology are mutually supporting the Clinical Neuromuscular Laboratory where studies are currently being conducted on persons with various muscle diseases. The two laboratories are accessible to students interested in research. The Department also houses the Multiple Sclerosis Exercise Clinic, the Parkinson Disease Exercise Clinic, the Diabetes Exercise Clinic, the CVA/Stroke Exercise Clinic, the Balance and Mobility Clinic and the Balance and Falls Prevention Clinic. Students interested in participating with faculty members in any of these clinics should meet with the respective faculty representative.

## **FACULTY OFFICE SPACE**

As stated above, faculty are expected, particularly at the doctoral level, to be involved in research and publishing in order to meet the requirements for being a faculty member at the University. If a student has a need to meet with a specific faculty member, the student has the responsibility to contact the faculty member in order to set an appointment. Faculty phone numbers are posted above the student phone located in the hallway running west off the student commons area. Students must enter and exit the office administration/faculty area through the door located off the front reception area and are **not** permitted to utilize faculty equipment in the office areas. A biosketch of each of the core faculty can be viewed on the Department's website at [www.health.utah.edu/pt](http://www.health.utah.edu/pt).

## **CURRICULUM**

The present curriculum in physical therapy is designed to prepare the student with skills and techniques to be a general practitioner of physical therapy upon graduation. To become prepared in a physical therapy specialty, continuing education should be completed post-graduation. Refer to the APTA website at [www.apta.org](http://www.apta.org) for further information related to specialization.



## RECORDING (AUDIO, VIDEO, PHOTO) IN CLASS

Recording any component of class (audio, video or photo) is prohibited without permission from the instructor and the course coordinator. Recordings may only be used for personal study and MAY NOT be published online or elsewhere. In cases when recordings could be of benefit to the entire class for study/review, the instructor/course coordinator can make them available to students on password protected websites. **Violation of this policy will result in dismissal from the program**

## COURSE OF STUDY

The course of study provides the opportunity to combine didactic information with clinical practice. Class discussions and questions are recommended and invited throughout the educational experience. The specific courses of study are found in the section on academic education.

At the end of each semester students will complete, on-line, a course and instructor evaluation. Likewise at the end of each semester, faculty members will complete an ability-based assessment of each student in addition to grading formal course work.

Because many of the courses and units taught are done so by clinical faculty with busy practices, **scheduling requires a great deal of flexibility on the part of the student and core faculty. The student may be asked to make last minute changes in plans and schedule.** The faculty regrets any inconvenience this may cause the student; however, the primary concern of the Department is an excellent educational experience. The understanding and cooperation of the students in this matter will be appreciated by everyone.

As stated in above, permission must be obtained from a course instructor if a student wishes to record lecture or laboratory session(s). This applies to both audio and videotaping. Permission to share faculty course material must also be approved.

## TUITION

**Tuition is subject to change each year.** Students are advised to consult the appropriate Academic Semester Schedule (<http://www.acs.utah.edu/tuition/ia-tuit.htm>) or the University Registrars Office for current rates. Tuition for your summer experience is calculated based on *Graduate Resident* fees and is based on the number of semester hours for which you register during that semester. Additional laboratory and class fees are assessed for certain courses. Students are advised to call the Tuition Office of the University if questions arise: (801) 581-7344. For additional information regarding the tuition deadline & policy changes, go to Income Accounting & Student Loan Services web site on tuition payment changes at <http://www.fbs.admin.utah.edu/index.php/income>. **All Graduate students who fail to pay tuition by the due date will have their classes cancelled.** This means the classes you have registered for will be deleted from your academic record. Checks returned for insufficient funds will also result in class cancellation

**All unpaid account balances after the due date will be assessed at 20% late fee (not to exceed \$60). The initial tuition billing statement is not mailed to you.** Your tuition bill information is provided electronically on the web by logging into the Campus Information Systems at <http://gate.acs.utah.edu>. Bills can be accessed through the Financial section of the Student area. Please print a copy of your bill to accompany your check payment. You may also pay online with a credit card or e-check through the same area of Campus Information Systems. **STUDENTS ARE RESPONSIBLE FOR MONITORING TUITION ACCOUNT** through the Campus Information System.

## TEXTBOOKS

Textbooks are available at the University of Utah Eccles Health Sciences Bookstore which is located in the Eccles Health Sciences Education Building on the first floor. The address is 26 South 2000 East or a driving map can be accessed at [www.info.campusstore.utah.edu](http://www.info.campusstore.utah.edu). Textbooks used in any class are subject to change. Be sure you are purchasing the correct book for a specific class. You can look on CIS or at the [Campus Store](#) for a list of required textbooks for the upcoming semester.



## GRADING POLICIES AND ACADEMIC PROBATION

Each course has a grading policy. If a student is unclear about a grading policy, or what an instructor expects, the student should contact the course instructor for clarification.

Graduate students are required to maintain a 3.0 or higher GPA in required coursework for the Doctor of Physical Therapy degree. A student who demonstrates a GPA of less than 3.0 will be placed on academic probation. **A student who remains on academic probation for one year will be dismissed from the program.**

A grade of C- or lower, or a No Credit grade (NC), is not accepted in required coursework for the Doctor of Physical Therapy degree. Required coursework includes all courses required on the Program of Study for the Doctor of Physical Therapy degree. **Students who receive a grade of C- or lower, or an NC, in a required course are placed on academic probation. These students may be permitted to take other program courses for which the course with a grade of C- or lower or an NC, is not a prerequisite. Students are expected to retake a course within one year of receiving a grade of C- or lower, or an NC. If a student does not successfully pass the retake, he or she will be dismissed from the Program.**

**If a student receives a grade of C- or lower, or a No-Credit grade (NC), for ANY TWO courses, he or she will be dismissed from the Doctor of Physical Therapy program.**

Students now have only 20 business days to appeal grades & other “academic actions”. The date that grades are posted on the web is considered the date of notification. A “business day” is every day the University is open for business, excluding weekends & University-recognized holidays. If the student cannot get a response from the faculty member after ten days of reasonable efforts to contact him or her, the student may appeal to the department chair if done within 40 days of being notified of the academic action.

## CONTINUOUS REGISTRATION

All graduate students must be registered for at least one course from the time of formal admission through completion of all requirements for the degree they are seeking, unless granted an official leave of absence. Students not on campus and not using University facilities are not expected to register for summer term. Students must, however, be registered during summer term if they are taking examinations or are defending their dissertation. If students do not comply with this continuous registration policy and do not obtain an official leave of absence, they will be automatically discontinued from graduate study. In this case, students will be required to reapply for admission to the University through Graduate Admissions upon approval of the home department. Students should be registered for graduate level courses (6000-7000 level for doctoral studies) until they have completed all requirements for the degree including the dissertation.

**Note:** Maintaining Continuous Registration status may differ from full-time enrollment status. Please see The Office of the Registrar (<https://gradschool.utah.edu/graduatecatalog/registration>).

## LEAVE OF ABSENCE

A student wishing to discontinue study for one or more semesters must file a [Request for Leave of Absence](#) form available from the Office of Academic Affairs and Student Services. Leaves of Absence (LOA) are only granted for extenuating and unusual circumstances and must be approved by the Program Director, the Director of Graduate Studies, the Associate Dean for Research, and the Dean of the Graduate School. Leaves are granted for a maximum of one academic year at a time. In making a decision to grant a Leave of Absence to a student, the Program Director and Director of Graduate Studies will take into consideration if faculty resources will be available for students upon return to the program. The committee reserves the right to deny a LOA request. The LOA is void if a student registers for classes in a semester for which a leave was granted. See the [University of Utah General Catalog](#) for additional information.

Requests for leaves of absence may be granted for up to one year for circumstances related to:

- A serious health condition of the student or family member,
- Parental leave to care for a newborn or newly adopted child (please see **Appendix C - College of Health Graduate Student Parental Leave Policy**)
- A call to serve in military service, or
- Other compelling reasons that the student's department believes is in the best interests of both the student and the University.

## PROFESSIONAL BEHAVIOR

As a student learning to become a professional in the area of Physical Therapy, the Department expects students to demonstrate appropriate professional behavior in all contexts of their education and to adhere to the Student Code of Professional Responsibility (Appendix A). Students will be evaluated by the faculty with the Professional Abilities Assessment tool (see Appendix B). The Professional Abilities Assessment is designed to evaluate each semester those abilities that are attributes, characteristics or behaviors

required for success in the profession of physical therapy. At the faculty discretion, if the generic abilities (or professional behaviors) are met, the total points received for the class will be multiplied by 1.0; if the behaviors are not met, that multiplier decreases. The results of the assessment will be conveyed to the student by the course instructor or Department Chair. Refer to individual course syllabi for further information.

## STUDENT APPEALS PROCESS

In order to ensure that the highest standards of academic performance are promoted and supported at the University of Utah, Doctor of Physical Therapy students must:

1. Meet the academic requirements of a course; and
2. Meet the academic requirements of the Doctor in Physical Therapy Program.

Students choosing to engage in the appeals process should review Section IV of the University of Utah Student Code (<http://www.regulations.utah.edu/academics/6-400.html>). The following information has been taken from the Code:

Faculty members are qualified as professionals to observe and judge all aspects of a student's academic performance, including demonstrated knowledge, technical and interpersonal skills, attitudes and professional character, and ability to master the required curriculum. An academic action, as defined in the Student Code, may be overturned on appeal only if the academic action was arbitrary or capricious.

A student who believes that an action taken in connection with academic performance is arbitrary or capricious should within twenty (20) business days of notification of the academic action, discuss the academic action with the involved faculty member and attempt to resolve the disagreement. If the faculty member does not respond within ten (10) business days, if the student and faculty member are unable to resolve the disagreement, or if the faculty member fails to take the agreed upon action within ten (10) business days, the student may appeal the academic action in accordance with the following procedures. It is understood that all appeals and proceedings regarding academic actions will initiate with the faculty and administrators in the college or program offering the course in question. If the course is cross-listed, appeals and proceedings shall take place with the faculty and administrators offering the section for which the student is registered.

1. Appeal to Chair of the Department or Dean's Designee: Within forty (40) business days of notification of the academic action, the student shall appeal the academic action in writing to, and consult with, the chair of the relevant department regarding such academic action. Within fifteen (15) business days of consulting with the student, the chair shall notify the student and faculty member, in writing, of his/her determination of whether the academic action was arbitrary or capricious and of the basis for that decision. If the chair determines that the academic action was arbitrary or capricious, the chair shall take appropriate action to implement his/her decision unless the faculty member appeals the decision. If the chair fails to respond in fifteen (15) business days, the student may appeal to the Academic Appeals Committee.
2. Appeal to Academic Appeals Committee: If either party disagrees with the chair's decision that party may appeal to the college's Academic Appeals Committee within fifteen (15) business days of notification of the chair's decision in accordance with the procedures set forth in Student Code. Guidelines for appeal to Academic Appeals Committee are outlined in the Student Code.

## GRADUATION

Students who meet all requirements by the completion of Spring Semester will be eligible to march in graduation and participate in convocation exercises. Exceptions may be made for students who have met all requirements except successful completion of a clinical experience. Students must successfully complete all clinical courses in order to graduate.

## RESOURCE FACILITIES

### Libraries:

Campus libraries included (see campus map at [www.map.utah.edu](http://www.map.utah.edu) for location):

- Marriott Library (general campus library)
- Eccles Health Sciences Library

Each library provides textbooks, journals, and references to check out to registered students. Audio/visual and computer facilities are also located in each facility for use by students.

Dr. Ezekiel R. and Edna Wattis Dumke Health Professions Education Building (HPEB): This building, located at 520 Wakara Way, houses not only the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program (PTAT) but also the Department of Occupational Therapy and Recreational Therapy (OTRT) and the Medical Center Body Donor Program. Medical students also use this facility for medical anatomy labs.

HPEB includes three floors and a mezzanine:

- The top floor (third level) houses faculty offices, three classrooms, a student common area, three private student computer work stations, a copy machine/Wi-Fi printer, a physical therapy dry lab and restrooms. There is a telephone (local calls only) located on this floor that is for student use and is provided by the Associated Students of the University of Utah (ASUU). Student information boxes are located in the main office area. This floor has limited off-hours accessibility. The building is handicap-accessible at all main entrances.
- The mezzanine, located off of the third level, it has 7 computers for student use and is used as a quiet study area. This area is also elevator accessible.
- The middle floor (second level) is primarily dedicated to lab spaces and also the student lockers (red). These labs include: the anatomy lab for Physical and Occupational Therapy, two dedicated OT labs, one large shared lab for PT and OT and the Medical School Body Donor Program and anatomy lab. Offices for Dr. Bo Foreman (PT faculty) and the Medical School staff are also located on this level. There is also an Anatomy Museum located on this floor. Restrooms are available on this level. This level has 24-hour, seven-day-a-week access for students to study and is also handicap-accessible by way of the west elevator.
- The bottom floor (first level) has an entrance (handicap accessible), which leads to the elevator to access the other two floors. This entrance is available to students 24 hours a day, seven days a week. The Balance and Mobility Clinic (also housing the Multiple Sclerosis Exercise Clinic, the Parkinson Disease Exercise Clinic, the Balance and Falls Clinic, and the Diabetes Exercise Clinic) is located on the first floor, along with office space for Dr. Eduard Gappmaier, Dr. Paul LaStayo, Dr. Lee Dibble and Dr. Robin Marcus (PT faculty).

## HPEB STUDENT COMPUTER LAB

Students have access to 7 computers on the mezzanine, located off of the third level. This area is also elevator accessible. Network connectivity provided through the University of Utah Network is governed under the University of Utah Policy and Procedure 1-15 Information Resource Policy and can be accessed at <http://www.admin.utah.edu/ppmanual/1/1-15.html>. Network traffic will be monitored for security through the University's Institutional Security Office (ISO) and for performance reasons through the Netcom Network Operation Control Center (NOCC).

Computers are secured but not protected. Please monitor the use of the computers and see they are treated with care. There are no additional funds for replacement of these computers. No food or drink is allowed in the computer area.

Your Network ID gives you access to e-mail, individual WWW pages, and campus computing resources. The use of these resources must comply with University policy and applicable Federal and State Law. Such electronically available information (1) may not contain copyrighted material or software unless the permission of the copyright owner has been obtained, (2) may not violate University policy prohibiting sexual harassment, (3) may not be used for commercial purposes, (4) should not appear to represent the University of Utah without appropriate permission, or to represent others, (5) may not appear to represent other organizations or companies, (6) may not contain material which violates pornography laws, or algorithms or software which, if transferred, violate United States export laws, (7) may not contain scripts or code that could cause a security breach or permit use of resources in opposition to Netcom or University policy, and (8) WWW pages should clearly show identifying information of the owner of the page and we suggest that it also show date of last revision and an address (e-mail or postal) for correspondence. Be advised that a history of infractions is kept. Any history of violations will be considered in determining what action to pursue. If warranted, serious violations of this policy will be brought before the appropriate University Committee.

Limit your time on any computer to a maximum of 1 (one) hour. Be courteous and observant of the computer needs of your colleagues. If there is a high demand for the computers, consider limiting your time to less than one hour. When you are finished using a computer, **you have to log off.**

Please report any misuse of the equipment, or malfunctions of the equipment to the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program executive secretary. **For assistance with personal student computing & network ID, contact the Help Desk at <http://www.it.utah.edu/services/helpDesk>.**

## CONFIDENTIALITY AND FERPA

Health Insurance Portability and Accountability Act (HIPAA) is a privacy rule set to protect sensitive patient information. The Government Summary of the HIPAA Security Rule can be found at: <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>. Pulse is a great resource including a great amount of information on HIPAA can be found at: <https://pulse.utah.edu/policies/FilteredFor/Information%20Privacy.aspx>. You will need to log in using the same log in as your CIS log in to access this information. All students are required to complete HIPAA training annually. This training is included in the annual compliance modules in canvas.

Student records at the University of Utah are governed by the Family Education Rights and Privacy Act (FERPA). This Act forbids the University from releasing personal identifiable student education records or files, or personal information contained in those files, without the student's written consent, except in specific situations. FERPA is a federal law that sets forth requirements regarding the privacy of student records. FERPA resources can be found at: <http://registrar.utah.edu/handbook/ferpa.php>, <http://registrar.utah.edu/faculty/ferpa-resources.php>, or the complete policy can be found at: <http://regulations.utah.edu/academics/6-400.php>.

## PERSONAL COMPUTER SECURITY

All laptops, USB thumb drives, and USB mobile external storage devices used to conduct University of Utah Health Sciences business **MUST** be whole disk encrypted. This applies to ALL Health Sciences graduate students and ALL devices regardless of whether they are personally owned or issued by the University. "Used to conduct UUHSC business" is meant to be read broadly. *Anything* you are doing as part of, or related to, your course work or job is included. Please see the following sites for further information and encryption suggestions: <http://secureit.utah.edu/computer/encryption/encryptionfaq.html>; <http://www.ucair.med.utah.edu/Miscellaneous/EncryptionPolicy.html>

## SECURITY AND PERSONAL SAFETY

The Health Professions Education Building (HPEB) is secured by the University "C-Cure" security system. The card readers are controlled by a computer system that records who uses the areas and the amount of time the person is in the area. Other areas of the building are set up with keys and code locks. Your University student ID card will be recognized by the card readers to allow you access to certain areas of the building. Be aware that certain areas of the building are restricted access. Students are issued other keys and door codes as appropriate.

A call box is located at the main entrance to the Health Professions Education Building in order to call campus security in an emergency. The campus is committed to provide students a safety escort (either on foot or in a vehicle) to dorms, vehicles or buildings on campus. Call 801-585-2677. This service is available 24 hours a day 7 days a week.

If possible, call ahead to arrange a safety escort.

