

# **CLINICAL EDUCATION MANUAL**

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This manual consists of documents designed to explain policies, procedures, obligations, and principles relative to clinical education for the students enrolled in the Doctor of Physical Therapy Program at The University of Iowa.

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**DEFINITIONS** – The following definitions are introduced to clarify terms used in this manual.

**Clinical Education:** That portion of a physical therapy program that is conducted in the health care environment rather than in the academic environment.

**Clinical Education Experiences:** That aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. The experiences would be further described by those of short and long duration (e.g., part-time and full-time experiences, and full-time internships)...to include comprehensive care of patients/clients across the life span and related activities. A clinical education experience that occurs at any point during the curriculum other than at the end of the curriculum such that didactic content occurs before and after the experience is referred to as an integrated clinical education experience. A terminal clinical education experience is defined as an experience that occurs at or near the end of curriculum. The University of Iowa's terminal experiences consist of 27 weeks divided among three sites.

**Clinical Education Site:** The physical therapy practice environment in which clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment (also: clinical facility, clinical site, clinical center).

**Clinical Instructor (CI):** Individual(s) at the clinical site who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor and affective domains as related to entry-level clinical practice and academic and clinical performance expectations.

**Academic Coordinators of Clinical Education (ACCE):** The individuals employed by The University of Iowa who are responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. The ACCE is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information to clinical sites.

**Center Coordinator of Clinical Education (CCCE):** Individual who administers, manages and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition this person determines the readiness of persons to serve as CIs for students, supervises CIs in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

**Clinical Internship Evaluation Tool (CIET):** The evaluation instrument completed by the Clinical Instructor when evaluating the student's performance during a clinical internship.

**Clinical Education Agreement:** A legal contract that is negotiated between academic institutions and clinical sites specifying party's roles, responsibilities, and liabilities relative to student clinical education.

**Didactic Education:** That part of the educational process which occurs in the classroom and emphasizes skills and theoretical concepts to be put into practice in the clinical education phase.

**Clinical Education Consortia:** The formation of regional groups that may include professional programs and/or clinical educators for the expressed purpose of sharing resources, ideas and efforts (e.g., the Iowa Clinical Education Consortium consists of the ACCEs from the University of Iowa, St. Ambrose University, Des Moines University and Clarke College).

Reference: APTA's Normative Model of Physical Therapist Professional Education, 2004.

## **DPT PROGRAM MISSION AND VISION STATEMENTS**

The faculty of The University of Iowa Physical Therapy Graduate Program unanimously supports the following mission and vision statements regarding the education of the entry-level physical therapy student:

### **Mission Statement**

The mission of the Graduate Program in Physical Therapy and Rehabilitation Science is to advance the health of humankind by:

- 1) excellence in education,
- 2) discovering new knowledge, and
- 3) developing leaders in healthcare and science.

*Approved 1/29/2007*

### **Vision Statement**

The vision of the Graduate Program in Physical Therapy and Rehabilitation Science is to be the recognized leader in clinical practice, research, and education.

*Approved 1/29/2007*

## FACULTY

### Primary

#### ***Byron E. Bork, MA, PT, Lecturer & Academic Coordinator of Clinical Education***

1965 BA, Psychology, University of Iowa, Iowa City, IA  
1966 Certificate in Physical Therapy, University of Iowa, Iowa City, IA  
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1990 BSE with High Distinction, Biomedical Engineering, University of Iowa, Iowa City, IA  
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## DPT COURSE OF STUDY

**Note:** The following course descriptions can also be found on the website of the Graduate Program in Physical Therapy & Rehabilitation Science: <http://www.healthcare.uiowa.edu/physicaltherapy/>

### **Summer Session 1**

**s.h.**

- |         |  |   |
|---------|--|---|
| 101:140 | Introduction to Physical Therapy Practice<br>This course consists of lectures, case presentations, and group activities using the <i>Guide to Physical Therapist Practice</i> . Major topics include the elements of the patient/client management model, concepts of the disablement model, and preferred practice patterns as applied in clinical problems. The importance of professionalism and professional socialization, and an introduction to evidence-based practice are other topics examined and discussed. Competence in medical terminology. | 2 |
| 101:141 | Principles of Physical Therapy I<br>Patient management skills: documentation, basic assessment, pre-ambulatory activities, joint range-of-motion, strength assessment, patient transfers, gait assessment, gait training, negotiating architectural barriers.  | 2 |
| 101:205 | Health Promotion and Wellness<br>Overview of health promotion, fitness, and wellness strategies, with background information on applied physiology (energy metabolism and physiological responses to exercise), exercise testing and training guidelines, body composition assessment, diet, body weight management; laboratories, development of individual weight management and exercise training programs.   | 3 |

### **Semester 1 (Fall)**

- |         |   |   |
|---------|---|---|
| 060:108 | Human Anatomy<br>Regional dissection, lectures, demonstrations, with emphasis on areas important to physical therapists.  | 5 |
| 069:133 | Intro to Human Pathology<br>Human disease; basic disease processes, organ-related and multisystem diseases; case analysis.  | 4 |
| 101:120 | Professional Issues & Ethics<br>Evolution of physical therapy as a profession; contemporary issues in education and practice; ethical theory and approaches to analyzing and acting on ethical problems; professional and peer relationships; professional behaviors.   | 1 |
| 101:142 | Principles of Physical Therapy II<br>Continuation of 101:141 (Principles of Physical Therapy I). Expands on previously learned skills, as well as new learning experiences. These new learning areas include documentation, assessment of joint range of motion/goniometry, manual muscle testing, pre-ambulatory intervention strategies, postural assessment, gait analysis, and the ability to perform a musculoskeletal, neuromuscular, and integumentary systems review. | 2 |
| 101:189 | Clinical Education I<br>Integrated clinical experiences in area physical therapy clinics. Multiple one-half or full-day experiences provide an overview of the diverse nature of practice. Students begin to develop basic skills in examination, intervention, and documentation.  | 1 |
| 101:209 | Surface Anatomy<br>Laboratory teaching activities designated to parallel the human anatomy course and with the goal of developing observation, palpation, and problem solving skills. Upper and lower limb, head and neck, thorax, and abdomen are areas studied.   | 1 |

101:210	Kinesiology & Pathomechanics Investigating normal and pathological movement based on understanding of muscle mechanics, segment and joint mechanics, muscle function; instructor- and student-centered learning experiences; EMG laboratories.	4
101:235	Case-Based Learning I First in a two-course series involving small-group seminars and simulated patient-instructor clinical assessment labs. Small group consists of six students and one faculty facilitator. Two clinical cases are presented per semester with four two-hour seminars and one simulated patient instructor experience per case. Clinical problems are coordinated with concurrent courses being taken within the curriculum. A student-center/problem-based learning format is used with emphasis on evidence-based practice objectives.	1
 <b>Semester 2 (Spring)</b>		
060:234	Medical Neuroscience Basic principles of systems neuroscience with focus on structure and function of the human central nervous system; laboratory sessions cover neuroanatomical study of brain, spinal cord, and related structures; small group discussions of neurological patient cases.	4
101:131	Therapeutic Physical Agents This course studies theoretical and practical applications for safe, effective use of physical agents (superficial and deep heat, cold, hydrotherapy, ultraviolet light) and electrotherapeutic modalities (biofeedback, NMES). Student examine basic science mechanisms of pain, pain assessment and pain management, and massage and soft tissue mobilization. Emphasis is on problem solving and clinical decision making.	2
101:185	Musculoskeletal Therapeutics I Students study musculoskeletal techniques and biomechanical principles applied to assessment and evaluation of common orthopedic problems. The course includes problem solving and case-study approach to clinical methods and skill acquisition.	3
101:190	Clinical Education II Integrated clinical experiences in area physical therapy clinics. Multiple one-half-day experiences provide an overview of the diverse nature of practice. Students begin to develop basic skills in examination, intervention, and documentation.	1
101:201	Applied Clinical Medicine Pathological disorders frequently encountered by physical therapists in clinical practice, addressed by physicians and health professionals who are not physical therapists; physical therapy management.	2
101:206	Cardiopulmonary Therapeutics Cardiorespiratory anatomy, physiology, and application of basic concepts, techniques in management of patients with acute and chronic cardiac, pulmonary disorders; laboratories.	3
101:236	Case-Based Learning II Second in a two course series involving small group seminars and patient simulated clinical assessment labs. Small groups consist of six students per group and one faculty facilitator. Two clinical cases are presented per semester with four two-hour seminars and one simulated patient instructor experience per case. Clinical problems are coordinated with concurrent courses being taken within the curriculum. A student-centered/problem-based learning format is used with emphasis on evidence-based practice objectives.	1

### **Summer Session 2**

101:119	Physical Therapy Management & Administration I The main topics of this course include the changing U.S. health care system, access to physical therapy services, reimbursement to health care providers, and mechanisms for controlling costs while providing quality care. Clinical vignettes, lectures, and small group problem solving are utilized.	2
101:143	Selected Topics in Physical Therapy Practice Specialty topics in physical therapy, such as women's health, aquatic therapy, patient care across the lifespan, alternative or new treatments; guest lectures, lab component.	2
101:176	Pharmacology for Physical Therapists This course surveys contemporary pharmacology, including an overview of basic pharmacokinetic and pharmacodynamic principles with special emphasis on the relation of drug therapy to therapeutic interventions provided by physical therapists. Student participation involves small group clinical case presentations.	3
101:194	Clinical Internship Full-time clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty. This clinical internship is six weeks in length and is completed in a hospital setting with a focus on inpatient acute and/or subacute care.	3

### **Semester 3 (Fall)**

101:122	Psychosocial Aspects of Patient Care Emotional reactions to disability, psychosocial aspects of disability as they relate to patient-physical therapist interaction; specific problems of the angry, non-compliant, or chronic pain patient; complementary roles of other health professionals; cultural competence applied to one's own professional behavior and in patient treatment; importance of holistic health care.	1
101:133	Pain Mechanisms & Treatment This course will address the theoretical models for understanding the basis for pain. Pain assessment and physical therapy pain management will be addressed. Emphasis will be placed on the development of clinical decision-making and problem solving. Instructional methods include: lectures, case studies, independent assignments, and group discussions.	2
101:134	Physical Therapy Management of the Integumentary System This course will focus on physical therapy examination of and intervention for the integumentary system. The theoretical and practical applications for safe and effective use of physical agents, electrotherapeutic modalities, and wound dressings and other appliances, utilized in the practice of Physical Therapy will be addressed. Course lectures will include the physical principles, the biophysical effects, clinical applications, indications and the contraindications of each intervention. The inflammatory process, types and classification of wounds, and patient education and prevention will be included. Emphasis will be placed on the development of clinical decision-making and problem solving. Student participation in laboratory sessions will lead to the desired outcome of safe, effective, and efficient application of physical agents to physical therapy patients.	2
101:170	Prosthetics & Orthotics Physical Therapy management and assessment of patients in need of prosthetic and orthotic devices; principles and components of prosthetic and orthotic design and use.	2
101:202	Musculoskeletal Therapeutics II Pathology, assessment, management of orthopedic disorders of the upper quarter; problem-solving approach to evaluation and management of patients with musculoskeletal conditions.	3

101:224	Principles of Motor Control & Applied Neuroscience Sensorimotor mechanisms involved with normal and abnormal neuromuscular systems function; skeletal muscle properties/plasticity, muscle fatigue, neural mechanisms of muscle strengthening, spinal circuitry, simple and complex reflexes, spasticity, rigidity, posture control/balance, motor learning, applied neurological assessment of pathological conditions, such as stroke, SCI.	4
101:237	Service Learning I This course is the first in a two-course series on service learning. During these courses, the students will identify community needs, develop a service-learning project in conjunction with a community partner, and carry out the project. Ideas related to social responsibility, advocacy, and professionalism are explored through classroom activities, reflective journaling, and readings.	1
101:248	Research in Physical Therapy Topics relevant to evidence-based practice and research design. Students will learn to identify appropriate questions for research and clinical applications, efficiently locate and evaluate available evidence on a focused topic, identify critical issues affecting the validity of various research designs, and interpret basic statistical analyses.	2
 <b>Semester 4 (Spring)</b>		
101:121	Physical Therapy Management & Administration II Topics studied are principles of management in physical therapy practice, historical perspective and current health care environment, business principles, marketing, managing risk, medical legal aspects, and preparing for the future.	1
101:151	Progressive Functional Exercise Therapeutic exercise options (e.g., isometrics, isotonic, isokinetic, plyometric, endurance exercises, stretching exercises) and training principles; application to functional activities, including those of daily living, work, recreation, and sport; laboratory component.	2
101:172	Radiology/Imaging for Physical Therapists The study of principles, procedures and interpretation of selected diagnostic imaging techniques with primary emphasis on plain film radiology, myelograms, CT scans and medical resonance imaging. A lecture laboratory format will be used. Student participation will also include small group clinical case presentations	2
101:173	Differential Diagnosis in Physical Therapy This course will emphasize the use of physical therapy examination and evaluation skills to diagnose physical therapy problems. The focus will be on the use of good clinical decision making skills when analyzing a patient's history and administering physical therapy tests and measures in order to confirm or rule out differential diagnoses.	2
101:191	Clinical Education III Two-week, full-time clinical experience in January in physical therapy clinics in Iowa, under the guidance of physical therapists. It covers theory and practice of physical therapy procedures and competence building in basic skills.	1
101:200	Pediatric Physical Therapy Preparation for physical therapy practice in pediatric settings using interdisciplinary family-centered practice; normal and abnormal development, standardized assessment, service-delivery settings, interventions, management strategies specific to pediatrics.	1
101:203	Musculoskeletal Therapeutics III Pathology, assessment, management of orthopedic disorders of the lower quarter; problem-solving approach to evaluation and management of patients with musculoskeletal conditions.	3

