



Doctor of Physical Therapy Clinical Education Handbook

Submitted by the DPT Policies and Procedures Committee
Revised November 24, 2025

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Introduction to Handbook (DPT Policy Section 1)

The HU DPT program describes students as learners, in alignment with the principles of andragogy that emphasize self-directed learning, internal motivation, and the active role of adults in their educational experiences. Once in the clinical environment, our learners will be referred to as student-clinicians and therefore the term student will be used as the descriptor.

Clinical Education Handbook Intro (DPT Policy 1.1.1)

Welcome Letter to Clinical Partners

Dear Clinical Partner,

The Harrisburg University of Science and Technology (HU) Doctor of Physical Therapy (DPT) program appreciates the support of our clinical partners in providing valuable clinical education experiences for our learners. These relationships are vital to developing competent and autonomous entry-level practitioners, the success of the DPT program, and the future of our profession.

Quality practitioners are a result of quality clinical education experiences. Molding future physical therapy professionals is rewarding and challenging. The HU DPT program will provide our partners with the requisite information and support to foster a mutually beneficial clinical learning environment.

This Clinical Education handbook supplements the HU DPT Student Handbook. This handbook contains the foundational information needed for a successful relationship between the HU DPT Program and the clinical partners and an effective clinical experience for the learner. The Director of Clinical Education and the Clinical Education Team are here to support our clinical partners, answer questions, and resolve potential problems or barriers to mutually successful clinical education opportunities.

We encourage and welcome feedback from clinical partners to continue to refine the structure and processes in place to ensure mutually beneficial opportunities.

Thank you for your support and participation in this critical component of the learner's education.

Respectfully,

Jason Smith, PT, DPT, OCS, FAAOMPT

Director of Clinical Education; Assistant Professor of Physical Therapy

Harrisburg University of Science and Technology

326 Market Street, Harrisburg, PA 17101

Email: JSmith1@HarrisburgU.edu Phone: 717-901-5100 Ext. 1649

Welcome Letter to Doctor of Physical Therapy Students

Dear Learner,

This Handbook, in tandem with the HU DPT Student Handbook, informs and governs activities, actions, and all parties involved in clinical education. Clinical sites are considered an extension of the HU Doctor of Physical Therapy (DPT) program, and, therefore, learners must abide by policies and procedures in this handbook, the Student Handbook, and those provided by the clinical site.

While at the clinical site, learners are representatives of the HU DPT program. Professional behavior and discretion are always expected. Additional details of these expectations are included within this document. Learners are also expected to conduct themselves according to the APTA Core Values.

The Director of Clinical Education and the Clinical Education team, in collaboration with clinical partners, provide each learner with the opportunity for a successful clinical education experience. This includes but is not limited to, providing each student with the requisite support and information for an effective learning opportunity. The Director of Clinical Education and the Clinical Education team will strive to communicate effectively with the learner to ensure a welcoming and supportive environment and appropriate progress during clinical experiences.

Respectfully,

Jason Smith, PT, DPT, OCS, FAAOMPT

Director of Clinical Education; Assistant Professor of Physical Therapy

Harrisburg University of Science and Technology

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Email: JSmith1@HarrisburgU.edu Phone: 717-901-5100 Ext. 1649

Accreditation and Authorization Statements (DPT Policy 1.2)

CAPTE Accreditation Disclaimer (DPT Policy 1.2.1)

Effective October 29, 2025, the Harrisburg University of Science and Technology DPT Program has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call Tonya Y Miller PT, DPT, PhD (717-901-5100 ext. 1630) or email tmiller2@HarrisburgU.edu.

Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in technical/professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.

State Approvals (DPT Policy 1.2.2)

HU follows the reciprocity regulations of each state. HU is not accepting applications from prospective students residing in states where the institution does not have state authorization. However, prospective students are encouraged to contact the DPT program to obtain updates related to state authorization in additional states. Admitted students are also advised to monitor this page for any updates prior to relocating to another state, as this can have an impact on continued enrollment in the DPT degree program and the ability to be placed for on-the-ground activities or clinical field experiences. For states denoted with clinical field experience and other on-the-ground activity restrictions, HU does not have the necessary state authorization approvals to offer on-the-ground activities of this kind in those states at this time. [Click here](#) to access the current list of states from which the DPT program is accepting applications.

Enrollment Agreements (DPT Policy 1.2.3)

The Doctor of Physical Therapy (DPT) program requires all incoming students to review and sign an Enrollment Agreement prior to matriculation. This agreement serves as a formal acknowledgment that the student accepts the program's policies related to state authorization for clinical education, academic and institutional requirements to maintain matriculation, and refund and complaint processes. Students are provided with the HU and DPT Student Handbook prior to signing the Enrollment Agreement. Signed Enrollment Agreements are maintained in each student's academic records.

The Enrollment Agreement includes, but is not limited to:

- A summary of program costs, policies and expectations that guide student conduct, academic progress, and professional standards.
- Information regarding state authorization and compliance relevant to participation in clinical education experiences. This includes confirmation that the program is authorized to place students in clinical sites across designated states and that students understand the requirements and limitations of clinical education placements.
- Acknowledgment of the student's responsibility to maintain compliance with all program, institutional, and clinical site requirements throughout the duration of enrollment.

The Enrollment Agreement ensures transparency and clarity for both students and the program. By signing, students affirm their understanding of program policies and their eligibility to participate in clinical education consistent with state authorizations.

University Core Documents (DPT Policy Section 2)

Mission Statement (DPT Policy 2.1)

Harrisburg University of Science and Technology offers innovative academic and research programs in science and technology that respond to local and global needs. The institution fosters a diverse community of learners, provides access and support to students who want to pursue a career in science and technology and supports business creation and economic development.

Vision Statement (DPT Policy 2.2)

Founded to address the need of Pennsylvania's Capital Region for increased educational opportunities in applied science and technology-related fields, the vision of Harrisburg University of Science and Technology is to provide academic programs at undergraduate and graduate levels for a diversity of learners, using student-centered, technologically advanced, and experiential learning designs that emphasize student advancement, with a sharp focus on specific interdisciplinary competencies and strong linkages to career development.

The desired outcome is the emergence of well-qualified, technically expert graduates whose understanding of applied science and technology-related fields is honed by direct industry experience and rounded by a sound, cross-disciplinary liberal education.

HU Values (DPT Policy 2.3)

The following values represent the underlying premise of the university's mission: the importance of personal integrity, honesty, and ethical decision-making.

- the right of every individual to be treated with respect and dignity as a member of a learning organization.
- freedom of intellectual inquiry in the pursuit of truth, even if it defies commonly understood theories.
- acceptance and appreciation of human diversity regarding race, gender, religion, sexual orientation, age, ability, ethnicity, and political views.
- freedom from violence or harassment that would interfere with or disrupt university activities; and
- recognition that civic engagement is a component of the intellectual development of a student and provides a path for knowledge and personal development in the service of the community.

University-wide Core Competencies (DPT Policy 2.4)

Harrisburg University ensures that student learning is structured to support learning goals relevant to the university's values and mission. Harrisburg University maintains that all programs must align with the [university-wide core competencies](#):

- Civic Engagement
- Written & Oral Communication
- Critical Thinking
- Entrepreneurship
- Ethical Awareness & Reasoning
- Global Awareness
- Information Literacy
- Teamwork & Collaboration

Policies and Resources (DPT Policy Section 3)

EEOC – Equal Opportunity Policy (DPT Policy 3.1)

The Harrisburg University Equal Opportunity Policy is located in the [University Policies and Disclosures](#) and states:

The University is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, creed, color, gender, age, religion, national origin, veteran or handicap status, or sexual orientation in its educational programs, activities,

admissions, or employment practices as dictated by University policy and as required by federal statutes (Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA) and any other applicable anti-discrimination statutes, including those of the Commonwealth of Pennsylvania (Pennsylvania Human Relations Act of 1955 (PHRA) and the Pennsylvania Fair Educational Opportunities Act of 1961 (PFEOA)).

Student inquiries concerning compliance and information regarding Title IX, Title VI, Title VII, PFEOA, Section 504, campus accessibility, or ADA accommodations should contact the Office of Student Services.

Student Services

717-901-5102

StudentServices@HarrisburgU.edu

Faculty and staff inquiries concerning compliance and information regarding Title IX, Title VII, PHRA, Section 504, campus accessibility, or ADA accommodations should contact the [Office of Human Resources](#).

The HU DPT program is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, creed, color, gender, age, religion, national origin, veteran or handicap status, or sexual orientation in its educational programs, activities, admissions, or employment practices as dictated by University policy and as required by federal statutes.

Title IX of the Education Amendments of 1972 (DPT Policy 3.2)

Title IX applies to both students and employees who participate in educational programs and activities that receive federal funds. These activities must operate in a nondiscriminatory manner. Some key areas where HU has Title IX obligations are recruitment, admissions, and counseling; financial assistance; athletics; sex-based harassment; treatment of pregnant and parenting students; academic opportunities both inside and outside the classroom, HU sponsored activities, discipline; and employment. Also, HU may not retaliate against any person for opposing an unlawful educational practice or policy, or made charges, testified, or participated in any complaint action under Title IX. Title IX also contains obligations regarding gender-based discrimination, sexual violence, stalking, and dating and domestic violence.

The Harrisburg University Title IX Office directly handles any violation of Title IX or Sexual Misconduct. The HU DPT Program abides by all the definitions, policies, and procedures outlined within the university [TITLE IX/SEXUAL MISCONDUCT POLICY](#). Reporting of a violation can be submitted by anyone by any means listed within this policy including phone, email, personally, or electronically through the following link: https://harrisburgu-advocate.symplicity.com/public_report/.

The Harrisburg University Title IX policy is located in the [Policies & Procedures - Harrisburg University](#) and states:

To ensure compliance with Title IX and other federal and state civil rights laws, HU has developed a [Sex Discrimination Policy and Grievance Resolution Process](#) that prohibits discrimination and sexual misconduct on the basis of sex. Title IX requires HU to respond and take action to address sex-based discrimination and harassment complaints. This includes sexual misconduct complaints related to sexual harassment, sexual assault, domestic violence, dating violence and stalking. Therefore, upon receiving a complaint, HU will, without bias or conflict:

- Investigate what happened;
- Implement interim measures when appropriate during the investigation to prevent the potential of any further discrimination or harassment; and
- Take appropriate steps to resolve the matter in an effort to eliminate the discrimination/harassment, prevent its recurrence, and remedy its effects.

The procedures in HU's [Sex Discrimination Policy and Grievance Resolution Process](#) outline HU's ability to receive, investigate, and resolve complaints of discrimination on the basis of sex. These procedures are designed to provide a supportive process for individuals who report discrimination and to ensure a fair process for individuals who are accused of discriminatory conduct. Internal investigation of allegations of discriminatory treatment or systemic discriminatory practices is intended to ensure that HU meets its commitment to an open and inclusive educational and employment environment. These procedures also describe HU efforts to conduct a timely, thorough, and fair investigation, as required by law.

HU's policy also complies with the federal **Violence Against Women Act Amendments** to the [Jeanne Clery Disclosure of Campus Security Policy and Campus Crimes Statistics Act](#), and the accompanying regulations (**collectively referred to as VAWA**).

Filing a Title IX Complaint at HU (DPT Policy 3.2.1)

Students or employees who feel they have been a victim of sexual misconduct have the right to file a complaint with HU at any time. Victims are not required to file complaints but are encouraged to do so. Regardless of if they choose to report, or not report, sexual misconduct, reasonable available accommodations or protective measures are provided to victims upon request.

Students may speak with a confidential resource by contacting HU's Counseling Center at 717-901-5100 ext. 1727, email counseling@harrisburgu.edu or the BHS Student Assistance Program via the app/web, <https://portal.bhsonline.com>, or call 800-327-2251. The username is HarrisburgU. Employees may speak with a confidential resource by contacting the Employee Assistance Program (EAP) at 1-800-316-2796.

Students or employees may file a formal complaint as outlined within HU's Sex Discrimination Policy and Grievance Resolution Process with:

Matthew Point: Director of Compliance, Title IX Coordinator
(717) 901-5100 x1769

TitleIX@harrisburgu.edu or mpoint@harrisburgu.edu

Non-Retaliation: Title IX (DPT Policy 3.2.2)

As per Harrisburg University Title IX policy ([Policies & Procedures - Harrisburg University](#)): Title IX prohibits retaliation for asserting or otherwise participating in claims of sex discrimination. VAWA imposes additional duties on universities and colleges to investigate and respond to reports of sexual assault, stalking, dating or domestic violence, and to publish policies and procedures related to the way these reports are handled. HU has designated the Title IX Coordinator to coordinate HU's compliance with Title IX and VAWA, and to respond to reports of violations.

The HU Student Handbook (p. 38) additionally states: HU strictly prohibits retaliation against any member of its community for reporting an incident of sex discrimination or for participating in an investigation or hearing related to a report of sex discrimination. HU considers such actions to be protected activities in which all members of the HU community may freely engage.

Nondiscrimination Policy (DPT Policy 3.3)

Harrisburg University of Science and Technology, in accordance with applicable federal and state laws and university policies, does not discriminate based on race, color, national origin, sex, age, disability, medical status, sexual orientation, gender identity, or status as a veteran. The university also prohibits sexual harassment. This nondiscrimination policy covers admission, access, operation of university programs and activities, and employment. This policy is in accordance with the following laws, as amended, and their implementing regulations, to the extent and in the circumstances that they are applicable to the university: Titles VI and VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; the Americans with Disabilities Act of 1990; and Section 504 of the Rehabilitation Act of 1973. This diversity statement is located in the [University Catalog](#).

The Pennsylvania Fair Educational Opportunities Act of 1961 provides student access to benefits and services of the University and prohibits discrimination without regard to race, color, gender, religious creed, ancestry, national origin, sexual orientation, age, civil union, marital status, veteran status, handicap or disability, perceived handicap or disability, relationship or association with an individual with a handicap or disability, use of a guide or support animal, and/or handling or training of support or guide animals.

This statutory obligation includes, but is not limited to, admissions, course offerings, transfer of credit, financial aid, scholarships, student employment, internships, educational and social programs, and student advisement and counseling. Any complaint of an alleged act of discrimination can be filed by contacting the Pennsylvania Human Relations Commission (PHRC), 1101-1125 Front Street, 5th Floor, Harrisburg, PA 17110-2123 or by calling (717) 787-4410. Complaints must be filed within 180 days of the incident. Complaint forms can also be obtained at the PHRC's website: <https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx>. This non-discrimination statute is located in the [University Catalog](#).

Additionally, HU does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates ([Policies & Procedures - Harrisburg University](#)), as required by Title IX and its regulations, including admission and employment.

Non-Retaliation (DPT Policy 3.4)

University Non-Retaliation Policy (DPT Policy 3.4.1)

As per the 2024 HU Employee Handbook (p. 24), HU's policies strictly prohibit retaliation against anyone who reported, or who is thought to have reported, a violation of its policies. HU's policies also strictly prohibit retaliation against anyone who participates, or who is thought to have participated, in an investigation or hearing related to a violation of HU's policies. HU considers the reporting and participation in the disciplinary process as protected activities. Retaliation is a materially adverse action (an action that might deter a reasonable person from engaging in protected activity) that is taken against an individual because they engaged in protected activities. Members of the community are prohibited from engaging in actions directly, or through others, that reasonably could deter a party or a witness from reporting sexual misconduct, harassment, discrimination, or participating in an investigation or hearing. Examples of retaliation include, but are not limited to, terminating an individual's employment, reducing a grade, removing an individual from an organization, direct or indirect intimidation, threats or coercion, harassment, or other forms of discrimination. Claims of retaliation, not associated with Title IX, are addressed through the Conflict Resolution process outlined in section 5.5 of the Employee Handbook. (2024 Employee Handbook, p. 19).

Program Non-Retaliation Policy (DPT Policy 3.4.2)

Any complaint submitted to the HU DPT program is used to improve the safety and overall learning environment within the program. Persons who report complaints/grievances in good faith are protected from any form of retaliation. Deliberately false allegations are not protected under this good-faith policy.

Due Process and Complaints Outside of Due Process (DPT Policy 3.5)

Due Process: HU Student Grievance Policy/Procedure (DPT Policy 3.5.1)

A situation, circumstance, or incident may occur where a student concludes that they have incurred egregious harm as the direct result of an action caused by a member of the faculty or staff. A student in this circumstance may file a formal grievance against a faculty or staff member of the University to seek administrative redress. Examples of adverse behaviors include but are not limited to: violation of confidentiality; offensive remarks as a deliberate insult individually, in the company of others, or in the classroom; or, inappropriate relationships with the student which cause conflict of interest for either the student or faculty or staff. The [Student Grievance Policy](#) is accessible via the Harrisburg University website. Grievances may not be used to challenge academic or other policies or procedures of general applicability.

Due Process: HU Code of Conduct (DPT Policy 3.5.2)

The [HU Academic Code of Conduct](#) is outlined in the HU Student Handbook (2024; p. 8-16). Due process and sanctions are described (p. 17-22).

Due Process: DPT Student Conflict Resolution & Grievance Policy/Procedure (DPT Policy 3.5.3)

The HU DPT program commits to fostering an environment of accountability between faculty and learners to achieve the mission, vision, and overall goals of the program. Each learner's success in the program is a commitment of faculty, instructors, and administrative support. This includes treating all learners with respect, fairness, and equity; providing materials in an effective format for learning, punctuality for class, meetings, and communications; engaging learners through coaching to achieve goals; providing feedback with constructive suggestions for improvements/remediation when necessary and assigning grades that are fair and reflective of learner's performance. Learners shall commit time and energy to study materials in the program to meet the competency requirements for success in each course and clinical experience. This includes initiating communication with a learner's faculty coach, faculty, or the Director of Clinical Education with concerns or suggestions about the curriculum, instructional methods, or the learning environment in a respectful and professional manner.

