

University of Missouri

School of Health Professions

Department of Physical Therapy

Clinical Education Handbook

The purpose of this handbook is to serve as a reference regarding the policies and procedures of the clinical education program at the University of Missouri.

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(* Includes: Clinical Performance Instrument, Clinical Site Information Form, etc.)

Thank you very much for working with our students. If you ever have any questions regarding our program or students, please feel free to contact the department.

Sincerely,

Faculty and Staff
University of Missouri
Department of Physical Therapy.

University of Missouri
School of Health Professions
Department of Physical Therapy

COMPREHENSIVE CLINICAL EDUCATION EXPERIENCES

Policy:

The physical therapist professional curriculum includes clinical education experiences that encompass:

- Management of clients that represent those seen in practice across the lifespan and continuum of care
- Practice in settings in which physical therapy is commonly practiced
- Interaction with physical therapists whose practice is consistent with the MU PT Program's philosophy of practice
- Participation in interdisciplinary care
- Experiences that facilitate achievement of expected student outcomes

Procedure:

Students will successfully complete at least one Acute, one Neurological Rehab or Pediatric and one Outpatient Orthopedic affiliation. This will be documented in the Student Clinical Requirement Database. The Student Clinical Requirement Database will include the types of clinical experiences completed, participation in interdisciplinary care, surgery observations, and additional items from the APTA's PT Student Assessment of the Clinical Experience form (Diversity of Case Mix, Patient Lifespan, Continuum of Care, Components of Care, etc.) and will be monitored by the DCE to ensure that all students are meeting the clinical education requirements.

The continuum of care and experiences across the lifespan will be enhanced by student participation in PT 4370-Pediatric PT and PT 7890 and 8690-Case Management I and III.

Clinical education files for each of the active clinical sites will be available to currently enrolled students. These will include a copy of the current signed affiliation agreement and additional requirements from sites.

Current Clinical Site Information Forms (CSIF) will be kept in the Clinical Education Resource Room (Lewis 113) where students will have access to them during daytime hours.

This policy and procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- Student assessments of clinical education experiences
- Information will be located in the Student Clinical Requirement Database

An annual survey for the sites and a survey for students upon completing the program will be utilized to decide if this policy and procedure is being successfully communicated to the site and students as well as to determine if this policy and procedure is being effectively carried out.



University of Missouri

Clinical Education I

General and Specific Performance Expectations

General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education I, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed I	Basic	Routine	Guidance/ Consultation	Mod	Mod
		New	Close	Low	Low
	Complex	Routine	Close	Low	Low
		New	Close	Low	Low

For example:

By the end of this clinical, our students would be expected to still need supervision with complex patients or relatively “basic” patients that have a diagnosis that they have not previously encountered.

Specific Performance Expectations (not meant to be an exhaustive list):

Outpatient Orthopedic & Acute Care Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Application of interventions such as basic modalities and therapeutic exercise

Students may require significant guidance or verbal/physical cues concerning:

- Synthesis of examination data to formulate appropriate diagnosis and treatment planning, especially for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses



University of Missouri

Clinical Education II

General and Specific Performance Expectations

General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education II, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed II	Basic	Routine	Independent	High	High
		New	Guidance/ Consultation	Mod	Mod
	Complex	Routine	Close	Low	Low
		New	Close	Low	Low

For example:

By the end of this clinical, our students would be expected to be independent with examination and treatment of a routine, basic patient (patient with a non-complicated, previously encountered diagnosis).

Specific Performance Expectations (not meant to be an exhaustive list):

Outpatient Orthopedic & Acute Care Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vial signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as basic modalities and therapeutic exercise

Students may require significant guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as joint mobilization, McConnell taping, prescription of bracing/orthotics, etc.



Adult Neurological Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with little to moderate supervision:

- Documentation
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, endurance, and posture
- Gait assessment
- Identify level of SCI using ASIA classification system
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient's physical recovery
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim., FES, Biofeedback), manual therapy techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill, and bike)
- Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices- Hoyer Lift, and air splints)
- Devise PT related and Team goals with functional outcome and expected duration of treatment
- Patient Interview (as appropriate)
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility, and ambulation
- Refer to appropriate team members
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Assess for patient's equipment needs including wheelchair and cushion, walker, cane, shower chair, raised toilet seat, grab bars, and commode
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Use of the FIM

Pediatric Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with little to moderate supervision:

- Select, administer, and interpret assessments for pediatric clients with neuromuscular dysfunction
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Formulate goals appropriate to the setting and set a timeframe appropriate to achieve these goals
- Provide education to family and caregivers including home exercise program and methods to facilitate the child's development
- Refer to appropriate team members/ health professionals as well as to community resources
- Identify physical and health-related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Arthritis, Muscular Dystrophy and SMA, and Orthopedic conditions
- Apply the NCMRR disablement model utilize this to guide decision making
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning, and development into treatment
- Assess for appropriate equipment (orthotics, wheelchair and cushion, canes, walker, helmet, wedges, etc.)

Students on Pediatric or Neurological affiliations may require significant guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as prescription of bracing/orthotics, etc



University of Missouri

Clinical Education III

General and Specific Performance Expectations

General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education III, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed III	Basic	Routine	Independent	High	High
		New	Guidance/ Consultation	High	High
	Complex	Routine	Guidance/ Consultation	Mod	Mod
		New	Close	Low	Low

For example:

By the end of this clinical, our students would be expected to be independent with examination and treatment of a routine, basic patient (patient with a non-complicated, previously encountered diagnosis).

NOTE: ALL students will complete an Evidence-based Presentation while on this rotation. The topic will be determined by the site and the student will research the topic and present their findings to the staff at the facility.

Specific Performance Expectations (not meant to be an exhaustive list):

Outpatient Orthopedic & Acute Care Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vial signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral joint mobilization



Students may require moderate guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions (Burns, Cardiopulmonary, Wounds, and Oncology)
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as spinal mobilization, prescription of bracing/orthotics, etc.

Adult Neurological Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with little to moderate supervision:

- Documentation
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, endurance, and posture
- Gait assessment
- Identify level of SCI using ASIA classification system
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient's physical recovery
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim., FES, Biofeedback), manual therapy techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill, and bike)
- Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices- Hoyer Lift, and air splints)
- Devise PT related and Team goals with functional outcome and expected duration of treatment
- Patient Interview (as appropriate)
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility, and ambulation
- Refer to appropriate team members
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Assess for patient's equipment needs including wheelchair and cushion, walker, cane, shower chair, raised toilet seat, grab bars, and commode
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Use of the FIM

Pediatric Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with little to moderate supervision:

- Select, administer, and interpret assessments for pediatric clients with neuromuscular dysfunction
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Formulate goals appropriate to the setting and set a timeframe appropriate to achieve these goals
- Provide education to family and caregivers including home exercise program and methods to facilitate the child's development
- Refer to appropriate team members/ health professionals as well as to community resources
- Identify physical and health-related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Arthritis, Muscular Dystrophy and SMA, and Orthopedic conditions
- Apply the NCMRR disablement model utilize this to guide decision making
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning, and development into treatment
- Assess for appropriate equipment (orthotics, wheelchair and cushion, canes, walker, helmet, wedges, etc.)

Students on Pediatric or Neurological affiliations may require moderate guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as prescription of bracing/orthotics, etc.



University of Missouri Clinical Education IV General and Specific Performance Expectations

General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education IV, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed IV	Basic	Routine	Independent	High	High
		New	Independent	High	High
	Complex	Routine	Guidance/ Consultation	Mod	Mod
		New	Guidance/ Consultation	Mod	Mod

At the end of this clinical affiliation, it is our expectation that our students be independent with evaluation and treatment of basic patient populations in routine and new situations. Student may require guidance and/or consultation when presented with a complex patient in a routine or new situation.

NOTE: ALL students will complete an Evidence-based Presentation while on this rotation. The topic will be determined by the site and the student will research the topic and present their findings to the staff at the facility.

Specific Performance Expectations (not meant to be an exhaustive list):

Outpatient Orthopedic & Acute Care Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision (except in new and complex situations as described above):

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vial signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment plans
- Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral and spinal joint mobilization, prescription of bracing/orthotics
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses (Burns, Wounds, Cardiopulmonary, Oncology, Amputation)



Adult Neurological Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Documentation
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, endurance, and posture
- Gait assessment
- Identify level of SCI using ASIA classification system
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient's physical recovery
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim., FES, Biofeedback), manual therapy techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill, and bike)
- Prescription, application, and fabrication of adaptive, assistive, and orthotic devices (slings, lower extremity orthotics, transfer devices-Hoyer Lift, and air splints)
- Devise PT related and Team goals with functional outcome and expected duration of treatment
- Complete a home assessment and provide recommendations to maximize functional abilities follow-up of the patient
- Patient Interview (as appropriate)
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility, and ambulation
- Refer to appropriate team members
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Assess for patient's equipment needs including wheelchair and cushion, walker, cane, shower chair, raised toilet seat, grab bars, and commode
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Use of the FIM
- Establish a discharge plan and refer to appropriate setting/ for appropriate care for complex diagnoses

Pediatric Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Select, administer, and interpret assessments for pediatric clients with neuromuscular dysfunction
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Formulate goals appropriate to the setting and set a timeframe appropriate to achieve these goals
- Provide education to family and caregivers including home exercise program and methods to facilitate the child's development
- Refer to appropriate team members/ health professionals as well as to community resources
- Complete a home assessment and provide recommendations to maximize functional abilities follow-up of the patient
- Identify physical and health-related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Arthritis, Muscular Dystrophy and SMA, Trisomy 18, and Orthopedic conditions
- Apply the NCMRR disablement model utilize this to guide decision making
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning, and development into treatment
- Assess for appropriate equipment (orthotics, wheelchair and cushion, canes, walker, helmet, wedges, strollers, therapeutic toys, swiss ball)
- Establish a discharge plan and refer to appropriate setting/ for appropriate care for complex diagnoses

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10



University of Missouri Clinical Education V General and Specific Performance Expectations

General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education V, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed V	Basic	Routine	Independent	High	High
		New	Independent	High	High
	Complex	Routine	Independent	High	High
		New	Consultation	High	High

At the end of this clinical affiliation, it is our expectation that our students will be functioning at an entry level. The APTA defines entry level as...a student who requires no guidance or clinical supervision managing patients with simple or complex conditions. The student should consistently and efficiently provides quality care with simple or complex patients in a variety of clinical environments. The student usually needs no guidance or supervision except when addressing new or complex situations. We would like to emphasize that entry level performance does allow occasional consultation with other healthcare professionals, especially with complicated cases.

Specific Performance Expectations (not meant to be an exhaustive list):

Outpatient Orthopedic & Acute Care Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision (except in new and complex situations as described above):

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vial signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment plans
- Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral and spinal joint mobilization, prescription of bracing/orthotics
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses (Burns, Wounds, Cardiopulmonary, Oncology, Amputation)



Adult Neurological Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Documentation
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, endurance, and posture
- Gait assessment
- Identify level of SCI using ASIA classification system
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient's physical recovery
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim., FES, Biofeedback), manual therapy techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill, and bike)
- Prescription, application, and fabrication of adaptive, assistive, and orthotic devices (slings, lower extremity orthotics, transfer devices-Hoyer Lift, and air splints)
- Devise PT related and Team goals with functional outcome and expected duration of treatment
- Complete a home assessment and provide recommendations to maximize functional abilities follow-up of the patient
- Patient Interview (as appropriate)
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility, and ambulation
- Refer to appropriate team members
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Assess for patient's equipment needs including wheelchair and cushion, walker, cane, shower chair, raised toilet seat, grab bars, and commode
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Use of the FIM
- Establish a discharge plan and refer to appropriate setting/ for appropriate care for complex diagnoses

Pediatric Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Select, administer, and interpret assessments for pediatric clients with neuromuscular dysfunction
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Formulate goals appropriate to the setting and set a timeframe appropriate to achieve these goals
- Provide education to family and caregivers including home exercise program and methods to facilitate the child's development
- Refer to appropriate team members/ health professionals as well as to community resources
- Complete a home assessment and provide recommendations to maximize functional abilities follow-up of the patient
- Identify physical and health-related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Arthritis, Muscular Dystrophy and SMA, Trisomy 18, and Orthopedic conditions
- Apply the NCMRR disablement model utilize this to guide decision making
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning, and development into treatment
- Assess for appropriate equipment (orthotics, wheelchair and cushion, canes, walker, helmet, wedges, strollers, therapeutic toys, swiss ball, etc).
- Establish a discharge plan and refer to appropriate setting/ for appropriate care for complex diagnoses



University of Missouri
Department of Physical Therapy
Clinical Affiliations and Coursework Completed

SUMMER, 1ST YEAR

4222P&A Gross Human Anatomy (7)

Gross structure and neuroanatomy of the human body; dissection of extremities, back, head, neck, abdomen and thorax. Prerequisite: five hours of biological science or eq., instructor's consent.

3022 Principles of Physical Therapy (1)

History of physical therapy; basic skills: first aid, infection control, vital signs, intro to research, professional behaviors.

FALL, 1ST YEAR

3200 P&A Pathology (2)

Provides nonmedical students with a general understanding of the essential nature of disease, including mechanisms of its development and cause/effect relationships. Prereq: 5 hr biologic science or eq and 5 hr chem or physiology 201.

4250/ 7250 Human Kinesiology (3)

Study of principles of physical laws, biomechanics and anatomic structure relative to human movement. Application through analysis of daily functional performance, exercise, and sport. Prerequisite: Human Anatomy.

4120/ 7120 Intro to Clinical Education I (1)

Focus on professional attributes of communication, teamwork, problem solving and therapeutic behaviors in a case based format. (S/U)

4380/ 7380 Clinical Evaluation and Procedures (3)

Basic evaluation methods: muscle strength, range of motion, muscle balance, posture, neurologic tests; documentation.

4420/ 7420 Foundations of Therapeutic Exercise (3)

Physiologic basis of therapeutic exercise with emphasis on effects on the musculoskeletal and cardiopulmonary systems; basic principles of exercise prescription.

4240/ 7240 Applied Neurophysiology for Allied Health Students (3)

Principles of basic neurophysiology, emphasizing correlation of structure and function of the nervous system.

4520/7520 Applied Therapeutic Exercise (3)

Application of therapeutic exercise with an emphasis on evidenced-based exercise prescription, modes and techniques of exercise typically seen in rehabilitation.

WINTER, 1ST YEAR

4620/ 7620 Introduction to Orthopedics (3)

Physical therapy diagnosis, management, and prevention of disorders of the musculoskeletal system; basics of orthopedic manual therapy.

4330/ 7330 Physical Agents (3)

Biophysics and physiology of thermal, electrical agents and light used as adjuncts to exercise and for other therapeutic purposes. Electromyography concepts; biofeedback; functional electrical stimulation.



4270/ 7270 Clinical Pathophysiology (3)

Abnormal function of organ systems in the presence of disease; clinical manifestations and medical management.

4470/ 7470 Clinical Kinesiology (3)

Human gait; pathokinetics of gait. Assistive devices, functional skills; wheelchairs; prostheses and orthoses.

4150/ 7150 Topics in Clinical Education II (1)

Continuation of clinical education focusing on clinical practice, learning styles, interpersonal relationships, professional behaviors. (S/U)

4790/7790 Pharmacology in Rehabilitation (2)

Principles of pharmacology including pharmacokinetics, pharmacodynamics, and toxicology of common drugs encountered in rehabilitation. Emphasis on pharmacology related to the musculoskeletal, neuromuscular, cardiovascular/pulmonary and integumentary systems across the lifespan.

SUMMER, 2nd YEAR
Clinical Affiliation I

FALL, 2ND YEAR

4510/ 7510 Evidence-Based Practice (3) (WI)

Critical review of current and historically important physical therapy literature; use of computer and library resources. Effective writing related to research findings appropriate for clinical application.

