

The logo for the University of Iowa, featuring the word "IOWA" in a bold, yellow, sans-serif font.

**Carver College
of Medicine**

CLINICAL EDUCATION MANUAL

**Department of Physical Therapy
& Rehabilitation Science
The University of Iowa
1-252 Medical Education Building
Iowa City IA 52242-1190**

Telephone: 319-335-9791

Fax: 319-335-9707

E-mail: physical-therapy@uiowa.edu

Web site: pt.medicine.uiowa.edu/

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

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SECTION I

**University of Iowa
Physical Therapy and
Rehabilitation Science (PTRS) Department**

DPT PROGRAM MISSION AND VISION STATEMENTS

Mission Statement

The mission of the Department of Physical Therapy and Rehabilitation Sciences is to prepare a clinical and scientific workforce that leads patients, health systems, and a diverse society toward greater health. The Department achieves this miss by:

- 1) Cultivating excellence in education and clinical practice,
- 2) Discovering and disseminating new knowledge, and
- 3) Developing leaders who serve the profession and society.

Vision Statement

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

Accreditation

The Doctor of Physical Therapy Program at the University of Iowa is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305; telephone: (703)706-3245; email: accreditation@apta.org; <http://www.capteonline.org>.

PHYSICAL THERAPY & REHABILITATION SCIENCE FACULTY & ADMINISTRATIVE STAFF

CORE FACULTY

Charlotte Bailey, DPT, Instructor
Marcie L. Becker, DPT, GCS, Clinical Assistant Professor, Director of Clinical Education
Darren P. Casey, PhD, Associate Professor
Ruth L. Chimenti, DPT, PhD, Associate Professor
Stacey DeJong, PT, PhD, PCS, Clinical Assistant Professor
Shauna Dudley-Javoroski, PT, PhD, Clinical Associate Professor
Kim Eppen, PT, PhD, FAACVPR, Instructor
Laura A. Frey Law, MPT, MS, PhD, Professor
Amy L. Kimball, MPT, PhD, ATC, Clinical Assistant Professor
Katie Laubscher, PT, DPT, PCS, Adjunct Instructor
Patrick McCue, DPT, Clinical Assistant Professor, Co-Director of Clinical Education
Michael A. Petrie, BSE, DC, PhD, Clinical Associate Professor
Richard K. Shields, PT, PhD, FAPTA, Professor, Chair & DEO
Kathleen A. Sluka, PT, PhD, FAPTA, Professor
Carol G. T. Vance, PT, MA, PhD, Clinical Associate Professor
Jason M. Wilken, PT, PhD, Associate Professor
David M. Williams, MPT, PhD, ATC, CSCS, Clinical Assistant Professor

ADMINISTRATIVE STAFF

Diane Berwald, BS – Senior Financial Analyst
Carol Leigh – Administrative Services Manager
Riley Schumacher, BS – Administrative Services Coordinator
Hilary Wilken, BA - Administrative Services Specialist
Jason Wu, BS, MS – Engineer II

EMERITUS FACULTY

David H. Nielsen, PT, PhD, Professor Emeritus
Gary L. Smidt, PT, PhD, FAPTA, Professor Emeritus
Gary L. Soderberg, PT, PhD, FAPTA, Professor Emeritus
H. John Yack, PT, PhD, Associate Professor Emeritus

ADJUNCT FACULTY

Trevor Baier, DPT – Athletico, McFarland Clinic, Ames, IA
Kathleen H. Andersen, MS – University of Iowa, Iowa City, IA
Amy N. Baker, DPT, OCS, CSCS – Total Rehab, Williamsburg, IA
Kyle Bernard, DPT, CCCS – Performance Therapies, Coralville, IA
Kurt Boevers, BA – Cedar Falls, IA
Byron E. Bork, PT, MA – Iowa City, IA
Molly Camacho, DPT, OCS – Performance Therapies, PC, Coralville, IA
Leslie Carpenter, PT – Iowa City, IA
Steve Clark, PT, MPT, MTC – Kepros Physical Therapy, North Liberty, IA
Wendy Craft, MPT, NCS – University of Iowa Health Care, Iowa City, IA
Amanda Crouch, PT, DPT – Rock Valley Physical Therapy, Muscatine, IA
Dana Dailey, PT, PhD – St. Ambrose University, Davenport, IA

