

Doctor of Physical Therapy Program

Clinical Education Manual



Doctor of Physical Therapy Program
Department of Rehabilitation Science
School of Public Health and Health Professions

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I. Introduction

The clinical experience is an integral part of the education of a physical therapist. The experience helps to prepare the student to administer the didactic components of the classroom experience in the realism of the clinical setting. The clinical experience can be a difficult yet enjoyable experience for both the student and the Clinical Instructor (CI). Both the clinical instructor and the student should be active participants in establishing professional and personal goals for each clinical experience.

The goal of this manual is to assist both the student and the CI in achieving this goal. Access to this document is important for both the student and the CI. This manual will be available on the University at Buffalo, Department of Rehabilitation Science's web page at [Clinical Education Manual](http://sphhp.buffalo.edu/rs/dpt/CCCEPage.php) (<http://sphhp.buffalo.edu/rs/dpt/CCCEPage.php>).

II. Program Mission, Philosophy, and Goals

Mission

The Doctor of Physical Therapy (DPT) at the University at Buffalo will develop leaders in physical therapy who contribute to the profession as well as provide effective PT services to their patients/clients. Graduates will have problem-solving skills, critical analysis and creative thinking skills to enable comprehensive management of patients/clients.

The faculty hold in the highest regard the concepts of:

- Critical analysis of movement dysfunction as the basis of physical therapy intervention
- Access to health care across the lifespan for everyone.
- Health promotion and wellness programs for individuals with chronic disabilities.
- Evidence-based practice and lifelong learning.

The graduates of the DPT program at UB will:

- Demonstrate competency in the provision of primary, secondary, and tertiary care to patients with neuromusculoskeletal, cardiopulmonary, and integumentary disorders through screening, examination, evaluation, diagnosis, prognosis, treatment planning, intervention, and outcome measurement
- Demonstrate competency in communication and education of individuals of all ages with diverse cultural backgrounds
- Demonstrate competency in the analysis of movement dysfunction across the lifespan, and through habilitation, rehabilitation, and health promotion address the functional limitations and disabilities of those in need or at risk
- Serve as leaders and/or participants of health care teams, community organizations, or professional associations

Philosophy

Physical therapists are movement specialists uniquely skilled to assess movement dysfunction across the lifespan. The Doctor of Physical Therapy Program at the University at Buffalo (DPT Program) seeks to prepare its graduates to fully participate in the profession of Physical Therapy. The Program seeks to graduate physical therapy professionals that take an active role in the clinic, in the community and in the profession. Program graduates will be movement scientists uniquely skilled to assess movement dysfunction across the lifespan. As primary care providers, program graduates provide health promotion and rehabilitation of neuromusculoskeletal, cardiopulmonary, and integumentary disorders.

The program policies and curriculum are based on a belief that in today's healthcare environment the entry-level physical therapist requires competence in:

1. interpersonal skills
2. examination and evaluation
3. problem solving and clinical decision making
4. identification of patient problems
5. establishment of physical therapy goals and prognosis
6. treatment planning, implementation, modification, and documentation
7. integration of treatment approaches
8. administration and management for referral to other professionals
9. scientific inquiry and critical analysis of research
10. client advocacy
11. consultation

Goals

The program is committed to professional education, research, as well as professional and community service. Specific goals of the program are that graduates of the physical therapy program will:

1. Be autonomous practitioners of physical therapy who are competent in the technical skills and professional behaviors outlined in the Generic Abilities and the APTA Standards of Physical Therapy Practice, Professional Core Values.
2. Practice ethically and legally.
3. Engage in practice that is evidence-based.
4. Be effective communicators.
5. Be lifelong learners who participate in continuing education to maintain and improve skills.
6. Contribute to the quality and accessibility of physical therapy services.

Within the integrated systems based curriculum, physical therapy students develop foundational knowledge and psychomotor skills in the first year, examination and evaluative skills in the second year, and analysis and synthesis of dysfunctional movement in the third year. The critical analysis is developed from the evidenced-based practice model and integration of clinical practice opportunities.

III. Philosophy of Clinical Education

Clinical education is central to the DPT Program. The value placed on clinical education can be seen in the amount of time and resources dedicated to this area. Approximately one third of the time spent in the program is in the clinical setting. The goal of transforming knowledge based college students into thoughtful reflective therapists requires this level of commitment.

Clinical education by its very nature cannot be a static entity. It must be a flexible, fluid endeavor. The program seeks to be proactive in this area and very cognizant of the environment of the therapists. To accomplish this the program actively seeks the input from the participants in this process. All members involved in the process are asked on a regular basis to provide input on the performance of the clinical

education area of the program. The members are also encouraged to provide input at any time throughout the curriculum.

The clinical education experience is provided throughout the curriculum in an effort to provide clinical experience close to the time the theoretical basis is being discussed. While this model most closely resembles the Integrated model, the faculty is committed to providing a Hybrid model as the curriculum progresses. The Normative Model of Physical Therapist Professional Education Version 2004 defines the Integrated model as “experiences are arranged throughout the curriculum with a degree conferred upon completion of both the didactic and clinical components”(Appendix A). The Hybrid model is defined as “experiences may occur in any combination or variation of independent, self-contained, integrated, and separate models and may provide for simulated and real patient care in the classroom and clinic environments”(Appendix A).

IV. Overall Policies

Clinical Experiences

The clinical experiences are five in number and integrated throughout the program during the following general timeframes;

PT 512	Clinical Experience 1	May – August	8 week minimum
PT 613	Clinical Experience 2	January - February	8 week minimum
PT 614	Clinical Experience 3	May – August	12 week minimum
PT 712/713	Clinical Residency	November – April	<u>24 week minimum</u>
		Total	52 weeks

Ideally, the clinical experiences are scheduled to allow students to practice patient techniques as close as possible to the time of academic preparation of those skills. Therefore, PT 512, Clinical Experience 1 will deal with sites and patients that are classified as acute care, subacute (long term care facilities) or Outpatient Physical Therapy. PT 613, Clinical Experience 2 and PT 614, the third Clinical experience, will seek out musculoskeletal and neuromuscular sites as well as additional acute or sub-acute settings. PT 712, the Clinical Residency will allow students the opportunity to experience further growth in multiple areas of clinical experiences and to complete clinical experiences in areas in which they have had little or no experience.

Students are required to participate in at least one acute care hospital clinical experience, one neurological rehabilitation or long term care or subacute care or outpatient clinical experience, and one, but no more than two outpatient orthopedic clinical experiences. The remaining clinical(s) maybe in pediatrics, women’s health, sports medicine, hand therapy, wound/burn care or other specialty areas discussed with the Director of Clinical Education(DCE) or the Associate Director of Clinical Education(ADCE). Students that elect to forego participating in a clinical experience for whatever reason, will be required to complete the clinical experiences in the order the experiences are presented. For example, if a student declines to participate in PT 613, Clinical Experience 2, in the next available

clinical rotation they will be required to complete PT 613, Clinical Experience 2 prior to participating in PT 614, Clinical Internship.

Clinical Site Selection Procedure (first and second year students, Clinical Experiences 1, 2, and 3; PT 512, 613, and 614)

1. Students will review information on clinical sites through facilities' websites, Clinical Site Information Form (CSIF) contained in the PT CPI Web website and student evaluations of the facilities.
2. Students will review a list of clinical sites available for that clinical experience. The list is published on UBLearns at UBLearns.buffalo.edu.
3. The site selection process will be held on a date and at a location that is mutually acceptable to the parties involved.
4. The students will be assigned random "lottery" numbers to indicate the order in which picks will be made by the students.
5. The students will make their clinical experience selections in ascending order of these assigned numbers.
6. As clinical sites are selected they will be removed from the list of sites available.
7. When the clinical experience selection process has been completed a confirmation letter from the program will be sent to the facilities selected, electronically or by mail.
8. This letter will indicate the contact information of the student, name and email address, that has selected that facility and the date the student will be attending.
9. A copy of this confirmation letter is given to the student by email or hardcopy in their mailbox, and an electronic copy will be saved.
10. The student will then be required to contact the site by a specified date to introduce themselves and send a student profile, which gives the clinical site additional information on the student.

Clinical Site Selection Procedure (third year students, for Residency Experience, PT 712/713)

1. In the spring semester of the second year of the program the students begin the selection process as part of PT 607 Professional Development III.
2. The students are again supplied with a list of clinical facilities that are willing to accommodate students at their level.
3. The students then compose a letter to the DCE to justify the selection/assignment of sites for their final experiences. This letter is written with knowledge of the clinical education requirements of the program.
4. This letter is reviewed by the DCE and compared to a list of clinical experiences already completed.
5. After reviewing this letter, acceptable sites will be sent letters and/or the DCE or Associate DCE will work to secure appropriate clinical sites for the Clinical Residency. These letters will be similar to the letters sent to the sites selected for the first three clinical experiences.

6. The student will then be required to contact the site by a specified date to introduce themselves and send a student profile, which gives the clinical site additional information on the student.

Students are made aware of any cancellations of clinical experiences through email.

The following procedure is in place for cancelled clinical experiences.

1. Email is sent to the cancelled student.
2. Students are assigned an order based on when the cancellation notice is received by the DCE or the ADCE.
3. The student is asked to submit a list of facilities they are interested in attending from the list of remaining clinical sites or from the list of sites with contracts.
4. The listed sites are contacted and the student is assigned to the first site that responds positively to the placement request.

The Clinical Experience

1. The student will share with the Clinical Instructor, the goals and objectives of the course syllabus for the specific clinical experience course. Based on these discussions the goals and objectives can be modified to more accurately reflect the experience available at that site.
2. The student will complete a weekly self-assessment form that will be reviewed and signed by his/her clinical instructor. These forms must be completed through at least midterm of each clinical experience.
3. Approximately midway through the clinical experience a telephone contact or visit will be made to the site, generally after completion of the midterm PT CPI Web. This contact will be to discuss and evaluate the progress of the student. The CI and the student will be interviewed by a faculty member and written impressions to be placed in the student's clinical file (Appendix C). Students are instructed to contact the DCE if they have any concerns or if the telephone contact does not occur at the appropriate time.
4. Any concerns from the telephone contact or visit will be forwarded to the Director or Associate Director of Clinical Education.
5. The Director or Associate Director will follow up with the CI and the student to discuss a plan of action to deal with these concerns.
6. A faculty member, at the request of the facility and/or CI, may visit students, generally this visit will be to provide the facility and the student assistance/direction in obtaining a successful outcome to the clinical experience.

Selection of facilities to be visited will be based on which students require a visit or which facilities are scheduled for a visit. Every attempt will be made to visit newly contracted sites while students are participating in a clinical experience at that facility for the first time. Facilities will be visited on a triennial schedule within budgetary guidelines and resources. Faculty members will be available to

present in-services to the facility staff in their area of expertise if that is requested and fits into both parties' schedules.

Some of the objectives of on-site visits/telephone contacts may be, but are not limited to:

1. Discussion of the students' overall clinical performance.
2. Discussion of the rights and privileges of students and clinical instructors.
3. Discussion to facilitate clinical instructors' roles as educators of students.
4. Assisting clinical instructors in planning and providing future student clinical experiences within their facility.
5. Assisting clinical instructors in the integration of clinical and academic education.
6. Discussion of student performance with the clinical instructors and help identify and deal with any real or potential areas of deficit.
7. Providing the students the opportunity to evaluate the clinical experience and the effectiveness of the clinical education program.
8. Providing feedback to the academic faculty members regarding the adequacy of academic preparation for clinical performance.
9. Discussion of suggestions for continuing education programs and speakers which could be facilitated through the academic program.
10. Discussion with the clinical instructors past students' evaluations of the facility and clinical instructor.
11. Developing the students' abilities in self-evaluation of clinical performance.
12. Assisting the clinical instructors to evaluate and develop the overall potential of their clinical education program.

Students may display professional behaviors that lead to unsuccessful completion of clinical experiences. The Program endeavors to identify these behaviors and have the student develop a plan of action to deal with these behaviors.

Procedure

Students that may be unsuccessful in a clinical experience are identified by:

- a. Student self identifies and contacts DCE and/or ADCE.
- b. Clinical Instructor identifies and contacts DCE and/or ADCE.
- c. Student is identified during telephone contact.

If the student is identified during the clinical experience, the DCE and CI may plan a site visit by either the DCE, ADCE and on occasion the Program Director or other core faculty. If the student already has a deficiency, two faculty members will visit the site and observe the student at the facility. The faculty members involved will be the DCE or ADCE and if possible a faculty member with expertise in the relevant clinical area. This site visit is to observe the student and assist with plans to complete the

clinical experience successfully or if that is not possible to explain to the student options available to them.

1. Student is identified during review of CPI.

If a student is in danger of being unsuccessful on a clinical experience, the Program Director will be notified.

2. DCE reviews appropriate documentation including but not limited to; Student's PT CPI Web, CI's PT CPI Web, telephone contact form and any other relevant documentation.
3. DCE contacts student's CI and reviews past documentation for relevant information.
4. DCE and ADCE meet with student to discuss performance and student's options. A letter describing the meeting and the outcome of the meeting will be sent to the student for signature and a copy placed in the student's clinical file.

Readiness for Clinical Experiences.

When a student earns a grade below B- in any academic class there is a serious concern that they may not be adequately prepared for their next clinical experience. Accordingly, when a student receives a grade below "B-", a committee of three Physical Therapy faculty members (excluding the instructor for the course in which the unsatisfactory grade was earned) will review the student's performance in the program and determine if they demonstrate an acceptable level of readiness for their next clinical experience.

Procedure

1. The committee will meet to review relevant documentation, which may include previous course work, previous CPIs and telephone contact forms.
2. The student may be asked to appear or to provide a written statement in their defense.
3. The course instructor may be asked to provide clarification or additional information.
4. The committee's decision will be provided to the student in a letter a copy of which will be placed in their academic and clinical file.

The committee has the right to seek information from both the student and the course instructor. The student has the right to submit, in writing, any information that they feel would be helpful to the committee in making their decision.

If the committee determines that the student is *not* ready to participate in the subsequent clinical experience, the student will be assigned appropriate remedial work and the clinical experience will be delayed. This will, in all likelihood, delay the expected graduation date for the student.

Remedial Procedure

1. The instructor of the course in which the unsatisfactory grade was earned will decide appropriate remedial work for the student and when the work is satisfactorily completed.
2. The student will not be able to complete the scheduled clinical experience until the remediation is successfully completed.
3. The clinical experience will be scheduled at the next regularly scheduled clinical experience course for that level of clinical experience.
4. This may delay the students expected graduation date.

Students with a deficiency regain good academic standing by:

1. successfully repeating any course in which a grade lower than B- is earned, OR
2. at the discretion of course faculty, remediating content deficiencies in any courses in which "C+" or "C" grades were earned. Upon successful remediation, the supervising faculty member will place in the student's academic file a memorandum indicating that the student has demonstrated competence in course-related knowledge and skills.
3. Students with a deficiency may be permitted to enroll in selected courses at the discretion of the PT Program Director in consultation with faculty.

The decision to approve a decelerated program of study will be based on the need to minimize academic risk of the student with a deficiency, while fostering efficient movement through the curriculum.

If a student who currently has a deficiency receives a grade of "C+" or "C" or a "U" in a clinical experience, the PT Program faculty may elect to:

1. dismiss the student from the program.
2. to allow the student to remediate content deficiencies in the course in which the substandard grade was earned.
3. If a student who currently has a deficiency receives a grade of "D" or "F" ("U" in S/U-graded courses other than clinical experiences) the student will be dismissed from the program.

Academic Standards

These standards presuppose the awarding of letter grades with or without + and – designations at the discretion of course faculty, and as stipulated in the course syllabus distributed at the beginning of each course. Also, for the purpose of these academic standards, "semesters" are interpreted as Fall and Spring semesters in accordance with official registration for courses.

Students maintain good academic standing in the Program by:

1. earning a minimum grade point average (GPA) of 3.000 in each semester AND
2. a grade of B- or higher in all required courses, Exception: 1 grade of C or C+ is allowed AND
3. earning an S in all clinical experiences AND
4. passing oral/practical examinations in accordance with course syllabi AND
5. continually demonstrating appropriate ethical and professional behavior

If a student's performance drops below any of the standards described above, the deficiency or deficiencies will be noted by faculty, and if the deficiencies (see below) are multiple (more than one), the student will be dismissed from the program. Specifically, a deficiency consists of any of the following:

1. earning a grade less than B- in a required course(including the allowed 1 grade of C or C+)
2. earning a grade of U in an S/U graded course, including Clinical Experience courses
3. earning a single semester GPA of less than 3.00
4. demonstrating unethical and/or unprofessional behavior

First-time failure of multiple practical exams

A student in good academic standing who has two first-attempt failures on practical exams during the first three semesters of the DPT curriculum is required to pass a cumulative oral/practical exam at the end of the semester in which the 2nd failure occurred prior to progressing in the Program. The cumulative oral/practical exam will be based upon curricular content up to that point and will be administered by a committee of 3 faculty members.

Two faculty members will attend the exam to evaluate the student's performance.

A student who fails to pass the cumulative oral/practical exam will be dismissed from the Program.

Failing a course

If a student earns a grade less than C in a letter-graded course or earns a U in an S/U graded course, the student must repeat the entire course (which may be a Clinical Experience) and the student will not be allowed to proceed further in the Program until he/she has successfully completed the course. Because each DPT course is offered only once per year, this means that the student's graduation will be delayed by one calendar year. Typically, the student will sit out at least one semester; in the next semester he/she will repeat the relevant course and will then join the class behind him/her.

If a student earns a "U" grade for a Clinical Experience course (details below), the student must complete an additional Clinical Experience of identical length. The additional experience must occur at a clinical site in the Western New York area and in a practice area that matches the site at which the student was unsuccessful

Performance in Clinical Experiences

Performance in Clinical Experiences Grades for each clinical experience are established by the Director of Clinical Education (DCE) in consultation with the Clinical Instructor(s). The grading for the clinical experience is Satisfactory/Unsatisfactory(S/U). The performance standard used to determine a student's grade on a clinical experience is indicated in the syllabus for each Clinical Experience course; i.e. PT 512, PT 614, etc.

A student who fails to demonstrate satisfactory clinical competence during the clinical experience will receive a grade of "U". The student will be required to successfully complete an additional clinical experience of the same length and type as the experience in which he/she was unsuccessful. For example, a student not successful on an 8-week acute care rotation will have to repeat an acute care internship for 8 weeks prior to participating in any other clinical internship. This would be considered a major deficiency. Any student who is in jeopardy of receiving a grade of "U" in a clinical experience will be evaluated by the DCE and another faculty member within the program prior to the completion of the internship and the assignment of the grade.

If, in the opinion of the Director of Clinical Education, after consultation with the Clinical Instructor, the student demonstrates a minor deficiency in his/her performance on a clinical experience, the student will be assigned a grade of I/U(incomplete/unsatisfactory).

A minor deficiency must be judged by the DCE to be remediable within an additional 2-3 weeks of clinical experience, and/or a defined academic remediation activity.

The final course grade ("S" or "U") will be determined subsequent to remediation in which the student either (1) participates in an additional period of clinical experience and/or (2) participates in a defined academic remediation activity.

The choice of the remediation activity will be made by the DCE in conjunction with the Program Director and will be designed to address the specific deficiency noted.

If a period of additional clinical experience is required, the student may (1) continue at the same clinical site or (2) start anew at another site in the same clinical category. The new site would be selected by the DCE. This would occur only if it was determined that the student could not continue to be assessed fairly at the current site.

At the time that the grade of I/U is issued, the remediation plan for the student will be discussed with the student and his/her wishes and needs will be given due consideration. If a student is unable to demonstrate competence after this second effort, a grade of "U" will be issued, with consequences consistent with the academic standards described earlier in this document. Students who are unsuccessful in a clinical experience are strongly urged to seek counseling. Counseling is available for UB students free of charge. See the section on Advisement and Counseling later in this document.

Procedure:

A student who earns an academic deficiency, will receive a certified letter from the Physical Therapy Program Director stating his/her academic status. The student is ***required*** to attend an Academic Performance/Professional Behavior planning meeting. The meeting will be attended by the student, the student's PT academic advisor, and the Chair of the Academic Performance/Professional Behavior Committee (AP/PBC). A plan will be developed at the meeting to assist the student in meeting academic criteria in the remaining program courses. A written plan will be placed in the student's file.

It is the student's responsibility to contact the Chair of the AP/PBC via email within five (5) business days of receipt of the notification of deficiency letter to initiate scheduling of the academic performance/professional behavior planning meeting. The meeting will be scheduled at the earliest time permitted by participants' calendars.

Dismissal

A student will be dismissed from the Program if he/she:

1. earns two or more "deficiencies" as indicated above OR
2. receives a grade of C+ or below in more than one course within the program
OR
3. is duly sanctioned with dismissal for reasons of academic dishonesty or violation of ethical standards OR
4. fails both attempts at the Integrated Standardized Patient Exam (ISPE) in the 2nd year of the program (PT 606) or the 3rd year of the program (PT 703).

Appeals Procedure:

A student dismissed from the Program will receive a dismissal letter via certified mail from the Physical Therapy Program Director. The student should contact the Chair of the AP/PBC within five (5) business days of receipt of the letter to discuss his or her status. If the student intends to appeal his or her dismissal, he or she should contact their PT academic advisor to schedule an advisement meeting. During this meeting, the advisor will discuss the student's options. The student can discuss

his/her plan of action with their advisor. If a dismissal hearing is requested by the student, the hearing will be attended by the student, the student's PT academic advisor (or alternate), Chair of the AP/PBC, one core PT faculty, and one other University at Buffalo full-time faculty member (appointed by the Program Director). The instructor of the course in which a student received an unsatisfactory grade may attend the meeting as a non-voting member. The student's advisor is also a non-voting member.

If a student feels he/she has not been treated fairly or equitably, he/she can request a hearing with the Director of the Physical Therapy Program. If after meeting with the program director, the student continues to have concerns, he or she can request a hearing with the Chair of the Department of Rehabilitation Science.

Grievance Procedures:

Definition and Jurisdiction

A. A grievance shall include but not be restricted to a complaint by a graduate student that:

1. there has been to one's self a violation, misinterpretation or inequitable application of any of the regulations of the University, the Graduate School, Faculty or Department, or
2. that there has been unfair or inequitable treatment by reason of any act or condition contrary to established policy or practice governing or affecting graduate students.

B. A grievance must be filed within one year of the alleged offense. This time limit may be extended by the Dean of the Graduate School upon good cause.

Grievance Resolution Process

A. **Primary Level:** the department or comparable administrative unit.

1. **Informal discussion:** Virtually all disputes originate in the department or comparable administrative unit and should, if feasible, be resolved informally by the disputants. These parties should attempt to resolve amicably the dispute involved. It may be useful for the student to first seek the assistance of his or her advisor and then of the department chair or director of graduate studies as a mediator in an attempt to resolve the issue.

2. **Formal review:** The student who feels the grievance is severe should request a hearing with the department grievance committee. The chair shall rule on the case within 30 days of receiving the grievance or stipulate in writing the reason(s) why this timetable is impossible. If the department chair is the party against whom the grievance is brought, either as a teaching faculty member or as chair, an associate chair or director of graduate studies shall convene and chair the grievance committee.

B. **College/School Level:** If the student wishes to appeal the departmental ruling, the written statement of the grievance shall be filed (within 30 days) with the college/school dean. If the dean finds the statement of grievance provides reasonable grounds to grieve or raises doubt of prior appropriate review, he or she shall convene a grievance committee to review the dispute. The committee shall issue a written statement (within 60 days of its receipt of grievance) indicating its findings, recommendations and the reasons for the recommendations to the pertinent parties to the dispute, the departmental chair, the college/school dean, and the Graduate School.

1. **Composition of the Committee:** The college/school grievance committee shall include a minimum of three faculty members and one graduate student but shall not include representatives from the department involved in the grievance.

The college/school dean shall select the committee members from a college/school panel which consists of at least one faculty and one student representative of each department. At the beginning of each new academic year, the composition of the college/school panel will be reported to the Graduate School. The process for selecting college/school panel members will be determined by each college/school. The members of these committees shall be selected so that no panel member is involved in a disproportionate number of grievances.

Each principal to the dispute shall have the option of requesting, without stipulating the reason, the replacement of one member of the committee hearing the grievance. If any principals find other members or replacements inappropriate, the party shall transmit, within ten days of the naming of the committee, a written statement of the grounds for this "challenge for cause" to the college/school dean, who shall rule on its merits and either retain or replace the committee member so challenged. Each panel member selected shall have the option of disqualifying himself or herself from the committee by stipulating reasons why that panel member feels unable to deal neutrally regarding the grievance.

2. **Operating Procedures:** The college/school dean shall give the college/school grievance committee copies of the written grievance, all documentation and recommendations from the departmental proceedings, as well as a copy of the Grievance Procedures for Graduate Students. The principals shall also receive copies of all information presented to the committee. The committee shall convene review sessions necessary to allow both principals the opportunity to present their positions and shall allow each principal the right to question the presentation (written or verbal) of those who contribute information to the committee. Each principal shall have the right to be present and to have one or two advisors present at all reviews. In no case shall an advisor be an attorney unless he or she is a member of the faculty not acting in the capacity of a member of the bar. Such review shall be conducted in confidence. A record of each meeting of the committee shall be kept and transmitted to the principals.

The committee shall issue a written statement (within 60 days of grievance) indicating its findings, recommendations and the reasons for the recommendations to the pertinent parties to the dispute, the departmental chair, the college/school dean, and the Graduate School. Notice will be by certified mail. The grievant will be allowed 30 days from receipt of notice to appeal.

C. **The Graduate School Level:** On rare occasions, when all established procedures within a college/school have been exhausted, it may be appropriate for the Dean of the Graduate School to consider a final University appeal.

1. **Jurisdictional Guidelines:** Appeals to the Dean of the Graduate School will be allowed upon satisfying the following requirements:

a. The student grievant must submit three (3) copies of a written statement to the Dean of the Graduate School describing the specific reasons(s) for the requested appeal

b. The dean of the college/school in question must certify that the student grievant has exhausted all procedures provided within the college/school and that the dean's decision is a final decision of the college/school.

In general, the Dean of the Graduate School will consider only those appeals in which there is good cause to believe that prior proceedings have resulted in a decision contrary to law, the Policies of the Trustees, or Policies of the University at Buffalo. In general, the Dean of the Graduate School will not consider appeals which merely challenge the appropriateness of a judgment reached after a full and fair review and disposition of a matter by the department and the dean of the college/school.

2. Procedure: The initial appeal petition must be submitted by the grievant within 30 days of receipt of the final decision at the college/school level. The Dean of the Graduate School (or a designee) will review the petition submitted by the grievant and make a preliminary determination regarding the jurisdiction of the Dean of the Graduate School.