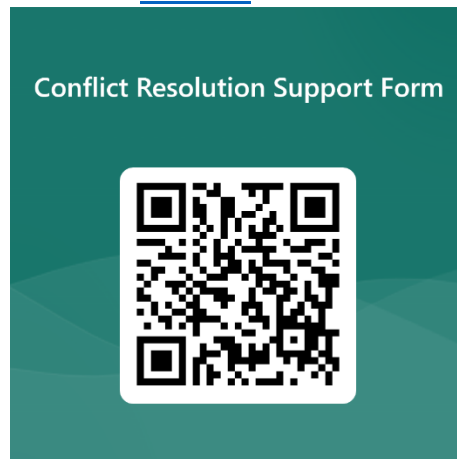
The DPT program strives to meet the needs of its faculty and learners. Concerns can often be resolved through informal means by direct contact with the individual (e.g., phone, email, face-to-face meeting, or video teleconference). The complainant should first discuss the concerns/issue with the individual. If the issue is not addressed, the complainant should follow the conflict resolution process, described below.

Conflict Resolution

We encourage learners to openly discuss any issues that create conflict or barriers to learning in the program. In any circumstances that involve Title IX/Sexual Misconduct, faculty will involve the Harrisburg University Title IX Office to support and maintain safety for all learners. For complaints/grievances related to academic performance, refer to the DPT grade appeal policy.

Learners should follow these steps for conflict resolution:

- 1: Attempt to resolve person to person. For example: Peer to peer, Student to Clinical Instructor, Student to Faculty. If unsuccessful,
- 2: Consult faculty coach and/or DCE (for conflicts related to clinical education) and determine course of action. If unsuccessful,
- 3: Consult DPT Learner Success Committee for course of action
 - Learners can access the form ["HERE"](#) or via this QR code:



- 4: Consult DPT Program Lead. Provide the complaint in writing. The DPT Program Lead will review the complaint, gather any additional information, and will render a decision within five business days after receipt of the complaint.
- 5: Consult HU Student Services. A complainant who wishes to appeal the DPT Program Lead decision proceeds to the Harrisburg University Student Grievance Process within the policy timelines; complaints/grievances should be submitted in writing.
- 6: File a formal complaint.

Formal Complaint

Complaints about the University may be filed with the University, and external and internal stakeholders can make a complaint to the University's Provost and Chief Academic Officer Harrisburg University via email to Compliance@HarrisburgU.edu

External and internal stakeholders can access information regarding how to file a formal complaint to MSCHE or the PA department of Education via the [Harrisburg University website](#).

Complaint/Grievance to Accreditation Body (CAPTE)

Individuals wishing to register a complaint with the Commission on Accreditation in Physical Therapy Education (CAPTE) regarding perceived shortcomings in meeting an evaluative criterion within the HU DPT program can follow the instructions outlined on the CAPTE website or contact the American Physical Therapy Association Accreditation Department at 703-706-3245. Should a student, consumer, or clinical facility staff member express an intention to file a complaint with CAPTE to a member of the DPT faculty, the faculty will provide guidance to direct them to the specified website or phone number. Information regarding how to file a complaint with CAPTE can also be found on the HU DPT program website landing page. Upon receiving a complaint from CAPTE, the HU DPT Program Lead will make every effort to investigate the issue, achieve compliance, and communicate the findings back to CAPTE.

Non-retaliation for Complaints

Persons who report complaints/grievances in good faith are protected from any form of retaliation. Deliberately false allegations are not protected under this good-faith policy.

Complaints Outside Due Process (DPT Policy 3.5.4)

External and internal stakeholders can file complaints outside of due process. The method for a member of the general public to file a complaint is via the HU website [Student Consumer Information Disclosures | Harrisburg U.](#)

The HU DPT Program values concerns that might arise from outside the University or Program's Due Process system and strives to respond promptly and fairly. For example, complaints about the program from prospective students, clinical education sites, employers of graduates, and the public, will be addressed as follows:

Complainants are directed to submit a written signed complaint, register their complaint via a webpage link on the DPT webpage (including their name and contact information), or discuss the complaint directly with the DPT Program Lead or the Provost. Faculty, staff, and students are prohibited from any retaliation following a complaint submission. If a complaint regarding the Program is received by faculty, staff, or students, the maker of the complaint should be referred to the Program Lead or the written complaint should be forwarded to the Program Lead within five business days. The Provost should be notified within five business days if the complaint is regarding the Program Lead. The Program Lead or Provost may act alone to address the complaint or may seek information from faculty members. Generally, all complaints not involving a specific faculty member will be shared with the faculty to discover possible resolutions and educate them about concerns from the public. If indicated, the Program Lead will attempt to resolve the complaint and contact the maker of the complaint within 10 days of receipt. For complaints involving clinical education sites or clinical faculty as the maker or recipient of the complaint, the Program Lead will discuss the complaint with

the Director of Clinical Education. If indicated, a resolution will be sought, and the maker of the complaint will be notified within 10 days of receipt.

Complaints that fall outside of due process will be maintained for seven (7) years in the office of the DPT Program Lead, except complaints about the Program Lead will be maintained in the Provost's office.

Drug and Alcohol Prevention and Education Policy (DPT Policy 3.6)

Harrisburg University of Science and Technology (HU) is committed to maintaining a healthy work and educational environment. The HU Drug and Alcohol Abuse Prevention and Education policy applies to all HU students/learners and employees. Prohibited behavior involving alcohol usage and drugs/controlled substances, and sanctions, can be referenced in the *HU Student Handbook APPENDIX C*.

Violations of this policy and reports of alcohol and/or drug usage must be reported to the Program Lead, DPT faculty, or any member of the HU Office of Student Life.

The DPT Program follows the HU policies prohibiting the illegal possession, use, or distribution of drugs and/or alcohol by students on university property or as part of any university activities. Clinical experiences are considered part of university activities. Students may be dismissed from the program if they participate in a clinical experience under the influence of alcohol, narcotics, any mood and behavior-altering, or controlled or illicit substances. Students who violate this policy will be removed immediately from the clinical site.

Confidentiality and Privacy (DPT Policy 3.7)

FERPA – Family Educational Rights and Privacy Act (DPT Policy 3.7.1)

Harrisburg University is committed to protecting the rights of students under the Family Educational Rights and Privacy Act (FERPA).

The University is committed to safeguarding the privacy of individuals who share personal data with it and has adopted a Privacy Notice that outlines HU's collection, use, and disclosure of Information provided by prospective students, applicants, or third parties. A copy of the University's Privacy Notice is available on its webpage at:

<http://harrisburgu.edu/lib/pdf/HU-Privacy-Notice-9-10-18.pdf>

The DPT faculty maintains privacy/confidentiality in the following manner:

- During the application process: DPT Program Admission Committee leverages Slate CRM with data encryption and password-protected platform. The Program limits access to authorized personnel, the admissions team member(s), and DPT

Admission Committee members. The review process is paperless, and all files are stored and maintained within the password-protected, encrypted website.

- Grades are posted within Canvas.
- Individual feedback during lab immersions occurs with only the learner/participant present. When necessary or helpful (i.e., something from which the entire group of learners may benefit), instructors will obtain permission to provide feedback in front of other learners.
- All DPT faculty (core, associated, clinical) are expected to maintain learner confidentiality/privacy.
- Clinical assessment is performed using the Clinical Internship Evaluation Tool (CIET), which is linked between the clinical instructor and learner within the encrypted, password protected Exxat system.

HIPAA – Health Information Portability & Accountability Act (DPT Policy 3.7.2)

HIPAA Requirements for Learners

The Health Insurance Portability and Accountability Act (HIPAA) establishes national standards for safeguarding the privacy and security of individuals' protected health information (PHI). Adherence to HIPAA regulations is essential during all educational and clinical activities. Learners must complete all required HIPAA training sessions provided by the program and clinical sites to ensure a thorough understanding of privacy regulations and their application.

DPT learners must maintain confidentiality of patient, standardized patient and lab partner information, including utilization of information exclusively for educational purposes within the DPT program and clinical settings. Learners must refrain from discussing patient-related information in non-secure areas, including computer labs, restrooms, lounges, cafeterias, or any public spaces on or off campus. When discussing cases for educational purposes, learners must limit the use of identifying information and avoid disclosing the patient's name or other directly identifiable information.

Learners must obtain consent when interacting with patients or patient simulators, ensuring voluntary participation in educational and clinical activities.

Learners are prohibited from removing patient charts, data or any related documents (e.g., lab reports) from clinical settings without proper authorization. Learners must adhere to HIPAA guidelines when using electronic communication methods and ensure that all electronic transmissions of PHI are secure and comply with institutional policies.

Learners must immediately report any suspected breaches of patient confidentiality to the appropriate faculty and/or compliance officer. Failure to adhere to HIPAA regulations and the guidelines outlined in this policy may result in disciplinary action,

including but not limited to remediation assignments, suspension from clinical activities, or dismissal from the DPT program.

Confidentiality of Student Health Information

This policy applies to all faculty, staff, and students within the DPT program who handle or have access to student health information.

Learners are required to upload necessary health documentation, including immunization records, proof of health insurance, and other compliance-related materials, into the Exxat system, which is a secure, password-protected platform contracted by the program to manage and store sensitive information in compliance with applicable privacy laws (trust.exxat.com). Access to learner health information within Exxat is restricted to authorized personnel, including the Director of Clinical Education (DCE), Assistant Director of Clinical Education, and designated administrative staff responsible for compliance verification. Faculty members may be granted access on a need-to-know basis, determined by the DCE, to fulfill educational or administrative responsibilities.

All individuals with access to learner health information must adhere to strict confidentiality protocols, ensuring that such information is used solely for legitimate educational and administrative purposes. Unauthorized access, use, or disclosure of learner health information is strictly prohibited and may result in disciplinary action.

Clinical sites may require specific health information to ensure student compliance with site-specific policies and to maintain a safe environment for patients and staff. Only the minimum necessary information will be disclosed to clinical sites, and only after obtaining explicit consent from the student, except where disclosure is mandated by law. The DCE or designated staff will facilitate the secure transfer of required health information to clinical sites, ensuring compliance with all relevant privacy regulations. Learners must ensure that all uploaded health information is accurate, complete, and up to date. Learners are responsible for promptly updating their health records in Exxat to reflect any changes, such as new immunizations or changes in health insurance coverage.

The Exxat system employs robust security protocols to protect stored health information, including encryption, regular security audits, and access controls. Users are required to maintain the confidentiality of their login credentials and report any suspected security breaches immediately. Failure to comply with this policy may result in disciplinary action, up to and including termination of employment or dismissal from the program.

Confidentiality of Other Learner Information

Learners are encouraged to inform relevant faculty or program administrators of any health conditions that may affect their participation in academic or clinical activities, especially those that could impact safety or performance in laboratory settings. Such

disclosures are voluntary and intended to facilitate appropriate support for the learner's educational experience.

Access to learner health information is strictly limited to individuals who require this information to perform their professional duties, including Program Lead, Course Instructors, Clinical Education Coordinators, and Disability Services Personnel (if applicable). These individuals will only share or access health information pertinent to their specific roles and responsibilities. All learner health information must be handled with the utmost confidentiality. Faculty and staff must respect the privacy of learner health information and discuss it only with individuals who have authorized access and a legitimate need to know. Any breaches of confidentiality must be reported immediately to the Program Lead or designated compliance officer. Non-compliance with this policy may result in disciplinary action.

Withdrawal Policy and Procedure (DPT Policy 3.11)

Learners are referred to the HU [Academic Policies - Harrisburg University of Science and Technology - Modern Campus Catalog™](#) for the process of withdrawing from the University. Learners in the military who are called to active duty should follow University procedures and notify the DPT Program Lead. Unofficial withdrawal occurs when a learner discontinues attendance in all courses during a semester and who does not officially withdraw from the University is considered to have unofficially withdrawn. The determination date for unofficial withdrawals shall be the end of the semester unless other evidence is provided to Records and Registration. There are serious Title IV, H&A federal student financial aid program implications for a learner who unofficially withdraws.

DPT Medical Leave of Absence (MLOA) (DPT Policy 3.12)

DPT Clinical Education MLOA (DPT Policy 3.12.2)

If a learner is absent greater than five days due to a medical-related circumstance, including but not limited to pregnancy, surgical interventions, or mental health-related issues, and is unable to complete the scheduled clinical education experiences, the following solutions may occur:

DPTH 628/718

- If all other academic performance is satisfactory, learner may complete the Integrated Clinical education experience in the immediately subsequent semester, based on clinical site availability.
- Learner may take a Medical Leave of Absence (LOA) for one year and matriculate with the next cohort.

DPTH 816/818/826/828

- All full-time clinical education experiences must be completed before documentation of degree fulfillment is available, a diploma is awarded, and the learner is eligible for the licensure exam. Clinical education experiences will pause for Medical LOA and resume when learner is ready to return (not to exceed 12 months).

Each circumstance regarding a Medical LOA will be evaluated individually by the Clinical Education Committee. The Clinical Education Committee and department faculty reserve the right to modify the above guidelines.

Program Core Documents (DPT Policy Section 4)

DPT Program Mission Statement (DPT Policy 4.1)

The Harrisburg University of Science and Technology Doctor of Physical Therapy program offers innovative educational opportunities that respond to societal needs. The Physical Therapy Program fosters diverse graduates who are competent, autonomous, and contemporary movement specialists with a foundation in evidence-informed practice and clinical reasoning. We prepare reflective practitioners who can think critically and provide culturally responsive patient-centric care.

Program Vision Statement (DPT Policy 4.2)

Harrisburg University DPT program graduates exemplify the professionalism and leadership skills necessary to transform society by optimizing human movement.

Program Core Values and Position on Culturally Responsive Professionalism (DPT Policy 4.3)

The DPT program's core values align with the American Physical Therapy Association's (APTA) core values of accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility. The DPT program's ethical values align with the APTA Code of Ethics for Physical Therapists. The APTA Code of Ethics serves as the foundation for ethical decision-making. The DPT program faculty strive to model and facilitate the development of these values in our learners. The core values guide curricular development and delivery and delineate programmatic expectations for professional behaviors in physical therapy education and practice. Intentional reflective, formative, and summative assessment tools provide learners with a framework for development, growth and accountability in professional behaviors in the academic, clinical, and professional environments.

These values and attitudes create a framework for culturally responsive interactions with patients, peers, and the community, creating the foundation for lifelong learning and service to the community and the profession.

The HU DPT program mission statement includes fostering the development of diverse graduates who are competent, autonomous, and contemporary-movement specialists while also preparing critical thinkers who are reflective and provide culturally responsive patient-centric care.

The program description and mission statements were intentional to place learners and patients at the center of learning. Our program expands on the educational “Nexus,” referred by Jensen and Colleagues ¹ by emphasizing what we describe as a “Responsive Nexus” to center professionally responsive learners and patients from diverse backgrounds through “...culturally responsive patient-centric care.” This intentionality defines a set of shared beliefs that is critical to developing a Culture of Excellence ^{1,2} and is part of our program’s Core Values.

1. Jensen GM, Hack LM, Nordstrom T, Gwyer J, Mostrom E. National Study of Excellence and Innovation in Physical Therapist Education: Part 2—A Call to Reform. *Physical Therapy*. 2017;97(9):875-888.
2. Jensen GM, Hack LM, Nordstrom T, Gwyer J, Mostrom E. National Study of Excellence and Innovation in Physical Therapist Education: Part 1—Design, Method, and Results. *Physical Therapy*. 2017;97(9):857-874.

Program Core Competencies Alignment (DPT Policy 4.4)

DPT Core Competencies and APTA Professional Standards (DPT Policy 4.4.1)

The HU DPT program intentionally aligned its values with Institutional core competencies to ensure graduates are meeting the needs of 21st century workplace demands. To further build upon the Harrisburg University Core Competencies, the DPT program’s values represent the underlying premise of the DPT program’s mission and are aligned with physical therapy professional standards:

1. Civic Engagement: Establish high standards of professionalism by engaging in the community through leadership and advocacy, both politically and non-politically, for the inclusive and equitable well-being of patients, the community, and the profession of physical therapy.
Alignment: APTA Code of Ethics Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (APTA Core Value: Social Responsibility)
2. Global Awareness/Health Equity: Support local, regional, national, and global societies using movement science expertise to identify the cause and effects of inequity. We provide culturally responsive, comprehensive education to future physical therapists.
Alignment: APTA Code of Ethics Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals. (APTA Core Values: Compassion and Caring, Integrity). APTA Code of Ethics Principle #2: Physical therapists shall be

trustworthy and compassionate in addressing the rights and needs of patients and clients. (Core Values: Altruism, Collaboration, Compassion and Caring, Duty) APTA Code of Ethics Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (APTA Core Value: Social Responsibility)

3. Ethical-Decision Making: Guide education by the physical therapy profession's core values and ethical principles.

Alignment: APTA Code of Ethics Principle #3: Physical therapists shall be accountable for making sound professional judgments. (APTA Core Values: Collaboration, Duty, Excellence, Integrity)

4. Communication/Teamwork and Collaboration: Inspire effective communication, mutual respect, and teamwork through culturally responsive collaboration with peers, patients, families, and communities.