4680/ 7680 Orthopedic Physical Therapy (3)

Physical therapy diagnosis, management, and prevention of disorders of the musculoskeletal system; continuation of orthopedic manual therapy emphasizing the axial skeleton; traction; massage; taping.

4730/ 7730 Pediatric Physical Therapy (4)

Physical therapy evaluation and treatment of children with movement dysfunction. Emphasis on therapeutic exercise. Also incorporates human development and movement theory including human sensorimotor development; motor learning; motor control theories; developmental and practical applications to exercise; proprioceptive neuromuscular facilitation.

4770/ 7770 Rehabilitation of the Neurologically Impaired Adult (4)

Physical therapy evaluation and treatment of adults who have incurred neurological deficits; emphasis on the restorative care of individuals following spinal cord injury, stroke and traumatic head injury. Includes human development and movement theory : human sensorimotor development; motor learning; motor control theories; developmental and practical applications to exercise; proprioceptive neuromuscular facilitation.

7780 Differential Diagnosis in Rehabilitation (3)

7781 Evidence-based clinical decision making emphasizing health screenings and system review to determine physical therapy diagnosis/need for referral to other health care professionals.



WINTER 2ND YEAR

First 8 Week Block:



Second 8 Week Block:

4480/7480 Medical Testing in Rehab (3)

Diagnostic tests used by disciplines within and outside of physical therapy. Studies include laboratory, nuclear medicine, radiologic, and motion analysis. Emphasis placed on interpretation of results as they apply to physical therapy examination and intervention.

4570/ 7570 Bridging the Clinical-Research Gap (3)

Writing intensive course that involves process of writing journal appropriate Case Report.

7890 Physical Therapy Case Management I (5)

Evaluation and team approach to management of medical and surgical conditions: cardiopulmonary, rheumatologic, integumentary systems; oncology; psychiatry; pharmacology; geriatrics. (Problem-based learning format (PBL); laboratory)

SUMMER 3RD YEAR

Clinical Affiliation III

FALL, 3RD YEAR

First 8 Week Block:

8130 Professional Issues for the 21st Century (3)

Physical therapist as administrator and educator; legal, ethical, and political issues. Delivery of rehabilitative and preventive services; service management; delegation of care; rural vs. urban health care needs.

8390 Physical Therapy Case Management II (5)

Traditional and contemporary theories of physical therapy management in complex situation; advanced rehabilitation; injury prevention; sport-specific injury rehabilitation; orthotic fabrication; work capacity evaluation and work hardening; chronic pain management.(PBL)

Special Skills Lab (2)

Laboratory sessions for practice of advanced skills including manual therapy, neurological rehabilitation and vestibular rehabilitation.



Second 8 Week Block:

FALL, 3rd YEAR
Clinical Affiliation IV

WINTER 3RD YEAR

First 8 Week Block:

8087 Seminar (3)

Conclusion of research activities, summaries of clinical and research experience; presentation and critical discussion.

8690 Case management III –Advanced problem solving in Neuro and Pediatrics

Special Skills Lab (2)

Laboratory sessions for practice of advanced skills including manual therapy, neurological rehabilitation and vestibular rehabilitation.

Second 7 Week Block:

Winter 3rd Year
Clinical Affiliation V

University of Missouri
School of Health Professions
Department of Physical Therapy

**POLICY ON RELEASE OF STUDENT INFORMATION
TO CLINICAL AFFILIATION SITES**

The University of Missouri PT Program will monitor student compliance in the following areas:

- Criminal Background Checks and Government Sanction List (see policy on pages 24-26)
- Urine Drug Screen (see policy on page 27)
- Immunization/ Health information maintained by Student Health (see page 22)
- HIPAA and Code of Conduct Training (see page 28)
- Cardiopulmonary Resuscitation (see page 23)

A letter stating student compliance in these areas will be sent to the clinical site prior to the affiliation (see example of this letter on page 19). If the student is **not** in compliance with Immunization/ Health, CPR, or HIPAA/ Code of Conduct Training or has a positive Drug Screen, they will not be allowed to participate in the affiliation until in compliance. If the student has an item noted on their criminal background check, this will be forwarded to the site (see example of the letter on page 25) and it will be the site's responsibility to determine if the student is eligible to participate in clinical education at that site.

All students will sign a Release of Information allowing the PT Program access to the above information upon admission to the program (see example of this form on page 18). Clinical sites may request copies of the above information from the student.



University of Missouri
School of Health Professions
Department of Physical Therapy

RELEASE OF INFORMATION TO CLINICAL CENTERS

- This form allows students to grant a clinical center access to their Family Care Safety Registry, Nationwide background check, drug screen and health/immunization records maintained by the Department of Physical Therapy and the Student Health Center at the University of Missouri.
- The purpose of this disclosure is to be in compliance with applicable federal, state and local governmental law and regulations relevant to the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) standards. These standards require that Hospitals provide the same screening requirements for students of healthcare programs as apply to employed staff. These screenings must be performed prior to the student participating in patient care activities. Provided that the student remains continuously enrolled, the criminal background check and drug screens will only be required once prior to the student beginning the initial clinical rotation.
- The information required for compliance is:
 1. Nationwide Criminal Background Check
 2. Appearance on a Government Sanction List (Employee Disqualification List (EDL) from the Department of Health and Senior Services; Division of Family Services complaint; Office of Inspector General (OIG) exclusion search.
 3. Results of a urine drug test submitted to Student Health.
 4. Immunization/Health information maintained by Student Health.
- All permissions granted will stay in effect until the student has graduated or otherwise left the educational program.
- **SEE ATTACHMENTS FOR DEFINITIONS AND EXPLANATIONS OF THE REQUIRED RECORDS AND FORMS**

I give permission to the Department of Physical Therapy to supply information related to my Family Care Registry application, nationwide background check, drug screen (14-panel) and immunization/health record to the clinical center selected for my clinical education while enrolled in the Physical Therapy Program at the University of Missouri. The required information will be supplied to the responsible office/party designated by the clinical site.

Print Name

Student Number

Student signature

Date

DATE



To: Human Resource Department
Boone Hospital Center

From: University of Missouri- PT Program
106 Lewis Hall
Columbia, MO 65211

Re: **STUDENT NAME**

This purpose of this letter is to provide information regarding the above named student's Criminal Background Check, Drug Screen, Immunization, and HIPAA certification. All information has been verified by the University of Missouri-Columbia Department of Physical Therapy Director of Clinical Education. As of **DATE** the student:

Enrollment:

- has been continuously enrolled at the University of Missouri-Columbia.

Immunization and Health Information:

- is current with the following immunizations and tests:
 - Polio, Tetanus/diphtheria (Td), Measles/Mumps/Rubella, Hepatitis B, Hepatitis B Surface Antibody Blood Test*, Varicella(Chicken pox), Tuberculosis (TB Screening).

Drug Screening:

- has undergone a 14 panel Drug Screen that was negative for the following: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Ethanol, Ketamine, Meprobamate, Meperidine, Opiates, Oxycodone, Propoxyphene, Methadone, Tramadol.

Government Sanction List:

- is not included on any Government Sanctions List (includes Employee Disqualification List, Missouri Division of Family Services, and Office of Inspector General Exclusion List).

Nationwide Background Check

- has no convictions listed.

HIPAA and Code of Conduct Training:

- has successfully completed HIPAA and Code of Conduct Training through the University of Missouri Hospitals and Clinics.

This student has satisfied our policy regarding eligibility to perform clinical affiliation. All records are kept on file at the University of Missouri Department of Physical Therapy Education and Student Health Center.

Please contact us with any questions or comments.



Kyle Gibson, PT, PhD, OCS
Professor and Chair
University of Missouri
Department of Physical Therapy
DATE



Dana Martin, MPT
Director of Clinical Education
University of Missouri
Department of Physical Therapy



To: Human Resource Department
FACILITY
ADDRESS

From: University of Missouri- PT Program
106 Lewis Hall
Columbia, MO 65211

Re: **STUDENT NAME**

This purpose of this letter is to provide information regarding the above named student's Criminal Background Check, Drug Screen, Immunization, and HIPAA certification. All information has been verified by the University of Missouri-Columbia Department of Physical Therapy Director of Clinical Education. As of **DATE** the student:

Enrollment:

- has been continuously enrolled at the University of Missouri-Columbia.

Immunization and Health Information:

- is current with the following immunizations and tests:
 - Polio, Tetanus/diphtheria (Td), Measles/Mumps/Rubella, Hepatitis B, Hepatitis B Surface Antibody Blood Test*, Varicella(Chicken pox), Tuberculosis (TB Screening).

Drug Screening:

- has undergone a 14 Panel Drug Screen that was negative for the following: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Ethanol, Ketamine, Meprobamate, Meperidine, Opiates, Oxycodone, Propoxyphene, Methadone, Tramadol.

Government Sanction List:

- is not included on any Government Sanctions List (includes Employee Disqualification List, Missouri Division of Family Services, and Office of Inspector General Exclusion List).

Nationwide Background Check:

- has the following information present:
 - list all
 - list all

HIPAA and Code of Conduct Training:

- has successfully completed HIPAA and Code of Conduct Training through the University of Missouri Hospitals and Clinics.

Please contact our department regarding the information listed under ***Nationwide Background Check***. Per our departmental policy, written acceptance of this student for clinical affiliation is required from the clinical site after notification of activity present in the criminal background check.

Sincerely,



Kyle Gibson, PT, PhD, OCS
Professor and Chair
University of Missouri
Department of Physical Therapy



Dana Martin, MPT
Director of Clinical Education
University of Missouri
Department of Physical Therapy



University of Missouri
School of Health Professions
Department of Physical Therapy

ACADEMIC SUPPORT AND SPECIAL NEEDS FOR CLINICAL EDUCATION

Policy:

Student must follow the University of Missouri campus-wide policy on accommodations for special needs or chronic health conditions.

Procedure:

If you think you have special needs as addressed by the Americans with Disabilities Act (ADA) and need assistance, please notify the Office of Disability Services, S5 Memorial Union, 882-4696. Based upon professional evaluation and recommendations reasonable efforts will be made to accommodate your special needs.

(Office of the Provost Sample on ADA, 2005-2006)

To request academic accommodations, students must also register with University of Missouri Disability Services. It is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and for accommodations planning in cooperation with students and instructors, as needed and consistent with course requirements.

(From memo on ADA compliance: Lee Henson, ADA Coordinator, Winter 2002)

- ADA and Academic Dishonesty Statements come from “Syllabus Information” section of Provost Web Site: <http://provost.missouri.edu/faculty/syllabus.html>

Students requiring support to assist with educational or physical needs while on clinical affiliations must first report to the Office of Disability Services on the University of Missouri campus. After the student is evaluated and issued a letter detailing accommodations to be made, this documentation must be given to the Director of Clinical Education (DCE). The student must authorize release of this information to clinical sites. The DCE will then contact and communicate the special needs of the student to the site the student is assigned to. This will be done in a confidential manner to determine if the accommodations can be met at that facility. If so, this will be documented in the Special Needs While on Clinical Education Log and the student must send all relevant information regarding their accommodations to the site. If not, the assignment will be treated according to the cancellation of clinical affiliation policy and the DCE will contact the new site to determine if the accommodations can be met until assignment of an affiliation meeting the student’s needs is determined.

If accommodations are made, this will be noted in the APTA’s Student Evaluation of the Clinical Experience form and this data will be entered into the Clinical Education database.

This policy and procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- The letter from the Office of Disability Services on the University of Missouri campus detailing the accommodations that need to be made will be placed in the student’s file.
- This information will be documented in the Special Needs While on Clinical Education Log.



University of Missouri
 School of Health Professions
Department of Physical Therapy
 Immunization and Health Screening Requirements

Immunization	Description
DPT/Polio	Primary series with booster between ages 4 - 6
Tetanus/Tdap	One dose within past 10 years (Tdap recommended for health professionals)
Measles/Mumps/Rubella	Two doses of MMR or positive titers for measles, mumps, and rubella
Hepatitis B	Completion of 3 dose series or positive Hepatitis B quantitative surface antibody titer
Varicella (Chicken pox)	Positive immune titer <u>or</u> two dose varivax series.
Tuberculosis (TB Screening)	Documentation of two Mantoux TB skin tests (measured in millimeters of induration) performed in the U.S. within past 12 months. Annual testing will be performed during the 3 years of physical therapy school. Students with past history of positive TB skin tests must provide documentation of the positive skin test, documentation of any medication taken and a chest x-ray report. Those students will undergo annual symptoms review instead of skin testing. Those that have tested positive in the past, but have not undergone treatment will be required to complete a Quantiferon Gold blood test annually.
Influenza	An influenza vaccination dose is encouraged annually and some sites may require this prior to affiliation

Each student is responsible for obtaining any additional immunizations or tests required by specific clinical education sites. Students are encouraged to carry copies of their immunization records to the site at the start of their clinical.

Students will pay for all immunizations, tests, and x-rays required by the Physical Therapy Program, as well as any required by the facility to which they are assigned.

Students may utilize private physicians for the required immunizations, tests, and x-rays, provided documentation and pertinent results are provided to the Student Health Service.

All tests must be completed or confirmed by the end of the first semester of each year.

CAPTE: Pg. B-6, Item P-8; Pg. B-7, Item P-10; Pg. B-13, Item F-13



University of Missouri
School of Health Professions
Department of Physical Therapy

CARDIOPULMONARY RESUSCITATION

Policy:

Students are required to demonstrate skill in **American Heart Association or American Red Cross** method of cardiopulmonary resuscitation (for one and two rescuer adult and child and infant) and management of the obstructed airway (adult, child, and infant) and hold a current certificate of proficiency.

Failure to successfully complete an appropriate CPR course will result in a delay in the start and completion of the clinical experience.

Procedure:

It is the policy of the PT Program that all students from a class complete training through an American Heart Association or American Red Cross program. Dates and times will be arranged by the DCE and students are required to sign up.

Students who receive training elsewhere as part of a job may ask to be exempt from training at the University. The DCE will review this request and determine if the student is exempt on a case-by-case basis. If the student completes training elsewhere, **the course taken must include: one and two rescuer CPR for adult and child, one rescuer CPR for infant, management of obstructed airway with an adult, child, and infant.** Evidence of successful completion (American Heart Association card/American Red Cross card) should be brought to the program office and recorded by the office support or DCE. Students will assume responsibility for payment of any fees required for the courses taken.



University of Missouri
School of Health Professions
Department of Physical Therapy

CRIMINAL BACKGROUND CHECKS

Each student is required to secure a nationwide criminal background check prior to the first clinical education experience. There are numerous companies that can be used for this background check. A Nationwide background check can be done through the DCE using an established company. The cost to the student is \$25.00.

Each student is required to secure proof of exclusion on the Office of Inspector General List prior to the first clinical experience. This can be done by going to <http://exclusions.oig.hhs.gov/search.aspx>
Go to this website and type in Last Name, First Name. Print this information out and return to DCE.

Each student is required to secure a criminal background check prior to the first clinical education experience through the Missouri Department of Health and Senior Services-Family Care Safety Registry. This includes background screening from:

- State criminal background checks conducted by the Missouri Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/ neglect records maintained by the MO Department of Social Services.
- Foster parent licensing records maintained by the MO Department of Social Services
- Employee Disqualification List maintained by the MO Department of Social Services
- The Employee Disqualification Registry records maintained by the Department of Mental Health
- Child-care facility licensing records maintained by the Department of Health and Senior Services.

It is the student's responsibility to have the check completed. Students may do this in one of two ways:

1. Using the forms on the following pages, and to provide this information to the MU PT Program.
2. Go to the following website: <http://www.dhss.mo.gov/fcsr>
3. The resultant information should be provided to the MU PT Program.

The PT Program will keep the criminal background information on record and will disclose the student's criminal status to the clinical site as part of the compliance letter (see page 19-20). The MU PT Program will make no determination as to whether the student can participate in the fieldwork setting; **this is solely at the site's discretion upon receiving the compliance letter.** This is in keeping with University policy.