101:225	<p><b>Neuromuscular Therapeutics II</b>  This course studies techniques used in evaluation and treatment of persons with nervous system dysfunction. It also covers methods of identifying and scientific rationale for abnormal sensorimotor activity and movement, and normal and abnormal motor development. Students learn techniques used to provide comprehensive institutional and home rehabilitation programs for conditions such as stroke, traumatic brain injury, multiple sclerosis, Parkinson's disease, cerebral palsy, vestibular disorders, and spinal cord injury.</p>	3
101:238	<p><b>Service Learning II</b>  This course is second in a two-course series on service-learning. During these courses, the student will identify community needs, develop a service-learning project in conjunction with a community partner, and carry out the project. Ideas related to social responsibility, advocacy and professionalism are explored through classroom activities, reflective journaling, and readings.</p>	1
101:251	<p><b>Critical Inquiry in Physical Therapy I</b>  Experience conducting group research projects under faculty supervision; data collection and analysis, manuscript preparation, oral defense of research findings during a formal poster presentation.</p>	1
<b>Summer Session 3</b>		
101:194	<p><b>Clinical Internship</b>  This course is full-time clinical education. It involves development of competence in independent examination and treatment of patients under supervision of clinical faculty.</p>	7
<b>Fall Semester 5</b>		
101:194	<p><b>Clinical Internship</b>  Full-time clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.</p>	5
101:252	<p><b>Critical Inquiry in Physical Therapy II</b>  Principles and procedures learned in 101:248 and 101:251 applied to a clinical setting; students write and present a case report with an evidence-based practice focus, using a clinical case from their final internships.</p>	1

## SUMMARY OF CLINICAL EDUCATION EXPERIENCE

<b>First Year – Fall Semester</b> <b>101:189 Clinical Education I – 1 s.h.</b>
<p><b>Time:</b> One (1) day every other week for each student (30-40 hours for each student). Some clinics will be a full day experience, while others will be a half-day experience.</p>
<p><b>Place:</b> Local facilities within a 40 mile radius of the University of Iowa.</p>
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. To become familiar with a variety of settings in which physical therapists practice and the role(s) of the therapist through observation and discussion.</li> <li>2. To observe a variety of patient examinations and treatments by an experienced physical therapist.</li> <li>3. To practice patient handling skills such as transferring and positioning.</li> <li>4. To assist a physical therapist in performing evaluation and treatment procedures within individuals capabilities—special emphasis on goniometry and manual muscle testing.</li> <li>5. To begin to develop a familiarity with the patient medical record as it is pertinent to physical therapy.</li> <li>6. To develop and expand skills in interpersonal relations and communication with patients.</li> </ol>
<p><b>Relationship of Clinical Education Unit to the Curriculum:</b>  Curriculum is designed so that a) the student acquires skills in the basic sciences, b) begins to develop skills in basic physical therapy techniques, and c) becomes acquainted with information relative to ethical practice of physical therapy as well as the duties of other health personnel.</p>
<b>First Year – Spring Semester</b> <b>101:190 Clinical Education II – 1 s.h.</b>
<p><b>Time:</b> Two ½ days per week every other week for each student (56 hours)</p>
<p><b>Place:</b> Part-time clinicals are completed in local facilities within a 40 mile radius of the University of Iowa.</p>
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. To develop skill in the use of evaluation procedures learned in class during this and last semester.</li> <li>2. To improve skills in the use of basic physical therapy techniques.</li> <li>3. To correlate theory of physical therapy procedures to practice of selected physical therapy procedures.</li> <li>4. To understand, appreciate and learn how to work with the unique problems of each patient.</li> <li>5. To develop appropriate methods of communication with patients and their families, supervisors, and other health workers.</li> </ol>
<p><b>Relationship of Clinical Education Unit to the Curriculum:</b>  Curriculum is designed so that the student a) continues to build on the didactic framework of the basic sciences foundation of the first semester, and b) employs the skills and knowledge acquired to actual clinical problems involving administration and clinical care.</p>
<b>Second Year – Summer Session</b> <b>101:194:002 Clinical Internship – 3 s.h.</b>
<p><b>Time:</b> 6 week full-time internship scheduled from early July to mid-August (240 hours)</p>
<p><b>Place:</b> Clinical Internship centers with whom The University of Iowa has clinical education written agreements. Not restricted to the State of Iowa.</p>
<p><b>Goals:</b> This internship is scheduled to be an experience with a focus on in-patient care in a general hospital.</p>

**Second Year – Spring Semester  
101:192 Clinical Education IV – 1 s.h.**

**Time:** First two weeks of January (full time for 2 consecutive weeks for each student). (80 hours)

**Place:** Clinicals are completed in facilities located in Iowa.

**Goals:**

1. Develop and demonstrate competence in patient care, i.e., patient evaluation and treatment; program planning; implementing and charging, record keeping.
2. Demonstrate appropriate professional behaviors and attitudes toward patients and staff.

**Relationship of Clinical Education Unit to the Curriculum:**

1. Curriculum is designed so that the student a) strengthens the correlation between the basic sciences and physical therapy practice, b) learns to critically evaluate patients and design and implement treatment plans, and c) enhances skills in the application of techniques commonly employed in the practice of physical therapy.
2. Prior to the start of the two week clinical, the clinical sites will be sent more specific objectives as to the competencies they might expect from the students.

**Third Year – Summer and Fall  
101:194:001 Clinical Internship – 7 s.h. summer, 5 s.h. fall**

**Time:** 27 weeks full-time divided into 3 different 9-week internships. (1080 hours)

**Place:** Physical therapy settings in the United States with whom The University of Iowa has contracts. These are arranged by the education program's Clinical Education Coordinator with significant input from program faculty and students. The internships begin in mid to late May and end in mid December.

**Goals:**

1. Develop and demonstrate entry-level competence in patient care activities.
2. Opportunity to develop special interest area in patient care.
3. Exhibit appropriate professional conduct and represent the profession of physical therapy effectively.
4. Demonstrate a commitment to continued learning.

**Evaluation:**

The clinical instructor uses the Clinical Internship Evaluation Tool (CIET) to evaluate student performance. The Professional Behavior & Patient Management criteria outlined in the CIET serve as general objectives to guide student learning experiences.

# EVALUATION OF STUDENT CLINICAL PERFORMANCE

## The University of Iowa Graduate Program in Physical Therapy and Rehabilitation Science

### **Clinical Education 101:189 & 101:190:**

The clinical education 101:189 and 101:190 courses consist of multiple part-day integrated clinical experiences at local hospitals and PT clinics. The evaluation forms for the experiences can be found in Appendix 1 (189) and 2 (190).

### **Clinical Education 101:191:**

The evaluation form in Appendix 3 is designed for use during Clinical Education 101:191 which consists of a two week, full time integrated clinical experience at the end of the beginning of the 4<sup>th</sup> semester in the DPT curriculum. The aim of this phase of clinical education is to provide the student an opportunity to practice and augment the skills introduced in the classroom and the teaching laboratories as well as learn new skills.

### **Purpose of Student Evaluations:**

1. To improve learning: Primarily this evaluation is intended to benefit the individual student. Regular feedback keeps the student informed about personal progress and helps the student recognize individual strengths and weaknesses. Students have a need for specific information.
2. To improve instruction: The information gained from the evaluation should also prove beneficial to faculty who are responsible for curriculum design and to clinical educators responsible for design and implementation of future learning experiences in their clinic.
3. To certify competency: Students and faculty alike need an appraisal of the student's clinical skills prior to beginning full time internships.

### **Clinical Internship 101:194:**

The Clinical Internship Evaluation Tool (CIET) (Appendix 4) is used to evaluate students on all full time internships at least 6 weeks in length. The CIET is first used at the University of Iowa during the 6-week full time integrated clinical education experience during the summer following the first year in the curriculum.

# **CLINICAL EDUCATION POLICIES FOR DPT STUDENTS DURING INTERNSHIPS**

## **The University of Iowa**

### **Graduate Program in Physical Therapy & Rehabilitation Science**

#### **Dress Code**

Professional attire is expected during clinical experiences. Students are required to follow the dress code outlined by each clinical center. The student should bring his/her lab coat and name pin to all clinic sites unless specified otherwise by the clinical site. General guidelines for professional attire would include: no jeans, t-shirts, shorts, no low riding pants, low cut or cropped shirts, no visible tattoos or body piercing (other than earrings), and no open-toe or high-heeled shoes.

#### **Absences**

Absences are not allowed during internships with the exception of illness or family emergency. The student must contact the CCCE or ACCE prior to his/her scheduled work hours to report an absence. Time missed due to absence will be made up at the discretion of the CCCE and ACCE. Students may not request vacation time during their scheduled clinical internships. There is a week long break scheduled between each rotation. Students should plan to use this time for personal needs, including job interviews. An unexcused absence, one in which the CCCE or ACCE were not notified in advance, requires make up and may be grounds for failing a clinical internship.

#### **Role of Students in Clinical Education**

- a. To take responsibility for learning and to make the most out of opportunities provided with the goal of becoming a competent professional.
- b. To participate in ongoing self assessment, reflecting on areas of strength, limitations, and inconsistencies.
- c. To provide constructive criticism to both academic and clinical faculty.
- d. To be accountable for personal and professional behaviors and actions.
- e. To welcome and befriend constructive criticism on clinical performance and develop an action plan for growth and development.
- f. To practice diligently and be willing to make mistakes and learn from them.
- g. To respect the rights of patients, clinical instructors, and all others associated with clinical education endeavors.

#### **Evaluation of Performance**

- a. During each internship, the student will be evaluated by the CI using the Clinical Internship Evaluation Tool (CIET) (see Appendix 4) at both midterm and final.
- b. The student will show progress from midterm to final evaluation on all clinical performance criteria in the CIET.

- c. The student will “always” demonstrate professional behaviors (with the exception of communication) as rated on the CIET.
- d. At the end of each internship the student shall not have any ratings of “well below” the level of a competent clinician.
- e. The student will complete a self-evaluation using the CIET at midterm and final.
- f. The student will evaluate the clinical site following the completion of the internship. The student will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (see Appendix 5). This form must be returned to the University of Iowa within one week of the completion of the internship.
- g. During each internship, the ACCE will attempt to contact the student and/or the CCCE at least once by telephone or email to check on performance.
- h. An attempt will be made to visit each student at least once during one of the 6 or 9 week internships for an on-site meeting.

### **Unsatisfactory Clinic Performance/Behavior Issues**

- a. When a problem with clinic performance is noted, all efforts should be made to resolve the problem with CCCE, CI and student input. The desired change in behavior should be outlined and opportunities for the student to demonstrate change should be allowed.
- b. If the problem cannot satisfactorily be resolved, the student and the CCCE should contact the ACCE immediately. The ACCE will then serve as a mediator between the student and the CCCE or CI. If possible, a clinic site visit will be completed to meet with the individuals involved.
- c. Reassignment of the clinical internship may occur if the problem is deemed unresolvable, the student or CCCE requests termination of the internship, and if another site can be arranged where the student may be able to satisfactorily complete the internship.
- d. If, following the above arbitration, the student’s overall performance is not judged to be satisfactory, this should be reported to the ACCE.
- e. The Program’s ACCE has the final responsibility of assigning a grade. Prior to assigning a grade the ACCE and Assistant ACCE review and jointly discuss all student evaluations provided on the CIET by the clinical instructors. In addition to clinical instructor ratings and comments, multiple other sources of information are given due consideration. Criteria considered include history of student performance in all clinical related aspects and experiences in the curriculum, presence or absence of student improvement throughout the internship and student ratings on the CIET.
- f. All four segments of Clinical Internship (101:194) must be completed with a grade of Satisfactory (S).
- g. A grade of Unsatisfactory (U) in a segment will require the student to be reviewed by the graduate student Review & Promotions Committee. See Appendix 6 for description of purpose, roles and responsibilities of this committee.