### **Outside doors and proximity reader doors are not to be propped open at any time!**

This will send an alarm to the computer system. All alarm reports to the security system will be seriously treated. Students are not allowed on the first level in restricted areas without being accompanied by a faculty or staff member. **Students breaching security regulations in the building or compromising other students' safety are subject to dismissal from the program.** It is *strongly* recommended students do not enter the building alone or stay in the building to study alone after hours or after dark. Personal safety is an important consideration within and surrounding this building. Doors are not to be blocked open as then security is compromised.

The University Campus Security policy can be accessed at: <http://regulations.utah.edu/general/1-011.php> and <http://regulations.utah.edu/administration/3-300.php>.

### **Human Subject Policy**

Definition: Individuals who are invited to attend a course for educational purposes or students in the role of a patient during a course.

Physical/psychological risk is discussed with the human subject guest prior to class. All students receive information regarding risks and protection against risks while participating as the patient or human subject prior to first lab.

Attention to common courtesy is essential. Communication of respect, your display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships with supervisors and peers.

Demonstrate professional behavior by attending and actively participating in class lectures/discussions, labs, live patient sessions, community engagement activities, and informing the instructor if you are not able to attend.

It is the student's responsibility to communicate with a student, patient, clinical instructor, faculty, staff, or other administrator to discuss or report any behavior, which creates an inappropriate learning environment in any educational setting. If a student observes any unacceptable behavior in any educational setting, they are obligated to inform a supervisor or a program administrator. If the student cannot speak to an immediate supervisor, the student must contact a program administrator.

Students must have the ability to exhibit appropriate professional conduct and to represent the Profession effectively while promoting the growth/development of the Physical Therapy profession.

### **Safety Policy**

Students are required to complete the following modules annually:

- Annual Hand Hygiene
- Annual HIPAA Privacy and Security
- Bloodborne Pathogens
- Electrical Safety
- Emergency Management Attestation
- Ensuring Safety and Security
- Fire Safety
- HIPAA Fraud, Waste and Abuse
- Influenza Vaccines

As well as complete the following annually:

Current negative TB Test or Chest X-ray

Current immunizations or verification of immunity (for MMR, Varicella, Tdap, Hep B)

Annual Influenza vaccine

Current BLS certification

The following are required at time of admission and is required again by some clinical sites:

Criminal Background Check

Negative Drug Screen

Students are required to submit proof of completion each year to ensure reasonable protection from encounters with communicable diseases and preparedness for potential clinical incidents.

Students are also encouraged to wear facemasks when coughing to prevent infection/illnesses from spreading. Facemasks are available at our front office.

There is one defibrillator located on each level of the building. They are routinely inspected and parts replaced regularly.

All equipment is inspected on a yearly basis for safety and maintenance.

All students are informed that it is their responsibility to let the lab instructors know if they have any condition for which application of a modality is contraindicated or requires special caution (e.g. hypertension, pregnancy, implanted electrical device, and seizures) so we can provide you with an alternative learning experience if needed.

If a student is injured during a class, they are to report the injury to the course instructor immediately and seek appropriate medical attention and complete an incident or accident report.

## SAFE & DRUG-FREE ENVIRONMENT POLICY

The policy of the University of Utah Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program and the University Health Sciences Center is to maintain a safe and drug-free workplace to establish, promote and maintain a safe and healthy environment for patients, and a safe, healthy, working and learning environment for employees, students and volunteers. Faculty, students or staff working in a patient-sensitive area may be subjected to a test for drugs if there is reasonable suspicion of a drug loss or diversion event. Students may also be required to submit to a drug test at any of the affiliated clinical experience sites. (Refer to the University of Utah Health Sciences *Policy and Procedures Manual* for a more detailed description of this policy: [www.med.utah.edu/policy](http://www.med.utah.edu/policy)).

Policy violations and/or convictions will be referred to the Department Professionalism Committee for informal resolution or presentation as academic misconduct, and may result in disciplinary action. The Department Professionalism Committee will conduct an investigation, as it deems necessary and appropriate in accordance with the committee's usual standards of due process.

### Criminal Actions

As a condition of continued enrollment in the Department of Physical Therapy, students must notify the Department Chair of a guilty plea, a plea of no contest, or conviction of any charge other than a minor traffic violation that occurs between acceptance to and graduation from the Department. This notification must be made no later than five (5) calendar days after any guilty plea, plea of no contest, or conviction of any charge other than a minor traffic violation. Within thirty (30) calendar days of the notification, the Department will take appropriate actions as described above.

### Drug Use

It shall be a violation of this policy for any physical therapy student to engage in the unlawful manufacture, distribution, dispensation, possession and/or use of a controlled substance. This includes being under the influence or impaired in activities anywhere in the Department's educational environment, (e.g., the University of Utah campus, and affiliated clinical sites) or in any manner that violates criminal drug statutes. Unauthorized use or possession of alcohol anywhere in the educational environment is also prohibited.



In appropriate cases, students may be referred to local substance abuse experts for evaluation and/or treatment. In these cases, compliance with evaluation and treatment protocols may be established as a precondition to continued enrollment in the Department. **If a student fails to follow the established evaluation or treatment protocol, the case will be re-examined by the Department Professionalism Committee and appropriate sanctions, including disciplinary measures or dismissal, may ensue.**

Students are encouraged to self-identify to the Department Chair or any faculty member when they have problems with chemical or alcohol abuse. Students who self-identify may be granted a leave of absence to secure treatment without prejudice to their academic standing. In such cases, the Department will maintain confidentiality, to the extent possible.

#### Drug Testing

The University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program supports the University of Utah Health Sciences Drug Testing Policy.

#### Grounds for Testing

##### Applicant Testing

A drug test will be required of any Department applicant once an offer of admission to the Department is accepted.

##### Experiences

Students will be tested annually prior to engaging in full time clinical experiences. If a clinical site requires a student to use specified testing sites, the results may substitute for Department required testing. In this case, the student must provide the Department with a copy of the results.

##### Employment

A drug test will be required of any student offered employment in a patient sensitive position within the Department.

##### Drug Loss or Diversion Event

A drug test may be administered when a drug loss and/or diversion event occurs (identified and/or unexplained controlled substances and/or alcohol missing or diverted from the workplace). A clinical supervisor may require any physical therapy student who had reasonable access to the controlled substances or alcohol during the time of the drug loss or diversion event to submit to a test.

##### Return to Department curriculum agreement

A negative test result will be required of a physical therapy student returning to the Department after engaging in conduct prohibited by this policy prior to returning to the department. Random drug and/or alcohol tests may be required following return. Physical therapy students in patient sensitive positions may be tested at random as part of a return to work agreement.

##### Agency Directives

Individuals may be tested as required or requested by state or federal agencies.

##### Testing Process

At the time a position in the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program is accepted by the prospective student, s/he shall be informed about the Safe & Drug-Free Environment Policy.

The physical therapy prospective student will establish an account with Castle Branch (CB) for pre-admission drug screening at a certified laboratory convenient to the student. All drug test costs are the responsibility of the student. CB will report testing results directly to the student and the Department.

Currently enrolled students needing a drug test prior to engaging in any patient sensitive position at an affiliated clinical education site will contact CB (or as per site-specific procedures) to schedule a drug test at a certified laboratory convenient to the student. All drug test costs are the responsibility of the student. CB will report testing results directly to student and the Department.

Currently enrolled students needing a drug test, as a condition of employment in a patient sensitive position within the Department will be directed by University Human Resources to a local certified laboratory for testing.

##### Drug Test Results

A test is positive and the individual has therefore failed the test if the sample contains drugs and/or metabolites for which there is no legitimate explanation other than the use of a prohibited drug or alcohol. In addition, refusing to take a test, failing to report to the designated area for testing, failing to provide a sample suitable for testing and attempting to alter or tamper with the specimen will be



interpreted as a failed test. Drug test results are reported to the Department only as pass/fail, indicating the prohibited substance that resulted in the failed test.

All information relating to test results and subsequent substance abuse treatment shall be treated confidentially and will be placed in a file maintained by the Department and physically separate from the student's academic file. The student's academic file will include only the pass/fail result from the test and the prohibited substance resulting in a failed test.

Within 72 hours after the student has received notice of a failed test, s/he may request, in writing, a retest at a certified laboratory of his or her choosing. The Department reserves the right to independently interpret the test results.

#### Disciplinary Action

Applicant: Any offer of acceptance to the Department will be revoked if a physical therapy student fails a drug test.

Enrolled student: Any physical therapy student failing a drug test shall be directed to the Department Chair and the Department Professionalism Committee, and processed in accordance with University Code of Student Rights and Responsibilities

<http://regulations.utah.edu/academics/6-400.php>. **A failed test may result in dismissal from the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program in accordance with University of Utah Student Code.** All incidents will be reviewed on a case-by-case basis.

## PARKING AND SHUTTLE SERVICES

Parking around the Health Professions Education Building (HPEB) has a limited number of "A" and "U" passes, disabled parking, and meters. Although a limited number of "U" Stalls are available around HPEB, ample "U" parking lots exist within a 10-15 minute walk from the building. Consult the campus shuttle information on the web at [www.parking.utah.edu](http://www.parking.utah.edu) for exact shuttle times.

In order to maintain a "good neighbor policy" in Research Park, with the Marriott University Park Hotel, the University Orthopedic Center and the School of Dentistry, students **may not** park in the hotel lot, the Orthopedic Center lot, School of Dentistry garage, or surrounding Research Park business lots. **Those who ignore this request may find their cars towed.**

Specifically, the parking areas around the HPEB are as follows:

1. All parking stalls near the back lower entrance have been earmarked as "Patient Only" or "Disabled Parking" stalls. This parking space is needed for patient and research subject use.
2. **DO NOT** park in the "No Parking" zones by the dock or the delivery garage door.
3. Please **DO NOT** park in the Marriott Hotel lot. You may be ticketed, booted or towed.
4. The far east lot in the front of the HPEB is all "U" parking but please note that the parking space nearest the sidewalk in this area is a "Disabled Parking" stall.
5. 150 "U" parking spots are available in Fort Douglas for overflow. The location is a 10+ minute walk west down Capecchi Drive, south along Foothill Boulevard and then east up Wakara Way. Vehicles parked in this area **must have University permits and no motorcycles are allowed.**
6. The lot located west of the bridge to the front of the HPEB is an "A" permit parking area. This lot will be restricted to "A" permit holders until 8:00pm, after which you may use this lot with a "U" permit.

## FINANCIAL AID AND SCHOLARSHIPS

Financial assistance is offered through the Office of Financial Aid in the Student Services Building: Financial Aid Office, 105 SSB, <http://financialaid.utah.edu/>, (801) 581-6211.

Several scholarships are available through the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program. The criteria for awarding any of these sources are available online: <https://health.utah.edu/physical-therapy-athletic-training/degree-programs/physical-therapy/financial/scholarships.php>. Students will be notified when scholarships are available. All scholarships require FAFSA completion.

## ESTABLISHING UTAH RESIDENCY

Following applicable state laws, the Admissions Office classifies all applicants for admission as either residents or nonresidents for tuition purposes. If there is a question about the status, applicants are considered nonresidents until they are officially reclassified. The University honors the resident status determination by other Utah colleges or universities unless the resident classification was obtained under false pretense or the facts existing at the time of the granting of residency have significantly changed. Classification as a resident, either at the time of admission or after the formal reclassification process has been completed, can be reviewed and reversed if there is an error or change in facts that justifies an inquiry. This policy applies even if the error was on the part of the University.

Qualifying as a Resident. Please refer to the University of Utah Institutional policy at web site <https://admissions.utah.edu/apply/residency/>.

## TEACHING / ASSISTANT OPPORTUNITIES

In some of the classes, opportunities exist for students to volunteer as teaching or lab assistants. Information regarding this can be obtained from the specific course instructor

## STUDENT COMPLAINT PROCEDURES

The Department of Physical Therapy and Athletic Training provides the following complaint procedure for students wishing to bring formal or informal complaints. This policy does not supplant University complaint procedures, but rather, merely supplements them.

If students have general complaints or concerns regarding Department or program policy or procedures, students may register either an informal or a formal complaint. Retaliation secondary to a complaint is prohibited. It is recommended that the complaint be provided with any associated data or evidence and with a constructive perspective.

(a) Informal Complaint Process. If students have an informal complaint, they should register their concerns with the Department Chair, who will then work with the relevant Department or program personnel to address the concern.

(b) Formal Complaint Process. A student may file a formal, written complaint via email with the Department Chair. Such complaints must be designated as the student as a "formal complaint." Any formal complaint referencing a faculty member will also be provided to the faculty member, and the faculty member will have the right to respond. Within 7 business days of receipt of the complaint, the Department Chair will acknowledge, via email, receipt of the complaint. Within 14 days of receipt of the complaint, the Department Chair shall meet with the complaining student and initiate an investigation regarding the complaint. Within 30 days of receipt of the complaint, the Department Chair will either send a written response, via email, to the complaining student addressing the substance of the complaint or inform the complaining student that whether or not further investigation is necessary and give a reasonable estimate of date by which the investigation and decision regarding the complaint will be completed. If the complaining student is dissatisfied with the decision of the Department Chair, the student has the right to appeal such decision to the Dean of the College of Health within 14 days of receipt of the written decision from the Department Chair. Within a reasonable time frame of the receipt of the written appeal from the complaining student, the Dean shall issue a written decision, via email, to the complaining student. The decision of the Dean of the College of Health shall be final.

# STUDENT RESPONSIBILITIES

## PROFESSIONAL RESONSIBILITIES

Students in the Department are expected to demonstrate the same academic zeal they had prior to admission. Ongoing review of students by the core faculty will occur to assess progress and performance. Students who are determined to have deficiencies in their ability to become a physical therapist will be reviewed by a Promotions Committee to determine if they should be retained in the Department. The Promotions Committee will consist of the Director, one full-time, one part-time faculty member, and two student officers. To assess the student's performance, the following general requirements will be reviewed. These are to serve as Department guidelines; however, individual instructors may suggest other performance criteria if necessary. Students will be evaluated against the criteria and not against each other.

1. Students are expected to attend all classes unless exceptions are granted by the instructor.
2. Students are expected to fulfill all of the assignments made by the instructor of the course. Instructors are under no obligation to give make-up assignments unless specifically stated by said instructor.
3. Students are required to take all examinations given by the instructor. Instructors are under no obligation to give make-up exams unless said instructor states they will do so.
4. Students are expected to conduct themselves in accordance with University Code of Student Rights and Responsibilities <http://regulations.utah.edu/academics/6-400.php>, the Department Student Code of Professional Responsibility (Appendix B) and the APTA standards. Students should realize that they not only represent themselves but also the University of Utah, the Department and the profession. Any violation of student standards or professional codes of ethics will be subject to disciplinary review per the University Student Code.
5. Students are expected to address their professors by title unless otherwise indicated by the instructor.
6. Outside employment should not interfere with the progress of the student. If this occurs, the Promotions Committee may advise the student to make a choice between continuing in the Department and pursuing their employment.
7. Students may use the equipment of the Department at the discretion of the Department Administrative Assistant.
8. Students are responsible for all aspects of applications for state licenses, applications to graduate school, applications for the armed services, etc.
9. Students are expected **not** to cheat or steal. Cheating is defined by the Department as borrowing or giving answers. We expect students to inform an instructor as soon as they suspect someone of cheating or stealing. **Students may be dismissed from the program for being found guilty of cheating or stealing.**
10. Students who wish to attend APTA sponsored functions that conflict with course-work must make prior arrangements to be absent with each faculty member or clinical instructor a minimum of 30 days in advance.
11. Students must pass every course according to the Department criteria before proceeding to the next semester. Since one course in the curriculum is built upon another, the student must demonstrate minimal entry-level skill for that course before proceeding to the next. *Refer to page 4 for Department grading criteria.*
12. Students are expected to take the responsibility to notify their instructors when circumstances arise causing one to miss three or more consecutive days of classroom or clinical.
13. The student who misses one day or more of classes is responsible to contact the appropriate faculty or classmate to insure receiving the pertinent notes, handouts, reading and homework assignments. Should a student wish to appeal the decisions of the Promotions Committee, they are to make their appeal in writing to the Dean of the College of Health. In matters related directly to graduate study, the appeal should be made to the Dean of the Graduate School. If the student wishes to appeal a decision made at the Dean level, it will need to be made in writing to the appropriate Vice President.
14. Students must maintain active health insurance during all clinical experiences. This is a requirement of the clinical training agreement the Department maintains with each experience site.

## DRESS CODE

All students will be expected to dress in the appropriate clothing for lab work, class, clinic, or when representing the University in a clinical setting. In general, that should be interpreted to mean the following:

1. Anatomy lab clothing includes clothing that can withstand cadaver remains and chemicals; e.g., old clothing, old shoes, a protective lab coat and latex gloves. The University Hospital Stores and Supply has lab coats for approximately \$5.00 each. Latex gloves may be purchased at the University Health Sciences Bookstore.
2. The attire for clinical practice labs that require physical assessment includes shorts for the men, shorts and bathing suit/halter top for the women.

3. When activities are conducted in a specific clinical setting, the students should dress professionally in clothing appropriate to the dress code (see specific dress code guidelines in the Clinical Education section of this manual). The patients and clients with whom you interact expect and deserve a certain degree of professionalism. Students generally should present a neat and clean appearance. Examples of non-professional appearance in the clinical setting include, but are not limited to, jewelry worn in tongues, noses and eyebrows, unnatural hair coloring and revealing clothing. Faculty and clinical site personnel may identify other examples of nonprofessional appearance or unsafe clothing, attire, etc.
4. Students are required to wear the U of U health sciences vertical name badge in all patient encounters.