If it is determined that the Dean of the Graduate School should not exercise jurisdiction, the grievant will be informed and given leave to file an amended statement of grievance. Notice will be by certified mail, and the grievant will be allowed 30 days from receipt of the notice to file an amended statement. If no amended statement is filed, or if an amended statement is still judged deficient on jurisdictional grounds, the appeal will be dismissed, and notice of dismissal of the appeal will be sent to the grievant by certified mail.

If it is determined that the Dean of the Graduate School should exercise jurisdiction, the Dean of the Graduate School or designee, within 30 days of receipt of the appeal petition, shall:

- a. Forward a copy of the student's statement of grievance to the college/school dean.
- b. Give the college/school dean an opportunity to respond to the student's statement of grievance.
- c. Take appropriate steps to resolve the dispute informally, in consultation with the parties.

The Dean of the Graduate School (or designee) shall consider the written grievance appeal from the student, all documentation and recommendations arising from the departmental procedures, and all recommendations made by the dean of the college/school concerned.

Each principal and the college/school dean shall receive copies of all written material presented to the Dean of the Graduate School. The Dean of the Graduate School may convene hearings to allow the principals the opportunity to present their positions and allow each principal the right to question the presentation (written or verbal) of those who contribute information. Each principal shall have the right to be present and to have an advisor present at the hearings. In no case shall the advisor be an attorney unless he or she is a member of the faculty not acting in the capacity of member of the bar. Such review shall be conducted in confidence. Minutes of each meeting of the committee shall be kept and transmitted to the principals.

The Dean of the Graduate School will make a determination and notify the student of the final decision in writing. Such decision will be sent certified mail, return receipt requested, with a copy to the Provost. At any point in the proceedings, the Dean of the Graduate School may make a determination that jurisdiction was inappropriately taken and may dismiss the petition on that ground. In such case, written notice of the jurisdictional determination, and the reasons thereof, will be provided to the parties. If the Dean of the Graduate School decides that further review is

necessary, he/she will consult with whatever parties he/she deems appropriate and will determine what additional review is necessary.

3. Confidentiality of Proceedings: Once the Dean of the Graduate School initiates a grievance review, principals shall have the obligation to maintain the confidentiality of the proceedings and of such materials or testimony presented in review proceedings, until a decision is formally reached. If breach of confidentiality is formally brought to the attention of the Dean of the Graduate School, the Dean of the Graduate School may choose to consider this breach as a case of possible misconduct. Such consideration shall take precedence over the pending grievance, and the results of the misconduct review shall be transmitted in writing to the principals and shall be placed in the file of the grievance proceedings. Such findings may then be considered in any subsequent review of the grievance.

Students should refer to the [Graduate School Policy and Procedures](http://www.grad.buffalo.edu/policies/index.php) (<http://www.grad.buffalo.edu/policies/index.php>) for additional information on the appeal process.

Attendance

Students are expected to attend all regularly scheduled classes and examinations. Examinations will be rescheduled if a student provides evidence that they were unable to take the exam on the regularly scheduled date due to a) their own medical illness or injury, b) the medical illness or injury of a close family member, c) the death of a close family member or d) circumstances which will place undue hardship on the student. **Students should not request that an examination be rescheduled to accommodate the student's vacation plans.**

V. Responsibilities of the Student

Throughout the clinical education phase of the professional program the student assumes many different roles. The student must at all times maintain the responsibilities associated with these roles. The student must at all times be accountable for their actions or the lack of actions.

Prior to the actual clinical experience the student is responsible to maintain professional decorum in and out of the classroom setting. This includes but is not limited to, maintaining professional behavior and adherence to the APTA Code of Ethics (Appendix E) in all educational and community settings. Students are responsible to complete all necessary requirements prior to attending a clinical experience and any additional requirements of the facility. Students are also required to comply with the Technical Standards for Admission, Promotion and Graduation that they received at time of admission (Appendix S). Waiver of any University at Buffalo requirements is at the discretion of the Physical Therapy Faculty.

Student Rights

While engaged in the clinical experience, students have the right to request a change in clinical site, clinical instructor or any other alteration to their clinical education program. These requests must be made in writing to the Director of Clinical Education and shared with the supervising CI and CCCE where appropriate. Prior to submitting a request the student must first discuss the issues with the CI or CCCE as appropriate. The DCE must feel that attempts to resolve the issues within the facility structure have occurred prior to review by the DCE. The DCE will then make a determination for appropriate changes based upon each student case.

Procedure:

1. Student must request any changes in clinical site in writing to the DCE with copies to the CI and CCCE of the facility.
2. Prior to submission of this request discussion of the issues with the CI and CCCE must occur.
3. The DCE will evaluate the progress of this procedure to assure that every attempt to resolve the issues within the facility structure have occurred.
4. The DCE will then make a determination of the appropriate course of action based on each individual case.
5. The DCE will send a letter to the student and CCCE describing the course of action and a copy of this letter will be sent to the Program Director.
6. The student must acknowledge in writing that such action may delay expected program completion date.

Students have the right to be treated in a fair, nondiscriminatory and trustworthy manner by their CI's, CCCE's and the DCE. If the student feels they are being treated unjustly by their CI/CCCE they should report this to the DCE. In the case where they feel the DCE is treating them unjustly, they should report this to the Director of the DPT program. Student complaints will be dealt with in a timely manner with the appropriate personnel from the affiliating institution and the University at Buffalo. (Conflict Resolution pg. 28)

Procedure

1. If a student feels they are being treated unjustly by a facility they should report this to the DCE.
2. The student should contact the DCE at their earliest possible convenience by voice, written or electronic means.
3. Prior to submission of this notice discussion of the issues with the CI and CCCE must occur.
4. The DCE will evaluate the progress of this procedure to assure that every attempt to resolve the issues within the facility structure have occurred.
5. The DCE will then make a determination of the appropriate course of action based on each individual case.
6. The DCE will send a letter to the student and CCCE describing the course of action and a copy of this letter will be sent to the Program Director.
7. The student must acknowledge in writing that such action may delay expected program completion date.

In the case where they feel the DCE is treating them unjustly, they should report this to the Director of the DPT program.

Procedure

1. If a student feels they are being treated unjustly by the DCE they should report this to the Program Director.
2. The student should contact the Program Director at their earliest possible convenience by voice, written or electronic means.
3. Prior to submission of this notice discussion of the issues with the DCE must occur.

4. The Program Director will evaluate the progress of this procedure to assure that every attempt to resolve the issues within the clinical education structure have occurred.
5. The Program Director will then make a determination of the appropriate course of action based on each individual case.
6. The Program Director will send the student a letter describing the resolution of this matter with a copy to the DCE and the Chair of Rehabilitation Science.

If at any time during the professional program a student finds they cannot abide by the implied or explicit responsibilities above, they must seek counsel with one or more appropriate persons (clinical instructor, center coordinator of clinical education, Director or Associate Director of Clinical Education or other members of the academic faculty). Furthermore, if a student is unable to adhere to the "Technical Standards for Admission, Promotion and Graduation"(Appendix S), they must contact the DCE or ADCE immediately. The student must remain aware that they continue to be responsible for their actions or lack of actions.

Patient's Rights (regarding treatment by students in the DPT program)

Students should always familiarize themselves with the clinical facility's patient's right policy.

Patients have the right to be treated fair and with dignity and without discrimination by all students of physical therapy from the University at Buffalo.

Patients have the right to refuse evaluation or treatment by a student of physical therapy from the University at Buffalo. Students must always identify themselves as students from the University at Buffalo during contact with patients. If a patient refuses to be treated by a student, the student will immediately transfer care of the patient to their supervising clinical instructor (licensed PT) and remove themselves from any interaction with that patient.

If a patient is being treated by a student of physical therapy at the University at Buffalo and feels they have been treated inappropriately or in a discriminatory manner they should register a complaint with the supervising clinical instructor (licensed PT). The CI/CCCE should then contact the DCE at the University to report the complaint. The patient also has the right to directly notify the DCE at the University of their complaint, the CI/CCCE will provide contact information to allow the patient to do so. The CI/CCCE should put the complaint in writing in an incident report to be put in the student's file at the facility and University.

When the DCE receives the complaint, a determination will be made between the DCE and the CI and/or CCCE as to the legitimacy of the complaint and whether the student should be immediately removed from the clinical site. This will be done in one business day of receiving the complaint. If the DCE is not available the Administrative Director of the program will respond within one business day. Following removal from the clinical site a determination will be made if the complaint was severe enough to warrant failure of the clinical experience and possible dismissal from the program, as determined by the entire University DPT faculty.

If it is determined the student will remain in the clinical site, counseling of the student regarding the complaint will occur between the CI/CCCE and any other appropriate personnel. A plan for remediation regarding the complaint as well as goals and objectives to avoid future complaints will be devised.

Depending on the nature of the complaint, the student may receive a notification of deficiency or fail the experience at the discretion of the DCE and program director.

Dress Code

The image of The University at Buffalo's Physical Therapy program is directly dependent on our students, individually and collectively. The public and professionals will judge the program by the people representing it. The personal appearance, quality of service, and positive attitude of all our students is essential to creating and maintaining a favorable image.

Students are expected to present a clean and neat appearance and to dress professionally. Complementary colors and coordinated, well-fitting clothing always gives the best appearance. Here are some definitions of acceptable styles of dress: *business casual* would include khaki or dark colored pants, shirts/sweaters and non-skid shoes; *woman's wardrobe* would include, pants, jumpers, and skirts — potentially a more creative and relaxed style; the *man's wardrobe* is similar and consists of pants, and cotton shirts with short or long sleeves, tie or polo style shirts (dependent upon the clinic standards), shirts with no inappropriate messages. Closed toe shoes with leather or rubber soles are required.

Please adhere to these detailed guidelines:

1. Shirts do not need to be tucked in, but should be well fitting, not "sloppy".
2. Inappropriate shirts include: straps less than 2 inches wide, cropped tops which expose the stomach, (undergarments and skin should not be exposed, shirts/pants must cover body art (i.e. tattoos)), strapless tops, shirts with logos or slogans, t-shirts displaying advertising or writing (this includes no wearing of shirts with religious or political messages, obscene language or racial slurs).
3. Pants, skirts, and walking shorts should be in good condition. Professional fitting pants, shorts or skirts are expected. Shorts and skirts can be worn only if they are of knee length *OR* not shorter than 5 inches above your knee. Waistline of pants, shorts, and skirts should be reasonably placed so as not to allow undergarments to show, at any time (while moving, bending over, etc). While undergarments are a necessary part of dress, they must not be observable.
4. Casual clean shoes with socks or stocking should be worn daily for your safety and comfort. Open toed shoes and sandals are NOT acceptable as they present a safety hazard.
5. While body piercing may be examples of self-expression, hanging earrings, necklaces, and exposed body piercing (except ears) are *prohibited* as a safety precaution. Students who appear for clinical work inappropriately dressed will be sent home and directed to return to the clinic in proper attire. Under such circumstances, students will not be compensated for the time away from the clinical site.

Violation of Dress Code during Clinical Experiences

Students that violate the dress code of the program or the facility during a clinical experience will be subject to the following.

1. First offense: The CI will have the choice of sending the student home to change into appropriate attire, sending them home for the day(to be made up as an unexcused absence),

or to remain on site but have no patient contact again to be made up as an unexcused absence. CI is to contact the program to appraise them of the incident.

2. Second offense: The CI will contact the program immediately and the student and the director or Associate Director of Clinical Education will discuss this offense. The CI will then have the choice of sending the student home for 5 days or remain on site with no patient contact for 5 days either of which will require additional time at the site to make up for the lost days.
3. Third offense: The CI will contact the program immediately and the Director or Associate Director will discuss this trend with the student and remove them from this clinical experience. This will result in a "U" grade. Based on the student's status in the program at the time this may lead to notification of deficiency or dismissal.

Student Roles

Role as a member of the University at Buffalo community; the student is a representative of the University at Buffalo and the Doctor of Physical Therapy Program, and as such is responsible to abide by University, School and Program rules and regulations. The student is responsible to maintain contact with the Program while involved in the clinical education experience.

Role as a member of the clinical facility; even though the relationship is temporary the student is a member of the clinical facility, although not an employee. The student is responsible to abide by all rules and regulations of the clinical facility, including but not limited to dress and patient confidentiality. If there is a question concerning the ethics or legality of a rule or regulation the student is responsible to contact the Director or Associate Director of Clinical Education. The student is responsible to complete any additional requirements of the facility, for example, criminal background checks and/or drug testing.

Role as a member of the physical therapy and health care community; the student is responsible to abide by the Code of Ethics of the American Physical Therapy Association and demonstrate behaviors appropriate for a member of the health care community. Any questions concerning ethical or appropriate behaviors should be reported to the Director or Associate Director of Clinical Education.

Violation of Responsibilities as a member of the UB Community, clinical facility and health care community

Students that violate their responsibilities as outlined in the Student Roles section above will be subjected to the following:

1. Student must discuss this issue with either the Director or Associate Director of Clinical Education or the CI or CCCE if they are on clinical experience. This discussion will include but not be limited to; discussion of the incident, how it violates the student's responsibilities, action by the student to assure no further violations. The CI or CCCE will notify the Director or Associate Director of Clinical Education of this discussion. (Notes on this discussion will be placed in the student's clinical education file)
2. If further incidents occur while the student is on clinical experience the clinic may request the student's removal from that experience. This will result in a "U" grade. Based on the student's status in the program at the time this may lead to a notification of deficiency or dismissal.

3. If further incidents occur while the student is on campus the student will be required to meet with the Program Director and the Director of Clinical Education to discuss this trend. This meeting will result in a plan of action that may include but not limited to; appearance before the clinical readiness committee, counseling, some form of remediation, and/or disciplinary action.

If at any time during the professional program a student finds they cannot abide by the implied or explicit responsibilities above, they must seek counsel with one or more appropriate persons (clinical instructor, center coordinator of clinical education, Director or Associate Director of Clinical Education or other members of the academic faculty). The student must remain aware that they continue to be responsible for their actions or lack of actions.

Procedure

1. Students that are experiencing difficulty with implied or explicit responsibilities should initially contact the DCE at their earliest possible convenience.
2. The DCE will counsel the student or provide student with contact information of other resources available at the University at Buffalo.
3. A letter describing this counsel will be sent to the student, a copy will be placed in their academic file and sent to the Program Director.
4. The student will provide a written description of counsel provided by other services at the University at Buffalo to the DCE for placement in the academic files.

Expectations of students

Throughout the clinical education phase of the professional program every effort is made to match academic preparation with clinical experience. However, students are expected to seek appropriate supervision for tasks or procedures that their academic training has not previously addressed. Students are expected to convey their academic preparation to their clinical instructor. Students are encouraged to seek out any new learning environments and seek proper supervision prior to proceeding. Students are responsible for any information covered in the academic portion of the professional program, even if it is not directly related to the clinical setting. Students that are documented to require special considerations are expected to share this information with the clinical experience site and their clinical instructor. Students that have been unsuccessful at a clinical experience are required to share with their clinical instructor the areas of the CPI that were deficient and present a plan to deal with those areas. This information will not be shared with the clinical experience site by the Director of Clinical Education unless not disclosing the information places patients/clients at risk.

Students choosing to postpone /not complete a clinical experience

Students will be strongly discouraged from taking this route unless absolutely necessary.

Students choosing not to attend or complete a clinical experience will be subjected to the following:

1. If a student chooses not to attend or complete a clinical experience they must discuss their decision with the DCE or ADCE. During that discussion the following will be at a minimum,

discussed; the basis for the student's decision, the outcomes of that decision, and the effect on graduation date.

2. Minutes from this meeting will be presented to the student for signature and the DCE or ADCE will also sign with copies to both parties and a copy to the Program Director. The notes will include the plan for progression through the program based on the student's decisions.
3. If the student decides to not complete a clinical experience the student will receive a "U" in the course. Based on the student's status in the program at the time this may lead to a notification of deficiency or dismissal.
4. If a student decides to postpone a clinical experience they will receive a "U" in that course. The student will not be allowed to progress in the program until the clinical experience is completed successfully. Based on the student's status in the program at the time this may lead to a notification of deficiency or dismissal.

Student Professional Liability Insurance

Professional liability insurance is provided to students registered in courses in the DPT program at UB. Clinical sites that maintain a current contract with UB are designated as "Additionally insured" on the policy. (Appendix J)

Student Health Forms and Health Insurance

Students are required by the University to complete a medical physical form prior to attending the University, <http://www.student-affairs.buffalo.edu/shs/student-health/immunization.shtml> . The DPT Program requires the student to submit to Student Health Services an annual Health Update Form(Appendix Q) prior to April 1st each year the student is in the program. Due to HIPAA regulations the DPT program does not maintain student health information records in the PT department. Maintaining this information through Student Health Services, allows the student to access the information through their UB "MYUB" account anywhere they have internet access.

This verification of the submission of the Health Update Form will be forwarded to the DPT Program and displayed on UBLeans (password protected) for student access and verification.

Failure to complete this requirement will result in cancellation of the next clinical experience.

University policy requires all full time students to maintain health insurance, Article 8: Administrative Regulations, paragraph XIII (<http://www.student-affairs.buffalo.edu/judicial/art8b.shtml>). Students on clinical experience may be assisted by the clinical site in obtaining emergency care but it is the student's financial responsibility for this care.

HIPAA

It is the policy of the DPT Program that all students in the program receive HIPAA training. This training is provided to the students through an outside vendor selected by the University.

1. Students are directed to the following website, [HIPAA Training Site](http://nciph.sph.unc.edu/tws/HEP_HIPAA/certificate.php) (http://nciph.sph.unc.edu/tws/HEP_HIPAA/certificate.php).

2. Students are required to complete the "HIPAA Basics" module and print out a completion certificate, which is placed in their clinical education file.(Appendix O)
3. The completion date on the certificate is also recorded on UBLearns, so students can monitor their clinical education requirements.
4. Failure to complete this requirement by Spring Recess of their first year in the DPT Program will result in cancellation of the first clinical experience.

OSHA Training

Students are required to attend an annual in-service on Universal Precautions and Blood Borne Pathogens. This in-service will be provided by the Department of Environment, Health and Safety. This in-service will be scheduled annually during the spring semester for DPT students.

1. Students failing to attend one of the scheduled in-services will be required to provide evidence of alternatives to this training.
2. Students who do not attend or provide documentation of appropriate training will not be eligible to attend their next clinical experience.
3. Attendance information provided by Environment, Health and Safety will be recorded on UBLearns for students to monitor the status of clinical education requirements and a copy will be maintained in the student files in the department.

Confidentiality

It is the policy of the DPT Program that all patient/student information is treated with the appropriate level of confidentiality regardless of HIPAA regulations. This includes but is not limited to, information shared during class recitations, labs and lectures. To the greatest extent possible, patient releases should be obtained for images/videos and any information to be used in the academic/research setting. Students are always required to follow the policy on confidentiality of their clinical facility.

1. Students that feel they have witnessed a violation of the confidentiality policy should contact their CI or the course instructor depending on the setting of the incident.
2. The CI or course instructor should discuss the situation with the party(ies) involved and share with them the policy on confidentiality of the institution.
3. This discussion should be documented and placed in the appropriate file at the clinical site and in the clinical education file in the academic setting.
4. Repeated violations should be reported to the appropriate person in the clinical setting and the DCE or ADCE if a student on clinical experience is involved or in the academic setting to the Program Director.
5. The DCE and the CI/CCCE will discuss an appropriate plan of action for repeated violations in the clinical setting.
6. The Program Director and the course instructor will discuss an appropriate plan of action in the academic setting.

The Program will maintain all student/patient records in locking file cabinets in lockable offices/storage areas for the length of time required by University policy and appropriate governmental policy. Access to these files will be limited to appropriate staff and academic personnel.

Background Checks

Background Checks are currently not required for admission to the DPT Program at the University at Buffalo. Student should be aware that certain types of offenses may limit their ability to become licensed in certain states.

Some facilities that provide clinical experiences require Criminal Background Checks. If a student is interested in participating in a clinical experience at one of these sites it is the student's responsibility to obtain the appropriate Criminal Background Check and assumes any financial responsibility associated with the background check. These facilities are not required to share this information with the Program.

Clinical Experience Objectives

Clinical experience objectives are available for each clinical experience in the appropriate course syllabus and closely follow the Physical Therapy Clinical Performance Indicator (CPI). Objectives and clinical behaviors are listed for each course and a progression in level of student independence is required at each course level.

Clinical Experience Materials

Professional communications

1. The student is responsible for sending a letter of introduction to the clinical site, examples of letters of introduction (Appendix F) will be provided to the student.
2. The student is responsible for the completion of a Student Profile (Appendix G), which the Program will provide. The Student Profile seeks to give the prospective CI additional information about the student, which may not be evident in the letter of introduction.
3. The student is responsible for completing a telephone contact with the clinical site no less than one month prior to their scheduled arrival at the site.

Copies of the preceding documents are kept by the student. The student is responsible to notify the Director or Associate Director of Clinical Education of any personal or professional concerns when on a clinical experience. A member of the Program faculty will contact the student at the approximate midterm of the clinical experience to evaluate student progress and discuss concerns or issues with the CI.

Evaluation

1. The student is responsible to prepare a self-evaluation of their clinical performance using the PT CPI Web at midterm and final.
2. The CI will prepare the same evaluation at midterm and at final.
3. The student and the CI will review this information and discuss it at midterm and again at the final meeting.
4. The PT CPI Web will be used to prepare goals and objectives for future clinical experiences.
5. The student is also responsible to complete an evaluation of the clinic and the clinical experience electronically (Appendix H) which will be shared with the CI after review by the DCE.
6. The student is also responsible to complete a Diagnosis List form electronically (Appendix I) which will be maintained for evaluation of the clinical education program.

This is an opportunity for the student to provide the site with constructive feedback to encourage continual improvement of the clinical experience at that facility.

Other Assignments – The student is responsible for all assignments given by the CI while on the clinical experience. Students should also be aware that the CI may ask for readings or assignments to be completed prior to arriving at the clinical site. Occasionally, the clinical site may require an interview prior to placement of the student, arrangements for this are the responsibility of the student.

Conflict Resolution

It cannot be expected that any clinical education experience will meet all of the student's needs all of the time. It can be expected, however, that any experience will meet most of the student's needs most of the time. If the student feels that an experience is not meeting expectations and needs, it is the student's responsibility to take positive action. Identification of the problem is the first step in the process, a step that definitely requires considerable thought and objectivity and which may require assistance.

No problem is so insurmountable that it cannot be resolved. However, a problem cannot be resolved unless communication takes place. Each student has the responsibility to seek help in resolving a problem from the Clinical Instructor or the Center Coordinator for Clinical Education at the facility, and/or from the Director or Associate Director of Clinical Education. Students on clinical experiences may feel free to call the Director or Associate Director of Clinical Education at home during the evenings or weekends (cell phone number will be provided).

In the event that the parties involved agree that the conflict cannot be resolved, the student will be removed from the site. The student will be reassigned to another clinical experience site as soon as a suitable clinical experience site can be secured. In this occurrence, no grade will be assigned until the student completes the clinical experience at the new clinical site.

In an attempt to avoid needless conflicts of interest students are not allowed to affiliate at facilities where they have volunteered or worked in the past five years, or where their relatives or friends are employed within the same department.

Conflict Resolution

Students that perceive a conflict exists or is developing with an academic instructor, staff person or clinical instructor should proceed in the following suggested manner:

1. Approach the person involved and ask to have a meeting in private or during office hours.
2. Come to the meeting prepared with a list of facts, not opinions or vague perceptions.
3. Be respectful and listen, allow the person to complete their point before commenting.
4. Conflicts may not resolve in one meeting but leave the meeting with a plan of action for both parties. Remember that a certain amount of compromise might be required to come to a successful resolution.
5. If after an appropriate amount of time the plan of action has not been successful, you should approach the person's supervisor. For example, the Program Director for faculty and the Center Coordinator of Clinical Education during a clinical experience.
6. When on clinical experiences you should contact the DCE or ADCE to make them aware of the situation. They may become involved if you request it or if they feel it is appropriate to assure success in the clinical experience.

VII. Student Membership in the American Physical Therapy Association(APTA)

Membership in a professional organization is the responsibility of every professional. Students will be exposed to the benefits of membership in the American Physical Therapy Association and encouraged to join and actively participate. Faculty are members and present professional role models to students. Students will have opportunities to actively participate in all levels of the professional organization from school activities to district to state and national activities.

VIII. Rules and Regulations

Legal Requirements

1. Student Liability Insurance

Is maintained for students by the UB for the period the student is registered for classes and clinical experiences at UB.

2. Clinical Experience Centers as Additional Insured

Each center with which a written agreement has been finalized is automatically named as an additional insured with respect general liability insurance through the State University of New York. Certificates of insurance are issued bi-annually and are sent to each clinical facility. (Appendix J)

3. Guidelines Regarding Incidents/Accidents with Clients or Injury to Self

Students are to immediately report all incidents or accidents involving patients/clients to their Clinical Instructors. The Clinical Instructor should, in turn, report the occurrence as required by facility policy and procedures. It is the responsibility of the Center Coordinator of Clinical Education to contact the Director of Clinical Education to notify him/her of such incidents/accidents.

Students are advised to speak to no one other than the Clinical Instructor regarding any incident or accident in which they were involved or which they witnessed during their clinical experience. All matters regarding such occurrences are to be processed according to facility policy and procedures.

4. Formal Written Agreements with Clinical Facilities

The program is required to negotiate formal written clinical affiliation agreements with each clinical facility. The responsibilities and limits of obligation of all parties are delineated in this standard agreement. (Appendices K and L)

IX. Philosophy for Selecting and Retaining Clinical Education Sites

The purpose of clinical education as an integral component in the curriculum is to provide each student with the opportunity to practice patient skills in a realistic environment. Through the integration of scientific background knowledge, problem solving, communication and interpersonal skills, students learn to make professional decisions regarding physical therapy. It is a time for students to learn and to develop their professional judgment within a nurturing environment that provides them the opportunity to seek advice from practicing clinicians.

To assure that each student is exposed to a variety of high quality clinical settings, it is essential to maintain those clinical experience sites that have historically provided excellent clinical education opportunities. Such centers are identified by their responsiveness to student needs, consistent acceptance of students for clinical education experiences, regular and timely communication as requested by the DPT Program and provision of high quality patient care services. In addition, it is important to add clinical centers in geographically appropriate areas when such additions will enhance student opportunities. It is therefore essential to add clinical experience sites if they provide unique opportunities for students and/or increase the number of options available to students for practice in specialized areas.

Although students may suggest clinical sites to be considered for possible addition, the process must be based on the needs of the clinical education program as a whole. Students wishing to suggest a site should speak to the Director of Clinical Education and/or Associate Director of Clinical Education and should provide the information necessary on the appropriate form. (Appendix M)

Consideration will be given to all facilities suggested by students, faculty members, and clinical faculty members or through self-nomination via written inquiry. Ideally, the facility should be located within the Northeastern United States and/or in close proximity to previously established active clinical facilities. In addition, the clinical site must meet the Considerations for Selection and Retention of Affiliated Clinical Centers.