# **Appendix 1**

## **Student Performance Evaluation Clinical Education 101:189**

Student Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 CI Name \_\_\_\_\_  
 Date \_\_\_\_\_

## **\*Attention Clinical Instructors\***

Thank you for mentoring the first year physical therapy students from The University of Iowa. Your cooperation in taking a few minutes to provide feedback to our Program and the student is greatly appreciated. Those tasks marked with an asterisk (\*) were covered in their summer classes, the other tasks will be covered this fall. If you ever have any comments or concerns, please feel free to contact Kelly Sass at 335-9798. Thank you for contributing to our Program!

**OBSERVED PERFORMED** Check all of the following that apply:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Positioning/Draping (*)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | History Taking/Pt Interviewing (*)      |
| <input type="checkbox"/> | <input type="checkbox"/> | SOAP Notes                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Assessment of Vitals (*)                |
| <input type="checkbox"/> | <input type="checkbox"/> | Bed Mobility/Transfers (*)              |
| <input type="checkbox"/> | <input type="checkbox"/> | Tilt Table                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Goniometry of UE                        |
| <input type="checkbox"/> | <input type="checkbox"/> | MMT of UE                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Gait Training with Assistive Device (*) |
| <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair Skills (*)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Goniometry of LE                        |
| <input type="checkbox"/> | <input type="checkbox"/> | MMT of LE                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Spine ROM Assessment                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Trunk MMT                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Gait Analysis                           |

Comments regarding above performance or observation:

An objective for the first semester clinical rotations is to develop and expand interpersonal relations and communication with patients and clinic staff. Please provide written feedback for the student regarding his/her interactions with patients and clinic staff:

## **Appendix 2**

# **Student Performance Evaluation Clinical Education 101:190**

**\*\*\* Attention Clinical Instructors\*\*\***

Thank you for taking the time to mentor students from the University of Iowa Graduate Program in Physical Therapy & Rehabilitation Science. In an attempt to further facilitate student learning experiences in the clinics, I am requesting that you take the time to fill out this short questionnaire following the student's two afternoons in the clinic. On page one, you will find a listing of the skills that the student should have acquired during the first semester of school (\*), as well as a listing of the specific joint examinations that are being covered in Musculoskeletal Therapeutics I and modalities covered in Physical Agents I this semester. On page two, you will find questions regarding the student's professional behaviors. Please send this form back with the student. Please contact Kelly Sass at 319/335-9798 with any questions or concerns.

**Examination and Intervention Skills:** (Please circle any skills the student had an opportunity to practice at your clinic)

<u>Patient Interviewing (*)</u>	Thoracic Spine Assessment
Vital Signs (*)	Lumbar Spine Assessment
Documentation (*)	SI Joint
Transfers (*)	Thermal Agents
Gait Training with Assistive Devices (*)	Ultrasound
Goniometry (*)	Soft Tissue Mobilization
Manual Muscle Testing (*)	Biofeedback
Cervical Spine Assessment	Iontophoresis

**Did the student perform the above skill(s) satisfactorily?**      Yes      No  
If no, please explain.

University of Iowa students are expected to demonstrate the seven core values of professionalism while in the clinic. These core values include: accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility.

**Did the student demonstrate professional behavior while interacting with the patient/family and staff at your clinic?**

Yes

No

Comments:

**Please provide other feedback for the student regarding his/her performance at your facility:**



## **Appendix 3**

# **Student Performance Evaluation Clinical Education 101:191**

**GRADUATE PROGRAM IN PHYSICAL THERAPY  
& REHABILITATION SCIENCE  
The University of Iowa**

**STUDENT PERFORMANCE EVALUATION\***  
101:192 Clinical Education  
2<sup>nd</sup> Year DPT Students

---

Student Name: \_\_\_\_\_

Dates of Clinical Experience: \_\_\_\_\_

Name of Clinical Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Clinical Instructor's Name: \_\_\_\_\_  
(Please Print)

Note: We want your candid and honest opinion regarding student performance. We will respect your opinion and utilize it in working individually with students to achieve the desired goal of expertise in the care of patients. Fill in the circle along the continuum which reflects your evaluation of the student with respect to each characteristic. If you had no opportunity to observe a characteristic, check the "did not observe" circle. Please complete this form, discuss it with the student, sign and return it to Byron Bork or Kelly Sass, Academic Coordinators of Clinical Education at the Graduate Program in Physical Therapy & Rehabilitation Science, The University of Iowa, 1-252 Medical Education Building, Iowa City IA 52242-1190.

Questions or suggestions concerning completion of this form may be directed to Byron Bork (319-335-6857; byron-bork@uiowa.edu or Kelly Sass (319-335-9798; kelly-sass@uiowa.edu), Academic Coordinators of Clinical Education.

Date of Student Performance Evaluation: \_\_\_\_\_

Clinical Instructor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

\*The University of Iowa Graduate Program in Physical Therapy & Rehabilitation Science utilizes this evaluation form for this two week long clinical experience. The APTA's Physical Therapist Clinical Performance Instrument (CPI) is used for the 6 & 9 week long clinical internships.

	For level of training					
	Does not meet expectations	Meets expectations			Far exceeds expectations	Did not Observe
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
1. Gathers appropriate information during patient history taking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Locates and interprets information in patient medical record pertinent to PT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Relates concepts learned in classroom to specific clinical situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Performs the following clinical skills:						
a. vital signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. positioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. transfers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. gait training with assist devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. goniometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. MMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. physical agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. spine exam & intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. UE exam & intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Demonstrates awareness of contraindications & precautions to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Documents a progress note in a concise, accurate format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Establishes rapport with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Demonstrates respect for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Works well with all members of healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Demonstrates sensitivity & competence when working with people of diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Shows initiative in addressing deficits in own knowledge/skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Student Strengths:</b>

<b>Suggestions for Improvement:</b>

## **Appendix 4**

# **Physical Therapist Clinical Internship Evaluation Tool (CIET)**



**Physical Therapy and Rehabilitation Science  
Clinical Internship Evaluation Tool\***

**Student Name:** \_\_\_\_\_

**Clinical Facility:** \_\_\_\_\_

**Type of Internship:** \_\_\_\_\_ **Dates of Internship:** \_\_\_\_\_

**Midterm:** \_\_\_\_\_ **Final:** \_\_\_\_\_ (check one)

**Days Absent:** \_\_\_\_\_ **Days Made Up:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

**Clinical Instructor's Phone Number:** \_\_\_\_\_

**Clinical Instructor's E-mail:** \_\_\_\_\_

Please Return to: Byron Bork or Kelly Sass  
Academic Coordinators of Clinical Education  
University of Iowa  
Graduate Program in PT and Rehab Science  
1-252 Medical Education Building  
Iowa City, IA 52242  
Email: [Byron-bork@uiowa.edu](mailto:Byron-bork@uiowa.edu)  
[Kelly-Sass@uiowa.edu](mailto:Kelly-Sass@uiowa.edu)

\*Revised March 2009, modifications made with permission of the University of Pittsburgh

Original document published in July 2007:  
Fitzgerald, LM, Delitto, A, & Irrgang, JJ. Validation of the Clinical Internship Evaluation Tool. *Phys Ther.* 2007; 87:1-17.

## Clinical Internship Evaluation Tool Instructions

### INTRODUCTION

This internship student evaluation was developed by The University of Pittsburgh in recognition that in the present day health care environment, a student graduating from an entry-level physical therapy program must be ready to “hit the ground running.” The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. At the University of Iowa, we strive to achieve this goal through both the didactic and the clinical education portions of our curriculum. In order for this tool to be an effective and reliable measure, students *must* be rated against the standard of a competent clinician who meets the above criteria.

### USING THE FORM

This form is composed of two sections. The first section, *Professional Behaviors*, evaluates Safety, Standards of Conduct, Initiative, and Communication Skills. The second section, *Patient Management* evaluates the student’s ability to efficiently manage a patient with an effective outcome. It is divided into four subsections (1) Examination, (2) Evaluation, (3) Diagnosis/ Prognosis, and (4) Intervention.

When evaluating the student on *Professional Behaviors*, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely*, *Sometimes* (50% occurrence), *Most of the Time*, or *Always* (100% occurrence). In all clinical experiences, we expect the student to practice in a safe manner, act ethically, show initiative and demonstrate appropriate professional behavior. **Note that you cannot mark “Not Observed” on these behaviors**, with the exception being communication skills. You may mark “not observed” for communication skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.” If there are any concerns, or if you have positive feedback for the student, please elaborate in the “Comments” section. We expect the student to “*Always*” demonstrate *Professional Behaviors* in the clinic, with the exception of Communication Skills, which may be developing during the initial clinical education experiences.

When evaluating the student’s *Patient Management* skills, please keep in mind that the student should be compared to a ‘*competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome*’. This form is designed for use with all patient types, thus the student can be evaluated based on your clinic population.

Please score the *Patient Management* section as follows:

**Well Below:** Student requires a great deal of guidance including instructions and verbal cueing to complete a task.

**Below:** Student requires some supervision and/or has difficulty with time management while completing the task

**At that Level:** Student is at the level of a competent clinician. Student can carry an appropriate caseload for your clinic and achieve effective outcomes with patients.

**Above:** Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher than expected caseload.

**Well Above:** This is reserved for the student who demonstrates skills at the level of a master clinician or clinical specialist..

**Please use the comment page for specific areas of concern and/or positive feedback.**

The faculty and the student value your candid, honest opinions. On page 8 you are asked to make a global rating about the student. Our expectation is that the student will have met the level of a competent clinician for all skills by the end of the final internship, prior to that the student may have skills that fall below that level while still receiving a passing grade. For professional behaviors the student should be consistently performing at the level “*Always*”. Please let the ACCE know immediately if there is a problem in any area of *Professional Behaviors*.

Please complete this form and review it with the student at midterm and at the end of the internship. In addition, the student should complete a self-evaluation at both midterm and final using their own copy of the CIET. Do not hesitate to call the Graduate Program in Physical Therapy at any time during the internship with questions or concerns regarding use of this tool or the student’s performance. The Program phone number is 319/335-9791.

#### **REFERENCES:**

American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81[1]. 2001

Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.

World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

**STUDENT NAME:**

<b>STANDARDS &amp; BENCHMARKS</b>	<b>RATING</b>					
<b>PROFESSIONAL BEHAVIORS</b>	Never	Rarely	Some- times	Most of the Time	Always	Not Observed
<b>SAFETY</b>						
1. Follows Health and Safety Precautions (e.g. Universal/Standard Precautions)						
2. Takes appropriate measures to minimize risk of injury to self (e.g. appropriate body mechanics)						
3. Takes appropriate measures to minimize risk of injury to patient (e.g. chooses correct level of assist)						
<b>Comments:</b>						
<b>PROFESSIONAL ETHICS</b>						
1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security. (e.g. HIPAA, State PT Practice Act)						
2. Demonstrates positive regard for patients/peers during interactions						
3. Demonstrates cultural competence; shows tolerance of and sensitivity to individual differences						
4. Adheres to ethical and legal standards of practice, including State Practice Act and APTA Code of Ethics						
5. Maintains appropriate appearance and attire in accordance with the facility's dress code						
6. Maintains appropriate professional conduct and demeanor as per the APTA Guide for Professional Conduct						
7. Demonstrates awareness of patients' rights and responsibilities						
<b>Comments:</b>						

STANDARDS & BENCHMARKS	RATING					
PROFESSIONAL BEHAVIORS	Never	Rarely	Some-times	Most of the Time	Always	Not Observed
<b>INITIATIVE</b>						
1. Recognizes and maximizes opportunity for learning						
2. Accepts and implements suggestions from constructive criticism						
3. Utilizes available resources for problem solving						
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility						
<b>Comments:</b>						
<b>COMMUNICATION SKILLS</b>						
<i>Communicates verbally with precise and appropriate terminology and in a timely manner.</i>						
1. With patients and families/caregivers						
2. With healthcare professionals (e.g. MD, nurses, insurance carriers, case managers, OT, ST, etc.)						
<i>Communicates in writing with precise and appropriate terminology and in a timely manner.</i>						
3. Documentation standards (e.g. concise, accurate, legible; conforms with standard procedures)						
4. With professionals (e.g. documentation, letters, plans of care, etc.)						
5. With patients and families/caregivers (e.g. patient home programs, etc.)						
<b>Comments:</b>						

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Instructor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please compare the student to the competent clinician who is able to skillfully manage patients in an efficient manner to achieve an effective outcome. (Refer to page 3 for RATING definitions)