## **TECHNICAL STANDARDS / ESSENTIAL FUNCTIONS**

Adopted May 5, 2008

### **Introduction**

The University of Utah, College of Health, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy (DPT) Program, complies with Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990, in providing opportunities for qualified individuals with disabilities. At the same time, prospective candidates and current DPT students/interns must be capable of meeting certain technical standards. The following technical standards specify those attributes the faculty considers to be essential in successfully completing clinical education experiences, didactic and practical training and in practicing physical therapy safely and responsibly. These standards describe the essential functions that DPT students/interns must demonstrate in the requirements of professional education, and thus, are pre-requisites to entrance, continuation, and completion of training in the Physical Therapy Program. Requests for reasonable accommodation are evaluated on an individual basis.

**Technical Standards:** The DPT student/intern must possess abilities and skills in five areas:

- A. **Observation.** The DPT student/intern must be able to:
  1. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
  2. Visualize and discriminate findings on imaging and other studies
  3. Interpret digital or analog representations of physiologic phenomena, such as EKG's
  4. Acquire information from written documents, films, slides, videos, or other media
  5. Observe and differentiate changes in body movement
  6. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
  7. Efficiently read written and illustrated materials
  8. Observe and detect the various signs and symptoms of the disease processes and movement dysfunction
  9. Obtain and effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait, and prosthetic sounds
  10. Discriminate numbers and findings associated with diagnostic instruments and tests and measures
- B. **Communication.** The DPT student/intern must be able to:
  1. Communicate in a culturally competent manner with patient/clients
  2. Communicate effectively and efficiently with all members of the health care team in oral and written English
  3. Communicate clearly with and observe patient/clients and families in order to elicit information including a thorough history from patient/clients, families, caregivers, and other sources
  4. Accurately describe changes in mood, activity, posture, and biomechanics
  5. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
  6. Communicate complex findings in appropriate and understandable terms to patient/clients and their families, and caregivers
  7. Adjust form and content of communications to the patient/client's functional level or mental state
  8. Engage in a collaborative relationship with patient/clients and families/caregivers
  9. Record observations and plans legibly, efficiently, and accurately
  10. Prepare and communicate precise but complete summaries of individual encounters
  11. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, etc.)
  12. Complete documentation forms according to directions, in a timely manner, including manual, electronic, and other recording methods
  13. Demonstrate effective communication skills to provide patient/client/client education and with families/caregivers and support personnel
  14. Receive, write, and interpret verbal and non-verbal communication in both academic and clinical settings

15. Demonstrate appropriate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty and development of appropriate therapist to patient/client relationships
  16. Demonstrate appropriate therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitating, and touching
  17. In emergency and potentially unsafe situations, understand and convey information for the safe and effective care of patient/clients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence
- C. **Motor.** The DPT student/intern must be able to:
1. Stand and walk independently while providing care in practice and experience settings; frequently lift 10 pounds, occasionally lift 10-50 pounds, and more than 50 pounds; with frequent twisting, squatting, and reaching, pushing/pulling, grasping and crawling
  2. Climb stairs and negotiate uneven surfaces including varying terrains/ramps
  3. Perform palpation, percussion, auscultation, and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, crutches, et al
  4. Provide general care and emergency medical care such as airway management, handling of catheters, perform cardiopulmonary resuscitation, and application of pressure to control bleeding, maintaining appropriate infection control procedures
  5. Respond promptly to medical emergencies within the training facility and within the DPT scope of practice
  6. Not hinder the ability of co-workers to provide prompt care
  7. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests and Measures and Interventions.)
- D. **Cognitive.** The DPT student/intern must be able to:
1. Demonstrate clinical reasoning and problem solving
  2. Identify significant findings from history, physical exam, and laboratory data, test and measures, and other sources
  3. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
  4. Determine appropriate and reasonable tests and measures
  5. Provide a reasoned explanation for likely diagnoses
  6. Construct an appropriate plan of care
  7. Prescribe appropriate therapeutic interventions
  8. Recall and retain information
  9. Deal with several tasks or problems simultaneously
  10. Identify and communicate the limits of knowledge to others
  11. Incorporate new information from peers, teachers, and the peer-reviewed medical literature in formulating diagnoses and plans
  12. Show good judgment in patient/client assessment, diagnostic, and therapeutic planning
- E. **Social and Behavioral.** The DPT student/intern must be able to:
1. Maintain a professional demeanor
  2. Maintain appropriate professional and ethical conduct (e.g. APTA Code of Ethics)
  3. Be able to function at a high level in the face of long hours and a high stress environment
  4. Develop empathic relationships with patient/clients and families while establishing professional boundaries
  5. Provide comfort and reassurance where appropriate
  6. Protect patient/client confidentiality and the confidentiality of written and electronic records
  7. Possess adequate endurance to tolerate physically taxing workloads
  8. Flexibly adapt to changing environments
  9. Function in the face of uncertainties inherent in the clinical problems of patient/clients
  10. Accept appropriate suggestions and criticisms and modify behavior
  11. Give and accept criticism appropriately and without prejudice
  12. Work effectively under stress and as a part of an interdisciplinary team
  13. Delegate responsibility appropriately
  14. Develop and maintain respectful working relationships with peers, faculty, professional colleagues, patients/clients, family members and the general public.

I have read and understand the above information and agree to fully comply with the technical standards / essential functions:

Student (Print Name): \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL REQUIREMENTS

1. Students should present a professional image during all communications, including those by electronic means. Therefore, students are required to use their university email address ([firstname.lastname@utah.edu](mailto:firstname.lastname@utah.edu)) during ALL electronic mail communications pertaining to the program (e.g., with program faculty, program staff, clinical sites, clinical instructors). Student should contact the Health Sciences Help Desk at 801-587-6000 with any questions on how to set up or modify their account. It is in violation of Health Sciences policy (<http://regulations.utah.edu/it/rules/Rule4-004D.php>) to forward your UMail account to any other third party email service (e.g., Gmail, Yahoo, etc.) & infraction carries applicable fines. Email related questions should be directed to 801-581-4000.
2. No notes are to circulate during classes. Instead, sign-up notices will be posted (i.e., notices about bubble days, T-shirt orders, birthday, congratulations, or get-well cards, etc.) on the bulletin board or at the entryway.
3. **A student may be dismissed from the program secondary to omissions or misrepresentations of any part of their application information.**
4. Students are NOT allowed to use the office copy machine. Exceptions to this policy are given only to those students who have permission from a faculty/staff member to do so. These copies must be directly related to the academic program and must not exceed three multiple page copies.
5. Based on needs within the Department, Department policies may be changed following student/faculty input and discussion.
6. As distractors/deterrents from the learning process, the following are prohibited from use in classrooms or labs and are considered below expectations for professional behaviors: telecommunications-cellular phones, texting devices, instant messaging, other devices (i.e. portable gaming devices) as well as using the internet for non-classroom activities (Facebook, Twitter, online shopping).

## CLASS ORGANIZATION

President	Act in the capacity of liaison between students and the Student Association Advisor of the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program
	Plans budget along with the Treasurer and attends ASUU budget meetings to petition for monies for the Department
	Updates scholarship and job listings notebook
	Relays information to class
	Represents the Physical Therapy Student Association at club activities
	Plans Hooding Ceremony at time of graduation
	Holds office meetings and assists other officers in their capacities
	Presents and listens to ideas that will promote the Physical Therapy program
	Aids in increasing the general public awareness of the program
	Encourages students to become involved in activities
Vice-President	Assists the President in any administrative class duties
	Organizes annual student activities <ul style="list-style-type: none"> <li>• Fund raising events: Put up and take down tennis bubble at Old Farm Home Owners Association Community Center, Salt Lake Tennis Club, and Park City Racquet Club. The bubbles are taken down during the spring of each year and put up during the fall</li> <li>• Party events: Annual Christmas party. Style, type, extravagance of Christmas party is dependent upon class budget and student creativity</li> </ul>
	Assumes responsibilities of the President in the event the President fails to complete the duties or voluntarily gives up the office
Secretary	Assists any other class officer in their individual capacities
	Takes minutes at all student officer meetings
	Corresponds with interested employers and distributes class list of graduating students to raise funds
	Organizes presentation days for interested vendors as a fund-raising activity
Treasurer	Writes "thank you" notes to any special speakers or guests
	Meets with Tami Garff, the Department Administrative Assistant, to discuss procedures for class fund accounting
	Attends ASUU budget meetings with class President during Spring Semester
Historian	Assists President in setting up class budget during Spring Semester
	Captures class events on film using photographs or videotape
	Organizes a class portrait



	Compiles a class yearbook from photographs and any other gathered media
	Presents the class history (video/slide show) at the Graduation Hooding Ceremony
<b>Public Relations</b>	Provides an avenue of communication between the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program faculty/students and prospective P.T. students and the community
	Coordinates volunteer activities between the community and the students such as: Sub for Santa, etc.
	Organizes ordering of Physical Therapy shirts for students
	Responsible for any appropriate communication opportunities that will promote understanding about physical therapy
<b>Alumni Representative</b>	Serves on the Department Development Board
	Provides a link between the students and the local community of physical therapists
	Assists in fund raising events to benefit the program
	Keeps students informed about any important clinical events occurring in the community
	Responsible for writing student information in the annual Department newsletter. Any outstanding achievements or other relevant student information should be included
	Assists in any other projects not necessarily annual events
<b>Utah Chapter APTA Liaison</b>	Disseminates chapter information to the students and relays student input to the chapter
	Involves the students in the affairs of the Utah Chapter and relays information about the national association activities
	Provides information about the physical therapy program to the board to disseminate to the chapter members
	Educates students concerning the functions of the National APTA student assembly and the Utah Chapter
	Works with the student public relations officer concerning student articles for the Utah Chapter APTA
	Promotes APTA membership and attendance to state chapter meetings and conferences
<b>Clinical Education Workgroup Member</b>	Serves as a resource for the coordination, implementation, and evaluation of the UofU-DPT Clinical Education Program
	Participates in ongoing evaluations of canvas website
	Streamlines processes for site selections, site requirements, etc.
	Fosters effective and efficient communication between students and the clinical education team
	Manages the clinical education bulletin board

## **STUDENT RUN PRO BONO CLINIC**

The mission of the University of Utah Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program student-run pro bono clinic is to provide quality physical therapy services to underserved and underinsured individuals in the greater Salt Lake area, and to enhance the educational experience of University of Utah physical therapy students through service learning. <http://www.health.utah.edu/pt/pro-bono/index.html>

## **ACADEMIC EDUCATION**

### **OVERVIEW**

The academic curriculum is composed of formal coursework, both didactic and clinical procedures courses, interspersed with planned clinical education experiences.

### **DPT COURSE OF STUDY**

Please visit <http://www.health.utah.edu/pt/prospective/entry/DPT%20Courses.html> for course details and description.



## CLASS SCHEDULES

We make every effort to keep changes in the schedule to a minimum; however, unforeseen events will occur requiring alterations. In some circumstances, these can be major depending on the semester, the instructor and other extraneous reasons. It is imperative you take the responsibility to determine ahead of time whether changes will be occurring before you finalize your schedules of activities outside of school.

# CLINICAL EDUCATION PROGRAM OVERVIEW

The University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy (DPT) Clinical Education Program provides an environment for integrating the knowledge, skills and attitudes necessary to provide quality patient care. The Program focuses on the common process of physical therapy practice involving professional behavior, communication, patient examination, and interventions; graduating entry-level, general practitioners, able to manage patients across the lifespan and continuum of care. Clinical Education, as an essential component of the overall curriculum, is comprised of part-time and full-time clinical experiences, and may include optional clinical experiences. Clinical Education is scheduled in a variety of practice settings representing the scope of physical therapy practice and occurs under the direct supervision of licensed physical therapists with a minimum of one-year of professional PT experience. Each clinical education course is designed to correlate with the student's academic preparation by increasing the number of skills and complexity of problem solving. In the final clinical experience, the student is expected to integrate all knowledge and skills learned in the classroom, laboratory and prior clinical experiences, achieving entry-level performance and behaviors. Students must exhibit a satisfactory level of performance for each clinical education course to progress in the DPT program. Performance expectations for the experiences are explained and distributed to students and clinical sites in advance.

Each student is expected to actively participate in the clinical education process, sharing in the planning and evaluation of learning experiences. The Department is committed to evaluating the quality of all Program activities. The Clinical Education program incorporates a system of evaluation designed to assess the quality of student performance, clinical faculty performance, and activities of the Director of Clinical Education (DCE).

Clinical faculty members (site coordinators of clinical education (SCCE) and clinical instructors (CI)) are an integral part of the collegial environment in which our students are educated. The Program is committed to a plan for clinical faculty development designed to incorporate a variety of elements leading to professional growth. This exchange of services by the academic and clinical faculty promotes a cooperative attitude among all involved in the preparation of our future professional colleagues in physical therapy. The University of Utah offers at a minimum an annual opportunity for clinical instructors to become APTA Level I and Level II Credentialed Clinical Instructors. **As a clinical faculty privilege, University of Utah SCCE's/CI's may receive a scholarship from the Department equivalent to the APTA member course fee for each course. CIs also qualify for our Clinical Affiliate Program granting access to the University library system, as well as other benefits.**

The physical therapy program is a rigorous three-year program. Students are required to complete four full-time clinical experiences, each 11-12 weeks in length. The first full-time experience is completed during Summer Term following the first academic year, and three Terminal Full-Time Clinical Experiences occur during Fall/Spring Semesters of the third year. The standard University schedule is modified during these three terms in order to accommodate the clinical experiences. Students are also required to complete one part-time integrated clinical experience (ICE) during the first academic year. This consists of student clinical participation within a physical therapy clinic 4 hours per week during the Fall Semester first year. Additional optional part-time integrated clinical experiences are optional and highly encouraged.

Experiences are coordinated with the DCE while taking student desire, student need for a particular experience, and availability of clinical sites into account. Since the student is being prepared as a general practitioner of physical therapy, able to manage patients across the lifespan and continuum of care, the student fulfills requirements within the following clinical areas:

1. inpatient acute care (or rural setting with at least a 50% inpatient acute care component),
2. outpatient musculoskeletal practice,
3. neurological rehabilitation (pediatric or adult / IP or OP), and
4. geriatrics\* or optional\* based on student preference and learning needs.

\*an optional site can only be chosen **if** the student can account for significant geriatric experiences within other previous or planned experiences.

Students are *encouraged* to complete at least one of their experiences in a rural setting and/or outside the State of Utah. In some cases, if not enough in-state sites are available to fulfill a student's needs, then the student may be placed outside the state.

The Clinical Education Program uses the APTA: Clinical Performance Instrument (PT CPI Web 2) to evaluate student clinical performance. The **APTA: Clinical Performance Instrument** evaluates professional as well as knowledge-based skills including, but not limited to cognitive and manual skills of patient evaluation, program planning, treatment implementation/modification, discharge planning, patient/family education and setting-special skills.

Both clinical instructor and student use this tool to evaluate student performance and to collaborate to achieve a successful clinical experience. The student is primarily responsible to ensure timely and appropriate completion of the tool, and is responsible to submit all necessary materials to the DCE in order to receive credit/grade for the course. Overall, the Clinical Education Program provides students a structured clinical mentorship throughout the DPT program, leading to competent entry-level practice.

Students must exhibit a satisfactory level of performance for each clinical experience. Grading expectations for the clinical experiences are explained and distributed to students and clinical instructors in advance (note the Quick Reference and Course Syllabi). At any time during the clinical experiences, if safety issues, clinical performance, or professional behavior become a major concern, a student may be immediately withdrawn from the site and the experience by either the clinical site or DCE.

#### Clinical Education Sites:

Clinical site selection and development is the responsibility of the Director of Clinical Education. The University of Utah presently has tremendous support for on-going clinical experiences in Utah, throughout the United States, and select international placements may be available. Clinical sites are chosen on the basis of their reputation, their philosophy of clinical education, the type of facility, unique opportunities offered to students, the clinical expertise or experience of the clinical instructors, and the quality of student mentorship. Clinical sites provide clinical site information via the APTA Clinical Site Information Forms (CSIF), which are available for student review along with former student evaluations. Clinical sites are selected and finalized by the end of Fall semester for the following calendar year. Placements are requested of the clinical sites via email and are confirmed or denied by the SCCE. Experience Request forms for the next calendar year's placements are distributed in the Spring of each year according to the national voluntary mailing date (March 1<sup>st</sup>), and are requested back on/before April 30<sup>th</sup>.

The Clinical Education component is the key integrative aspect for physical therapy practice within the Doctor of Physical Therapy program and the clinical coordinators/instructors are central to the student's attainment of entry-level skills!

We are very fortunate to have clinical instructors who share their time, expertise, professional values, and patients, with our students, in providing high quality clinical education! Quality clinical education is critical to effectively prepare competent physical therapists. It is also a rewarding and exciting component of the curriculum!

Additional information can be found online at <https://health.utah.edu/physical-therapy-athletic-training> and through the PT Clinical Education Information course site. If you are unable to locate needed information, or need clarification, do not hesitate to contact either the DCE or the Clinical Education Assistant.

# CLINICAL EDUCATION PROGRAM PHILOSOPHY

The clinical education philosophy is an adjunct to, and is built upon, the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Mission, Vision and Values (<https://health.utah.edu/physical-therapy-athletic-training>). The program prepares students as physical therapists prepared for not only the current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and life-long learner. To this end, students are encouraged to obtain a wide exposure to a variety of practice settings and patient/client populations throughout the program.

To obtain a wide variety of exposure to various practice settings, students complete four full-time experiences totaling 45 weeks, in a minimum of three different (and most prevalent) settings: acute hospital-based care, neurological rehabilitation, and outpatient orthopedics/ambulatory care. The fourth experience setting is optional, taking into consideration the student's interests and development needs. Within the four experiences, the student must also gain a broad exposure to patients in their geriatric years. To provide further exposure to various practice settings, students have the opportunity to complete part-time integrated clinical experiences during their didactic semesters. These experiences foster concurrent academic knowledge integration into clinical skills, as well as, exposure to different practice settings or aspects of patient care.