Alignment: APTA Code of Ethics Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients. (APTA Core Values: Altruism, Collaboration, Compassion and Caring, Duty). APTA Code of Ethics Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, learners, research participants, other health care providers, employers, payers, and the public. (APTA Core Value: Integrity)

5. Information Literacy/Critical Thinking/Evidence-Informed Practice: Integrate critical-thinking skills, clinical reasoning, self-directed learning, and evidence-informed practice for effective implementation of culturally responsive patient-centric care and societal engagement.

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

6. Entrepreneurship: Develop movement science specialists who employ an entrepreneurial framework to pursue opportunities that generate value to satisfy individual, organizational, community, and societal needs.

Alignment: APTA Code of Ethics Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients, clients, and society. (APTA Core Values: Integrity, Accountability)

Program Curriculum and Course Delivery (DPT Policy Section 7)

Educational Philosophy (DPT Policy 7.1)

The HU DPT educational framework guides the learner towards competence as an entry-level physical therapist through a learner-centered approach. DPT faculty function as coaches and mentors to guide and facilitate learning based on cognitivist and constructivist learning theory, which posits that learning is dynamic, contextual, and social. Learning is not a passive process of “content delivery” from teacher to learner. Effective education emphasizes active learning, problem-solving, and collaboration. It facilitates the learner’s ability to consider prior experiences. Through a learner-centered approach, the HU DPT educational framework guides the learner towards competence as an entry-level physical therapist and acquired knowledge while reflecting on new knowledge to construct meaning (i.e., Experiential Learning Theory).^{1,2}

The HU DPT program prioritizes a learner-centered approach focusing on inclusion, equity, and engagement. Individual and group assignments and learning activities are curated to foster emotional and professional growth.

The faculty leverages modes of educational delivery, use of technology, team building, and small group learning to promote inclusivity, belongingness and collaborative learning. Course activity designs provide equity, ensuring that each learner has a voice and promote a dynamic, contextual, and experiential learning environment. Faculty facilitate learner engagement by applying teaching and learning principles that foster communication, collaboration, critical thinking, and experimentation online and in person.

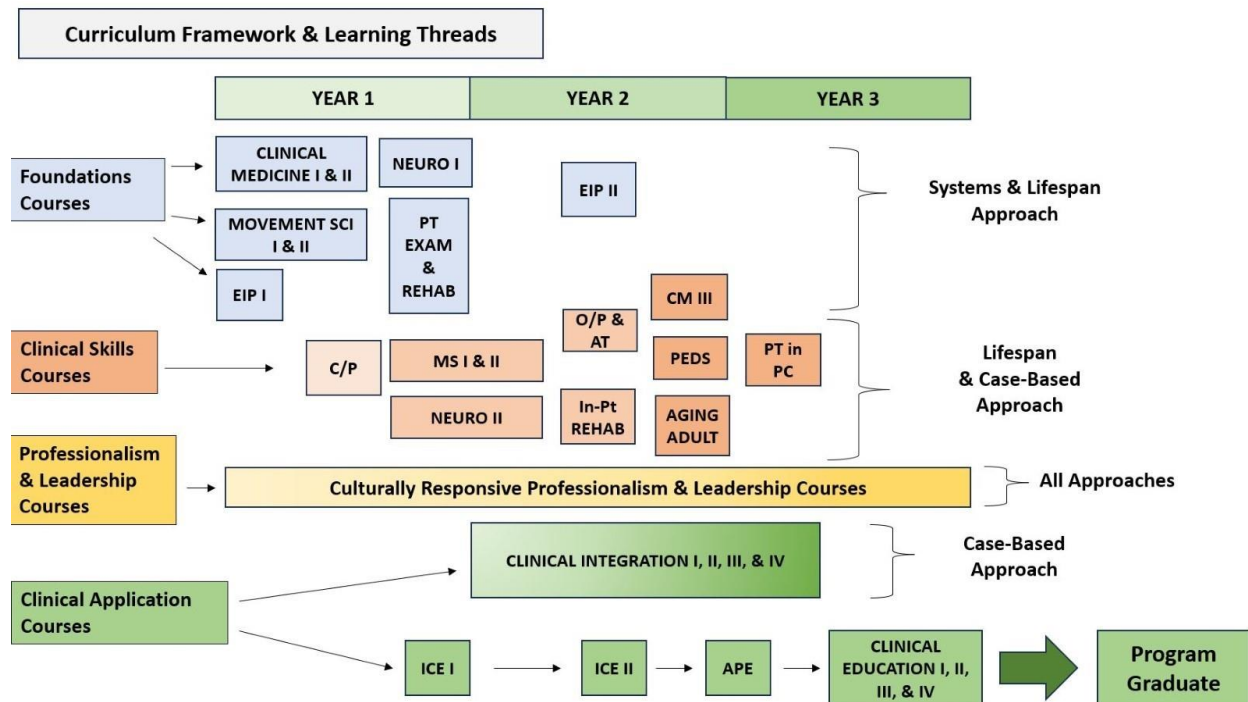
The program’s curriculum and instructional design align with 21st-century teaching and learning principles. The HU DPT program leverages technology to achieve the program's goals. The HU DPT program prepares graduates for entry-level practice as a Doctor of Physical Therapy and provides a foundation for lifelong learning.

1. Bada, S. O., & Olusegun, S. (2015). Constructivism learning theory: A paradigm for teaching and learning. *Journal of Research & Method in Education*, 5(6), 66–70.
2. Kolb, D. A. (2015). *Experiential Learning: Experience as the Source of Learning and Development* (2nd ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Curriculum Model (DPT Policy 7.2)

Consistent with the CAPTE Position Papers, the HU DPT curricular model is a hybrid curriculum.¹ The HU DPT hybrid curriculum leverages Systems-Based, Lifespan Model, and Case-Based Learning to position the learner at the center of learning. The program

incorporates learning threads or pathways to promote the scaffolding of knowledge and skills to facilitate the achievement of higher learning objectives.



The foundational courses emphasize systems and lifespan-based learning. The clinical skills courses build upon foundational coursework, integrating lifespan and case-based approaches. Professionalism and leadership courses apply systems, lifespan, and case-based models to create learning opportunities that promote professional growth. The clinical application courses utilize the case-based learning model that guides the learner through cases of increasing complexity in preparation for the terminal clinical education experiences.

The HU DPT program was intentionally designed to meet the challenges 21st century learners face.² Our hybrid delivery model addresses some of these challenges by leveraging technology to increase access to education, increase diversity, and address the needs of physical therapy in parts of the country most in need. Furthermore, our mission statement is to prepare graduates as "critical thinking and reflective practitioners who provide culturally responsive patient-centric care."

The curriculum is 99 credits spread across 3 years with no semester having greater than 12 credits. This enables a group of learners who need to work while enrolled in the program. This also provides an opportunity for a diverse learner population who is entering DPT programming as a second career (i.e., PTA, ATC, EXSC).

The program creates a rich learning environment between diverse learner populations through a structured Faculty/Learner Coaching Program. The Coaching Program is comprised of Learner Success Coaching via Faculty Coaches, and Clinical Coaching and Mentoring, which is supported by the Clinical Education Team, and the clinical instructor. Learners benefit from coaching to foster the development of learner-specific goals and address individual needs, which can be career or clinically oriented.

The Faculty/Learner Coaching Program is culturally responsive to student-centered needs. This level of communication and engagement between Faculty and Learners fosters skills necessary to apply toward "... patient-centric care." The HU DPT program mission statement was intentionally to place learners and patients at the center of learning. Our program expands on the educational "Nexus," referred by Jensen and Colleagues to center diverse learners and patients from diverse backgrounds through "...culturally responsive patient-centric care."² This intentionality defines a set of shared beliefs that is critical to developing our Culture of Excellence within the HU DPT program.

1. Commission on Accreditation in Physical Therapy Education. Position Papers. Rev 2/02/21. [POSITION PAPERS ADOPTED BY CAPTE](#)

2. Jensen GM, Hack LM, Nordstrom T, Gwyer J, Mostrom E. National Study of Excellence and Innovation in Physical Therapist Education: Part 2—A Call to Reform. *Physical Therapy*. 2017;97(9):875-888.

Curriculum Design (DPT Policy 7.3)

Program Priority on Cultural Responsiveness (DPT Policy 7.3.1)

Developing Cultural Responsiveness is a priority in the HU DPT program. This begins through our holistic admissions process and positioning learners and patients from diverse backgrounds and different lived experiences at the center of learning (Responsive Nexus). This is a developmental process within the program through the culturally responsive professionalism course series and intentionally designed cases within the clinical integration series. Learners within the program will demonstrate competency in the skills defined by our Core Values. Graduating as a culturally responsive professional provides a framework for lifelong learning and adaptability to best serve the unique needs of society (i.e. Master Adaptive Learner).

The Harrisburg University DPT program commits to learner success, diversity, and responsiveness to societal needs. The DPT program goals are the program's operational (PO) goals and reflect those underlying programmatic functions that align with and operationalize the DPT mission. The DPT program goals (PO) and program outcomes (PO- #) that reflect the commitment to culturally responsible professionalism include:

1PO. To meet the demand for a diverse physical therapist workforce, the program selects students based on holistic admissions criteria.

1PO-1. Employ a holistic admissions process.

1PO-2. Enroll students who are representative of the local, regional, and U.S. population demographics.

2PO. To meet the needs of society, the DPT curriculum prepares students to provide culturally responsive patient-centric care, including historically underserved populations and geographical regions.

2PO-1. Students of the program demonstrate competence in providing culturally responsive care prior to graduation.

2PO-2. Students demonstrate professional behaviors, attitudes, and actions consistent with the APTA Core Values and Code of Ethics.

2PO-3. Graduates of the program will seek employment with underserved populations/geographical locations.

The priority of Cultural Responsiveness within the program addresses the lack of diversity within the profession and matches the representation of physical therapist providers in an increasingly diverse U.S. population. For example, as 47.2 million people self-identify as Black in the U.S. (Pew Research, 2023), a 30% increase since 2000, the enrollment of Black people in physical therapy programs continues to remain relatively unchanged. ¹ By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White). ²

A priority on Cultural Responsiveness not only focuses on educating learners and faculty on diversity but also the intersectionality of identities. For example, “belongingness” requires learners and faculty to understand how racial and ethnic backgrounds intersect with sexual orientation and gender identity. This priority positions the program to successfully achieve program goal 2P (see above), to address population diversity, which directly impacts healthcare inequalities. ^{2,3} These regional inequalities limit access to specialty healthcare and can be described as medical or physical therapy deserts. ⁴

It is a priority of the HU DPT program that each learner focuses on developing a reflective practice based on their own lived experiences and the experiences of others to develop critical thinking and reasoning skills to deliver patient-centered care for diverse populations.

1. FSBPT. A Discussion of Diversity in Physical Therapy Regulation. <https://www.fsbpt.org/Free-Resources/FSBPT-Forum/Forum-2021/A-Discussion-of-Diversity-in-Physical-Therapy-Regulation>. Published 2020. Accessed 3/29/2023.

2. Colby S, Ortman J. Projections of the Size and Composition of the U.S. Population: 2014 to 2060. In: Commerce USDo, ed2015.
3. APTA. APTA Diversity, Equity, and Inclusion Infographic. <https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/apta-diversity-equity-and-inclusion-infographic>. Published 2022. Accessed 3/30/2023.
4. Brinzac MG, Kuhlmann E, Dussault G, Ungureanu MI, Cherecheș RM, Baba CO. Defining medical deserts—an international consensus-building exercise. *Eur J Public Health*. 2023;33(5):785-788. doi:10.1093/eurpub/ckad107. PMID: 37421651; PMCID: PMC10567127.

Didactic Design (DPT Policy 7.3.2)

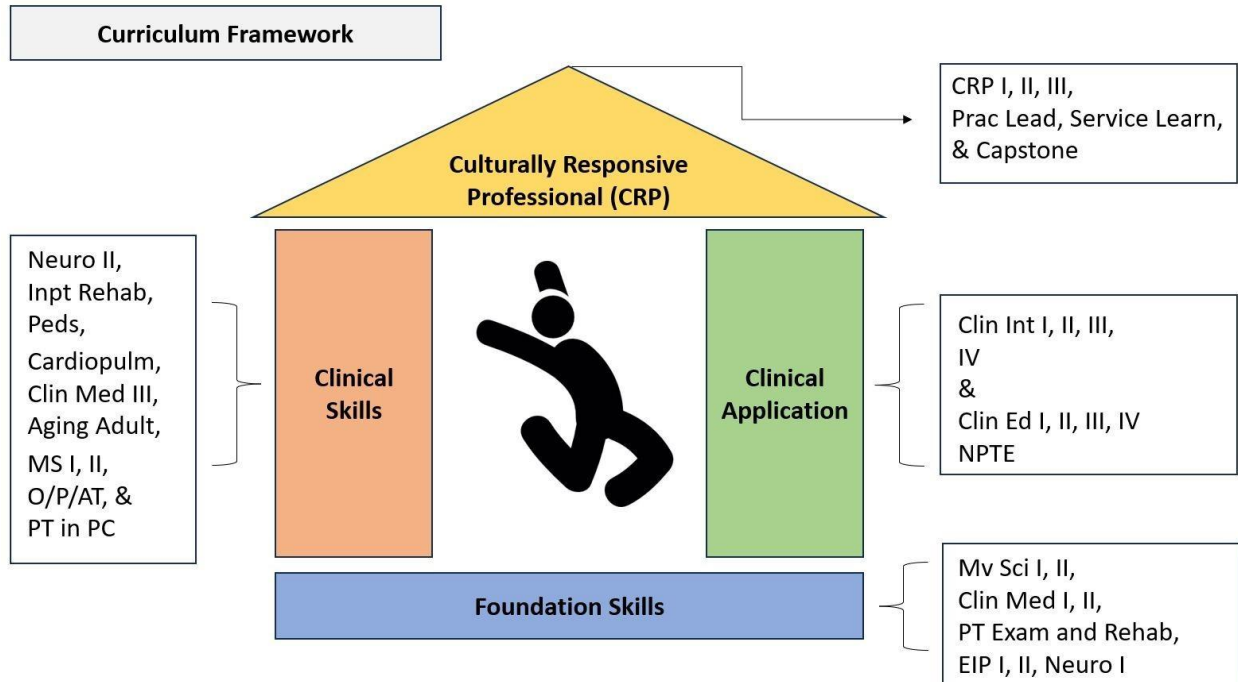
The HU DPT program’s hybrid curriculum was intentionally designed to scaffold learning, ensuring a structured progression through courses while fostering the development of Culturally Responsive Professionals. This structured progression is reflected in the course design:

Foundational Skills – Movement Science I and II (DPTH 604 and DPTH 614); Clinical Medicine in Physical Therapy Practice I and II (DPTH 602 and DPTH 612); Physical Therapy Examination and Rehabilitation Principles (DPTH 610); Neuroscience Fundamentals in Physical Therapy (DPTH 622); and Evidence-Informed Practice I and II (DPTH 606 and DPTH 716).

Culturally Responsive Professionalism Skills- Culturally Responsive Professionalism I, II, and III (DPTH 600, 700, 720); Leadership and Health Informatics (DPTH 800); Service Learning in PT (DPTH 806); and PT Capstone (DPTH 820).

Clinical Skills – Musculoskeletal Physical Therapy I and II (DPTH 626 and DPTH 706); Foundational Cardiovascular and Pulmonary Practice (DPTH 624); Neuromuscular Rehabilitation (DPTH 702); Physical Therapy within the Inpatient Continuum (DPTH 710); Clinical Medicine in Physical Therapy Practice III (DPTH 722); Pediatric Physical Therapy Practice (DPTH 726); Physical Therapy for the Aging Adult (DPTH 728); Orthotics, Prosthetics, and Assistive Technology in Healthcare (DPTH 712); and Physical Therapy in Primary Care and Prevention (DPTH 802).

Clinical Application – Integrated clinical experiences prepare students for the Clinical Integration Series which includes four courses (DPTH 704, DPTH 714, DPTH 724, and DPTH 804) that begin in year two and end before full-time 32 weeks of clinical experience (DPTH 816, DPTH 818, DPTH 826, and DPTH 828).



Advanced practice electives are a group of courses that are offered during the seventh trimester (before clinical education). Learners choose 2 courses from contemporary topics or specialty practice areas. These courses, taught by a combination of faculty, corporate faculty, and guest lecturers with clinical expertise, increase learner readiness to participate in clinical education experiences, and provide insight into specialty practice.

Learners participate in the HU DPT program delivery using asynchronous content delivery, interactive lab activities (via virtual and lab immersion), course assignments, and learning activities that prepare graduates for entry-level practice as a Doctor of Physical Therapy. Each onsite lab immersion is intentionally designed with learning objectives to evaluate learners' competence of cognitive, affective, and psychomotor skills expected of an entry level physical therapist. Onsite learning assessments can include but are not limited to case study, Skill Competency Check-off, Objective Structured Clinical Examination (OSCE), practical exam, video assignment, reflective activities, and small group or individual activities (ex Documentation Activity).

Clinical Education Program Design (DPT Policy 7.3.3)

The clinical education curriculum consists of two Integrated Clinical Experiences and 32 weeks of full-time Clinical Experiences distributed across the program as follows:

Integrated Clinical Experience

DPTH 628: Integrated Clinical Experience I

3rd Semester

This course blends clinical interactions with reflective learning activities to introduce foundational patient care activities in the clinical setting with a focus on patient/ client interaction, interdisciplinary communication, and professional behaviors. Observations will occur under the supervision of a Clinical Instructor.