X. Considerations for Selection and Retention of Clinical Education Sites

To the highest degree possible the following procedure is followed to assure the selection and retention of positive clinical education sites.

1. To initiate the process for obtaining new clinical sites students are encouraged to contact the site, ask questions and complete the appropriate form (Appendix M). The students are to speak with the CCCE and ask at a minimum the following questions.
 - A. Is the site interested in a contract with the DPT Program at the University at Buffalo?
 - B. What is the primary patient population seen at the facility?
 - C. How many physical therapists does the site employ?
 - D. How many patients, on average, are seen by each therapist each day?
 - E. Do they have a student program or have they taken students before?

Facility Considerations

1. Appropriate accreditation by local, state, or federal organizations.
2. Staffing is adequate for the patient load and types of disabilities encountered. (Staff Physical Therapists, Physical Therapist Assistants, numbers of patients treated per day).
3. Types and numbers of patients cared for are adequate to meet the general or specific needs of the students. (disability, specialization).
4. Administration's attitude toward clinical education, inclusive of recognition of the time and effort required by the staff, promotes the clinical education program.
5. Atmosphere is conducive to learning as demonstrated through the availability of supervision, space, equipment, and educational resources.
6. Evidence of integration of physical therapy with other services in the facility.

7. Personnel policies encourage continuing education.
8. Able to establish a written clinical affiliation agreement with the DPT Program at the University at Buffalo (Appendices K and L).

Physical Therapy Departmental Considerations

1. Adequate physical space to comfortably and efficiently accommodate staff and students.
2. Philosophy of patient care rendered in physical therapy is compatible with the DPT Program's philosophy as expressed in previous statements in this manual.
3. Patient load and types of disabilities encountered meet the general and specific needs of the students for integration of academic knowledge.
4. Policies and procedures for Physical Therapy examination and treatment must meet the general and specific needs of the students.
5. Equipment, supplies and space are adequate for the provision of patient care.
6. Clinical atmosphere is conducive to learning as evidenced by positive staff/administrative interactions, and the ability to assist and facilitate goal setting and attainment with students.
7. Staff display interest and a genuine commitment to clinical education through well-constructed verbal and written feedback to students and to the program, and attendance at clinical education workshops and programs as available.
8. Staff display professional ethics as stated in the APTA Code of Ethics (Appendix E) and serve as professional role models.
9. Educational policies encourage staff in-service education and support continuing education for all physical therapy employees.
10. Written materials, books, manuals and/or internet access are made available for student use.

Personnel Involved in Clinical Education

To be considered and maintained as a Clinical Instructor each person involved in clinical education must:

1. Hold current licensure in the state in which employment occurs.
2. Minimally been employed as a licensed physical therapist for one year.
3. Show evidence of active participation in formal and/or informal in-service education.
4. Demonstrate the ability to communicate strengths and weaknesses, both orally and in writing to students.

Responsibilities of the CI and/or CCCE

1. Maintain files containing curriculum content, insurance forms, physical forms and contract information for the University at Buffalo.
2. Remain current with changes and trends in clinical education. Take advantage of courses and seminars offered by affiliating programs.
3. Revise CSIF (Center Site Information Form) as needed to keep information accurate and current.
4. Respond in a timely manner to requests for student placement. Maintain communication with CI's at various sites to determine appropriate assignment of students to CI's.
5. Become familiar with the student's curriculum and level of education/training by reviewing information provided by the academic institution prior to the student's arrival.
6. Organize and plan the student's program to include clinical work, in-services, clinics, rounds, and other educational experiences as available. Establish a client caseload and assist in

formulating the student's schedule. Introduce students as such to patients/clients and provide access to pertinent background information.

7. Discuss the clinical education goals and expectations of the student for the facility including those of the academic institution. Introduce student to forms and procedures of the physical therapy department.
8. Provide clinical supervision and instruction in the form of assessment and intervention demonstration utilizing hands-on techniques. Arrange for supervisory coverage by another PT in the absence of the CI.
9. Provide a favorable learning environment that encourages the student to ask questions and share insights. Provide opportunities for student demonstration of his/her level of understanding of the theoretical concepts underlying the interventions. Provide timely feedback through constructive criticisms and guidance for improvement. Although not required, written feedback to the student beyond the use of the CPI at midterm and final is strongly encouraged, especially for students who are presenting challenges.
10. Review the student's examination and intervention techniques. Discuss treatment rationale, long-term and short-term objectives. Critique documentation of examinations, consultations, progress notes and justifications for insurance coverage (of durable medical equipment).
11. Perform midterm and final evaluations of the student's performance utilizing the PT CPI Web. Encourage open and honest communication with the student in reviewing your evaluation and comparing it to the student's self evaluation (PT CPI Web).
12. Communicate with the DCE at the University at Buffalo as needed. Provide specific feedback to UB DCE or faculty about the student's performance, and global feedback about perceived strengths and weaknesses of the academic program concerning clinical education.

Appointment as Volunteer Adjunct Clinical Faculty to the University at Buffalo

Each appointed clinical instructor at a facility must:

1. Meet standards as stated in "Personnel Involved in Clinical Education" above.
2. Have no less than two years of clinical experience preferably including supervisory and/or teaching experience.
3. Participate in continuing education and other available educational opportunities as evidenced in the Curriculum Vitae.
4. Have dedicated time to devote to direct supervision, teaching and evaluation of students.
5. Actively participate in conferences, on-site visits, clinical instructors' meetings, and educational meetings with this Program.
6. Be able to provide effective feedback to students with regard to clinical performance.
7. Evidence interest in professional organizations and actively participate.
8. Demonstrate ethical/professional behavior.
- 9.

Rights and Privileges of Clinical Education Faculty

Clinical faculty members (CI's and CCCE's) of the University at Buffalo physical therapy program have the following rights and privileges associated with their voluntary participation in the PT clinical education program:

1. To be treated fair, with dignity and without discrimination by all students of physical therapy and faculty/administration from the University at Buffalo. They also have the right to report any mistreatment to the Director of Clinical Education at the University of Buffalo for appropriate

follow-up. If the CI and/or CCCE is not satisfied with the action of the DCE they may report their mistreatment to the Director of the DPT program. If a student is found to have mistreated a CI and / or CCCE they will be removed from that clinical placement and face the possibility of failing the clinical experience or dismissal from the program as determined by the entire UB faculty.

2. The right to request on-site in-services related to clinical education and other clinically relevant topics.
3. The right to request assistance from the academic program in dealing with clinical education issues or problems that arise in the clinic.
4. The right to attend any continuing education programs offered at the University at Buffalo that have been designed for clinical education faculty.
5. The right to receive timely information regarding affiliating students, changes in clinical education and the physical therapy program.
6. The right to terminate a student's participation in the clinical education experience if it is felt that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or otherwise not in conformity with the clinic's standards, policies, procedures or health requirements.

Upon written request to the Director of Clinical Education , a CI or CCCE may obtain a "voluntary faculty appointment". Once the paper work is complete the CI/CCCE will be entitled to the following privileges:

1. Use of the University at Buffalo Libraries.
2. Faculty Parking-you must apply for a parking permit from the University Office of Public Safety.
3. Use of recreational facilities upon payment of a nominal fee
4. Eligibility for faculty discounts.
5. Tuition waiver based on the number of supervisory hours per semester, ie. One credit hour per 120 supervisory hours, and a second credit hour for an additional 120 supervisory hours. These credits must be used within one year after the end of the semester in which you have earned the credits.
6. Access to the internet and establishment of an email account is available.
7. Access to the Health Sciences library medical literature databases and electronic journals.
8. Free UB faculty card must be obtained to access benefits.

Designation as Center Coordinator of Clinical Education:

The Clinical Instructor who serves as Center Coordinator for Clinical Education (CCCE) must meet facility requirements and additionally:

1. Meet the criteria set forth in "Personnel Involved in Clinical Education and criteria for "Appointment as Clinical Instructor" as stated above. In cases where clinical education is managed by non-physical therapy personnel a physical therapist must be appointed to the clinical faculty in addition to the appointment of the Center Coordinator of Clinical Education
2. Have the administrative authority to conduct and supervise the clinical education program through personnel designation at the facility and providing supervision/feedback to clinical instructors.
3. Evidence effective verbal and written communications with this Program by providing current information, updating written documents, returning completed evaluation forms, discussing

student programs, suggesting remediation strategies, and suggesting curricular improvements on a timely basis.

XI. Evaluation Procedure for Selecting and Retaining Clinical Experience Sites

The above-mentioned criteria will be evaluated by the Director of Clinical Education or Associate Director of Clinical Education or other program representatives through written documentation, on-site visits, and written evaluations collected by the DPT Program as follows:

Documentation: The following documents are requested to be kept on file with the DPT Program before students can be assigned and should be updated on an on-going basis as change in information occurs:

1. Clinical Site Information Form (CSIF)(Appendix N) , written or electronically, through the PT Web CPI website, including current abbreviated resume of CCCE. and Clinical Instructor Information form. Annual update is requested.
2. Clinical Instructor profile maintained on the PT Web CPI website.
3. Finalized Clinical Affiliation Agreement. (Appendices K and L)
4. Additional student program materials including, but not limited to student manuals, clinical education objectives, evaluation criteria, and housing information.
5. Appointment of the Center Coordinator of Clinical Education.

Visitations: On-site visitation provides time for information gathering as well as exchanging ideas regarding curriculum development, suggestions for changes in programming and overall philosophies of clinical education for the DPT Program.

1. It is suggested that before a facility becomes affiliated they will be visited by a representative of the Program. However, if this is not possible, a visit will be made as soon as feasible.
2. Annual visits will be made to all local affiliated centers, when students have been assigned.
3. Triennial visits will be made to all facilities, as budgetary considerations allow.

Evaluations: Electronic evaluations completed by students, clinical instructors and representatives of the DPT Program are read and kept on file by the Director of Clinical Education and/or Associate Director of Clinical Education.

1. "Student Assessment of Clinical Learning Experience" (Appendix H) are completed by each student electronically and discussed with the respective clinical instructor. These forms are returned to the DPT Program, read by the Director of Clinical Education or designee, and kept on file for future students to read. Suggestions for change in the affiliated center's program or in academic preparation as made by the students will be discussed in future communications between the CCCE and the Director of Clinical Education.
2. "Physical Therapy Clinical Performance Instrument"(PT CPI Web) are completed by the clinical instructor and discussed with the respective student at midterm and final and are maintained in the student's clinical file. These forms are read by the Director of Clinical Education. and filed after assignment of a grade. Trends noted by several clinics regarding academic preparation will be brought to the attention of Program Faculty for curriculum development consideration during semester retreats.
3. Written summaries of on-site clinical visits (Appendix C) including date of the visit, student or curricular problems discussed, changes in the clinical facility's program or staff, or other

pertinent material will be completed by the Director of Clinical Education or DPT Program representative, and placed in student's clinical file to maintain up-to-date information.

Communications: Although listed last in the evaluation process, effective communications between the University and the clinical facility must be maintained at all times to assure ease in scheduling clinical experiences, currency in information for the students who will be assigned to clinics, and mutual understanding as problems are discussed.

1. Accurate information must be kept up-to-date with the Program including changes in staffing (especially CCCE's), phone numbers, addresses, email addresses, student objectives, housing, and other information related to the clinical education program.
2. Prompt and timely responses to requests for information, updating materials, clinical appointments, and scheduling of students are required by all clinical facility.
3. Important telephone/ email communications between the clinical facility and the program will be documented. Communications regarding problems in student performance, academic preparation or the center's student program will be followed up in writing.

APPENDICES

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APPENDIX

A

GLOSSARY OF TERMS

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APPENDIX A

GLOSSARY OF TERMS

In order to facilitate understanding and common usage, the following definitions of terms used in this Clinical Education Manual have been developed from the A Normative Model of Physical Therapist Professional Education: Version 2004.

Academic Coordinator of Clinical Education: (ACCE, Director of Clinical Education, DCE):

Individual(s) who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance and maintaining current information on clinical sites.

Center Coordinator of Clinical Education: (clinical coordinator, educational supervisor, CCCE)

The individual at each clinical education site who coordinates and arranges the clinical education of the physical therapy student and who communicates with the Academic Coordinator of Clinical Education (Director or Associate Director of Clinical Education) and faculty at the educational institution. This person may or may not have other responsibilities at the clinical center.

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

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

Clinical education site: A setting in which clinical education occurs outside of the academic institution in which there is agreement with the philosophy and educational goals of the DPT Program.

Clinical Instructor: A person who is responsible for the direct instruction and supervision of the physical therapy student in the clinical education experience setting, and maybe appointed by the DPT Program as a volunteer adjunct clinical faculty.

Entry level: The initial point of entry into the practice of physical therapy characterized by successful completion of an accredited professional education program and the acquisition of a license to practice physical therapy. Also, a level of practice characterized by little or no experience as a licensed, practicing physical therapist.

Examination: The process of obtaining a patient history, performing relevant systems reviews, and selecting and administering specific tests and measures.

Hybrid model: Describes an innovative model where clinical education experiences may occur in any combination or variation of independent, self-contained, integrated, and separate models and may provide for simulated and real patient care in the classroom and clinic environments.

Integrated model: Describes a model where clinical education experiences are throughout the curriculum with a degree conferred upon completion of both didactic and clinical components.

Neuromusculoskeletal: The systems of the body that are responsible for normal and abnormal movement and posture.

Normative model: A consensus based model of physical therapy professional education which describes the profession's beliefs and values relative to professional education. Such a model will include the following components, among others; the external and internal settings, the essential academic and clinical curricula, prerequisites, and the configuration of the pre-professional and professional aspects of the program. A normative model can serve as a foundation or "norm" for existing, developing, and new programs.

Primary care: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Institute of Medicine 1994); the earliest stage in the delivery of health care; usually associated with the concept of a "gatekeeper".

PT: A physical therapist.

PTA: A physical therapist assistant.

Secondary care: The management of patients seen initially by another practitioner and then referred to physical therapy; secondary care is provided in a wide range of settings, from hospitals to preschools.

Tertiary care: Highly specialized care, usually including a referral. Tertiary care may be defined by the setting or by the sophistication of the service.

Volunteer Adjunct Clinical Faculty: The appointment of a clinician to a University faculty rank. Reimbursement (salary - Ed.) and voting privileges are not associated with the appointment. The faculty member may be involved in academic activities (classroom teaching or committee functions) and may be awarded privileges based on appointment. The primary responsibility of this person is to the employing agency, not the academic institution.

Wellness and prevention: Healthy or well persons screened for potential health problems and instructed in activities to prevent or reduce the chance of acquired lifestyle-, injury-, work-, or play-related problems.

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APPENDIX

B

CLINICAL COURSE SYLLABI

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University at Buffalo
The State University of New York

Department of Rehabilitation Science
Doctor of Physical Therapy Program
School of Public Health and Health Professions

University at Buffalo
School of Public Health and Health Professions
Department of Rehabilitation Science
Doctor of Physical Therapy Program

Course Number: PT 512
Course Title: Clinical Experience 1
Credit Hours: 4
Time: Minimum 35 hours per week for eight weeks
Prerequisite(s): Successful completion of year one in DPT Program (For DPT majors only)
Instructor(s): Juli A. Wylegala, PT, PhD, (Coordinator)
Douglas Frye, PT, MSPT
Volunteer Adjunct Clinical Faculty in various locations

I. Course Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this, students will participate in direct patient care in a variety of settings. The experience will be under the supervision of a licensed physical therapist. Students will be required to maintain a representative caseload of patients by the conclusion of the clinical experience.

II. Course Rationale:

Physical Therapists are health care practitioners responsible for the delivery of primary, secondary, and tertiary care to individuals across the lifespan. Specific to this role of the physical therapist is the focus on habilitation, rehabilitation, and prevention and wellness. Physical therapists must have the ability to practice in an ethical manner, understand patient issues in relation to practice, value and tolerate cultural diversity, modify teaching preferences to enhance patient understanding and learning.



III. Course Objectives:

Upon completion of this course the student will be able to:

The following objectives are taken from; Physical Therapist Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.

16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

	PT 512 Learning Objective	Required Element	Instructional Method	Assessment Method
1	Practice in a safe manner that minimizes risk to patient, self, and others.	7D1, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
2	Demonstrates professional behavior in all situations.	7D1, 7D4, 7D5, 7D6, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
3	Practices in a manner consistent with established legal and professional standards and ethical guidelines.	7D1, 7D2, 7D3, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25,	Lecture, Seminar, Demonstration	Web CPI

		7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D41, 7D42, 7D43,		
4	Communicates in ways that are congruent with situational needs.	7D5, 7D7, 7D8, 7D10, 7D12, 7D14, 7D21, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D43,	Lecture, Seminar, Demonstration	Web CPI
5	Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.	7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D16, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
6	Participates in self-assessment to improve clinical and professional performance.	7D4, 7D5, 7D10, 7D11, 7D13, 7D15	Lecture, Seminar, Demonstration	Web CPI
7	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	7D5, 7D7, 7D8, 7D9, 7D10, 7D11, 7D12, 7D16, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D30, 7D34, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
8	Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	7D5, 7D10, 7D16, 7D28, 7D30, 7D34, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
9	Performs a physical therapy patient examination using evidenced based tests and measures.	7D5, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
10	Evaluates data from the patient examination (history, systems review,	7D5, 7D10, 7D17, 7D18, 7D19, 7D20,	Lecture, Seminar,	Web CPI

	and tests and measures) to make clinical judgments.	7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Demonstration	
11	Determines a diagnosis and prognosis that guides future patient management.	7D5, 7D20, 7D22, 7D23, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
12	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	7D5, 7D10, 7D11, 7D20, 7D24, 7D25, 7D26, 7D27, 7D28, 7D30, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
13	Performs physical therapy interventions in a competent manner.	7D5, 7D10, 7D25, 7D27, 7D28, 7D30, 7D34, 7D35, 7D37, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
14	Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	7D5, 7D7, 7D8, 7D12, 7D14, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
15	Produces quality documentation in a timely manner to support the delivery of physical therapy services.	7D1, 7D4, 7D5, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D36, 7D37, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
16	Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	7D11, 7D31, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
17	Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	7D4, 7D24, 7D25, 7D27, 7D28, 7D30, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42	Lecture, Seminar, Demonstration	Web CPI
18	Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	7D1, 7D4, 7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39,	Lecture, Seminar, Demonstration	Web CPI

		7D40, 7D42, 7D43,		

IV. Textbooks and Resources:

1. Guide to Physical Therapy Practice. American Physical Therapy Association, 1999
2. APTA Web CPI Training at <http://www.apta.org/am/aptaapps/restricted/ptcpi/index.cfm>, Password: ptcpiweb08
3. Physical Therapy Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.
4. PT CPI Web at <https://cpi2.amsapps.com>.

V. Course Evaluation:

Any student with a diagnosed disability (physical, learning, or psychosocial) which will make it difficult for him/her to carry out the course work as outlined, or, requires accommodations such as recruiting note takers, readers, or extended time on exams and/or assignments, should advise faculty during the first week of the course so reasonable accommodations may be made.

Cheating: Evidence of cheating on exams (practicals or written) or assignments will not be tolerated and will result in a zero for the exam, "F" for the course, and recommended dismissal from the DPT Program. Students should be aware that assignments turned in for this course may be subject to an electronic plagiarism check. Plagiarism is a form of cheating and so evidence of plagiarism will be dealt with as noted above.

VI. Course Requirements:

Current CPR/First Aid certification
 Current physical examination
 HIPAA Certification
 OSHA Blood Bourne Pathogens in service
 Completed Clinical Instructor Web CPI and self-evaluation Web CPI
 Assessing Clinical Learning Experience
 Diagnosis List

The Director of Clinical Education will determine what constitutes satisfactory performance for determining a grade for a clinical experience. The Director of Clinical Education will utilize various sources for determining the clinical grade some of which may include, a telephone conversation, or a visit with the Clinical Instructor and the student, observation of student in the clinical setting, and the PT CPI Web. At the conclusion of a clinical experience, grading decisions made by the DCE, may be based upon:

- clinical setting

- experience with patients or clients in that setting
- relative weighting or importance of each performance criteria
- expectations of clinical experience
- progression of performance from midterm to final evaluations.
- level of experience within the didactic and clinical components.
- whether or not "significant concerns" box was checked and
- the congruence between the CI's narrative comments related to the five performance dimensions and the ratings provided.
- improvements seen over the course of the Clinical Experience.

Successful completion of PT 512 will require progression from "Beginning Performance" toward "Entry-level Performance" in all Performance Criteria by the final evaluation. This progression includes earning a minimum level of "Advanced Intermediate Performance" in all "Red Flag" items (criteria 1, 2, 3, 4, and 7). Sub-standard performance in the area of "Safety" will earn the student a "U" (unsatisfactory) in this experience. Students must earn a level of "Intermediate Performance" or higher in 50% or more of the remaining criteria to be successful in this experience. Students will be encouraged to set goals for the next clinical experience based on any deficiencies noted.

Completion of course requirements will earn the student an "S" (satisfactory) grade in the course.

VII. Schedule:

PT 512 is scheduled for 8 weeks during the summer after the first year of the DPT Program. The clinical experience begins in late May or late June and is completed by Mid July or Mid August.

University at Buffalo
School of Public Health and Health Professions
Department of Rehabilitation Science
Doctor of Physical Therapy Program

Course Number:	PT 613
Course Title:	Clinical Experience 2
Credit Hours:	4
Time:	Minimum 35 hours per week for eight weeks
Prerequisite(s):	Successful completion of year one in DPT Program (For DPT majors only)
Instructor(s):	Juli A. Wylegala, PT, PhD, (Coordinator) Douglas Frye, PT, MSPT Volunteer Adjunct Clinical Faculty, licensed physical therapists, in various locations

I. Course Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in an inpatient or outpatient settings with supervision by a volunteer adjunct clinical faculty member. The emphasis will be on patient with musculoskeletal or neurologic dysfunction. Students will be required to maintain a "full" caseload of patients by the conclusion of the clinical experience. This course is the third in the series of clinical education experiences and the first to provide experiences related to patients with cardiopulmonary, musculoskeletal or neurologic dysfunctions. The course objectives and behaviors will be enhanced and expanded during this clinical experience.

II. Course Rationale:

Physical Therapists are health care practitioners responsible for the delivery of primary, secondary, and tertiary care to individuals across the lifespan. Specific to this role of the physical therapist is the focus on habilitation, rehabilitation, and prevention and wellness. Physical therapists must have the ability to practice in an ethical manner, understand patient issues in relation to practice, value and tolerate cultural diversity, modify teaching preferences to enhance patient understanding and learning.

I. III. Course Objectives:

Upon completion of this course the student will be able to:

The following objectives are taken from; Physical Therapist Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

	PT 613 Learning Objective	Required Element	Instructional Method	Assessment Method
1	Practice in a safe manner that minimizes risk to patient, self, and others.	7D1, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
2	Demonstrates professional behavior in all situations.	7D1, 7D4, 7D5, 7D6, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
3	Practices in a manner consistent with established legal and professional standards and ethical guidelines.	7D1, 7D2, 7D3, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D41, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
4	Communicates in ways that are congruent with situational needs.	7D5, 7D7, 7D8, 7D10, 7D12, 7D14, 7D21, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D43,	Lecture, Seminar, Demonstration	Web CPI
5	Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences,	7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D16, 7D19, 7D20, 7D24, 7D25, 7D27,	Lecture, Seminar, Demonstration	Web CPI

	and needs.	7D28, 7D29, 7D30, 7D32, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,		
6	Participates in self-assessment to improve clinical and professional performance.	7D4, 7D5, 7D10, 7D11, 7D13, 7D15	Lecture, Seminar, Demonstration	Web CPI
7	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	7D5, 7D7, 7D8, 7D9, 7D10, 7D11, 7D12, 7D16, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D30, 7D34, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
8	Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	7D5, 7D10, 7D16, 7D28, 7D30, 7D34, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
9	Performs a physical therapy patient examination using evidenced based tests and measures.	7D5, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
10	Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	7D5, 7D10, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
11	Determines a diagnosis and prognosis that guides future patient management.	7D5, 7D20, 7D22, 7D23, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
12	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	7D5, 7D10, 7D11, 7D20, 7D24, 7D25, 7D26, 7D27, 7D28, 7D30, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
13	Performs physical therapy interventions in a competent manner.	7D5, 7D10, 7D25, 7D27, 7D28, 7D30, 7D34, 7D35, 7D37, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
14	Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	7D5, 7D7, 7D8, 7D12, 7D14, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
15	Produces quality documentation	7D1, 7D4, 7D5,	Lecture, Seminar,	Web CPI

	in a timely manner to support the delivery of physical therapy services.	7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D36, 7D37, 7D38, 7D40, 7D42,	Demonstration	
16	Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	7D11, 7D31, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
17	Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	7D4, 7D24, 7D25, 7D27, 7D28, 7D30, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42	Lecture, Seminar, Demonstration	Web CPI
18	Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	7D1, 7D4, 7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI

IV. Textbooks and Resources:

2. Guide to Physical Therapy Practice. American Physical Therapy Association, 1999
3. APTA Web CPI Training at <http://www.apta.org/am/aptaapps/restricted/ptcpi/index.cfm>,
Password: ptcpiweb08
4. Physical Therapy Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.
5. PT CPI Web at <https://cpi2.amsapps.com>.

V. Course Evaluation:

Any student with a diagnosed disability (physical, learning, or psychosocial) which will make it difficult for him/her to carry out the course work as outlined, or, requires accommodations such as recruiting note takers, readers, or extended time on exams and/or assignments, should advise faculty during the first week of the course so reasonable accommodations may be made.

Cheating: Evidence of cheating on exams (practicals or written) or assignments will not be tolerated and will result in a zero for the exam, "F" for the course, and recommended dismissal from the DPT Program. Students should be aware that

assignments turned in for this course may be subject to an electronic plagiarism check. Plagiarism is a form of cheating and so evidence of plagiarism will be dealt with as noted above.

Course Requirements:

Current CPR/First Aid certification
Current physical examination
HIPAA Certification
OSHA Blood Bourne Pathogens in service
Completed Clinical Instructor Web CPI and self-evaluation Web CPI
Assessing Clinical Learning Experience
Diagnosis List

The Director of Clinical Education will determine what constitutes satisfactory performance for determining a grade for a clinical experience. The Director of Clinical Education will utilize various sources for determining the clinical grade some of which may include, a telephone conversation, or a visit with the Clinical Instructor and the student, observation of student in the clinical setting, and the written evaluation on the CPI. At the conclusion of a clinical experience, grading decisions made by the DCE, may be based upon:

- clinical setting
- experience with patients or clients in that setting
- relative weighting or importance of each performance criteria
- expectations of clinical experience
- progression of performance from midterm to final evaluations.
- level of experience within the didactic and clinical components.
- whether or not "significant concerns" box was checked and
- the congruence between the CI's narrative comments related to the five performance dimensions and the ratings provided.
- Improvements seen over the course of the Clinical Experience.