Students are encouraged to copy the Criminal Background Check results and to carry these with them to the affiliation where the clinical site may ask to view the documents.





Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2486



Jeremiah W. (Jay) Nixon
Governor

4/5/2011

FAMILY CARE SAFETY REGISTRY
Background Screening Result
Registrant MARTIN, DANA ELIZABETH
Registrant No. 56373526

DANA MARTIN
ATTN - DANA MARTIN
12851 S JOY RD
ASHLAND MO 65010

The Family Care Safety Registry (FCSR) received your request on 04/05/2011 for a background screening. The background screening 42704728 performed on 04/05/2011 indicated the following:

No finding reported in the background screening.

The FCSR background screening accesses information from the following agencies:

- Criminal history information on file with the MO State Highway Patrol
- Sex Offender Registry information on file with the MO State Highway Patrol
- Child abuse/neglect information on file with the MO Dept. of Social Services
- Foster parent license denial, revocation or suspension information on file with the MO Dept. of Social Services
- Employee Disqualification List information on file with the MO Dept. of Health and Senior Services
- Employee Disqualification Registry information on file with the MO Dept. of Mental Health
- Child Care license revocations on file with the MO Dept. of Health and Senior Services

A copy of this background screening has been provided to the individual. If results were indicated, you may obtain specific information about these results by contacting the FCSR toll-free, 1-866-422-6872, or by submitting your request in writing to the Missouri Department of Health and Senior Services, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO 65102. The request must include your name, address, telephone number and the reason for requesting the information and must include registrant's full name, social security number and background screening number shown above.

The FCSR provides background screening information for employment purposes only. Anyone misusing information provided by the FCSR is guilty of a class B misdemeanor. The FCSR bases criminal history identification on the name, social security number and date of birth you provided, not the use of fingerprints. Please be advised that you need to contact your licensing representative or other agency contact to determine whether this background screening meets the requirements for licensure, certification or registration by state agencies.

If you have any questions or need assistance you may contact the FCSR toll free at 866-422-6872.



www.dhss.state.mo.us

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

PLEASE TYPE OR PRINT CLEARLY

SECTION A: WORKER TYPE (CHECK ONE BOX ONLY)

- CHILD CARE WORKER (\$10.00)
 PERSONAL CARE WORKER(\$10.00)
 VOLUNTARY REGISTRANT (\$10.00)
 ELDER CARE WORKER (\$10.00)
 RECIPIENT OF STATE OR FEDERAL FUNDS (\$10.00)
 FOSTER PARENT (NO FEE)

SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (optional) ()
--------------------------------------------------------------	---------------	----------------------------------------------------------------------------	-------------------------------------

MAILING ADDRESS

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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HOME ADDRESS (if different than mailing address)

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)

EMPLOYER NAME	CONTACT PERSON	PHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy in the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening determination.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to your designated bank account. I understand that my signature below authorizes my Financial Institution to deduct this payment from my account. In the event that DHSS or its subcontractor, is unable to secure funds from your account or you provide insufficient or inaccurate information regarding your account, your obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (REQUIRED IN INK) ▶	DATE
-----------------------------------------------	------

IMPORTANT

- Individuals are required to register one time only.
- Contact 1-866-422-6872 (toll-free) if you have questions or visit www.dhss.mo.gov/FCSR
- Read back of form for instructions and information on registrant notification and appeal rights
- Send completed registration form, copy of Social Security card and required fee to:

Missouri Department of Health and Senior Services
 Attn: Fee Receipts
 P.O. Box 570
 Jefferson City, MO 65102



WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, elder care and personal care workers and child care and elder care providers:

1. State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
2. Child abuse/neglect records, maintained by the Department of Social Services
3. The Employee Disqualification List, maintained by the Department of Health and Senior Services
4. The Employee Disqualification Registry maintained by the Department of Mental Health
5. Child care facility licensing records, maintained by the Department of Health and Senior Services
6. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
7. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, or hired on or after January 1, 2002 as a personal care worker, as defined in §210.900, subsection 2, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-State and/or Federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Section A: Type of Worker - Check one box that best describes your worker category. A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 to §210.936, RSMo.

Section B: Identifying Data for Background Screening - List your current name, maiden name, all prior names used, Social Security number, date of birth, gender, home address, and mailing address. You must provide your Social Security number pursuant to §210.906.2, RSMo Supp. 1999. This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Section C: Current Employer Information (If Applicable) - If you are currently employed by or are seeking employment with a child care or elder care provider, please list the facility name, owner/operator, telephone number and facility address. If you are a foster parent, a voluntary registrant, or receive state or federal funds for child care or elder care services, leave this section blank.

Section D: Authorization to Release Background Check Information - Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the Missouri Department of Health and Senior Services, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the Registry using the toll-free telephone number, 1-866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only as defined pursuant to §210.921.1, RSMo. **Any person using Registry information for any other purpose is guilty of a class B misdemeanor.** In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the person calling, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal needs to be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will then disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one. Specific information will only be disclosed by the Registry upon receipt of a written request from the caller.



University of Missouri
School of Health Professions
Department of Physical Therapy

DRUG SCREEN POLICY

All students will be required to complete a 14-panel drug screen prior to attending their first clinical affiliation.

Procedure for drug testing:

1. For the student to get the drug test through Boyce and Bynum Labs, they need to obtain a lab requisition during their “immunization review” appointment at the Student Health Center. The student will check out at the cashier desk before heading to the Boyce & Bynum Labs (2003 W. Broadway, Bldg. B, Suite 103). Their fee is \$62.00. Phone: (573) 886-4559 Hours: 7:30 a.m. – 6:30 p.m.

At the time of the “immunization review” visit the Student Health Compliance nurse will obtain a Release of Information from the student. She/he will send a confidential e-mail notifying the student of the results of their drug screen.

All results are faxed directly to Student Health and they are then obligated to advise the Physical Therapy program if the student successfully passed or not; the student will be contacted and advised to come get a copy of the unsuccessful test to discuss with their respective program.

OR

1. For the student to get the drug test through Mid-Missouri Drug Testing at 405 Bernadette Drive (behind Pizza Hut). They have walk-in availability Mon-Fri, 9 a.m.-4:00 p.m. The fee is \$42.50 and student must pay cash, check, or money order on site at the time of the test. Phone: (573) 424-0976

It is permissible for the results to go directly to the student if done at Mid-Mo, but the student must make it clear at the time that they’re doing the drug screen. **The student will then be responsible for getting the results to Student Health.**

All students are encouraged to take a copy of their Drug Screen results with them on their clinical.

No student will be allowed to participate in Clinical Education until successful completion of the Drug Screen.



University of Missouri
School of Health Professions
Department of Physical Therapy

POLICY ON HIPAA/ CODE OF CONDUCT TRAINING

All students will complete HIPAA and Code of Conduct Training through the University of Missouri. HIPAA is done during the first year in the program; Code of Conduct is done in the fall semester on a yearly basis. A certificate verifying compliance will be submitted to the PT Program.

Students may access HIPAA/ Code of Conduct Training at the following:

<http://classic.muhealth.org/compliance/modules.shtml>

All students are encouraged to take a copy of their HIPAA certificate with them on their clinical.

Clinical sites may request that students complete additional/ site specific HIPAA and code of Conduct Training prior to or at the beginning of their affiliation.



University of Missouri
School of Health Professions
Department of Physical Therapy

POLICY ON DRESS DURING CLINICAL AFFILIATIONS

Students will follow the dress code of the institution at which they are affiliating.

Safe, low-heeled shoes are advised. Shoes with crepe soles are recommended. Sandals, other open toed shoes, and generally not allowed at most clinical sites. Tennis shoes are not acceptable unless specifically approved by the facility.

You are to contact the Center Coordinator of Clinical Education prior to arriving at your clinical site to discuss issues such as dress policy of the institution. A general guideline for appropriate dress is as follows:

- a. neatly pressed dress slacks (no jeans)
- b. if a dress is chosen to be worn, it should be long (wearing a dress is not practical in many settings such as neurological rehab or pediatrics)
- c. hair should be neat and clean
- d. long hair should be pulled back and secured
- e. nails must be short
- f. jewelry should be kept to a minimum and (dangling earrings or necklaces are generally not allowed secondary to safety issues)
- g. strong cologne or perfume is to be avoided

Students are reminded they are now professional students representing themselves, their program, and the profession of physical therapy and should dress in a manner befitting a health care professional.



University of Missouri
School of Health Professions
Department of Physical Therapy

ABSENCES DURING CLINICAL EDUCATION EXPERIENCES

1. Students in Introduction to Clinical Education I & II are to adhere to the schedule established by the DCE. Attendance is required. Any scheduled time that is missed (only illness or emergency are excusable absences) must be made up.
2. Students on Clinical Affiliations are to adhere to the work-day schedule established by the CI/CCCE. This schedule may include some evening and weekend hours. Any scheduled time that is missed must be made up and should be rescheduled with the CI or CCCE of the facility to which the student is assigned. The DCE should be advised (via the CI/CCCE) of any missed days and when they will be made up.

Specific policies for Clinical Education I-V are as follows:

- a. Up to 2 days of absence due to illness or emergency during any one clinical affiliation may be rescheduled or excused by the CCCE. Absences of three or more days shall be reported to the Academic Program (via the CI/CCCE) for advisement. In the event of a major illness, the student will be removed from the clinical and be reassigned at a later date to the same or another facility.
 - b. Any unexcused absence during a clinical affiliation is grounds for dismissal from the clinical affiliation and an assignment of a failing grade for the class.
3. The last Friday of Clinical Affiliations I-V will be awarded to students for travel days, job interviews, or personal business. Time off for emergencies may be granted at the discretion of the CI/CCCE. However, students may be required to make up any time they are away from the clinic. Requests for time off for personal business or extracurricular activities (including wedding plans, job interviews, sports competitions, etc) other than the assigned dates are not acceptable.



University of Missouri
School of Health Professions
Department of Physical Therapy

EVALUATION/ASSIGNMENT OF GRADES

Policy and Procedure for Assignment of Grades for Clinical Education and Affiliations

Policy:

1. All clinical education experiences are graded Satisfactory/ Unsatisfactory (S/U).
2. For Introduction to Clinical Education I, the student must attend all classes, participate appropriately and contribute to and/or hand in all required assignments to receive a satisfactory grade.
3. For Introduction to Clinical Education II the student must attend all class sessions and conduct themselves in a professional manner to receive a satisfactory grade.
4. For Clinical Education I-II:
Satisfactory performance will be judged by a combination of factors: score on Clinical Performance Instrument (CPI), comments on CPI, written and oral communication between student, CI, and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.
5. For Clinical Education III-V:
Satisfactory performance will be judged by a combination of factors: score on Clinical Performance Instrument (CPI), comments on CPI, written and oral communication between student, CI, and DCE, and successful completion of evidence-based practice presentation and/or other assignments. The final judgment of passing will be made by the DCE and core faculty.
6. Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.



University of Missouri
School of Health Professions
Department of Physical Therapy

CLINICAL DIFFICULTIES

Policy:

The student, CI, and/or CCCE should feel free and are encouraged to contact the DCE or other PT program faculty member at any point in the clinical experience to discuss the situation and/or seek suggestions for addressing potential/actual problem areas.

Procedures:

When difficulty arises with clinical affiliation

1. Conference: Clinical Instructor and Student

Discuss any problems or areas of contention. Try to establish the primary source of the problem(s) and identify the means through which the problem(s) can be resolved. Outline and document specific expectations and how and to what level these expectations must be met for satisfactory performance (it is best if this is put in writing and may be in the form of a contract between the student and the CI), signed by both parties. Discuss the potential need for change of clinical instructors, whether a sincere attempt on the part of the student and CI will be made to solve the problem(s), or whether change to another clinic area is appropriate. Contact with the school's DCE (or other faculty member) may be helpful at this time. The Program should be notified early of any problems experienced by a student and can thus offer whatever assistance possible in the resolution of problem areas.

2. Conference: CCCE, Clinical Instructor and Student

Discuss problems and provide suggestions for the student and clinical instructor through which the problems can be resolved. Establish specific expectations and how and to what level these expectations must be met for satisfactory performance. The problem area(s), specific expectations, minimal level of satisfactory performance, and the methods through which the problems will be resolved should all be documented. The DCE (or other Program faculty member) may be contacted for suggestions regarding resolution of the problems. Discuss whether it is realistic to continue or whether to approach the program with a request that the student be changed to another facility. Notify program and document the problems and suggestions (from staff and program) for student and therapist. The student may also request to be changed to another facility.

3. Conference: Staff

Seek input and suggestions from the staff for both the student and clinical instructor, as deemed appropriate and necessary.

4. Conferences:

DCE is requested to discuss problems with the student, CI, and CCCE individually and as a group via telephone conference call and/or visit to the department. Should the DCE (or other Program faculty member) conduct a site visit he/she may also observe the student and CI in the clinic to assess their performance although it may be difficult to draw specific conclusions regarding the consistency of the CI's/student's performance in this limited time of observation.

5. Additional Site Visits

Once a resolution to the clinical difficulties has been reached and a plan to address these concerns is in place, the DCE may perform site visits over the rest of the affiliation time period to monitor student/ CI performance.



University of Missouri

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FAILURE of CLINICAL AFFILIATION

Policy:

The DCE with input from the faculty will decide whether a student successfully completed the clinical experience. If a student does not “pass” they will receive a grade of U = Unsatisfactory. The student may be allowed to repeat the clinical experience. If they do not pass this remediation, the student will be dismissed from the PT Program.

MU faculty reserve the right to dismiss the student failing one or more clinical affiliations or remediations.

All clinical difficulties or failures will be kept confidential; the PT program will not share these with other affiliations.

Procedure:

Clinical education is viewed by the faculty as a cumulative experience, with competence being achieved over the educational series. This allows faculty to take into account the individual learning styles and paces of our students. Students that are learning at a slower pace than our standard block of clinical time, may be scheduled for additional time at the same or differing facilities. If more time is needed, successful completion of the agreed upon objectives of this additional time will be completed before the next clinical. If a grade must be turned in regarding the situation listed above, the grade will be listed as “I” and later changed to an “S” when successful completion is attained.

Students having other issues that require an unsatisfactory grade (such as, but not limited to, professional behavior, safety issues) will receive an “Unsatisfactory grade”. Students may petition the faculty in writing to be allowed to complete another experience in the same or similar clinical setting and of comparable duration. Upon successful completion of a remediation clinical experience, the student's grade will be changed from a "U/I" to and "S".

Students having difficulty in achieving expectations will follow the procedure outlines in Clinical Difficulties policy and procedures.

Student issues are to be reported in a timely fashion to the DCE to allow time for a plan to be made by the student, CI, CCCE, and DCE which allows the student the opportunity to meet expectations and modify performance.

If issues persist, the CCCE will notify the DCE. The CI and CCCE may recommend that a student fail the clinical affiliation but final decision will be made by the DCE and PT Program faculty.



University of Missouri

School of Health Professions
Department of Physical Therapy

LIABILITY INSURANCE

Policy:

The University provides liability insurance for students in the Physical Therapy Program if:

1. The student is affiliating with a facility, which has a signed agreement with the University of Missouri.
2. The student is on an Independent Study, which has been approved by the Physical Therapy Program faculty and the required information is on file at the school.
3. The student is performing a function in a school approved activity.

The University Policy on Liability Coverage can be viewed on the following pages.

Procedure:

Student will be enrolled at the University of Missouri and registered for the appropriate course (PT 4940/ 7940, PT 4945/ 7945, PT 8940, PT 8945, & PT 8950) for clinical education.

The program will assign the student to a clinical site (see General Policies and Procedures for Clinical Education I-V for method of assignment) that is in good standing with up-to-date Affiliation Agreement and CSIF.