DPTH 718: Integrated Clinical Experience II

5th Semester

This course blends clinical interactions with reflective learning activities to reinforce foundational patient care activities in the clinical setting with a focus on patient/ client interaction, interdisciplinary communication, and professional behaviors. Learners will critically appraise literature related to an observed clinical intervention or examination technique. Observations will occur under the supervision of a Clinical Instructor.

Full-time Clinical Experiences

DPTH 826 and DPTH 828 will be combined into one 16-week clinical experience when possible. DPTH 816 and DPTH 818 may be combined under certain circumstances reviewed case-by-case by the clinical education team.

DPTH 816: Clinical Experience in Physical Therapy I

8th Semester

This course provides the first full-time, clinical education experience with a supervising Clinical Instructor. Learners will build upon the elements of patient/client management in the clinical setting. The learner's professionalism and progress towards competency as an entry-level clinician will be evaluated through a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

DPTH 818: Clinical Experience in Physical Therapy II

8th Semester

This course provides the second full-time, clinical education experience with a supervising Clinical Instructor. Learners will build upon the elements of patient/client management in the clinical setting. The learner's professionalism and progress towards competency as an entry-level clinician will be evaluated through a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

DPTH 826: Clinical Experience in Physical Therapy III

9th Semester

This course provides a terminal full-time, clinical education experience with a supervising Clinical Instructor. Learners will work to demonstrate mastery of the elements of patient/client management in the clinical setting through evaluation using a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

DPTH 828: Clinical Experience in Physical Therapy IV

9th Semester

This course provides a terminal full-time, clinical education experience with a supervising Clinical Instructor. Learners will work to demonstrate mastery of the elements of professional behaviors and patient/client management in the clinical setting through evaluation using a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning

Instructional Methods and Course Delivery (DPT Policy 7.4)

The hybrid DPT program is a blended instructional design method. Harrisburg University defines the instructional method as:

A combination of in-person meetings at a pre-determined time and location and asynchronous online coursework is used to cover the required learning hours for the course. The ratio of in-person to asynchronous online instruction is flexible but should be pre-determined. All required in-person meetings should be communicated at the point of registration.

Learners participate in the HU DPT program delivery using asynchronous content delivery, interactive lab activities (via virtual and lab immersion), course assignments and learning activities that are designed to prepare graduates for entry level practice as a Doctor of Physical Therapy. Course content delivery and learner assessments are multimodal. Course content can be delivered using a combination of modalities, including, but not limited to those from the categories provided:

Instructional Methods Categories

Collaborative learning: Discussion board; Group projects; Peer-to peer teaching, Peer-to-peer feedback; Case-Based Learning; Collaborative digital tools; Collaborative role-play or simulations

Experiential methods: Hands-on lab immersion (demonstration, practice, peer-to-peer interaction and collaboration); Role-play and simulation (peer-to peer, standardized patients, virtual, skill or case-based); Service learning; Clinical education experiences

Reflective methods: Journaling; Self-assessment; Self-directed learning; Portfolio development

Research/Inquiry-based learning: Problem-based learning; Case-based learning; Journal clubs; Evidence-based practice projects; Capstone; Debate on research evidence; Virtual data analysis

Teacher Centered methods: Demonstration; Lecture; Muddiest points sessions

Technology Enhanced methods: Interactive eLearning (lessons with embedded activities); Microlearning modules; gamification; VR/AR; VR/AR simulation or role play; microscopy & cadaver dissection video instructional modules

Curriculum Plan/Sequence (DPT Policy 7.5)

The Curriculum Plan/Sequence outlines the 3-year program with credits and labs per course. At the bottom of each Trimester is the onsite requirement.

Semester 1- Y1		Semester 2- Y1		Semester 3- Y1	
Course	Credit	Course	Credit	Course	Credit
DPTH 600 Culturally Responsive Professionalism in Physical Therapy I	2	DPTH 610 Physical Therapy Exam and Rehabilitation Principles	4 - L	DPTH 622 Neuroscience Fundamentals in Physical Therapy	3
DPTH 602 Clinical Medicine in Physical Therapy Practice I	4	DPTH 612 Clinical Medicine in Physical Therapy Practice I	4	DPTH 624 Foundational Cardiovascular and Pulmonary Practice	4 - L
DPTH 604 Movement Science I	4 – L	DPTH 614 Movement Science II	4 - L	DPTH 626 Musculoskeletal Physical Therapy I	4 – L
DPTH 606 Evidence Informed Physical Therapy Practice I	2			DPTH 628 Integrated Clinical Experience I	1
Lab Immersion	1-5 Day Session		2- 5 Day Sessions		2- 5 Day Sessions

Semester 1- Y2		Semester 2- Y2		Semester 3- Y2	
Course	Credit	Course	Course	Credit	Course
DPTH 700 Culturally Responsive Professionalism in Physical Therapy II	1	DPTH 710 Physical Therapy within the Inpatient Continuum of Care	3 – L	DPTH 720 Culturally Responsive Professionalism in Physical Therapy III	2
DPTH 702 Neuromuscular Rehabilitation	4 – L	DPTH 712 Orthotics, Prosthetics, and Assistive Technology in Healthcare	2 – L	DPTH 722 Clinical Medicine in Physical Therapy Practice III	2
DPTH 704 Clinical Integration of Physical Therapy Principles I	3 – L	DPTH 714 Clinical Integration of Physical Therapy Principles II	3 – L	DPTH 724 Clinical Integration of Physical Therapy Principles III	3-L
DPTH 706 Musculoskeletal Physical Therapy II	4 – L	DPTH 716 Evidence Informed Physical Therapy Practice II	2	DPTH 726 Pediatric Physical Therapy Practice	3-L
		DPTH 718 Integrated Clinical Experience II	1	DPTH 728 Physical Therapy for the Aging Adult	2 – L
Lab Immersion	2- 7 Day Sessions		2- 7 Day Sessions		2- 7 Day Sessions

Semester 1- Y3	Semester 2- Y3	Semester 3- Y3
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Course	Credit	Course	Credit	Course	Credit
DPTH 800 Leadership and Health Informatics in Physical Therapy Practice	3	DPTH 810 National Physical Therapy Exam Review	1	DPTH 820 Physical Therapy Capstone	1
DPTH 802 Physical Therapy in Primary Care and Prevention	2	DPTH 816 Clinical Experience in Physical Therapy I	4	DPTH 826 Clinical Experience in Physical Therapy III	4
DPTH 804 Clinical Integration of Physical Therapy Principles IV	2 – L	DPTH 818 Clinical Experience in Physical Therapy II	4	DPTH 828 Clinical Experience in Physical Therapy IV	4
DPTH 806 Service Learning in Physical Therapy	1				
DPTH 808 Advance Practice Electives	2 – L				
Lab Immersion	2- 7 Day Sessions		FT Clinicals		FT Clinicals

Student Assessment (DPT Policy 7.12)

The HU DPT Program model and structure for the assessment of student learning supports learning goals and aligns with institutional core competencies. The DPT program clearly defines its goals, which are relevant to the mission of the University. The course syllabi establish specific learning objectives, articulates the instructor’s expectations of the learner, and outlines the standards for learner success. Specific learning objectives align with the Commission on Accreditation in Physical Therapy Education (CAPTE) standards, HU Mission/Vision/Values, and the DPT Program Mission/Vision/Values.

The HU DPT Program utilizes learning assessment methods and andragogy principles (adult learning theory) specific to a hybrid learning environment.

The DPT Program expects that each course coordinator will include at least one graded assignment in the first 2 weeks of the course and that ~50% of course points occur by midterm.

Each course syllabus identifies specific assignments, assessment methods, and grading rubrics/scales to successfully complete or “pass” the course and matriculate through the program. The DPT core faculty developed the standardized rubrics used within the curriculum; the effectiveness and usefulness of these rubrics are assessed on a routine and as needed basis. DPT Committees or faculty can recommend a review and revision of grading rubrics, which would be completed under the direction of the Assessment Committee and then voted on by the CoW.

The DPT Program Assessment Committee collects data and evaluates the learning performance of each learner, class, and between cohorts to determine if the program is

achieving its performance benchmarks. Program goals, course goals, and student learning outcomes inform/determine programmatic performance benchmarks.

Learners are responsible for completing each assignment within the program to the best of their ability. Each assignment or activity is intentional and linked to an assessment method and standard to successfully graduate competent entry-level physical therapist professionals.

All exams within the DPT program will be administered using Respondus LockDown Browser to ensure academic integrity; learners are required to follow the guidelines provided, including having a stable internet connection and completing the exam in a distraction-free environment.

Attire that is appropriate for the clinic is expected to be worn during online interactions.

Appropriate for external faculty review

This is a reminder that your videos may be reviewed by faculty or external corporate faculty. Review your personal environment and personal presentation to reflect your professional identity.

Student Related Processes and Policies (DPT Policy Section 8)

Learner Responsibilities (DPT Policy 8.3)

HU DPT program learners are responsible for engaging fully in assigned work, to be interactive in academic discussions, and to develop professional competencies in the classroom, lab, and on clinical experiences. Learners are responsible for upholding the program's values and Code of Conduct to ensure a safe, inclusive, and secure learning environment consistent with the mission and standards of the university.

The American Physical Therapy Association's (APTA) Core Values include accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. HU DPT learners are expected to uphold the professional Core Values and Code of Ethics of a physical therapist professional within the academic and healthcare practice environment (Refer to Appendices: APTA Core Values for Physical Therapists and APTA Code of Ethics for the Physical Therapist).

Attendance Requirements (DPT Policy 8.3.2)

Professional hybrid learning programs require regular attendance and active participation for learners' success. The HU DPT Program requires active learner

engagement and participation in all didactic and onsite learning activities. Measures of participation and attendance vary based on this learning environment and details are included within the course syllabus.

For learner success, the HU DPT Program requires active learner participation in asynchronous coursework throughout the semester. Participation requirements in each course may vary depending on course activities. Learners shall expect to actively engage in the course weekly, including but not limited to discussion boards, reviewing asynchronous course materials, reading assignments, VR/AR activities, and group projects. Course grades will reflect the learner's active participation in course materials as outlined in the syllabus.

HU DPT Program defines on-site laboratory learning environments as education, instruction, and learning that occur in-person at Harrisburg University of Science and Technology and/or other in-person locations under the direct supervision of DPT faculty members as needed for optimal learning. Learners enrolled in the HU DPT Program must commit to planning for and attending all onsite learning activities. HU DPT Program provides all on-site learning dates well in advance to ensure adequate time for travel arrangements. Attendance is mandatory for all laboratory learning immersion sessions. Failure to attend a scheduled laboratory learning immersive session results in withdrawal from the course and a subsequent move out of course sequence, which delays graduation. The HU DPT Program design allows for very few opportunities for make-up lab immersion sessions. Although emergency exemptions exist, there are no guarantees for emergency exemptions.

HU DPT Program defines clinical education learning environments as education, instruction, and learning that occur in person at a clinical location determined by the clinical education team. Learners are responsible for attending each day scheduled for all clinical education experiences. To successfully complete the Clinical Education course, learners must make up all absences as per Clinical Education and facility policies. Refer to the Clinical Education policies for the complete clinical attendance policy.

Attendance Exemption

In an extraordinary life event, learners may complete an Attendance Exemption Form. The learners' faculty coach, DPT Program Lead, and Director of Clinical Education will work with the learner to determine if a remediation plan is an option or if the learner's academic plan requires revision. Revision of the learner's academic plan will result in a delay in graduation date. Examples of extraordinary life events include a major medical event of the learner or family member, bereavement, and unexpected economic or life hardship.

Request for Accommodation (DPT Policy 8.3.3)

Learners who may need or be eligible for accommodations should follow University processes and policies to request accommodation.

Professional Organization Membership (DPT Policy 8.3.5)

The HU DPT Program's mission is to offer innovative educational opportunities that respond to societal needs. A requirement of the program is for all faculty and learners to be members of the American Physical Therapy Association (APTA). The mission of the APTA is to build a community that advances the profession of physical therapy to improve the health of society.

Health Requirements (Health Insurance, Physical Exam, Immunizations) – Health Conditions Disclosure (DPT Policy 8.3.6)

Upon acceptance into the HU DPT Program, learners must submit proof of health insurance, a physical examination, and complete immunization records. Learners must have an annual physical documented on the Program's Medical History form. Athletic and work/pre-employment physicals are unacceptable forms of health assessment for clinical education.

The program uses Exxat Approve to collect, monitor, and house all learner health information and compliances. Learners will be provided with initial training on the use of Exxat Approve upon matriculation into the program. Supportive training materials are housed within the Exxat program.

Learners are responsible for the purchase and maintenance of health insurance coverage during their enrollment within the HU DPT Program. Upon acceptance into the program, learners must provide verification of personal health insurance which must be maintained throughout enrollment in the Program. Learners upload proof of coverage (front and back copies of their insurance cards) annually via Exxat with other required clinical education paperwork.

Learners who fail to maintain and provide a copy of their health insurance plan cannot participate in the didactic and clinical phases of the program which will have an effect on timely graduation from the program.

The University does not affiliate with or recommend a health insurance provider, but provides a list of resources for students to consider: [Student Health Insurance Providers](#). Otherwise, learners may seek personal health insurance coverage through the Health Insurance Marketplace through the Department of Health & Human Services [HERE](#) which is an official website of the U.S. Centers for Medicare and Medicaid Services.

Immunizations and Health Records Prior to Starting the Program

- Provide evidence of personal health insurance
- Satisfactory and current physical examination (completed by a physician or licensed physician provider)
- Hepatitis B vaccine series (minimum of 2 doses out of 3 accepted) OR immunity by titer
- MMR Vaccine (2 doses) OR immunity by titer
- Varicella history, vaccination (2 doses), OR immunity by titer
- Tetanus, Diphtheria, & Pertussis (Tdap) vaccine within the last 10 years
- Tuberculosis (TB) testing through either a copy of the Tuberculin Skin Test (TST) or QuantiFERON-Gold Blood Test (QTBG), or documentation from a qualified health provider who assessed the TST or QTBG test.
- Influenza vaccine annually during flu season (as defined by the CDC)

Immunization Requirements: Prior to Starting Clinical Experiences

- Updated TB test
- Updated Flu vaccine
- Current personal health insurance coverage
- Current/Active Basic Life Support (BLS) certification granted by the American Heart Association
- Current COVID vaccine if required by clinical site or statute

Documentation of immunizations and, in some cases, proof of immunity are required for participation in clinical education experiences. Insufficient immunity determined by titer (a blood test used to measure the level of immunity to the disease process) will require re-immunization before clinical placement. If a learner cannot provide proof of this information, they may have limited opportunity for placement in clinical education experiences, which may result in the inability to complete the necessary requirements for degree completion.

The following immunizations are required:

- Annual influenza vaccination.
- Childhood vaccinations: MMR (measles, mumps, rubella), Varicella (chicken pox), OPV (polio), DTP (diphtheria, tetanus, pertussis), TDAP.
- Hepatitis B vaccinations.
- COVID-19 vaccination according to CDC standards.
- Negative TB (PPD) or Mantoux (2-step) testing, or cleared QuantiFERON testing
 - Testing must occur before DPTH 628 starts and must remain active throughout Program matriculation. Test results must remain active/current through the last day of the final clinical education experiences. The Program

requires an active 1-step test throughout the 3-year professional phase; 2-step testing is required by many clinical sites and communicated to learners before clinical placement, including timing requirements. Positive test results may need repeat or additional testing to confirm results, and confirmed cases require treatment, both at the learner's expense. Learners are responsible for providing complete documentation to satisfy clinical facilities using the Program TB test tracking document. Learners who cannot complete PPD testing must provide negative chest x-ray results showing no active TB disease.

1-Step TB Test

Visit 1: Administration of TB serum.

Visit 2: Results read and documented 48-72 hours later.

2-Step TB Test

Visit 1: Administration of TB serum.

Visit 2: Results read and documented 48-72 hours later.

Visit 3: Second administration of TB serum is > 10 but < 21 days after visit 2.

Visit 4: Second results read and documented 48-72 hours later.

- Please note that all results must be read and documented by a nurse, PA, or physician – not a medical assistant. Acceptable documentation of results includes date of administration, date of reading, and size of skin reaction in millimeters. TB Tests are typically "good" for 12 months. Repeated administration before the last 'read' date usually keeps test results active.

An annual physical exam, documented on the Program's Physical Examination form, is required before each clinical education experience or series of experiences starts. The learner must submit the completed report by uploading the document and the signed Health Record Information form to Exxat. Athletic and work/pre-employment physicals are unacceptable forms of health assessment for clinical education. The Physical Examination and Health Record Information forms are available in Exxat.

All clinical facilities receive verification of the learner's health history and immunization records status approximately 4-6 weeks before arrival. The clinical facility may cancel scheduled clinical education experiences if health requirements are incomplete. Late submission of health records and all other pre-clinical paperwork disqualifies the learner from preference for selecting future clinical placement. It is the learner's responsibility to know the health requirements of each clinical facility.

Individual facility policies and guidelines may require learners to complete physical assessments at intervals outside of the Program's suggested timelines. Specific clinical facility information is available in the learners' "My Placement" section of Exxat (listed as

“Requirements”). Learners assigned to or who choose clinical facilities with additional health requirements are responsible for scheduling and the cost of all such testing before the start of the clinical education experience.

Health Conditions Disclosure

Learners are responsible for reporting any medical condition that may impact their ability to participate safely and fully in the program. Reporting confirmed medical conditions should be directed to the learner’s faculty coach, DCE, Student Success Chair, and/or the Program Lead. This will allow for collaborative planning to ensure maximum safety and success for the learner. Any medical condition that limits a learner from fulfilling the requirements of a clinical experience may result in delayed program completion.