Jordan DeGroot, DPT – Rock Valley Physical Therapy PCI Ortho, Cedar Rapids IA
 Jordan DeNeve, DPT – Rock Valley Physical Therapy, Clinton, IA
 Matt Ehler, DPT, LAT – Progressive Rehab Associates, Iowa City, IA
 Richard E. Evans, PT, OCS – Iowa City, IA
 Stephanie Evans, DPT – University of Iowa Health Care, Iowa City, IA
 Annie Fangman, DPT – University of Iowa Health Care, Iowa City, IA
 Steve Finn, PT, DPT – Myrtue Medical Center, Harlan, IA
 Jeffrey A. Fleming, DPT – University of Iowa Health Care, Iowa City, IA
 Brett Ford, DPT, OCS – University of Iowa Health Care, Iowa City, IA
 Carla C. Franck, DPT, OCS, COMT, FAAOMPT – Rec Center Physical Therapy, Cedar Rapids, IA
 Jennifer Fuentes, MPT – Gundersen Palmer Lutheran Hospital & Clinics, West Union, IA
 Robb Gardner, PT, MHL, ATC – Iowa Hospital Association, Des Moines, IA
 Jaclyn Hall, DPT, GCS – St. Luke's UnityPoint Health, Cedar Rapids, IA
 Scott Harms, DPT, ATC, CSCS – Performance Therapies, PC, Coralville, IA
 Amy Herdegen, DPT – Pella Regional Health Center, Pella, IA
 James B. Holte, PT, OCS, CSCS – Performance Therapies, PC, Coralville, IA
 Michael Horsfield, PT, OCS, ATC, MBA – Rock Valley Physical Therapy, Moline, IL
 Melanie House, DPT, NCS – University of Iowa Health Care, Iowa City, IA
 Masaki Iguchi, PT, PhD – Tsukuba University of Technology, Japan
 Alexas Ihrig, DPT – University of Iowa Health Care, Iowa City, IA
 Patrick L. Johnston, MPT – VA Medical Center, Iowa City, IA
 Mark A. Kaufman, MS, PT, ATC – Athletico, Oak Brook, IL
 Dennis Keefe, PT, MSPT, SCS – Winneshiek Medical Center, Decorah, IA
 Carol J. Kelderman, DPT – Kinetic Edge Physical Therapy, Oskaloosa, IA
 Janine Kelly, PT, CCS – University of Iowa Health Care, Iowa City, IA
 Ted Kepros, PT, MPT, MTC – Kepros Physical Therapy & Performance, Cedar Rapids, IA
 Lisabeth L. Kestel, DPT, MBA, SCS, ATC – Iowa City, IA
 Nathan R. Kleckner, DPT – DMOS, Ankeny, IA
 Kayla Koch, DPT – Cherokee Regional Medical Center, Cherokee, IA
 Ted Kruse, DPT – Physical Therapy Solutions, Manchester, IA
 Bret Kruthoff, DPT, ECS – Special Medical Services, Charles City, IA
 Joshua Lander, MPT – Burgess Health Center, Onawa, IA
 Tami Lansing, DPT – University of Iowa Health Care, Iowa City, IA
 Ryan Legg, DPT – Cass County Memorial Hospital, Atlantic, IA
 Ken C. Leo, PT, MA – Iowa City, IA
 Amy Little, DPT, WCS, CLT – University of Iowa Health Care, Iowa City, IA
 Troy Loeckle, PT, DPT, RVT, RCP – Special Medical Services, Floyd County Hospital, Charles City, IA
 Kathryn E. Lundquist, OTR/L, BT-C – University of Iowa Health Care, Iowa City, IA
 Shannon E. Matasovsky, DPT – Kepros Physical Therapy, North Liberty, IA
 Nicholas Mergen, DPT – Performance Therapies, PC, Cedar Rapids, IA
 Shannon Miers, MPT, PCS, SCS, ATC – University of Iowa Health Care, Iowa City, IA
 Bruce A. Miller, PT, MA – Iowa City, IA
 Shelley Mockler, MPT, DSc – UI Health Care, Rehab Therapies-CDD, Iowa City, IA
 Robert Molsberry, BA, MDiv
 Nicole Naraine, MS, DPT – Washington County Hospital, Washington, IA
 Joe Nelson, DPT – Team Iowa Physical Therapy, Iowa City, IA
 Erik Niggemeyer, PT – Clarke County Hospital, Osceola, IA
 Brian Nolta, DPT – Buchanan County Health Center, Independence, IA
 Sandra Norby, DPT – Your Hometown Physical Therapy, LeMars, IA
 Debra Parrott, PT, CCS – University of Iowa Health Care, Iowa City, IA