We feel strongly that clinical education is an integral component of the physical therapy curriculum serving to not only integrate academic didactic learning into practical clinical application skills, but also to enhance and enrich didactic learning. Clinical education serves to enhance the socialization of the student to professional practice building strong professional core values. Therefore, we use an integrative approach with students completing concurrent part-time integrated clinical experiences (one required and others optional) and full-time experiences throughout the curriculum (one full-time experience at the end of the 1<sup>st</sup> academic year, and three Terminal experiences following the completion of all didactic education).

The Program in Physical Therapy seeks to address the health care physical therapy needs for the community, state and region. To that end: (1) we place students in experiences locally, throughout the state and region. Students are encouraged to complete an experience in a rural setting and/or outside Utah; (2) the majority of our clinical sites are within Utah and Intermountain West.

We believe strong relationships with our clinical sites foster optimal and successful clinical education. Good communication, on-site visits, and personal acquaintance with the facility staff/program fosters a better reciprocal understanding of the academic preparation of our students and our understanding of the facility's programs and staff expertise. This allows us to better match students with sites and facilitate problem solving when difficulties arise. This is another reason why the majority of our clinical sites are located within the local community, state and region.

We believe an optimal clinical education experience is dependent upon the clinical instructors' knowledge of our program, their interest in educating students, and abilities as clinical educators. To assist in the development of the clinician as a clinical educator, the Department sponsors at least annually, the APTA Credentialed Clinical Instructor Programs, Level I and II. The Director of Clinical Education or other faculty members may provide on-site education per request to foster the development of the clinical instructor as an educator.

We strive to make the best match between potential available experiences and the student's educational needs and interests. Since the goal is education as a general practitioner able to manage patients across the life span and continuum of care, a well-rounded, varied education is critical. When possible, a student's personal considerations will be accommodated, but not at the risk of jeopardizing the breadth and depth of a student's overall clinical education. Clinical assignments are made through a collaborative decision-making process between the Director of Clinical Education, the student and the clinical site. The University, Program, and Director of Clinical Education retain final decision-making authority in order to best meet the education goals of the program/student.

# CLINICAL EDUCATION PROGRAM POLICIES

The clinical education component of the Doctor of Physical Therapy Program is the key integrative aspect for physical therapy practice and an exciting opportunity for students to seek learning in a variety of practice settings. Students need both accumulated hours as well as those hours spread over time in order to integrate coursework into clinical practice and to achieve a breadth and depth of applied knowledge.

## **NONDISCRIMINATION:**

The University of Utah does not discriminate against individuals on the basis of race, ethnicity, color, religion, national origin, age, disability, sex, sexual orientation, gender, gender identity, gender expression, genetic information, or protected veteran's status ("protected class"), in employment, treatment, admission, access to educational programs and activities, or other University benefits or services. Additionally, the University provides reasonable accommodations to ensure equal access to qualified persons with disabilities. Reasonable prior notice is needed to arrange accommodations. Retaliation against individuals for engaging in protected activities, such as filing a discrimination complaint or participating in a discrimination complaint process, is prohibited. Evidence of practices not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (V/TDD). Upon request, this information is available in alternative formats, such as cassette, Braille, or large print.

## **EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES:**

The University of Utah seeks to provide equal access to its programs, services and activities for people with disabilities. If students need accommodations in class or clinic, reasonable prior notice needs to be given to the Center for Disability Services, 162 Olpin Union Building, 581-5020 (V/TDD). CDS will work with the student, course instructor, and clinical instructor to make arrangements for accommodations. All information in this course can be made available in alternative format with prior notification to the [Center for Disability Services](http://disability.utah.edu) (<http://disability.utah.edu>).

## **CLINICAL EXPERIENCES (PART-TIME):**

Students have the opportunity to complete 1 or more part-time integrated clinical experiences (ICE). Each experience is 1CR and includes an accumulation of a minimum of 45 direct contact hours across the semester. The first experience is required as part of the students' first fall semester; all subsequent experiences are optional.

The purposes of the first (required) part time ICE are to begin acculturation into the profession of PT, practice and integrate knowledge, skills, and professional behaviors learned in the academic setting into the clinical setting, broaden clinical exposure, prepare for full-time clinical experiences the following summer, and provide the student the opportunity to develop an appreciation for clinical experiences and for the instructors who provide learning opportunities. During the first part time experience, students typically spend one half day per week (4 hours) for 11-14 weeks during a semester. While the number of hours of experience is critical, students need both the accumulation of hours as well as these hours spread over time in order to integrate coursework into clinical practice and to achieve a breadth and depth of applied knowledge. Therefore students are discouraged from completing all clinical hours in larger chunks over fewer weeks (e.g. over Fall break period)

The purposes of subsequent optional part-time clinical experiences are to broaden the student's clinical exposure and prepare students for options of full-time experiences during subsequent terms, provide the student the opportunity to practice and integrate knowledge, skills and professional behaviors learned in the academic setting, provide the DPT students with exposure to advanced or specialized areas of physical therapy practice within the program, and/or, provide the student the opportunity to develop an appreciation for clinical experiences and for the instructors who provide advanced learning opportunities. Depending on the purpose of each experience, students may spread their over the course of the semester (e.g., integrating & practicing skills learned in the classroom), or chunk hours into a confined period of time (e.g., during Spring or Fall break to gain exposure to different practice settings), or a combination of the two.

**Student Responsibilities:** Complete all pre-clinical site requirements (e.g., immunizations, HIPAA); learn and review, as necessary, classroom and laboratory material; apply classroom material and laboratory practice in the clinic; identify questions and needs as they occur in the clinic; meet objectives for professional conduct (Professionalism Core Values & Professional Behaviors); meet course requirements; meet mutual objectives set by the student and clinical instructor; complete any assignments given by the clinical instructor; adhere to departmental policies and procedures; independently assess his/her own performance; assess the clinical education experience; and, professionally receive/provide feedback from/to the clinical instructor.

**Clinical Instructor Responsibilities:** Plan experiences for the student based on your site, the school's, student's objectives; demonstrate effective use of skills identified as objectives for the student as well as facilitate these same skills in the student; assess student performance and provide feedback to the student on an ongoing basis and complete a midterm and final assessment of the student's performance and professional behaviors (as requested by the program); contact the school if he/she has any issues or concerns at any time regarding student performance or behavior.

## **FULL-TIME CLINICAL EXPERIENCES:**

Students are expected to complete their clinical experiences according to the Department schedule. The standard University schedule is modified in order to accommodate the clinical experiences. Remedial or repeated experiences may be scheduled outside published experience dates. Due to the demand for clinical sites, experience dates may be flexed to accommodate the clinical site. These cases will be arranged as needed. General timeline is as follows:

PHTH 7810	11-week experience scheduled to begin mid-May
PHTH 7840	11-week experience scheduled to begin following Summer Year 2 (Aug-Oct)
PHTH 7860	11-week experience scheduled to follow PHTH 7840 (Nov-Jan)
PHTH 7880	12-week experience scheduled to follow PHTH 7860 (Jan-Apr)

***UNDER NO CIRCUMSTANCES should a student or family member contact a clinical site with the intent to explore the possibilities of completing a full-time experience at that site! If this occurs, the student will lose the opportunity to complete the experience at that site! The DCE or Clinical Education Assistant handles placement request communication with sites.***

## **EXPERIENCE SETTING REQUIREMENTS:**

Students complete a total of 45 weeks of full-time clinical experiences under the mentorship of an experienced clinician. Full-time experiences are coordinated with the DCE while taking student desire, student need for a particular experience, and availability of clinical sites into account. Since students are being prepared as a general practitioner of physical therapy, able to manage patients across the lifespan and continuum of care, each must fulfill a fulltime experience requirement within each of the following clinical settings:

- inpatient acute care (or other setting with at least a 50% inpatient acute care component),
- outpatient musculoskeletal or general ambulatory care practice,
- neurological rehabilitation (may be pediatric or adult; inpatient or outpatient), and
- geriatrics\* or optional\* based on student preference and learning needs.  
\*an optional site can only be chosen **if** the student can account for significant geriatric experiences within other previous or planned experiences.

## **ACADEMIC GOOD STANDING:**

All students must be in good academic standing within the physical therapy program, successfully completing all prior coursework and clinical experiences. Each core faculty member sets expectations in their individual coursework for students to demonstrate competence and safety prior to engaging in clinical education. Core faculty notify the DCE when a student is determined not competent or safe to continue, or progress, in the clinical education program.

## **RURAL AND OUT OF STATE EXPERIENCES:**

Students are encouraged to complete at least one of their full-time experiences in a rural setting and/or outside the State of Utah. Due to the demand for student clinical placements and the availability of some clinical specialty sites, there may not be enough sites to fulfill a student's needs. In these cases, students would then be placed in a full-time experience in a rural setting and/or outside Utah.

## **ESTABLISHING NEW CLINICAL SITES:**

Students are often interested in setting up new clinical sites in areas where they have family and housing would be affordable. The decision to establish a formal relationship with a clinical facility is carefully considered based on the following:

- The desire of the clinical staff at the facility to have students
- The belief the student will participate in a high quality learning experience
- The type(s) of learning experiences available to students
- The likelihood the facility will be utilized on a regular basis for future UU-DPT students

- The needs of the Program
- The cost to the Program to maintain a quality clinical education relationship with the site

New clinical sites are established ONLY WHEN:

- The DCE sees a need for additional sites in a specific area of practice
- The site offers unique opportunities not available at already contracted sites
- The current sites are unable to offer student placement due to changes in staffing patterns limiting the number of students, or for other reasons affecting the clinical education at the site

***UNDER NO CIRCUMSTANCES should a student or family member contact a potential new clinical site with the intent to explore the possibilities of completing a part-time or full-time experience at that site! If this occurs, the student will lose the opportunity to complete the experience at that site! The DCE or Assistant to the DCE handles communication with sites regarding any clinical placement.***

### **FULL-TIME EXPERIENCES AT SITES PROVIDING FINANCIAL INCENTIVES:**

A student will NOT be placed at a clinical site funding a portion or all of the student's education in the Program and/or has hired the student to begin employment upon completion of the physical therapy program. The funding and/or employment presents a conflict of interest for all parties involved and also presents a bias towards evaluating student performance. A student is REQUIRED to disclose to the Program any such arrangements made with clinical sites and/or employers. This policy will not prohibit students from accepting offers of employment at facilities where they are currently completing an experience or have previously completed an experience.

### **FULL-TIME EXPERIENCES AT FORMER EMPLOYMENT SITES:**

A student will NOT be placed at a clinical site where the student has worked or volunteered (more than 40 hours) in the physical therapy department within the last 3 years. A student will also NOT be placed at a facility where the student has been, or is currently being treated as a patient in the physical therapy department. The Program believes it may be more difficult for a student to establish themselves as a student professional in these settings since former colleagues and therapists may continue to interact with the student within previously established roles and may present a bias toward evaluating the student's performance.

### **RETURNING TO A PREVIOUS EXPERIENCE FACILITY:**

Students may not return to complete a full-time experience at a facility where s/he has previously completed a full-time experience (e.g. PPTH 7810 at the University Orthopedic Center and PPTH 7880 at the University Orthopedic Center). Students may however complete more than one full-time experience within the same larger medical center system when each experience is completed within a different department or specialty setting (acute care, inpatient rehabilitation, burn center, cancer center, pain center, etc.). Students may return to complete a full-time experience at a facility where s/he has previously completed a part-time clinical experience, only if it is in the student's best educational interest.

### **CONTRACT OR CLINICAL TRAINING AGREEMENTS WITH CLINICAL SITES/FACILITIES:**

A written legal agreement/contract must be in effect with signatures from both the University of Utah and the clinical facility prior to a student beginning any experience. The University has a standard agreement, but will also review specific agreements preferred by some facilities. Students are required to read the established agreement prior to their clinical experience to familiarize themselves with any specific site requirements.

### **EXPENSES for Clinical Education:**

The unique nature of clinical education does require students to allocate additional funds beyond tuition and fees to cover this requirement within the curriculum. Examples of additional costs may include, but are not limited to, clinical site on-boarding fees, parking, travel, relocation, and/or housing expenses (for out of area experiences).

### **REGISTRATION AND TUITION:**

The student must register for all clinical experiences. The student is responsible to acquire all necessary information and register prior to all University deadlines. Students should pay close attention to the University calendar and deadlines, as the standard University schedule is modified in order to accommodate the clinical experiences. Registration is required in order to maintain a full time student status for the purposes of professional liability insurance and for financial aid. Until registered, the student will not be able to participate in either full time or part time clinical experiences.



## RELOCATION:

Students should anticipate in some cases full-time experiences might require geographical separation from family, significant others, friends, and pets. This may happen during holidays, or other significant events.

## CANCELLING A FULL-TIME EXPERIENCE:

Any full-time experience will not be changed once confirmed with a clinical site, except if significant extenuating circumstances arise. Extenuating circumstances may include student illness or injury, significant family issues impacting the student's ability to participate, an alteration in the student's ability to progress within the program, or a problem at the clinical site (identified by the SCCE or DCE). **Cancelling a full time experience would result in the student completing the experience at a later time in the curriculum – typically following the final experience, and therefore delaying graduation.** Students should discuss the situation with the DCE as soon as possible if they feel a need to change a full-time experience due to extenuating circumstances. Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned experience. A student should wait to plan significant life events (e.g., weddings, baby, family reunions/vacations) until full-time experience dates have been confirmed with the site. That being said, the risk always exists that a site may cancel or change the experience at the last minute resulting in rescheduling the experience to an alternate time. The student must comply or forfeit the experience.

If the SCCE identifies a problem (lack of staff, closing of the clinic, change in management, need for a new contract, etc.) requiring a change or cancellation of an experience, it is the responsibility of the SCCE to inform the DCE as soon as possible. When an experience is cancelled, the DCE will plan alternative options with the student. If the site cancels an experience, the program will do its best (depending on site availability) to place the student at an alternate site during the regularly scheduled semester. If an alternate placement cannot be found, the student's experience start date may be delayed.

Students may not "swap" or exchange clinical experiences.

## STUDENT ILLNESS, INJURY, OR EMERGENCIES WHILE ON EXPERIENCES:

Students are not considered employees of the clinical site. If the student is injured during an experience, the facility shall provide emergency medical care to the student in case of need, but shall not bear the cost of such care (as per contract). As such, students are required to carry valid health insurance during enrollment in the Program. Facility policies will be followed when the filing of an incident report is necessary. In a non-emergent situation, the student may seek medical attention at the healthcare provider of his/her choice. The student is responsible for all costs of medical care received.

### Illness & Medical Appointments while on Full-Time Experiences:

Any time missed due to illness or emergency must be reported to the CI and DCE, and must be made up. Time off for appointments for medical and dental care – either for the student or the student's dependents, should be discussed with the DCE first and then the CI prior to making the appointment. The student is expected to schedule appointments outside of clinical time or so time away from the clinical setting is least disruptive to the functioning of the facility.

In all sudden illness or emergency cases, the student will notify the facility *prior to* the start of the workday or as soon as the student knows of the illness/emergency, and will speak directly to the CI or SCCE regarding the absence. Text or email notifications are NOT approved methods of communication unless students have tried to reach the CI/SCCE by phone, or unless preferred by site/CI.

## ABSENCES OR "TIME OFF" DURING FULL-TIME CLINICAL EXPERIENCES:

The program does not allow the student any "time off" during clinical education courses other than for professional development opportunities described below. **Any planned absence must be *FIRST* approved by the DCE before addressing the SCCE or CI.** When a student misses a day from a full-time experience, the CI and the student will schedule the make-up time, and the student must notify the DCE within three working days: the date of the absence, the reason for the absence, and the date of the make-up time. If a student misses a day of clinic, then 1 full day should be made up – it is not appropriate to make up a clinic day by staying an additional hour on several days. Students and CIs must document ALL missed time in the CPI – date & amount of time missed, how and when (date) that time was made up. Failure to comply with this policy may result in a delay in the scheduled completion of the student's experiences and/or graduation.

A week between each Terminal Full-Time Clinical Experience is allowed for situations such as remediation, making up missed time, or travel to a distant experience site. In some cases, sites may need to alter start or end dates; therefore requiring the student to complete back-to-back full-time experiences.

The full-time experience schedule plans for students to complete all experiences the week prior to the National Physical Therapy Exam (NPTE). If for some reason, a student is finishing his/her clinical experience the week during or following the NPTE, please note the ***NPTE is NOT an Excused Absence: Time off from a clinical experience, for the purpose of sitting for the NPTE exam, is NOT an excused absence.*** The student is required to make up the missed day.

***Job and Residency Interviews - NOT an Excused Absence: Time off from a full-time clinical experience for the purpose of employment or residency interviews are NOT excused absences.*** Interviews should be scheduled at times other than scheduled experience days or hours. If this is not possible, then the student is required to make up all time missed.

Participation in Opportunities for Professional Development: **CONDITIONAL**

**1. Professional Conference - TWO (2) Days Excused Absence**

Students may be excused a maximum of TWO (2) days without penalty from full-time clinical experiences in order to participate in opportunities for professional development such as state, national, or international professional conferences, student conclaves, research symposia, and professional political action events. These opportunities will be considered excused absences. Students are required to obtain **prior** written approval from the DCE and clinical faculty during the time of their absence. Such absences, however, do not lessen the student's responsibility to meet the expectations of the experience. If the student is not meeting the expectations of the experience, the request to attend the event may be denied. If the student attends an event and does not meet expectations of the experience after the event, the student will be required to make up any missed time, extend the experience to allow for additional time to meet competencies, or fail the course.