Successful completion of PT 613 will require progression from "Beginning Performance" toward "Entry-level Performance" in all Performance Criteria by the final evaluation. This progression includes earning a minimum level of "Entry Level Performance" in all "Red Flag" items (criteria 1, 2, 3, 4, and 7). Sub-standard performance in the area of "Safety" will earn the student a "U" (unsatisfactory) in this experience. Students must earn a level of "Advanced Intermediate Performance" or higher in 75% or more of the remaining criteria to be successful in this experience. Students will be encouraged to set goals for the next clinical experience based on any deficiencies noted.

Completion of course requirements will earn the student an "S" (satisfactory) grade in the course.

VI. Schedule:

PT 613 is scheduled for 8 weeks during the winter break during the second year of the DPT Program. The clinical experience begins early January and is completed in late February.

University at Buffalo
School of Public Health and Health Professions
Department of Rehabilitation Science
Doctor of Physical Therapy Program

Course Number: PT 614
Course Title: Clinical Internship
Credit Hours: 6
Time: Minimum 35 hours per week for twelve weeks
Prerequisite(s): Successful completion of year one in DPT Program (For DPT majors only)
Instructor(s): Juli A. Wylegala, PT, PhD, (Coordinator)
Douglas Frye, PT, MSPT
Volunteer Adjunct Clinical Faculty, licensed physical therapists, in various locations

I. Course Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical internship. This course is the fourth in the series of clinical education experiences and the second to allow students access to patients with cardiopulmonary, musculoskeletal, or neurologic dysfunction. The objectives and behaviors are enhanced and expanded from previous clinical experiences.

II. Course Rationale:

Physical Therapists are health care practitioners responsible for the delivery of primary, secondary, and tertiary care to individuals across the lifespan. Specific to this role of the physical therapist is the focus on habilitation, rehabilitation, and prevention and wellness. Physical therapists must have the ability to practice in an ethical manner, understand patient issues in relation to practice, value and tolerate cultural diversity, modify teaching preferences to enhance patient understanding and learning.

I. Course Objectives:

Upon completion of this course the student will be able to:

The following objectives are taken from; Physical Therapist Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

	PT 614 Learning Objective	Required Element	Instructional Method	Assessment Method
1	Practice in a safe manner that minimizes risk to patient, self, and others.	7D1, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
2	Demonstrates professional behavior in all situations.	7D1, 7D4, 7D5, 7D6, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
3	Practices in a manner consistent with established legal and professional standards and ethical guidelines.	7D1, 7D2, 7D3, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D41, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
4	Communicates in ways that are congruent with situational needs.	7D5, 7D7, 7D8, 7D10, 7D12, 7D14, 7D21, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D43,	Lecture, Seminar, Demonstration	Web CPI
5	Adapts delivery of physical therapy services with consideration for patients'	7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D16, 7D19, 7D20, 7D24,	Lecture, Seminar, Demonstration	Web CPI

	differences, values, preferences, and needs.	7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,		
6	Participates in self-assessment to improve clinical and professional performance.	7D4, 7D5, 7D10, 7D11, 7D13, 7D15	Lecture, Seminar, Demonstration	Web CPI
7	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	7D5, 7D7, 7D8, 7D9, 7D10, 7D11, 7D12, 7D16, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D30, 7D34, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
8	Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	7D5, 7D10, 7D16, 7D28, 7D30, 7D34, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
9	Performs a physical therapy patient examination using evidenced based tests and measures.	7D5, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
10	Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	7D5, 7D10, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
11	Determines a diagnosis and prognosis that guides future patient management.	7D5, 7D20, 7D22, 7D23, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
12	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	7D5, 7D10, 7D11, 7D20, 7D24, 7D25, 7D26, 7D27, 7D28, 7D30, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
13	Performs physical therapy interventions in a competent manner.	7D5, 7D10, 7D25, 7D27, 7D28, 7D30, 7D34, 7D35, 7D37, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
14	Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	7D5, 7D7, 7D8, 7D12, 7D14, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI

15	Produces quality documentation in a timely manner to support the delivery of physical therapy services.	7D1, 7D4, 7D5, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D36, 7D37, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
16	Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	7D11, 7D31, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
17	Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	7D4, 7D24, 7D25, 7D27, 7D28, 7D30, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42	Lecture, Seminar, Demonstration	Web CPI
18	Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	7D1, 7D4, 7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI

IV. Textbooks and Resources:

1. Guide to Physical Therapy Practice. American Physical Therapy Association, 1999
2. APTA Web CPI Training at <http://www.apta.org/am/aptaapps/restricted/ptcpi/index.cfm>, Password: ptcpiweb08
3. Physical Therapy Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.
4. PT CPI Web at <https://cpi2.amsapps.com>.

V. Course Evaluation:

Any student with a diagnosed disability (physical, learning, or psychosocial) which will make it difficult for him/her to carry out the course work as outlined, or, requires accommodations such as recruiting note takers, readers, or extended time on exams and/or assignments, should advise faculty during the first week of the course so reasonable accommodations may be made.

Cheating: Evidence of cheating on exams (practicals or written) or assignments will not be tolerated and will result in a zero for the exam, "F" for the course, and recommended dismissal from the DPT Program. Students should be aware that assignments turned in for this course may be subject to an electronic plagiarism check. Plagiarism is a form of cheating and so evidence of plagiarism will be dealt with as noted above.

Course Requirements:

Current CPR/First Aid certification
Current physical examination
HIPAA Certification
OSHA Blood Borne Pathogens in service
Completed Clinical Instructor Web CPI and self-evaluation Web CPI
Assessing Clinical Learning Experience
Diagnosis List

The Director of Clinical Education will determine what constitutes satisfactory performance for determining a grade for a clinical experience. The Director of Clinical Education will utilize various sources for determining the clinical grade some of which may include, a telephone conversation, or a visit with the Clinical Instructor and the student, observation of student in the clinical setting, and the written evaluation on the CPI. At the conclusion of a clinical experience, grading decisions made by the DCE, may be based upon:

- clinical setting
- experience with patients or clients in that setting
- relative weighting or importance of each performance criteria
- expectations of clinical experience
- progression of performance from midterm to final evaluations.
- level of experience within the didactic and clinical components.
- whether or not "significant concerns" box was checked and
- the congruence between the CI's narrative comments related to the five performance dimensions and the ratings provided.
- Improvements seen over the course of the Clinical Experience.

Successful completion of PT 614 will require progression from "Beginning Performance" toward "Entry-level Performance" in all Performance Criteria by the final evaluation. This progression includes earning a minimum level of "Entry Level Performance" in all "Red Flag" items (criteria 1, 2, 3, 4, and 7). Sub-standard performance in the area of "Safety" will earn the student a "U" (unsatisfactory) in this experience. Students must earn a level of "Advanced Intermediate Performance" or higher in 90% or more of the remaining criteria to be successful in this experience. Students will be encouraged to set goals for the next clinical experience based on any deficiencies noted.

Completion of course requirements will earn the student an "S" (satisfactory) grade in the course.

VI. Schedule:

PT 614 is scheduled for 12 weeks in the summer following the second year of the DPT Program. The clinical experience begins in late May and is completed in late August.

University at Buffalo
School of Public Health and Health Professions
Department of Rehabilitation Science
Doctor of Physical Therapy Program

Course Number:	PT 712
Course Title:	Clinical Residency (Culminating Experience)
Credit Hours:	12
Time:	Minimum 35 hours per week for twenty four weeks
Prerequisite(s):	Successful completion of year one in DPT Program (For DPT majors only)
Instructor(s):	Juli A. Wylegala, PT, PhD, (Coordinator) Douglas Frye, PT, MSPT Volunteer Adjunct Clinical Faculty, licensed physical therapist, in various locations

I. Course Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical residency. This course is the culmination of the clinical education experiences for the DPT degree. This progression leads to a student performing at an entry level of competence during this final experience.

II. Course Rationale:

Physical Therapists are health care practitioners responsible for the delivery of primary, secondary, and tertiary care to individuals across the lifespan. Specific to this role of the physical therapist is the focus on habilitation, rehabilitation, and prevention and wellness. Physical therapists must have the ability to practice in an ethical manner,

understand patient issues in relation to practice, value and tolerate cultural diversity, modify teaching preferences to enhance patient understanding and learning.

III. Course Objectives:

Upon completion of this course the student will be able to:

The following objectives are taken from; Physical Therapist Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space,

equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

	PT 712 Learning Objective	Required Element	Instructional Method	Assessment Method
1	Practice in a safe manner that minimizes risk to patient, self, and others.	7D1, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
2	Demonstrates professional behavior in all situations.	7D1, 7D4, 7D5, 7D6, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
3	Practices in a manner consistent with established legal and professional standards and ethical guidelines.	7D1, 7D2, 7D3, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D41, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
4	Communicates in ways that are congruent with situational needs.	7D5, 7D7, 7D8, 7D10, 7D12, 7D14, 7D21, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D43,	Lecture, Seminar, Demonstration	Web CPI
5	Adapts delivery of physical therapy	7D5, 7D7, 7D8,	Lecture, Seminar,	Web CPI

	services with consideration for patients' differences, values, preferences, and needs.	7D10, 7D11, 7D12, 7D16, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Demonstration	
6	Participates in self-assessment to improve clinical and professional performance.	7D4, 7D5, 7D10, 7D11, 7D13, 7D15	Lecture, Seminar, Demonstration	Web CPI
7	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	7D5, 7D7, 7D8, 7D9, 7D10, 7D11, 7D12, 7D16, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D30, 7D34, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
8	Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	7D5, 7D10, 7D16, 7D28, 7D30, 7D34, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
9	Performs a physical therapy patient examination using evidenced based tests and measures.	7D5, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
10	Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	7D5, 7D10, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
11	Determines a diagnosis and prognosis that guides future patient management.	7D5, 7D20, 7D22, 7D23, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
12	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	7D5, 7D10, 7D11, 7D20, 7D24, 7D25, 7D26, 7D27, 7D28, 7D30, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
13	Performs physical therapy interventions in a competent manner.	7D5, 7D10, 7D25, 7D27, 7D28, 7D30, 7D34, 7D35, 7D37, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
14	Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and	7D5, 7D7, 7D8, 7D12, 7D14, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI

	effective teaching methods.			
15	Produces quality documentation in a timely manner to support the delivery of physical therapy services.	7D1, 7D4, 7D5, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D36, 7D37, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
16	Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	7D11, 7D31, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
17	Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	7D4, 7D24, 7D25, 7D27, 7D28, 7D30, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42	Lecture, Seminar, Demonstration	Web CPI
18	Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	7D1, 7D4, 7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI

IV. Textbooks and Resources:

6. Guide to Physical Therapy Practice. American Physical Therapy Association, 1999
7. APTA Web CPI Training at <http://www.apta.org/am/aptaapps/restricted/ptcpi/index.cfm>,
Password: ptcpiweb08
8. Physical Therapy Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.
9. PT CPI Web at <https://cpi2.amsapps.com>.

V. Course Evaluation:

Any student with a diagnosed disability (physical, learning, or psychosocial) which will make it difficult for him/her to carry out the course work as outlined, or, requires accommodations such as recruiting note takers, readers, or extended time on exams and/or assignments, should advise faculty during the first week of the course so reasonable accommodations may be made.

Cheating: Evidence of cheating on exams (practicals or written) or assignments will not be tolerated and will result in a zero for the exam, "F" for the course, and recommended dismissal from the DPT Program. Students should be aware that assignments turned in for this course may be subject to an electronic plagiarism check. Plagiarism is a form of cheating and so evidence of plagiarism will be dealt with as noted above.

VI. Course Requirements:

Current CPR/First Aid certification
Current physical examination
HIPAA Certification
OSHA Blood Bourne Pathogens in service
Completed Clinical Instructor Web CPI and self-evaluation Web CPI
Assessing Clinical Learning Experience
Diagnosis List

The Director of Clinical Education will determine what constitutes satisfactory performance for determining a grade for a clinical experience. The Director of Clinical Education will utilize various sources for determining the clinical grade some of which may include, a phone conversation, or a visit with the Clinical Instructor and the student, observation of student in the clinical setting, and the written evaluation on the CPI.

At the conclusion of a clinical experience, grading decisions made by the DCE, may be based upon:

- clinical setting
- experience with patients or clients in that setting
- relative weighting or importance of each performance criteria
- expectations of clinical experience
- progression of performance from midterm to final evaluations.
- level of experience within the didactic and clinical components.
- whether or not "significant concerns" box was checked and
- the congruence between the CI's narrative midterm and final comments related to the five performance dimensions and the ratings provided.

Successful completion of PT 712 will require progression from "Beginning Performance" toward "Entry-level Performance" in all Performance Criteria by the final evaluation. This progression includes earning a minimum level of "Entry Level Performance" in all "Red Flag" items (criteria 1, 2, 3, 4, and 7). Sub-standard performance in the area of "Safety" will earn the student a "U" (unsatisfactory) in this experience. Students must earn a level of "Entry Level Performance" or higher in 95% or more of the remaining criteria to be successful in this experience. Students will be encouraged to set goals for the next clinical experience based on any deficiencies noted.

Completion of course requirements will earn the student an "S" (satisfactory) grade in the course.

VII. Schedule:

PT 712 is scheduled for completion after the fall semester of the third year of the DPT program for 12 weeks. Beginning in early November and completing in early February.

**University at Buffalo
School of Public Health and Health Professions
Department of Rehabilitation Science
Doctor of Physical Therapy Program**

Course Number:	PT 713
Course Title:	Clinical Residency (Culminating Experience)
Credit Hours:	12
Time:	Minimum 35 hours per week for twenty four weeks
Prerequisite(s):	Successful completion of year one in DPT Program (For DPT majors only)
Instructor(s):	Juli A. Wylegala, PT, PhD, (Coordinator) Douglas Frye, PT, MSPT Volunteer Adjunct Clinical Faculty, licensed physical therapist, in various locations

IV. Course Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical residency. This course is the culmination of the clinical education experiences for the DPT degree. This progression leads to a student performing at an entry level of competence during this final experience.

V. Course Rationale:

Physical Therapists are health care practitioners responsible for the delivery of primary, secondary, and tertiary care to individuals across the lifespan. Specific to this role of the physical therapist is the focus on habilitation, rehabilitation, and prevention and wellness. Physical therapists must have the ability to practice in an ethical manner, understand patient issues in relation to practice, value and tolerate cultural diversity, modify teaching preferences to enhance patient understanding and learning.

VI. Course Objectives:

Upon completion of this course the student will be able to:

The following objectives are taken from; Physical Therapist Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.

18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

	PT 713 Learning Objective	Required Element	Instructional Method	Assessment Method
1	Practice in a safe manner that minimizes risk to patient, self, and others.	7D1, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
2	Demonstrates professional behavior in all situations.	7D1, 7D4, 7D5, 7D6, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
3	Practices in a manner consistent with established legal and professional standards and ethical guidelines.	7D1, 7D2, 7D3, 7D4, 7D5, 7D10, 7D11, 7D12, 7D14, 7D16, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D41, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
4	Communicates in ways that are congruent with situational needs.	7D5, 7D7, 7D8, 7D10, 7D12, 7D14, 7D21, 7D28, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D43,	Lecture, Seminar, Demonstration	Web CPI

5	Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.	7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D16, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D29, 7D30, 7D32, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
6	Participates in self-assessment to improve clinical and professional performance.	7D4, 7D5, 7D10, 7D11, 7D13, 7D15	Lecture, Seminar, Demonstration	Web CPI
7	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.	7D5, 7D7, 7D8, 7D9, 7D10, 7D11, 7D12, 7D16, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D28, 7D30, 7D34, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
8	Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.	7D5, 7D10, 7D16, 7D28, 7D30, 7D34, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
9	Performs a physical therapy patient examination using evidenced based tests and measures.	7D5, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
10	Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.	7D5, 7D10, 7D17, 7D18, 7D19, 7D20, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
11	Determines a diagnosis and prognosis that guides future patient management.	7D5, 7D20, 7D22, 7D23, 7D24, 7D25, 7D27, 7D35, 7D38, 7D40,	Lecture, Seminar, Demonstration	Web CPI
12	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	7D5, 7D10, 7D11, 7D20, 7D24, 7D25, 7D26, 7D27, 7D28, 7D30, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
13	Performs physical therapy interventions in a competent manner.	7D5, 7D10, 7D25, 7D27, 7D28, 7D30, 7D34, 7D35, 7D37, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI

14	Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.	7D5, 7D7, 7D8, 7D12, 7D14, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI
15	Produces quality documentation in a timely manner to support the delivery of physical therapy services.	7D1, 7D4, 7D5, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D36, 7D37, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
16	Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.	7D11, 7D31, 7D36, 7D38, 7D40, 7D42,	Lecture, Seminar, Demonstration	Web CPI
17	Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.	7D4, 7D24, 7D25, 7D27, 7D28, 7D30, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42	Lecture, Seminar, Demonstration	Web CPI
18	Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.	7D1, 7D4, 7D5, 7D7, 7D8, 7D10, 7D11, 7D12, 7D14, 7D24, 7D25, 7D27, 7D29, 7D30, 7D32, 7D33, 7D34, 7D35, 7D36, 7D37, 7D38, 7D39, 7D40, 7D42, 7D43,	Lecture, Seminar, Demonstration	Web CPI

IV. Textbooks and Resources:

1. Guide to Physical Therapy Practice. American Physical Therapy Association, 1999
2. APTA Web CPI Training at <http://www.apta.org/am/aptaapps/restricted/ptcpi/index.cfm>,
Password: ptcpiweb08
3. Physical Therapy Clinical Performance Instrument for Students; American Physical Therapy Association, June 2006.
4. PT CPI Web at <https://cpi2.amsapps.com>.

VII. Course Evaluation:

Any student with a diagnosed disability (physical, learning, or psychosocial) which will make it difficult for him/her to carry out the course work as outlined, or, requires accommodations such as recruiting note takers, readers, or extended time

on exams and/or assignments, should advise faculty during the first week of the course so reasonable accommodations may be made.

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VIII. Course Requirements:

Current CPR/First Aid certification
Current physical examination
HIPAA Certification
OSHA Blood Bourne Pathogens in service
Completed Clinical Instructor Web CPI and self-evaluation Web CPI
Assessing Clinical Learning Experience
Diagnosis List

The Director of Clinical Education will determine what constitutes satisfactory performance for determining a grade for a clinical experience. The Director of Clinical Education will utilize various sources for determining the clinical grade some of which may include, a phone conversation, or a visit with the Clinical Instructor and the student, observation of student in the clinical setting, and the written evaluation on the CPI.

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- clinical setting
- experience with patients or clients in that setting
- relative weighting or importance of each performance criteria
- expectations of clinical experience
- progression of performance from midterm to final evaluations.
- level of experience within the didactic and clinical components.
- whether or not "significant concerns" box was checked and
- the congruence between the CI's narrative midterm and final comments related to the five performance dimensions and the ratings provided.

Successful completion of PT 712 will require progression from "Beginning Performance" toward "Entry-level Performance" in all Performance Criteria by the final evaluation. This progression includes earning a minimum level of "Entry Level Performance" in all "Red Flag" items (criteria 1, 2, 3, 4, and 7). Sub-standard performance in the area of "Safety" will earn the student a "U" (unsatisfactory) in this experience. Students must earn a level of "Entry Level Performance" or higher in 95% or more of the remaining criteria to be successful in this experience. Students will be encouraged to set goals for the next clinical experience based on any deficiencies noted.

Completion of course requirements will earn the student an "S" (satisfactory) grade in the course.

VII. Schedule:

PT 713 is scheduled for completion after the fall semester of the third year of the DPT program for 12 weeks. Beginning in early February and completing in late April to early May.

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APPENDIX

C

DPT STUDENT CONTACT SHEET

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**UNIVERSITY AT BUFFALO
DOCTOR OF PHYSICAL THERAPY PROGRAM**

CLINICAL EXPERIENCE CONTACT REPORT

Student: «**LASTNAME**», «**FIRSTNAME**» Date of call/visit: _____ Midpoint Session – 12/04/06;

CI: _____ Telephone: «**PHONE**»

Site: «**SITE_ID**», «**NAME**» «**CCCE**»

Type of Affil: «**TYPE**» _____ Session number: «**SNUM**»

Student	Satisfactory	Unsatisfactory	Comments
Documentation ability			
On time for experience			
Attendance			
Professional attire			
Motivation/Initiative			
Professional demeanor/behavior			
Evaluations			
Organization			
History taking			
Student independence			
MMT and Goniometry			
Transfers/patient handling			
Safety			
Functional outcome measures/tests			
Therapeutic exercise			
Pathophysiology			
Current case load? (pt/day)		Expected employee case load? (pt/day)	

Areas of strength:

Areas of concern:

Additional Comments:

Appendix D

Weekly Self-Assessment Form

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University at Buffalo
Department of Physical Therapy – Clinical Education
PT 512 (Clinical Internship #1) – Weekly Self-Assessment Sheet

Name _____

Date _____ Week # _____

1. You considered your communication skills this week with your **CI** to be:
- a. Exceptional
 - b. Good
 - c. Fair
 - d. Poor

Examples: _____

2. You considered your communication skills this week with **staff** to be:
- a. Exceptional
 - b. Good
 - c. Fair
 - d. Poor

Examples: _____

3. You considered your communication skills this week with your **Patients** to be:
- a. Exceptional
 - b. Good
 - c. Fair
 - d. Poor

Examples: _____

4. You considered your professional behavior this week to be:
- a. Exceptional
 - b. Good
 - c. Fair
 - d. Poor

Examples: _____

5. List areas of an examination/evaluation that you considered exceptional or good (i.e. history, systems review ,etc.)

6. List two clinical skills that you performed well this week

7. List three goals for next week.

8. List any suggestions for how you think your CI might be able to facilitate achievement of goals, clinical skill performance, communication, etc.

9. Describe any difficulties you may have had with time management (patient care, note writing, etc)

10. Overall, this week was:

- a. Comfortable
- b. Challenging
- c. Crazy

Student Signature _____

CI signature _____

APPENDIX

E

APTA CODE OF ETHICS

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APTA
American Physical Therapy Association
APTA Code of Ethics

HOD 06-00-12-23

(Program 17) [Amended HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24]

PREAMBLE

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

PRINCIPLE 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

PRINCIPLE 9

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

PRINCIPLE 10

A physical therapist shall endeavor to address the health needs of society.

PRINCIPLE 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

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APPENDIX

E

SAMPLE INTRODUCTION LETTER

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Jane Smith
3435 Main Street
Buffalo, NY 14214
January 1, 2013

Robert Jones, DPT, OCS
Parkside Physical Therapy Associates
123 Parkside Avenue
East Otto, NY 12345

(use this business format or any other that you prefer!)

Dear Dr. Jones,

I am a student in the first year of the DPT program at the University at Buffalo. My first clinical internship is scheduled to be at your facility from 5/19/14-7/11/14 (or 6/16/14-8/8/14). Thank you for providing me with an opportunity to learn from you and the staff at Parkside PT Associates! I look forward to being able to apply the didactic knowledge from the Fall and Spring semesters to a patient population in a clinical setting.

Having done some research of your facility, I am aware that you have several therapists who are McKenzie certified (this could be certified in vestibular rehabilitation, etc.)

I will have completed one semester of musculoskeletal physical therapy (spine) prior to this internship and I will research any areas not yet covered as the caseload dictates. Additionally, I will have had physical agents, Medicine, Health and Wellness, professional development and the foundation courses that cover MMT, goniometry, transfers, documentation, etc.

(use this paragraph to elaborate on whether or not you have a BS in ES or any other discipline, any experiences you have had in practicums, volunteer experiences, etc. in which you may have worked with patients or the public (something that might reflect your experience with communication with people) that give more insight into you as an individual/student PT; you may want to mention that weekly meetings to discuss your performance/establish goals would be something you would find advantageous to your professional development)

Prior to my start date at Parkside PT, I will have had a yearly physical examination, all required vaccinations, first aid/CPR certification, HIPPA and OSHA certifications, as well as the training required to complete the web CPI.

I look forward to meeting you in May (June)! I will plan to call by early April to discuss clinic logistics...start time, work schedule, dress code, parking restrictions/permits, and any other rules/restrictions that may apply.

Please feel to contact me if there is any information you either need from me or would like to provide to me.

Sincerely,

Jane Smith

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APPENDIX

G

STUDENT PROFILE

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**PROGRAM IN PHYSICAL THERAPY
STUDENT PROFILE**

Student Name:

Permanent Address (or where pre-clinical information should be sent):

Present Phone Number (or # at which message can be left):

Person to Notify in Case of Emergency

Name:

Relationship:

Address and Phone Number:

Describe any conditions (medical or otherwise) that may affect your ability to perform in the clinic that we need to be aware of:

Previous Education (undergraduate and graduate):

Full Time Clinical Affiliations Experiences

<i>Site</i>	<i>City, State</i>	<i>Dates</i>	<i>Type</i>

Previous Work Experience

Related to Physical Therapy:

Unrelated to Physical Therapy:

Areas of Special Interest:

Briefly describe yourself -- what would you like the clinical coordinator and/or clinical instructor to know about you as a person:

What are your specific objectives for this clinical education experience?

What are your clinical strengths? (Consider previous work experience, previous clinical experiences and any special training you may have had.)

What clinical skills would you like to upgrade during this clinical experience ?

How often do you prefer meetings with your clinical supervisor?

Daily

Weekly

Scheduled as Needed

Impromptu

How much outside reading and preparation for evaluation, treatment and progress do you expect to do?

None

During Working Hours

1-2 Hours Per Evening

3 or More Hours Per Week

Other, Please Explain:

How do you learn best?

APPENDIX

H

STUDENT ASSESSMENT OF CLINICAL LEARNING

EXPERIENCE

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University at Buffalo
The State University of New York

Department of Rehabilitation Science
Doctor of Physical Therapy Program
School of Public Health and Health Professions

DPT 2 PT 512 Assessing Clinical Learning Experience

What does this survey measure? This survey is designed to measure students' perceptions of the quality of learning during the clinical experience. The MedEd IQ is a validated instrument that asks 33 questions about the quality of the instructor, the quality of the learning experience and opportunities, and the quality of the clinical site. The benefits of participation will be to enhance future clinical education experiences.

Instructions for completion:

1. Please evaluate the clinical experience by checking off the answer that best characterizes your personal experience.
2. Following the site evaluation and the learning experience evaluation there is an instructor evaluation section. Please rate the clinical teachers you worked with most often (typically your supervising instructor).
3. If you feel a question is not applicable to your experience, please write "NA" after the statement.
4. If the space provided for written comments is insufficient, please feel free to use the margins or empty space on this survey.

Confidentiality of response: This evaluation form will be reviewed by the Director of Clinical Education before being sent to your clinical instructor. The information will also be shared with students in the DPT Program at the University at Buffalo.

1. Clinical Site:

2. Clinical Instructor's Last Name:

3. Clinical Instructor's First Name:

4. Type of Clinical Experience:

1

5. Where did the clinical instruction take place?(City/State)

6. Dates of Clinical Experience:

7. Describe the clinical site. (e.g. What sort of facility is it? What sort of patients do they treat? About how many?)

8. Describe the location. (e.g. Is it a city, suburb or small town. If it wasn't in the immediate Buffalo area, how long did it take you to get to the site from Buffalo?)