The Program will periodically review the need to purchase additional coverage through a group plan and recommend it to students if it appears to be prudent. Some clinical sites will require students to obtain additional coverage through a private carrier.

Information on the extent of coverage can be obtained from the DCE. Students are offered information about acquiring additional coverage at their own expense.

Communication to Stakeholders:

This Policy & Procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- Signed student form stating he/she read and understands all materials in the handbook.
- Current completed Affiliated Agreement with each affiliation site.
- Current CSIF for each affiliation site.

Location:

- Signed student form stating he/she read and understands all materials in the handbook kept in student's permanent file.
- Completed New Site Questionnaires are kept in the Clinical Education files in the Physical Therapy Program Office.
- Current completed Affiliation Agreements are located in the Clinical Education files in the Physical Therapy Program Office.
- Current CSIFs are located in the Clinical Education Resource Room.



University of Missouri
School of Health Professions
Department of Physical Therapy

LIABILITY INSURANCE- University Policy

Collected Rules and Regulations

Benefit Plans

Chapter 490: Defense and Protection

490.020 Medical, Professional and Patient General Liability

Bd. Min. 2-24-78, Amended Bd. Min. 5-26-78, Amended Bd. Min. 7-27-79; Revised 1-21-98; Revised 10-1-98, Amended Bd. Min. 11-22-02.

I. Article I: Definitions – As used herein:

- A. **Plan** – The term “Plan” shall mean the University of Missouri Medical Professional and Patient General Liability Plan
- B. **Employer** – The term “Employer” shall mean The Curators of the University of Missouri, a public corporation, including all its campuses, divisions, branches and parts
- C. **Injury** – The term “injury” shall mean physical damage to or destruction of tangible property, bodily or mental injury, sickness or disease, including death, to which the Plan applies and resulted from an “occurrence” while the Plan was in effect. The term “injury” shall not be deemed to mean intentional torts.
- D. **Damages** – The term “damages” shall mean any monetary consideration due a claimant, including but not limited to money, services, waiver of amounts payable from patients and any other similar consideration approved pursuant to the Plan or the amount of a final judgement awarded by a court of competent jurisdiction
- E. **Covered Person** – The term “covered person” shall mean any person or organization designated in the Covered Persons provision of the Plan
- F. **Occurrence** – The term “occurrence” shall mean in “incident”, including continuous or repeated exposure to conditions, which results in an “injury” neither expected nor intended from the standpoint of the covered person and/or neither expected nor intended from the standpoint of the claimant.
- G. **Incident** – The term “incident” shall mean any happening which is not consistent with the routine or commonly practiced care of a patient, including an accident or a situation which might result in an accident. An incident is also an actual or alleged injury arising out of the rendering or failure to render professional services by a “covered person” or by any person for whose acts or omissions the “covered person” is legally responsible, which resulted from or was attendant to a therapeutic diagnostic procedure. Also included as an incident is a claim by or on behalf of a “patient” that there was failure to obtain an informed consent from a person or entity with the legal authority to provide such consent. An incident shall also include a claim of negligence in regard to the handling of our performing post-mortem examinations on human bodies or animal bodies.
- H. **Director** – The term “Director” shall mean the Director of Insurance and Risk Management, or the successor position thereto by whatever name it is entitled, a UM position.



- I. **Medical Facility** – The term “medical facility” shall mean any hospital, Student Health Service, School of Medicine, School of Dentistry, School of Pharmacy, School of Nursing, School of Veterinary Medicine and any other similar facilities owned or operated by the “Employer” approved for coverage by the “Assistant Vice President” or a facility to which “covered persons” have been assigned by the “Employer” or at which “covered persons” rendered professional services with the permission of the “Employer” where the health care and treatment of persons or animals are performed.
- J. **Employee** – Except as otherwise provided in this paragraph, the term “employee” shall mean a person whose services are secured by written agreement by “Employer” at a “medical facility” or a person employed by “Employer” at a “medical facility” or who has administrative or supervisory authority with respect to a “medical facility” or personnel thereof and at the time of an “occurrence” was in the performance of his or her regularly assigned duties as determined by the appropriate person having supervisory authority of the employee, including the performance of attending to emergency medical care (commonly known as Good Samaritan Service) an incidental and non-continuing medical services with the permission of the appropriate person having supervisory authority of the employee and shall also include non-employee volunteers rendering service at such “medical facility” as well as enrolled students of the University of Missouri pursuing courses of instruction at or under the direction or auspices of the “medical facility”. The term “employee” shall not include medical residents employed by Employer as part of the residency program at the University of Missouri – Kansas City School of Medicine so long as professional liability coverage is provided to those medical residents by an entity other than the Employer.
- K. **Plan Territory** – The term “Plan Territory” shall mean:
1. The United States of America (including its territories and possessions), Puerto Rico and Canada
 2. International water or airspace, provided the injury or damage does not occur in the course of travel or transportation to or from any place not included in above or
 3. Anywhere in the world if
 - a) The injury or damage arises out of:
 - (1) Goods or products made or sold by the University or covered persons in the territory described in, above or
 - (2) Activities of any covered person permanently domiciled in the territory described in an above, though, temporarily outside such territory and
 - b) The original suit for damages because of any such injury or damage is brought within the United States of America (including its territories and possessions), Puerto Rico or Canada.
- L. **Incident and Claim Review Committee** – The term “Incident and Claim Review Committee” (ICRC) shall mean any group or committee established at or for a “medical facility” and whose responsibilities under the “Plan” are to review incidents occurring at a “medical facility”, resulting in claims or suits brought, including recommendations on settlements of such claims or suits.



- M. **Gender** – Persons described or referred to in the masculine gender include females and persons described or referred to in the feminine gender including males.
- N. **Patient** – The term “patient” shall mean an animal or a natural person who is in or on the premises of a “medical facility” or in transit when the care of a “covered person”, for the purpose of receiving professional care or services rendered directly or indirectly by the “medical facility” or by a “covered person”
- O. **Assistant Vice President** – The term “Assistant Vice President” shall mean the Assistant Vice President for Management Services, or the successor position thereto by whatever name it is entitled, a UM System position

II. **Article II: Effective Date** – The effective date of the Plan shall be July 1, 1978

III. **Article III: Covered Persons** - Each of the following is a covered person under the Plan to the extent set forth below:

- 1. The Employer and any of Employer’s administrative personnel;
 - 2. Individual member of the Board of Curators of the University of Missouri and the Board of Curators of the University of Missouri; and
 - 3. All employees
- A. Coverage shall not extend to a covered person while in the exercise of his duties where an occurrence is within the provisions of the Federal Tort Claims Act as provided in 38 USC4116 or any other federal legislation or program. In the event the covered person does not come under the provisions of said Federal Tort Claims Act, the covered person shall come under the provisions of the Plan.
 - B. Coverage shall not extend to medical residents employed by Employer as part of the residency program at the University of Missouri – Kansas City School of Medicine so long as professional liability coverage is provided to those medical residents by an entity other than the Employer
 - C. The coverage afforded applies separately to each covered person against whom claim is made or suit is brought, except with respect to the limits of the Plan’s liability.

IV. Article IV: Coverage Agreement

- A. The Employer, based on the provisions of the Plan and from the Plan Trust will pay on behalf of the covered person all sums which the covered person shall become legally obligated to pay as damages because of injury to the person or property of a patient arising out of the operations of a medical facility or because of injury arising out of the rendering of or failure to render, while the plan is in effect, professional services by the covered person, or by any person for whose acts or omissions such covered person is legally responsible, performed in the practice of the individual covered person’s profession including service by the individual covered person as a member of a formal accreditation or similar professional board or committee of a medical facility or professional society.
- B. The Employer shall have the right and duty to defend any suit seeking such damages against the covered person, even if any or all of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and such settlement of any claim or suit as it deems expedient, but the Employer shall not be obligated to pay any claims or judgment or to defend any suit after the applicable limit of the Plan’s liability has been exhausted by payment of judgments



or settlements. In the event that a claim or suit is being defended at the time the applicable limit of the Plan's liability becomes exhausted, such defense shall continue as provided by the Employer.

- C. In the event that any covered person elects to employ his own legal counsel (see ARTICLE VI below) and declines legal counsel provided by Employer, there is no obligation under the Plan to pay any sum such covered person may become legally obligated pay, unless payment of settlement or judgment is approved by the Assistant Vice President (see ARTICLE VII below).

V. Article V: Exclusions: The Plan does not apply:

- A. To bodily injury to any employee of the Employer arising out of and in the course of his employment by the Employer;
- B. To any obligation for which the Employer or any carrier as his insurer may be held liable under any workmen's compensation law, unemployment compensation law or disability benefits law, or under any similar law;
- C. To medical residents employed by Employer as part of the residency program at the University of Missouri – Kansas City School of Medicine so long as professional liability coverage is provided to those medical residents by an entity other than the Employer
- D. To the Nuclear Energy hazard as follows:
 - 1. Under any Liability coverage, to bodily injury or property damage;
 - a) With respect to which a covered person under the Plan is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters or Nuclear Insurance Association of Canada, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - b) Resulting from the hazardous properties of nuclear material and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the covered person is, or had the Plan not been established, would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into the United States of America, or any agency thereof, with any person or organization.
 - 2. Under any Medical Payments Coverage, or under any Supplementary Payments provision relating to first aid, to expenses incurred with respect to bodily injury resulting from the hazardous properties of nuclear material and arising out of the operation of a nuclear material and arising out of the operation of a nuclear facility by any person or organization.
 - 3. Under any Liability Coverage, to bodily injury or property damage resulting from the hazardous properties of nuclear material if:
 - a) The nuclear material (a) is at any nuclear facility owned by, or operated by or on behalf of, a covered person or (b) has been discharged or dispersed therefrom;
 - b) The nuclear material is contained in spent fuel or waste at any time possessed, handled, used, processed, stored, transported, or disposed of by or on behalf of any covered person; or



- c) The bodily injury or property damage arises out of the furnishing by a covered person of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear facility, but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion applies only to property damage to such nuclear facility and any property threat
4. The provisions of Section 490.020 E.4.a,b and c above notwithstanding, this exclusion shall not apply to any covered person as respects his liability for injury arising from the treatment in a medical facility; provided however, this exclusion shall apply if such injury is otherwise covered by any other policy of insurance of the Employer and such other policy of insurance was in effect and the covered person under the Plan was a covered person under such other policy of insurance at the time of the occurrence.

E. Also used in this exclusion:

1. **"Hazardous properties"** – include radioactive, toxic or explosive properties;
2. **"Nuclear material"** – means source material, special nuclear material or byproduct material;
3. **"Source material"** – "special nuclear material", and "byproduct material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;
4. **"Spent Fuel"** – means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a nuclear reactor;
5. **"Waste"** – means any waste material
 - a) Containing byproduct material and
 - b) Resulting from the operation by any person or organization of any nuclear facility included within the definition of nuclear facility under paragraph (1) or (2) thereof;
6. **"Nuclear facility"** – means
 - a) Any nuclear reactor
 - b) Any equipment or device designed or used for (a) separating the isotopes of uranium or plutonium, (b) processing or utilizing spent fuel, or (c) handling, processing or packaging waste
 - c) Any equipment or device used for the processing, fabricating, or alloying of special nuclear material if at any time the total amount of such material in the custody of the insured at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination there of, or more than 250 grams of uranium 235,
 - d) Any structure, basin, excavation, premises, or place prepared or used for the storage or disposal of waste,
 - e) And includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations
7. **"Nuclear reactor"** – means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;



8. **“Property damage”** – includes all forms of radioactive contamination of property.

VI. Article VI: Legal Services

- A. The furnishings of all legal services, including legal defense, shall be the responsibility of the Employer through its General Counsel. Required legal services may be provided by the General Counsel and his staff, or if outside legal counsel and services are needed, such may be engaged by the General Counsel.
- B. Any covered person may request the employment of outside counsel, including recommending the desired counsel or law firm. Such requests must be made in writing and forwarded through the ICRC to the General Counsel for consideration.
- C. In the event a covered person desires, in addition to the legal services provided above through the General Counsel to employ legal counsel of his choice, such employment of legal counsel shall be at the covered person’s expense. In the event that the covered person elects to employ his own counsel to assist the General Counsel or counsel hired by the General Counsel, the right to make all decisions in regard to the defense of the claim or suit shall remain the rights and the duty of the Employer and its General Counsel.

VII. Article VII: Claims Adjustment

- A. All claims adjustment activities shall be deemed to be carried out for the sole and only purpose of assisting the Office of the General Counsel in defending potential legal action, causes of action or litigation against the Employer or any covered person, and shall be closed meetings, records and votes.
- B. Procedures for claims adjustment, including claim payments, denials and suit settlements shall be determined by the Assistant Vice President and shall include the duties of a medical facility Risk Manager of the ICRC and the Office of the General Counsel.
- C. Since under the Plan written consent or approval in claim or suit settlement will not be required from an employee, input from any employee should be made to the ICRC.
- D. The Assistant Vice President and the Director, shall after consultation with the General Counsel or his designee, notify the Director of the disposition to be made of each claim or suit. The Director will notify the medical facility Risk Manager of the disposition. The Risk Manager will be responsible for notifying the ICRC and other appropriate parties.

VIII. Article VIII: Payment of Claims and Suits

- A. Subject to the provisions of ARTICLE VII and IX, the payment of the claims and suit judgments from the Trust Fund will be on certification to the Trustee by the Director.
- B. Payments from a Trust Fund will be made in the order that claims or suit final judgments become payable, without regard to claim reserves previously established, date of incident, date of claim demand or date suit was filed.
- C. The amount for a specific claim or suit judgment that can be paid from the Trust Fund will be determined by the Director based on the balance of the Trust Fund on the day such claim or suit judgment is payable. Any deficiency in the Trust Funds which would not permit full payment of such claim or suit judgment shall not impose any liability on the Employer.



IX. Article IX: Limits of Liability

- A. The Plan's Limits of Liability are as follows:
 - 1. \$7,500,000 per occurrence and \$15,000,000 annual aggregate;
 - 2. or the balance of the Trust Fund (see ARTICLE XI) as of the day a claim or suit final payment is due, whichever is less. Claim reserves will not be encumbered against the Trust Fund.

X. Article X: Plan Funding – The Board of Curators instructs the administration to fund the Plan under the following guidelines:

- A. The funding of the Plan shall be determined by the Board of Curators based on actuarial projections of an independent actuary employed by the Employer
- B. The level of amount of funding shall be sufficient to support or pay for actuarially projected costs of claims and Plan expenses such as claims adjustment, loss prevention and legal defense
- C. The amount of contribution to the claim fund will, within applicable fiscal constraints of HEW reimbursement regulations, consider the lag between the time a claim arises and when payment is to be made
- D. To the extent that it can be actuarially projected, the level of funding for each medical facility for the period July 1, 1978 through June 30, 1979, shall be based on each facility's previous claim experience as modified and trended to account for anticipated current year incidents and cost, including shock-losses as actuarially determined
- E. Second and subsequent year funding levels determination shall include, where appropriate, the factors outlined in Section 490.020 J.4, but in addition will include the actuarial review of claim reserves established for each medical facility. Based on this review and the cost-trending to determine the estimated ultimate claim cost of each reserve and the anticipated year(s) in which payment or payments would be due, the level of funding for each medical facility will be determined
- F. The Director will advise the appropriate fiscal office(s) of the required level of funding, as determined above, for each medical facility in order that such amounts can be transferred to the Trust Fund
- G. To the extent that it can be determined by means of the above procedures, each medical facility will be ultimately charged only for its share of Plan expenses and the claim costs for which each medical facility is responsible and incurs
- H. The Medical Practice Income Plan, as the same has been approved and adopted by the Board of Curators, shall for the sole and only purpose of contributions and level of funding under this ARTICLE X and the possible return of contributions under paragraph 1 of ARTICLE XI (section 490.020 K.1), be considered as a medical facility

XI. Article XI: Trust Fund

- A. The Plan fund and all additions thereto shall be set aside and dedicated as a Trust Fund and so shall remain as long as any claim or expense payable under the Plan or any changes adopted thereto prior to its termination, may be outstanding and may become payable. Such Trust Fund shall be used solely for the purpose of payment of such claims and expenses and not be subject to diversion for any other purpose by the Board of Curators so long as said Trust shall exist. It is the intent of the Board of Curators that upon termination of the trust all funds not



needed as specified above shall be returned proportioned to the various accounts of the University from which contributions were made

- B. The Plan fund shall be held by the Employer as Trustee or a bank or other financial institution as Trustee. Selection of the Trustee shall be by the Vice President for Finance and Administration, upon the recommendation of the General Counsel and approved by the Board of Curators
- C. The Plan Trust Fund shall be the sole source of all payments authorized by the Plan and in no circumstances shall any other funds of the Employer, any member of the Board of Curators individually, employees of the Employer or any other covered persons of the Plan be liable or responsible therefore
- D. Employer's General Counsel shall prepare the required Trust Agreement and shall have same properly executed after the approval of the Board of Curators

XII. Article XII: Miscellaneous Provisions

- A. **Covered Person's Duties in the Event of Occurrence, Claim or Suit** – Upon the covered person becoming aware of an incident in which the covered person is involved resulting in any alleged injury to which the Plan applies, written notice containing particulars sufficient to identify the injured person and covered person and also reasonable obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the injured and of available witnesses, shall be given by or for the covered person to the Director as soon as practical.