STANDARDS & BENCHMARKS	RATING				
	Well Below	Below	At that Level	Above	Well Above
<b>PATIENT MANAGEMENT</b>					
<b>EXAMINATION</b>					
1. Obtains an accurate history of current problem					
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available					
3. Performs systems review and incorporates relevant past medical history					
4. Generates an initial hypothesis					
5. Generates alternative hypotheses (list of differential dx)					
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses					
7. Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
<b>EVALUATION (Analysis and synthesis of exam results; critical thinking skills)</b>					
1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)					
2. Identifies impairments in body structure and function; activity limitations; and participation restrictions					
3. Administers further tests and measures as needed for appropriate clinical decision making					
<b>DIAGNOSIS/PROGNOSIS</b>					
1. Determines a diagnosis for physical therapy management of the patient					
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost effectiveness					
5. Determines criteria for discharge					
<b>INTERVENTION</b>					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					
6. Modifies intervention according to patient/client's response to treatment					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8. Recognizes psychosocial influences on patient management					
9. Appropriately utilizes the PTA/support staff for interventions					

**Please comment here on the specific areas of concern or areas of strength.**

**Examination:**

**Evaluation:**

**Diagnosis/Prognosis:**

**Intervention:**



## **Appendix 5**

# **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction**

**PHYSICAL THERAPIST STUDENT  
EVALUATION:  
  
CLINICAL EXPERIENCE  
AND  
CLINICAL INSTRUCTION**

June 12, 2003



**American Physical Therapy Association  
Department of Physical Therapy Education  
1111 North Fairfax Street  
Alexandria, Virginia 22314**

## PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

### Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

### Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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## GENERAL INFORMATION AND SIGNATURES

### General Information

Student Name \_\_\_\_\_

Academic Institution \_\_\_\_\_

Name of Clinical Education Site \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Clinical Experience Number \_\_\_\_\_ Clinical Experience Dates \_\_\_\_\_

### Signatures

**I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our program files.**

---

\_\_\_\_\_  
Student Name (Provide signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned \_\_\_\_\_

Highest degree earned \_\_\_\_\_ Degree area \_\_\_\_\_

Years experience as a CI \_\_\_\_\_

Years experience as a clinician \_\_\_\_\_

Areas of expertise \_\_\_\_\_

Clinical Certification, specify area \_\_\_\_\_

APTA Credentialed CI  Yes  No

Other CI Credential \_\_\_\_\_ State  Yes  No

Professional organization memberships  APTA  Other \_\_\_\_\_

\_\_\_\_\_  
Additional Clinical Instructor Name (Print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned \_\_\_\_\_

Highest degree earned \_\_\_\_\_ Degree area \_\_\_\_\_

Years experience as a CI \_\_\_\_\_

Years experience as a clinician \_\_\_\_\_

Areas of expertise \_\_\_\_\_

Clinical Certification, specify area \_\_\_\_\_

APTA Credentialed CI  Yes  No

Other CI Credential \_\_\_\_\_ State  Yes  No

Professional organization memberships  APTA  Other \_\_\_\_\_

## SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. Clinical Experience Number \_\_\_\_\_

3. Specify the number of weeks for each applicable clinical experience/rotation.

_____ Acute Care/Inpatient Hospital Facility	_____ Private Practice
_____ Ambulatory Care/Outpatient	_____ Rehabilitation/Sub-acute Rehabilitation
_____ ECF/Nursing Home/SNF	_____ School/Preschool Program
_____ Federal/State/County Health	_____ Wellness/Prevention/Fitness Program
_____ Industrial/Occupational Health Facility	_____ Other _____

### Orientation

4. Did you receive information from the clinical facility prior to your arrival?  Yes  No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  Yes  No

6. What else could have been provided during the orientation? \_\_\_\_\_

#### *Patient/Client Management and the Practice Environment*

**For questions 7, 8, and 9, use the following 4-point rating scale:**

1 = Never      2 = Rarely      3 = Occasionally      4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? \_\_\_\_\_

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- from other disciplines or service departments (Please specify \_\_\_\_\_)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe \_\_\_\_\_

13. How did the clinical supervision ratio in Question #12 influence your learning experience? \_\_\_\_\_

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) \_\_\_\_\_
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other; Please specify \_\_\_\_\_

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. \_\_\_\_\_

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
  - Time well spent; would recommend this clinical education site to another student.
  - Some good learning experiences; student program needs further development.
  - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? \_\_\_\_\_
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. \_\_\_\_\_
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? \_\_\_\_\_
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? \_\_\_\_\_
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? \_\_\_\_\_

**SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION**

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree    2=Disagree    3=Neutral    4=Agree    5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		

The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation     Yes  No      Final Evaluation     Yes  No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation \_\_\_\_\_

Final Evaluation \_\_\_\_\_

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments \_\_\_\_\_

Final Comments \_\_\_\_\_

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments \_\_\_\_\_

Final Comments \_\_\_\_\_

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

## **Appendix 6**

# **Graduate Student Review & Promotion**

**Graduate Program in Physical Therapy and Rehabilitation Science  
The University of Iowa**

**GRADUATE STUDENT REVIEW AND PROMOTION**

**Rules and Regulations of the Graduate College:**

The Rules and Regulations of the Graduate College apply to all students in the Graduate Program in Physical Therapy and Rehabilitation Science. These rules and regulations are published in the University's General Catalog and a manual is available online at:

<http://www.grad.uiowa.edu/Students/AcademicPolicies/>

Doctoral students in the Graduate Program in Physical Therapy and Rehabilitation Science are to maintain a 3.0 GPA on all courses in our curriculum. This does not include any transferred graduate credits that are not included in our curriculum.

All doctoral students in the Graduate College on regular status are placed on probation if, after completing 8 semester hours of graduate work at this University, their cumulative grade point average on such graduate work is less than 3.0. If after completing 8 more hours of graduate work at this University, their cumulative grade-point average on graduate work completed here remains below 3.0, they are denied permission to re-register; otherwise, they are restored to good standing.

**Rules and Regulations of the Graduate Program in Physical Therapy & Rehabilitation Science:**

Student evaluation will be conducted by the **Graduate Student Review and Promotion Committee** following the completion of each academic session and at other times as deemed necessary by circumstances or by the Director.

**Committee Composition**

- Three faculty, one PhD student, one DPT2 student.
- Student members will be recommended by their peers and approved by faculty committee members.
- Student members will serve one-year terms beginning June 1<sup>st</sup> each year.
- Students are non-voting members.
- Committee members will receive orientation and education regarding committee responsibilities by senior committee members.

**Scope of the Committee**

The purpose of the Graduate Student Review and Promotions Committee is to ensure that each person who graduates from The University of Iowa Graduate Program in Physical Therapy and Rehabilitation Science has **adequate skills, knowledge, and judgment** to assume appropriate professional responsibilities within the physical therapy profession. To perform these duties, the committee will depend upon the cooperation, advice and judgment of faculty, students and administration.

The Graduate Student Review and Promotions Committee may interview students for the following reasons:

- Students who fail to receive a grade with Graduate College credit (A thru C- carries Graduate College credit) in courses or clinical internships.
- Unprofessional or unethical behavior such as plagiarism, dishonesty, theft, cheating, violation of patient confidentiality, alcohol or substance abuse-related violations, etc.  
Information obtained from criminal background checks will be assessed by the Chair of the Faculty, Staff, and Student Affairs Committee in concert with the Committee. The Chair will maintain the confidentiality of individuals except in cases where the incident is viewed to potentially impact professional behavior, necessitating review by the Graduate Student Review and Promotions Committee.
- Negative comments on clinical education evaluations.
- Persistently poor or marginal academic or clinical performance.
- Requests to extend the period of study beyond the usual time allowed.
- Former students applying for reinstatement to the Program after withdrawal or dismissal.
- Other purposes as determined by the Program Director in consultation with the Review and Promotions Committee.

Except under extenuating circumstance that are communicated in writing, failure of the student to appear before the committee will be viewed as a negative response by the student when the issue is deliberated by the committee.

#### **Appearing before the Review and Promotions Committee**

- A written request will be provided outlining the purpose for an independent appearance before the Review and Promotions Committee.
- Students are expected to answer questions posed by the Committee members during the interview. In addition, if desired, students may bring a prepared statement to read at the meeting.
- The student may not contact the Review and Promotion Committee members in advance of or following the meeting regarding committee actions or deliberation.
- All deliberations and actions of the committee will be held in the strictest confidence.

#### **Review and Promotion Committee Actions**

- Following the interview with the student, Committee members will discuss the student's situation and faculty members will vote on a recommendation to be sent to the Director. The Committee has the authority to recommend:
  - No action is necessary.
  - Changes in the students' program of study.
  - A plan of action or recommendation for corrective action on issues of professionalism or behaviors.
  - Dismissal
- When voting on a recommendation, three faculty members must be present at the meeting and a simple majority is required for passing a recommendation.
- Review and Promotion Committee members may recuse themselves from an interview and discussion on a student if they feel there may be a conflict of interest. Faculty members who recuse themselves will temporarily be replaced by faculty members appointed by the Director.
- Official paperwork outlining the Committee's recommendation will be delivered to the Program Director and the student within 3 working days of the Review and Promotion Committee meeting.

## Program Director Actions

- The Director will review the recommendations of the Committee and make a decision on the recommendation within 3 working days of the Review and Promotions Committee meeting and indicate that decision with his signature.
- A student may schedule an appointment with the Director to discuss the Review and Promotion Committee's recommendation prior to the Director's decision and within the 3 working days referenced above.
- A student wishing to appeal the Director's decision must submit a letter to the Director within 3 working days of receiving notification of that decision, with a copy to the Associate Dean of Academic Affairs of the Graduate College.

## Grievance Procedures:

In general, the Program adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV.E. The manual is available online at:

<http://www.grad.uiowa.edu/Publications/ManualOfRulesAndRegs/index.htm>

This manual also states that "If a student judges the dismissal decision improper, the student has a right to review. Each department shall establish procedures for handling such reviews." The following procedures will be followed by the Graduate Program in Physical Therapy and Rehabilitation Science.

1. The Program Director will appoint a minimum of three graduate faculty members and two students at the beginning of each academic year to serve, if called upon, as members of the Grievance Committee. (Members will be different from those currently serving on the Graduate Student Review and Promotions Committee).
2. Prior to the formal initiation of the grievance process, a student should discuss the grievances with the Program Director in an attempt to resolve such grievances informally.
3. If the student continues to feel the decision is improper and cannot be resolved through the discussion provided for in #2 above, the student shall forward a written request for review of the decision to the Program Director. The letter should outline the grievances in reasonable detail. In addition, the student should choose two of the graduate faculty members and students from those chosen to serve on the committees, to constitute his/her review committee.
4. The Program Director shall designate a chairman of the review committee from those committee members identified by the student.
5. The review committee chairman shall convene the committee as soon as possible. Normally it is expected that the review process will be completed within two weeks of its formal initiation by the student.
6. The student requesting the review shall have the opportunity to discuss the grievances directly with the committee and provide any supporting material relevant to the review.
7. The review committee shall then determine what additional information or consultation is necessary to complete their review.
8. Upon review of relevant information the review committee shall communicate their findings and recommendations in writing to the student and the Program Director. The committee's report should include major considerations in the decision.