**2. Pro Bono Clinics –Participation during any full-time clinical experience – TWO ½-day Experience Hour Credit**

Students may be excused from their full-time clinical experience a maximum of TWO ½-days to compensate for active participation in providing patient care services at any Student Run Pro Bono Clinic. Students are required plan ahead to obtain **prior** written approval from the DCE and clinical faculty. If the student is not meeting the expectations of the experience, the request for excused absence may be denied. If the student participates in the Pro Bono Clinic, takes time off from the experience, and ultimately does not meet expectations of the experience after the event, the student will be required to make up any missed time, extend the experience to allow for additional time to meet competencies, or fail the course.

## **HOLIDAYS:**

Holidays (e.g., New Year's, Easter, Memorial Day, Independence Day, Pioneer Day, Labor Day, Thanksgiving, Christmas, and others) will occur during full-time clinical experiences. Students will follow the holiday schedule designated by the facility and/or their Clinical Instructor; therefore, students may be in clinic on a holiday and may be separated from family/friends on that day. Closure of the University does not excuse the student from participating in scheduled clinical experiences.

## **CLINIC HOURS:**

In many cases, student clinical hours may be approximately 8:00am-5:00pm Monday through Friday. The student is expected to follow their clinical instructor's schedule and therefore the schedule may take a variety of formats. Students may not dictate their scheduled clinical hours!! Some common formats are: four 10-hour days; 7 days "on" (10-hour days) / 7 days "off" (students on this schedule will need to work additional days in order to accumulate the requisite experience days/hours); longer days on M, W, F and shorter days on T, TH; and, a combination of five 8-hour days or four 10-hours days spread out throughout the week. Other variations are possible including weekend hours, start times earlier than 8:00am and leaving time later than 5:00pm. Students are expected to comply with any schedule variation. Students should notify the DCE well in advance of the clinical experience with any special needs that would not allow them to comply with an atypical schedule.

Tardiness will not be tolerated. If a student is late, the CI should discuss the issue with the student when it first occurs and give a verbal warning. If it occurs a second time, tardiness should be documented in the Clinical Performance Instrument, Criteria #2 Professional Behavior (see sample behavior 'b') with a verbal warning to the student. If a third instance occurs, the DCE should be notified and the event documented again in the Clinical Performance Instrument using a Critical Incident Report. Any action taken by the Program and the CI will be communicated in writing to the student.

Students should also realize one must learn to be effective prior to being efficient, and therefore may end up staying later than his/her CI to complete chart reviews, documentation, or other non-direct patient care tasks. The student may not perform physical therapy examination, evaluation or interventions if the CI (or his/her physical therapist designee) is not present and immediately available.

Students are reminded they are still students and, as such, they should expect to spend time outside of clinic hours reviewing information and completing assignments. Each clinical experience course will have assignments, as well as it is common and appropriate for CI(s) to assign homework. Students are expected to meet all given deadlines.

## **EMPLOYMENT DURING CLINICAL EDUCATION COURSES:**

We highly recommend students do not maintain employment during full time clinical education courses, but realize that may not be possible or realistic. Depending on the location and/or hours of the clinical experience, the student may need to adjust employment hours or not be able to continue employment. If employment hours conflict with facility hours, the student will be expected to forfeit or change employment hours. The student should NEVER request to leave early or request the clinical site to alter hours around employment demands!

## **APPROPRIATE BEHAVIOR:**

Students are expected to adhere to:

- the University of Utah Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program, Student Code of Professional Responsibility
- the APTA [Code of Ethics](http://www.apta.org/Ethics/Core) (<http://www.apta.org/Ethics/Core>),
- the APTA [Guide for Professional Conduct](http://www.apta.org/Ethics/Core) (<http://www.apta.org/Ethics/Core>),
- the APTA [Professionalism Core Values](http://www.apta.org/Professionalism) (<http://www.apta.org/Professionalism>).

In addition to the above, the following are specific suggestions for professional behavior in the clinical setting. Students are expected to:

- Seek all the information needed to comply with the clinical site's departmental and organizational policies. Students should ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays, etc. Proper orientation is a shared responsibility for the student and instructor.
- Abide by departmental regulations of the clinical site.
- Arrive on time (early is considered "on time"), keep appointments, and leave at a time agreed upon (in advance) by the clinical instructor. Do not leave "early."
- Use free time constructively and wisely as mutually agreed upon with the clinical instructor. Constructive and wise use of free time is typically considered activities related to patient care.
- Demonstrate initiative in patient care, departmental functions and in own learning.
- Accept and contribute constructive suggestions/communications in a professional manner.
- Not accept any gifts or gratuities offered by patients, families, caregivers or vendors (e.g., Jazz tickets). Any such gifts or gratuities offered should be reported to the clinical instructor and handled in a manner in accordance to site policies.
- Avoid chewing gum while treating patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.
- Obtain permission of the clinical instructor before visiting patients after departmental hours. In some facilities, this may be an acceptable practice; in others, it is not.
- Ask questions of the clinical instructor to facilitate learning, and ensure patient safety and quality care. Students should be discrete about questions asked in front of the patient, and reserve all questions regarding prognosis for when the patient is not present. Students should also be aware of the clinical instructor's time constraints in answering questions as well as their own obligation to ask those questions.
- Adhere strictly to ethical standards, protecting patients' confidence. Do not discuss patients' condition(s) outside the clinical setting and with anyone who does not have a "need to know". Patients may be discussed with classmates and faculty for educational purposes only maintaining HIPAA compliance (see related HIPAA guidelines regarding de-identification of patient records/information).
- Attend to common courtesy in the clinical setting. Communication of respect, display of good listening skills and sensitive verbal communications are helpful in promoting productive working relationships with clinical supervisors and peers.
- Report back to the school any ethical or legal compromises noted at their clinical sites.

- Silence personal cell phones or other electronic communication devices during clinic hours unless used for reasonable accommodations of a documented disability, or as determined acceptable use by site policy.

Further guidelines and information are provided elsewhere in the Clinical Education Handbook for successful clinical experiences. The University of Utah is privileged to have the opportunity to send students to our clinical affiliates and expects students to have the highest professional regard and respect for these opportunities.

## APPROPRIATE CLINICAL PROFESSIONAL DRESS:

Appropriate professional attire is important as a representative of the University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program. Students are expected to wear professional attire for **all** activities involving clinical contact with patients, unless instructed otherwise by the site. Client consideration and professional image are of utmost importance in any clinical situation. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty.

Students must determine site-specific dress code requirements prior to the first day of the clinical experience. Dressing more conservatively or formally on the first day/week of the clinical is suggested, until the dress code is clarified. If students report to the clinic wearing any inappropriate dress, they may be asked to go home to change, to change in to temporary scrubs for the day, or be dismissed for the day with the day needing to be made up later. The following describes our expectations of clinical attire. Students are expected to adhere to these guidelines AND the site's policies. Examples of Appropriate Clinical Attire include:

Clothing/Accessory Style	Acceptable	Unacceptable
Tops/Jackets	Tops should fit appropriately and look professional, wrinkle free, and clean. If wearing a logo it should be the University of Utah or U of U Health.	Tops that reveal undergarments or abdomen. Halter tops, spaghetti-strap, scrub top (if non-clinical) or are worn out (holes, tears, faded, stained) are also unacceptable. Any type of fleece material is not permitted in clinical areas due to infection control.
Pants/Dresses/Skirts	Pants/dresses/skirts should fit appropriately and look professional, wrinkle free, and clean, and should be appropriate for your job and work area. All dresses and skirts should have modest hemlines.	Pants/dresses/skirts that reveal undergarment or expose abdomen or are worn out (holes, tears, faded, stained).
Footwear	Footwear should be professional and in good, clean condition. Includes: pumps, flats, boots, loafers, professional sandals, and other leather shoes. High heels should not exceed 3 inches for safety reasons.	Footwear that does not comply with department-specific safety regulations. Flip flops of any kind including thong-style flip flops, beachwear flip-flops, yoga flip-flops etc. Footwear that is odor-ridden, worn, or stained.
Jewelry Body Piercing	Ear piercings and nose studs are acceptable. If ear has a gauge, the gauge should be removed and the hole should be plugged with plugs matching skin tone.	Exposed eyebrow, tongue, cheek, lip, or nose ring. Piercings should be concealed if outside acceptable.
Tattoos	Tattoos should be non-offensive.	An employee may be asked to cover tattoos, depending on the unit or business need. For example, any tattoo that could be perceived as offensive or hostile in the workplace based on racial, sexual, religious, ethnic or other characteristics of a sensitive or legally protected nature that would diminish your effectiveness in your ability to provide care for our patients or support your co-workers must be covered during your shifts.

<b>Grooming Standards</b>	Employee should practice personal hygiene and be free of offensive odor. Hair should refrain from being distracting and be clean and pulled off face when appropriate. Facial hair including mustache and beard should be trimmed. Makeup should appear professional. No hats or head coverings should be worn inside (except for approved departments and for those worn for religious and/or medical purposes). Fingernails must be clean.	Perfume or cologne that might interfere with those who are ill or allergic to such odor. Clothing and body with smoke odor. Extreme trends such as mohawks, long spiked hair or any other hairstyles that could create an infection control issue. Acrylic nails, as determined by the department.
<b>Employee Badges</b>	Badges must be worn below eye level and the above the bottom of the sternum, free from distracting stickers, pins, etc. Photo ID must be legible and visible at all times.	Lanyards used to hold ID badges are not permitted.

### **ID BADGES:**

The Program recognizes the importance of the identification of healthcare providers to the consumer and requires students to display proper identification during all patient encounters. Students and/or their CIs are required to inform consumers of the student's role in the encounter and gain informed consent for the student's participation. The standard University of Utah Vertical Health Sciences Identification Card (U Card) will be used as the student's ID badge. Identification badges should always face front (must not rotate), worn on the upper chest area (defined as the bottom edge of the ID badge being no lower than the level of the sternum, bringing the ID badge closer to the face) and visibly apparent to others. Identification badges are to be worn during all clinical experiences. Clinical sites may provide students with facility picture identification. In this case, the student would not wear two badges unless dictated by the clinical site.

### **WITHDRAWL FROM A CLINICAL EXPERIENCE:**

At any time during the clinical experience, after consultation with the SCCE and the CI(s), the DCE and/or the faculty may withdraw a student from a clinical experience if, in their judgment, the student is performing incompetently or poses a safety threat to patients, the staff of the facility, or him/herself. The SCCE and the CI(s) may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical facility's disciplinary policy. "The student shall be required to follow all the rules, regulations, and procedures of the facility" (as per contract). These rules, regulations, and procedures should be introduced to the student during orientation to the facility or prior to the experience.

## IMMUNIZATIONS:

Upon matriculation into the Program, students are required to show proof of the following immunizations. Students maintain updated records online in Castle Branch. Students are responsible for keeping all immunizations up-to-date and readily available to provide clinical sites with verification of all immunizations. Immunizations should be up-to-date through the completion date of any experience (should not expire during the experience). A clinical site may have additional criteria or requirements and the student is responsible for communication with the facility to determine any differences and obtaining the requisite test/immunizations. The student is responsible for the costs of all immunizations. If the student does not provide the required information/proof, the clinical facility or the Program has the right to suspend the student's clinical experience until such information is provided.

<b>REQUIRED</b>	MMR (Measles, Mumps, Rubella)	2 vaccinations OR positive antibody titer. If titer is negative or equivocal, 1 booster will be needed.
<b>REQUIRED</b>	Diphtheria/Tetanus	Submit primary DPT series
<b>REQUIRED</b>	Tetanus, Diphtheria, Pertussis (Td/Tdap)	Substitute 1-time dose of Tdap after 2005; then boost with Td every 10 years.
<b>REQUIRED</b>	Hepatitis B	3 vaccinations OR positive antibody titer (lab report required). A student may begin a clinical if the series is in process but must provide documentation of completion. If titer is negative or equivocal, 1 booster will be needed.
<b>REQUIRED</b>	Varicella (chickenpox)	2 vaccinations OR positive antibody titer OR medically documented history of disease. If titer is negative or equivocal, 1 booster will be needed.
<b>REQUIRED</b>	Influenza	Annually – shot or nasal spray. Submit documentation of a flu shot administered during the current flu season Oct-Mar.
<b>REQUIRED</b>	Polio	Completed primary series (at least 3 vaccinations) OR positive antibody titer
<b>REQUIRED</b>	Tuberculosis (TB) Screening	Negative TB skin test OR 2 step skin test (1-3 weeks apart) OR QuantiFERON Gold Blood Test OR if positive results, must provide a clear chest x-ray results. Annual test is required.
<b>RECOMMENDED</b>	Human Papillomavirus (HPV)	3 doses
<b>RECOMMENDED</b>	Hepatitis A	2 doses
<b>RECOMMENDED</b>	Pneumococcal (polysaccharide)	1-2 doses
<b>RECOMMENDED</b>	Pneumococcal conjugate 13-valent (PCV13)	1 dose
<b>RECOMMENDED</b>	Meningococcal	1 or more doses

## BACKGROUND CHECKS:

The University of Utah requires a completed national background check of all individuals who will have direct patient contact. Students are responsible for obtaining a background check at the time of entry into program. Students are responsible for all costs and should keep a copy of the results for their own records. Also, many clinical sites require updated or complete new background checks prior to any experience. Students should be prepared to have several screens completed during the course of the program. Be sure to check with your clinical site for specific requirements. See the online "PT Clinical Education Information" Canvas site for further details and instructions. National background check: [www.castlebranch.com](http://www.castlebranch.com)

## DRUG SCREENS:

The University of Utah requires drug screens to be completed by all individuals who have direct contact with patients. Students are responsible for obtaining the required drug screen upon matriculation into the program and prior to every full time clinical experience. Students are responsible for all drug screening costs and should keep a copy of the screening results for their own records. Most clinical sites require drug screens prior to an experience.



## CARDIOPULMINARY RESUSITATION TRAINING:

Students must maintain current CPR certification/recertification valid throughout the physical therapy program and be prepared to show proof of certification to clinical sites. We accept only American Heart Association BLS for Healthcare Providers training.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), INFECTION CONTROL, ENVIRONMENTAL HAZARDS & OTHER RECURRENT ANNUAL TRAINING:

All students must show evidence to clinical sites (upon request) of having completed HIPAA training, infection control, environmental hazards and other training requirements. Students complete requisite training annually.

## HEALTH INSURANCE:

Students must maintain and provide evidence of medical health insurance coverage effective throughout the physical therapy program.

## PROFESSIONAL LIABILITY INSURANCE:

For participation in any clinical education course, students must provide evidence of comprehensive general liability and professional liability insurance or properly reserved self-insurance. The program purchases adequate insurance coverage for all students in the program and a Certificate of Insurance is available on Canvas.

## CURRENT CONTACT INFORMATION and COMMUNICATION:

Students are responsible to provide the Program with a current address and phone number throughout their duration in the Program. The DCE may contact the student at the current (home or cell) phone number to discuss an experience, advise the student of a change in an experience, or for other clinical education related reasons. **UMail (University email) is the official form of communication at the University of Utah. Students are required to use their UMail email address for all electronic mail correspondence!**

## STUDENT SUPERVISION:

According to the legal contract with facilities, the facility shall designate an individual (SCCE) to act as liaison with the School, to provide for supervision of the student in accordance with the Physical Therapy Practice Act by a physical therapist with a minimum of one year of clinical experience, and to provide the student and the school with feedback on the student's performance.

A CI, or his/her designee, must be on the premises at all times when the student is performing physical therapy activities. The student cannot provide physical therapy services if a supervising physical therapist is not on-site and immediately available for consultation. If a student is assigned to a small clinic with only one physical therapist, the student cannot provide physical therapy services without a physical therapist on-site, as may occur if the therapist is sick.

In the event a supervising physical therapist is not available on-site while a student is scheduled to be in the clinic, alternative arrangements must be made for the student's clinical hours. Options may include observation of another professional, assignment to another clinic for the day, or make-up days after the assignment. Students may participate in co-treatments with other professionals (occupational therapists, speech therapists, for example) if the supervising CI is on the premises; however, the patient must be actively receiving physical therapy care. Students can receive instruction from physical therapist assistants, and other health care providers, but the CI or his/her designee must be on site.

Student supervision under Medicare A: in the skilled nursing facility setting, under MDS 3.0, in order to record the minutes as individual therapy when a student is involved in the treatment, only ONE (1) resident can be treated by the therapy student and the supervising therapist. In addition, the supervising therapist cannot be treating or supervising other individuals, and the therapist must be able to immediately intervene or assist the student as needed while the student and resident are both within line-of-sight supervision (e.g., the therapist could be completing documentation while supervising the student and resident).

When a therapy student is involved in the treatment, and one of the following situations takes place, then the minutes may be coded as "concurrent therapy."

- The student and supervising therapist are each treating a separate resident while the student is in line-of-sight of the supervising therapist
- The student is treating two residents simultaneously, both of whom are in line-of-sight of the supervising therapist, and the therapist is not treating any patients and not supervising other individuals



- The supervising therapist is treating two residents simultaneously (regardless of payer source), both of whom are in line-of-sight, and the student is not treating any residents.

For further guidelines, visit <http://www.apta.org/Payment/Medicare/Supervision>. For other settings, such as acute care, the CI must provide on-site supervision. Refer to the CMS Federal Register Volume 64, Number 213 or visit <http://www.apta.org/Payment/Medicare/Supervision>

Student supervision under Medicare B: In order to bill for student services provided to patients and clients with Medicare B, the CI must be present and actively engaged in all decision making related to the patient's care. The CI may not be engaged in another activity simultaneously. Refer to CMS guidelines: [www.cms.hhs.gov](http://www.cms.hhs.gov) or to the APTA website <http://www.apta.org/Payment/Medicare/Supervision>.