9. Describe your accommodations (unless you just commuted from your normal place in Buffalo). (e.g. Where do you live? How did you go about finding your place to stay? How long is your daily commute? Do you have to have a car?) If you have information on who to contact for housing, please include this.

10. Other comments?

Portions of the following evaluation taken from; MedEd IQtm

Tell us about the learning opportunities that were available at the clinical site. Throughout this course:

11. I saw a wide variety of interesting cases.

12. The opportunities were too diverse, preventing me from developing proficiency.

13. My experiences were repetitive and offered few new learning experiences.

14. I increased my independence in caring for patients.

15. I improved my communication skills.

16. I became more proficient in the skills of clinical practice because of opportunities in this experience.

Tell us about your experiences in the clinical site:

17. Things moved too fast for me to really learn anything.

18. I felt like my time at the site was wasted.

19. The site functioned so that I could easily join in patient care.

20. I did not feel like a useful member of the health care team.

21. The health care team was not supportive of my learning.

22. I had adequate resources available to me, which facilitated my learning (e.g., reference materials).

Participation: In general, how would you characterize your involvement in the following activities?

23. Taking patient histories.

24. Performing exams.

25. Interpreting laboratory tests.

26. Assessing the use of radiology services.

27. Explaining the causes or pathophysiology of problems.

28. Discussing assessment and diagnosis.

29. Planning treatment and patient education.

Please tell us about your experiences with your clinical instructor.

My Instructor:

30. Established an active role for me at the site.

31. Enabled me to prepare me for patient encounters (e.g. reviewing patient history, prioritizing pertinent issues, demonstrating strategies).

32. Gave me specific information that helped me improve my skills.

33. Instructed me at my own level of expertise.

34. Did not actively listen to me.

35. Brought to my attention physical findings that I had previously not seen.

36. Made every patient encounter a learning experience.

37. Created an environment in which I felt comfortable accepting challenges, even at the risk of making mistakes.

38. Improved my understanding of clinical practice (such as decision making,treatment options,etc.)

39. Discouraged me from taking risk or trying new things.

40. Did not check my work.

41. Demonstrated the value of respecting patient preferences even when they differed from my own.

42. Encouraged me to become increasingly independent over time.

43. Criticized me without offering suggestions for improvement.

44. Please comment on what aspects of this experience you found particularly positive or negative:

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APPENDIX

I

DIAGNOSIS LIST



University at Buffalo
The State University of New York

Department of Rehabilitation Science
Doctor of Physical Therapy Program
School of Public Health and Health Professions

DPT 4 PT 614 Diagnosis List

1. Student Last Name:

2. Student First Name:

3. Clinical Facility:

4. Clinical Instructor Last Name:

5. Clinical Instructor First Name:

6. Location: (City/State)

7. Dates:

8. Level of Clinical Experience:

9. Infant (0-1 year)

10. Children (1-12 years)

11. Young Adults (13-18 years)

12. Adult (>18 years)

13. Geriatric (> 65 years)

Treatment of patients with the following diagnoses:

14. Amputation

15. Arthritis

16. Athletic Injury

17. Autism

18. Burns

19. Cardiac

20. Chronic Pain

21. Developmental Disabilities

22. General Medicine

23. General Surgery

24. Industrial

25. Neurological

26. Oncology

27. Orthopedic

28. Psychiatric

29. Pulmonary

30. Vestibular

31. Interdisciplinary Interactions: (check all that apply)

- Occupational Therapy
- Speech Language Pathology
- Doctor
- Nursing
- Other

32. If Other, please specify:

33. Comment on other opportunities/experiences available during this clinical experience:

34. Effectiveness of Clinical Instructor (1-10, 1= poor, 10= excellent) and your reason:

35. Overall ranking of this clinical experience(1-10, 1 = poor, 10 =excellent) and your reasons:

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APPENDIX

J

PROFESSIONAL LIABILITY INSURANCE

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Client#: 29454

SUNYCLINIC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Cool Insuring Agency Inc, 784 Troy Schenectady Road, Latham, NY 12110, 518 783-2665. CONTACT NAME, PHONE (A/C, No, Ext): 518 783-2665, FAX (A/C, No): 518 783-8754. INSURER(S) AFFORDING COVERAGE: Ironshore Indemnity, Inc. NAIC #: 23647. INSURED: People of the State of New York & the State University of NY c/o OGS BRIM, Corning Tower, 32nd Fl, Empire State Plz, Albany, NY 12242.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROOF OF COVERAGE: SUNY Students participating in a Clinical Practice pursuant to executed Affiliation Agmt CR #6504
Campus: SUNY Buffalo; Discipline: Physical Therapy

CERTIFICATE HOLDER: Grand Island Physical Therapy, 1491 Sheridan Drive, Suite 300, Tonawanda, NY 14217. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]





IRONSHORE INDEMNITY INC.

(A Stock Company)

Mailing Address: PO Box 3407, New York, NY 10008

Policy Number: 000505404

Effective Date of Endorsement: July 01, 2016

Insured Name: People of the State of New York and the State University of New York

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

In consideration of the premium charged:

1. The term “**Insured**,” as defined in the Policy, shall be deemed to include each person or entity listed below (each an “**Additional Insured**”), but only with respect to liability of any such **Additional Insured** that is based on or arises out of a **Claim** for which coverage would otherwise be afforded to the original **Insured** under this Policy.

Additional Insured(s):

- a. Any student enrolled on a full time or part time basis with the State University of New York, performing a supervised clinical rotation as part of formal course work, including but not limited to internships and services provided by student volunteers at University clinics; and
 - b. Any hospital, clinic or institution affiliated with the State University of New York, but only with respect to liability arising out of contracted affiliated programs for students as described in clause a. above for which a contract between the State University of New York and the affiliate entity is in full force and effect.
2. It is understood and agreed that each **Additional Insured** listed above is being afforded coverage under this Policy for any liability incurred *solely* as a result of the acts, errors or omissions of the original **Insured**. No coverage will be available under this Policy for any **Claim** based on or arising out of any actual or alleged independent or direct liability of any **Additional Insured**.
 3. The Underwriter will provide the **Additional Insured(s)** identified above with at least ten (10) days’ written notice of cancellation or non-renewal of this Policy if such cancellation or non-renewal is for non-payment of premium, or sixty (60) days’ written notice of cancellation or non-renewal if such cancellation or non-renewal is for any other reason.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Authorized Representative

June 23, 2016
Date

APPENDIX

J

CLINICAL EDUCATION AGREEMENT(Hospital)

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AFFILIATION AGREEMENT BETWEEN
_____ [INSERT NAME OF HOSPITAL/CLINICAL SITE]
AND
UNIVERSITY AT BUFFALO
THE STATE UNIVERSITY OF NEW YORK

This Agreement is made by and between _____, a corporation organized and existing under the laws of the State of New York, with its principal office located at _____ (hereinafter referred to as "Hospital") and The State University of New York, an educational corporation organized and existing under the laws of the State of New York, and having its principal place of business located at State University Plaza, Albany, New York 12246, for and on behalf of University at Buffalo, The State University of New York (hereinafter referred to as "University").

WHEREAS, the University has undertaken an educational program in the discipline of _____; and

WHEREAS, the Hospital operates a facility under Article 28 of the Public Health Law; and

WHEREAS, the University and Hospital desire to affiliate for the purpose of carrying out said educational program in the discipline of _____ and meeting the medical needs of the Hospital's patients.

NOW, THEREFORE, it is agreed that:

1. The University shall assume full responsibility for planning and executing the educational program in the discipline of _____ including programming, administration, curriculum content, faculty appointments, faculty administration and the requirements for matriculation, promotion and graduation, and shall bear all costs and expenses in connection therewith. Attached as **Exhibit B** is a copy of the curriculum. The University further agrees to coordinate the program with the Hospital's designee.
2. The University shall be responsible for assigning students to the Hospital for clinical practice. The University shall notify the Hospital one (1) month in advance of the planned schedule of student assignments to clinical duties including the dates, number of students and instructors. The schedule shall be subject to written approval by the Hospital.
3. The University, at its sole cost and expense, shall provide faculty as may be required for the teaching and supervision of students assigned to the Hospital for clinical experience.
4. The University agrees to provide the students with comprehensive infection control training, including blood borne pathogens, prior to assignment at the Hospital. The University also agrees to inform students of the need for a hepatitis B vaccination prior to their assignment at the Hospital.

5. The University agrees that at all times students and faculty members are subject to the supervision of the Hospital administration and are considered part of the Hospital's workforce only for purposes of access to and disclosure of protected health information ("PHI") as defined by 45 CFR 164.501 only. The University shall inform students and faculty that they must comply with all rules applicable to both students and faculty while at the Hospital, and that failure to comply shall constitute a cause for terminating such student's assignment to or such faculty member's relationship with the Hospital. The Hospital will provide copies of all policies and procedures to the students and faculty members.
6. The University shall advise each student and faculty member that the Hospital may require, and shall be provided upon its request, the following health information: (a) a physician's statement that the student or faculty member is free from any health impairment which may pose a risk of illness or injury to Hospital patients or interfere with the performance of his/her assigned duties; (b) PPD (Mantoux) skin test for tuberculosis performed within one year, and a chest x-ray if positive; (c) Td (Tetanus-diphtheria) booster within ten years; and (d) proof of immunity against measles (Rubella) and German measles (Rubeola); such proof is documentation of adequate immunization or serologic confirmation.
7. Students and faculty members shall respect the confidential nature of all information that they have access to in accordance with the policies and procedures of the University and the Hospital. The University and Hospital agree to cooperate with one another's operational, regulatory, licensure and accreditation requirements including but not limited to related surveys, audits and other reviews. The University shall advise all students and faculty of the importance of complying with all relevant state and federal confidentiality laws, to the extent applicable, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital agrees to provide students and faculty with training regarding Hospital's policies and procedures relative to HIPAA. University and Hospital acknowledge that students and faculty may use patients' personal health information for educational purposes at the Hospital and as permitted by HIPAA. Information removed from the Hospital for educational use must be appropriately de-identified as that term is defined in 45 CFR 164.514. Information removed for other purposes as permitted by HIPAA must be removed in a manner approved in writing by the Hospital prior to the removal. Identifiable information removed as permitted by HIPAA may not be used beyond the original purpose unless it is appropriately de-identified as that term is defined in 45 CFR 164.514. Identifiable information as removed by HIPAA must be destroyed or rendered de-identifiable as soon as practicable once the original purpose for the removal has been satisfied.
8. The Hospital may terminate any student's or faculty member's assignment from the Hospital when a student or faculty member is unacceptable to the Hospital for reasons of health, performance, or for other reasons which, in the Hospital's reasonable judgment and to the extent allowed by law, cause the continued presence of such student or faculty member at the Hospital

not to be in the best interest of the Hospital. Any such action will be reported by the Hospital to the University orally and in writing.

9. Notwithstanding any other provision of this Agreement, the Hospital is responsible for patient care and treatment rendered at the Hospital.
10. The Hospital, as it deems necessary and proper, shall make available for student experience classrooms and clinical areas, including equipment and supplies, libraries, and cafeteria facilities, consistent with its current policies in regard to availability. The Hospital shall also provide orientation for the University faculty and students.
11. The Hospital shall have no responsibility for the transportation of faculty or students to and from the Hospital.
12. In case of a student or faculty emergency illness or injury during the clinical fieldwork experience, Hospital will provide emergency care to students or faculty at the student's or faculty member's own expense. In the event that care or treatment is required beyond the emergency, the student or faculty member shall be responsible for arranging such care or treatment and for all associated costs.
13. Except as set forth in paragraph 5 of this Agreement, students and faculty members shall not be deemed to be employees, servants or agents of the Hospital, but shall be considered invitees. Neither party shall pay the other any compensation or benefits pursuant to this Agreement. The parties acknowledge that the Hospital is not providing any insurance, professional or otherwise, covering any students or faculty members.
14. The University agrees that it shall secure Workers' Compensation Insurance for the benefit of all faculty members and other University employees required to be insured by Workers' Compensation Insurance and shall maintain such coverage throughout the duration of this Agreement. For the purposes of Workers' Compensation Insurance, no student or faculty member is to be considered an employee, servant or agent of the Hospital.
15. Subject to the availability of lawful appropriations and consistent with the New York State Court of Claims Act, the University shall hold the Hospital harmless from and indemnify it for any final judgment of a court of competent jurisdiction for the University's failure to perform its obligations hereunder or to the extent attributable to the negligence of the University or of its officers or employees when acting within the course and scope of this Agreement.
16. Hospital shall fully indemnify, defend and save the University, its officers, employees, and agents harmless, without limitation, from and against any and all damages, expenses (including reasonable attorney's fees), claims, judgments, liabilities, losses, awards, and costs which may finally be assessed against the University in any action for or arising out of our related to this Agreement. The State of New York reserves the right to join in any such claim, demand or suit, at its sole expense, when it determines there is an issue involving a significant public interest.

17. The University shall maintain during the term of this Agreement general and professional liability insurance, in amounts not less than \$3,000,000 for bodily injury and property damage combined single limit; and the Hospital is to be additionally named insured under such liability policy or policies. The persons insured under such policy or policies shall be the students of the State University of New York with respect to liability arising out of their participation in the clinical training program carried out under this Agreement. The University's faculty members are covered by the defense and indemnification provisions of Section 17 of the New York Public Officers Law with respect to liability arising out of their participation in the clinical program carried out under this Agreement. The University agrees to notify the Hospital in writing no less than ten (10) days prior to the cancellation, modification or non-renewal of any insurance coverage. Notwithstanding the foregoing, the Hospital shall remain liable for direct damages resulting from its negligence.
18. It is mutually agreed that neither party shall discriminate against any student, faculty member, patient or Hospital employee based upon color, religion, sex, sexual orientation, national origin, age, veteran status and/or handicap.
19. The provisions of **Exhibit A**, The State University of New York Standard Contract Clauses, attached hereto, are hereby incorporated into this Agreement and made part hereof. The laws of the State of New York will govern this Agreement, without regard for New York's choice of law statute. This Agreement contains the entire understanding of the parties with respect to the matters contained herein. In the event of any conflict between the terms and conditions set forth in this Agreement, the following order of precedence shall apply: (1) Exhibit A; (2) this Agreement.
20. This effective date of this Agreement shall be _____ and shall continue in full force and effect until terminated as set forth in this paragraph. This Agreement may be terminated by either party upon ninety (90) days written notice to the other, provided, however, that no such termination shall take effect until the students already placed in the program have completed their scheduled clinical training.

21. For purposes of written notification:

To the UNIVERSITY:

University at Buffalo
The State University of New York
Attn: Office of the Vice President for Health Sciences
3435 Main Street, 155 BEB
Buffalo, New York 14214

To the HOSPITAL:

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates set forth below:

**UNIVERSITY AT BUFFALO
THE STATE UNIVERSITY OF NEW YORK**

By: _____ Date _____
Michael E. Cain, MD
Vice President for Health Sciences

By: _____ Date _____
Name: _____
Dean, School of _____

HOSPITAL

By: _____ Date _____
Name: _____
Title: _____

EXHIBIT A

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a Contractor, licensor, licensee, lessor, lessee or any other party):

1. **EXECUTORY CLAUSE.** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. **PROHIBITION AGAINST ASSIGNMENT** Except for the assignment of its right to receive payments subject to Article 5-A of the State Finance Law, the Contractor selected to perform the services herein are prohibited in accordance with Section 138 of the State Finance Law from assigning, transferring, conveying, subletting or otherwise disposing of its rights, title or interest in the contract without the prior written consent of SUNY and attempts to do so are null and void. Notwithstanding the foregoing, SUNY may, with the concurrence of the New York Office of State Comptroller, waive prior written consent of the assignment, transfer, conveyance, sublease or other disposition of a contract let pursuant to Article XI of the State Finance Law if the assignment, transfer, conveyance, sublease or other disposition is due to a reorganization, merger or consolidation of Contractor's its business entity or enterprise and Contractor so certifies to SUNY. SUNY retains the right, as provided in Section 138 of the State Finance Law, to accept or reject an assignment, transfer, conveyance, sublease or other disposition of the contract, and to require that any Contractor demonstrate its responsibility to do business with SUNY.

3. **COMPTROLLER'S APPROVAL.** (a) In accordance with Section 112 of the State Finance Law, Section 355 of New York State Education Law, and 8 NYCRR 316, Comptroller's approval is not required for the following contracts: (i) materials; (ii) equipment and supplies, including computer equipment; (iii) motor vehicles; (iv) construction; (v) construction-related services; (vi) printing; and (vii) goods for State University health care facilities, including contracts for goods made with joint or group purchasing arrangements.

(b) Comptroller's approval is required for the following contracts: (i) contracts for services not listed in Paragraph (3)(a) above made by a State University campus or health care facility certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$250,000; (ii) contracts for services not listed in Paragraph (3)(a) above made by a State University campus not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$50,000; (iii) contracts for services not listed in Paragraph (3)(a) above made by health care facilities not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$75,000; (iv) contracts whereby the State University agrees to give something other than money, when the value or reasonably estimated value of such consideration exceeds \$10,000; (v) contracts for real property transactions if the contract value exceeds \$50,000; (vi) all other contracts not listed in Paragraph 3(a) above, if the contract value exceeds \$50,000, e.g. SUNY acquisition of a business and New York State Finance Article 11-B contracts and (vii) amendments for any amount to contracts not listed in Paragraph (3)(a) above, when as so amended, the contract exceeds the threshold amounts stated in Paragraph (b) herein. However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

(c) Any contract that requires Comptroller approval shall not be valid, effective or binding upon the State University until it has been approved by the Comptroller and filed in the Comptroller's office.

4. **WORKERS' COMPENSATION BENEFITS.** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. **NON-DISCRIMINATION REQUIREMENTS.** To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation

6. **WAGE AND HOURS PROVISIONS.** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by

SUNY of any SUNY-approved sums due and owing for work done upon the project.

7. **NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based on the submission of competitive bids, Contractor affirms, under penalty of perjury, and each person signing on behalf of Contractor, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered it to SUNY a non-collusive bidding certification on Contractor's behalf.

8. **INTERNATIONAL BOYCOTT PROHIBITION.** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 *et seq.*) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2 NYCRR 105.4).

9. **SET-OFF RIGHTS.** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State, its representatives, or the State Comptroller.

10. **RECORDS.** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as SUNY and its representatives and entities involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available,

at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. SUNY shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate SUNY official, in writing, that said Records should not be disclosed; and (ii) said Records shall be sufficiently identified; and (iii) designation of said Records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, SUNY's or the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.

Identification Number(s). Every invoice or New York State Claim for Payment submitted to the State University of New York by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State University of New York is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the State University of New York contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

(a) In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment

opportunity policy that:

(1) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(2) at SUNY's request, Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(3) Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(b) Contractor will include the provisions of "1", "2" and "3", above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a Contractor or sub-contractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. SUNY shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, SUNY shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. **CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Exhibit A, the terms of this Exhibit A shall control.

14. **GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. **LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. **NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized) but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. **SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify

the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.

The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165 (Use of Tropical Hardwoods), which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State. In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in Section 165 of the State Finance Law. Any such use must meet with the approval of the State, otherwise, the bid may not be considered responsive. Under bidder certification, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MacBRIDE FAIR EMPLOYMENT PRINCIPLES.

In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that Contractor and any individual or legal entity in which the Contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the Contractor either (a) have no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165(5) of the State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992.

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St., 7th Floor
Albany, NY 12245
Tel: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017
212-803-2414

email: mwbecertification@esd.ny.gov
<https://ny.newycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable

efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to SUNY;

(b) The Contractor has complied with the Federal Equal Employment Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Search Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that SUNY may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with SUNY in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. Contact the NYS Department of Economic Development, Division for Small Business, 30 South Pearl Street, Albany, New York 12245, for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW If this is a contract for consulting services, defined for purposes of this

requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental health and mental health services, accounting, auditing, paralegal, legal or similar services, then in accordance with Section 163(4-g) of the State Finance Law, the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to SUNY, the Department of Civil Service and the State Comptroller.

24. PURCHASES OF APPAREL AND SPORTS EQUIPMENT. In accordance with State Finance Law Section 165(7), SUNY may determine that a bidder on a contract for the purchase of apparel or sports equipment is not a responsible bidder as defined in State Finance Law Section 163 based on (a) the labor standards applicable to the manufacture of the apparel or sports equipment, including employee compensation, working conditions, employee rights to form unions and the use of child labor; or (b) bidder's failure to provide information sufficient for SUNY to determine the labor conditions applicable to the manufacture of the apparel or sports equipment.

25. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

26. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS. To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the Contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or SUNY discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated,

by providing written notification to the Contractor in accordance with the terms of the agreement, if SUNY determines that such action is in the best interests of the State.

27. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at: <http://www.oqs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

THE FOLLOWING PROVISIONS SHALL APPLY ONLY TO THOSE CONTRACTS TO WHICH A HOSPITAL OR OTHER HEALTH SERVICE FACILITY IS A PARTY

27. Notwithstanding any other provision in this contract, the hospital or other health service facility remains responsible for insuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, state and local statutes, rules and regulations. In the foregoing sentence, the word "service" shall be construed to refer to the health care service rendered by the hospital or other health service facility.

28. (a) In accordance with the 1980 Omnibus Reconciliation Act (Public Law 96-499), Contractor hereby agrees that until the expiration of four years after the furnishing of services under this agreement, Contractor shall make available upon written request to the Secretary of Health and Human Services, or upon request, to the Comptroller General of the United States or any of their duly authorized representatives, copies of this contract, books, documents and records of the Contractor that are necessary to certify the nature and extent of the costs hereunder.

(b) If Contractor carries out any of the duties of the contract hereunder, through a subcontract having a value or cost of \$10,000 or more over a twelve-month period, such subcontract shall contain a clause to the effect that, until the expiration of four years after the furnishing of such services pursuant to such subcontract, the subcontractor shall make available upon written request to the Secretary of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, copies of the subcontract and books, documents and records of the subcontractor that are necessary to verify the nature and extent of the costs of such subcontract.

(c) The provisions of this section shall apply only to such contracts as are within the definition established by the Health Care Financing Administration, as may be amended or modified from time to time.

EXHIBIT B

COURSE CURRICULUM

Professional Sequence Course Descriptions

CHB 550 - Public Health and Population Well Being

Description:

The course will provide students with an understanding of and appreciation for population approaches to improving the health of our nation and the world, as well as knowledge of various career paths in public health. Course content includes: public health perspectives on health, wellness, illness, and population well-being; key influences on the health and well being of individuals and populations; assessing public health problems from a population health perspective; using the five core components of public health to address health problems; effectively utilizing health information to address public health issues; and career paths in public health and the training/expertise required to pursue them. Students will engage in critical assessment of historical and current public health events, and creative application of their foundational knowledge to new public health problems. The course is particularly applicable to students preparing to pursue a health-related career and to students in health professions programs desiring a knowledge of public health approaches.

PT 501 - Professional Development

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals in a safe and professional manner. To accomplish this, students will be exposed to the history of the profession and the professional association, the *Guide to Physical Therapy Practice*, APTA Core Documents including the Code of Ethics, the New York State Practice Act, current and future modes of delivery of health care, behavioral sciences, and safety in clinical practice. The emphasis in the area of behavioral sciences will include ethics and values, teaching and learning theory, applied professional behavior, and communication and decision making in the inter-professional environment.

PT 502 - Professional Development II

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals in a safe and professional manner. To accomplish this, students will be exposed to the history of the profession and the professional association, the *Guide to Physical Therapy Practice*, APTA Core Documents including the Code of Ethics, the New York State Practice Act, current and future modes of delivery of health care, behavioral sciences, and safety in clinical practice. The emphasis in the area of behavioral sciences will include ethics and values, teaching and learning theory, applied professional behavior, and communication and decision making in the inter-professional environment.

PT 503 - Medical Sciences I

Description:

First course of a two semester sequence of courses covering topics in the medical sciences relevant to rehabilitation professionals. Medical Sciences I emphasizes the principles and concepts of inflammation & repair, infection, immunology, pharmacology and neoplasms. In addition, the pathophysiology of the cardiovascular, pulmonary and endocrine systems is covered with emphasis on etiology, cellular and tissue pathology, impairments, medical diagnosis and management, and indications/contraindications for rehabilitation. The intent of this course is to provide students with knowledge of medical disorders commonly encountered by physical and occupational therapists and to facilitate the students' understanding of the medical management of disease. A seminar portion of the course provides a forum for students to integrate pharmacologic management with rehabilitation interventions.

PT 504 - Medical Sciences II

Description:

Second semester of Medical Sciences focuses on the pathophysiology of the musculoskeletal, neuromuscular, endocrine, genitourinary, and gastrointestinal systems. Again emphasis is placed on etiology, cellular and tissue pathology, impairments, and medical diagnosis and management, and indications/contraindications for rehabilitation. This course is offered in a seminar format to facilitate the students understanding of medical management of disease and to initiate problem solving related to physical therapy management. The seminar component of the course will enable students to integrate medical and pharmacologic management with physical therapy interventions.

PT 505 - Evidence-Based Practice I

Description:

PT 505 is the first of a two-course sequence in evidence-based practice (PT 505 and PT 506) that provides students with the foundational knowledge and skills necessary to conscientiously, explicitly and judiciously use current best evidence in making clinical decisions. This course focuses on the components of evidence-based practice, formulating answerable clinical questions, and accessing and evaluating professional information as presented in journal articles, abstracts, internet sites, and textbooks. Individual student preparation is required for each session.

PT 508 - Cardiopulmonary Physical Therapy

Description:

This course will prepare the student to effectively manage patients with cardiovascular and/or pulmonary impairments and related disabilities. Emphasis is placed on the components of physical therapy practice – screening, examination, evaluation, diagnosis, prognosis, development of a plan of care, intervention, and evaluations of outcomes. Students will learn the evaluation and management of patients with acute and chronic cardiac and pulmonary impairments across the lifespan and across treatment settings (critical care to outpatient). The interrelationship of other health care professionals in the team care of patients will be discussed. Application of the following concepts is included: communication, individual & cultural differences, professional behavior, critical inquiry and clinical decision-making, patient/family education, pharmacology, and management of care delivery. Course material is integrated in patient case studies and simulation experiences. The course incorporates seminars, small group patient case discussions, self-study assignments, clinical labs, and

simulations. The use of case studies and high fidelity simulations allows students to be more active in the learning process and emphasizes problem solving, integration of knowledge, skill development, and clinical decision making. Individual student preparation is essential for each seminar, case discussion, and laboratory session. To do well in this course, you will have to be more responsible and independent than you would be in more lecture-oriented courses.