## **Appendix 7**

# **Clinical Site Information Form (CSIF)**

**CLINICAL SITE INFORMATION FORM (CSIF)**  
developed by  
**APTA Department of Physical Therapy Education**

**Why have a consistent Clinical Site Information Form?**

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

**How is the form designed?**

The form is divided into two sections, [Information for Academic Programs - Part I](#) (pages 3-14) and [Information for Students - Part II](#) (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at [www.apta.org](http://www.apta.org). Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory, it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlinked [index](#) on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

**What should I do once the form has been completed?**

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at [csif@apta.org](mailto:csif@apta.org) or mail to:



**American Physical Therapy Association**  
**Department of Physical Therapy Education**  
1111 North Fairfax Street  
Alexandria, Virginia 22314

## DIRECTIONS FOR COMPLETION:

### **If using a computer to complete this form:**

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please note that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, use the tab key or arrow keys to move to the desired blank space (the form is comprised of a series of tables to enable use of the tab key for easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

### **What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete *pages 3 and 4*. On *page 3*, provide the primary clinical site for the clinical experience. On *page 4*, indicate other clinical sites or satellites associated with the primary clinical site. ***Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.***

### **What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

## CLINICAL SITE INFORMATION FORM

### *I. Information About the Clinical Site*

Date (   /   /   )

Person Completing Questionnaire					
E-mail address of person completing questionnaire					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
PT Department Fax					
PT Department E-mail					
Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (CCCE) / Contact Person					
CCCE / Contact Person Phone					
CCCE / Contact Person E-mail					

**Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.**

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

*Clinical Site Accreditation/Ownership*

Yes	No		Date of Last Accreditation/Certification
		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? ___ PT owned ___ Hospital Owned ___ General business / corporation ___ Other (please specify) _____	

4. Place the **number 1** next to your clinical site’s primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	<b>Acute Care/Hospital Facility</b>	Functional Capacity Exam- FCE	spinal cord injury
	university teaching hospital	industrial rehab	traumatic brain injury
	pediatric	other (please specify)	other
	cardiopulmonary	<b>Federal/State/County Health</b>	<b>School/Preschool Program</b>
	orthopedic	Veteran’s Administration	school system
	other	pediatric develop. ctr.	preschool program
	<b>Ambulatory Care/Outpatient</b>	adult develop. ctr.	early intervention
	geriatric	other	other
	hospital satellite	<b>Home Health Care</b>	<b>Wellness/Prevention Program</b>
	medicine for the arts	agency	on-site fitness center
	orthopedic	contract service	other
	pain center	<b>hospital based</b>	<b>Other</b>
	pediatric	other	international clinical site
	podiatric	<b>Rehab/Subacute Rehab</b>	administration
	sports PT	inpatient	research
	other	outpatient	other
	<b>ECF/Nursing Home/SNF</b>	pediatric	
	<b>Ergonomics</b>	adult	
	work hardening/conditioning	geriatric	

4a. Which of these best characterizes your clinic’s location? Indicate with an ‘X’.

rural		suburban		urban	
-------	--	----------	--	-------	--

5. If your clinical site provides inpatient care, what are the number of:

	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
	<b>Total Number of Beds</b>

**II. Information about the Provider of Physical Therapy Service at the Primary Center**

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

7. Describe the staffing pattern for your facility:                      Standard 8 hour day\_\_\_\_                      Varied schedules\_\_\_\_  
 (Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

8. Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted
PTs		
PTAs		
Aides/Techs		

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Individual PTA		Individual PTA
	Total PT service per day		Total PT service per day

### III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

Amputations		Critical care/Intensive care		Neurologic conditions
Arthritis		Degenerative diseases		Spinal cord injury
Athletic injuries		General medical conditions		Traumatic brain injury
Burns		General surgery/Organ Transplant		Other neurologic conditions
Cardiac conditions		Hand/Upper extremity		Oncologic conditions
Cerebral vascular accident		Industrial injuries		Orthopedic/Musculoskeletal
Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
Connective tissue diseases		Mental retardation		Wound Care
Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

Administration		Industrial/Ergonomic PT		Prevention/Wellness
Aquatic therapy		Inservice training/Lectures		Pulmonary rehabilitation
Back school		Neonatal care		Quality Assurance/CQI/TQM
Biomechanics lab		Nursing home/ECF/SNF		Radiology
Cardiac rehabilitation		On the field athletic injury		Research experience
Community/Re-entry activities		Orthotic/Prosthetic fabrication		Screening/Prevention
Critical care/Intensive care		Pain management program		Sports physical therapy
Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
Early intervention		Classroom consultation		Team meetings/Rounds
Employee intervention		Developmental program		Women's Health/OB-GYN
Employee wellness program		Mental retardation		Work Hardening/Conditioning
Group programs/Classes		Musculoskeletal		Wound care
Home health program		Neurological		Other (specify below)

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

Amputee clinic		Neurology clinic		Screening clinics
Arthritis		Orthopedic clinic		Developmental
Feeding clinic		Pain clinic		Scoliosis
Hand clinic		Preparticipation in sports		Sports medicine clinic
Hemophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)
Industry		Seating/Mobility clinic		

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

<input type="checkbox"/>	Administrators	<input type="checkbox"/>	Health information technologists	<input type="checkbox"/>	Psychologists
<input type="checkbox"/>	Alternative Therapies	<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Respiratory therapists
<input type="checkbox"/>	Athletic trainers	<input type="checkbox"/>	Occupational therapists	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Audiologists	<input type="checkbox"/>	Physicians (list specialties)	<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Dietitians	<input type="checkbox"/>	Physician assistants	<input type="checkbox"/>	Special education teachers
<input type="checkbox"/>	Enterostomal Therapist	<input type="checkbox"/>	Podiatrists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input type="checkbox"/>	Exercise physiologists	<input type="checkbox"/>	Prosthetists /Orthotists	<input type="checkbox"/>	Others (specify below)

14. List all PT and PTA education programs with which you currently affiliate.


15. What criteria do you use to select clinical instructors? (**mark (X) all that apply**):

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	No criteria
<input type="checkbox"/>	Certification/Training course	<input type="checkbox"/>	Therapist initiative/volunteer
<input type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Years of experience
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify)

16. How are clinical instructors trained? (**mark (X) all that apply**)

<input type="checkbox"/>	1:1 individual training (CCCE:CI)	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	Academic for-credit coursework	<input type="checkbox"/>	No training
<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Professional continuing education (eg, chapter, CEU course)
<input type="checkbox"/>	Clinical center inservices	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION**  
*Please update as each new CCCE assumes this position.*

<b>NAME:</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy)</b>		<b>Length of time as the CI:</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility)	<b>Mark (X) all that apply:</b> ____PT ____PTA ____Other, specify	<b>Length of time in clinical practice:</b>
<b>LICENSURE: (State/Numbers)</b>		<b>Credentialed Clinical Instructor:</b> Yes _____ No _____
<b>Eligible for Licensure: Yes _____ No _____</b>		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO



### CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site **who are CIs**.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

(Continued on next page)

**CLINICAL INSTRUCTOR INFORMATION (continued)**

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

18. Indicate professional educational levels at which you accept PT and PTA students for clinical experiences (**mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
<input type="checkbox"/>	First experience	<input type="checkbox"/>	First experience
<input type="checkbox"/>	Intermediate experiences	<input type="checkbox"/>	Intermediate experiences
<input type="checkbox"/>	Final experience	<input type="checkbox"/>	Final experience
<input type="checkbox"/>	Internship	<input type="checkbox"/>	

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.				
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .		

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

23. **Answer if the clinical center employs only one PT or PTA.** Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Yes	No	
		24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?  
**(mark (X) all that apply)**

<input type="checkbox"/>	Beginning of the clinical experience	<input type="checkbox"/>	At mid-clinical experience
<input type="checkbox"/>	Daily	<input type="checkbox"/>	At end of clinical experience
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Other

28. How do you provide the student with an evaluation of his/her performance? **(mark (X) all that apply)**

<input type="checkbox"/>	Written and oral mid-evaluation	<input type="checkbox"/>	Ongoing feedback throughout the clinical
<input type="checkbox"/>	Written and oral summative final evaluation	<input type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback
<input type="checkbox"/>	Student self-assessment throughout the clinical		

Yes	No	
		29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

**OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).**

## Information for Students - Part II

### I. Information About the Clinical Site

Yes	No	
		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
		2. Do students receive the same official holidays as staff?
		3. Does your clinical site require a student interview?
		4. Indicate the time the student should report to the clinical site on the first day of the experience:

### Medical Information

Yes	No		Comments
		5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	
		6. Is a Rubella Titer Test or immunization required?	
		7. Are any other health tests/immunizations required prior to the clinical experience? a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
		9. Are any other health tests or immunizations required on-site? a) If yes, please specify:	
		10. Is the student required to provide proof of OSHA training?	
		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
		12. Is the student required to have proof of health insurance? a) Can proof be on file with the academic program or health center?	
		13. Is emergency health care available for students? a) Is the student responsible for emergency health care costs?	
		14. Is other non-emergency medical care available to students?	
		15. Is the student required to be CPR certified? (Please note if a specific course is required). a) Can the student receive CPR certification while on-site?	
		16. Is the student required to be certified in First Aid? a) Can the student receive First Aid certification on-site?	

Yes	No		Comments
		17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		a) Is the student responsible for this cost?	
		18. Is the student required to submit to a drug test?	
		19. Is medical testing available on-site for students?	

### Housing

Yes	No		Comments
		20. Is housing provided for male students?	
		for female students? (If no, go to #26)	
		\$ 21. What is the average cost of housing?	
		22. If housing is <b>not</b> provided for either gender:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
		23. Description of the type of housing provided:	
		24. How far is the housing from the facility?	
		25. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:

### Transportation

Yes	No		
		26. Will a student need a car to complete the clinical experience?	
		27. Is parking available at the clinical center?	
		a) What is the cost?	
		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	
		a) train station?	
		b) subway station?	
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	

	31. Please enclose printed directions and/or a map to your facility. <b>Travel directions can be obtained from several travel directories on the internet. (eg, <a href="#">Delorme</a>, <a href="#">Microsoft</a>, <a href="#">Yahoo</a>).</b>	
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**Meals**

Yes	No		Comments
		32. Are meals available for students on-site? (If no, go to #33)	
		Breakfast (if yes, indicate approximate cost)	\$ _____
		Lunch (if yes, indicate approximate cost)	\$ _____
		Dinner (if yes, indicate approximate cost)	\$ _____
		a) Are facilities available for the storage and preparation of food?	

*Stipend/Scholarship*

Yes	No		Comments
		33. Is a stipend/salary provided for students? If no, go to #36	
		a) How much is the stipend/salary? (\$ / week)	\$ _____
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

**Special Information**

Yes	No		<u>Comments</u>
		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
		37. Do you require a case study or inservice from all students?	
		38. Does your site have a written policy for missed days due to illness, emergency situations, other?	

*Other Student Information*

Yes	No		
		39. Do you provide the student with an on-site orientation to your clinical site?	
<b>(mark X)</b>		a) What does the orientation include? <b>(mark (X) all that apply)</b>	
		Documentation/billing	Required assignments (eg, case study, diary/log, inservice)
		Learning style inventory	Review of goals/objectives of clinical experience
		Patient information/assignments	Student expectations
		Policies and procedures	Supplemental readings
		Quality assurance	Tour of facility/department
		Reimbursement issues	Other (specify below)

## In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical teachers and role models. Your contributions to students' professional growth and development ensure that patients today and tomorrow receive high-quality patient care services.

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## **Appendix 8**

# **Report of On-Site Visit to Clinical Education Center**

**Graduate Program in Physical Therapy & Rehabilitation Science**

The University of Iowa  
1-252 Medical Education Building  
Iowa City IA 52242-1190  
319/335-9791  
FAX 319/335-9707

**REPORT OF ON-SITE VISIT TO CLINICAL EDUCATION CENTER**

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Date of Visit \_\_\_\_\_

Name of Clinical Center \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

Faculty Member \_\_\_\_\_

Clinical Supervisor \_\_\_\_\_

Other Staff Present (e.g. Department Head, Hospital Administration, Staff Therapists, etc.) \_\_\_\_\_

---

**Discuss with Clinical Instructor:**

1. Has the student exhibited safety in the clinical internship?

2. Do you find that the student is academically prepared for this internship?

3. Describe how the student is exhibiting professional behavior regarding the core values identified by the APTA in 2003?

Accountability:

Altruism:

Compassion/caring:

Excellence:

Integrity:

Professional duty:

Social responsibility:

4. Has the student exhibited appropriate levels of clinical decision making for their level of experience?

6. How would you describe the student's hands on ability? With what skills or techniques is the student excelling and what needs to be given more attention?

6. Do you find that the student is able to document patient care effectively?

7. How do students from The University of Iowa compare with students at the same level from other physical therapy programs?

8. Suggestions/feedback from the Clinical Center to the academic program (used as a basis for revision):

Coursework?

Communication?

Scheduling?

**Discuss with Student:**

1. Are the support services adequate? What is the procedure for obtaining housing?

Board:

Stipend:

Parking:

Recreational Facilities:

Library:

2. How would you describe your clinical internship experience? Types and numbers of patients--ages, diagnoses? What is a typical day?

3. Describe your impression of your performance. Can you make generalizations about your strengths and weaknesses?





# **Appendix 9**

## **Affiliation Agreement**

**AFFILIATION AGREEMENT  
FOR  
Clinical Education of Physical Therapy Students**

**Between**

**The University of Iowa  
and**

---

This Agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between The University of Iowa ("University") and \_\_\_\_\_ ("Facility").

*WHEREAS*, the parties wish and intend by this Agreement to set forth the terms and conditions of engaging in a cooperative program for the purpose of establishing a clinical education program in which the students in the Physical Therapy Program at the University may obtain educational experience in a clinical setting.

*NOW, THEREFORE*, in consideration of the foregoing and the mutual promises set forth herein, University and Facility agree as follows:

**I. PURPOSE**

University offers an educational program (hereafter "Program") to educate students in the scientific bases and clinical application of methods, procedures and techniques needed to provide higher quality physical therapy to patients.

**II. RESPONSIBILITIES OF UNIVERSITY**

A. University, after consultation with appropriate representatives of Facility, will plan and conduct the educational program for students' experiences, and will provide Facility with discipline-specific goals and objectives for the Program.

B. University will provide reasonable opportunities for the staff of Facility to participate in joint planning and evaluation of student experiences and to participate in the development of student schedules.

C. University will provide advance information to Facility concerning names of students, dates, and times to allow Facility time and opportunity to reasonably accommodate the University's Program.

D. University will inform and explain to students of Program that during the Program at Facility, they will be under the jurisdiction of Facility officials for training purposes and will follow Facility rules to the extent that such rules relate directly to education and training in Program.