If claim is made or suit is brought against a covered person, the covered person shall forward to the Director every demand, notice, summons or other process received by him or his representative as soon as practical. The covered person shall cooperate with the Employer and, upon the Employer's request, assist in making settlements, in the conduct of suits and enforcing any right of contribution, or indemnity against any person or organization who may be liable to the covered person because of injury or damage with respect to which coverage is afforded under the Plan; and the covered person shall attend hearings and trials and assist with securing and giving evidence and obtaining the attendance of payment, assume any obligation or incur any expense.

Failure of the covered person to cooperate with the Employer shall constitute a waiver of the coverage provisions provided by the Plan

- B. **Action Against the Plan** – No action shall be maintained by a covered person against the Employer unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of the Plan, not until the amount of the Plan's obligation to pay shall have been fully determined either by final judgment against the covered person or by written agreement of the Employer and the Claimant

No person or organization shall have any right under the Plan to join the Employer as a party to any action against the covered person to determining the covered person's liability, nor shall the Employer be impeded by the covered person or his legal representative. Nothing in the Plan shall be construed as a waiver of any governmental immunity of the Employer, the Board of Curators of the University of Missouri nor any of its employees in the course of their official duties

- C. **Other Insurance of Covered Person** – The coverage afforded by the Plan is primary coverage, except when stated to apply in excess of or contingent upon the absence of other insurance. When this coverage is primary and the covered



person has other insurance which is stated to be applicable to the loss on an excel or contingent basis, the amount of the Plan's payment shall not be reduced by the existence of such other insurance.

When both the Plan and other insurance apply to the loss on the same basis, whether primary, excess or contingent, the Plan shall not be liable for a greater proportion of the loss than that stated in the applicable contribution provision below:

Contribution by Equal Shares – If all of such other valid and collectible insurance provides for contribution by equal shares, the Plan shall not be liable for a greater proportion of such loss than would be payable if the Plan and the insurance covering each covered person contributes an equal share until the share of each equals the lowest applicable limit of liability under any one policy or Plan or the full amount of the loss is paid, and with respect to any amount of loss not so paid by the Plan and remaining insurance on covered persons then continue to contribute equal shares of the remaining amount of the loss until full amount of the loss is paid.

Contribution by Limits – If any of such other insurance does not provide for contribution by equal shares, the Plan shall not be liable for a greater proportion of such loss than the applicable limit of liability under the Plan for such loss bears to the total applicable limit of liability under the Plan for such loss bears to the total applicable limit of liability of the Plan and all valid and collectible insurance against such loss.

- D. **Subrogation** – In the event of any payment under the Plan, the Employer shall be subrogated to all the covered person's rights or recovery therefore against any person or organization and the covered person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The covered person shall do nothing after loss to prejudice such rights. Any such recovery by the Employer shall be used to adjust the next annual contribution to the Trust Fund from the medical facility on whose behalf the subrogation was effected.
- E. **Changes in the Plan** – All changes in the Plan subsequent to the first approval of the Plan by the Board of Curators on the date appearing on the Plan cover page, shall be prepared by the Assistant Vice President and forwarded to the ICRC for review and recommendation. After approval as to legal form by the General Counsel, the Assistant Vice President will submit the changes to the President of the Board of Curators. Changes shall become effective on the date fixed by the Board of Curators.
- F. **Assignment** – The interest hereunder of any covered person is not assignable. If the covered person shall die or be adjudged incompetent or cease for any reason to be a covered person under the Plan, this coverage shall thereupon terminate, but shall cover the covered person's legal representation as the covered person with respect to damages previously incurred and to which this Plan applies.
- G. **Cancellation** – The Plan may be cancelled by the Employer effective July 1 of any year, with notice of such cancellation being given to all covered persons at least ninety (90) days prior to the effective date of such cancellation.
- H. **Plan Territory** – The coverages provided by the Plan apply only to an occurrence within the Plan territory and then only when claim is made and suit is brought within the United States of America, its territories, or possessions, Puerto Rico or Canada.



- I. **Plan Review** – As of June 30, 1979, and each year thereafter that the plan remains in effect, the Assistant Vice President will submit an evaluation report of the Plan to the President of the University. The report shall contain, but not limited to the following:
 1. Adequacy of coverage;
 2. Funding levels commensurate with desired limits of liability and actual claim experience;
 3. Investment income earned; and
 4. Plan changes under consideration. The ICRC may submit a report to the Assistant Vice President covering any or all of the above parts or covering any other part of the Plan, including recommended changes of the Plan.
- J. **Plan Constitutionality** – In the event that any part of the Plan is held to be unconstitutional or otherwise declared illegal, the other parts of the Plan will remain in full force and effect.

University of Missouri

School of Health Professions

Department of Physical Therapy

INCIDENT REPORTS

Policy:

Incident reports are designed to report an incident potentially harmful to any individual (i.e., student, therapist, patient) to relay the facts of the incident and protect all individuals involved.

An incident report will be required if an incident occurs while the student is participating in a clinical education experience that could result in the student, the facility, or the University being held liable or if the incident could possibly result in harm to the patient or student, i.e. on the job injury, needle stick, etc. The student should notify the program immediately if any such event occurs.

Procedure:

Students should discuss the facility's policy on incident reports with their clinical instructors at the beginning of each clinical experience.

In the case where an incident occurs while the student is on clinical affiliation, an incident report should be completed by a student with the assistance of his/her CI.

In laboratory or other school sanctioned activities, the student should seek the assistance of the Program Director. Reports may be filed on what might be considered a relatively insignificant incident (i.e., bumping a patient's hand) or more obvious "incidents" (i.e., a patient falling down).

The student will be required to fill out a university incident report if an incident occurs that could possibly result in harm to the student, i.e. on the job injury, needle stick, etc. The student will notify the program immediately such an event occurs by contacting the DCE.

Communication to Stakeholders:

This Policy & Procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- Signed student form stating he/she read and understands all materials in the handbook.
- Completed incident report.
- Documentation of incident in Student Issues on Affiliation LOG.

Location:

- Signed student form stating he/she read and understands all materials in the handbook kept in student's permanent file.
- Copy of completed incident report kept on file in DCE's office.
- Student Issues on Affiliation LOG is kept in database.



University of Missouri

School of Health Professions
Department of Physical Therapy

INDEPENDENT STUDY

Policy:

The Independent Study may be a portion of the total clinical education requirement of the Department of Physical Therapy at the University of Missouri-Columbia. This experience, which takes place during the last clinical affiliation is a privilege granted to those students who meet the qualifications described below.

The experience gives the student an opportunity to determine the content of a portion of his/her educational program and be involved in the planning process. It also enables the student to broaden his/her experiences by pursuing the study of a specific topic or a special area of interest in physical therapy. The independent study should contribute to the students' personal and professional growth both as an individual and as a physical therapist.

Procedures:

Student Qualifications

1. A grade of "B" or above in all physical therapy courses. Students who do not meet the above criteria may petition the faculty in writing requesting a waiver of the grade requirement. This petition should include information regarding the students academic performance, justification as to why the faculty should waive the requirement, and a description of the type of independent study he/she would like to pursue including as much information as possible about the independent study clinical site, potential learning experiences at the site, etc. should a waiver be granted.
2. Successful completion of all clinical education activities with no persistent areas of weakness in clinical performance including. The independent study may be withdrawn at any time prior to the final clinical experience if the student shows persistent academic or clinical deficits.

Settings that Qualify

1. A hospital, private practice, public school, home health agency, or other setting where a licensed physical therapist is employed. There generally should be one or more therapists available to supervise and act as resource persons. Occasionally, the faculty will approve an independent study at a unique setting that is related to physical therapy but in which a student may be supervised by someone other than a physical therapist.
2. Evidence of uniqueness or quality of a particular activity or opportunity that cannot be met in one of the regular clinical education sites.

Planning

1. It is the responsibility of the student to choose, plan, and implement the desired learning experience. During the planning period faculty members will be available to give the student guidance and/or recommendations.



2. It is recognized that first year physical therapy students have had limited clinical experience. However, planning for an independent study may need to begin late in the first professional year or during the summer session before the second professional year.
3. A final plan of activities should accompany the objectives to assure that the means to meet the objectives has been developed.

Setting up the Independent study

Student Responsibilities:

1. Discuss possible studies and facilities with faculty member. A student may want to begin to identify and visit potential independent study sites during the summer prior to the second professional year.
2. Contact the facility on an informal basis to see if there are opportunities or interests on the part of the facility in hosting a student's independent study experience. If so, a list of potential learning experiences would be obtained by the student for use in writing his/her objectives. Additional information regarding number of staff, schools with which the facility already affiliates, potential housing, etc. may also be requested.
3. Prepare specific objectives and list possible activities for the experience. The student is also responsible for determining the method to be used for evaluation of his/her performance to ensure the goals and objectives are met during the affiliation.
4. Prepare a proposal for submission to the faculty to include: the name, address, phone number of the facility; a contact person/CCCE at the facility; a description of the facility including (but not exclusive to): type, clientele, number of PT's and other staff, learning opportunities available, treatment approaches & equipment used, and any other information that would be useful to the faculty in the decision making process.
5. The proposal (as described above), along with the student's initial objectives/activities, are submitted to the faculty for review and comment. Assignment to an appropriate faculty member who will serve as mentor to the student might also be recommended.
6. After final approval of the proposal and objectives by the faculty, the objectives and activities are sent to the prospective independent study site by the student.
7. After a response from the facility, steps to finalize objectives are taken until objectives and a plan are in a final form and approved by the faculty.
8. DCE will initiate establishment of a written agreement between the University and the clinical site: A formal written agreement between the facility and Physical Therapy Program is required by the University for the independent study. All correspondence regarding agreements are handled through the DCE. With Program approval of the independent study, the student is provided with liability coverage in the event that action is brought against him/her on behalf of patients treated by the student during the experience.
9. Student determines what kind of housing and transportation will be necessary, and makes those arrangements.



Performance on Site

1. The student will be responsible to the facility and must abide by the regulations of the facility including any special medical requirements.
2. The same rules which govern absences, days off, dress, etc., on a regular affiliation apply to an independent study.

Evaluation

1. The student is responsible for identifying the means through which his/her performance will be evaluated during the experience. The student and his/her CI may choose to use the Program's Student Performance Report for Clinical Affiliations. The student, with faculty approval (and assistance as needed), may elect to use another method of evaluation. Some form of written performance report (evaluation) must be submitted to the DCE at the completion of the clinical experience for a grade to be awarded.
2. The student has two additional requirements which must be completed to receive a satisfactory grade for this clinical education experience. The student must:
 - a. provide the faculty with a written report describing the clinical experience after it has been completed
 - b. present to the class and faculty an oral report about his/her experience.
(Guidelines for both the written and oral reports are provided below)
3. Evaluation and assignment of a grade for the independent study is based on the student's oral and written reports of the experience as well as the CI's evaluation of the student's performance.
4. It is suggested and the facility may ask the student to evaluate the experience. This will aid the facility in enhancing its student program. The Physical Therapy Program faculty request that an evaluation of the facility be completed and a copy returned to the DCE. The Program's Student Evaluation of Clinical Experience may be used to accomplish this.

Written Report

1. This paper is to be a description of your experience leading up to and during the independent study.
2. Suggested content may include but is not limited to the following:
 - a. Development of the project
 - 1) Selection of the project
 - a) Why was the experience chosen?
 - b) How was your choice made?
 - c) Other information that influence your choice and pursuit of the experience.
 - 2) Planning
 - a) How was the experience planned?
 - b) Who was involved in planning?
 - c) What objectives were established?
 - d) What activities were outlined to meet your objectives?



- e) Other planning information.
- b. Participation
 - 1) Describe special characteristics of the setting.
 - 2) Describe activities in which you actually participated during the clinical experience
 - 3) Describe any clinical, educational, or administrative skills and knowledge applicable to physical therapy that you acquired during this time period
 - 4) Describe any incidents which occurred that enhanced your experience
 - 5) Highlight any other experiences that occurred during the clinical
- c. Evaluation
 - 1) What was accomplished during the period?
 - 2) To what extent were your objectives met?
 - 3) Were you able to participate fully in the planned activities?
 - 4) Would you change any part of the experience?
- b. Format
 - 1) A conventional report format with introduction, body and conclusion, paragraph style, should be used for independent studies which do not involve a specific research question.
 - 2) If a research question is being investigated, the format typically used for developing a research proposal and reporting the results should be employed. See faculty for instructions.

Oral Report

1. The oral report will be presented to the class and faculty as a seminar during the week prior to graduation.
2. Suggested content may included but is not limited to the following:
 - a. may follow format for written report
 - b. Should provide the audience with an overview of objectives and experiences directly related to the clinical affiliation. Examples of specific techniques, special patients, equipment, etc. may be included.
 - c. May also include information of interest regarding the geographical area in which the affiliation occurred or fun things in which the student participated outside of the clinic; however, this **should not** be the focus of the report.
 - d. It is strongly recommended that visual aids (such as slides, overheads, video, etc) be developed to enhance the presentation. Demonstration of special techniques learned may be included.



University of Missouri
School of Health Professions
Department of Physical Therapy

**DETERMINING STUDENT READINESS TO PARTICIPATE IN CLINICAL
EDUCATION**

Policy:

The faculty will discuss and approve student readiness to participate in clinical education at a faculty meeting prior to the start of clinical rotations. Students must be deemed ready to participate in clinical education prior to beginning a clinical education experience. Students will not be sent on a clinical affiliation if the faculty has determined that the student has exhibited academic and/or safety deficiencies.

Procedure:

Faculty will determine by a majority vote at a faculty meeting prior to the affiliation each student's readiness to participate in clinical education. To be eligible to participate in clinical education, students must demonstrate at a minimum:

- Current CPR Certification
- Up-To-Date Immunizations
- Criminal Background Check
- HIPPA education with signed acknowledgment form to DCE
- Successful completion of all required coursework to that point in the curriculum
- Appropriate professional behaviors in line with the generic abilities

When the faculty reaches a majority vote that the student exhibits readiness in the above areas, he/she will be able to initiate that clinical experience.

If there are academic or safety deficiencies, the student will not be allowed to participate in that clinical affiliation. The faculty can prevent the student from participating in clinical education until these deficiencies have been addressed and the student satisfactorily fulfills academic and/or safety requirements.