Drug Screening and Criminal History Background Check (DPT Policy 8.3.7)

Individuals working in healthcare facilities often must consent to a criminal background investigation and/or drug screening to be cleared to work. This is a standard policy/requirement for physical therapy licensing boards and many individual and corporate physical therapy providers.

Learners within the HU DPT Program are required to complete and absorb the cost for an approved criminal background check prior to formal enrollment in or matriculation through the program. This background check must be completed through Universal, the service that HU has contracted with through Exxat. Obtaining Criminal History Background Checks (CHBC) and drug screens are intended to protect the public. All professional phase learners will complete a baseline National CHBC. International learners may be required to complete additional background checks beyond what the Program requires for their visa application.

Learners may be required to complete additional background checks/fingerprinting/drug screens at the request of assigned clinical sites and are responsible for the cost of such unless conducted by the clinical site. Learners who complete a school system pediatric experience must follow the state’s Department of Education (DOE) guidelines. Only the learner will have access to the learner’s background and drug screen records. The DCE will access the approval or denial determination, by Universal, via the dashboard in Exxat, to provide a Verification letter of clearance to the clinical site where a learner is assigned.

The DCE/ADCE, with permission from the individual student, may provide additional guidance to Universal in the event of a questionable positive background check or drug screen result. The clinical site will make the final decision about the learner’s acceptability for the scheduled clinical education experience. If the clinical site cancels

the clinical placement, due to the above circumstances, the Program does not guarantee placement or replacement to allow the learner to remain in the cohort sequence of courses/clinical education experiences. If replacement is successful and the learner must complete additional background checks and drug screens, the learner is responsible for all costs associated with additional reports.

Learners with prescribed medication that will result in a positive drug screen result should discuss the appropriate actions with the DCE/ADCE prior to conducting the drug screen.

Learners convicted of any felony offense may be refused by clinical sites and encounter significant difficulty or inability to reschedule clinical placement thereby inhibiting completion of curricular requirements, failing to graduate. Likewise, a clear or acceptable background check does not guarantee successful completion of the curricular/Program requirements, graduation, or licensure.

Learners with records of criminal convictions may be disqualified from licensure. Learners must assume the responsibility for ascertaining their status in this regard with the physical therapy licensure board in the state where they seek to apply for licensure. Individual state licensing boards develop their own policies and procedures regarding positive applicant reports.

Background checks span a seven (7) year retroactive period from the time of the request to completion. Background checks are usually 'good' for **one year** from completion. Most clinical sites accept a background check completed within one year from the start of the clinical education experience; however, other sites require more recent checks. Regardless of the last background check date, learners are responsible for notifying the DCE/ADCE of any pending or new criminal charges, convictions, or pleas of guilty or no contest incurred by the learner after the initial background check. Failure to notify the DCE/ADCE of such new information or misstating or omitting information to Universal Background Screening when submitting a request for background checks may result in immediate dismissal from the Program without the opportunity for re-admission.

Learners can find additional information on how to order Background Checks and Drug Screening in the resources section of Exxat.

Technology Requirements (DPT Policy 8.3.8)

Learners enrolled at Harrisburg University of Science and Technology are required to have a computer to complete course requirements. **For all programs involving face-to-face or 'in-class' instruction, learners are required to have a laptop computer.** For any fully online programs or for any secondary machine, learners are free to use desktop computers that meet the requirements. If you already have a computer and

want to continue using it at Harrisburg University, please be aware of our minimum requirements for system connectivity.

Please note that these are the minimum requirements for the Office365 desktop software. There may be additional degree program software requirements. Some program software may be operating system dependent. Check with your advisor or Program Lead for more information before you make any computer purchasing decisions.

Minimum HU Computer Requirements

- Processor: 1.6 GHz or greater (2-core or greater)
- RAM: 8 GB or greater (16 GB recommended)
- Hard Drive: 250 GB or greater, SSD (Solid State Drive) highly recommended
- Integrated webcam or high-quality external camera for video communication
- Quality microphone (Headsets are recommended) for audio communication
- Wireless: 802.11 N or AC
- Display: 1280×760 Resolution
- Security Software with current definitions
- NOTE: Chromebooks (made by any brand: Lenovo, HP, Acer, et. al.) are unable to support the use of DPT program software. The testing software is also NOT supported by iPads or mobile phones.

Any course that involves virtual lectures or sessions will utilize Microsoft Teams Classes. Learners will be required to download the [desktop application](#) for the optimal experience. Users will also need to maintain a network with a minimum of 5 MB upload and download speed to avoid issues.

In addition to hardware requirements, users must have administrative rights or a permission level allowing the installation and configuration of software/system settings. If you are using a work or school computer without such permissions, please discuss the Security Software requirements mentioned above with your system administrator.

Supported Operating Systems

- Windows 10, Windows 11
- Mac OS X 10.13 and above

While other operating systems may work on the network and connect to university resources, the configuration and support will be the responsibility of the end user.

Dress Standards (DPT Policy 8.3.10)

All learners and faculty represent the HU DPT program and profession of physical therapy. The dress standards apply to all activities while enrolled as a learner within the program. This includes onsite labs, on-campus activities, and clinical education experiences (Refer to the Clinical Education Policy for Dress Code during clinical

experiences). Learners and faculty must use the following as a guide for dress standards within the program and as a professional:

1. Maintain appropriate levels of personal hygiene. Avoid fragrances that may trigger an allergic response to peers or patients in a clinical practice setting.
2. During onsite labs consider athletic wear to allow freedom of movement and appropriate coverage during observation, palpation, and movements/activities (i.e. squatting, running, etc.).
3. During clinical experiences or on-campus activities (non-lab) learners are to default to professional attire. This includes appropriate professional clothing for work within a practice setting. The HU DPT program follows dress standards appropriate to physical therapist employees within hospital or clinical sites settings. This includes closed-toed shoes and more specific guidelines if required (i.e. scrubs).

Clinical Experience Expectations (DPT Policy 8.11)

In clinical environments, DPT learners are called students or interns and are expected to introduce themselves using these terms. HU DPT Program policies related to clinical experiences will thus refer to learners as students.

Pre-Clinical Experience Paperwork (DPT Policy 8.11.1)

Unless otherwise noted, students must complete the following assignments before each of their clinical education experiences.

- Medical History Form for Clinical Experiences – standard physical form to document current health, immunizations, and clearance status to participate in clinical experiences.
- Exxat Student Profile and Summary – provides pertinent information to the Clinical Instructor and clinical site, including contact information, a summary of completed requirements, and previous clinical experiences. Students must update their profile two months before the start of each clinical experience.
- Students should include goals in the summary section of their Exxat profile. Students should review learning goals and "Me on a Page" with their CI by the end of the first week to promote clear communication of expectations from the student and the CI. Learning goals may serve as a guide for weekly goals submitted with the Weekly Planning Form. Students should review their goals during the mid-term evaluation and again during the final review of the student's clinical performance. If desired, the student can meet with DCE/ADCE to develop goals for the clinical experience.
- Electronic Signature in Exxat – communicates to DCE/ADCE student authorization to share appropriate academic information to CI/SCCE before or during clinical experience to enhance learning potential. This communication requires student consent and knowledge of what and when information is shared.

- Confidentiality Pledge – student agreement to maintain HIPAA guidelines and protect any proprietary clinical site information (Students can find the form in Exxat and upload it into Exxat for each specific clinical site).
- Criminal Background Checks – refer to DPT Policy 8.3.7 (p. 71, Student Handbook).
- HIPAA & OSHA Quizzes – validation of program training compliance for HIPAA and OSHA guidelines; verification form must be signed after completion of the quizzes & uploaded into Exxat.
- Sending Profile Link: Students will send their profile link to their assigned CI via Exxat one month before the start date of the clinical experience. Students should include a brief introduction when sending their profile link. If the CI information is unavailable, students should send their profile link to the SCCE. Once identified, students should also send their information to their assigned CI.
- The consequence of failure to submit pre-clinical education experience paperwork by the published due dates will result in students losing preference for subsequent clinical education experiences.

Safety (DPT Policy 8.11.2)

Students must demonstrate competence in Standard Precautions/ OSHA, HIPAA confidentiality standards, and Personal Protective Equipment use prior to clinical education experiences.

While participating in clinical education experiences, students are to remain conscious of safety precautions for the patient/client and their families, the CI and other facility employees, and themselves. Previous demonstration of safety competence in the classroom and laboratory settings through practical and didactic examinations is required. The Clinical Instructor shall possess sufficient experience to safely and effectively supervise, teach and serve as a role-model for participating Students.

The clinical facility has agreed to provide the student with a safe, educational environment via a signed Affiliation Agreement. Students should not intentionally engage in any activity on the clinical facility's physical premises that would potentially harm students, patients, facility employees, or other bystanders. Students who repeatedly demonstrate unsafe behavior during clinical education experiences are subject to dismissal by the clinical site or removal by the Program with subsequent failure of the clinical education experience. Refer to the Evaluation Policy for Clinical education experiences for additional information.

During clinical education experiences, sites may make their employee health or Emergency Department facilities available to the students at full or reduced cost for illness or injury sustained due to clinical education activities. The student bears full

responsibility for the cost of emergency or medical services. For details, refer to the specific clinical site information files in Exxat, including the clinical education experience agreement. If emergency care facilities are unavailable on-site, medical attention can be found at an “Urgent Care” or local Emergency Room facility. An evaluating physician will refer students to specialized services as necessary. Students must immediately inform the DCE/ADCE or Program Chair of any illness or injury affecting clinical education attendance.

Informed Consent (DPT Policy 8.11.3)

The legal doctrine of informed consent is the basic premise of patient autonomy. Individuals enter the healthcare system at various points along the healthcare continuum and entrust their needs to professionals. Informed consent dictates that patients are given sufficient information about their care to understand the risks and benefits and available alternatives, including knowing who is providing the care. At all times, patients have the right to refuse care offered by a student clinician.

Students will identify themselves as a physical therapy student or intern to all patients/clients they encounter during clinical education sessions and any other learning opportunities throughout their professional education. Unconditional acceptance of a patient's/client's request of no student participation in their health care must be honored. Students acknowledge this responsibility by signing the Informed Consent and Participation in Clinical Education policy before each clinical rotation (found in Exxat as part of the "Confidentiality Pledge"), then uploading it into Exxat.

Grading (DPT Policy 8.11.4)

Clinical educational experiences are considered integral to the DPT curriculum and are subject to the same safety and performance standards as didactic courses. The Program uses the Clinical Internship Evaluation Tool (CIET) to assess students during Clinical Education experiences. The CIET was developed and is used to rate students in comparison to a “competent clinician’s” skillful, efficient, and effective outcomes unique to each clinic’s population and expectations.

Program Responsibility in Grade Determination:

- The CI/SCCE formally evaluates students at the midterm and endpoints of the clinical education experience via the CIET. Ongoing evaluation of the student by their CI is encouraged through the Weekly Planning Form and the CIET to document areas where the student requires additional learning experiences. Ongoing evaluations are components of an "Early Warning System" to alert the student, SCCE, and DCE/ADCE that the student is not meeting expectations for clinical performance.
- At the end of the clinical education experience, the DCE assigns Pass/Fail grades. The Program expects student performance to progress along the CIET continuum

moving toward the rating of a competent clinician "at that level for all patients". The final course grade will be determined based on several factors:

- A review of the completed CIET of the student and CI evaluations of student performance at the end of the clinical education experience demonstrates achievement of Program expectations specific to the clinical education experience, considering all communication with the clinical instructor regarding concerns and subsequent student performance.
- A review of the student feedback on the clinical education experience.
- Written documentation from the CI and SCCE, as available.
- Additional verbal or written information from the CI and student, from on-site meetings or telephone conversations, as offered or requested.
- Completion and timely submission of assignments as required by the Academic Program.

A "Pass" grade for the clinical education experience is earned if all of the following occur:

- Students submit required assignments on the last day of the completed clinical education experience.
- Students achieve the cognitive, psychomotor, and affective goals and objectives outlined in the respective course syllabus for each clinical education experience.
- Students demonstrate clinical performance appropriate to the clinical setting and level of educational preparation as documented by the CIET.
- CIs have not communicated additional concerns following the intervention of the previously mentioned concern.
- By the conclusion of each course, the student must meet the benchmark global rating score as indicated in the chart displayed in the next section.

A "Fail" grade for the clinical education experience is earned if one or more of the following occur:

- The student does not achieve the cognitive, psychomotor, and affective goals and objectives outlined in the respective course syllabus for each clinical education experience either by demonstrating:
- Inconsistent or poor professional behavior, including communication skills, accountability, lack of initiative, illegal or unethical behavior concerning the clinical education experience.
- Inconsistent or poor patient management knowledge and skills, including repeated lack of safety awareness, inconsistent or lack of clinical decision-making,
- Little to no improvement in clinical knowledge and skills from the mid-term to the final assessment of the clinical education experience.

- Evidence of repeated performance deficits documented through communication with the CI, reports of deficient performance, with or without a written Action Plan, regardless of CIET ratings.
- Student fails to address performance deficits by achieving target goals and objectives of an individualized Action Plan by the end of the scheduled clinical rotation.
- Due to documented performance deficits, the site requests termination of the clinical placement before the scheduled ending date.

The grade of "Fail" in DPTH 816/818/826/828 will result in removal from the programmatic sequence of courses and possible dismissal from the Program.

Clinical Education Performance Benchmarks

Assessment of student performance during Clinical Experience in Physical Therapy I, II, III, & IV

Harrisburg University's DPT program contains four full time clinical rotations: Clinical Experience in Physical Therapy 1 (CE1, DPTH 816), Clinical Experience in Physical Therapy 2 (CE2, DPTH 818), Clinical Experience in Physical Therapy 3 (CE3, DPTH 826), and Clinical Experience in Physical Therapy (CE4, DPTH 828). Each is completed in an 8-week block, with CE3 and CE4 either occurring as one 16-week experience or as two separate rotations. The CIET is used at midterm (MT) and as a component of the final (F) assessment of student performance for all four clinical experiences.

Professional Behaviors:

The student is assessed based on the frequency/occurrence of the behaviors of safety, professional ethics, initiative, and communication skills.

Rating Scale:

Never: 0% occurrence	Most of the time: >75% occurrence
Rarely: <25% occurrence	Always: >95% occurrence
Sometimes: ~50% occurrence	Not observed (for communication only)

By the completion of the indicated clinical experience, the student will have achieved (at least) the following ratings for each individual standard:

	CE1 MT	CE1 F	CE2 MT	CE2 F	CE3 MT	CE 3 FT	CE 4 MT	CE 4 F
Safety	Most of the time	Always	Most of the time **	Always	Most of the time **	Always	Always	Always
Professional Ethics	Most of the time	Always	Always	Always	Always	Always	Always	Always

Initiative	Sometimes	Most of the Time	Most of the time	Always	Always	Always	Always	Always
Communication Skills	Most of the time	Most of the Time*	Most of the time	Always*	Always*	Always*	Always*	Always*

MT = Midterm, F = Final

*For communication skills, a rating of “not observed” may be appropriate if the student has not had the opportunity to demonstrate a specific skill. For example, if the student has not communicated with the larger medical team, that item may be marked as “not observed”.

A rating of “Most of the Time” may be adequate for any item as long as supportive comments indicate the student’s professional behavior.

**A rating of “Most of the time” at Midterm (MT) assessment in the safety category is permissible during CE2 or CE3 if acclimation to the setting is required due to a change in setting from the previous experience.

Any Professional Behavior ratings of “Rarely” or “Never” needs to be accompanied by an email or phone call to the DCE/ADCE and should result in a response of “no” to the question, “has the student met the clinical benchmark for this professional behavior”.

On the CI response for midterm and final, there is a question after each standard – “Did the student meet the Clinical Performance benchmark for [Safety, Professional Ethics, Initiative, Communication Skills]?” The response for each category must be “Yes” at final. The midterm response may be “No” to the previous question if:

- There is a direct comment as to the exceptional behavior exhibited – and the rationale for it, and
- A plan is in place to remediate the identified behavior or skill which is deemed deficient.

Standards for Patient Management:

The student is assessed based on their ability to effectively manage a patient through each of the components of the patient/client management model.

Categories: *familiar presentation* or *complex presentation*

Amount of support needed by student: *guidance* or *supervision* or *independence*

Rating Scale:

- Well below – Student requires guidance for complete care for all patients.
- Below – Student requires supervision with familiar patients or guidance with complex patients. Student requires increased time to complete patient care.
- At that level for familiar patients – Student is independent with familiar patients and requires supervision for complex patients.
- At that level for all patients – Student is independent with familiar patients and complex patients. Students can carry the caseload of an entry-level clinician at that clinical site.

- Above - Student is performing above the level of a competent clinician at that clinical site. Student is highly effective with their caseload.

By the completion of the indicated clinical experience, the student will have achieved (at least) the following ratings for each individual standard:

	CE1 MT	CE1 F	CE2 MT	CE2 F	CE3 MT	CE3 F	CE4 MT	CE4 F
Examination	Below	Below	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for All Patients	At That Level for All Patients
Evaluation	Well below	Below	Below	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for All Patients
Diagnosis / Prognosis	Well below	Below	Below	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for All Patients
Intervention	Below	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level for Familiar Patients	At That Level All Familiar Patients	At That Level for All Patients

MT = Midterm, F = Final

If the ratings do not meet the expected benchmark, then there should be written comments to document the rationales for a lower rating. This should include the reasons why this particular clinical setting is unique or more challenging for a student physical therapist, if that is the situation.