## CLINICAL INSTRUCTOR QUALIFICATIONS AND RESPONSIBILITIES

The individual(s) who directly supervises and provides clinical instruction for at least 160 hours (4 weeks) to the same student must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience. The person primarily responsible for providing direct supervision is referred to as the Clinical Instructor (CI). The Site Coordinator of Clinical Education (SCCE) may also serve as a CI. Clinical instructors should demonstrate:

- clinical competence
- legal and ethical behavior meeting/exceeding the expectations of members of the profession
- effective communication skills
- effective behavior, conduct and skill in interpersonal relationships
- effective instructional skills (including ongoing positive and negative feedback on student performance)
- effective supervisory skills
- performance evaluation skills

The clinical instructor is responsible for carrying out clinical learning experiences and assessing student performance in the cognitive, psychomotor and affective domains as related to entry-level clinical practice and academic and clinical performance expectations.

The Program evaluates clinical instructor qualifications and effectiveness through: telephone and/or site visits, interviews with students and CIs; CI/student completion of an instructor profile; CI's successful completion of the APTA Credentialed Clinical Instructor Program Level I and II courses, student course reflective journal entries; CI student performance ratings and comments in the CPI; and the student's final evaluation of the site and clinical instructor.

## CLINICAL INSTRUCTOR PRIVILEGES AND AFFILIATE PROGRAM

We are extremely fortunate to have clinical instructors share time, expertise, professional values, and patients with our students in providing high quality clinical education! Quality clinical education is *critical* to effectively preparing our students to become competent physical therapists. To thank SCCEs and CIs for time and efforts, the University of Utah offers the following! SCCEs/CIs interested in applying for Clinical Instructor Affiliate I or II status should contact the DCE or Clinical Education Assistant.

Clinical Instructor Affiliate I: Awarded to SCCE & CI working with University of Utah DPT students. Once awarded, privileges are maintained dependent on current eligibility, and must be renewed every calendar year.

### Eligibility:

- Serve as a SCCE at a site accepting at least 1 UUPT student during any calendar year.
- Serve as a CI for at least 1 UUPT student during any current calendar year.
- Must not be working in a Physician Owned Physical Therapy (POPTS) practice.

### Privileges:

- On-site & remote access to libraries
- UMail (email account)
- Access to campus recreation & field house at reduced fees
- Various discounts through student union
- University credit union
- University bookstore discounts
- Paid APTA registration fees (member rate) to the Credentialed Clinical Instructor Program, Level I & II courses sponsored by the Department
- Reduced registration fee to selected continuing education courses offered by the Department

**Clinical Instructor Affiliate II:** Awarded to clinical instructors who have demonstrated a continued commitment to, and excellence in, mentoring University of Utah DPT students.

**Eligibility:**

- Serve as a CI for at least two (2) full-time UUPT students with an average rating of 4/5 on student evaluations of the clinical experience and clinical instruction.
- APTA Credentialed Level I **and** Level II Clinical Instructor
- Must not be working in a Physician Owned Physical Therapy (POPTS) practice

**Privileges:** (in addition to Affiliate I)

- Choice of:
  - Current textbook (selected from a list of texts used in program coursework)
  - OR
  - Reimbursement (at the APTA member rate) for a successfully completed APTA online continuing education course

## EVALUATION OF STUDENT CLINICAL PERFORMANCE WHILE ON CLINICAL EXPERIENCE:

The University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program utilizes the APTA Clinical Performance Instrument (CPI) in the evaluation of student performance in the clinic during all full time clinical experiences. The evaluation should be reviewed early in the experience, with formal evaluations of the student schedule at least at midterm and near the end of the experience (final). Students and Clinical Instructors are required to complete training on proper use of the evaluation tool. PT CPI Web2 training is completed online through Liaison International. Further instructions will be provided to students prior to PHTH 7810.

**CPI Web2 Performance Criteria:**

The 18 performance criteria describe the essential aspects of professional practice of a physical therapist clinician performing at entry-level. The performance criteria are grouped by the aspects of practice they represent. Items 1-6 are related to professional practice, items 7-15 address patient management, and items 16-18 address practice management.

**<sup>R</sup>Red Flag Items** - The Performance Criteria 1-4 & 7 of the CPI are **foundational elements** of clinical practice, and therefore the student **must achieve appropriate performance** of each skill by the end of the experience (e.g., students are NOT expected to be at entry-level, but “appropriate” for a 2nd year student during a 1<sup>st</sup> clinical experience). Although effective student performance of these items is essential, these red flag items do not stand alone in the evaluation of student performance. Each skill is critical to the overall assessment of a student’s clinical competence.

**Student Performance Rating and Expectations:**

Student performance ratings must be completed at **midterm** and near the completion of the experience (**final**). Ratings are based on six defined anchors with five distinct categories and specific criteria within each category. The scale is designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” In other words, a rating is given to identify, at what capacity the student is performing within each specific clinical setting. Student performance rating is judged on five performance dimensions: supervision/guidance; quality; complexity; consistency; and efficiency. We expect a student’s performance should progress from Beginning in the first year to Entry-Level in the final experience. Specific performance expectations for each experience are communicated in each respective course syllabus. We highly encourage clinical instructors and students to use the Weekly Planning Form as one means of providing formative (ongoing) feedback and collaboratively planning the experience en route.

*Lack of appropriate progress* is more concerning and should be immediately communicated with the DCE for appropriate interventions. If a student is unsure as to the expected performance level, it is the student’s responsibility to make an appropriate and timely inquiry. Once concerns are brought to the student’s attention (written and/or verbal), students’ are expected to be responsive. Do not hesitate to utilize the evaluation instruments more frequently if desired. The Weekly Planning Form, Critical Incident Report form and Anecdotal Record forms are available within the PT CPI Web. The *Professional Behaviors Assessment* and *APTA Professional Core Values Assessment* are also available from the students or the DCE to further diagnose and remediate issues in professional behavior.

## GRADING AND CONSEQUENCES OF A FAILURE OF A FULL-TIME CLINICAL EXPERIENCE:

All full-time clinical experiences are GRADED. The DCE is responsible for assigning experience grades. All assignments must be completed and student students must achieve appropriate clinical performance ratings throughout the experience to be successful. Final determination of grades is made in consultation with clinical instructors, site coordinators of clinical education, academic faculty and the Department Chair. The CI(s) written evaluation and recommendations, phone conversations and/or site visits with the student and/or

CI(s), as well as any other communication between the CI(s), SCCE and the DCE or between the DCE and the student during the experience and with consideration of the entire record and performance of the student are taken into consideration.

Clinical Experience expectations are described in each course syllabus. The expectations for professional behavior are listed and described in the course syllabus, the Student Handbook, the Clinical Education Manual and the Clinical Performance Instrument.

- If a student fails an experience, he/she MUST successfully repeat the experience with a passing grade in order to progress in the curriculum. The reason(s) for failure of an experience will serve as the basis for remediation.
- Failure to pass the second attempt at the clinical experience will serve as grounds for dismissal from the Program.

## **CLINICAL EDUCATION MANAGEMENT SYSTEM – EXXAT**

Beginning Summer/Fall 2019, the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program will transition from Acadaware to Exxat STEPS to manage all aspects of the clinical education program. The system centralizes information such as student experience history, experience requirements, clinical site information and utilization data.

# THE CLINICAL EXPERIENCE SELECTION PROCESS

## PURPOSE

The purpose of this guide is to provide SCCEs and CIs, an overview of the policies and procedures for selecting clinical experiences during the Program.

This guide will:

- Outline the clinical education experience requirements and expectations
- Outline the sequential timeline and process for experience selections
- Inform SCCEs and CIs of the roles and responsibilities of the student, Director of Clinical Education (DCE), and the Clinical Education Assistant to the DCE in the selections process

## CONSIDERATIONS IN THE PLACEMENT PROCESS

The Doctor of Physical Therapy Program at the University of Utah prepares students as physical therapists prepared to manage patients across the lifespan and continuum of care. Students are prepared for not only a current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and life-long learner. To this end, students are encouraged to obtain a wide exposure to a variety of practice settings and patient/client populations throughout the program.

## PART AND FULL-TIME CLINICAL EXPERIENCE REQUIREMENTS

Year	Clinical Experiences	Time Frame (45 hours)	Year	Full-Time Clinical Experiences	Time Frame
Year I	PTH 6800 (1 CR) Clinical Experience I <b>Required</b>	4 hrs/week for 11-14 wks			
Year 1-2	PTH 6820 (1 CR) Clinical Experience II <b>Optional</b>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 2	PTH 7810 (9 CR) Full-Time Clinical Experience I <b>Required</b>	11 weeks full-time 440 clinical hr equivalent
Year 1-3	PTH 6830 (1 CR) Clinical Experience III <b>Optional</b>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 3	PTH 7840 (9 CR) Terminal Full-Time Clinical Experience II <b>Required</b>	11 weeks full-time 440 clinical hr equivalent
Year 2-3	PTH 6850 (1 CR) Clinical Experience IV <b>Optional</b>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 3	PTH 7860 (6 CR) Terminal Full-Time Clinical Experience III <b>Required</b>	11 weeks full-time 440 clinical hr equivalent
Year 3	PTH 7960 (1-5 CR) Independent Study <b>Optional</b>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 3	PTH 7880 (6 CR) Terminal Full-Time Clinical Experience IV <b>Required</b>	12 weeks full-time 480 clinical hr equivalent

## FULL-TIME CLINICAL EXPERIENCE PRACTICE SETTING REQUIREMENTS

### Practice Setting Requirements:

- Inpatient **Acute Care** (or mix that includes at least 50% acute care).  
A portion of this experience must be in a hospital setting including adults and/or children.
- **Outpatient Musculoskeletal/Ambulatory Care**  
This experience should take place in an ambulatory care environment or private practice.
- **Neurological Rehabilitation** (pediatric or adult; inpatient or outpatient)  
This experience can be in an adult or pediatric inpatient or outpatient rehabilitation facility, specialized skilled nursing facility, or school system. To qualify as a rehabilitation setting, the *majority* of patients must have neurologic diagnoses/conditions and the staff must include other health care providers (PT, OT, SLP, TR, RN, MD, RD, SW, etc.) working in an interdisciplinary team environment.
- **Geriatric\* or Optional\***  
\*an optional site can only be chosen *if* the student can account for significant geriatric experiences within other previous or planned full-time clinical courses. Students may choose to repeat a setting as their optional experience (e.g., a second ortho outpatient experience) or may choose a different specialty area setting (e.g., balance/vestibular, woman's health, burn, wound care).

Some sites offer a combination of experiences such as rural settings where the therapists see patients in acute care, the outpatient clinic, the school system, and home health routinely during the course of a day and/or week. In these cases, the practice setting assignment will be based on where the *majority* of the student's experience will be. This setting assignment will be determined by the Director of Clinical Education in consideration of the individual student's overall clinical education program.

**While the full-time experiences do not require any specific order, given the schedule of the didactic curriculum, students will get the most out of their experiences with the following *suggested sequencing*:**

Full-Time Clinical Experience I	Skilled Nursing or Short Term Rehab Facility, Outpatient Ortho, Acute Care, Rural
Terminal Full-Time Clinical Experience II, III & IV	Acute Care, Outpatient Ortho, Neurologic Rehab, Rural, other specialty settings

## STUDENT SPECIAL NEEDS / REQUESTS

Students choose a prioritized list of options for their full-time clinical experiences through a collaborative decision-making process with the Director of Clinical Education. The Director of Clinical Education strives to ensure the best match possible between anticipated student placement availability and the students' needs/interests while not jeopardizing the breadth and depth of a student's overall clinical education. Therefore, students should make their preference requests only after consulting with the DCE. Given students select their own list of preferred sites, they are able to do the best work at accommodating their own special needs (such as location secondary to transportation constraints, need to remain in Utah for an experience, or other needs requiring individual consideration). There are times however when a student's preferences cannot be accommodated. The University, Program, and Director of Clinical Education retain final decision-making authority in order to best meet the education goals of the Program and the student.

## FULL-TIME CLINICAL EXPERIENCE SELECTION PROCESS & TIMELINE

The full-time clinical experience placement process begins approximately 12-18 months in advance and proceed generally as follows. **UNDER NO CIRCUMSTANCES** should a student or family member contact a clinical site with the intent to explore the possibilities of completing an experience at that site! The DCE and/or the Clinical Education Assistant handle all initial placement communications with sites! Students may contact a clinical site or clinical instructor regarding a clinical experience **ONLY AFTER** the experience has been confirmed with the site by the DCE or Assistant to the DCE.

## SCHEDULE

January	<ul style="list-style-type: none"><li>▪ Consultation time in small groups with DCE for Terminal Full-Time Clinical Experience II, III &amp; IV (students in Year 2 for 3<sup>rd</sup> year)</li><li>▪ Clinical sites requiring applications and/or interviews may be due as early as January. Applications provided to students as requested</li></ul>
February	<ul style="list-style-type: none"><li>▪ Individual student meetings with the DCE to select specific placement request for each experience. Meetings completed by early-mid Feb. Student meetings are scheduled according to each class' lottery order</li><li>▪ Additional consultation time with DCE as needed</li><li>▪ Students complete resumes and letters of intent to be sent with all out of state placement requests and select in-state sites requiring interviews</li></ul>
March	<ul style="list-style-type: none"><li>▪ Placement requests sent to clinical sites (National Mailing Date = March 1) for specific placement positions during the following calendar year</li><li>▪ Staff contact with sites that have not responded to our request(s)</li><li>▪ Additional consultation time with DCE as needed</li><li>▪ Interviews conducted PRN per clinical sites</li></ul>
April	<ul style="list-style-type: none"><li>▪ Requests returned (responses trickle in throughout April) – National Due date is April 30</li><li>▪ Staff contact with sites that have not responded to our request(s)</li><li>▪ Additional consultation time with DCE as needed</li><li>▪ Interviews conducted PRN per clinical sites</li></ul>
May	<ul style="list-style-type: none"><li>▪ Students (rejected or not yet placed) review experience options with DCE</li><li>▪ Additional consultation time with DCE as needed</li><li>▪ Interviews conducted PRN per clinical sites</li><li>▪ Placement requests and confirmations ongoing as needed</li></ul> <p>New incoming class - Students in Year 1</p> <ul style="list-style-type: none"><li>▪ Orientation to the clinical experience placement process</li><li>▪ Small group consultation time with DCE to review placement options</li></ul>
June	<ul style="list-style-type: none"><li>▪ Individual student meetings with the DCE to select specific placement request completed by early June.</li></ul>
July - December	<ul style="list-style-type: none"><li>▪ Placement requests and confirmations ongoing as needed</li></ul>

### CONSULTATION with DCE

Students have the opportunity to meet with the DCE as frequently as needed (& the DCE is able). Early in the calendar year, students are encouraged to meet with the DCE to review their clinical education plan. Students interested in going out of state for upcoming experiences are encouraged to meet with the DCE early. Each student *MUST* meet with the DCE at least once annually to review his/her overall clinical education program and discuss placement opportunities, including DCE recommendations. The DCE strives to ensure the best match possible between available placement positions and the students' needs/interests while not jeopardizing the breadth and depth of a student's overall clinical education.

### OUT OF STATE SITES, SITES REQUIRING APPLICATION and/or INTERVIEWS, KNOWN FIRST-COME-FIRST-SERVED SITES

Students who are interested in planning future experiences (at least 1 year in advance) out of state or applying to a site requiring an application/interview process, should meet with the DCE early in Spring semester to discuss options. Following consultation with the DCE, students are asked to submit their site request to the DCE *and* to the Clinical Education Assistant. The DCE/Assistant will contact the site to request clinical placement. In the case the site is unable to accept the student, we will work with the student to select an alternate placement. A maximum of three out of state options are allowed, after which the student is then required to select placements within the normal placement process (described below).

### LOTTERY PLACEMENT REQUEST PROCESS

1. Students choose clinical placement request preferences in ranked order during their individual meeting with the DCE. Meetings are scheduled according to class lottery order
2. If a student misses the meeting with the DCE, their place in the lottery pick is skipped until an alternate meeting time with the DCE can be arranged



3. During the individual meeting, the DCE reviews all student-site placement requests and the student's overall clinical education plan. If a student has made an unwise request choice that compromises the goals of the program for independent general practice, then that student's request may not be honored. The DCE counsels the students towards alternate placements that are in the student's best interest and meets program requirements
4. DCE & Clinical Education Assistant send all placement requests to clinical sites, beginning March 1.
5. Students are notified when placements are confirmed\*\* - when a site accepts a student placement, the student is COMMITTED AND CONFIRMED to that placement!
6. Students are notified if the placement is denied and alternate placements requests are made by the DCE/Assistant in consultation with the student.

\*\*Every year, a portion of the sites are unable to accommodate a student in a position they previously offered. In these cases, alternate choices are made by the student in collaboration with the DCE.