If the faculty determines that there are academic and/or safety concerns, the following procedure will be followed:

- If the student is determined ready but the faculty has concerns that need addressing, the DCE will meet with the student to discuss these issues. A documented plan will be developed by the DCE and the student with faculty input and this will be placed in the student's file. This plan will address the faculty's concerns for the time the student is on the affiliation and will be reflected on the data sheet. The plan will include information such as the student's preferred learning styles and/or supervision needs.
- The DCE will closely and frequently monitor the performance of these students while on clinical rotations. The DCE will also follow-up with these students prior to the midterm evaluation via phone interview to be sure the plan is being carried out.



This policy and procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clin Ed Handbook.

Evidence of Compliance:

- The faculty meeting minutes will reflect the faculty votes for student readiness for clinical education
- For those students with academic and/or safety concerns, a clinical education plan will be placed in the student's file



University of Missouri- Columbia
School of Health Professions
Department of Physical Therapy

RIGHTS AND PRIVILEGES OF PATIENTS/CLIENTS

Policy:

Rights and privacy of patients/clients will be protected while students are on clinical education rotations. Consent to participate in therapy will be obtained from all patients/clients while students are on clinical education rotations.

Procedure:

- Students will wear name badges clearly identifying themselves as students from the University of Missouri-Columbia, Department of Physical Therapy.
- Students will introduce themselves to patient/client/family as a “physical therapy student from the University of Missouri-Columbia” and ask permission to treat/observe treatment.
- If patient/client refuses, student will cease interaction and contact Clinical Instructor.
- If students collect patient related information as part of the curriculum, all information will be de-identified. In addition, letters from the MU Physical Therapy Program will be sent to the CCCEs to notify them of the specific academic purpose behind collecting the patient information. In addition, a letter from the Health Sciences IRB will be sent to the CCCEs notifying them that the project does not require review by the IRB.

Evidence of Compliance:

- This policy and procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook. The student signs a form stating that he/she has read and understands all material in the handbook.
- The letter sent to the CCCEs from the PT program detailing the academic case study assignment
- The letter from the Health Science IRB

An annual survey for the sites and a survey for students upon completing the program will be utilized to decide if this policy and procedure is being successfully communicated to the site and students as well as to determine if this policy and procedure is being effectively carried out.



University of Missouri
School of Health Professions
Department of Physical Therapy

Clinical Education I –7940
Summer 2011-DPT 1st Year, Semester 4
4 Credits

CLOCK HOURS: Total 232 hours, 6 weeks

COURSE COORDINATOR:

Dana Martin, MPT

PHONE

882-0401

EMAIL

martindan@health.missouri.edu

COURSE DESCRIPTION/METHODS:

Full time clinical education with supervision from a licensed physical therapist who has at least one year of experience. The affiliation will focus on application of basic skills, documentation, and therapeutic modalities in an outpatient orthopedic or acute care setting.

PREREQUISITES: Successful completion of PT 4150/ 7150. Graded on S/U basis only

EVALUATION OF STUDENT PERFORMANCE:

- Satisfactory performance will be judged by a combination of factors:
 - score on Clinical Performance Instrument (CPI)
 - comments on CPI
 - written and oral communication between student, CI, and DCE

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:

The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at <http://www.umshp.org/pt/> Look under the "Student Resources" button.

STUDENT PERFORMANCE POLICY:

The faculty of the University of Missouri Physical Therapy Curriculum is committed to high academic and professional standards. These high standards are central to our mission of preparing exceptional clinicians who will serve as stewards of our profession. Therefore, it is our obligation to insure that graduates demonstrate mastery of **all** course content. It is to this end we establish the following grading policies and procedures.

SATISFACTORY COMPLETION OF COURSE:

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.



AMERICANS WITH DISABILITIES ACT STATEMENT:

If you anticipate barriers related to the format or requirements of this course, if you have emergency medical information to share with me, or if you need to make arrangements in case the building must be evacuated, please let me know as soon as possible.

If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (<http://disabilityservices.missouri.edu>), S5 Memorial Union, 882-4696, and then notify me of your eligibility for reasonable accommodations. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage. (Office of Disability Services, Fall 2010)

STATEMENT ON ACADEMIC DISHONESTY:

Academic integrity is fundamental to the activities and principles of a university. All members of the academic community must be confident that each person's work has been responsibly and honorably acquired, developed, and presented. Any effort to gain an advantage not given to all students is dishonest whether or not the effort is successful. The academic community regards breaches of the academic integrity rules as extremely serious matters. Sanctions for such a breach may include academic sanctions from the instructor, including failing the course for any violation, to disciplinary sanctions ranging from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, collaboration, or any other form of cheating, consult the course instructor. (Office of the Provost 2010-2011).

Use of any electronic device (e.g. cell phone, iPod, laptop computer) is strictly prohibited during examinations and quizzes. All electronic devices must be turned off and remain out of sight during the examination or quiz. Failure to do so will be viewed as an act of academic dishonesty.

PROFESSIONAL ATTIRE:

It is the policy of this program that students dress in professional clinical attire during lectures and labs where guest speakers or participants are invited as well as during all off-campus educational experiences when the student represents the University of Missouri-Columbia Department of Physical Therapy.

Professional attire is defined by:

- Long pants (no jeans) or skirts that are knee length or longer
- For men, a collared shirt is required
- For women, a shirt with modest neckline and length to be tucked in or cover the waistline during any activity
- Closed toe shoes
- MU Physical Therapy nametag

PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION

Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1,2,3,4,5,6. These objectives are noted as "red flags" or closely mirror the Professional Practice Expectations noted in the Normative Model of Physical Therapist Professional Education and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:

1. Complexity of patient
2. Newness of situation
3. Level of supervision



4. Efficiency
5. Consistency
 - The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education I, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed I	Basic	Routine	Guidance/ Consultation	Mod	Mod
		New	Close	Low	Low
	Complex	Routine	Close	Low	Low
		New	Close	Low	Low

Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)

Sample behaviors include:

 - Aware of contraindications and precautions
 - Requests assistance when needed
2. Demonstrate professional behavior (CPI 2)

Sample behaviors include:

 - Integrity, caring, compassion and empathy
 - Manages conflict in constructive ways
3. Practice in a legal, professional, ethical manner (CPI 3)

Sample behaviors include:

 - Adhere to legal, ethical and clinical site standards
 - Places patients needs above self interest
4. Communicate effectively (CPI 4)

Sample behaviors include:

 - Communicates verbally, nonverbally in a professional and timely manner
 - Seeks and responds to feedback from multiple sources
5. Demonstrate cultural competence (CPI 5)

Sample behaviors include:

 - Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
 - Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own
6. Demonstrate professional development (CPI 6)

Sample behaviors include:

 - Identify strengths and weaknesses in own performance
 - Accepts responsibility for continued learning



7. Exhibit sound clinical reasoning (CPI 7)
Sample behaviors include:
 - Utilize information from multiple data sources
 - Selects examination techniques and interventions based on best available evidence
8. Utilize screening to determine need for further examination or consultation (CPI 8)
Sample behaviors include:
 - Reviews history, performs system review, selects and conducts appropriate screening and test and measures
 - Analyzes and interprets results to determine need for further services
9. Perform a physical therapy examination using appropriate test and measures(CPI 9)
Sample behaviors include:
 - Obtains history, selects and performs appropriate test and measures
 - Utilizes evidence based practice
10. Evaluate data from the patient examination to make clinical judgments (CPI 10)
Sample behaviors include:
 - Synthesize examination data
 - Cites evidence to support decisions
11. Determine diagnosis and prognosis (CPI 11)
Sample behaviors include:
 - Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
 - Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities
12. Establish an appropriate plan of care (CPI 12)
Sample behaviors include:
 - Forms a plan of care that is safe, effective, patient centered
 - Follows established guidelines when available
13. Perform physical therapy interventions in a competent manner (CPI 13)
Sample behaviors include:
 - Performing interventions safely, effectively and efficiently
 - Provides rationale for interventions used
14. Effectively educate all stakeholders (CPI 14)
Sample behaviors include:
 - Identify patient learning styles and preferred method of learning
 - Ensures understanding



15. Produce documentation in an accurate and timely manner (CPI 15)

Sample behaviors include:

- Follows legal and clinical site regulations
- Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)

Sample behaviors include:

- Selects outcome measures in an evidence based manner
- Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)

Sample behaviors include:

- Schedules patients, equipment and space
- Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)

Sample behaviors include:

- Make decisions based on legal and ethical standards
- Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.



University of Missouri
School of Health Professions
Department of Physical Therapy

Clinical Education II-7945
Spring 2011-DPT 2nd Year, Semester 6
5 credits

CLOCK HOURS: Total 312 hours, 8 weeks

COURSE COORDINATOR:

Dana Martin, MPT

PHONE

882-0401

EMAIL

martindan@health.missouri.edu

COURSE DESCRIPTION/METHODS:

Full time clinical education with supervision from a licensed physical therapist who has at least one year of experience. This course is a continuation of 7940 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 7940. Graded on S/U basis only

EVALUATION OF STUDENT PERFORMANCE:

- Satisfactory performance will be judged by a combination of factors:
 - score on Clinical Performance Instrument (CPI)
 - comments on CPI
 - written and oral communication between student, CI, and DCE

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:

The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at <http://www.umshp.org/pt/> Look under the "Student Resources" button.

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The faculty of the University of Missouri Physical Therapy Curriculum is committed to high academic and professional standards. These high standards are central to our mission of preparing exceptional clinicians who will serve as stewards of our profession. Therefore, it is our obligation to insure that graduates demonstrate mastery of **all** course content. It is to this end we establish the following grading policies and procedures.

SATISFACTORY COMPLETION OF COURSE:

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Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.



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- Long pants (no jeans) or skirts that are knee length or longer
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PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION

Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1,2,3,4,5,6. These objectives are noted as "red flags" or closely mirror the Professional Practice Expectations noted in the Normative Model of Physical Therapist Professional Education and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:

1. Complexity of patient
2. Newness of situation
3. Level of supervision



4. Efficiency
5. Consistency
 - The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education II, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed II	Basic	Routine	Independent	High	High
		New	Guidance/ Consultation	Mod	Mod
	Complex	Routine	Close	Low	Low
		New	Close	Low	Low

***** The student will be gathering objective data while on this affiliation for use in 7570 Bridging the Clinical-Research Gap *****

Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)

Sample behaviors include:

- Aware of contraindications and precautions
- Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)

Sample behaviors include:

- Integrity, caring, compassion and empathy
- Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)

Sample behaviors include:

- Adhere to legal, ethical and clinical site standards
- Places patients needs above self interest

4. Communicate effectively (CPI 4)

Sample behaviors include:

- Communicates verbally, nonverbally in a professional and timely manner
- Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)

Sample behaviors include:

- Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
- Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own



6. Demonstrate professional development (CPI 6)

Sample behaviors include:

- Identify strengths and weaknesses in own performance
- Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)

Sample behaviors include:

- Utilize information from multiple data sources
- Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)

Sample behaviors include:

- Reviews history, performs system review, selects and conducts appropriate screening and test and measures
- Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures(CPI 9)

Sample behaviors include:

- Obtains history, selects and performs appropriate test and measures
- Utilizes evidence based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)

Sample behaviors include:

- Synthesize examination data
- Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)

Sample behaviors include:

- Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
- Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)

Sample behaviors include:

- Forms a plan of care that is safe, effective, patient centered
- Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)

Sample behaviors include:

- Performing interventions safely, effectively and efficiently
- Provides rationale for interventions used



14. Effectively educate all stakeholders (CPI 14)

Sample behaviors include:

- Identify patient learning styles and preferred method of learning
- Ensures understanding

15. Produce documentation in an accurate and timely manner (CPI 15)

Sample behaviors include:

- Follows legal and clinical site regulations
- Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)

Sample behaviors include:

- Selects outcome measures in an evidence based manner
- Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)

Sample behaviors include:

- Schedules patients, equipment and space
- Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)

Sample behaviors include:

- Make decisions based on legal and ethical standards
- Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.



University of Missouri
School of Health Professions
Department of Physical Therapy

Clinical Education III-8940
Summer 2010-DPT 3rd Year, Semester 7
6 Credits

CLOCK HOURS: Total 312 hours, 8 weeks

COURSE COORDINATOR:
Dana Martin, MPT

PHONE
882-0401

EMAIL
martindan@health.missouri.edu

COURSE DESCRIPTION/METHODS:

Full time clinical education with supervision from a licensed physical therapist who has at least one year of experience. This course is a continuation of 7945 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 7945. Graded on S/U basis only

EVALUATION OF STUDENT PERFORMANCE:

- Satisfactory performance will be judged by a combination of factors:
 - score on Clinical Performance Instrument (CPI)
 - comments on CPI
 - written and oral communication between student, CI, and DCE

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:

The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at <http://www.umshp.org/pt/> Look under the "Student Resources" button.

STUDENT PERFORMANCE POLICY:

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SATISFACTORY COMPLETION OF COURSE:

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and successful completion of evidence based practice presentation and/or other assignments. The final judgment of passing will be made by the DCE and core faculty.

Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.



AMERICANS WITH DISABILITIES ACT STATEMENT:

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STATEMENT ON ACADEMIC DISHONESTY:

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Use of any electronic device (e.g. cell phone, iPod, laptop computer) is strictly prohibited during examinations and quizzes. All electronic devices must be turned off and remain out of sight during the examination or quiz. Failure to do so will be viewed as an act of academic dishonesty.

PROFESSIONAL ATTIRE:

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Professional attire is defined by:

- Long pants (no jeans) or skirts that are knee length or longer
- For men, a collared shirt is required
- For women, a shirt with modest neckline and length to be tucked in or cover the waistline during any activity
- Closed toe shoes
- MU Physical Therapy nametag

PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION

Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1,2,3,4,5,6. These objectives are noted as "red flags" or closely mirror the Professional Practice Expectations noted in the Normative Model of Physical Therapist Professional Education and the APTA Core Values.



Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:

1. Complexity of patient
 2. Newness of situation
 3. Level of supervision
 4. Efficiency
 5. Consistency
- The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education III, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed III	Basic	Routine	Independent	High	High
		New	Guidance/ Consultation	High	High
	Complex	Routine	Guidance/ Consultation	Mod	Mod
		New	Close	Low	Low

Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)

Sample behaviors include:

- Aware of contraindications and precautions
- Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)

Sample behaviors include:

- Integrity, caring, compassion and empathy
- Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)

Sample behaviors include:

- Adhere to legal, ethical and clinical site standards
- Places patients needs above self interest

4. Communicate effectively (CPI 4)

Sample behaviors include:

- Communicates verbally, nonverbally in a professional and timely manner
- Seeks and responds to feedback from multiple sources



5. Demonstrate cultural competence (CPI 5)

Sample behaviors include:

- Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
- Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own

6. Demonstrate professional development (CPI 6)

Sample behaviors include:

- Identify strengths and weaknesses in own performance
- Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)

Sample behaviors include:

- Utilize information from multiple data sources
- Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)

Sample behaviors include:

- Reviews history, performs system review, selects and conducts appropriate screening and test and measures
- Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures(CPI 9)

Sample behaviors include:

- Obtains history, selects and performs appropriate test and measures
- Utilizes evidence based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)

Sample behaviors include:

- Synthesize examination data
- Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)

Sample behaviors include:

- Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
- Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)

Sample behaviors include:

- Forms a plan of care that is safe, effective, patient centered
- Follows established guidelines when available



13. Perform physical therapy interventions in a competent manner (CPI 13)

Sample behaviors include:

- Performing interventions safely, effectively and efficiently
- Provides rationale for interventions used

14. Effectively educate all stakeholders (CPI 14)

Sample behaviors include:

- Identify patient learning styles and preferred method of learning
- Ensures understanding

15. Produce documentation in an accurate and timely manner (CPI 15)

Sample behaviors include:

- Follows legal and clinical site regulations
- Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)

Sample behaviors include:

- Selects outcome measures in an evidence based manner
- Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)

Sample behaviors include:

- Schedules patients, equipment and space
- Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)

Sample behaviors include:

- Make decisions based on legal and ethical standards
- Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.