Amanda Paulson, DPT, OCS – University of Iowa Health Care, Iowa City, IA
Erin Pazour, MPT – Mercy Home Health, Cedar Rapids, IA
Brian Peterson, PT – Keokuk County Health Center, Sigourney, IA
Andrew Phillips, DPT – University of Iowa Health Care, Iowa City, IA
Jason “J.D.” Plum, DPT – Orange City Area Health System, Orange City, IA
Jason Putz, MPT – Physical Therapy Solutions, Dyersville, IA
Ronald Ragsdale, DPT – Waverly Health Center, Waverly, IA
Kim Richards-Passini, DPT – Team Iowa Physical Therapy, Iowa City, IA
Kelly Sass, PT, PhD – EmpowerMe Wellness, Cedar Rapids, IA
Kevin Schleich, PharmD – University of Iowa Health Care, Iowa City, IA
Carol Schueller, DPT – UnityPoint–St. Luke’s Therapy Plus, Cedar Rapids, IA
Nathanael Seaberg, DPT – Performance Therapies, Coralville, IA
Michael Shaffer, MPT, OCS, ATC – University of Iowa Health Care, Iowa City, IA
Mary Shepherd, PT, CVR – University of Iowa Health Care, Iowa City, IA
Kolleen Shields, PT, MA – University of Iowa Health Care, Iowa City, IA
Justin Sipla, PhD – University of Iowa, Iowa City, IA
Zoe Sirotiak, DPT, MS – Iowa State University, Dept of Kinesiology, Ames, IA
Leandra Stuckey, PT, DPT – VA Medical Center, Iowa City, IA
Annie Sullivan, DPT – DMOS, West Des Moines, IA
Amanda Sweers, DPT – Progressive Rehab Home Health, Iowa City, IA
Eric Turner, PT, LAT – JET Physical Therapy, Washington, IA
Barbara Van Gorp, MPT, DPT, OCS, CSCS, University of Iowa Health Care, Iowa City, IA
Heidi Welch, MPT – Skiff Medical Center, Newton, IA
Jacqueline Wells, DPT, CLT, Davis County Hospital, Kincart Physical Therapy Services, Bloomfield, IA
Lilimore Wells, DPT – RehabVisions, Fairfield, IA
Jane Wentzien, MPT – Southeast Iowa Regional Medical Center, Fort Madison, IA
Staci Whitson, PT, DPT, GCS, CEEAA – UnityPoint Jones Regional Medical Center, Anamosa, IA
Sara Wielenga, DPT – Sioux Center Health, Sioux Center, IA
Jason Willer, MPT – University of Iowa Health Care, Iowa City, IA
Amy Yotty, DPT, NCS – University of Iowa Health Care, Iowa City, IA
Brad Zwart, DPT, OCS – Orange City Area Health System, Orange City, IA

DPT COURSE OF STUDY

Note: The following course descriptions can also be found on the website of the Department of Physical Therapy & Rehabilitation Science: <https://pt.medicine.uiowa.edu/education/doctor-physical-therapy-dpt-program/curriculum>

Summer Session 1

PTRS:5101 Introduction to Physical Therapy Practice (2 s.h.) – Professional development of physical therapists; evolution of profession; analysis of current role in health care and public health with respect to societal health challenges; patient management terminology including medical terminology and language utilized in the Guide to Physical Therapist Practice; concepts of enablement models and disablement models, including World Health Organization's International Classification of Functioning, Disability and Health model in the biopsychosocial model of health; introduction to evidence-based practice principles.

PTRS:5102 Principles of Physical Therapy I (2 s.h.) – Patient management skills: interviewing, medical history taking, vital signs, positioning, draping, transfers, body mechanics, assisted gait, wheelchairs, and negotiation of architectural barriers.