E. University will determine the course of action when a student is determined unacceptable for the Program by University or Facility. University will withdraw a Student from the Program at Facility if, after consultation with Facility in accord with Paragraph III.D., University determines such action to be warranted. University will provide Facility written notification of such withdrawal.

### **III. RESPONSIBILITIES OF FACILITY**

A. Facility will provide a suitable environment for learning experiences for University Students which are planned, organized, and administered by qualified staff in conjunction with designated University personnel, in accordance with mutually agreed upon educational objectives and guidelines.

B. Facility will provide or arrange for emergency treatment in the event of accident or illness to Students associated with their learning experience while at the Facility for the Program, such care to be provided at the Students' expense.

C. Facility will provide the facilities, equipment, and supplies which are necessary to achieve the educational objectives of the Program and which may be required by federal and/or state law and regulations.

D. Facility reserves the right, exercisable in its discretion after consultation with University in accord with Paragraph II.E., to exclude any student from its premises in the event that such student's conduct or state of health is deemed objectionable or detrimental to the proper administration of Facility, subject to the non-discrimination provisions of Paragraph VII. To assist University in its due process obligations to student excluded or withdrawn from Program, Facility agrees to provide a written statement of the reason or reasons for the withdrawal or exclusion.

E. Facility acknowledges that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA"), and that student permission must be obtained before releasing specific student data to anyone other than University. University agrees to provide guidance to Facility with respect to complying with FERPA.

### **IV. TERM AND TERMINATION**

A. This Agreement shall commence beginning on the effective date of this Agreement, and shall continue until termination by either party.

B. This Agreement may be terminated for any reason by either party upon one hundred twenty (120) days written notice. Should notice of termination be given, students assigned to the Facility shall be allowed to complete any previously scheduled clinical assignment then in progress at Facility.

C. Notice of termination to the Facility shall be directed to:

- D. Notice of termination to the University shall be directed to:  
Academic Coordinator of Clinical Education  
Physical Therapy Graduate Program  
The University of Iowa  
1-252 Medical Education Building  
Iowa City IA 52242-1190

## **V. LIABILITY**

A. Facility agrees to indemnify, defend, and hold University harmless from any and all claims arising from patient care provided or supervised by Facility.

B. University agrees to be responsible for any and all claims and liability for injury to persons or property arising out of or caused by the negligence of its agents, employees, or officers in the performance of the duties and obligations contemplated in the Agreement to the extent permitted by Chapter 669 of the Code of Iowa.

C. University shall maintain professional liability insurance covering its students in the amount of \$1,000,000 per occurrence/\$3,000,000 in the aggregate per year and will provide a copy of the Certificate of Insurance to Facility upon request.

## **VI. HEALTH INSURANCE AND SCREENING**

A. All physical therapy students at The University of Iowa will have their own health insurance in effect.

B. Students must also comply with the periodic Health Screening required by the University for all students in health curricula including an annual TB test, a Rubella titre test or immunization and the Hepatitis B immunization series.

## **VII. NON-DISCRIMINATION**

Each party shall be separately responsible for compliance with all anti-discrimination laws which may be applicable to their respective activities under this Program. Neither party will discriminate against any student in the Program on the basis of race, national origin, color, religious belief, sex, age, marital status, affectional or associational preference, or disability.

## **VIII. CONSIDERATION**

A. Under the terms of this Agreement, neither party is obligated to make any payments of any kind to the other party.

B. Services rendered by students covered by this Agreement are considered to be educational in nature. Nothing in the execution or performance of this Agreement shall be construed to establish an employer-employee, an agency, a partnership or a joint venture relationship among the University, the Facility, and the students.

**IX. GOVERNING LAW**

This Agreement shall be governed by and construed under the laws of the State of Iowa.

**X. ENTIRE AGREEMENT**

This Agreement constitutes the entire understanding between the parties with respect to the subject matter hereof, and supersedes any and all prior understandings and agreements, oral or written, relating hereto. Any amendments hereof must be made in writing and agreed to by all parties.

*IN WITNESS WHEREOF*, the authorized representatives of the parties hereto have executed this Agreement.

**THE UNIVERSITY OF IOWA**

**FACILITY**

\_\_\_\_\_  
By: Richard K. Shields, Director  
Its: Graduate Program in Physical Therapy  
and Rehabilitation Science

\_\_\_\_\_  
By:  
Its:

\_\_\_\_\_  
By: Paul B. Rothman, MD  
Its: Dean, College of Medicine

\_\_\_\_\_  
By:  
Its:

\_\_\_\_\_  
By: George M. Hollins, PE  
Its: Business Manager

# **Appendix 10**

## **Clinical Intern Information Sheet**

**THE UNIVERSITY OF IOWA  
PHYSICAL THERAPY GRADUATE PROGRAM  
Clinical Intern Information Sheet**

**Purpose:** The primary purpose of this form is to assist the student in identifying goals for each internship, which will help the clinical instructor plan learning experiences.

**Directions:** It is the student's responsibility to complete this form and send it to the Center Coordinator of Clinical Education at each clinical site **NO LATER THAN FOUR WEEKS PRIOR** to each internship.

Student's Name		Date:
Facility Name		
Student's Permanent Mailing Address		
Student's Phone		
Student's E-mail		

<b>EMERGENCY CONTACT (Person to be notified in case of accident or injury):</b>	
Name	
Address	
Phone	

<b>CLINICAL INTERNSHIPS (full time) - List name and address of clinical center and type of experience (eg. Acute, rehab, peds, etc.):</b>	
INTERNSHIP 1.	
INTERNSHIP 2.	
INTERNSHIP 3.	

<b>GOALS AND OBJECTIVES:</b> The skills I hope to strengthen or gain in consideration with the resources of this internship are:
1.
2.
3.
4.

Other comments, questions, or concerns:
The address where I can be contacted during the month prior to my arrival at your facility is:
e-mail:

**Appendix 11**  
**University of Iowa**  
**Policy on Sexual Harassment**

**The University of Iowa**  
**POLICY ON SEXUAL HARASSMENT**  
*(from the University of Iowa Operations Manual)*

**4.1 POLICY.**

a. Rationale.

(1) Sexual harassment is reprehensible and will not be tolerated by the University. It subverts the mission of the University, and threatens the careers, educational experience, and well-being of students, faculty, and staff. In both obvious and subtle ways, sexual harassment is destructive to individual students, faculty, staff, and the academic community as a whole. When, through fear of reprisal, a student, staff member, or faculty member submits, or is pressured to submit, to unwanted sexual attention, the University's ability to carry out its mission is undermined.

(2) Sexual harassment is especially serious when it threatens relationships between teacher and student or supervisor and subordinate. In such situations, sexual harassment unfairly exploits the power inherent in a faculty member's or supervisor's position. A supervisor's or instructor's control of grades, compensation, recommendations, promotions, and the like can have a decisive influence on a student's, staff member's, or faculty member's career at the University and beyond.

(3) Although sexual harassment most often takes place in situations where a power differential exists between the persons involved, the University also recognizes that sexual harassment may occur between persons of the same University status, or when the power relationship is reversed from the usual case. Sexual harassment may occur between individuals of opposite sex or between individuals of the same sex.

(4) The University will not tolerate behavior of a sexual nature by members of the University community that creates an intimidating or hostile environment for employment, education, on-campus living, or participation in a University activity. Furthermore, all members of the University community are expected to take appropriate steps to support this policy and to address incidents of sexual harassment that occur within their areas.

b. Prohibited conduct -- policy statement. The University of Iowa forbids sexual harassment by any member of the University community.

(1) Definition of sexual harassment. For purposes of this policy, "sexual harassment" means persistent, repetitive, or egregious conduct directed at a specific individual or group of individuals that a reasonable person would interpret, in the full context in which the conduct occurs, as harassment of a sexual nature, when:

(a) Submission to such conduct is made or threatened to be made explicitly or implicitly a term or condition of employment, education, on-campus living environment, or participation in a University activity;

(b) Submission to or rejection of such conduct is used or threatened to be used as a basis for a decision affecting employment, education, on-campus living environment, or participation in a University activity; or,

(c) Such conduct has the purpose or effect of unreasonably interfering with work or educational performance, or of creating an intimidating or hostile environment for employment, education, on-campus living, or participation in a University activity.

(2) Evidence of sexual harassment. Behavior that may be considered evidence of prohibited sexual harassment includes, but is not limited to, the following:

- (a) Physical assault;
- (b) Direct or implied threats that submission to sexual advances will be a condition of, or that failure to submit to such advances will adversely affect, employment, work status, promotion, grades, letters of recommendation, or participation in a University activity;
- (c) Direct propositions of a sexual nature;
- (d) Subtle pressure for sexual activity, an element of which may be repeated staring;
- (e) A pattern of sexually explicit statements, questions, jokes, or anecdotes, whether made orally, in writing, or through electronic media (see also II-19 Acceptable Use of Information Technology Resources);
- (f) A pattern of conduct involving:
  - (i) Unnecessary touching;
  - (ii) Remarks of a sexual nature about a person's clothing or body; or,
  - (iii) Remarks relating to sexual activity or speculations concerning previous sexual experience;
- (g) A display of graphic sexual material (not legitimately related to the subject matter of a course, if one is involved, or to job requirements) in a context where others are not free to avoid the display because of an employment or educational requirement or without surrendering a privilege or opportunity that others may reasonably expect to enjoy in that location.

In determining whether alleged conduct constitutes sexual harassment, the investigator will consider all available evidence and the totality of the circumstances, including the context in which the alleged incident(s) occurred. Although repeated incidents generally create a stronger claim of sexual harassment, a single serious incident can be sufficient. Determinations will be made on a case-by-case basis. Conduct which constitutes a protected exercise of an individual's rights under the First Amendment to the United States Constitution shall not be deemed a violation of this policy.

(3) Definitions of other terms used in this policy:

- (a) "Academic or administrative officer" includes the following:
  - (i) Collegiate deans (including associate deans and assistant deans),
  - (ii) Faculty members with administrative responsibilities at the level of departmental executive officer (DEO) or above,
  - (iii) Any staff member whose primary job responsibility is to provide advice regarding a student's academic pursuits,
  - (iv) A faculty member serving as departmental (or collegiate) Director of Undergraduate or Graduate Studies,
  - (v) The President, Director of Equal Opportunity and Diversity, vice presidents (including assistant and associate vice presidents), and Provost (including assistant and associate provosts), and those persons' designees,

(vi) Directors and supervisors in an employment context, other than Department of Public Safety personnel when receiving criminal complaints or reports, and

(vii) Human resource representatives.

(b) "Alleged victim": a person who allegedly has been harassed in violation of this policy.

(c) "Complainant": the person who brings a complaint of violation of this policy, who could be an alleged victim, a third party, or an academic or administrative officer of the University.

(d) "Graduate assistant": a graduate student employed by the University as a research assistant or teaching assistant.

(e) "Human resources representative": an individual designated as a unit's authority on human resource policies and procedures, and all central Human Resources staff.

(f) "Member of the University community": any University student, or faculty or staff member.

(g) "Protected interests": University employment, education, on-campus living, or participation in a University activity.

(h) "Respondent": a person who has been accused of harassment in a formal complaint.

(i) "Specific and credible allegations": allegations that provide factual details such as, but not limited to, time, place, actions, participants, and witnesses. Allegations do not have to be based on first-hand observation of events to be "specific and credible," but direct observation normally results in greater specificity and credibility than indirect knowledge.

(j) "Supervisor": a person who has authority either: 1) to undertake or recommend tangible employment decisions (those that significantly change an employee's employment status, such as, but not limited to, hiring, firing, promoting, demoting, reassigning, and compensation decisions) affecting an employee, or 2) to direct the employee's daily work activities.

(k) "Third-party complainant": a person who brings a complaint alleging that someone else has been harassed in violation of this policy.

## **4.2 PROCEDURES.**

### **a. Bringing a complaint.**

(1) A complaint that this policy has been violated may be brought through informal or formal channels by any member of the University community, including a third party, or by the University itself. A complaint must state specific and credible allegations to warrant an investigation. There is no time limit for bringing a complaint; however, it may be difficult to substantiate the allegations made in a complaint brought after significant time has passed. Therefore, prompt reporting of complaints is strongly encouraged.

(2) Substantial weight will be given to the wishes of the alleged victim when determining whether to investigate a complaint, but the University may investigate a complaint even without the alleged victim's consent if circumstances warrant (such as when there are multiple complaints against the same person or allegations are particularly egregious).

(3) Anyone (victims or others) who wishes to consult with someone about a specific situation on a confidential basis or learn more about enforcement of the Policy on Sexual Harassment may contact any of the following offices or organizations:

- (a) Office of the Ombudsperson (for faculty, staff, or students)
- (b) Faculty and Staff Services (for faculty or staff)
- (c) University Counseling Service (for students)
- (d) Women's Resource and Action Center (for faculty, staff, or students)
- (e) Rape Victim Advocacy Program (for faculty, staff, or students)

Representatives of these offices or other support persons may accompany an alleged victim during the investigation process if the alleged victim so desires.