PT 509 - Foundations I

Description:

This foundational course will focus on the physical therapy evaluation techniques of anatomical palpation, manual muscle testing and goniometry. The course will also cover systems review, general exercise prescription and implementation of basic therapeutic exercise to treat the upper extremities, spine, and lower extremities. The study of medical terminology is imbedded within the course. Application of the following concepts will arise: communication, professional behavior, critical inquiry, clinical decision-making, and patient/family education.

PT 510 - Foundations II

Description:

Foundations II provides the necessary skills to perform a comprehensive systems evaluation and the necessary skills for effective patient management. Attention will focus primarily on examining the major systems of the body, as well as performing a functional screen and using appropriate documentation for different practice settings. Special emphasis will be placed on patient safety and handling techniques, patient's transfers and mobility and assistive devices. Application of the following concepts will arise: communication, professional behavior, patient-practitioner interaction, critical inquiry & clinical decision-making (differential diagnosis), and therapeutic prescription. Theory, principles and methods of direct interventions will be discussed in lecture while psychomotor skills will be practiced in laboratory. Lecture and laboratories will include small group discussions related to selected clinical cases. Individual student preparation is required for each lecture and laboratory session.

PT 511 - Health and Wellness

Description:

Prepares the future physical therapist to interact with patients and other related individuals on all levels. A primary goal for the practicum is for students to gain an appreciation of health and wellness programs available in the community. The second important goal is to give the student the opportunity to practice interacting with clients. To develop these skills takes practice, and the most meaningful practice is that which occurs in the community rather than in an academic setting.

PT 512 - Clinical Experience II

Description:

This course prepares the future physical therapist to interact with patient's families, and other related individuals on all levels. To accomplish this, students will participate in direct patient care in an inpatient or outpatient setting with emphasis on patient management with chronic cardiac or

pulmonary conditions under the supervision of a volunteer adjunct clinical faculty member. Students will be required to maintain a “full” caseload of patients by the conclusion of the clinical experience. Clinical Experience II, PT 512, utilizes direct patient care and recitation/seminar format, to facilitate the student development of problem solving and critical analysis of patient care. Individual preparation will be necessary for participation in the clinical practice setting. Student activities will include but not be limited to; patient examination, patient treatment, patient and family education, article presentations, and all aspects of patient care.

PT 600 - Community Service in Physical Therapy

Description:

This course prepares the future physical therapist to interact with the community by being involved in community service. To accomplish this, students will be exposed to a community service organization that should not be directly related to the field of Physical Therapy. The students will be involved in some community service project for the organization with which they choose to participate.

PT 601 - Musculoskeletal Physical Therapy I

Description:

This course prepares the student to practice entry level orthopedic physical therapy relative to the management of the axial skeleton and all the joints associated therewith. Preparation includes evaluation and treatment of musculoskeletal system dysfunction utilizing specific musculoskeletal problems and the planning and implementation of appropriate physical therapy interventions. Students learn to recognize major signs and symptoms of systemic disease that can mimic primary musculoskeletal lesions. Evaluation tools are presented to help students recognize problems that are beyond physical therapy expertise. Students learn how to make treatment versus referral decisions for patients who present with presumed musculoskeletal problems.

PT 602 - Musculoskeletal Physical Therapy II

Description:

This course prepares the student to practice entry level orthopedic physical therapy relative to the management of the peripheral joints of the upper and lower extremities. Evaluation and treatment of musculoskeletal system dysfunction utilizing specific musculoskeletal problems and to plan and implement appropriate physical therapy interventions. Students learn to recognize major signs and symptoms of systemic disease that can mimic primary musculoskeletal lesions. Evaluation tools are presented to help students recognize problems that are beyond physical therapy expertise. Students learn how to make treatment versus referral decisions for patients who present with presumed musculoskeletal problems. Problem solving and critical inquiry will be addressed through various case reviews and simulations. Concepts and techniques will be introduced in lecture and lab and students are expected to reinforce these through home study including review of required text and practice of evaluation and treatment procedures.

PT 603 - Neuromuscular PT I

Description:

This course prepares the future physical therapist to effectively manage patients with neuromuscular dysfunction. To do this students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment & evaluation, to the patient with neuromuscular dysfunction. Emphasis will be placed on the role of the

physical therapist as a Movement Scientist with development of skills to determine movement dysfunction leading to functional limitations. Students will learn to identify underlying impairments that lead to functional limitations for a variety of patients across the lifespan with neuromuscular dysfunction irrespective of the medical diagnosis. The course is offered in a lecture, laboratory and seminar format to facilitate the students problem solving and critical analysis of patients with Neurologic dysfunction. Examination and intervention skills discussed in lecture will be practiced in lab, and applied to case scenarios discussed and critically analyzed in seminar. Individual student preparation is required for each laboratory session.

PT 604 - Neuromuscular PT II

Description:

This course prepares the future physical therapist to effectively manage pediatric and adult patients with specific neuromuscular diagnoses. Students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment & evaluation, to patients with spinal cord injury, vestibular dysfunction, traumatic brain injury and multi-system problems. Students will incorporate analysis of movement and identification of underlying impairments that lead to functional limitations for a variety of patients with specific medical diagnosis. The course is offered in a lecture, laboratory and seminar format to facilitate the students problem solving and critical analysis of patients with Neurologic dysfunction. Examination and intervention skills discussed in lecture will be applied to case scenarios and practiced in lab. Individual student preparation is required for each laboratory session.

PT 605 - Interprofessional Case Management

Description:

This course prepares the future physical therapist to function as an effective member of an interprofessional healthcare team by developing their professional skills and their teamwork and communication skills. Through seminars and case discussions with other health professions students, students will develop the core competencies of interprofessional collaborative practice (values and ethics, roles and responsibilities, teams and teamwork, communication, and cultural engagement) and have opportunities to develop plans of care using an interprofessional approach. Management of patients across the continuum of care using an interprofessional team approach will prepare students for subsequent interprofessional clinical experiences. The student's will have opportunity to demonstrate their current clinical knowledge and skills by engaging in an instructional standardized patient exam (ISPE). Professional development will occur through self-assessment activities and mentoring and peer-review experiences. Students will prepare for their professional career through exploration of physical therapy careers, development of a professional resume, and gaining skills for identifying and evaluating potential employment opportunities. This course is offered in a seminar format and incorporates team-based learning to facilitate the student's problem solving and critical analysis of the topics discussed.

PT 607 - Professional Development III

Description:

This course will provide a framework in which students can continue to develop professional attitudes and insights requisite for sustained growth throughout their careers. This course will integrate fundamental concepts of inquiry and problem solving that are addressed throughout the DPT curriculum.

PT 611 - Foundations of Physical Therapy III

Description:

This three-credit lecture/laboratory course prepares the future physical therapist to select, provide rationale for, and administer to surrogate patients physical agents including massage, cold, superficial heat, hydrotherapy, short wave diathermy, ultrasound, iontophoresis, and electrotherapy for inducing muscle contractions, reducing pain and enhancing wound healing. The course also introduces basic concepts of electrophysiologic testing including nerve conduction studies and clinical electromyography. Application of the following general concepts will be included: communication, individual & cultural differences, professional behavior, critical inquiry and clinical decision-making, patient/family education. Theory, principles and methods of direct interventions and electrophysiologic testing will be discussed in lecture; psychomotor skills for direct interventions will be practiced in lab. Lecture sessions and labs will also include small group discussions related to selected concepts and clinical cases. Individual student preparation is required for each instructional session.

PT 612 - Integumentary Physical Therapy

Description:

This course prepares the future physical therapist to effectively manage patients with integumentary dysfunction, as well as those requiring orthotics or prosthetic management. Students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment and evaluation, to the patient. Emphasis will be placed on the role of the physical therapist as a Movement Scientist and skills developed to assess a variety of patients across the lifespan including those with integumentary dysfunction, and those requiring orthotics or prosthetic management, irrespective of medical diagnosis.

PT 613 - Clinical Experience III

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in an inpatient or outpatient settings with supervision by a volunteer adjunct clinical faculty member. The emphasis will be on patient with musculoskeletal or neurologic dysfunction. Students will be required to maintain a "full" caseload of patients by the conclusion of the clinical experience. This course is the third in the series of clinical education experiences and the first to provide experiences related to patients with cardiopulmonary, musculoskeletal or neurologic dysfunctions. The course objectives and behaviors will be enhanced and expanded during this clinical experience.

PT 614 - Clinical Internship

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical internship. This course

is the fourth in the series of clinical education experiences and the second to allow students access to patients with cardiopulmonary, musculoskeletal, or neurologic dysfunction. The objectives and behaviors are enhanced and expanded from previous clinical experiences.

PT 701 - Management Sciences for Physical Therapy

Description:

This course will provide an in-depth, critical review of management and leadership issues relevant to the physical therapist. Students will be exposed to the business aspects of physical therapy and learn the mechanics of developing and promoting rehabilitation services. Students will also be exposed to management and financial theories and practices, professional Codes of Ethics and Practice Acts, health care and rehabilitation service delivery, design and structure of rehabilitation clinics, supervision issues, ethical issues, and the development and implementation of outcome measures. Learning experiences provided for students will include lectures, blackboard posting/responses, self learning projects, and small group discussions. Students are expected to complete required readings and assignments in preparation for each class.

PT 703 - Critical Analysis of Patient Care & Management

Description:

Physical therapists are responsible for the critical analysis of care provided to their patients. This course, founded on evidenced based practice, will require students to critically analyze the management of patients they had treated on clinical rotations. More specifically, analysis will include the physical therapy examination, evaluation, intervention and outcomes documented during the patient's rehabilitative care as well as the medical management of the condition. Students will present case analyses to their peers, faculty and master clinicians.

PT 705 - Lifespan Physical Therapy

Description:

This course prepares future physical therapists to effectively examine and provide physical therapy interventions to pediatric and geriatric populations. Students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment and evaluation, to patients at each end of the lifespan. Students will learn to identify underlying impairments in multiple physiological systems that lead to functional limitations in pediatric and geriatric populations. The course is offered in a lecture and laboratory format. Examination and interventions skills discussed in lecture will be practiced in the laboratory, and applied to case scenarios.

PT 707 - Professional Development VI

Description:

This course will be the final course in the professional development series. The Department of Physical Therapy is committed to professional excellence and leadership expressed in service to others. Individuals achieve excellence and become leaders by seeking professional development and service opportunities that extend beyond the requirements of the workplace and classroom. The American Physical Therapy Association (APTA), state, and local physical therapy associations are committed to advancing the profession of physical therapy and improving the health and physical function of the public. These organizations provide numerous opportunities for professional development and service that go beyond the minimum expectations of the classroom and workplace. This course will emphasize lifelong learning, advocacy for the profession, as well as involvement in

the APTA. Additionally, this course will provide clinical enrichment in various practice areas through the presentation of elective seminars.

PT 712 - Clinical Residency

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical residency. This course is the culmination of the clinical education experiences for the DPT degree. This progression leads to a student performing at an entry level of competence during this final experience.

PT 713 - Clinical Residency

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical residency. This course is the culmination of the clinical education experiences for the DPT degree. This progression leads to a student performing at an entry level of competence during this final experience.

PT 718 - Enrichment Capstone

Description:

The purpose of enrichment capstone is to provide students the opportunity to explore areas of interest from a broader perspective beyond what is offered in the didactic or clinical education program in the DPT curriculum. The capstone project is intended to be an intensive, active learning project, requiring significant effort in the planning and implementation. It will include the preparation of a substantial final written report or presentation. The final reports should include the outcomes of the student's experience in addressing the clinical/research equation identified by the student(s) and their mentor. Along with the final report, students should submit any product that resulted from the project, i.e, a video tape, text or CD.

APPENDIX

K

CLINICAL EDUCATION AGREEMENT

(Non-Hospital)

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AFFILIATION AGREEMENT BETWEEN

AND
UNIVERSITY AT BUFFALO
THE STATE UNIVERSITY OF NEW YORK

This Agreement is made by and between _____, a corporation organized and existing under the laws of the State of New York, with its principal office located at (hereinafter referred to as "Affiliate") and The State University of New York, an educational corporation organized and existing under the laws of the State of New York, and having its principal place of business located at University Plaza, Albany, New York 12246, for and on behalf of the Campus located at University at Buffalo, The State University of New York (hereinafter referred to as "University").

WHEREAS, University has undertaken an educational program in the discipline of _____;
and

WHEREAS, University and Affiliate desire to have an association for the purpose of carrying out said educational program.

NOW, THEREFORE, it is agreed that:

1. The University shall assume full responsibility for planning and executing its educational program in the discipline of _____ including programming, administration, curriculum content, faculty appointments, faculty administration and the requirements for matriculation, promotion and graduation, and shall bear all costs and expenses in connection therewith. The University further agrees to coordinate the program with Affiliate's designee. Attached as **Exhibit B** is a copy of the curriculum.
2. The University shall be responsible for assigning students to the Affiliate for practical experience. University shall notify the Affiliate one (1) month in advance of the planned schedule of student assignments to practical duties including the dates, number of students and instructors. The schedule shall be subject to written approval by the Affiliate.
3. The University, at its sole cost and expense, shall provide faculty as may be required for the teaching and supervision of students assigned to the Affiliate for practical experience.
4. The University agrees that at all times students and faculty members are subject to the supervision of the Affiliate and are considered part of the Affiliate's workforce only for purposes of access to and disclosure of protected health information ("PHI"). as defined by 45 CFR 164.501 only. University shall inform students and faculty that they must comply with all rules applicable to both students and faculty while at

the Affiliate's facility, and that failure to comply shall constitute a cause for terminating such student's assignment to or such faculty member's relationship with the Affiliate. The Affiliate will provide copies of all policies and procedures to the students and faculty members. The University and Affiliate agree to cooperate with one another's operational, regulatory, licensure and accreditation requirements including but not limited to related surveys, audits and other reviews.

5. Students and faculty members shall respect the confidential nature of all information that they have access to in accordance with the policies and procedures of the University and the Affiliate. The University and Affiliate acknowledge that students and faculty may use patients' personal health information for educational purposes at the Affiliate and as permitted by HIPAA. Information removed from the Affiliate for educational use must be appropriately de-identified as that term is defined in 164.514. Information removed for other purposes as permitted by HIPAA must be removed in a manner approved in writing by the Hospital prior to removal. Identifiable information removed as permitted by HIPAA may not be used beyond the original purpose unless appropriately de-identified as that term is defined in 45 CFR 164.514. Identifiable information as removed by HIPAA must be destroyed or rendered de-identifiable as soon as practicable once the original purpose for the removal has been satisfied.
6. The Affiliate may terminate any student's or faculty member's assignment from the Affiliate when a student or faculty member is unacceptable to the Affiliate for reasons of health, performance, or for other reasons which, in the Affiliate's reasonable judgment and to the extent allowed by law, cause the continued presence of such student or faculty member at the Affiliate not to be in the best interest of the Affiliate. Any such action will be reported by the Affiliate to the University orally and in writing.

7. The Affiliate, as it deems necessary and proper, shall make available for student experience classrooms and other facilities, including equipment and supplies, libraries, and cafeteria facilities, consistent with its current policies in regard to availability. The Affiliate shall also provide orientation for the College faculty and students.
8. The Affiliate shall have no responsibility for the transportation of faculty or students.
9. Except as set forth in Paragraph 4 of this Agreement, students and faculty members shall not be deemed to be employees, servants or agents of the Affiliate, but shall be considered invitees. Neither party shall pay the other any compensation or benefits pursuant to this Agreement. The parties acknowledge that the Affiliate is not providing any insurance, professional or otherwise, covering any students or faculty members.
10. The University agrees that it shall secure Workers' Compensation Insurance for the benefit of all faculty and other University employees required to be insured by Workers' Compensation Law, and shall maintain such coverage throughout the duration of this Agreement. For the purposes of Workers' Compensation Law, no student or faculty member is to be considered an employee, servant or agent of the Affiliate.
11. Subject to the availability of lawful appropriations and consistent with the New York State Court of Claims Act, University shall hold the Affiliate harmless from and indemnify it for any final judgment of a court of competent jurisdiction for the University's failure to perform its obligations hereunder or to the extent attributable to the negligence of the University or of its officers or employees when acting within the course and scope of this Agreement.
12. The Affiliate shall fully indemnify, defend and save the University, its officers, employees and agents harmless, without limitation, from and against any and all damages, expenses (including reasonable attorney's fees), claims, judgments, liabilities, losses, awards, and costs which may finally be assessed against the University in any action for or arising out of or related to this Agreement. The State of New York reserves the right to join in any such claim, demand or suit, at its sole expense, when it determines there is an issue involving a significant public interest.
13. University shall maintain during the term of this Agreement general and professional liability insurance, in amounts not less than \$3,000,000 for bodily injury and property damage combined single limit; and the Affiliate is to be additionally named insured under such liability policy or policies. The persons insured under such policy or policies shall be the students of The State University of New York with respect to liability arising out of their participation in the program carried out under this Agreement. The University's faculty members are covered by the defense and indemnification provisions of Section 17 of

the New York Public Officers Law with respect to liability arising out of their participation in the clinical program carried out under this Agreement. The University agrees to notify the Affiliate in writing no less than ten (10) days written notice prior to the cancellation, modification or non-renewal of any insurance coverage. Notwithstanding the foregoing, the Affiliate shall remain liable for direct damages resulting from its negligence.

14. It is mutually agreed that neither party shall discriminate against any student, faculty member, or employee based upon color, religion, sex, sexual orientation, national origin, age, veteran status and/or handicap.
15. The provisions of **Exhibit A**, The State University of New York Standard Contract Clauses, attached hereto, are hereby incorporated into this Agreement and made part hereof. The laws of the State of New York will govern this Agreement, without regard for New York's choice of law statute. This Agreement contains the entire understanding of the parties with respect to the matters contained herein. In the event of any conflict between the terms and conditions set forth in this Agreement, the following order of precedence shall apply: (1) Exhibit A; (2) this Agreement.
16. The effective date of this Agreement shall be _____ and shall continue in full force and effect until terminated as set forth in this paragraph. This Agreement may be terminated by either party upon ninety (90) days written notice to the other, provided, however, that no such termination shall take effect until the students already placed in the program have completed their scheduled clinical training.

17. For purposes of written notification:

To the UNIVERSITY

University at Buffalo
The State University of New York
Attn: Office of the Vice President for Health Sciences
3435 Main Street, 155 BEB
Buffalo, New York 14214

To the Affiliate

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates set forth below:

**UNIVERSITY AT BUFFALO
THE STATE UNIVERSITY OF NEW YORK**

By: _____
Michael E. Cain, MD
Vice President for Health Sciences

Date

By: _____
Name: _____
Dean, School of _____

Date

AFFILIATE

By: _____
Name: _____
Title: _____

Date

EXHIBIT A

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a Contractor, licensor, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. PROHIBITION AGAINST ASSIGNMENT
Except for the assignment of its right to receive payments subject to Article 5-A of the State Finance Law, the Contractor selected to perform the services herein are prohibited in accordance with Section 138 of the State Finance Law from assigning, transferring, conveying, subletting or otherwise disposing of its rights, title or interest in the contract without the prior written consent of SUNY and attempts to do so are null and void. Notwithstanding the foregoing, SUNY may, with the concurrence of the New York Office of State Comptroller, waive prior written consent of the assignment, transfer, conveyance, sublease or other disposition of a contract let pursuant to Article XI of the State Finance Law if the assignment, transfer, conveyance, sublease or other disposition is due to a reorganization, merger or consolidation of Contractor's its business entity or enterprise and Contractor so certifies to SUNY. SUNY retains the right, as provided in Section 138 of the State Finance Law, to accept or reject an assignment, transfer, conveyance, sublease or other disposition of the contract, and to require that any Contractor demonstrate its responsibility to do business with SUNY.

3. COMPTROLLER'S APPROVAL. (a) In accordance with Section 112 of the State Finance Law, Section 355 of New York State Education Law, and 8 NYCRR 316, Comptroller's approval is not required for the following contracts: (i) materials; (ii) equipment and supplies, including computer equipment; (iii) motor vehicles; (iv) construction; (v) construction-related services; (vi) printing; and (vii) goods for State University health care facilities, including contracts for goods made with joint or group purchasing arrangements.

(b) Comptroller's approval is required for the following contracts: (i) contracts for services not listed in Paragraph (3)(a) above made by a State University campus or health care facility certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$250,000; (ii) contracts for services not listed in Paragraph (3)(a) above made by a State University campus not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$50,000; (iii) contracts for services not listed in Paragraph (3)(a) above made by health care facilities not certified by the Vice Chancellor and Chief Financial Officer, if the contract value exceeds \$75,000; (iv) contracts whereby the State University agrees to give something other than money, when the value or reasonably estimated value of such consideration exceeds \$10,000; (v) contracts for real property transactions if the contract value exceeds \$50,000; (vi) all other contracts not listed in Paragraph (3)(a) above, if the contract value exceeds \$50,000, e.g. SUNY acquisition of a business and New York State Finance Article 11-B contracts and (vii) amendments for any amount to contracts not listed in Paragraph (3)(a) above, when as so amended, the contract exceeds the threshold amounts stated in Paragraph (b) herein. However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

(c) Any contract that requires Comptroller approval shall not be valid, effective or binding upon the State University until it has been approved by the Comptroller and filed in the Comptroller's office.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS.
To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by

SUNY of any SUNY-approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION.
In accordance with Section 139-d of the State Finance Law, if this contract was awarded based on the submission of competitive bids, Contractor affirms, under penalty of perjury, and each person signing on behalf of Contractor, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered it to SUNY a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION.
In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2 NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as SUNY and its representatives and entities involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available,

at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. SUNY shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate SUNY official, in writing, that said Records should not be disclosed; and (ii) said Records shall be sufficiently identified; and (iii) designation of said Records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, SUNY's or the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.

Identification Number(s). Every invoice or New York State Claim for Payment submitted to the State University of New York by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State University of New York is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the State University of New York contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

(a) In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment

opportunity policy that:

(1) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgrades, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(2) at SUNY's request, Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(3) Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(b) Contractor will include the provisions of "1", "2" and "3", above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a Contractor or sub-contractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. SUNY shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, SUNY shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. **CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Exhibit A, the terms of this Exhibit A shall control.

14. **GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. **LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. **NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized) but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. **SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify

the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.

The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165 (Use of Tropical Hardwoods), which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State. In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in Section 165 of the State Finance Law. Any such use must meet with the approval of the State, otherwise, the bid may not be considered responsive. Under bidder certification, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MacBRIDE FAIR EMPLOYMENT PRINCIPLES.

In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that Contractor and any individual or legal entity in which the Contractor holds a ten percent or greater ownership interest and any individual or legal entity that holds a ten percent or greater ownership interest in the Contractor either (a) have no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165(5) of the State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992.

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
30 South Pearl St., 7th Floor
Albany, NY 12245
Tel: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business
Development
633 Third Avenue
New York, NY 10017
212-803-2414

email: mwbecertification@esd.ny.gov
<https://ny.newmycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable

efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to SUNY;

(b) The Contractor has complied with the Federal Equal Employment Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Search Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that SUNY may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with SUNY in these efforts.

21. RECIPROCALITY AND SANCTIONS

PROVISIONS. Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. Contact the NYS Department of Economic Development, Division for Small Business, 30 South Pearl Street, Albany, New York 12245, for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW If this is a contract for consulting services, defined for purposes of this

requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental health and mental health services, accounting, auditing, paralegal, legal or similar services, then in accordance with Section 163(4-g) of the State Finance Law, the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to SUNY, the Department of Civil Service and the State Comptroller.

24. PURCHASES OF APPAREL AND SPORTS EQUIPMENT. In accordance with State Finance Law Section 165(7), SUNY may determine that a bidder on a contract for the purchase of apparel or sports equipment is not a responsible bidder as defined in State Finance Law Section 163 based on (a) the labor standards applicable to the manufacture of the apparel or sports equipment, including employee compensation, working conditions, employee rights to form unions and the use of child labor; or (b) bidder's failure to provide information sufficient for SUNY to determine the labor conditions applicable to the manufacture of the apparel or sports equipment.

25. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

26. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS. To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the Contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or SUNY discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated,

by providing written notification to the Contractor in accordance with the terms of the agreement, if SUNY determines that such action is in the best interests of the State.

27. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

THE FOLLOWING PROVISIONS SHALL APPLY ONLY TO THOSE CONTRACTS TO WHICH A HOSPITAL OR OTHER HEALTH SERVICE FACILITY IS A PARTY

27. Notwithstanding any other provision in this contract, the hospital or other health service facility remains responsible for insuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, state and local statutes, rules and regulations. In the foregoing sentence, the word "service" shall be construed to refer to the health care service rendered by the hospital or other health service facility.

28. (a) In accordance with the 1980 Omnibus Reconciliation Act (Public Law 96-499), Contractor hereby agrees that until the expiration of four years after the furnishing of services under this agreement, Contractor shall make available upon written request to the Secretary of Health and Human Services, or upon request, to the Comptroller General of the United States or any of their duly authorized representatives, copies of this contract, books, documents and records of the Contractor that are necessary to certify the nature and extent of the costs hereunder.

(b) If Contractor carries out any of the duties of the contract hereunder, through a subcontract having a value or cost of \$10,000 or more over a twelve-month period, such subcontract shall contain a clause to the effect that, until the expiration of four years after the furnishing of such services pursuant to such subcontract, the subcontractor shall make available upon written request to the Secretary of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, copies of the subcontract and books, documents and records of the subcontractor that are necessary to verify the nature and extent of the costs of such subcontract.

(c) The provisions of this section shall apply only to such contracts as are within the definition established by the Health Care Financing Administration, as may be amended or modified from time to time.

EXHIBIT B **COURSE CURRICULUM**

Professional Sequence Course Descriptions

CHB 550 - Public Health and Population Well Being

Description:

The course will provide students with an understanding of and appreciation for population approaches to improving the health of our nation and the world, as well as knowledge of various career paths in public health. Course content includes: public health perspectives on health, wellness, illness, and population well-being; key influences on the health and well being of individuals and populations; assessing public health problems from a population health perspective; using the five core components of public health to address health problems; effectively utilizing health information to address public health issues; and career paths in public health and the training/expertise required to pursue them. Students will engage in critical assessment of historical and current public health events, and creative application of their foundational knowledge to new public health problems. The course is particularly applicable to students preparing to pursue a health-related career and to students in health professions programs desiring a knowledge of public health approaches.

PT 501 - Professional Development

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals in a safe and professional manner. To accomplish this, students will be exposed to the history of the profession and the professional association, the *Guide to Physical Therapy Practice*, APTA Core Documents including the Code of Ethics, the New York State Practice Act, current and future modes of delivery of health care, behavioral sciences, and safety in clinical practice. The emphasis in the area of behavioral sciences will include ethics and values, teaching and learning theory, applied professional behavior, and communication and decision making in the inter-professional environment.

PT 502 - Professional Development II

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals in a safe and professional manner. To accomplish this, students will be exposed to the history of the profession and the professional association, the *Guide to Physical Therapy Practice*, APTA Core Documents including the Code of Ethics, the New York State Practice Act, current and future modes of delivery of health care, behavioral sciences, and safety in clinical practice. The emphasis in the area of behavioral sciences will include ethics and values, teaching and learning theory, applied professional behavior, and communication and decision making in the inter-professional environment.