PTRS:5205 Health Promotion and Wellness (3 s.h.) – Overview of health promotion, fitness, and wellness strategies, including information on levels of health promotion, risk assessment, applied physiology (skeletal muscle, energy metabolism, and physiological responses to exercise), exercise testing and training guidelines, body composition assessment, and development of individual weight management and exercise training programs, classroom, and laboratory experiences.

Semester 1 (Fall)

ACB:5108 Human Anatomy (5 s.h.) – Regional dissection, lectures, demonstrations; areas important to physical therapists, particularly the upper and lower extremities.

PTRS:5100 Professional Issues & Ethics (1 s.h.) – Contemporary issues in clinical practice and professional development; legal and ethical perspectives on human rights, ethical theory and principles for analyzing and acting on ethical problems; professional and peer relationships.

PTRS:5103 Principles of Physical Therapy II (2 s.h.) – Continuation of PTRS:5102 (Principles of Physical Therapy I); expansion of existing skills and provides new learning experiences in documentation, assessment of joint range of motion/goniometry, manual muscle testing, pre-ambulatory intervention strategies, gait analysis; musculoskeletal, neuromuscular, integumentary systems review.

PTRS:5209 Surface Anatomy (1 s.h.) – Laboratory teaching activities that parallel the human anatomy course; observation, palpation, and problem-solving skills; upper- and lower-limb, head and neck, thorax, and abdomen.

PTRS:5210 Kinesiology & Pathomechanics (4 s.h.) – Normal and pathological movement based on understanding of muscle mechanics, segment and joint mechanics, muscle function; instructor- and student-centered learning experiences; EMG laboratories.

PTRS:5212 Human Pathology for the Physical Therapist (3 s.h.) – Human disease; basic disease processes, organ-related and multisystem diseases; case analysis.

PTRS:5235 Case-Based Learning I (1 s.h.) – Small group case study seminars and simulated patient instructor learning experiences; clinical problems coordinated with concurrent courses; student-centered, problem-based learning format with emphasis on evidence-based practice objectives. First in a two-course sequence.

PTRS:5790 Integrated Clinical Education in Physical Therapy I (1 s.h.) – Integrated clinical experiences in area physical therapy clinics; overview of diverse nature of practice through half-day experiences; basic skills in examination, intervention, and documentation.

Semester 2 (Spring)

PTRS:6253 Functional Neuroanatomy (4 s.h.) – Basic principles of neuroanatomy and neurophysiology; emphasis on human central nervous system; laboratory emphasis on anatomical study of spinal cord and brain.

PTRS:5131 Therapeutic Physical Agents (2 s.h.) – Theoretical and practical applications for safe, effective use of physical agents (superficial and deep heat, cold, hydrotherapy), electrotherapeutic modalities (biofeedback, NMES, TENS, iontophoresis); massage and soft tissue mobilization; emphasis on problem solving, clinical decision making.

PTRS:5144 Inter-professional Education I: Team Based Approach to Healthcare (1 s.h.) – Development and interaction within small group of interprofessional students from physical therapy, medicine, pharmacy, dentistry, nursing, and public health; deans and faculty from each college facilitate; three-hour initial session for all disciplines followed by informal monthly electronic scenarios, second formal meeting followed by informal monthly electronic discussions.

PTRS:5201 Musculoskeletal Therapeutics I (3 s.h.) – Musculoskeletal techniques and biomechanical principles applied to assessment and evaluation of common orthopedic problems of the spine; problem solving, case-study approach to clinical methods, skill acquisition.

PTRS:5206 Cardiopulmonary Therapeutics (3 s.h.) – Cardiorespiratory anatomy, physiology, and application of basic concepts, techniques in management of patients with acute and chronic cardiac, pulmonary disorders; laboratories.

PTRS:5215 Applied Clinical Medicine (2 s.h.) – Pathological disorders frequently encountered by physical therapists in clinical practice, addressed by physicians and health professionals who are not physical therapists, physical therapy management.

PTRS:5236 Case-Based Learning II (1 s.h.) – Small-group case study seminars and simulated patient instructor learning experiences; clinical problems coordinated with concurrent courses taken in curriculum; student-centered, problem-based learning format; emphasis on evidence-based practice objectives. Second in a two-part series of integrated courses.