University of Missouri
School of Health Professions
Department of Physical Therapy

Clinical Education IV-8945
Fall 2012-DPT 3rd Year, Semester 8
5 credits

CLOCK HOURS: Total 312 hours, 8 weeks

<u>COURSE COORDINATOR:</u>	<u>PHONE</u>	<u>EMAIL</u>
Dana Martin, MPT	882-0401	martindan@health.missouri.edu

COURSE DESCRIPTION/METHODS:

Full time supervised clinical education with supervision from a licensed physical therapist who has at least one year of experience. This course is a continuation of 8940 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 8940. Graded on S/U basis only

EVALUATION OF STUDENT PERFORMANCE:

- Satisfactory performance will be judged by a combination of factors:
 - score on Clinical Performance Instrument (CPI)
 - comments on CPI
 - written and oral communication between student, CI, and DCE

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:

The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at <http://www.umshp.org/pt/> Look under the "Student Resources" button.

STUDENT PERFORMANCE POLICY:

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SATISFACTORY COMPLETION OF COURSE:

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and successful completion of evidence based practice presentation and/or other assignments. The final judgment of passing will be made by the DCE and core faculty.

Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.



AMERICANS WITH DISABILITIES ACT STATEMENT:

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PROFESSIONAL ATTIRE:

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- For men, a collared shirt is required
- For women, a shirt with modest neckline and length to be tucked in or cover the waistline during any activity
- Closed toe shoes
- MU Physical Therapy nametag.

PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION

Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1,2,3,4,5,6. These objectives are noted as "red flags" or closely mirror the Professional Practice Expectations noted in the Normative Model of Physical Therapist Professional Education and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:

1. Complexity of patient
2. Newness of situation
3. Level of supervision



4. Efficiency
 5. Consistency
- The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education IV, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed IV	Basic	Routine	Independent	High	High
		New	Independent	High	High
	Complex	Routine	Guidance/ Consultation	Mod	Mod
		New	Guidance/ Consultation	Mod	Mod

Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)

Sample behaviors include:

- Aware of contraindications and precautions
- Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)

Sample behaviors include:

- Integrity, caring, compassion and empathy
- Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)

Sample behaviors include:

- Adhere to legal, ethical and clinical site standards
- Places patients needs above self interest

4. Communicate effectively (CPI 4)

Sample behaviors include:

- Communicates verbally, nonverbally in a professional and timely manner
- Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)

Sample behaviors include:

- Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
- Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own



6. Demonstrate professional development (CPI 6)

Sample behaviors include:

- Identify strengths and weaknesses in own performance
- Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)

Sample behaviors include:

- Utilize information from multiple data sources
- Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)

Sample behaviors include:

- Reviews history, performs system review, selects and conducts appropriate screening and test and measures
- Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures(CPI 9)

Sample behaviors include:

- Obtains history, selects and performs appropriate test and measures
- Utilizes evidence based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)

Sample behaviors include:

- Synthesize examination data
- Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)

Sample behaviors include:

- Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
- Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)

Sample behaviors include:

- Forms a plan of care that is safe, effective, patient centered
- Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)

Sample behaviors include:

- Performing interventions safely, effectively and efficiently
- Provides rationale for interventions used



14. Effectively educate all stakeholders (CPI 14)

Sample behaviors include:

- Identify patient learning styles and preferred method of learning
- Ensures understanding

15. Produce documentation in an accurate and timely manner (CPI 15)

Sample behaviors include:

- Follows legal and clinical site regulations
- Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)

Sample behaviors include:

- Selects outcome measures in an evidence based manner
- Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)

Sample behaviors include:

- Schedules patients, equipment and space
- Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)

Sample behaviors include:

- Make decisions based on legal and ethical standards
- Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.



University of Missouri
School of Health Professions
Department of Physical Therapy

Clinical Education V-8950
Spring 2011- DPT 3rd Year, Semester 9
5 credits

CLOCK HOURS: Total 272 hours, 7 weeks

COURSE COORDINATOR:

Dana Martin, MPT

PHONE

882-0401

EMAIL

martindan@health.missouri.edu

COURSE DESCRIPTION/METHODS:

Full time clinical education with supervision from a licensed physical therapist who has at least one year of experience. This course is a continuation of 8945 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 8945. Graded on S/U basis only

EVALUATION OF STUDENT PERFORMANCE:

- Satisfactory performance will be judged by a combination of factors:
 - score on Clinical Performance Instrument (CPI)
 - comments on CPI
 - written and oral communication between student, CI, and DCE

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:

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Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1,2,3,4,5,6. These objectives are noted as "red flags" or closely mirror the Professional Practice Expectations noted in the Normative Model of Physical Therapist Professional Education and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:

1. Complexity of patient
2. Newness of situation
3. Level of supervision



4. Efficiency
 5. Consistency
- The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education V, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed V	Basic	Routine	Independent	High	High
		New	Independent	High	High
	Complex	Routine	Independent	High	High
		New	Consultation	High	High

Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)

Sample behaviors include:

- Aware of contraindications and precautions
- Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)

Sample behaviors include:

- Integrity, caring, compassion and empathy
- Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)

Sample behaviors include:

- Adhere to legal, ethical and clinical site standards
- Places patients needs above self interest

4. Communicate effectively (CPI 4)

Sample behaviors include:

- Communicates verbally, nonverbally in a professional and timely manner
- Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)

Sample behaviors include:

- Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
- Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own

6. Demonstrate professional development (CPI 6)

Sample behaviors include:

- Identify strengths and weaknesses in own performance
- Accepts responsibility for continued learning



7. Exhibit sound clinical reasoning (CPI 7)

Sample behaviors include:

- Utilize information from multiple data sources
- Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)

Sample behaviors include:

- Reviews history, performs system review, selects and conducts appropriate screening and test and measures
- Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures(CPI 9)

Sample behaviors include:

- Obtains history, selects and performs appropriate test and measures
- Utilizes evidence based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)

Sample behaviors include:

- Synthesize examination data
- Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)

Sample behaviors include:

- Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
- Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)

Sample behaviors include:

- Forms a plan of care that is safe, effective, patient centered
- Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)

Sample behaviors include:

- Performing interventions safely, effectively and efficiently
- Provides rationale for interventions used

14. Effectively educate all stakeholders (CPI 14)

Sample behaviors include:

- Identify patient learning styles and preferred method of learning
- Ensures understanding



15. Produce documentation in an accurate and timely manner (CPI 15)

Sample behaviors include:

- Follows legal and clinical site regulations
- Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)

Sample behaviors include:

- Selects outcome measures in an evidence based manner
- Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)

Sample behaviors include:

- Schedules patients, equipment and space
- Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)

Sample behaviors include:

- Make decisions based on legal and ethical standards
- Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.



University of Missouri
School of Health Professions
Department of Physical Therapy

POLICY AND PROCEDURES for
PT 7940, PT 7945, PT 8940, PT 8945, & PT 8950:
Clinical Education I-V

1. It is the goal of the curriculum to have a fair and equitable clinical education assignment process. Please contact the DCE if you have special needs or circumstances.
2. Students are responsible for all transportation and housing costs. Free or reduced rate housing is occasionally available at specified locations.
3. Assignments are made by a lottery system. This lottery system is summarized below:
 - a. Information is provided to the students regarding the facilities who have agreed to provide affiliation slots for the upcoming clinical. This information consists of such things as number and type of affiliation slot(s) available, housing information, special requirements, etc.
 - b. Students fill out a Lottery Form with a specified number of choices.
 - c. The DCE uses a pre-drawn order of choice to select the clinical sites for the students for CE I-IV. This order of choice is modified from affiliation to affiliation to insure fairness. The method of modification is as follow:
 1. Draw
 2. Reverse
 3. Inside out-ascending
 4. Inside out-descending
 - d. CE V assignments are also made by a lottery system. The lottery numbers for this rotation are determined by a random drawing of the students' names
4. The DCE assigns individual students to specific facilities based on the following:
 - a. Students are generally not allowed to be in the same geographical location for more than one affiliation
 - b. The following types of clinical affiliation must be accomplished:
 1. Acute care
 2. Adult Neurological or Pediatric rehabilitation (occasionally both if the number of appropriate slots allow)
 3. Out-Patient Orthopedic
 - c. Students are strongly encouraged not to affiliate in a clinic or hospital where they have done a great deal of previous observation. This is to encourage students to receive the most varied clinical education as possible.
 - d. Students must complete an affiliation in at least one rural and one urban (population > 100,000) setting
5. Students are required to fill out a Student Data Sheet and write an introductory letter to the CCCE at the facility at which they have been assigned. The department will provide the envelope and postage for this mailing. This will need to be accomplished approximately 1-2 months prior to the affiliation
6. Students are required to contact the CCCE at the facility at which they have been assigned by phone at least 1 month prior to the start of the affiliation.



7. If a site cancels a scheduled affiliation, the DCE will notify the student and ask the student to review the remaining available sites. The DCE will assist the student in arranging an affiliation that meets the student's needs. This new assignment will be treated as if picking off the "discard pile" and will not count against the student as far as location of the clinical.
8. Absences from the clinical are dealt with by the policy "Absences During Clinical Education Experiences".
9. The student will conform to the work schedule and dress code of the facility unless otherwise specified by the facility to which he/she is assigned. The work schedule may include working weekends and/or holidays or a schedule different from a traditional eight hours/day, Monday through Friday schedule.
10. Problems with student performance and/or interaction with staff shall be handled/resolved by the Policy on Clinical Difficulties and Failure.
11. Students are required to bring their Clinical Education and Student Handbook to all affiliations.
12. Evaluation of the student's performance will be by the student's CI(s) with input (ideally, written) from other staff members. The Physical Therapist Clinical Performance Instrument (CPI) will be used. The CI may give a formal or informal mid-term evaluation although some form of written evaluation is recommended. The final evaluation shall be written and should include specific documentation regarding strengths and, in particular, weaknesses. The instructor and student should review it together and discuss the student's strengths and weaknesses. The signed evaluation shall be returned to the school via the CCCE who may retain a copy of the report; the report must be kept in confidence unless the student requests a copy or gives permission to release the information.
13. Grading of this course is Satisfactory or Unsatisfactory (S/U) based on policy "Evaluation/Assignment of Grades". This includes satisfactory completion of the evidence-based project and/or other assignments for Clinical Education III -IV.
14. The CI will indicate on the cover of the CPI if the student participated in interdisciplinary care during the affiliation.
15. The student will also evaluate the clinical experience utilizing the APTA's Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form. The form should be completed and shared with the CI at the completion of the affiliation. This form should also be signed by the student and CI and returned to the school along with the Student Performance Instrument.
16. Liability coverage is provided; see policy "Liability Insurance".
17. Students with questions or problems during a clinical experience may contact DCE at (573) 882-0401 or a faculty member by telephoning the office: (573) 882-7103.
18. Students will often be called at approximately mid-affiliation (especially on the early affiliations). All clinical instructors will be provided a pre-addressed mid-term information card on which they can request a formal phone visit.



University of Missouri
School of Health Professions
Department of Physical Therapy

PARTICIPATION IN INTERDISCIPLINARY CARE

Policy:

Students will be required to participate in interdisciplinary care during at least one clinical affiliation.

Procedure/Evidence of Compliance:

Participation in interdisciplinary care will be documented via the Student Evaluation of Clinical Experience Form (PTSE) and documented/monitored in the Student Clinical Requirement Database.



University of Missouri
School of Health Professions
Department of Physical Therapy

SURGERY OBSERVATION

Students are required to complete observation of an invasive type of surgery prior to graduation.

Observations can be done either at the University of Missouri Hospital and Clinics (orientation for this will be provided in Introduction to Clinical Education I) or at other surgical sites approved by the DCE.

A form to document this is provided and must be signed by surgical staff from the site upon completion.

Students are to abide by the rules of the surgical site and must wear their University of Missouri- Hospital nametags.



Surgery Observation Record

_____ observed for ____ hours at
(PT Student)

(site/ Hospital)

Type of **Invasive** procedure observed: _____

(Signature and Title of Surgery Staff)

(Date)

Return to: Jacqueline Chenault
Department of Physical Therapy
106 Lewis Hall
University of Missouri
Columbia, MO 65211



Surgery Observation Record

_____ observed for ____ hours at
(PT Student)

(site/ Hospital)

Type of **Invasive** procedure observed: _____

(Signature and Title of Surgery Staff)

(Date)

Return to: Jacqueline Chenault
Department of Physical Therapy
106 Lewis Hall
University of Missouri
Columbia, MO 65211



University of Missouri
School of Health Professions
Department of Physical Therapy

RIGHTS AND PRIVILEGES OF STUDENTS

Policy: All students have rights and privileges that are granted by the University as well as by the Clinical Facility. These rights and privileges are meant to assist the student in experiencing quality clinical education. If a student feels as if these rights and privileges are being compromised in any way while on a clinical rotation or during his/her didactic preparation, he/she will contact the DCE immediately and appropriate actions will be taken to ensure the student's rights and privileges are granted.

Students have the right to:

- voice grievances about the Clinical Education Program. These grievances may include, but are not limited to, issues regarding the clinical site to which he/she is assigned; the clinical instructor to whom he/she is assigned; the DCE; or anything else related to the Clinical Education Program.
- be affiliated with quality clinical sites.
- be provided with a quality learning experience in a safe environment
- be affiliated with quality clinical instructors who are licensed physical therapists with at least 1 year of clinical experience in their areas of practice. These clinical instructors will provide proper supervision of the student at all times as well as regular feedback regarding the student's performance.
- receive updated information about the clinical site with which he/she is affiliated. This information may include, but is not limited to:
 - Parking
 - Hours
 - Holiday schedule
 - Dress code
 - Other requirements of the site including in-services and additional criminal background, drug screen and immunization information
 - Housing, if available
 - Patient population
 - Meals
- an orientation to the clinical site with which they are affiliated. This orientation may include, but is not limited to, items such as information on site-specific policies and procedures; standard precautions; use and maintenance of equipment; potential health risks they may encounter during their clinical affiliation; and storage and use of hazardous materials.
- ask questions during their clinical affiliations, and to receive thoughtful, helpful answers in response.
- confidentiality, both in the academic setting and while on their clinical rotations.



Procedure: Students will be made aware of their rights and privileges (listed above) during reviews of the clinical education handbook with the DCE in Introduction to Clinical Education I and II prior to leaving for their first clinical rotation. Students will sign a form acknowledging that they have received, reviewed, and understand these rights and responsibilities, and that form will be placed in the students' files.

Evidence of Compliance:

- Student handbook acknowledgement form with student's signature



University of Missouri
School of Health Professions
Department of Physical Therapy

NEW CLINICAL EDUCATION SITES

Policy:

New clinical education sites will be added to the University of Missouri Clinical Education Program at the discretion of the Director of Clinical Education (DCE). Students preparing for their final clinical rotation may approach the DCE to add a new clinical site that meets their clinical needs in exceptional circumstances only. The potential new sites must complete certain tasks as well as meet certain requirements in order to be added to the Clinical Education Program.

Procedure:

There are two methods available to add clinical sites to the University of Missouri clinical education program (the Program).