PT 503 - Medical Sciences I

Description:

First course of a two semester sequence of courses covering topics in the medical sciences relevant to rehabilitation professionals. Medical Sciences I emphasizes the principles and concepts of inflammation & repair, infection, immunology, pharmacology and neoplasms. In addition, the pathophysiology of the cardiovascular, pulmonary and endocrine systems is covered with emphasis on etiology, cellular and tissue pathology, impairments, medical diagnosis and management, and indications/contraindications for rehabilitation. The intent of this course is to provide students with knowledge of medical disorders commonly encountered by physical and occupational therapists and to facilitate the students' understanding of the medical management of disease. A seminar portion of the course provides a forum for students to integrate pharmacologic management with rehabilitation interventions.

PT 504 - Medical Sciences II

Description:

Second semester of Medical Sciences focuses on the pathophysiology of the musculoskeletal, neuromuscular, endocrine, genitourinary, and gastrointestinal systems. Again emphasis is placed on etiology, cellular and tissue pathology, impairments, and medical diagnosis and management, and indications/contraindications for rehabilitation. This course is offered in a seminar format to facilitate the students understanding of medical management of disease and to initiate problem solving related to physical therapy management. The seminar component of the course will enable students to integrate medical and pharmacologic management with physical therapy interventions.

PT 505 - Evidence-Based Practice I

Description:

PT 505 is the first of a two-course sequence in evidence-based practice (PT 505 and PT 506) that provides students with the foundational knowledge and skills necessary to conscientiously, explicitly and judiciously use current best evidence in making clinical decisions. This course focuses on the components of evidence-based practice, formulating answerable clinical questions, and accessing and evaluating professional information as presented in journal articles, abstracts, internet sites, and textbooks. Individual student preparation is required for each session.

PT 508 - Cardiopulmonary Physical Therapy

Description:

This course will prepare the student to effectively manage patients with cardiovascular and/or pulmonary impairments and related disabilities. Emphasis is placed on the components of physical therapy practice – screening, examination, evaluation, diagnosis, prognosis, development of a plan of care, intervention, and evaluations of outcomes. Students will learn the evaluation and management of patients with acute and chronic cardiac and pulmonary impairments across the lifespan and across treatment settings (critical care to outpatient). The interrelationship of other health care professionals in the team care of patients will be discussed. Application of the following concepts is included: communication, individual & cultural differences, professional behavior, critical inquiry and clinical decision-making, patient/family education, pharmacology, and management of care delivery. Course material is integrated in patient case studies and simulation experiences. The course incorporates seminars, small group patient case discussions, self-study assignments, clinical labs, and simulations. The use of case studies and high fidelity simulations allows students to be more active in the learning

process and emphasizes problem solving, integration of knowledge, skill development, and clinical decision making. Individual student preparation is essential for each seminar, case discussion, and laboratory session. To do well in this course, you will have to be more responsible and independent than you would be in more lecture-oriented courses.

PT 509 - Foundations I

Description:

This foundational course will focus on the physical therapy evaluation techniques of anatomical palpation, manual muscle testing and goniometry. The course will also cover systems review, general exercise prescription and implementation of basic therapeutic exercise to treat the upper extremities, spine, and lower extremities. The study of medical terminology is imbedded within the course. Application of the following concepts will arise: communication, professional behavior, critical inquiry, clinical decision-making, and patient/family education.

PT 510 - Foundations II

Description:

Foundations II provides the necessary skills to perform a comprehensive systems evaluation and the necessary skills for effective patient management. Attention will focus primarily on examining the major systems of the body, as well as performing a functional screen and using appropriate documentation for different practice settings. Special emphasis will be placed on patient safety and handling techniques, patient's transfers and mobility and assistive devices. Application of the following concepts will arise: communication, professional behavior, patient-practitioner interaction, critical inquiry & clinical decision-making (differential diagnosis), and therapeutic prescription. Theory, principles and methods of direct interventions will be discussed in lecture while psychomotor skills will be practiced in laboratory. Lecture and laboratories will include small group discussions related to selected clinical cases. Individual student preparation is required for each lecture and laboratory session.

PT 511 - Health and Wellness

Description:

Prepares the future physical therapist to interact with patients and other related individuals on all levels. A primary goal for the practicum is for students to gain an appreciation of health and wellness programs available in the community. The second important goal is to give the student the opportunity to practice interacting with clients. To develop these skills takes practice, and the most meaningful practice is that which occurs in the community rather than in an academic setting.

PT 512 - Clinical Experience II

Description:

This course prepares the future physical therapist to interact with patient's families, and other related individuals on all levels. To accomplish this, students will participate in direct patient care in an inpatient or outpatient setting with emphasis on patient management with chronic cardiac or pulmonary conditions under the supervision of a volunteer adjunct clinical faculty member. Students will be required to maintain a "full" caseload of patients by the conclusion of the clinical experience. Clinical Experience II, PT 512, utilizes direct patient care and recitation/seminar format, to facilitate the student development of problem solving and critical analysis of patient care. Individual

preparation will be necessary for participation in the clinical practice setting. Student activities will include but not be limited to; patient examination, patient treatment, patient and family education, article presentations, and all aspects of patient care.

PT 600 - Community Service in Physical Therapy

Description:

This course prepares the future physical therapist to interact with the community by being involved in community service. To accomplish this, students will be exposed to a community service organization that should not be directly related to the field of Physical Therapy. The students will be involved in some community service project for the organization with which they choose to participate.

PT 601 - Musculoskeletal Physical Therapy I

Description:

This course prepares the student to practice entry level orthopedic physical therapy relative to the management of the axial skeleton and all the joints associated therewith. Preparation includes evaluation and treatment of musculoskeletal system dysfunction utilizing specific musculoskeletal problems and the planning and implementation of appropriate physical therapy interventions. Students learn to recognize major signs and symptoms of systemic disease that can mimic primary musculoskeletal lesions. Evaluation tools are presented to help students recognize problems that are beyond physical therapy expertise. Students learn how to make treatment versus referral decisions for patients who present with presumed musculoskeletal problems.

PT 602 - Musculoskeletal Physical Therapy II

Description:

This course prepares the student to practice entry level orthopedic physical therapy relative to the management of the peripheral joints of the upper and lower extremities. Evaluation and treatment of musculoskeletal system dysfunction utilizing specific musculoskeletal problems and to plan and implement appropriate physical therapy interventions. Students learn to recognize major signs and symptoms of systemic disease that can mimic primary musculoskeletal lesions. Evaluation tools are presented to help students recognize problems that are beyond physical therapy expertise. Students learn how to make treatment versus referral decisions for patients who present with presumed musculoskeletal problems. Problem solving and critical inquiry will be addressed through various case reviews and simulations. Concepts and techniques will be introduced in lecture and lab and students are expected to reinforce these through home study including review of required text and practice of evaluation and treatment procedures.

PT 603 - Neuromuscular PT I

Description:

This course prepares the future physical therapist to effectively manage patients with neuromuscular dysfunction. To do this students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment & evaluation, to the patient with neuromuscular dysfunction. Emphasis will be placed on the role of the physical therapist as a Movement Scientist with development of skills to determine movement dysfunction leading to functional limitations. Students will learn to identify underlying impairments that lead to functional limitations for a variety of patients across the lifespan with neuromuscular dysfunction irrespective of the medical diagnosis. The course is offered in a lecture, laboratory and

seminar format to facilitate the students problem solving and critical analysis of patients with Neurologic dysfunction. Examination and intervention skills discussed in lecture will be practiced in lab, and applied to case scenarios discussed and critically analyzed in seminar. Individual student preparation is required for each laboratory session.

PT 604 - Neuromuscular PT II

Description:

This course prepares the future physical therapist to effectively manage pediatric and adult patients with specific neuromuscular diagnoses. Students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment & evaluation, to patients with spinal cord injury, vestibular dysfunction, traumatic brain injury and multi-system problems. Students will incorporate analysis of movement and identification of underlying impairments that lead to functional limitations for a variety of patients with specific medical diagnosis. The course is offered in a lecture, laboratory and seminar format to facilitate the students problem solving and critical analysis of patients with Neurologic dysfunction. Examination and intervention skills discussed in lecture will be applied to case scenarios and practiced in lab. Individual student preparation is required for each laboratory session.

PT 605 - Interprofessional Case Management

Description:

This course prepares the future physical therapist to function as an effective member of an interprofessional healthcare team by developing their professional skills and their teamwork and communication skills. Through seminars and case discussions with other health professions students, students will develop the core competencies of interprofessional collaborative practice (values and ethics, roles and responsibilities, teams and teamwork, communication, and cultural engagement) and have opportunities to develop plans of care using an interprofessional approach. Management of patients across the continuum of care using an interprofessional team approach will prepare students for subsequent interprofessional clinical experiences. The student's will have opportunity to demonstrate their current clinical knowledge and skills by engaging in an instructional standardized patient exam (ISPE). Professional development will occur through self-assessment activities and mentoring and peer-review experiences. Students will prepare for their professional career through exploration of physical therapy careers, development of a professional resume, and gaining skills for identifying and evaluating potential employment opportunities. This course is offered in a seminar format and incorporates team-based learning to facilitate the student's problem solving and critical analysis of the topics discussed.

PT 607 - Professional Development III

Description:

This course will provide a framework in which students can continue to develop professional attitudes and insights requisite for sustained growth throughout their careers. This course will integrate fundamental concepts of inquiry and problem solving that are addressed throughout the DPT curriculum.

PT 611 - Foundations of Physical Therapy III

Description:

This three-credit lecture/laboratory course prepares the future physical therapist to select, provide rationale for, and administer to surrogate patients physical agents including massage, cold, superficial heat, hydrotherapy, short wave diathermy, ultrasound, iontophoresis, and electrotherapy for inducing muscle contractions, reducing pain and enhancing wound healing. The course also introduces basic concepts of electrophysiologic testing including nerve conduction studies and clinical electromyography. Application of the following general concepts will be included: communication, individual & cultural differences, professional behavior, critical inquiry and clinical decision-making, patient/family education. Theory, principles and methods of direct interventions and electrophysiologic testing will be discussed in lecture; psychomotor skills for direct interventions will be practiced in lab. Lecture sessions and labs will also include small group discussions related to selected concepts and clinical cases. Individual student preparation is required for each instructional session.

PT 612 - Integumentary Physical Therapy

Description:

This course prepares the future physical therapist to effectively manage patients with integumentary dysfunction, as well as those requiring orthotics or prosthetic management. Students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment and evaluation, to the patient. Emphasis will be placed on the role of the physical therapist as a Movement Scientist and skills developed to assess a variety of patients across the lifespan including those with integumentary dysfunction, and those requiring orthotics or prosthetic management, irrespective of medical diagnosis.

PT 613 - Clinical Experience III

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in an inpatient or outpatient settings with supervision by a volunteer adjunct clinical faculty member. The emphasis will be on patient with musculoskeletal or neurologic dysfunction. Students will be required to maintain a "full" caseload of patients by the conclusion of the clinical experience. This course is the third in the series of clinical education experiences and the first to provide experiences related to patients with cardiopulmonary, musculoskeletal or neurologic dysfunctions. The course objectives and behaviors will be enhanced and expanded during this clinical experience.

PT 614 - Clinical Internship

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical internship. This course is the fourth in the series of clinical education experiences and the second to allow students access to patients with cardiopulmonary, musculoskeletal, or neurologic dysfunction. The objectives and behaviors are enhanced and expanded from previous clinical experiences.

PT 701 - Management Sciences for Physical Therapy

Description:

This course will provide an in-depth, critical review of management and leadership issues relevant to the physical therapist. Students will be exposed to the business aspects of physical therapy and learn the mechanics of developing and promoting rehabilitation services. Students will also be exposed to management and financial theories and practices, professional Codes of Ethics and Practice Acts, health care and rehabilitation service delivery, design and structure of rehabilitation clinics, supervision issues, ethical issues, and the development and implementation of outcome measures. Learning experiences provided for students will include lectures, blackboard posting/responses, self learning projects, and small group discussions. Students are expected to complete required readings and assignments in preparation for each class.

PT 703 - Critical Analysis of Patient Care & Management

Description:

Physical therapists are responsible for the critical analysis of care provided to their patients. This course, founded on evidenced based practice, will require students to critically analyze the management of patients they had treated on clinical rotations. More specifically, analysis will include the physical therapy examination, evaluation, intervention and outcomes documented during the patient's rehabilitative care as well as the medical management of the condition. Students will present case analyses to their peers, faculty and master clinicians.

PT 705 - Lifespan Physical Therapy

Description:

This course prepares future physical therapists to effectively examine and provide physical therapy interventions to pediatric and geriatric populations. Students will apply the components of physical therapy practice, screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, outcomes assessment and evaluation, to patients at each end of the lifespan. Students will learn to identify underlying impairments in multiple physiological systems that lead to functional limitations in pediatric and geriatric populations. The course is offered in a lecture and laboratory format. Examination and interventions skills discussed in lecture will be practiced in the laboratory, and applied to case scenarios.

PT 707 - Professional Development VI

Description:

This course will be the final course in the professional development series. The Department of Physical Therapy is committed to professional excellence and leadership expressed in service to others. Individuals achieve excellence and become leaders by seeking professional development and service opportunities that extend beyond the requirements of the workplace and classroom. The American Physical Therapy Association (APTA), state, and local physical therapy associations are committed to advancing the profession of physical therapy and improving the health and physical function of the public. These organizations provide numerous opportunities for professional development and service that go beyond the minimum expectations of the classroom and workplace. This course will emphasize lifelong learning, advocacy for the profession, as well as involvement in the APTA. Additionally, this course will provide clinical enrichment in various practice areas through the presentation of elective seminars.

PT 712 - Clinical Residency

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical residency. This course is the culmination of the clinical education experiences for the DPT degree. This progression leads to a student performing at an entry level of competence during this final experience.

PT 713 - Clinical Residency

Description:

This course prepares the future physical therapist to interact with patients, patient's families, and other related individuals on all levels. To accomplish this students will participate in direct patient care in a variety of settings with supervision by a volunteer adjunct clinical faculty member. An emphasis in an area of specialization will also be considered but not required at this time. Students will be required to maintain a "full" caseload of patients throughout the clinical residency. This course is the culmination of the clinical education experiences for the DPT degree. This progression leads to a student performing at an entry level of competence during this final experience.

PT 718 - Enrichment Capstone

Description:

The purpose of enrichment capstone is to provide students the opportunity to explore areas of interest from a broader perspective beyond what is offered in the didactic or clinical education program in the DPT curriculum. The capstone project is intended to be an intensive, active learning project, requiring significant effort in the planning and implementation. It will include the preparation of a substantial final written report or presentation. The final reports should include the outcomes of the student's experience in addressing the clinical/research equation identified by the student(s) and their mentor. Along with the final report, students should submit any product that resulted from the project, i.e, a video tape, text or CD.

APPENDIX

L

NEW SITE DEVELOPMENT FORM

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New Site Development Form

Facility Name:

Address:

Telephone Number:

Contact Person:

Title:

Date you Contacted:

Notes on your Conversation:

What type of experience would you like?
(General/Acute, Rehab, Specialty)

Are you requesting a particular time block?

Student's Name:

Telephone Number:

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APPENDIX

M

CLINICAL SITE INFORMATION FORM(CSIF)

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CLINICAL SITE INFORMATION FORM (CSIF)

APTA Department of Physical Therapy Education

Revised January 2006

INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
 - Information About the Clinical Site (pages 4-6)
 - Information About the Clinical Teaching Faculty (pages 7-10)
 - Information About the Physical Therapy Service (pages 10-12)
 - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.



American Physical Therapy Association

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

DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA's website at under "**Education Programs,**" click on "Clinical" and choose "Clinical Site Information Form." This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility's information. The title should be the clinical site's zip code, clinical site's name, and the date (eg, 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** 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 quicker data entry. Use the Comment section to provide addition information as needed. If you need additional space please attach a separate sheet of paper.
3. **Save the completed CSIF.**
4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail** a copy of the completed CSIF to the Department of Physical Therapy Education at angelaboyd@apta.org.
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

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 that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on **page 4**. Complete **page 4**, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. ***Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.***

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 CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.

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CLINICAL SITE INFORMATION FORM

Part I: Information For the Academic Program
Information About the Clinical Site – Primary

Initial Date
Revision Date

Person Completing CSIF					
E-mail address of person completing CSIF					
Name of Clinical Center					
Street Address					
City		Stat e		Zip	
Facility Phone		Ext.			
PT Department Phone		Ext.			
PT Department Fax					
PT Department E-mail					
Clinical Center 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					
APTA Credentialed Clinical Instructors (CI) (List name and credentials)					
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	<input type="checkbox"/> Proof of student health clearance <input type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input type="checkbox"/> Drug screening <input type="checkbox"/> First Aid and CPR <input type="checkbox"/> HIPAA education <input type="checkbox"/> OSHA education <input type="checkbox"/> Other: Please list				

Information About Multi-Center Facilities

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

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	
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	
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	
CCCE				E-mail	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input type="checkbox"/>	<input type="checkbox"/>	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
<input type="checkbox"/>	<input type="checkbox"/>	JCAHO	
<input type="checkbox"/>	<input type="checkbox"/>	CARF	
<input type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		<input type="checkbox"/> Corporate/Privately Owned <input type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input type="checkbox"/> PT Owned <input type="checkbox"/> PT/PTA Owned <input checked="" type="checkbox"/> Other (please specify)	

Clinical Site Primary Classification

To complete this section, please:

- A. Place the number 1 (**1**) beside the category that best describes how your facility functions the majority ($\geq 50\%$) of the time.
- B. Next, if appropriate, check (**√**) up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input type="checkbox"/>	Ambulatory Care/Outpatient	<input type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Wellness/Prevention/Fitness Program
<input type="checkbox"/>	ECF/Nursing Home/SNF	<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation	<input type="checkbox"/>	

Clinical Site Location

Which of the following best describes your clinical site's location?

- Rural
- Suburban
- Urban

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME:		Length of time as the CCCE:	
DATE: (mm/dd/yy)		Length of time as a CI:	
PRESENT POSITION: (Title, Name of Facility)		Mark (X) all that apply: <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice:
LICENSURE: (State/Numbers)	APTA Credentialed CI Yes <input type="checkbox"/> No <input type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eligible for Licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

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 Instructors

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

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	No criteria
<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing
<input type="checkbox"/>	Certification/training course	<input type="checkbox"/>	Therapist initiative/volunteer
<input type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Years of experience: Number:
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Demonstrated strength in clinical teaching		

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 Education and Credentialing Program	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program
<input type="checkbox"/>	Clinical center inservices	<input type="checkbox"/>	Professional continuing education (eg, chapter, CEU course)
<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Other (please specify):

Information About the Physical Therapy Service

Number of Inpatient Beds

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care		Psychiatric center	
Intensive care		Rehabilitation center	
Step down		Other specialty centers: Specify	
Subacute/transitional care unit			
Extended care		Total Number of Beds	

Number of Patients/Clients

Estimate the average number of patient/client visits **per day:**

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Student PT		Student PT
	Individual PTA		Individual PTA
	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
	Total patient/client visits per day		Total patient/client visits per day

Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

1 = (0%) 2=(1-25%) 3=(26-50%) 4=(51-75%) 5=(76-100%)

Rating	Patient Lifespan	Rating	Continuum of Care
	0-12 years		Critical care, ICU, acute
	13-21 years		SNF/ECF/sub-acute
	22-65 years		Rehabilitation
	Over 65 years		Ambulatory/outpatient
			Home health/hospice
			Wellness/fitness/industry

Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)

2. Check (√) those patient/client diagnostic sub-categories available to the student.

(1-5)	Musculoskeletal		
<input type="checkbox"/>	Acute injury	<input type="checkbox"/>	Muscle disease/dysfunction
<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Musculoskeletal degenerative disease
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Orthopedic surgery
<input type="checkbox"/>	Bone disease/dysfunction	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
<input type="checkbox"/>	Brain injury	<input type="checkbox"/>	Peripheral nerve injury
<input type="checkbox"/>	Cerebral vascular accident	<input type="checkbox"/>	Spinal cord injury
<input type="checkbox"/>	Chronic pain	<input type="checkbox"/>	Vestibular disorder
<input type="checkbox"/>	Congenital/developmental	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
<input type="checkbox"/>	Cardiac dysfunction/disease	<input type="checkbox"/>	Peripheral vascular dysfunction/disease
<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Lymphedema		
<input type="checkbox"/>	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
<input type="checkbox"/>	Burns	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Open wounds		
<input type="checkbox"/>	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		
<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	Organ transplant
<input type="checkbox"/>	General medical conditions	<input type="checkbox"/>	Wellness/Prevention
<input type="checkbox"/>	General surgery	<input type="checkbox"/>	Other: (Specify)
<input type="checkbox"/>	Oncologic conditions		

Hours of Operation

Facilities with multiple sites with different hours must complete this section for each clinical center.

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

Student Schedule

Indicate which of the following best describes the typical student work schedule:

- Standard 8 hour day
- Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
Others: Specify			

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Industrial/ergonomic PT	<input type="checkbox"/>	Quality Assurance/CQI/TQM
<input type="checkbox"/>	Aquatic therapy	<input type="checkbox"/>	Inservice training/lectures	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Athletic venue coverage	<input type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input type="checkbox"/>	Back school	<input type="checkbox"/>	Nursing home/ECF/SNF	<input type="checkbox"/>	Screening/prevention
<input type="checkbox"/>	Biomechanics lab	<input type="checkbox"/>	Orthotic/Prosthetic fabrication	<input type="checkbox"/>	Sports physical therapy
<input type="checkbox"/>	Cardiac rehabilitation	<input type="checkbox"/>	Pain management program	<input type="checkbox"/>	Surgery (observation)
<input type="checkbox"/>	Community/re-entry activities	<input type="checkbox"/>	Pediatric-general (emphasis on):	<input type="checkbox"/>	Team meetings/rounds
<input type="checkbox"/>	Critical care/intensive care	<input type="checkbox"/>	Classroom consultation	<input type="checkbox"/>	Vestibular rehab
<input type="checkbox"/>	Departmental administration	<input type="checkbox"/>	Developmental program	<input type="checkbox"/>	Women's Health/OB-GYN
<input type="checkbox"/>	Early intervention	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	Work Hardening/conditioning
<input type="checkbox"/>	Employee intervention	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	Wound care
<input type="checkbox"/>	Employee wellness program	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Group programs/classes	<input type="checkbox"/>	Prevention/wellness		
<input type="checkbox"/>	Home health program	<input type="checkbox"/>	Pulmonary rehabilitation		

Specialty Clinics

Please mark (X) all specialty clinics available as student learning experiences.

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Orthopedic clinic	<input type="checkbox"/>	Screening clinics
<input type="checkbox"/>	Balance	<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Developmental
<input type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Prosthetic/orthotic clinic	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Seating/mobility clinic	<input type="checkbox"/>	Preparticipation sports
<input type="checkbox"/>	Hemophilia clinic	<input type="checkbox"/>	Sports medicine clinic	<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Women's health	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Neurology clinic				

Availability of the Clinical Education Experience

Indicate 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: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/>	First experience: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)
<input type="checkbox"/>	Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/>	Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)
<input type="checkbox"/>	Final experience	<input type="checkbox"/>	Final experience
<input type="checkbox"/>	Internship (6 months or longer)		
<input type="checkbox"/>	Specialty experience		

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

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.		

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

What is the procedure for managing students whose performance is below expectations or unsafe?

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.

Clinical Site's Learning Objectives and Assessment

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
<input type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input type="checkbox"/>	<input type="checkbox"/>	• Students with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or CI typically 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

Indicate which of the following methods are typically utilized to inform students about their clinical 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	<input type="checkbox"/>	

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]).

Part II. Information for Students

Use the check (✓) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

Arranging the Experience

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is a Mantoux TB test (PPD) required? a) one step _____ (✓ check) b) two step _____ (✓ check) If yes, within what time frame?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Is a Rubella Titer Test or immunization required?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	
		8. How is this information communicated to the clinic? Provide fax number if required.	
		9. How current are student physical exam records required to be?	
<input type="checkbox"/>	<input type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input type="checkbox"/>	<input type="checkbox"/>	11. Is the student required to provide proof of OSHA training?	
<input type="checkbox"/>	<input type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	
<input type="checkbox"/>	<input type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
<input type="checkbox"/>	<input type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
<input type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<input type="checkbox"/>	<input type="checkbox"/>	16. Is emergency health care available for students?	
<input type="checkbox"/>	<input type="checkbox"/>	a) Is the student responsible for emergency health care costs?	
<input type="checkbox"/>	<input type="checkbox"/>	17. Is other non-emergency medical care available to students?	
<input type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive CPR certification while on-site?	
<input type="checkbox"/>	<input type="checkbox"/>	19. Is the student required to be certified in First Aid?	
<input type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive First Aid certification on-site?	
<input type="checkbox"/>	<input type="checkbox"/>	20. Is a criminal background check required (eg, Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	
<input type="checkbox"/>	<input type="checkbox"/>	21. Is a child abuse clearance required?	
<input type="checkbox"/>	<input type="checkbox"/>	22. Is the student responsible for the cost or required clearances?	
<input type="checkbox"/>	<input type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
<input type="checkbox"/>	<input type="checkbox"/>	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	

Housing

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	
<input type="checkbox"/>	<input type="checkbox"/>	27. Is housing provided for female students? (If no, go to #32)	
		28. What is the average cost of housing?	
		29. Description of the type of housing provided:	
		30. How far is the housing from the facility?	
		31. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:
		Phone:	E-mail:
Yes	No		Comments

		32. If housing is not provided for either gender:	
<input type="checkbox"/>	<input type="checkbox"/>	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.	
<input type="checkbox"/>	<input type="checkbox"/>	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	

Transportation

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	
<input type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	
<input type="checkbox"/>	<input type="checkbox"/>	35. Is public transportation available?	
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	miles
		b) Subway station?	miles
		c) Bus station?	miles
		d) Airport?	miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	
		38. Please enclose a map of your facility, specifically the location of the department and parking. Travel directions can be obtained from several travel directories on the internet. (eg, Delorme , Microsoft , Yahoo , Mapquest).	