# FULL TIME EXPERIENCE PERFORMANCE EXPECTATIONS QUICK REFERENCE

PROGRAM YEAR	APTA PT CPI Web Midterm	APTA PT CPI Web Final	Course Assignments
<u>Year One</u> Full-Time Clinical Experience I PH TH 7810 11 wks Summer 440 clinical hours	<u>All Criteria:</u> <b>Ranging from Beginning to Advanced Beginning performance (Interval 1)</b>  <u>Red Flag Items #1-4 &amp; 7</u> <i>NO cause for Concern Noted</i> ☎ Contact DCE with ANY concerns!	<u>All Criteria:</u> <b>Ranging from Beginning to Intermediate performance (Interval 1-2)</b>  <u>Red Flag Items #1-4 &amp; 7</u> <i>NO cause for Concern Noted</i> ☎ Contact DCE with ANY concerns!	<ul style="list-style-type: none"> <li>◆ 2 reflective journals</li> <li>◆ 1 evidence in clinic</li> <li>◆ 1 Patient-Centered Interprofessional Collaborative Care</li> <li>◆ 1 in-service or project for clinical site</li> </ul> <u>Midterm &amp; Final:</u> <ul style="list-style-type: none"> <li>◆ APTA CPI Web</li> <li>◆ Evaluation of Clinical Site &amp; CI</li> </ul>
<u>Year Two</u> Terminal Full-Time Clinical Experience II PH TH 7840 11 wks Fall (Aug-Oct) 440 clinical hrs	<u>All Criteria:</u> <b>Ranging from Advanced Beginning to Intermediate performance (Interval 2-3)</b>  <u>Red Flag Items #1-4 &amp; 7</u> <i>NO cause for Concern Noted</i> ☎ Contact DCE with ANY concerns!	<u>All Criteria:</u> <b>Ranging from Advanced Beginning to Advanced Intermediate performance and beyond (Intervals 2-4)</b>  <u>Red Flag Items #1-4 &amp; 7</u> <i>NO cause for Concern Noted</i> ☎ Contact DCE with ANY concerns!	<ul style="list-style-type: none"> <li>◆ 1 reflective journal</li> <li>◆ 1 case report</li> <li>◆ 1 Patient-Centered Interprofessional Collaborative Care</li> <li>◆ 1 in-service or project for clinical site</li> </ul> <u>Midterm &amp; Final:</u> <ul style="list-style-type: none"> <li>◆ APTA CPI Web</li> <li>◆ Evaluation of Clinical Site &amp; CI</li> </ul>
<u>Year Three</u> Terminal Full-Time Clinical Experience III PH TH 7860 11 wks Fall/Spring (Nov-Jan) 440 clinical hrs	<u>All Criteria:</u> <b>Ranging from Advanced Intermediate to Entry Level performance (Intervals 3-5)</b>  ☎ Contact DCE with ANY concerns!	<u>All Criteria:</u> <b>Entry Level (Interval 5) or very near (with documentation of no concerns)</b>  <u>Red Flag Items #1-4 &amp; 7</u> <i>NO cause for Concern Noted</i> ☎ Contact DCE with ANY concerns!	<ul style="list-style-type: none"> <li>◆ 1 reflective journal</li> <li>◆ 1 EBP clinical decision making report</li> <li>◆ 1 Patient-Centered Interprofessional Collaborative Care</li> <li>◆ 1 in-service or project for clinical site</li> </ul> <u>Midterm &amp; Final:</u> <ul style="list-style-type: none"> <li>◆ APTA CPI Web</li> <li>◆ Evaluation of Clinical Site &amp; CI</li> </ul>
<u>Year Three</u> Terminal Full-Time Clinical Experience IV PH TH 7880 12 wks Spring (Jan-Apr) 480 clinical hrs	<u>All Criteria:</u> <b>Ranging from Advanced Intermediate to Entry Level performance (Intervals 4-5)</b>  ☎ Contact DCE with ANY concerns!	<u>All Criteria:</u> <b>Entry Level (Interval 5).</b>  <u>Red Flag Items #1-4 &amp; 7</u> <i>NO cause for Concern Noted</i> ☎ Contact DCE with ANY concerns!	<ul style="list-style-type: none"> <li>◆ 1 reflective journal</li> <li>◆ 1 EBP clinical decision making report</li> <li>◆ 1 Patient-Centered Interprofessional Collaborative Care</li> <li>◆ 1 in-service or project for clinical site</li> </ul> <u>Midterm &amp; Final:</u> <ul style="list-style-type: none"> <li>◆ APTA CPI Web</li> <li>◆ Evaluation of Clinical Site &amp; CI</li> </ul>

# STUDENT RESPONSIBILITIES

## CLINICAL EXPERIENCES

Clinical education courses are held throughout the academic program to assist students in integrating didactic content into the real-life world of patient care and in becoming entry-level practicing physical therapists.

### PART-TIME CLINICAL EXPERIENCES:

These experiences serve to expose students to different aspects and areas of physical therapy and allow students hands-on practice of skills learned during the semester.

#### PHTH 6800, Part-Time Integrated Clinical Experience I

All students in the program are **required** to complete Part-Time Integrated Clinical Experience I during the Fall Semester of Year 1. The first year DPT student spends one afternoon a week (4 hours) for 11-14 weeks throughout the semester in a clinical environment under the direct supervision of a licensed physical therapist. This experience is designed to help students become socialized to the clinical environment, and to practice and integrate knowledge, practical skills, and professional behaviors.

Pre-Requisites: successful completion of summer DPT curriculum and good academic standing in the Department.

#### Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful completion of required time within the clinic.
- Successful completion of the Professional Behaviors Assessment by the student and the supervising CI with ratings of at least "beginning" level and progressing readily toward "intermediate" level.
- Successful completion of all assignments required by the clinical faculty
- Successful completion of all course assignments, including all web-based course assignments
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instructor

#### PHTH 6820 (Part-Time Integrated Clinical Experience II), 6830 (Part-Time Integrated Clinical Experience III), 6850 (Part-Time Integrated Clinical Experience IV, & 7960 (Independent Study)

In these **optional** clinical experiences, the first, second, or third year DPT student spends a minimum of 4 hours for 11-14 weeks, or equivalent variations (45 clinical hours) throughout any semester, under the direct supervision of a licensed physical therapist in a specialized clinical experience. This experience is designed to expose students to various specialized practice settings and to allow students to practice skills learned during the semester.

Pre-Requisites: successful completion of all previous coursework within the curriculum and good academic standing in the Department.

#### Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful completion of required time within the clinic, verified by clinical instructor.
- Successful completion of a final reflective journal assignment.
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instructor

### **Student Responsibilities – Part-Time Integrated Clinical Experiences**

Following assignment or selection of a clinical experience site, students will:

#### **PRIOR to the experience:**

1. Become more familiar with the site by reviewing the Clinical Site Information Form (CSIF) posted on the CSIF Web (Clinical Site Information Form) and any other resources about the facility (web page, previous student evaluations, consultation with DCE, comments from peers).
2. Contact the Site Coordinator of Clinical Education (SCCE) or Clinical Instructor (CI) at the site (via telephone or email) to establish a mutually acceptable weekly schedule for your experience. Students should make this initial contact by the end of the first week of the semester. Begin building a positive relationship with your CI – this begins with your very first contact!
3. Complete Student Information/Overview & Pre-Clinical Self-Assessment (send PDF of both to SCCE/CI).

#### **DURING the experience:**

4. Start each experience by building a positive and professional relationship with your CI and the staff at the facility. Once you arrive at the facility, remember that you are a guest in the facility and are expected to follow the spoken and unspoken rules, as well as treat everyone with respect.
5. Dress according to the facility dress code.
6. During the first two sessions of the experience, students should discuss the goals, objectives and expectations of the experience with their CI, and review with the CI what they are learning during the semester. Complete CI profile.
7. Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
8. Follow HIPAA (Health Insurance Portability and Accountability Act) guidelines at all times. If you are in a situation that seems challenging to HIPAA rules, talk candidly with your CI about the situation and work together on options that will provide appropriate levels of confidentiality. HIPAA rules can be found in Pulse: <http://pulse.utah.edu/policies/FilteredFor/Information%20Privacy.aspx> and <https://www.hhs.gov/hipaa/index.html>.
9. Be ON TIME EVERY DAY and DO NOT LEAVE EARLY. Tardiness will not be tolerated!!
10. If a student is ill, or for any other reason, is unable to make a scheduled clinic session, the student MUST notify the facility prior to the start of the workday or as soon as the student knows of the pending absence, and will speak directly to the CI or SCCE regarding the absence.
11. Any time missed due to illness or emergency must be reported to the Clinical Instructor and DCE. Time off for appointments for medical and dental care – either for the student or the student's dependents, should be discussed with the CI prior to making the appointment. It is expected the student will attempt to schedule appointments so time away from the clinical setting is least disruptive to the functioning of the facility. Students may be required to make up any missed time.
12. Look for ways to contribute by helping the staff, seeking out learning opportunities, demonstrating initiative and being friendly. Scan the environment – help clean up, share space and equipment and pick up obstacles. Be a team player.
13. Take a notebook and write down questions to ask your CI later, topics to research, medical terms to learn, self – assessment comments, or to discussions with your CI.
14. Complete all required assignments for the course and assigned by the clinical instructor.
15. Contact the DCE immediately if you have concerns. Don't wait – ask for help and work together on strategies or solutions to your question or concerns.
16. Enjoy every moment.
17. Complete the Evaluation of the Clinical Site and Evaluation of the Clinical Instructor(s).

#### **AFTER the experience:**

18. Send a thoughtful hand-written thank you note to the CI and SCCE expressing your gratitude for their time and energy in contributing to your development as a professional and physical therapist.

### **FULL-TIME CLINICAL EXPERIENCES:**

The full-time experiences assist the student to integrate all learned knowledge, skills and behaviors acquired to date into clinical practice. Responsibilities and expectations progress during each experience with entry level competency expected at the end of the Program.

#### **PHTH 7810, Full-Time Clinical Experience I**

One, full-time clinical experience, eleven (11) weeks (440 clinical hours) in length completed during the summer at the end of the first year in the program. Students practice patient management skills in the clinical environment under the direct supervision of an experienced physical therapist. Students perform patient examination/measurement techniques, evaluate and interpret examination results, determine a physical therapy diagnosis and prognosis, design and implement a thorough plan of care, and evaluate patient outcomes. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

Pre-Requisites: Successful completion of all didactic coursework-to-date (Year 1) in the Department, including: Clinical Experience I - PHTH 6800; and good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the PT Clinical Performance Instrument (CPI); anticipated to be between beginner and advanced beginner rating.
- Successful completion of all assignments required by the clinical instructor
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, evidence-based reports, in-service or evidence based project).
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instructor

#### PHTH 7840 (Terminal Full-Time Clinical Experience II) & PHTH 7860 (Terminal Full-Time Clinical Experience III)

Two, full-time clinical experiences, eleven (11) weeks (440 clinical hours) in length completed following all didactic coursework in the Program. Students practice patient management skills in the clinical environment under the direct supervision of an experienced physical therapist. Students perform patient examination/measurement techniques, evaluate and interpret examination results, determine a physical therapy diagnosis and prognosis, design and implement a thorough plan of care, and evaluate patient outcomes. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

Pre-Requisites: Successful completion of all didactic coursework-to-date (Year 1 & 2) in the Department, including: Part-Time Integrated Clinical Experience I - PHTH 6800; Full-Time Clinical Experience I – PHTH 7810; and, good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the PT Clinical Performance Instrument (CPI); anticipated to range between advanced beginner and advanced intermediate rating.
- Successful completion of all assignments required by the clinical instructor
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, case report, in-service or evidence based project).
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instructor

#### PHTH 7880, Terminal Full-Time Clinical Experience IV

One, full-time clinical experience, twelve (12) weeks (480 clinical hours) in length completed following all didactic coursework in the Program. Students practice evaluation through assessment and measurement techniques and interpretation of those results, and plan and carry out appropriate and thorough treatment programs in the clinical environment under the direct supervision of an experienced physical therapist. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

Pre-Requisites: Successful completion of all didactic coursework (Year 1-3) in the Department, including: Clinical Experience I - PHTH 6800; Full-Time Clinical Experience I – PHTH 7810; Terminal Full-Time Clinical Experience II – PHTH 7840; Terminal Full-Time Clinical Experience III – PHTH 7860; and, good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the PT Clinical Performance Instrument (CPI); anticipated to range between advanced intermediate and entry level rating for Terminal Full-Time Clinical Experience III and between entry level and beyond entry level for Terminal Full-Time Clinical Experience IV.
- Successful completion of all assignments required by the clinical instructor
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, evidence-based reports, in-service or evidence based project).
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instructor

## Student Responsibilities – Full-Time Clinical Experiences

Following confirmation of a clinical placement, students will:

### **PRIOR TO the experience:**

1. Become more familiar with the site by reviewing the Clinical Site Information Form (CSIF) posted on the *CSIF Web* (Clinical Site Information Form) and any other resources about the facility (web page, previous student evaluations, consultation with DCE, comments from peers).
2. Contact the Site Coordinator of Clinical Education (SCCE) (via telephone or email) **no later than two (2) months prior to the start date**. Begin building a positive relationship with the site – this begins with your very first contact!
3. Follow up the first contact with:
  - Cover letter introducing yourself and your anticipation of a great learning experience.
  - Completed copy of Student Information/Overview and Pre-Clinical Self-Assessment
  - Include any documentation or proof of completion of any requirements needed by the site (e.g., immunizations, drug screen, HIPAA training, etc.)

**All documentation MUST be received by the site no later than one (1) month prior to your start date!**

4. Review the Clinical Education Manual. Bookmark the student resources on the clinical education website for reference while on your clinical experience.
5. Review the practice act in the state(s) where you are completing a full-time experience.
6. Review the Clinical Performance Instrument and be prepared to complete your self-assessment efficiently and appropriately.
7. Review appropriate course material prior to the experience with a focus on clinically relevant topics and skills. Practice skills and problem solving with your peers prior to your experiences.
8. Analyze your own learning style but be willing and open to using other styles. Your CI may have a different style and will work with you to find the most effective teaching and learning methodology.
9. Practice your self-assessment skills and be prepared to use them on a consistent basis. Analyze your own performance prior to asking for feedback from your CI. When you request feedback, ask for specific comments on performance rather than asking, "How did I do?"

### **DURING the experience:**

10. Start each experience by building a positive and professional relationship with your CI and the staff at the facility. Once you arrive at the facility, remember that you are a guest in the facility and are expected to follow the spoken and unspoken rules, as well as treat everyone with respect.
11. Dress according to the facility dress code.
12. Meet with your CI towards the end of the first week to discuss the goals, objectives and expectations of the experience.
13. Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
14. Follow HIPAA (Health Insurance Portability and Accountability Act) guidelines at all times. If you are in a situation that seems challenging to HIPAA rules, talk candidly with your CI about the situation and work together on options that will provide appropriate levels of confidentiality.
15. Value what you know and what you do not know. Demonstrate humility by being able to say "I don't know" and use your own resources to locate the answer. Remember, CIs do not expect students to know everything nor do they expect students to function independently. They do expect students to demonstrate initiative by practicing skills on their own time, preparing for new experiences, reviewing theory and academic knowledge and asking questions appropriately.
16. Take responsibility for your education by setting realistic goals, seeking additional learning opportunities, practicing skills, being familiar with the Clinical Performance Instrument and experience expectations per the syllabi, writing down questions for discussion at an appropriate time and providing feedback to your CI.
17. Be efficient with clinic time. You may need to be resourceful in facilitating formal meeting times with your CI, ideally at least weekly. To minimize meeting time, come prepared for all meetings with written goals, questions and comments (complete a weekly feedback form). Wear a watch and be aware of time for effective management of your day and your patient's time.
18. Self-assess through active reflection. Critical components of the clinical education process are evaluation of the student by the CI and self-assessment using the Clinical Performance Instrument and other forms of verbal and written feedback. Seek out the feedback and apply it in the clinical environment without defensiveness – eagerly seek to improve.
19. Don't expect your CI to know everything or to have all of the answers. Learning is a life-long process and each patient provides unique challenges and life experiences.



20. Be ON TIME EVERY DAY and DO NOT LEAVE EARLY unless previously planned and approved. Tardiness will not be tolerated!!
  21. If a student is ill, or for any other reason, the student MUST notify the facility prior to the start of the workday or as soon as the student knows of the pending absence, and will speak directly to the CI or SCCE regarding the absence.
  22. Any time missed due to illness or emergency must be reported to the Clinical Instructor and DCE. Time off for appointments for medical and dental care – either for the student or the student's dependents, should be discussed with the CI prior to making the appointment. It is expected the student will attempt to schedule appointments so time away from the clinical setting is least disruptive to the functioning of the facility. Students may be required to make up any missed time. Refer to the POLICIES portion of the Clinical Education Manual for policies regarding student absences from the clinic.
  23. Look for ways to contribute by helping the staff, seeking out learning opportunities, demonstrating initiative and being friendly. Scan the environment – help clean up, share space and equipment and pick up obstacles. Be a team player.
  24. Take a notebook and write down questions to ask your CI later, topics to research, medical terms to learn, self – assessment comments to add to your CPI, or to discussions with your CI.
  25. Demonstrate awareness of your responsibility to the patient and the family. Remember, you joined the physical therapy profession to work with patients and provide evidence based practice.
  26. Recognize the value of working with patients across the continuum of care. The opportunity to see patients in different settings is critical to your development as a generalist physical therapist.
  27. Seek all learning aspects from each setting regardless of your specific practice interests or plans for practice setting after graduation. As a student, you have the unique opportunity to learn from numerous experienced clinicians in a variety of settings. The knowledge, skills and behaviors you learn in each setting are applicable to the next setting and to your employment after graduation. Reflect on each learning opportunity and consider how to use what you have learned in another situation.
  28. Complete all required assignments for the course, submitting assignment on Canvas *by the due dates*.
  29. Complete all assignments given by your clinical instructor in a *timely manner!*
  30. Contact the DCE immediately if you have concerns. ***Don't wait*** – ask for help and work together on strategies or solutions to your question or concerns.
  31. ***Enjoy every moment!***
  32. Complete Evaluation of the Clinical Site and Evaluation of the Clinical Instructor(s).
- AFTER the experience:**
33. Send a thoughtful hand-written thank you note to the CI and SCCE expressing your gratitude for their time and energy in contributing to your development as a professional and physical therapist.