1. DCE recognizes a need to add a site to the Program
 - a. The DCE will research quality clinical education sites to contact to fulfill the current void in the Program
 - b. The DCE will contact the Center Coordinator of Clinical Education (CCCE) at the clinical site to discuss a possible affiliation
 - c. If the site is also interested in pursuing an affiliation, the DCE will send the New Site Questionnaire to the site
 - d. The CCCE will complete the New Site Questionnaire and will return it to the DCE
 - e. If the answers on the New Site Questionnaire indicate that the site will provide students with quality clinical education, a new site packet will be sent to the site, and the contract process between the University and the site will begin. The facility will become an affiliated clinical education site for the Program after the contract has been signed by both the facility and the University of Missouri.
 - f. If the answers on the New Site Questionnaire do not indicate that the site would provide quality clinical education, the site will be notified that an affiliation will no longer be pursued.
2. A clinical site contacts the DCE to set up a new affiliation
 - a. The DCE will discuss the potential affiliation with the CCCE, gathering information including, but not limited to, the type of facility; number of PTs/PTAs; opportunities available for students at the site; and housing opportunities.
 - b. If the DCE believes that the site will offer a quality clinical education experience, a New Site Questionnaire will be sent to the site. If the DCE believes that the site will not offer quality clinical education, the CCCE will be notified that an affiliation will not be pursued.
 - c. If the answers on the New Site Questionnaire indicate that the site will provide students with quality clinical education, a new site packet will be sent to the site, and the contract process between the University and the site will begin. The facility will become an affiliated clinical education site for the Program after the contract has been signed by both the facility and the University of Missouri.
 - d. If the answers on the New Site Questionnaire do not indicate that the site would provide quality clinical education, the site will be notified that an affiliation will no longer be pursued.



Evidence of Compliance:

- The completed New Site Questionnaires of those sites that do become affiliated with the Program will be kept in the Clinical Education files in the Physical Therapy Program Office. The completed New Site Questionnaires of those sites that do not become affiliated with the PT Program will be kept in a file in the DCE's office with notations as to why that site did not become an affiliated site for the Program.
- Current contracts with the new sites that are affiliated are located in the Clinical Education files in the Physical Therapy Program Office.
- This policy/procedure is relayed to students and clinical faculty in the Clinical Education Handbook.



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RIGHTS AND PRIVILEGES OF CLINICAL EDUCATION FACULTY

The clinical faculty/site has the right to:

- Request assistance from the academic program in developing their clinical education program
Procedure: contact DCE via avenues such as yearly survey of clinical education needs.
- Request assistance from the academic program in dealing with clinical education issues or problems. Assistance includes on-site visits.
Procedure: contact DCE at any time; including indicating needs on mid-term evaluation form.
- Receive information regarding the clinical education program in a timely fashion.
Procedure: complaints or suggestions can be communicated to DCE via yearly survey sent to affiliating sites.
- Require additional criteria to accept students (e.g. drug testing, specific health requirements, etc).
Procedure: notify DCE of special requirements via annual Slot Commitment Survey. DCE will then notify prospective students that will agree to comply with additional criteria.
- Decline to take students during any time frame.
Procedure: notify DCE of intention to decline via yearly Slot Commitment Survey
- Cancel a scheduled student affiliation due to situational issues
Procedure: notify DCE via, phone, email, etc.
- Remove/cancel an affiliation after the student has begun the experience for student or situational issues.
Procedure: notification must be completed in writing
- Terminate the affiliation agreement.
Procedure: notification must be completed in writing and follow any procedures listed in the individual affiliation agreement.
- Expect a timely response from the DCE to communications
Procedure: DCE will return communication as soon as possible

Privileges of the Clinical Education Faculty include:

- Reduced cost Clinical Instructor credentialing
- Reduced cost/free continuing education provided by the University of Missouri Physical Therapy Department
- Receive summary of evidence-based practice topics for certain affiliations
- Request an inservice from student

Evidence of Compliance:

- This information will be sent to sites along with the annual Slot Commitment Survey
- This information will be communicated in letters of appreciation to clinical instructors

This information is communicated to the clinical sites/ CCCEs via the DCE and the Clinical Education Handbook.

Note: The Clinical Education faculty (CCCE's and CI's) do not have faculty status at this institution and therefore are not eligible for the rights and privileges afforded core faculty. This is consistent with other clinical departments within the School of Health Professions at the University of Missouri-Columbia.

CAPTE: Pg. B-13, Item F-12; Pg. B-13, Item F-13; B-18 Item F-26



University of Missouri
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RESPONSIBILITIES OF CLINICAL FACULTY

Policy:

The clinical site will prepare for student learning.

Clinical faculty will provide adequate supervision throughout the clinical affiliation. This will include supervision during patient care, care conferences, and other activities associated with the role of physical therapist in that setting.

In addition, the Clinical Instructor will provide feedback regarding performance on a regular basis to the student and will practice in an ethical/legal manner.

Procedure:

The clinical site will prepare for student learning by:

- Providing requirements and expectations prior to the experience.
- Orienting the student to the facility, documentation, policies and procedures, and the department.
- Providing the student with a clinical instructor(s) who has at least one year of clinical experience
- Providing adequate learning opportunities for the student.
- Notify the DCE of any changes in personnel regarding clinical instructors and the CCCE
- Notify the DCE in a timely fashion of the need to cancel a clinical experience.

The clinical site will fulfill the following responsibilities related to the clinical experience:

- Notify the DCE if there are issues related to the student's performance or if the student is failing to meet the clinic's or program's requirements.
- Provide appropriate level of supervision and instruction of the PT student according to the student's level of experience and education; this includes assigning a reasonable caseload. (See policy on Supervision of PT Students)
- Clinical faculty will complete all assessment and feedback forms. This includes the Midterm Feedback form which will be mailed to the Director of Clinical Education (DCE) at the midway point of the affiliation. It also includes the Clinical Performance Instrument (CPI) which will be completed at both the midway point (midterm) and upon completion of the affiliation. Proper completion of the CPI includes making a mark on the visual analogue scale for each item at both the midterm and completion of the affiliation. It also includes completion of written comments for each item as well as the summative comments section on the CPI (includes strengths, areas requiring improvement, and additional comments).
- The Clinical Instructor will meet regularly with the student to provide feedback and will verbally discuss the CPI with the student at Midterm and Final evaluation times.
- Practice in an ethical and legal manner.

Clinical faculty will also provide feedback regarding the student's Evidence-based/ Clinical Question presentation.

This policy and procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- The student will fill out an evaluation of the site and will return it to the University of Missouri PT Department upon completion of a clinical rotation
- Clinical sites will provide the MU PT Department with a CSIF at least every two years



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**RESPONSIBILITIES OF THE CENTER COORDINATOR OF CLINICAL
EDUCATION**

Policy:

Each Center Coordinator of Clinical Education (CCCE) is responsible for the following:

- Providing the University of Missouri Physical Therapy Program (the Program) with an updated clinical site information form (CSIF) every two years
- Promptly contacting the Program Director of Clinical Education (DCE) if any issues arise with a University of Missouri student while he/she is participating in a clinical education rotation
- Completing the Slot Commitment Survey annually and returning it to the Program in a timely manner
- Notifying the Program of any updates at the site (site name change, change in policies, etc...)
- Contacting the DCE if the need to cancel an affiliation arises
- Acting as a general liaison between the Program and the clinical site
- Disseminating Program information to the clinical instructors at the site
- Promptly notifying the Program if/when student issues arise

Procedure:

Each CCCE will perform the duties listed above in order for that clinical site to remain an active affiliation site with the University of Missouri Physical Therapy Program.

This policy and procedure is communicated to the clinical sites/CCCEs and students via the DCE and the Clinical Education Handbook

Evidence of Compliance:

This information is sent to the CCCE annually along with the Slot Commitment Survey



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RESPONSIBILITIES OF THE SITE

Policy:

Each site is responsible for the following:

- Providing a complete orientation to the facility. This orientation may include, but is not limited to, items such as information on site-specific policies and procedures; standard precautions; use and maintenance of equipment; potential health risks they may encounter during their clinical affiliation; and storage and use of hazardous materials.
- Providing access to information regarding emergency services and the cost of these services
- Supplying information in the Clinical Site Information Form (CSIF) regarding the following:
 - Parking
 - Hours
 - Holiday schedule
 - Dress code
 - Other requirements of the site including in-services and additional criminal background, drug screen and immunization information
 - Housing, if available
 - Patient population
 - Meals
- Providing a quality learning experience in a safe environment
- Providing proper supervision of the student at all times by a licensed physical therapist with at least one year of clinical experience in their area of practice.

Procedure:

Each clinical site will provide the above to remain an active clinical affiliation site with the MU Physical Therapy Program. The CSIFs will be updated every two years and shared with the PT Program where they will be made available for student review.

This policy and procedure is communicated to the clinical sites/CCCEs and students via the DCE and the Clinical Education Handbook

Evidence of Compliance:

- This information is sent to the clinical facilities annually along with the Slot Commitment Survey



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EVALUATION OF CLINICAL INSTRUCTOR PERFORMANCE

Policy:

The University of Missouri Physical Therapy Program will evaluate performance of clinical instructors and take appropriate action when performance is in doubt or if it does not meet expectations.

Procedure:

To be judged as providing adequate supervision, the CI must, at a minimum:

- 1) Complete all documentation (Midterm Report Form, Clinical Performance Instrument- CPI: Midterm and Final Evaluation including comments which match the mark on the visual analogue scale for each item and comments at the end of the CPI)
- 2) Model professional behaviors
- 3) Score no lower than an average of 2.5 and score at least a “2” on all items on pg. 7 of the APTA instrument: Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE).

If any of the above criteria are not met, or if a student brings concerns about a CI to the attention of the DCE, the DCE will contact the CCCE to discuss a plan of action for that particular CI. This plan of action may include, but is not limited to, any of the following actions:

- Requiring the site to notify the DCE the next time that CI is assigned to a University of Missouri student
- Requiring the CI to keep a daily/weekly log of his/her experiences while working with the next University of Missouri student he/she is assigned. This log might include any communication issues, patient care issues, concerns, etc...
- Requiring the CI to schedule daily meetings with the next University of Missouri students he/she is assigned. These meetings might occur once each morning to plan for the day, and once in the evening to discuss the day’s happenings.
- Increased frequency of communication with the DCE to ensure the plan is being followed through.

The plan will be communicated to the CCCE and the CI in a letter from the DCE. A copy of the plan will be documented in the CI Issues Log.

If the plan is successfully completed and the CI meets all 3 CI minimum requirements, he/she will be deemed a CI in good standing with the University of Missouri Physical Therapy Program. However, if the CI does not comply with the plan and/or does not meet the 3 CI minimum requirements, he/she will no longer be allowed to work with University of Missouri Physical Therapy students. The DCE will communicate this to the CCCE and to the CI with a phone call and a letter.



This policy and procedure is communicated to the clinical sites/ CCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- Documentation of interactions with CCCE/CI as well as the CI plan of action will be located in the CI Issues Log.



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SUPERVISION OF PHYSICAL THERAPY STUDENTS

Policy:

This policy and procedures is communicated to the clinical sites/CCCEs and students via the DCE ad the Clin Ed Handbook

Procedure:

Supervision of physical therapy students will be consistent with the APTA's position on Student Physical Therapist Provision of Services (HOD 06-00-18-30)

- A Physical Therapist (not a PTA) must be on site to provide **direct supervision** for physical therapy students from the University of Missouri
- If a Physical Therapist is not on site, the PT student will be able to **observe only**
- If the student's Clinical Instructor is absent, the site and the student should identify a physical therapist to officially supervise them prior to any patient contact
- Physical Therapist students are to be supervised in line of sight by a PT while working with **Medicare Part A** patients
- Students are not allowed to work with and bill for services for patients under **Medicare Part B** no matter the level of supervision

Evidence of Compliance:

- CI evaluation completed by the student
- Clinical affiliation site evaluation completed by the student



Practice Setting	PT Student		PTA Student	
	Part B	Part A	Part A	Part B
Physical Therapist in Private Practice	N/A	X ₁	N/A	X ₁
Certified Rehabilitation Agency	N/A	X ₁	N/A	X ₁
Comprehensive Outpatient Rehabilitation Facility	N/A	X ₁	N/A	X ₁
Skilled Nursing Facility	Y ₁	X ₁	Y ₂	X ₁
Hospital	Y ₃	X ₁	Y ₃	X ₁
Home Health Agency	NAR	X ₁	NAR	X ₁
Inpatient Rehabilitation Facility	Y ₄	N/A	Y ₄	N/A

Key

Y: Reimbursable

X: Not Reimbursable

N/A: Not Applicable

NAR: Not Addressed in Regulation. Please defer to state law.

Y₁: Reimbursable: The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT) provides skilled services and direction to a student who is participating in the service under line-of-sight supervision. *Federal Register* (July 30, 1999). In addition, effective October 1, CMS implemented additional rules regarding the student services based on PT/PTA supervision and whether minutes can be recorded as individual, concurrent, or group therapy minutes (RAI Version 3.0 Manual, September 2010)

Examples:

In order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). Under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals and the therapist or assistant must be able to immediately intervene or assist the student as needed while the student and resident are both within line of sight supervision. The therapist or assistant could be attending to paperwork while supervising the student and resident.



Under Medicare Part A, when a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- *The therapy student is treating one resident and the supervising therapist or assistant is*

treating another resident and the therapy student and the resident the student is treating are in line of sight of the supervising therapist or assistant; or

- *The therapy student is treating two residents, both of whom are in line of sight of the therapy student and the supervising therapist or assistant, and the therapist is not treating any residents and not supervising other individuals; or*
- *The therapy student is not treating any residents and the supervising therapist or assistant is treating two residents at the same time, regardless of payer source, both of whom are in line of sight.*

Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

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

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state that the PT was providing line-of-sight supervision of the student and was involved in the patient's care.

Y₂: Reimbursable: The minutes of student services count on the Minimum Data Set.

However,

Medicare requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services as appropriate within their state scope of practice. See **Y₁**

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state that the PT/PTA was providing line of sight supervision of the student and was involved in the patient's care. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy see **Y₁**.

Y₃: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under **Y₁**



Y4: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

X 1: B. Therapy Students

1. General

3

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.

EXAMPLES:

Therapists may bill and be paid for the provision of services in the following scenarios:

- *The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.*
- *The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.*
- *The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).*

2. Therapy Assistants as Clinical Instructors

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.



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SITE VISITS

Policy:

The Director of Clinical Education (DCE)/faculty will determine if there are concerns about student or clinical instructor (CI) performance. The DCE will perform site visits as needed.

Procedure:

The DCE will determine upon being contacted by a student or CI if there is the need for a site visit to assist in determining a plan to resolve these issues. The DCE may perform follow-up site visits to determine if all concerns are addressed.

The DCE may also perform site visits to monitor CI performance if the CI is on probation (received an average score below 2.5 on the items on page 7 of the Student Evaluation of Site form or less than 1 on any one item of this form).



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EVALUATION OF THE DIRECTOR OF CLINICAL EDUCATION

Policy:

The Director of Clinical Education and the clinical education program will be reviewed annually by the Physical Therapy Department Chair. Information for this review will be solicited from multiple stakeholders.

Procedure:

Stakeholders surveyed:

- Students
- Clinical Instructors/Center Coordinator of Clinical Education/Future Employers
- Faculty

Student Assessment of the DCE will be completed at the end of the academic school year on a yearly basis.

CI/CCCEs/Future Employers Assessment of the DCE will be completed on a yearly basis.

Faculty Assessment of DCE and clinical education program will be completed on a yearly basis.

Data will be compiled by Clinical Education support staff and will be presented to the Chairperson for review.

This policy and procedure is communicated to the clinical sites/ CCCEs via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

A report of the DCE's annual review will be located in the Chairperson's office.



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**DOCUMENTATION OF COMPLAINT REGARDING CLINICAL EDUCATION
PROGRAM (NON-STUDENT)**

Policy:

Complaints by clinical education sites, graduates, employers, and the public regarding the clinical education program will be documented in the “Clinical Education Program Complaint & Resolution Log”. This log will detail the complaint and resolution.

Procedure:

A log will be kept detailing issues arising from the clinical education program. This log will detail the complaint and resolution and be kept on shared server file available for review by Chair.

Complaints will be brought to the DCE and Chairperson to discuss a proposal for resolution. The DCE, Chairperson, and complainant will attempt to arrive at a solution. The resolution will be documented in the log.

Evidence of Compliance:

Documentation of complaints and their resolution will be kept on file.

This information is communicated to the clinical sites/ CCCEs via the DCE and the Clinical Education Handbook.



FORMS FOR
CLINICAL EDUCATION