On the CI response for midterm and final, there is a question at each standard – “Did the student meet the Clinical Performance benchmark for [Examination, Evaluation, Diagnosis/Prognosis, Intervention]?” The response for each category must be “Yes” at final.

The midterm response may be “No” if:

- a. There is a direct comment as to the exception and the rationale for the exception, and
- b. A plan is in place or being created to support the acquisition of deficient skills.

Global Rating Of Student Clinical Competence

On a scale from 0 - 10, where:

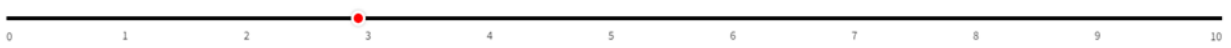
0 = Well Below a Competent Clinician

5 = At the level for familiar patients

10 = Above

How does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Use the slider to designate the rating which best describes the student (the red dot indicates the score given by the rater):



	CE 1 MT	CE 1 F	CE 2 MT	CE 2 F	CE 3 MT	CE 3 F	CE 4 M	CE 4 F
Global Rating Expectation (range)	2	3-4	3-4	4-5	4-5	5-6	5-6	7 or higher

*** global rating recommendations are based on findings from: North, S., & Sharp, A. Embracing change in the pursuit of excellence: Transitioning to the Clinical Internship Evaluation Tool for student clinical performance assessment. *Journal of Physical Therapy Education*. 2020; 34(4), 313-320

Clinical Education Assignments

Failure to submit post-clinical education experience assignments on the final day of the clinical education experience will delay grade change/posting. If students submit assignments late for the final clinical education experience, it will delay the conferment of the DPT degree and authorization for the licensure examination.

- **CI Details Form:** In the Learning Activities section of Exxat, the form includes professional details about the clinical instructor, hours in the clinic, contact information, and more. This form is due by Friday of the first week in the clinic. The Clinical Education Team suggests that students have the CI complete the Signature Page when completing the CI Details form.
- **Weekly Planning Form:** Students utilize this form during all full-time clinical education experiences. The student completes the Weekly Planning Form found in the Learning Activities in Exxat at the end of each designated week. Once completed, the student sends it to their CI via Exxat. The CI can then provide feedback to the student on the form in Exxat. The Weekly Planning Form fosters self-reflection regarding the past week's accomplishments and facilitates goal setting for the next week. Students do not complete the weekly planning form during the midterm and final weeks.
- **Reflective Discussion Board Postings:** Students must enter a weekly discussion board post for each week of the clinical experience, not including the midterm week. Students also need to comment on their classmate's posts for at least half of the weeks of the clinical experience; please refer to individual course syllabus for specific requirements related to timing, content, and volume of required posts. The

discussion board is organized by week to facilitate engagement in the discussion. Students should refrain from personal communication with classmates through the Discussion Board. Postings may be in the form of a clinical question that you are requesting assistance from the group or reflections on your clinical experience. Students must adhere to HIPAA requirements when posting.

- Self-assessment through the designated Competency Tool: Students will complete a mid-term and final self-assessment for full-time experiences. Competency tool assignments for the full-time clinical experiences utilize the Clinical Internship Evaluation Tool (CIET) v2.0 standardized tool to assess the student's performance in clinical practice settings. Students will utilize the CIET found in the Learning Activities section within Exxat. Students will send the CIET to their CI via Exxat after completing the student portion. Students should discuss the completed CIET with their CI. Students will refer to the syllabus for specific due dates.
- In-Service Project: Students must present an in-service OR participate in an educational activity during each full-time clinical experience. Students are welcome to be creative with this activity as long as the result increases staff awareness and knowledge of the content topic. The in-service length depends on the allotted time – and students should discuss the required length with their CI. The topic must be acceptable to the clinical site and must demonstrate the use of evidence-based information. Students may not repeat in-service topics unless there is evidence of substantial changes to strengthen and enhance the original presentation. In-services for DPTH 816/818/826/828 clinical education courses should involve the demonstration of evidence-based searches for clinical questions relevant to the clinical setting. Not all facilities have projectors for PowerPoint presentations; instead of a slide-style handout, you may provide an outline of your presentation highlighting the “take-home message.” Students electronically submit the outline and supporting documents, such as handouts or graphics, through the Learning Activities in Exxat, along with tallied feedback (scores and comments) from in-service participants using the In-Service Feedback Form located in Exxat.
- In place of the traditional in-service, at the request of the clinical facility, students may participate in a facility or community project or presentation. For this activity to replace an in-service, student participation must be significant or equal to that of the facility staff, where the student is responsible for providing or presenting information/education to the public. Students should request feedback from the supervising clinical staff like the traditional in-service presentation described above; however, when completing a non-traditional in-service, students should utilize the Student Project Evaluation Form in Exxat.
- CI for a Day: *DPTH 828 series only*. Students are to assume the role of the clinical instructor, either simulated with the CI or with another PT or PTA student. This activity aims to allow the student to experience the role of the CI as an educator,

facilitating active learning in a clinical environment. Students submit a one-page reflection after the experience, through Exxat.

- CI Evaluation and Site Evaluation (PTSE1/PTSE2): These evaluations are available in the Learning Activities in Exxat. These evaluations are due by the last day in the clinic; a student's failure to complete them may impact the posting of the student's final grade for that experience.
- Course Evaluation: Students should complete this form at the end of their clinical experience. Students can find the form in the Learning Activities in Exxat.
- Patient logs: These logs are located in the Learning Activities in Exxat. The logs are used by the faculty to collect information on the depth and breadth of patients encountered during the clinical experiences.

Incomplete Clinical Education Experience (DPT Policy 8.11.5)

At the end of a clinical experience, students may receive a grade of "Incomplete" for the following reasons:

- Excused absences that do not allow the student to meet requirements for the experience but do not warrant failure.
- Unforeseen circumstances result in the inability to meet all requirements within the experience's time frame.

If an extension due to the above reasons is deemed appropriate by the Clinical Education Team:

- The extension may occur at the same facility or a similar facility with a similar patient population based on site and CI availability.
- The length of the extension will be determined by the DCE and CI.
- The Clinical Education Team will establish a specific documented plan for passing the experience and will communicate the plan with the student.

An extension may result in the inability to proceed to the next scheduled clinical experience. An extension or delayed clinical experience may result in delayed graduation. Once the requirements for the experience have been met, the DCE will submit a grade change to the registrar. If the requirements are not met, the DCE will submit a failing grade and the policy on Unsatisfactory Performance on a Clinical Education Experience will apply.

Early Termination of a Clinical Experience (DPT Policy 8.11.6)

The DCE reserves the right to remove a student from a clinical site if the student is performing incompetently or poses a safety threat to patients or facility staff. This decision may be considered based on consultation with the SCCE, the CI, and the DCE. If a student poses an immediate threat or danger or is out of compliance with the clinical site's disciplinary policy, the SCCE and CI may immediately remove the student from the premises.

Return to Programmatic Sequence after Failing a Clinical Education Course (DPT Policy 8.11.7)

Completing a remediation plan is required to repeat a failed clinical education experience; completing a repeated clinical education experience is necessary to return to the programmatic course sequence with the next cohort (see Remediation Policy). If the student fails to complete the approved remediation plan as agreed, the student will not be permitted to repeat the clinical education experience or re-enter the programmatic sequence, and dismissal from the Program will result. The availability of an appropriate clinical facility and the student's learning needs determine the clinical site and timing of the repeated clinical education session. Re-registration with payment of tuition is required to repeat the experience.

The student must demonstrate readiness to return to the clinical environment through the successful completion of a practical examination. The examination occurs no less than one month before re-entry to the clinical educational experience.

- The remediation team provides the student with the remediation process details in a timely manner.
- The student must successfully demonstrate the ability to complete an evaluation, intervention, and care progression for a patient reflective of the setting where the failure occurred, including accurate documentation of the encounter.
- The student shall complete the practical exam on campus, observed by two instructors, and videotaped for DCE review and feedback.
- To pass the remediation practical exam, the student must achieve minimum setting and clinical level appropriate ratings using the comprehensive practical rubric without safety concerns.
- The student has two attempts to pass the remediation practical exam. Program dismissal occurs if the student cannot pass the remediation practical exam.
- The availability of an appropriate clinical facility and the student's needs determine the clinical site and timing of the repeated clinical education experience. Re-registration with payment of tuition is a requirement to repeat the clinical experience.

Program dismissal without possibility for re-entry occurs if the student fails to submit, follow, or complete the remediation plan on or before the required due date or fails the remediation practical exam on a second attempt, further remediation or program advancement is unavailable.

Following remediation, failure of a repeated or subsequent clinical education experience will result in an "F" grade with dismissal from the program without opportunity for re-admission.

Probation and Dismissal During Clinical Education (DPT Policy 8.11.8)

Students on Academic Probation may forfeit the right to choose their remaining clinical assignments. The Clinical Education team may cancel previously scheduled clinical placements and reassign the student to ensure appropriate supervision and remediation as needed by the CI or faculty of the Program. Breaches of ethical and professional conduct, as outlined by the APTA's Core Values and Code of Ethics and Standards of Ethical Conduct, will not be tolerated. Students guilty of such breaches will be subject to probation or dismissal from the Program.

For additional information regarding Program Probation and Dismissal, please refer to the HU DPT Student Handbook.

Eligibility to Sit for the FSBPT NPTE Prior to Graduation (DPT Policy 8.12)

Students who wish to apply to take the National PT Licensure Board Examination prior to graduation must:

- Verify eligibility within their state regulations. This link provides information on whether states will allow PT students to take the NPTE prior to the graduation ceremony: [Jurisdiction Licensure Reference Guide | Topic: Taking the NPTE before Graduation](#)
- Submit a request to be allowed to take the NPTE early by emailing the Learner Success and Advising Committee Chairperson and their faculty coach.
- Be on schedule to complete the curriculum on time to meet all requirements for graduation.
- Not currently be on academic or professional probation or warning, or have a history of being on probation or warning status during the program.
- Complete the first practice test and report their grade to the Learner Success and Advising Committee. To be allowed to take the boards early, the student must receive 75% (without rounding) or better on the specified practice exam.
- The individual must petition the Learner Success and Advising Committee and their DPT faculty coach, demonstrating intent and the meeting of all requirements and include a study plan of action, and check in with their faculty coach before the exam.
- Take and pass (620 or better) a second prescribed exam (e.g., PEAT exam). Taking and passing the prescribed exam before or after these dates *without prior permission will not meet this criterion.*

Clinical Education Policies (DPT Policy Section 9)

Clinical Education Mission and Philosophy (DPT Policy 9.1)

The mission of the DPT Clinical Education Program is to administer and evaluate clinical experiences across the lifespan and continuum of care for each learner with coaching from the clinical education team and clinical instructors to help transform them into competent and autonomous physical therapy practitioners.

We believe clinical education is the link between the knowledge gained in the classroom and effective clinical practice. Strong relationships with clinical partners and clinical instructors who share the program's mission are paramount to its success.

The HU DPT program describes students as learners. Once in the clinical environment, our learners will be referred to as student-clinicians, and therefore, the term student will be used as the descriptor.

Clinical Education Program Design (DPT Policy 9.2)

The clinical education curriculum consists of two Integrated Clinical Experiences and 32 weeks of full-time Clinical Experiences distributed across the program. Students must access some materials within Canvas, therefore must maintain access to required technology. Routine communication with the DPT Clinical Education team is required.

Integrated Clinical Experiences (DPT Policy 9.2.1)

Learners will participate in two integrated clinical experiences.

- DPTH 628: Integrated Clinical Experience I
 - 3rd Semester
 - This course blends clinical interactions with reflective learning activities to introduce foundational patient care activities in the clinical setting with a focus on patient/ client interaction, interdisciplinary communication, and professional behaviors. Observations will occur under the supervision of a Clinical Instructor.

- DPTH 718: Integrated Clinical Experience II
 - 5th Semester
 - This course blends clinical interactions with reflective learning activities to reinforce foundational patient care activities in the clinical setting with a focus on patient/ client interaction, interdisciplinary communication, and professional behaviors. Learners will critically appraise literature related to an observed clinical intervention or examination technique. Observations will occur under the supervision of a Clinical Instructor.

Full-time Clinical Experiences (DPT Policy 9.2.2)

DPTH 826 and DPTH 828 will be combined into one 16-week clinical experience when possible. DPTH 816 and DPTH 818 may be combined under certain circumstances reviewed case-by-case by the clinical education team.

- DPTH 816: Clinical Experience in Physical Therapy I
 - 8th Semester
 - This course provides the first full-time, clinical education experience with a supervising Clinical Instructor. Learners will build upon the elements of patient/client management in the clinical setting. The learner's professionalism and progress towards competency as an entry-level clinician will be evaluated through a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

- DPTH 818: Clinical Experience in Physical Therapy II
 - 8th Semester
 - This course provides the second full-time, clinical education experience with a supervising Clinical Instructor. Learners will build upon the elements of patient/client management in the clinical setting. The learner's professionalism and progress towards competency as an entry-level clinician will be evaluated through a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

- DPTH 826: Clinical Experience in Physical Therapy III
 - 9th Semester
 - This course provides a terminal full-time, clinical education experience with a supervising Clinical Instructor. Learners will work to demonstrate mastery of the elements of patient/client management in the clinical setting through evaluation using a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

- DPTH 828: Clinical Experience in Physical Therapy IV
 - 9th Semester
 - This course provides a terminal full-time, clinical education experience with a supervising Clinical Instructor. Learners will work to demonstrate mastery of the elements of professional behaviors and patient/client management in the clinical

setting through evaluation using a standardized tool. Learners will reflect and explore components of clinical practice through structured learning activities. The learner will apply evidence informed practice to generate a case-based presentation as culmination of this learning experience.

Minimal Placement Requirements (DPT Policy 9.2.3)

The Clinical Education Team (Team) will monitor each student's clinical encounters during each experience using patient logs completed by the student in Exxat. Upon completion, the Team will review each student's clinical education experiences by clinical setting, diversity of case mix, and patient lifespan, which will be compiled from the Physical Therapy Student Site Evaluation form and the Physical Therapy Student Evaluation of Clinical Instruction form. Students will have opportunities to work with a variety of patients through inpatient, outpatient, and specialty settings.

The Team will ensure that students meet the requirements set by the Program of at least one full-time inpatient placement in acute care, acute rehabilitation, sub-acute rehabilitation, long-term care facilities, assisted living facilities, transitional care units, home health, or skilled nursing facilities and one full-time orthopedic-based outpatient placement and will make final placement determinations based on previous student clinical experiences.

Course Technology Requirements (DPT Policy 9.2.4)

Students are required to have access to Canvas, Exxat Prism, and videoconferencing software (i.e. Microsoft Teams or Zoom) for integrated and full-time clinical coursework. Students are expected to check regularly at established intervals, determined by the course coordinator (refer to individual course syllabi), for any announcements. If your clinical site provides you with a temporary secure email address, it is your responsibility to share this with the HU clinical education faculty.

Clinical Site Meeting (DPT Policy 9.2.5)

The DCE/ADCE or a designated Program faculty member will conduct a phone/ virtual meeting or in-person site visit at or around the mid-point of each clinical experience to review the student's progress; the DCE/ADCE will schedule additional visits on an 'as needed' basis. Site visits will involve the student, CI, and, if necessary, the SCCE or department manager. In addition to assessing student progress, a site or phone visit gathers feedback from the clinical educators regarding the curriculum and its relevance to current PT practice and promotes the collegial relationship between academic and clinical educators.

Clinical Education Faculty, Roles and Responsibilities (DPT Policy 9.3)

Director of Clinical Education (DCE) (DPT Policy 9.3.1)

The DCE is employed by HU to oversee and coordinate the clinical education component of the DPT Program and ensure alignment with the Program's curriculum. The DCE assesses the clinical education program to ensure adherence to university and program missions and goals and professional and regional accreditation standards. This individual coordinates with academic faculty, clinical instructors, and clinical sites to plan and deliver individual student's clinical experiences and evaluate the student's progress.

Assistant Director of Clinical Education (ADCE) (DPT Policy 9.3.2)

HU employs the ADCE to support the DCE in administering the clinical education program through planning the individual student's clinical experiences and evaluating the student's progress. The ADCE supports and assists the DCE in the administration and implementation of the clinical education program.

Site Coordinator of Clinical Education (SCCE) (DPT Policy 9.3.3)

The SCCE is employed by the organization providing the clinical site for student clinical education experiences. Their role is to coordinate and arrange clinical education opportunities for allied health students, mentor staff in effective clinical instruction, and communicate with the DCE/ADCE and faculty at the educational institution. This person may or may not have other responsibilities at the clinical facility.

Clinical Instructor (CI) (DPT Policy 9.3.4)

The CI is employed by the clinical site and is a physical therapist with a minimum of 1 year experience, who directly supervises and instructs the physical therapy student in the clinical setting. The SCCE and CI may be the same person. Sites may assign more than one CI to a student during the clinical education experience.

The Clinical Education Affiliation Agreement (DPT Policy 9.3.5)

The Clinical Education Affiliation Agreement clearly outlines the responsibilities of the DCE/ADCE and the clinical site (SCCE and CI). Facility-specific agreements may delineate additional rights and responsibilities beyond the standard agreement. Students are expected to read the clinical affiliation agreement for each clinical placement.

Certificates of Insurance (COI) (DPT Policy 9.3.6)

Certificates of Insurance will be requested by the DCE for each clinical site three months prior to the start of the clinical rotation once a student placement has been

finalized. COIs are only requested if a student has been matched with a clinical site that is contracted with Harrisburg University.