These offices are exempt from the reporting requirements set forth in II-4.2b(4) of this policy. Other offices may be required to report allegations as described in II-4.2b(4).

b. Informal resolution of complaints.

(1) A complaint may be brought informally to any academic or administrative officer of the University.

(2) The academic or administrative officer will counsel the complainant as to the options available under this policy and the resources available from the Rape Victim Advocacy Program and, at the complainant's request, will

- (a) help the complainant resolve the complaint informally, and/or
- (b) refer the complainant to the Office of Equal Opportunity and Diversity so that the complainant may choose either to pursue informal resolution through that office or to bring a formal complaint.

The Office of Equal Opportunity and Diversity is available to assist persons to whom complaints are brought in determining whether there is a potential policy violation and whether reporting pursuant to II-4.2b(4) below is required.

(3) When a complaint is brought informally, the person(s) charged in the complaint will not ordinarily be informed of the complaint without the consent of the alleged victim unless circumstances require (such as when there are multiple complaints against the same person or allegations are particularly egregious). No disciplinary action can be taken against a person charged in an informal complaint, and there will be no record of the complaint in the person's employment or student disciplinary file, unless the person is notified of the charges and given an opportunity to respond.

(4) Any academic or administrative officer of the University who becomes aware of specific and credible allegations of sexual harassment, whether through the report of a complainant (including a third party) or otherwise, shall report the allegations promptly to the Office of Equal Opportunity and Diversity (except for allegations against a student regarding conduct occurring in the residence halls, which shall be reported to the Office of the Vice President for Student Services) for assistance in evaluating the situation and determining an appropriate course of action, even if the alleged victim has requested that no action be taken.

If there is a supervisory relationship between the complainant and/or victim and the respondent, the appropriate course of action will include development of a plan to avoid any perceived or actual conflict of interest until the complaint is resolved.

The initial report should be made by telephone, but a written report also must be made after the complaint is resolved using the Office of Equal Opportunity and Diversity Report of Informal Sexual Harassment Complaint form, which requires disclosure of the employment or student status of the alleged victim(s), the complainant(s) (if other than the alleged victim), and the person(s) charged; the unit(s) with which those persons are affiliated; a summary of the allegations; and a description of the steps taken to resolve the complaint.

In order for the University to respond effectively to cases involving a potential pattern of prohibited conduct by the same individual, if the academic or administrative officer informs the person charged of the existence of the informal complaint, the academic or administrative office shall provide the names of the parties to the Office of Equal Opportunity and Diversity. If the academic or administrative officer does not inform the person charged of the complaint, the academic or administrative office shall not provide the names of the parties to the Office of Equal Opportunity and Diversity.

(5) The academic or administrative officer shall take appropriate interim action, which may include those actions described in II-4.2g, to address the alleged behavior and protect the health or safety of the alleged victim, complainant, and/or witnesses.

(6) The academic or administrative officer shall make reasonable efforts to resolve complaints promptly and effectively, giving consideration to the nature of the allegations and the circumstances surrounding the complaint process.

(7) It is the responsibility of the academic or administrative officer who facilitates the informal resolution of the complaint to follow-up with the parties at a reasonable interval(s) to assess their compliance with the terms of the informal resolution and take appropriate action as warranted based on the parties' level of compliance.

c. Investigation of formal complaints.

(1) A formal complaint pursuant to this policy must be brought to the Office of Equal Opportunity and Diversity, which will conduct an investigation.

(2) A formal complaint may be brought after an informal resolution was not successfully reached, when the terms of an informal resolution were not followed, or immediately without pursuing informal resolution.

(3) The purpose of the investigation is to establish whether there is a reasonable basis for believing that a violation of this policy has occurred. In conducting the investigation, the Office of Equal Opportunity and Diversity will make reasonable efforts to interview the alleged victim, the complainant (if other than the alleged victim), and the respondent, and may interview other persons believed to have pertinent factual knowledge, as well as review any relevant documentary evidence. At all times, the Office of Equal Opportunity and Diversity will take steps to ensure confidentiality to the extent possible.

(4) When a formal complaint is brought, the respondent will be informed of the allegations, the identity of the complainant, and the facts surrounding the allegations. The investigation will afford the respondent an opportunity to respond to the allegations and evidence provided by the complainant and/or alleged victim, and to provide a statement of the facts as perceived by the respondent.

(5) At the conclusion of the investigation, the Office of Equal Opportunity and Diversity will issue a written finding which will summarize the evidence gathered and state whether or not there is a reasonable basis for believing that a violation of this policy has occurred. The written finding normally will be issued within 45 days of when the complaint was filed. When it is not reasonably possible to issue the finding within that time, the Office of Equal Opportunity and Diversity will notify the alleged victim and the respondent that the finding will be delayed and indicate the reasons for the delay. The alleged victim and the respondent will receive a copy of the written finding, which is to remain confidential as defined by II-4.2i(3). Third-party complainants will be notified only that the proceedings are concluded.

(6) If the Office of Equal Opportunity and Diversity finds a reasonable basis for believing that a violation of this policy has occurred, the matter will be referred to the appropriate administrator for further consideration as outlined in II-4.2d below.

d. Process for formal disciplinary action.

(1) The following administrators will review the finding of the Office of Equal Opportunity and Diversity:

(a) the Office of the Provost, if the respondent is a faculty member or other instructional personnel (except graduate assistants);

(b) the office of the vice president or dean responsible for the unit employing the person charged, if the respondent is a staff member;

(c) the Office of the Vice President for Student Services and Dean of Students, if the respondent is a student;

(d) the Office of the Dean of the Graduate College, if the respondent is a graduate assistant.

(2) These administrators may:

(a) accept all or any part of the findings of the Office of Equal Opportunity and Diversity;

(b) not accept all or any part of the findings of the Office of Equal Opportunity and Diversity;

(c) reach a negotiated settlement of the complaint with the respondent; or

(d) initiate formal disciplinary action.

(3) Violations of the Policy on Sexual Harassment may lead to disciplinary sanctions up to and including termination or separation from The University of Iowa. Sanctions for violations of this policy should be commensurate with the nature of the violation and the respondent's disciplinary history.

Those who violate this policy should bear the consequences of their actions, even if factors such as substance abuse or personal problems contribute to misconduct. When the offense is serious, it is appropriate to consider separation from the University even in cases of first offense, and even when the respondent experiences remorse and/or did not intend to cause the resulting degree of harm.

(4) In addition to other disciplinary action, persons who are found to have violated this policy may be required to participate in group counseling or personal therapy sessions, complete community service, enroll in a specific academic course, attend an educational workshop, and/or make restitution for economic damages caused by their behavior.

When the respondent is a faculty or staff member, the Office of Faculty and Staff Services (121-50 University Services Building) is available to assist with locating appropriate resources. When the respondent is a student, University Counseling Service (3223 Westlawn) is available to assist with locating appropriate resources.

(5) It is the responsibility of the appropriate administrator to follow up with the parties at a reasonable interval(s) to assess their compliance with the disciplinary and/or remedial sanctions imposed. More serious sanctions, up to and including termination of employment or separation from the University, may be imposed in the event that the respondent fails to comply with the sanctions initially imposed.

e. Applicable procedures. Formal disciplinary action resulting from violations of this policy by:  
(1) faculty members will be governed by the III-29 Faculty Dispute Procedures and that portion of those procedures dealing with faculty ethics (see III-29.7).

(2) staff members will be governed by applicable University policies, including III-16 Ethics and Responsibilities for Staff and the applicable discipline and/or grievance procedures (see III-28 Conflict Management Resources for University Staff and/or relevant collective bargaining agreement);

(3) graduate assistants, when dismissal is sought, will be governed by the procedure for dismissal of graduate assistants (see III-12.4). When disciplinary action other than dismissal is taken by the Dean of the Graduate College, a graduate assistant may appeal through any existing contractual grievance procedures;

(4) students will be governed by *Judicial Procedure for Alleged Violations of the Code of Student Life*. Both the *Code of Student Life* and the *Judicial Procedure* are published and distributed to students annually in *Policies and Regulations Affecting Students*.

f. Isolated behavior. This section addresses isolated behavior that does not rise to the level of a violation of this policy. However, it should be understood that a single incident can under certain circumstances constitute harassment in violation of this policy. The purpose of this section is preventative, in that it authorizes and encourages appropriate intervention designed to avoid a violation of this policy.

(1) Isolated behavior of the kind described in II-4.1b(2), which does not rise to the level of sexual harassment but which if repeated could rise to that level, demonstrates insensitivity that may warrant remedial measures. Academic or administrative officers who become aware of such behavior in their areas should counsel those who have engaged in the behavior. Such counsel should include a clear statement that the behavior is not acceptable and should cease, information about the potential consequences if such behavior persists, and a recommendation, as appropriate, to undertake an educational program designed to help the person(s) understand the harm caused by the behavior.

(2) After such counseling occurs, if a person continues to engage in the conduct described in II-4.2f(1), he or she may be deemed to have engaged in sexual harassment.

g. Protection of alleged victims, complainants, and others.

(1) Alleged victims will be informed of relevant procedural steps taken during the investigation and any interim protective measures taken.

(2) Throughout the investigation and resolution of a complaint, steps will be taken to protect alleged victims, complainants, witnesses, and others from harm caused by continuation of the alleged harassing behavior.

(3) Retaliation against alleged victims, complainants, and/or witnesses who provide information during an investigation pursuant to this policy is prohibited by II-11 Anti-Retaliation. Reasonable action will be taken to assure that alleged victims, complainants, and/or witnesses will suffer no retaliation as the result of their activities with regard to the process.

(4) Steps that may be taken to protect alleged victims, complainants, witnesses, and others from continued harassment and/or retaliation might include:

(a) lateral transfers of one or more of the parties in an employment setting and a comparable move if a classroom setting is involved, and

(b) arrangements that academic and/or employment evaluations concerning the complainant or others be made by an appropriate individual other than the respondent.

(5) Any retaliation against alleged victims, complainants, or witnesses should be reported to the Office of Equal Opportunity and Diversity for further investigation. Retaliation may result in disciplinary action against the person committing the retaliatory act(s).

(6) In extraordinary circumstances, the Provost, a dean, a DEO, or any vice president may, at any time during or after an investigation of a sexual harassment complaint, suspend or partially restrict from employment any employee accused of sexual harassment if the Provost, dean, DEO, or vice president finds that it is reasonably certain that:

(a) the alleged sexual harassment has occurred, and

(b) serious and immediate harm will ensue if the person continues his or her employment.

Similarly, if the respondent is a student, interim sanctions may be imposed pursuant to Section 10 of the *Judicial Procedure for Alleged Violation of the Code of Student Life*.

#### h. Protection of the respondent.

(1) This policy shall not be used to bring knowingly false or malicious charges. Bringing such a charge may subject the complaining party to remedial and/or disciplinary action up to and including termination or separation from the University. Any such disciplinary action will be initiated by the appropriate administrator overseeing the complainant(s).

(2) In the event the allegations are not substantiated, reasonable steps will be taken to restore the reputation of the respondent if it was damaged by the proceeding. The respondent may consult with the Office of Equal Opportunity and Diversity regarding reasonable steps to address such concerns.

#### i. Confidentiality.

(1) In order to empower community members to voice concerns and bring complaints, the confidentiality of all parties will be protected to the greatest extent possible. However, community members cannot guarantee confidentiality in all cases and are expected to take some action once they are made aware that sexual harassment may be occurring.

(2) Anyone (alleged victims or others) who wishes to consult with someone about a specific situation on a confidential basis or to learn more about enforcement of the policy may contact any of the following offices or organizations:

(a) Office of the Ombudsperson (for faculty, staff, or students)

(b) Faculty and Staff Services (for faculty or staff)

(c) University Counseling Service (for students)

(d) Women's Resource and Action Center (for faculty, staff, or students)

- (e) Rape Victim Advocacy Program (for faculty, staff, or students)
- (3) The parties to a complaint (alleged victims, third-party complainants, and respondents) are expected to maintain confidentiality as well. Parties are not prohibited from discussing the situation outside of the work or educational environment. However, the matter should not be discussed in the work or educational environment.
- (4) Dissemination of documents relating to a complaint and/or investigation, other than as necessary to pursue an appeal, grievance, or other legal or administrative proceeding, is prohibited.
- (5) Failure to maintain confidentiality by a respondent may be considered to be a form of retaliation in violation of II-4.2g(3). Failure to maintain confidentiality by any party (alleged victim, third party complainant, or respondent) may result in disciplinary action.

#### **4.3 EDUCATIONAL PROGRAMS.**

a. Education as a key element of University policy.