Meals

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	39. Are meals available for students on-site? (If no, go to #40)	
		Breakfast (if yes, indicate approximate cost)	
		Lunch (if yes, indicate approximate cost)	
		Dinner (if yes, indicate approximate cost)	
<input type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	

Stipend/Scholarship

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? (\$ / week)	
<input type="checkbox"/>	<input type="checkbox"/>	42. Is this stipend/salary in lieu of meals or housing?	
		43. 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		Comments
<input type="checkbox"/>	<input type="checkbox"/>	44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
<input type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	
<input type="checkbox"/>	<input type="checkbox"/>	46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?	
<input type="checkbox"/>	<input type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
<input type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	

Other Student Information

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	49. Do you provide the student with an on-site orientation to your clinical site?	
(mark X below)		a) Please indicate the typical orientation content by marking an X by all items that are included.	
<input type="checkbox"/>	Documentation/billing	<input type="checkbox"/>	Review of goals/objectives of clinical experience
<input type="checkbox"/>	Facility-wide or volunteer orientation	<input type="checkbox"/>	Student expectations
<input type="checkbox"/>	Learning style inventory	<input type="checkbox"/>	Supplemental readings
<input type="checkbox"/>	Patient information/assignments	<input type="checkbox"/>	Tour of facility/department
<input type="checkbox"/>	Policies and procedures (specifically outlined plan for emergency responses)	<input type="checkbox"/>	Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.)
<input type="checkbox"/>	Quality assurance		
<input type="checkbox"/>	Reimbursement issues		
<input type="checkbox"/>	Required assignments (eg, case study, diary/log, inservice)		

In appreciation...

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

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APPENDIX

N

HIPAA PROCEDURE

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Student Procedures for On-line HIPAA Training

Students that enter the DPT program through the Exercise Science(ENS) program at UB, have to receive HIPAA training prior to the third year(junior) of the program. The procedure for accomplishing that is listed below.

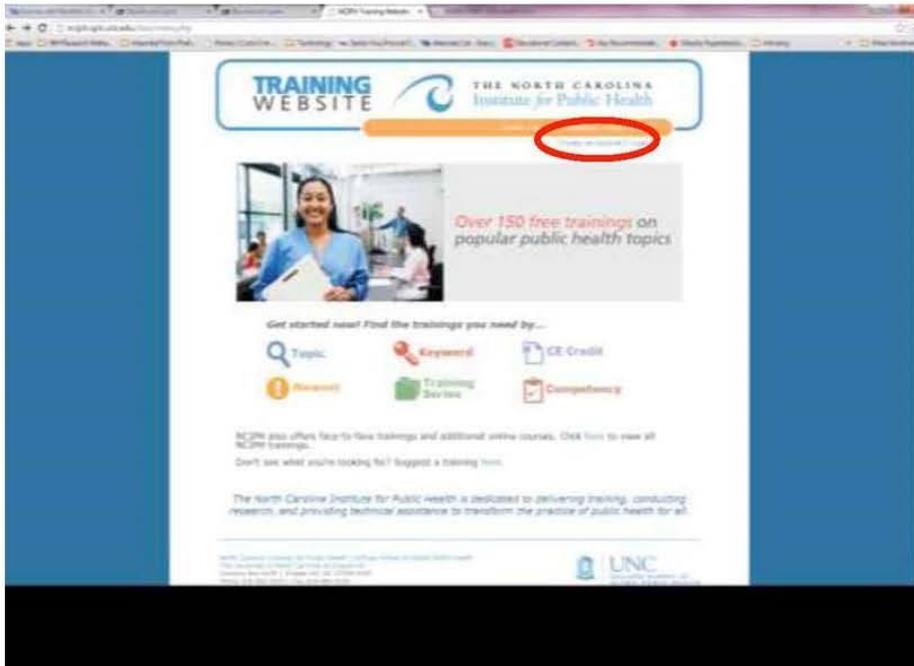
If the student is a transfer student, they will receive the information below.

Doctor of Physical Therapy Students:

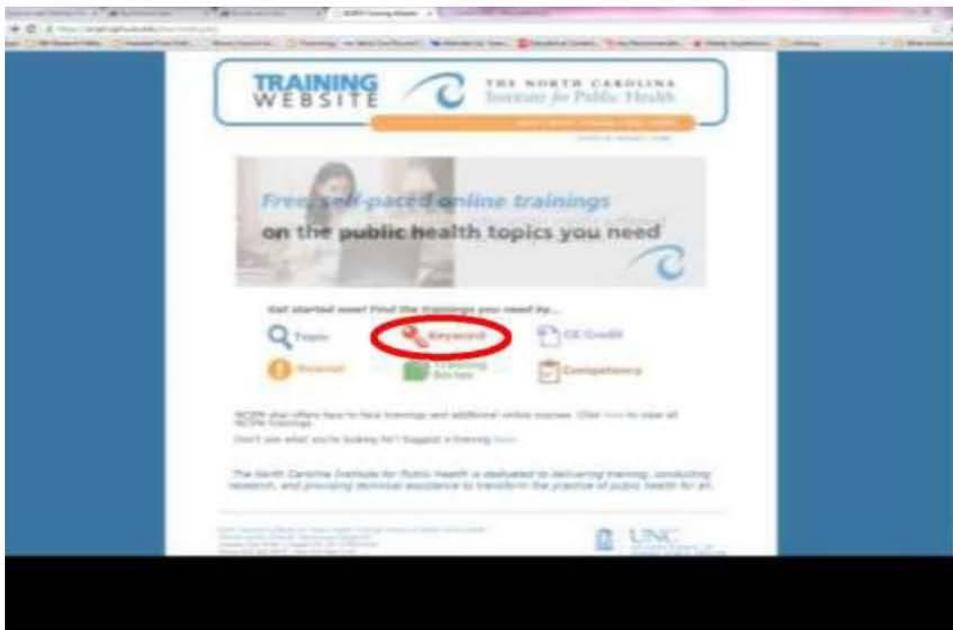
You need to complete basic training related to the Health Insurance Portability and Accountability Act (HIPAA). Please follow the procedures described below to complete the online HIPAA tutorial. When you have completed the tutorial, print (in landscape mode) a certificate of completion. **Be sure to keep a copy of the certificate for your personal files, you will need to present it on future clinical experiences.**

Additional HIPAA training

1. Go to the University of North Carolina Center for Public Health Preparedness Training Web Site at <https://nciph.sph.unc.edu/tws/index.php>. Click on “Create an account” to register for free access to the training programs.



2. After you register, you will be given access to the Training Catalog. Click on “Keyword” to search trainings by keyword.



3. Click on "H".



UNC CPHP Training Web Site

Preparedness Center Training Catalog

View Trainings: [By Date](#) | [By Keyword](#) | [By Competency](#) | [By CE Credit](#) | [Short](#) | [Training Series](#) | [Training Package](#) | [All](#)

Below is a list of keywords associated with our trainings. Choose a keyword below to see all trainings associated with that keyword.

Keywords:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

- A -

- [administration](#)
- [animal disease](#)
- [antibiotic](#)
- [assessment](#)
- [avian influenza](#)

[Back To Top](#)

- B -

- [Bioterrorism](#)
- [Bioterrorism](#)
- [Bioscience](#)
- [Bioscience](#)

[Back To Top](#)

- H -

- [hazardous substances](#)
- [HIPAA](#)
- [hymenococcus](#)
- [hypocholesterolemia](#)

[Back To Top](#)

- I -

- [Incidence](#)
- [incident command system \(ICS\)](#)
- [infectious disease reporting](#)
- [infectious disease](#)
- [influenza](#)
- [influenza](#)
- [informatics](#)
- [information bias](#)
- [intervention trials](#)
- [interviewing techniques](#)

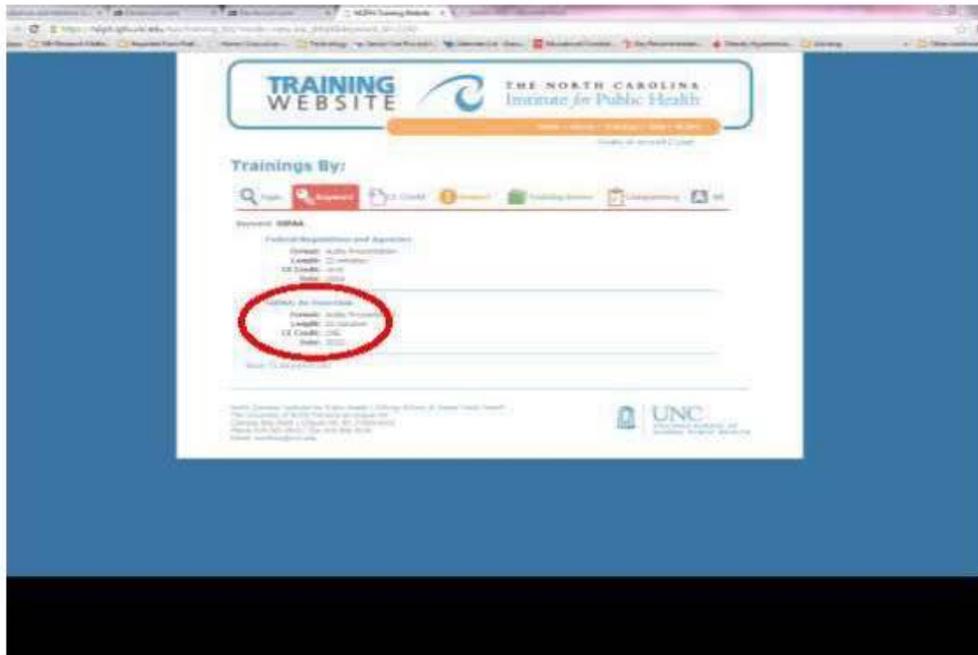
[Back To Top](#)

- L -

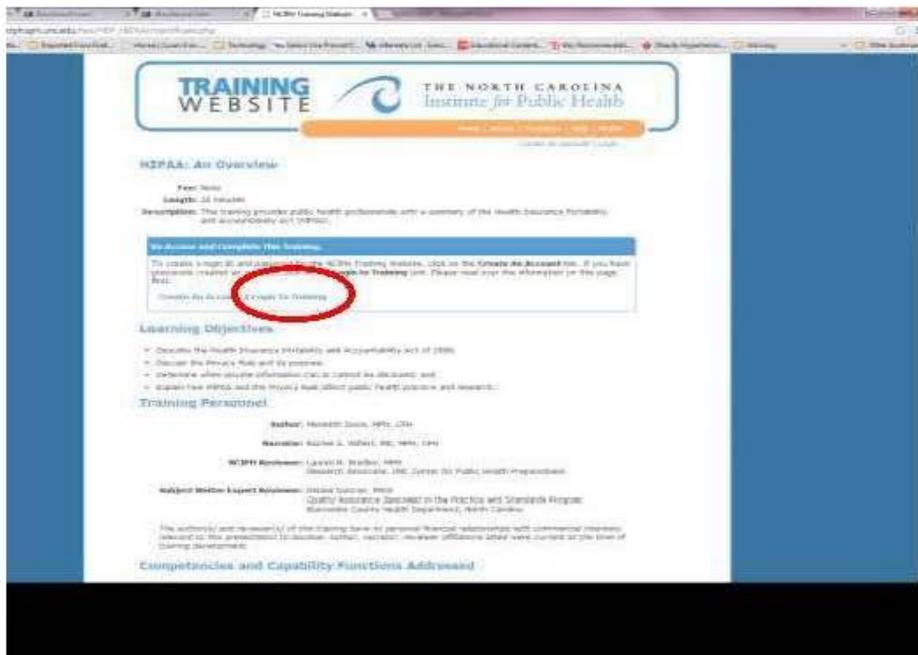
- [Laboratory](#)
- [law enforcement](#)
- [leadership](#)
- [legal issues](#)

4. Under "H" click on "HIPAA."

5. Select the program "HIPAA: An Overview."



6. Read over the training information on the page and click on "Login to Training".



7. Complete the training pre-test (4 questions).
8. Complete the training program.
9. Complete the training post-test (4 questions).
10. Complete the training evaluation form. .
11. Print the certificate of training for the program
10. Bring a printed copy to Pedro Sotelo-Peryea in 210B Kimball or scan and e-mail a copy to pisotelo@buffalo.edu.

IMPORTANT: You should keep a copy of the certificate for yourself. The ENS Department will not be able to provide copies of your certificate in the future.

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APPENDIX

Q

BENEFITS TO ADJUNCT CLINICAL FACULTY

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University at Buffalo
The State University of New York
School of Public Health and Health Professions
Office of the Dean

November 8, 2011

Mr.
229 Anderson Place
Buffalo, NY 14222

Dear Mr. ,

It gives me great pleasure to recommend your appointment as clinical instructor (voluntary) in the Department of Rehabilitation Science, effective November 1, 2011. In recognition of your contribution to our program, the position offers the following benefits:

1. Library privileges on the North and South campus.
2. Parking privileges - a UB Faculty/Staff parking permit may be acquired for a nominal fee by applying at the Office of Campus Parking and Transportation Services. The South Campus office is located at 104 Harriman Hall, (829-2887 for information). The North Campus office is located at 106 Spaulding Hall, Bldg. 1 (645-7329 for information).
3. Recreational privileges - use of campus recreational facilities. Nominal fees may be required for certain activities. Contact Alumni Arena at 645-3141 for further information.
4. Tuition credits - one or two hours free tuition credit per semester is available for a minimum of 80 or 230 supervisory hours, respectively. These credits are not transferable and **must be used within one year** after the end of the semester in which you have earned the credits. If you wish to take advantage of this benefit, please contact your clinical coordinator for information.
5. Inclusion of your name and UB professional affiliation in the University at Buffalo on-line directory.
6. Access to the internet and establishment of an email account is available. Please go to www.cit.buffalo.edu, and then click on Faculty Services.

Please note that in order to obtain the above benefits, you must obtain a free UB Card at either the South Campus office, 101 Harriman Hall (829-3682) or the North Campus office, Suite 101 The Commons (645-6344).

The supervision you provide our students in a clinical setting is a highly valued part of their professional preparation. Thank you for your willingness to serve our students and our school.

Sincerely,

Robert Burkard, Ph.D.
Chair
Cc: Dept.

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APPENDIX

P

HEALTH BACKGROUND FORM

AND

ANNUAL HEALTH UPDATE FORM

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Students cannot register for classes until they have fulfilled the immunization and meningitis information requirements.

2016-2017 Health Background Form

University at Buffalo Student Health Services

Michael Hall, 3435 Main Street, Buffalo, NY 14214-8003
 Phone: 716-829-3316 Fax: 716-829-2564

Name (please print): _____ UB Person #: _____
Last First MI

Birthdate: _____ Academic Program/Major: _____
Month Day Year

Preferred phone #: _____

Emergency contact name & phone #: _____

Part 1 Consent of Parent or Guardian for Treatment of Those Under 18 Years of Age

To be completed if the student is under 18 years of age at the time of arrival on campus even if student will turn 18 during the academic year.

Signature of Parent/Guardian indicates that UB Student Health Services has permission to treat your child. This includes care & treatment by medical providers at any outside health care facility if deemed necessary by UB Student Health Services.

 Parent/Guardian Signature Date

Part 2 HEALTH HISTORY

1. Drug Allergies: _____

2. Current Medications & doses: _____

3. Medical/Psychological conditions: _____

Part 3 IMMUNIZATION RECORDS

Must be completed and signed by health care provider or attach immunization records from previous school, health care provider or government agency.

MMR (Measles, Mumps, Rubella) REQUIRED

As mandated by New York State Public Health Law §2165, proof is required if born on or after January 1, 1957.

Vaccination	Vaccine Date (Month/Day/Year)	Or Serology Results/Date
2 MMR's <small>(combo measles, mumps & rubella vaccine) 1st dose after 1st birthday; 2nd dose at least 28 days later. OR list individual vaccines below</small>	#1	
	#2	
2 MEASLES <small>1st dose after 1st birthday; 2nd dose at least 28 days later</small>	#1	Attach lab results &/or note if immune
	#2	
1 MUMPS <small>after 1st birthday</small>		Attach lab results &/or note if immune

1 RUBELLA <small>after 1st birthday</small>		Attach lab results &/or note if immune
--	--	--

MENINGITIS INFORMATION FORM REQUIRED

New York State Public Health Law §2167 requires our students to learn about Meningitis and be aware of the availability of the meningitis vaccine (available at a cost from your health care provider or from Student Health Services). While you are not required to receive this vaccine, we strongly urge you to read the full information regarding meningitis at:

www.health.buffalo.edu/immunization and to consider immunization.

Mark one of the statements below and provide your signature:

- I have received the immunization for meningitis within the past 10 years.
Date received: _____
- I acknowledge the risks associated with meningitis and refuse immunization.

 Signature of student if 18 years of age or older; Date
 signature of parent/guardian if student is under 18 years of age

RECOMMENDED VACCINES

Students in health-related profession programs are **required** to provide proof of PPD (see Part 5), Tetanus (within 10 years), Hepatitis B series, and Varicella vaccine or history of disease. Vaccines listed below are not required for students in other academic programs, but they are recommended.

Vaccination	Vaccine Date(s) <small>(Month/Day/Year)</small>		
	#1	#2	#3
Hepatitis B	#1	#2	#3
Human Papilloma (HPV)	#1	#2	#3
	Circle: Gardasil Gardasil 9 Cervarix		
Meningitis			
Meningitis Serogroup B	#1	#2	#3
Tetanus/Diphtheria	Circle Td or Tdap		
Varicella	#1	#2	Or year of chicken pox
Other			

 Signature/Stamp of health care provider Date

 Phone number of practice

Name (please print): _____ UB Person #: _____
Last First MI

Country of Birth: _____ Year arrived in US: _____

Part 4 MANDATORY TUBERCULOSIS SCREENING FORM REQUIRED

Sections A and B are REQUIRED for ALL students

SECTION A: History of Tuberculosis (TB)?

1. Have you ever been sick with tuberculosis? YES NO
2. Have you ever had a positive PPD, TB Quantiferon test, or T-SPOT? YES NO

SECTION B: At Risk for Tuberculosis (TB)?

1. Are you currently in a health-related academic program/major? YES NO
2. Were you born in, or have you lived, worked or visited for more than one month in any of the following:
Asia, Africa, South America, Central America or Eastern Europe? YES NO
If yes, what country? _____ How long? _____
Reason (please circle) Born there Tourist Work School Other _____
3. Have you had HIV infection, AIDS, diabetes, leukemia, lymphoma or a chronic immune disorder? YES NO
4. Do any of the following conditions or situations apply to you?
a) Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES NO
b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES NO
c) Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? YES NO

Student Signature _____ Date _____

If you answered no to all of the above questions, skip Section C.

If you answered yes to any of the above questions, your health care provider must complete Section C below.

SECTION C: ATTENTION HEALTH CARE PROVIDER: If patient answered YES to any of the above questions, proof of a PPD, QuantiFERON –TB Gold or T-SPOT is REQUIRED. If PPD results are 10mm or more, or QuantiFERON-TB Gold or T-SPOT are positive a chest x-ray is REQUIRED. Testing and/or chest x-ray must be done within one calendar year prior to admittance (unless history of positive PPD). If student has history of positive PPD, chest x-ray is required. History of BCG vaccination does not prevent testing of a member of a high risk group.

PPD: Date placed _____ Date read _____ mm induration _____
QuantiFERON-TB Gold or T-SPOT: Result Date _____ Result (attach lab report) _____
Date of chest x-ray _____ Result _____

If negative CXR and positive PPD/Lab Result, did the student complete a course of INH or other TB Treatment? YES NO

If yes, name of medication: _____

Date Range of Treatment: _____ How many months did student take medication? _____ (# of months)

PROVIDER INFORMATION REQUIRED

Signature/Stamp of health care provider _____ Phone number of practice _____ Date _____

Part 5 PHYSICAL EXAMINATION

Only REQUIRED for 1st Year Dental and 3rd Year Nursing students. Must be completed and signed by a health care provider.

Height: _____ Weight: _____ Blood Pressure: _____

Any significant history, physical exam findings, regular medications, or restriction of activity?

Signature/Stamp of health care provider _____ Phone number of practice _____ Da _____

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APPENDIX

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DPT COURSE SEQUENCE FORM

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Doctor of Physical Therapy
Curriculum Schedule

FIRST YEAR

Fall Semester

PT 501 Professional Development
PT 503 Medical Sciences I
PT 505 Evidenced Based Practice
PT 509 Foundations of Physical Therapy I
PT 511 Practicum in Health and Wellness
CHB 550 Public Health and Population Well Being

Spring Semester

PT 502 Professional Development II
PT 504 Medical Sciences II
PT 510 Foundations of Physical Therapy II
PT 601 Musculoskeletal Physical Therapy I
PT 611 Foundations of Physical Therapy III

Summer Session

PT 512 Clinical Experience (8 weeks)

SECOND YEAR

Fall Semester

PT 508 Cardiopulmonary Physical Therapy
PT 602 Musculoskeletal Physical Therapy II
PT 603 Neuromuscular Physical Therapy I

Semester Break

PT 613 Clinical Experience (8 Weeks)

Spring Semester

PT 600 Community Service for Physical Therapy
PT 604 Neuromuscular Physical Therapy II
PT 605 Inter-professional Case Management
PT 607 Professional Development III
PT 612 Integumentary Physical Therapy

Summer Session

PT 614 Clinical Internship (12 Weeks)

THIRD YEAR

Fall Semester

PT 701 Management for Rehab Professionals
PT 703 Critical Analysis of Patient Care and Management
PT 705 Lifespan Physical Therapy
PT 707 Professional Development IV

Spring Semester

PT 712 Clinical Residency
PT 713 Clinical Residency II
PT 718 Enrichment Capstone

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APPENDIX

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**TECHNICAL STANDARDS FOR ADMISSION,
PROMOTION, AND GRADUATION**

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Technical Standards for Admission, Promotion and Graduation

Physical Therapy is an intellectually, physically, and psychologically demanding profession. It is during the challenging 3 year curriculum that the student begins to develop the qualities needed to practice physical therapy. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed throughout the physical therapist's career. Those abilities that physical therapists must possess to practice safely are reflected in the technical standards that follow.

If a student cannot demonstrate the skills and abilities outlined in this document, it is the responsibility of the student to request reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that students with disabilities will be exempt from completing certain tasks; it does mean that the DPT Program will work with students with disabilities to determine whether there are ways that we can assist the student toward successful completion of the tasks.

Candidates for admission with a disability are not required to disclose the specifics of their disabilities, but prior to the start of DPT classes, they must indicate that they can complete these tasks, with or without reasonable accommodation. Students who cannot complete these tasks even with accommodation are ineligible for admission and so any previously made offer of admission, will be withdrawn. Once admitted, a student with a disability who wishes reasonable accommodation must contact the Office of Disability Services at 25 Capen Hall North Campus (716) 645-2608 or at <http://www.student-affairs.buffalo.edu/ods/index.shtml> . An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, *or* that the accommodations needed are not reasonable and would cause undue hardship to the institution, *or* that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Candidates for admission who have questions about this document or who would like to discuss specific accommodations should contact the Program Director for the Doctor of Physical Therapy Program.

For successful completion of degree requirements, students must be able to meet these minimum standards with or without reasonable accommodation.

Observation skills

Observation requires the functional use of vision, hearing, somatic sensations, and the use of common sense. Candidates must have visual perception which includes depth and acuity. A student must be able to observe lectures, laboratory dissection of cadavers, and lecture and laboratory demonstrations. The student must be able to observe a patient accurately, observe digital and waveform readings and other graphic images to determine a patient's condition. Candidates must be able to observe patients and be able to obtain an appropriate medical history directly from the patient or guardian. Examples in which these observational skills are required include: palpation of peripheral pulses, bony prominences and ligamentous structures; visual and tactile evaluation for areas of inflammation and visual and tactile assessment of the presence and degree of edema. A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals.

Communication skills

Communication includes: speech, language, reading, writing and computer literacy. Students must be able to communicate effectively, sensitively, and convey a sense of compassion and empathy with patients to

elicit information regarding mood and activities, as well as perceive non-verbal communications. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team. Students must be able to complete forms according to directions in a complete and timely fashion.

Motor/Psychomotor skills

Students must possess sufficient motor function to elicit information from the patient examination, by palpation, auscultation, tapping and other evaluation maneuvers. Students must be able to execute movements required to provide general and therapeutic care, such as positioning large or immobile patients, gait training using therapeutic aids and orthotics, positioning and performing manual mobilization techniques, performing non-surgical wound debridement, and placing electromyographic electrodes. Candidates must have the physical strength to perform cardiopulmonary resuscitation and emergency treatment to patients. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision.

Intellectual – Conceptual Integrative and Quantitative Analysis Abilities

To effectively solve problems, students must be able to measure, calculate, reason, analyze, integrate and synthesize information in a timely fashion. For example, the student must be able to synthesize knowledge and integrate the relevant aspects of a patient's history, physical examination, and laboratory data, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the medical literature in formulating treatment and plans is essential. In addition, students must be able to comprehend three dimensional relationships and to understand spatial relationships of structures. Candidates must have the ability to use computers for searching, recording, storing, and retrieving information.

Behavioral/ Social Attributes and Professionalism

A student must possess the psychological ability required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities inherent to diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients. As a component of their education, students must demonstrate ethical behavior.

Specifically, students must be able to:

1. Attend and participate in classes for 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.
2. Use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
3. Read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
4. Complete readings, assignments, and other activities outside of class hours.
5. Apply critical thinking processes to their work in the classroom and the clinic.
6. Exercise sound judgment in class and in the clinic.
7. Participate in Clinical Experiences which typically require students to be present 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.

8. Gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary (classmate, aide, etc).
9. Perform treatment activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
10. Sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily.
11. *Frequently* lift weights less than 10 pounds and *occasionally* lift weights between 10 and 100 pounds.
12. *Occasionally* carry up to 25 pounds while walking up to 50 feet.
13. *Frequently* exert 75 pounds of push/pull forces to objects up to 50 feet and *occasionally* exert 150 pounds of push/pull forces for this distance.
14. *Frequently* twist, bend and stoop.
15. *Occasionally* squat, crawl, climb stools, reach above shoulder level, and kneel.
16. *Frequently* move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
17. *Frequently* stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
18. *Occasionally* climb stairs and *rarely* negotiate uneven terrain.
19. *Frequently* use their hands repetitively with a simple grasp and *frequently* use a firm grasp and manual dexterity skills.
20. *Frequently* coordinate verbal and manual activities with gross motor activities.

Essential Tasks for Admission, Promotion and Graduation

The tasks listed below are all essential for students in the DPT program. They help to ensure a safe and effective classroom environment, and to protect students, faculty and patients. If students are unable to comply with any of the following, they should not enter the program. Failure to comply with these regulations once in the program may lead to dismissal.

Students must agree to:

1. follow safety procedures established for each class and clinic.
2. interact with others appropriately and as needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist-patient relationships.
3. maintain personal appearance and hygiene conducive to classroom and clinical settings.
4. annually pass a cardiopulmonary resuscitation course at the health professional level.
5. demonstrate appropriate health status prior to enrollment, with annual updates on some items: no active tuberculosis; rubella (German measles) and rubeola (measles) immunity, tetanus-diphtheria booster within 10 years of anticipated graduation, and hepatitis B vaccine series or written declination.
6. annually complete OSHA-regulated Bloodborne Pathogen Exposure Training.
7. follow standards, policies and procedures specified in the DPT Student Handbook, in the Clinical Education Agreement (contract between university and clinical sites), and in the Clinical Education Manual. The most recent copies of these documents are available for review.

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