Faculty Determination of Learner Readiness for Clinical Education (DPT Policy 9.3.7)

Each faculty member with teaching responsibilities has a role in determining learner eligibility to progress through the [curriculum](#) and toward competence with clinical skills (Appendix: Competency Skills Checklist). Faculty are responsible for upholding course standards and to be consistent with application of fair assessment processes within each course. To be eligible to progress to clinical education, the learner must successfully pass all courses, in sequence, prior to each clinical experience; successfully complete all Objective Structured Clinical Examinations (OSCEs) and practical exams with a minimum grade of 75% and no safety or professional behavior deficits. The DPT Committee of the Whole (CoW) will review each learner's academic and professional performance to verify learner readiness for progression to their full-time clinical experiences.

Each core faculty member will complete the Student Clinical Education Readiness Form and review as a group at three checkpoints in the program (Summer Yr1, Spring Yr2, Fall Yr3). Faculty will verify readiness for each learner, and they may recommend against clinical placement if a learner does not meet the academic and skill readiness criteria or [Essential Functions](#) required of the graduate physical therapy student. The Director of Clinical Education (DCE) maintains this form for each learner, and they are stored within the secure Learners Success Committee Private Channel. The DCE/ADCE consults with the Faculty/Learner Success and Advising Committee as needed to develop and implement an action plan, if indicated.

Learner Roles and Responsibilities (DPT Policy 9.4)

Learner Preparedness for Clinical Education (DPT Policy 9.4.1)

The student is a learner whose role is to learn alongside the CI during the clinical experience. The clinical education team expects the student to function professionally as a representative of the school.

The student is not an employee of the clinical facility and is not a substitute employee. The clinical education team expects that students are active participants in the learning process. The student follows the site policies, procedures, regulations, and schedule. While not a formal partner to the Clinical Education Agreement, students are responsible for the following:

- Completion of all clinical education information/forms and assignments by the posted due date in Exxat, e.g., health information, CPR, Student Data Form, etc.

- Completion of all unique clinical facility requirements according to facility-specified due dates, e.g., drug screening, child abuse and criminal background checks. The cost of all Program and clinical facility requirements are the student's responsibility.
- Making arrangements for room, board, and travel.
- Following all policies and procedures of the Program and clinical facility related to operations and patient/client care.
- Following CI and clinical staff directions as legally and ethically appropriate.
- Demonstrate effective and professional communication with all members of the healthcare team.
- Preparation for each clinical experience by reviewing course materials and engaging in ongoing self-study to maximize learning and clinical performance.
- Working diligently to achieve the goals of the clinical experience, as established among the DCE/ADCE, SCCE, CI, and the student.
- Following the CI work schedule at the discretion of the clinical site.
- Participation in the full complement of learning opportunities, such as patient care in other units, journal club, community outreach events, etc., at the discretion of the clinical facility and SCCE/CI.
- Immediately reporting to the CI and DCE/ADCE any circumstance jeopardizing the student's ability to fulfill clinical internship objectives. The DCE/ADCE will maintain student confidentiality within educational and clinical "need-to-know" channels, except as otherwise required by law.
- Abiding by the APTA Code of Ethics, APTA Guide for Professional Conduct, and APTA Core Values.
- Abiding by the physical therapy practice regulations unique to the state where the clinical facility resides.
- Maintenance of all patient/client information in strict confidence as outlined by the clinical facility and in compliance with HIPAA, and when appropriate, FERPA standards.
- Completion of HIPAA and Standard Precautions study modules and assessments available through Exxat by the established due date.

The clinical education team expects students to represent the University during all clinical education experiences and, as such, expects students to behave professionally at all times in the clinical education setting.

Students who demonstrate unprofessional behaviors during a clinical education experience risk immediate removal and failure of the clinical assignment and potential dismissal from the Program.

Non-discrimination / Reasonable Accommodations (DPT Policy 9.4.2)

The HU DPT Program does not discriminate based on race, color, national and ethnic origin, sex, age, religion, sexual preference, or disability. The Program is dedicated to

providing reasonable accommodation to qualified students with a disability throughout the PT curriculum. However, students must be able to meet the [Essential Functions & Technical Standards of Physical Therapy Education](#). For planning clinical experiences, it is necessary that students reveal any medical conditions or movement impairment problems that need to be accommodated or monitored. HU is prohibited from sharing information relating to a student's documented disability without prior consent from the student.

Students have access to the definition of accommodations and the process for accessing accommodations through the [Policy Statement Regarding Students with Disabilities](#) which is provided through Student Support Services.

Students with a documented disability requiring accommodation during their clinical education experiences should contact DCE/ADCE to discuss the process early in the clinical matching process.

Obtaining accommodation for clinical education sessions is considered on a case-by-case basis and is designed to meet individual student needs. Determining reasonable accommodations to enable an individual to meet the Essential Functions & Technical Standards of Physical Therapy Education will be an interactive process involving academic and clinical educators, the student, and the Student Support Services.

Students have the right to file a grievance if they feel the Program has not provided appropriate accommodations.

Attendance (DPT Policy 9.4.3)

Students are expected to adhere to their CI's schedule unless otherwise indicated by the CI or SCCE. This may include evening and/or weekend hours. On-time attendance is mandatory for all clinical education experiences.

Students must report a potential change in starting date due to CI's absence to the DCE/ ADCE. The DCE/ ADCE will work with the SCCE to determine if the student can begin on their scheduled date with orientation activities or under the supervision of an alternate clinician until their CI returns.

Only illness and personal emergencies are considered excused absences. Students are made aware of the clinical education calendar at the beginning of the Program and will need to plan events accordingly. Students are NOT excused for events such as vacations, weddings, or honeymoons.

Students are allowed ONE excused absence per clinical education experience. Circumstances requiring a greater number of absences will be handled on a case-by-case basis. Students will be expected to make up days when absent more than one day

to benefit from the clinical education experience fully. The Clinical Education Team, the CI, and the student will mutually agree upon a plan for making up the time missed. Students must report all absences to the DCE/ ADCE via email as soon as possible in the morning. Students must also complete the "Time Off" section in Exxat. Students may be granted one additional excused absence during the final semester for employment or residency interviews if they are demonstrating satisfactory performance as determined by the CI and DCE/ ADCE.

If a student misses more than the one allowed day but less than or equal to five days due to illness and is unable to make up the missed days prior to the start of the next academic semester, the student may schedule make-up days between semesters or after the final clinical education experience, depending on the availability of the clinical site. If make-up days extend beyond graduation, students may participate in graduation activities then complete the clinical education experience. The verification of degree completion by the registrar will be delayed, which may impact the timing of the licensing exam.

Days out of the clinic may also be permitted for activities such as the APTA Combined Sections Meeting, state PT annual conferences, volunteer medical teams, or advocacy events. Participation at these events must be preapproved. Approvals are granted on a case-by-case basis, by the DCE/ ADCE and the clinical site, and a plan, as determined by the DCE/ ADCE, CI, and student, must be in place to make up for all time missed.

The CI must immediately report any unexcused absences or repeated late arrivals to the DCE/ ADCE. Repeated late arrivals or unexcused absences reflect unprofessional behavior and may result in removal from the clinical site and failure of the clinical education experience. Unprofessional behavior may also result in dismissal from the Program.

Holiday Policy

Students will follow the clinical site's holiday schedule. If the experience's start date falls on a holiday, the student must confirm the start date with the CI or SCCE.

Inclement Weather during Clinical Education Policy

Weather-related delays or cancellations enacted by HU do not apply to students on clinical education experiences. Communication with the CI, SCCE, or clinical manager should guide travel decisions in inclement weather. The safety of the student is most important.

Dress Code (DPT Policy 9.5)

Students are expected to adopt professional dress standards while representing HU and the Program, on or off campus, such as during clinical education experiences and other interactions with patients and volunteers. Professional dress standards vary between practice settings and activities. Students should follow the dress code

guidelines of the clinical site. When the clinical site has not provided a specific set of guidelines for the student, at minimum, the following will be adhered to by students in all settings and with activities:

Students must present a neat and well-groomed appearance.

Clothing must maintain the following standards while moving through full ranges of motion.

- Shirts:
 - Shirts must remain tucked into pants so the abdomen or back is not exposed.
 - Tank tops or T-shirts must be worn under shirts or sweaters that do not provide adequate coverage.
 - No chest, belly, or buttocks should be visible at any time.
 - Graphic or logo shirts other than HU PT polo shirts are unacceptable.
 - Halter tops, sleeveless, tank tops, low-cut, crop tops, and sheer shirts are also inappropriate.
- Pants
 - Dress pants, khakis (cargo pants), and corduroys are acceptable in good repair (not torn, dirty, or worn out).
 - Medical scrubs are also permitted in appropriate settings, to be determined by the clinical site.
 - Inappropriate pants include jeans, sweatpants, exercise pants, shorts, leggings, yoga pants, and jeggings.
- Footwear:
 - Socks must be worn at all times.
 - Shoes with laces must be tied.
 - Slip-on shoes must have a back – no mule or backless clog styles.
 - No open-toed shoes, sandals, or high-heeled shoes are permitted.
 - Dirty or torn athletic shoes are also not allowed.
- Grooming:
 - Hair is to be neat and clean at all times. Color-treated hair is acceptable; natural colors are preferred. Other hair colors or highlights must be professional and adhere to individual clinical sites' dress code policies.
 - Hair longer than shoulder length must be tied back or styled with clips, headbands, etc., to keep hair out of the student's face and eyes.
 - Bangs, straight or side swept, that cover or fall in front of eyes must be secured with pins or headbands.
 - Beards and mustaches must be neatly trimmed.
 - Daily body and oral hygiene are expected.
 - Strong toiletry scents, including soaps, lotions or perfumes, should not be used.
 - Cosmetics and perfume/cologne should be tasteful and worn in moderation.
 - Fingernails must be short and clean.
 - Acrylic nails are not permitted at any time for health and safety reasons.

- Nail polish is acceptable; however, chipped polish must be removed.
- Tattoos may not need to be covered as long as they are not graphic, vulgar, or contain profane language.
- Jewelry:
 - Jewelry must be kept to a minimum.
 - Wedding bands and smooth rings are permitted.
 - Rings with stones or sharp edges can harbor bacteria and scratch tender skin and should not be worn to the clinic.
 - Necklaces/chains that are longer than 16-18" dangle and may be caught on equipment or easily pulled should not be worn to the clinic.
 - Earrings should not dangle $> \frac{1}{2}$ to $\frac{3}{4}$ ".
 - Flesh tone plugs should be worn in place of ear gauges.
 - A nose stud measuring 3 mm or less is permitted.
 - Nose rings/hoops are prohibited for safety reasons.
 - Other facial piercings must be removed or concealed at all times.
 - Tongue studs are not permitted.
- Other:
 - Nametags clearly identifying the student's role as a DPT student are required to be worn at all times when in the clinical setting. .
 - Facilities may also require and provide picture security badges.
 - Wristwatches, with the ability to monitor seconds, are always required.
 - Cell phones are not an acceptable form of monitoring time.
 - Some facilities may also require a lab coat or jacket.

Personal Communication Devices in Clinic (DPT Policy 9.6)

Students must keep cell phones, tablets, and other personal communication devices turned off and secured in purses or backpacks during patient care hours unless given permission by the CI or SCCE. If students misuse these devices, the CI may disallow use and report the behavior to the DCE/ ADCE. Students may check for messages and return phone calls or texts during breaks when appropriate and in a limited manner that does not disengage the student from the CI or other clinicians.

Social Media (DPT Policy 9.7)

Students, CIs, and SCCEs must refrain from putting information about clinical education experiences, patients, or individuals on any form of social media including, but not limited to, Facebook (Meta), Twitter (X), Instagram, Snapchat, or TikTok. Doing so could result in violation of HIPAA, FERPA, or HU's policies and result in respective penalties, fines or program dismissal.

CPR Certification and First Aid (DPT Policy 9.8)

Students must possess active CPR certification prior to beginning the first clinical education experience. Students must have proof of active status of the CPR certification

through the last day of the final clinical education experience. Students are responsible for all costs associated with CPR training or card replacement. BLS for the Healthcare provider and Heartsaver First Aid taught by the American Heart Association are the required certifications. Students will be able to locate local training centers through and the appropriate courses through [AHA Training for Healthcare Professionals](#).

Travel and Living Expenses (DPT Policy 9.9)

The responsibility for the cost of, and arrangement for, transportation to and from and during clinical education experiences and organizing living arrangements is the individual student's responsibility. Few clinical sites offer free or nominal-cost housing to affiliating students. Housing information, when available, is found through the site information section in Exxat.

If needed and not provided by the clinical facility, ideas for housing include the local Chamber of Commerce, newspapers, Facebook posts, churches, short/long-term stay hotels, boarding homes, Airbnb, and local colleges. Current and future students and graduates may also be sources of housing information. Arrangements may take considerable time to finalize. Please allow ample planning time to secure the necessary arrangements. The DCE/ADCE will not reschedule or change a clinical placement if a student has failed to ensure appropriate housing or transportation.

Proprietary and Clinical Site Administrative Information (DPT Policy 9.10)

During clinical education experiences, exposure to proprietary products or facility-specific information may occur. Students must obtain written permission from the facility's owner, director, or SCCE to copy or remove this information.

Students and Medicare (DPT Policy 9.11)

Students require exposure and experience to the age and diagnosis continuum to fully appreciate the complexity of patient care. The Program realizes the dynamic challenges that third-party payers place on student patient care participation. Updated guidance on the impact of Medicare and Medicaid on the involvement, including changes impacting the skilled nursing environment (effective 10/1/19), is available through the APTA (<http://www.apta.org/Payment/Medicare/>).

The following is a copy of the text of an email communication with Jody Shapiro Frost, PT, Ph.D., Director, Academic, and Clinical Education Affairs, APTA, on 2/14/2006, in which she describes the appropriate PT/student partnership required for Medicare Part B beneficiaries. (Revised 8/14)

"The cooperative patient management is indeed an effective way to manage this situation. The other part of this equation is the billing component where patient billing

cannot exceed the time that would be billed by the therapist with the student. Thus, in working with the patient an additional 15 minutes is required in the teaching component or student direct supervised care without the PT's intervention, then that time cannot be passed on to the patient by an 'unskilled care provider.'

The qualified provider (licensed PT) must be involved in the exam, eval, diagnosis, designing the plan of care, and providing interventions such that the patient is being provided the care by the licensed PT. The qualified provider cannot be involved in any other patient care (or for that matter, any other activity) at the same time, hence direct supervision. The student does not write the note in the patient record because it triggers a red flag since the skilled provider cannot be the student with a Medicare Part-B patient. In fact, the PT in the record may need to note that student supervision was provided throughout the patient management with the PT providing the following. This also ensures honesty in documentation as a student is present in the partnership in case a patient was to ever protest or complain."

The APTA website is a starting point for additional information on students and Med A and Med B services and strategies to incorporate student experience with the older adult. (Educator Resources/Clinical Educator, www.apta.org). Clinical instructors should direct questions regarding participation by individual facilities to the DCE/ADCE.

Program Communication with Clinical Sites (DPT Policy 9.12)

Program communication with clinical education facilities occurs regularly throughout the academic year. Facilities are kept abreast of course schedules, curriculum, and Program activities. As soon as the Clinical Education Team finalizes clinical placements, the team sends confirmation of the student's name and school address to the specific facilities via Exxat. The Clinical Education Team will request that any information regarding the clinical education experience be sent directly to the students. Students are to introduce themselves to their CI, or SCCE if the CI is unknown, by sending their Exxat Profile Link **four weeks** before the start of the scheduled clinical education experience. While general facility information is available in Exxat, many CIs would like to discuss student and facility expectations before the student's arrival. They may also provide suggestions or give assignments to prepare the student for the upcoming experience. Communication four (4) weeks before or repeated (and unnecessary) communication, unless initiated by the clinical site, will result in the cancellation and failure of the clinical education experience.

In addition to the introductory Student Profile link sent to the CI by the student via Exxat, the facility will receive the following student information before the student's arrival:

- Health forms, including immunization records and verification of health insurance.
- If requested, a verification letter of completed criminal background check, fingerprinting, drug screens, or child abuse clearances. (Student provides access to or copies of actual records at the facility's request.).

- Confidentiality Pledge of Informed Consent and Participation in Clinical Education.
- Current CPR certificate

The sites will also receive a link for Resources on Exxat. From this link, the CI can access this Clinical Education Handbook course syllabi, a curricular grid, a review of clinical education expectations on the CIET, and information on how to access training for the CIET.

Student Communication during Clinical Education Experiences (DPT Policy 9.13)

Consistent communication between the student and the Clinical Education Team occurs through the “Weekly Planning Form” via Exxat. However, students should communicate with the DCE/ADCE via email or phone as soon as possible and frequently if they are experiencing an issue or concern with their clinical education experience. The student and/or SCCE/CI must immediately initiate communication with the DCE/ ADCE if a problem or concern arises.

Clinical Education Sites (DPT Policy 9.14)

Clinical Site Development and Evaluation (DPT Policy 9.14.1)

The Clinical Education Team develops new clinical sites as an ongoing process. Clinical sites are chosen based on compatibility with the DPT Program mission, vision, values, and learning outcomes as well as the practice’s setting, location, and support of the clinical education curriculum. The clinical staff’s experience and expertise are also considered (Appendix: Clinical Site Guidelines).