(1) Academic and administrative officers are responsible for knowing and understanding the contents of this policy and the procedures for processing complaints brought to them pursuant to this policy. The Office of Equal Opportunity and Diversity offers educational programs for academic and administrative officers about their responsibilities under this policy, and those individuals are expected to attend such a program.

(2) Educational efforts are essential to the establishment of a campus milieu that is free of sexual harassment. There are at least four goals to be achieved through education:

- (a) ensuring that alleged victims (and potential victims) are aware of their rights;
- (b) notifying individuals of conduct that is proscribed;
- (c) informing administrators about the proper way to address complaints of violations of this policy; and
- (d) helping educate the community about the problems this policy addresses.

(3) To achieve the goals set forth in paragraph (2) above, the Office of Equal Opportunity and Diversity offers programs designed to educate the University community about sexual harassment prevention. The Office of Equal Opportunity and Diversity also offers programs designed to inform those whose behavior does not rise to the level of a violation of this policy as defined in II-4.1b, but if repeated could rise to the level of a violation, of the problems they create by their insensitive conduct. Educational programs may be recommended for those described in II-4.2f and may be an element in the resolution of a complaint. Educational programs and/or individual training also may be mandated for persons found to have violated this policy.

b. Preparation and dissemination of information. The Office of Equal Opportunity and Diversity is charged with distributing information about this policy to all current members of the University community and to all those who join the community in the future. An annual notification from the Office of Equal Opportunity and Diversity is provided to all faculty and staff to remind them of the contents of this policy. A copy of the sexual harassment policy will be included in student orientation materials, including those distributed to students in professional schools. This policy also is published in *Policies and Regulations Affecting Students*, which is provided to all students annually. In addition, information about this policy will be made available continually at appropriate campus centers and offices.

c. Review of policy. This policy will be reviewed within three years after the latest revisions are implemented and revised as appropriate. This policy is subject to review at any other time deemed necessary by the President, the General Counsel, or the Director of Equal Opportunity and Diversity.

## **Appendix 12**

# **Compliance Training & Criminal Background Checks**

## COMPLIANCE SCREENING & TRAINING

Physical therapy students at The University of Iowa must complete specific screening and training activities to be in compliance for clinical education activities. Students are required to register for 414:198:014 UIHC Compliance Training. This is a no-fee, no-credit course that allows access to training materials on ICON (Iowa Courses OnLine). Participants must receive a score of 80% on each training module quiz to pass.

Activities to be completed:

1. Background check – initiated at time of admission to the program, attestation statement during second year of the program (see attached policy).
2. CPR – must have current BLS for Healthcare Providers throughout all clinical rotations and internships.
3. Health Screening – Forms provided by and filed with Student Health Services (see Appendix 15).
4. HIPPA (Health Insurance Portability & Accountability Act) training module and quiz.
5. Hospital Safety & Infection Control training module and quiz.
6. Mandatory Reporter training module and quiz.
7. UIHC Hospital Orientation training module and quiz.
8. Domestic Violence training module and quiz.
9. Age Specific Care training module and quiz.

## CRIMINAL BACKGROUND CHECK

Enrollment in the DPT Program will be contingent on a successful criminal background check. At the time of application, applicants are required to disclose and explain any felony or misdemeanor convictions. Applicants offered admission are required to provide signed consent for conducting an External Criminal Background Investigation in addition to providing a signed Release of Information Waiver. This occurs at the time applicants confirm the Program's admissions offer. Applicants should also be aware that some clinical education sites require drug screening for students performing clinical rotations.

Once enrolled in the DPT Program, all students are required to disclose on an annual basis any new criminal activity. Post matriculation criminal activity attestation forms are processed near the completion of years 1 and 2 of the program.

### **Kroll Corporate Headquarters**

900 Third Avenue, 8<sup>th</sup> Floor  
New York, NY 10022  
Toll Free: 888-209-9526  
Phone: 212-593-1000  
Fax: 212-593-2631

**County Criminal Record Search:** This search may provide felony and/or misdemeanor convictions and/or charges located at the county level. Each jurisdiction is different and some report felony and/or misdemeanor convictions and/or charges out of different courts. Additionally, state laws may restrict the reporting of arrest records, non-convictions and the time period for which records may be reported.

**FACIS Level III:** This is a search of the sanction information as taken by the (Office of Inspector General (OIG- includes all 50 states), the General Services Administration (GSA- includes all 50 states) and other federal agencies. In addition, this search includes a search of disciplinary actions taken by licensing and certification agencies in all 50 states.

**SSN Trace & Address Locator Database:** This search may provide the following information: (a) Name and name variations used by the individual, such as maiden, divorced or previous names (b) Current and former address(es) associated with that SSN (c) Date of birth (may be limited to month and/or year of birth).

**Statewide Criminal Record Search:** This search may include felony and/or misdemeanor charges or convictions where available in a State database usually from state law enforcement or the Administrative Office of the Courts. Note not all States offer an official statewide service, and some states do not have complete records due to reporting delays or exemptions. Kroll will report information contained in the Statewide database that is not barred by the Fair Credit Reporting Act (FCRA) or state-specific reporting laws.

**U.S. Criminal Records Indicator Search:** Kroll's U.S. Criminal Records Indicator Search is a database search of records including information from state Sex Offenders Registries plus the District of Columbia, 39 states from DOC sources, 13 states from AOC sources, plus multiple online county records. Office of Foreign Assets and Control (OFAC), Designated and Blocked Individuals List, and Interpol Most Wanted list. Because this is a database, no guarantee can be made that all felony and misdemeanor convictions are reported from each agency. Records typically do not contain summons, citations, pending charges, active charges, open warrants, or disputes between private parties. Some states have additional statewide criminal law enforcement repositories that are not included in this database search, including AL, CO, CT, FL, GA, HI, IN, KS, KY, MD, MI, MN, NC, NE NY, OK, OR, PA, SC, SD, UT, VA, WA, WI. The results of this database search should not be used for employment, credit, insurance or any other purpose under the FCRA without independent verification of the results. Client must verify the record separately through a County and/or Statewide criminal search in a supplemental report.

# **Appendix 13**

## **Health Screening Information**

**Immunization Form**  
*University of Iowa Student Health Service*

**Return this Form to:**

THE UNIVERSITY OF IOWA  
STUDENT HEALTH SERVICE  
4189 Westlawn South  
Iowa City, Iowa 52242 **OR** Fax # 319-335-7247

[Patient label goes here]

Patient's Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Address \_\_\_\_\_

Preferred Name if different from above: \_\_\_\_\_

**IMMUNIZATION INFORMATION MUST BE VALIDATED BY THE SIGNATURE OF YOUR PHYSICIAN, NURSE, OR IMMUNIZING OFFICIAL.**

The University of Iowa requires verification of **Measles, Mumps, Rubella (MMR)** immunization or immunity for **ALL STUDENTS** born after 12/31/56. This requirement is fulfilled if you meet one of the following criteria:

- were born before 1957; **OR**  provide Student Health copies of original lab reports of MMR titers that verify immunity; **OR**  
 received 2 doses of MMR vaccine after your first birthday AND in 1969 or later

MMR #1 \_\_\_\_\_

MMR #2 \_\_\_\_\_ (must be at least 28 days after first MMR)

You will have one semester to provide Student Health with validation of your immunity to MMR. **You will not be allowed to register for subsequent semesters until you have complied.** These vaccinations are available at the Student Health Service for a fee.

Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. There are vaccines available that can prevent 4 types of bacterial meningitis, including 2 of the 3 most common in the U.S. Meningitis vaccines cannot prevent all types of the disease. Meningitis vaccine is recommended for college freshmen living in residence halls, and for other adolescents who want to decrease their risk of contracting bacterial meningitis. **IOWA LAW requires us to provide this information on meningitis and meningitis vaccine. We are also required to collect data on meningitis immunization on our campus.**

Please indicate if you have received the meningitis vaccine:  yes  no; If yes indicate date given (month, day, year): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Your signature verifies that you have read this information. (Signature) \_\_\_\_\_ (date) \_\_\_\_\_

*The tests and immunizations below are encouraged, but not required for most students.*

**Health Science students are REQUIRED to provide documentation of all the immunizations in BOLD below. Those that are starred (\*) are optional.**

**—Chickenpox** (Varicella). Proof of immunity may be established by having:

- Had vaccination series - (month, day, year) given: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_; #2 \_\_\_\_/\_\_\_\_/\_\_\_\_; **OR**  
 Had the disease - (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR**  Have serologic immunity

**—Tetanus, Diphtheria**

- Td (valid only if within 10 years) - (month, day, year) given \_\_\_\_/\_\_\_\_/\_\_\_\_; **OR**  
 Tdap (valid only if within 10 years) - (month, day, year) given \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Polio** - date (month, day, year) given: \_\_\_\_/\_\_\_\_/\_\_\_\_

**—Hepatitis B**

- Hepatitis B Series (month, day, year) given: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_; #2 \_\_\_\_/\_\_\_\_/\_\_\_\_; #3 \_\_\_\_/\_\_\_\_/\_\_\_\_; **OR**  
 Hepatitis A/B Combination Series (month, day, year) given: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_; #2 \_\_\_\_/\_\_\_\_/\_\_\_\_; #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**—Hepatitis B antibody titre.** (Provide a copy of the original lab report). If non-immune, boosters required according to protocol.

**—Tuberculin skin test (TST)** (PPD intradermally). TST is valid only if read 48-72 hours from the time it was placed.

- TST given: \_\_\_\_/\_\_\_\_/\_\_\_\_; date read: \_\_\_\_/\_\_\_\_/\_\_\_\_; Result:  negative  positive  \_\_\_\_ mm; **OR**  
 Interferon Gamma Release Assay (IGRA) test i.e., QuantiFERON TB Gold Test (QFT-G) or T-SPOT.TB drawn: \_\_\_\_/\_\_\_\_/\_\_\_\_;  
Result:  negative  positive

**If your TB screening test is positive, please provide a copy of your chest X-ray report and treatment record if you have had or are on INH.**

**\* HPV series** (month, day, year) given: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_; #2 \_\_\_\_/\_\_\_\_/\_\_\_\_; #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

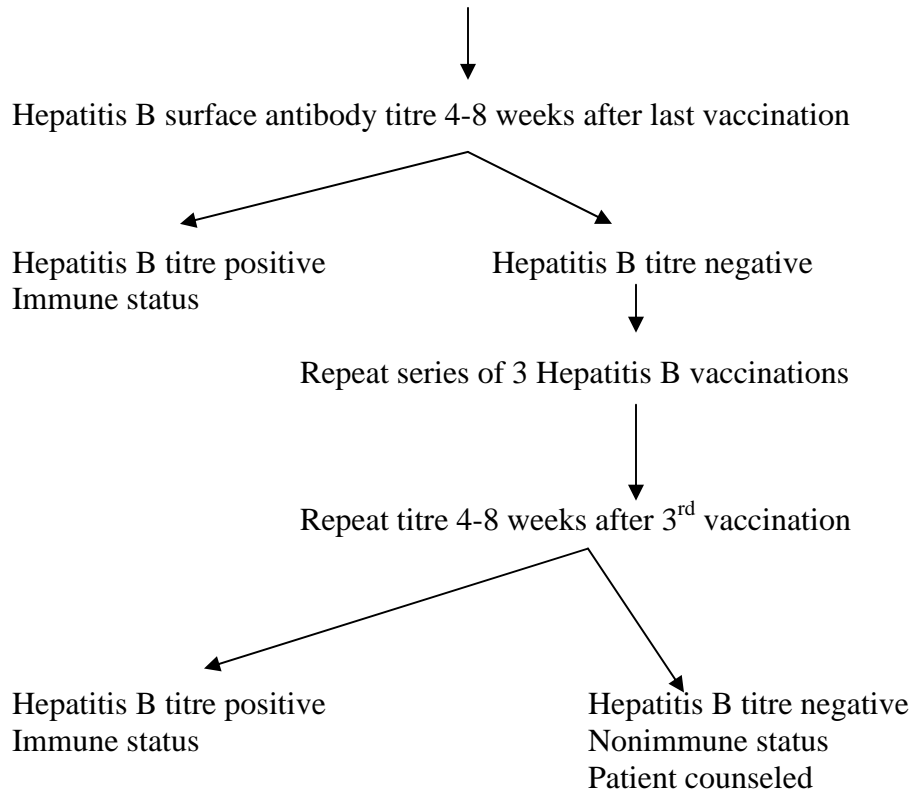
**\* Hepatitis A series** (month, day, year) given: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_; #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of your physician, nurse, or immunizing official is required.**

**Date**

# HEPATITIS B TITRE PROTOCOL

## HEPATITIS B VACCINE SERIES COMPLETED < 6 MONTHS AGO



## HEPATITIS B VACCINE SERIES COMPLETED ≥ 6 MONTHS AGO