## STUDENT PROJECT / INSERVICE

Students are required to complete either a formal evidence-based inservice and/or project of interest during each full-time clinical experience. The in-service/project should be relevant to the staff at the facility and a learning opportunity for the student. Students should expect to spend 10 – 20 hours on the project and should be presented to the clinical faculty/staff at the site. If possible, the student is encouraged do a collaborative project with another student from any discipline.

- A. In-service option: complete an evidenced-based educational presentation based on a clinical question from the experience, AND/OR
- B. Project option: complete an evidenced-based project for the site. This should be a site identified need and will result in a usable product

**Topic and Format:** The topic should be a mutual decision between the student and the clinical instructor(s). It **MUST** be evidence-based. We highly suggest the topic and format be determined within the first 3 weeks of the experience with an outline and timeline ready to share with the CI(s) by midterm.

Examples from past projects/in-services include:

- Teach staff how to find literature online including setting up RSS feeds on clinical questions
- Synthesize literature on latest surgical updates, modalities or special tests
- Participate in a research project or a portion of a research project
- Create a patient oriented bulletin board
- Create a poster for educational purposes
- Create a patient education video, booklet, brochure
- Research information on health issues related to different cultures within the community
- Develop an information packet regarding community services for individuals with specific diagnoses/conditions or patient populations
- Develop or modify educational information for different cultural groups or patient populations
- Update existing presentations or computerize a presentation
- Create standardized forms for evaluations, progress notes, discharge
- Design new exercise programs or re-design old programs
- Create/modify/update the student information packet for the site
- Design an interdisciplinary student journal club or grand rounds
- Participate in a marketing project
- Participate in an administrative project or a portion of a project
- Find information and costs for a new piece of equipment
- Develop a brochure on accessible public transportation for patients/clients
- Create a caregiver packet
- Participate in, or develop, a screening program (community screening, injury screening for nurses and aides, fall prevention, etc.)
- Develop a system for loaning used equipment (standing frames, outgrown pediatric equipment)
- Design templates for medical equipment letters of medical necessity (with literature justifications)
- Collection of best standardized outcome measures to be used with individuals with a specific diagnosis/condition

Text to be submitted to the DCE: A written narrative (paragraph) on the project/in-service submitted on Canvas course site.

University of Utah Department of Physical Therapy and Athletic Training,  
Doctor of Physical Therapy Program  
**TECHNICAL STANDARDS/ESSENTIAL FUNCTIONS**

Adopted May 5, 2008

**I. Introduction**

The University of Utah, College of Health, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy (DPT) Program, complies with Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990, in providing opportunities for qualified individuals with disabilities. At the same time, prospective candidates and current DPT students must be capable of meeting certain technical standards. The following technical standards specify those attributes the faculty considers to be essential in successfully completing clinical education experiences, didactic and practical training and in practicing physical therapy safely and responsibly. These standards describe the essential functions that DPT students must demonstrate in the requirements of professional education, and thus, are pre-requisites to entrance, continuation, and completion of training in the Physical Therapy Program. Requests for reasonable accommodation are evaluated on an individual basis.

**II. Technical Standards:** The DPT student must possess abilities and skills in five areas:

**A. Observation.** The DPT student must be able to:

1. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
2. Visualize and discriminate findings on imaging and other studies
3. Interpret digital or analog representations of physiologic phenomena, such as EKG's
4. Acquire information from written documents, films, slides, videos, or other media
5. Observe and differentiate changes in body movement
6. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
7. Efficiently read written and illustrated materials
8. Observe and detect the various signs and symptoms of the disease processes and movement dysfunction
9. Obtain and effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait, and prosthetic sounds
10. Discriminate numbers and findings associated with diagnostic instruments and tests and measures

**B. Communication.** The DPT student must be able to:

1. Communicate in a culturally competent manner with patient/clients
2. Communicate effectively and efficiently with all members of the health care team in oral and written English
3. Communicate clearly with and observe patient/clients and families in order to elicit information including a thorough history from patient/clients, families, caregivers, and other sources
4. Accurately describe changes in mood, activity, posture, and biomechanics
5. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
6. Communicate complex findings in appropriate and understandable terms to patient/clients and their families, and caregivers
7. Adjust form and content of communications to the patient/client's functional level or mental state
8. Engage in a collaborative relationship with patient/clients and families/caregivers
9. Record observations and plans legibly, efficiently, and accurately
10. Prepare and communicate precise but complete summaries of individual encounters
11. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, etc.)
12. Complete documentation forms according to directions, in a timely manner, including manual, electronic, and other recording methods
13. Demonstrate effective communication skills to provide patient/client/client education and with families/caregivers and support personnel
14. Receive, write, and interpret verbal and non-verbal communication in both academic and clinical settings

15. Demonstrate appropriate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty and development of appropriate therapist to patient/client relationships
16. Demonstrate appropriate therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitating, and touching
17. In emergency and potentially unsafe situations, understand and convey information for the safe and effective care of patient/clients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

C. **Motor.** The DPT student must be able to:

1. Stand and walk independently while providing care in practice settings; frequently lift 10 pounds, occasionally lift 10-50 pounds, and more than 50 pounds; with frequent twisting, squatting, and reaching, pushing/pulling, grasping and crawling
2. Climb stairs and negotiate uneven surfaces including varying terrains/ramps
3. Perform palpation, percussion, auscultation, and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, crutches, et al
4. Provide general care and emergency medical care such as airway management, handling of catheters, perform cardiopulmonary resuscitation, and application of pressure to control bleeding, maintaining appropriate infection control procedures
5. Respond promptly to medical emergencies within the training facility and within the DPT scope of practice
6. Not hinder the ability of co-workers to provide prompt care
7. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests and Measures and Interventions.)

D. **Cognitive.** The DPT student must be able to:

1. Demonstrate clinical reasoning and problem solving
2. Identify significant findings from history, physical exam, and laboratory data, test and measures, and other sources
3. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
4. Determine appropriate and reasonable tests and measures
5. Provide a reasoned explanation for likely diagnoses
6. Construct an appropriate plan of care
7. Prescribe appropriate therapeutic interventions
8. Recall and retain information
9. Deal with several tasks or problems simultaneously
10. Identify and communicate the limits of knowledge to others
11. Incorporate new information from peers, teachers, and the peer-reviewed medical literature in formulating diagnoses and plans
12. Show good judgment in patient/client assessment, diagnostic, and therapeutic planning

E. **Social and Behavioral.** The DPT student must be able to:

1. Maintain a professional demeanor
2. Maintain appropriate professional and ethical conduct (e.g. APTA Code of Ethics)
3. Be able to function at a high level in the face of long hours and a high stress environment
4. Develop empathic relationships with patient/clients and families while establishing professional boundaries
5. Provide comfort and reassurance where appropriate
6. Protect patient/client confidentiality and the confidentiality of written and electronic records
7. Possess adequate endurance to tolerate physically taxing workloads
8. Flexibly adapt to changing environments
9. Function in the face of uncertainties inherent in the clinical problems of patient/clients
10. Accept appropriate suggestions and criticisms and modify behavior
11. Give and accept criticism appropriately and without prejudice
12. Work effectively under stress and as a part of an interdisciplinary team
13. Delegate responsibility appropriately
14. Develop and maintain respectful working relationships with peers, faculty, professional colleagues, patients/clients, family members and the general public.

# LEVELS OF SUPERVISION

(APTA HOD P06-00-15-26 Position)

The American Physical Therapy Association recognizes the following levels of supervision:

**GENERAL SUPERVISION:** The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

**DIRECT SUPERVISION:** The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

**DIRECT PERSONAL SUPERVISION:** The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision

# GLOSSARY OF CLINICAL EDUCATION TERMS

**Academic Coordinator/Director of Clinical Education (ACCE/DCE):** An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites.

**Academic program:** The aspect of the curriculum where students' learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

**Accountability:** Active acceptance of 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. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**ADA (Americans with Disabilities Act):** The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

**Administration:** The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

**Affective:** Relating to the expression of emotion (e.g., affective behavior).

**Altruism:** 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. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Caring:** The concern, empathy, and consideration for the needs and values of others. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Clients:** Individuals who are not necessarily sick or injured but can benefit from a physical therapist's consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

**Clinical education agreement:** A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party's roles, responsibilities, and liabilities relating to student clinical education. (*Synonyms:* letter of agreement, affiliation contract)

**Clinical education consortia:** The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

**Clinical education experience:** Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. While the emphasis is on the development of patient/client physical therapy skills, experiences may also include interprofessional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment

**Clinical education program:** The portion of the Doctor of Physical Therapy program conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.



**Clinical education site:** The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

**Clinical instructor (CI):** The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.

**Clinical Performance Instrument (CPI):** American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CPI consists of 24 performance criteria and the Physical Therapist Assistant CPI consists of 20 performance criteria.

**Cognitive:** Characterized by knowledge, awareness, reasoning, and judgment.

**Communication:** A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; and occurs between physical therapists and physical therapist assistants, as well as between patients, family or caregivers, health care providers, and the health care delivery system.

**Compassion:** The desire to identify with or sense something of another's experience; a precursor of caring. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Competent:** Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (e.g., interventions) as directed and supervised by the physical therapist (physical therapist assistant).

**Competencies:** A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Working definition adapted from 68 *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes- Focused Research Agenda*, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.

**Cultural and individual differences:** The recognition and respect for and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Ethical and legal behaviors:** Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed on and adopted for that group.

**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. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Examination:** A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Full-Time Clinical Education Experience:** A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. An integrated clinical education experience may be a full-time clinical education experience.

**First full-time clinical education experience:** The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.

**Intermediate full-time clinical education experience:** A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum.

**Terminal full-time clinical education experience:** A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.

**Integrated Clinical Experience:** A curriculum design model whereby clinical education experiences are purposively organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full time clinical education experiences. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify towards the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.

**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. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Internship:** A terminal full-time clinical education experience that provides recompense to participants in accordance with federal labor laws under the Fair Labor Standards Act.

**Intervention:** The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (i.e., physical therapist assistant), using various methods and techniques to produce changes in the condition. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Outcomes (assessment of the individual):** Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Patients:** Individuals who are the recipients of physical therapy direct intervention.

**Patient/client management model:** Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, intervention, and outcomes. (Adapted from the *Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Philosophy:** Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

**Physical therapist:** A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

**Physical therapist assistant:** A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Physical therapist professional education:** First level of education that prepares student to enter the practice of physical therapy.

**Physical therapy:** Use of this term encompasses both physical therapists and physical therapist assistants.

**Physical therapy personnel:** This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (*Synonym:* physical therapy staff)

**Plan of care:** Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Preceptor:** An individual who provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law.

**Professional:** A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one's peers, and is accepted and recognized by the public as being a professional. (*See Physical Therapist.*)

**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. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Prognosis:** The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Provider of physical therapy:** This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist 70 including within the plan of care physical therapy interventions provided by the physical therapist assistant.

**Psychomotor:** Refers to motor activity that is preceded by or related to mental activity.

**Reexamination:** The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Screening:** Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.) (See also: *Cognitive*.)

**Site Coordinator of Clinical Education (SCCE):** A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

**Social responsibility:** The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**Student placement forms:** A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.

**Supervision:** A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee's qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.

**Treatment:** The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

**Validity:** The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

**Variety of clinical education experiences:** Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.

University of Utah Department of Physical Therapy and Athletic Training  
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**STUDENT HANDBOOK ACKNOWLEDGEMENT**

I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED A COPY OF THE *DEPARTMENT OF PHYSICAL THERAPY AND ATHLETIC TRAINING, DOCTOR OF PHYSICAL THERAPY PROGRAM STUDENT HANDBOOK* ON

\_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_  
(month) (day) (year)

I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE HANDBOOK. IF THERE ARE ANY PROVISIONS OF THE HANDBOOK I DO NOT UNDERSTAND, I WILL SEEK CLARIFICATION FROM THE DEPARTMENT ABOUT THOSE PROVISIONS. I FURTHER ACKNOWLEDGE AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES IN THE HANDBOOK AND THAT MY FAILURE TO FOLLOW THE RULES, POLICIES, AND PROCEDURES MAY BE GROUNDS FOR DISMISSAL FROM THE PHYSICAL THERAPY PROGRAM.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
Date

# RESOURCES

## University Resources:

[University Public Safety \(Police\)](#)  
(801)585-2677 (801585COPS) (801) 581-2222

Sexual Assault Support Advocate\*  
Center for Student Wellness  
(801)581-7779

Center for Student Wellness\*  
(801)581-7776

LGBT Resource Center\*  
(801)587-7973

Women's Resource Center\*  
(801)581-0830

Counseling Center\*  
(801)581-6826

Student Health Center\*  
(801)581-6431

Hospital Chaplain\*  
(801)585-0303

[OEO/AA](#)  
(801)581-8365

[Dean of Students\\*](#)  
(801)581-7066

Dream Center Office of Engagement (DACA)  
801-581-3470  
<https://engagement.utah.edu/dream-center/>

\*Confidential Resource

## Community Resources:

[Domestic Violence Information Line](#)  
(801)897-5465

[Legal Aid Society of Salt Lake](#)  
(801)328-8849

Rape Recovery Center  
801-467-7273 (24-hour crisis line)

Sexual Assault Nurse Examiners  
(801) 350-8134

Support Group for Male Victims of Domestic Violence  
(801)696-3166

[Utah Coalition Against Sexual Assault](#)  
(801)746-0404

[Utah Domestic Violence Coalition](#)  
(801) 521-5544

[YWCA](#)  
(855-922-2752)



## APPENDIX C

### Graduate Student Parental Leave Policy – REVISED 3/2018.

Definitions: College (College of Health), Graduate School (University of Utah Graduate School), University (University of Utah)

#### Preamble

The purpose of this policy is to provide Department Chairs and Directors of Graduate Studies with guidelines regarding support for graduate students, paid Teaching Assistants, and paid Research Assistants when they are requesting parental leave for family responsibilities. The College has a collective commitment to fostering a family-friendly environment for its students with policies that support families and gender equity. This policy applies to all pregnant and parenting persons, regardless of sex/gender, gender identity, or gender expression, as long as the caregiver is providing the majority of the care for the child, and applies to the birth or adoption of a child. This policy seeks to support graduate students if they choose to expand their families and continue participation in their educations.

#### Procedures

##### During Pregnancy/Immediately Following Childbirth

The College follows all federal, state, and University anti-discrimination laws and policies. Therefore, it explicitly prohibits discrimination on the basis of pregnancy status. The Office of Equal Opportunity (OEO; <https://oeo.utah.edu/>) oversees the University's adherence to Title IX. The OEO is responsible for granting accommodations for pregnancy and parenting based on medical needs in accordance with federal law. Students who need accommodations during pregnancy or as a result of the childbirth process should contact the OEO directly. The role of the faculty is not to determine appropriate accommodations, but rather to refer students to the OEO.

The link below describes pregnancy accommodations:

<https://oeo.utah.edu/services/pregnancy-and-pregnancy-related-accommodations.php>

The following is a link to form requesting accommodations:

[https://oeo.utah.edu/documents/pregnancy\\_accommodation-request-form-FINAL-fillable-3-1-17.pdf](https://oeo.utah.edu/documents/pregnancy_accommodation-request-form-FINAL-fillable-3-1-17.pdf)

##### Caregiving after Childbirth or Adoption

Graduate students seeking time off from classes for caregiving and bonding with a new child can request a leave of absence through the Graduate School. The link to the procedures and form for requesting a leave of absence follows: [http://registrar.utah.edu/\\_pdf/graduate-leave-absence.pdf](http://registrar.utah.edu/_pdf/graduate-leave-absence.pdf). Students may take up to one year of leave from classes. A leave of absence request does not need to be completed for Summer terms.

If a student wishes to take leave starting in the middle of a regular semester (Fall or Spring), grades of Incomplete ("I") may be possible if the student has completed 80% of the work (per University policy). If the student has not completed 80% of the work, they will need to withdraw from classes, complete the request form, and obtain the necessary signatures. The student needs to bear in mind the potential ramifications of withdrawing in terms of financial aid, health insurance, etc. If a student has health insurance during the semester in which eligibility requirements were met, the policy would be in effect until it expires. After that point the student has the option to enroll in the Continuation Plan. The Enrollment form is located at [www.uhcrs.com/utah](http://www.uhcrs.com/utah).

A student on a leave of absence is not eligible for University assistantship or fellowship funding during the leave. However, if a student is receiving a University assistantship or fellowship, a leave of absence shall not jeopardize their position provided that the original funding mechanism is still viable at the time of their return.

Additional arrangements can be negotiated between the Department Chair and the student. Such arrangements might include, but are not limited to, reduced work schedules, extended deadlines, or extended eligibility clocks. Departments may also compensate a student on an assistantship while releasing them from work responsibilities for up to one semester (recognizing that the student must maintain full-time enrollment during this time in order to be eligible for the assistantship).

If a student is receiving an assistantship funded by a grant, a leave of absence may result in termination of that position depending on the specifics of the internal or external grant that is funding the student. Students who are funded by grants external to the University of

Utah must follow the rules of the granting agency with respect to absences from academic and research work. Similarly, students who are funded by Fellowships must follow the sponsoring organization's guidelines.

The student requesting such arrangements must first submit a written request to their Department Chair. Discussions among the Department Chair and the student must occur and must result in document with the following components:

1. Attestation by the student that they will be providing the majority of the care for the child during regular working hours;
2. Conditions and arrangements to be met and made;
3. Dates covered by the agreement; and
4. Signatures of both parties.

If a student is dissatisfied with the arrangements or cannot reach an agreement with the Department Chair, they may appeal to the Associate Dean for Faculty and Academic Affairs within the College. If the student feels that they have been discriminated against, the student may contact the Office of Equal Opportunity and Affirmative Action: <http://oeo.utah.edu>.

# NOTES