Students may request the development of a specific clinical site; however, the Clinical Education Team will determine the acceptability of the site. Learners must follow the “Requesting New Clinical Practice Site” policy below if interested in a non-affiliated site. Students may contact a non-affiliated clinical site to obtain the information necessary to complete the “Request for New Clinical Experience Site” form, however, other contact or communication with a new or established clinical site is strictly prohibited. Students may NOT initiate communication with the clinical sites regarding a potential clinical affiliation agreement, site availability, or clinical experience. If a student, or another person on behalf of the student, breaches this policy, future clinical placements will be placed in jeopardy and the student will not be placed at the associated clinical site, regardless of availability.

Requesting a Clinical Experience at an Unaffiliated Site (DPT Policy 9.14.2)

To request an experience at an unaffiliated clinical site (a site where the HU DPT program does not have an existing contract), complete the “Request for New Clinical

Experience Site” form, available in Exxat, and submit it directly to the Clinical Education Team.

The Clinical Education Team will contact the potential clinical experience site to determine the appropriateness of the site and the site’s interest in a clinical affiliation agreement. If feasible, the Clinical Education Team will work with the Clinical Site to establish a clinical affiliation agreement. If the agreement is established, the site will be added to the annual slot request mailing.

Selection and Assignment of Clinical Education Experiences (DPT Policy 9.14.3)

The DPT program strives to:

- Match students to clinical sites that provide diverse and high-quality learning experiences.
- Integrate student input while balancing the availability of clinical slots.
- Utilize Exxat tools for an efficient and equitable matching process.

The DCE/ ADCE assigns students to each clinical education experience within commutable distance of the student-provided addresses when possible. The students are responsible for keeping their possible living addresses up to date in Exxat.

The Clinical Education Team will consider student preferences and input when assigning placements for the full-time clinical education experiences (DPTH 816/818/826/828). However, the primary objective of the Clinical Education Team is to ensure each student meets the clinical education experience requirements for graduation.

Students will meet with the Clinical Education Team at scheduled intervals to discuss desires for full-time clinical education experiences, as well as submitting this in Exxat, as described, below.

Responsibilities of the student:

Each student must complete rotations in a variety of settings, including inpatient and outpatient, to meet accreditation and graduation requirements. Students are expected to maintain good academic and professional standing to qualify for participation in the matching process. Students must adhere to all deadlines and procedural requirements outlined by the Clinical Education Team. Each student is expected to perform on-going assessment of his/her progress in developing the professional behaviors, knowledge, and skills needed for clinical practice. In conjunction with DPT faculty and the student’s faculty coach, students are expected to actively identify and request clinical education experiences that will foster growth in identified developmental areas.

Students will submit their preferences for clinical site assignments through the Exxat “Wishlist” feature. Wishlists must be submitted by the specified deadline to be considered in the matching process. Students will have the opportunity to rank clinical sites based on their preferences, geographical considerations, and career goals. Priority will be given to students with specific clinical needs, such as meeting program requirements or addressing remediation plans.

Students are expected to adhere to the outlined procedures and timelines. Failure to comply may result in delayed assignments, inability to confirm a placement, and a delay in graduation.

The role of clinical education team:

The Clinical Education Team will work with affiliated clinical sites to confirm available slots for each rotation period. Sites will be selected based on their ability to meet program and accreditation standards. Efforts will be made to expand partnerships to accommodate student needs and promote geographic and practice-area diversity. Clinical site slots will be finalized and entered into Exxat by March Mailing. The Exxat system will be used to communicate the list of available clinical sites to students and to manage student submissions. The matching process will commence following the confirmation of slots and adhere to the academic calendar to provide ample time for preparation and communication with clinical sites. The Clinical Education Team will use Exxat to analyze student preferences, clinical site availability, and program requirements to generate initial assignments. In cases where multiple students select the same site, priority will be based on factors such as program requirements, academic standing, and lottery-based systems. The Clinical Education Team will review and approve final assignments before notifying students and clinical sites.

Ultimately, the DCEs make all clinical education assignments. Factors will include student self-assessment and request list, prior academic and clinical performance, and characteristics of the learning environment at the clinical site. Students may not decline a clinical placement; such action will be considered refusal to take a required course. There is no guarantee that assignments will be in the facilities or geographic locations requested by students.

Students may submit an appeal for reassignment under extenuating circumstances, such as health concerns or significant personal hardships. Appeals must be submitted in writing to the Clinical Education Team within five business days of assignment notification.

Not all facilities are available for all clinical education experiences. Availability is based on the clinical facilities’ resource constraints and the DCEs’ decisions regarding the facility’s appropriateness for specific clinical experiences in the curriculum and/or to a specific student’s learning needs.

The specific timing (including start and end dates, day(s) of week, and hours) of any given clinical education experience may vary from facility to facility and year to year based on resource availability. Students are expected to comply with the facility's timing of clinical education experiences and must flex their personal schedules to accommodate specific time constraints of the facility. Clinical education hours are delineated as part of the clinical education match process. In the event that the timing of a clinical education experience is changed by a clinical facility, the DCE will communicate the change to the student(s) immediately upon notification by the facility.

Special Requests (DPT Policy 9.14.4)

Special requests include clinical sites not currently affiliated with the DPT program and clinical sites that require an application and/or interview. If students wish to request a new clinical site, please refer to "Requesting New Clinical Experience Site" above. If a student wishes to apply or interview for a special request clinical site, the student will be responsible for meeting the application/ interview standards set forth by the clinical site. Students may only apply/interview for one special request clinical site at a time. As stated above, students may NOT contact special requests clinical sites to gain preference.

Students are responsible for all expenses associated with clinical education experiences. Expenses may include, but are not limited to, drug testing, criminal background clearances, travel, room and board, additional tuition costs for a clinical assignment outside of the scheduled semesters.

Students are encouraged to speak with the DCE or ADCE about personal circumstances that could impact clinical education experiences as soon as the student becomes aware of the situation.

Clinical Placement Changes or Cancellations (DPT Policy 9.14.5)

The clinical education team cannot guarantee placement at a specific site. In addition, clinical sites may cancel a previously scheduled and confirmed experience due to unforeseen circumstance, such as a lack of physical or human resources. An affected student will be reassigned to an available clinical site with preference given to a similar experience when at all possible. If no immediate alternative is available, the student may be reassigned to a clinical experience at a time outside the regularly scheduled experience. The Program will attempt to keep each student in their proper academic and clinical progression sequence. However, this may not be possible in the case of a late clinical experience cancellation.

Students requesting a change in site location or timing due to mandatory military service will be given special consideration. Other requests due to claims of conflict (actual or perceived) will be reviewed and considered for urgency, however, faculty encourage and will facilitate conflict remediation resolutions between students and clinical

instructors to promote professional behaviors in communication, negotiation, and compromise before any consideration of location change.

Conflict of Interest (DPT Policy 9.14.6)

The DPT Clinical Education Team is mindful of potential conflicts of interest involving clinical site placements. Conflicts of interest may lead to bias in the evaluation process of students. Therefore, the Clinical Education Team is dedicated to avoiding placements with a conflict of interest. This will be evaluated on a case-by-case basis. Examples include, but are not limited to:

- The student is currently or formerly employed by the clinical site. An experience may only take place in a different physical location.
- The student (or family member) has a prior relationship with the clinical instructor, supervisor, or any employee in a management role that may lead to biased student evaluation. This includes if the student has previously completed observation hours at this clinical location, excluding time spent during one Integrated Clinical Experience course at Harrisburg University DPT program.

Students must disclose information regarding potential conflicts of interest before clinical site requests. Failure to disclose this information will result in a failing grade for the clinical experience. Refer to the Clinical Education Evaluation Policy for details on a failed clinical experience. This policy protects all interested parties and provides students with clinical education experiences without undue distraction or bias.

Clinical Educator Recognition (DPT Policy 9.14.7)

The HU DPT Program extends recognition of service to CIs and SCCEs in appreciation for supporting clinical education experiences. The rights, privileges, and duties of clinical educators include the following:

- Providing written input to the DCE/ADCE or core faculty for discussion at faculty meetings and Program retreats and attendance at those meetings upon request.
- Becoming privy to otherwise confidential information about students under their supervision, according to FERPA.
- Free or reduced fare admission to department-sponsored continuing education conferences.

The Clinical Education Team sends certificates of thanks and acknowledgment to each CI following completion of clinical education experience via Exxat, which, in some states, qualify toward continuing education credits or units. Each supervising clinician should refer to their respective state's practice act for further verification of credit.

Appendices (DPT Policy Section 10)

APTA Core Values for Physical Therapist

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

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

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

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

Reference:

<https://www.apta.org/contentassets/7b03fbe1fa5440668a480d2921c5a0b6/apta-guide-for-conduct-pt.pdf>

APTA Code of Ethics for the Physical Therapist

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

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

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of nine core values: accountability, altruism, collaboration, compassion/caring, excellence, inclusion, integrity, professional duty, and social responsibility. Throughout the document, the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

- Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and

administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (Core Values: Altruism, Collaboration, Compassion, Professional Duty)

- Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Collaboration, Duty, Excellence, Integrity)

- Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
- Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- Physical therapists shall provide appropriate direction and communication with physical therapist assistants and support personnel.

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

- Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- Physical therapists shall not engage in any sexual relationship with any of their

patients and clients, supervisees, or students.

- Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

- Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- Physical therapists shall have primary responsibility for the supervision of physical therapist assistants and support personnel.
- Physical therapists involved in research shall abide by accepted standards governing the protection of research participants.
- Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- Physical therapists who have knowledge that a colleague is unable to perform their professional duties with reasonable skill and safety shall report this information to the appropriate authority.
- Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

- Physical therapists shall achieve and maintain professional competence.
- Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the material or techniques into practice.
- Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

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

Accountability)

- Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
- Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)

- Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- Physical therapists shall be responsible stewards of healthcare resources and shall avoid overutilization or underutilization of physical therapy services.
- Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Reference:

<https://www.apta.org/contentassets/7b03fbe1fa5440668a480d2921c5a0b6/apta-guide-for-conduct-pt.pdf>

Competency Skills Checklist

Anatomy and Physiology	Perform palpation skills to identify anatomical structures and anatomical abnormalities, tissue characteristics, and motion for the identification and treatment of somatic problems, as well as assessing treatment outcomes.
Pharmacology	Perform monitoring and modifications to physical therapy interventions that should be considered for persons based on the medications they are taking
Biomechanics	Analyze movement patterns Analyze biomechanics of movement
Diagnostic Imaging	Demonstrates entry-level ability to interpret: X-rays, MRI, CT scans
Infection Control	Handwashing, Donning and doffing PPE, Sterile Field
Vital Signs	HR, BP, RR, O2 Sat
Evaluative Skills	Patient Interviewing and History Taking Collect comprehensive patient history including medical, surgical, and social history. Effective communication to elicit relevant information. Assess orientation and arousal level. Demonstrates respect for the patient's values and culture.
	Systems Review
	Physical Examination Select and demonstrate competence in administering tests and measures, where examples may include but are not limited to: Aerobic capacity/endurance: 2-minute step test, 6 minute walk test Anthropometric characteristics: BMI, girth Assistive technology: Assessment and fitting of mobility devices, wheelchairs Balance: TUG, BESTmini Circulation (arterial, venous, lymphatic) Self-care and civic, community, domestic, education, social and work life Cranial nerve integrity Peripheral nerve integrity Environmental factors: Craig Hospital Inventory of Environmental Factors short form Gait, including gait analysis, 10-meter walk Integumentary integrity Joint integrity Joint mobility Mental functions Mobility (including locomotion). Functional mobility assessment: Bed mobility assessment, Transfer assessment, Ambulation, WC mobility

	<p>Motor Function, including Myotome testing upper and lower</p> <p>Muscle strength testing</p> <p>Muscle Power</p> <p>Muscle Endurance</p> <p>Muscle Length</p> <p>Neuromotor development</p> <p>Sensory processing</p> <p>Pain: VAS, McGill</p> <p>Posture, alignment assessment, and flexibility/muscle length assessment</p> <p>Range of motion (ROM) testing using goniometry and inclinometer</p> <p>Reflex Integrity, Reflex testing</p> <p>Sensory Integrity, Sensory testing, Dermatomes</p> <p>Skeletal integrity: Osteoporosis Self-Assessment, Fracture Risk Assessment Tool</p> <p>Ventilation and respiration or Gas Exchange</p> <p>Special Tests: Proficiency in performing and interpreting orthopedic special tests for the</p> <ul style="list-style-type: none"> • Head/Neck: i.e. Vertebral artery insufficiency test, Neck flexor muscle endurance test • Thoracic: i.e. ROOS test (EAST test), Passive scapular elevation or Cyriax release test • Shoulder: i.e. AC (Acromioclavicular shear test, Sulcus sign); Biceps (Speed's test, Yergason's test); Rotator Cuff (Drop arm test, External rotation lag sign); Instability (Anterior apprehension with relocation test, Jerk test); Labral Tear (Biceps load II, Resisted supination with ER test); Subacromial Impingement (Neer test, Hawkins Kennedy test,) • Elbow: i.e. Valgus stress test, Cozen's test • Wrist: i.e. Wrist flexion median nerve compression test, Phalen's test • Lumbopelvic: i.e. Straight leg raise, Prone instability test • Hip/Thigh: i.e. Thomas test, Ober's test • Knee: i.e. Thessaly test, McMurray test • Ankle/Foot: i.e. Arc sign for tendinopathy, Anterior drawer test • Neurodynamic testing (i.e. Upper limb neurodynamic test 1 – median nerve, Prone knee bend) <p>Acquired Limb Loss management: Positioning, Ther Ex, Residual limb wrapping</p> <p>Neurological special tests: Proficiency in performing and interpreting neurologic special tests to assess: Tone, DTR, Babinski reflex, Hoffmann's sign, Presence of developmental reflexes (i.e. ATNR, STNR, grasp, plantar)</p>
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Clinical Reasoning	<p>Demonstrates effective clinical reasoning skills (CRAT)</p> <p>Develop differential diagnoses based on examination findings</p> <p>Formulate clinical hypotheses</p> <p>Rationalize treatment choices</p> <p>Apply ICF terminology to describe impairments, activity and participation limitations</p>
Prognosis and Plan of Care	<p>Develop appropriate goals</p> <p>Establish a safe and effective plan of care</p> <p>Collaborate with appropriate stakeholders</p> <p>Determine components of plan of care that can be delegated to a PTA</p> <p>Create an appropriate discontinuation of episode of care</p>
Interventions	<p>Cardiovascular and Pulmonary Interventions Assessing vital signs, Auscultation (cardiac), Auscultation (pulmonary), Designing cardiovascular conditioning programs, Appropriate monitoring during interventions, Techniques for respiratory therapy including breathing exercises and airway clearance techniques/secretion mobilization</p> <p>Assistive Technology: Prescription, Application, Fabrication or modification</p> <p>Wheelchair evaluation, fitting and training, including patient and caregiver education, WC fitting/measurement/assessment, WC prescription, Letter of medical necessity, WC management training, WC mobility training</p> <p>Biophysical Agents: Application of therapeutic modalities, including knowledge of indications, contraindications, and proper usage techniques, i.e: Thermotherapy, Cryotherapy, Electrical stimulation</p> <p>Functional Training: Self-care; Domestic, Education, Work, Community, Social and Civic Life</p> <p>Integumentary Repair and Protection</p> <p>Manual Therapy: Joint mobilization and manipulation, including thrust and non-thrust, Soft tissue mobilization, i.e. soft tissue mobilization and myofascial release</p> <p>Motor Function Training</p> <p>Gait training, including safe-patient handling techniques; with and without assistive devices, level surfaces and elevations, BWS training</p> <p>Transfer and Bed mobility training, including safe-patient handling, Bed mobility, Transfers</p> <p>Neuromuscular Re-education Including integration of indications, contraindications in selection, and proper usage techniques to improve coordination, balance, and motor control.</p>

	<p>Patient Education: Educating patients about their conditions, treatment plans, and home exercise programs, Teaching ergonomics and injury prevention strategies, Primary, secondary, tertiary prevention</p> <p>Therapeutic Exercise: Designing and implementing individualized exercise programs. Able to demonstrate, prescribe, implement and monitor various types of exercises: ROM: AROM, AAROM, PROM; Strengthening; Stretching; Aerobic conditioning; Balance training</p> <p>Orthotic and Prosthetic Training: Preparation of patients for prosthetic application and use: limb girth management, patient education, preparatory exercises and mobility training; Training patients in the use of these devices; Monitoring and modification</p>
Outcome Measures	<p>Apply appropriate outcomes measures in patient assessment, including:</p> <p>Standardized pediatric outcome measures Standardized outcome measures for the aging adult Standardized orthopedic outcome measures Standardized mobility assessment outcome measures</p>
Monitor, Assess and Adjust	<p>Monitor and adjust plan of care in response to patient status Respond effectively to emergency-related changes in patient status</p>
Documentation	<p>Accurate documentation of patient evaluations, progress notes, and treatment plans. Accurate billing. Competent in basic electronic health records (EHR) usage.</p>
Professional and Interpersonal Skills	<p>Collaboration (demonstrates communication and ethics/values to work respectfully) Competent in describing roles and responsibilities of DPT Demonstrates teamwork Able to effectively delegate and supervise PTA and</p> <p>Communication Skills Effective communication with patients, families, and healthcare team members. Active listening and empathy in patient interactions.</p> <p>Ethical Practice</p> <ul style="list-style-type: none"> • Understanding and applying ethical principles in clinical practice. • Maintaining patient confidentiality and informed consent. <p>Time Management and Organization</p> <ul style="list-style-type: none"> • Efficiently managing time and prioritizing tasks during simulated patient care.