PTRS:5144 Inter-professional Education I: Team Based Approach to Healthcare (1 s.h.) – Development and interaction within small group of interprofessional students from physical therapy, medicine, pharmacy, dentistry, nursing, and public health; deans and faculty from each college facilitate; three-hour initial session for all disciplines followed by informal monthly electronic scenarios, second formal meeting followed by informal monthly electronic discussions.

PTRS:5791 Integrated Clinical Education in Physical Therapy II (1 s.h.) – Integrated clinical experiences in area physical therapy clinics; overview of diverse nature of practice through full-day clinical experiences; basic skills in examination, intervention, and documentation.

Summer Session 2

PTRS:6120 Physical Therapy Management & Administration I (2 s.h.) – The changing U.S. health care system; access to physical therapy services, reimbursement to health care providers, mechanisms for controlling costs while providing quality care; clinical vignettes, small group problem solving.

PTRS:6143 Selected Topics in Physical Therapy Practice (2 s.h.) – Specialty area of practice including wheelchair seating and prescription, pelvic health, home assessment and DME recommendations, and geriatrics. The topics included in this course are dictated by the changing needs of health care and our profession. Emphasis on clinical decision making and the synthesis and evaluation of this information with respect to the prerequisite first year physical therapy curriculum.

PTRS:6176 Pharmacology for Physical Therapists (3 s.h.) – Contemporary pharmacology; overview of basic pharmacokinetic and pharmacodynamic principles; relation of drug therapy to therapeutic interventions provided by physical therapists; small group clinical case presentations.

PTRS:6793 Integrated Clinical Education in Physical Therapy III (3 s.h.) – Six-week, full time clinical education experience in a rural health setting.

Semester 3 (Fall)

PTRS:6122 Psychosocial Aspects of Patient Care (1 s.h.) – Emotional reactions to illness/trauma; social determinants of health; recognition of mental illness in physical therapy examination and intervention; psychosocial aspects of disability as they relate to patient-physical therapist interaction; effective communication strategies; cultural competence in professional behavior and patient care.

PTRS:6134 Physical Therapy Management of the Integument System (2 s.h.) – Overview of physical therapy examination and management of the integumentary system; wound pathology, diagnosis associated with the integumentary system inflammation and repair, examination and reexamination techniques, documentation, clinical decision making, lecture and laboratory formats; interventions, including patient/client information, physical agents, electrotherapy, wound dressing.

PTRS:6145 Interprofessional Education II: Communication, Teaching, and Learning (1 s.h.) – This course provides 2nd-year DPT students with a foundation of practical skills for effective communication, teaching, and learning in contemporary interprofessional practice. Learning experiences include workshop-based training in teaching, culminating in opportunities to teach functional anatomy to 1st-year medical students. By interacting with patient guests, learners hone therapeutic communication skills, including patient education, and work as teams to select and administer appropriate neuromusculoskeletal examination techniques. Through interactions with clinicians from peer professions, learners explore fundamentals of co-treatment and effective interprofessional communication.

PTRS:6170 Management of People with Prosthetic and Orthotic Needs (2 s.h.) – Physical Therapy management and assessment of patients in need of prosthetic and orthotic devices; principles and components of prosthetic and orthotic design and use.

PTRS:6200 Pediatric Physical Therapy (2 s.h.) – Preparation for physical therapy practice in pediatric settings using interdisciplinary family-centered practice; normal and abnormal development, standardized assessment, service-delivery settings, interventions, management strategies specific to pediatrics.

PTRS:6202 Musculoskeletal Therapeutics II (3 s.h.) – Pathology, assessment, management of orthopedic disorders of the upper quarter; problem-solving approach to evaluation and management of patients with musculoskeletal conditions.

PTRS:6224 Activity Based Neural and Musculoskeletal Plasticity in Healthcare (4 s.h.) – Examination of neural, muscular, and skeletal plasticity to increased and decreased use in normal and pathological states (chronic inactivity, obesity, metabolic syndromes, orthopedic and neurological injuries); principles of genetic regulation with physical activity including underlying mechanisms contributing to acute and chronic adaptations of muscle, spinal circuitry and supra-spinal centers; integration of movement control concepts through contemporary papers evaluating short and long latency reflexes, posture and balance control, spasticity, and motor learning in individuals with acute and chronic perturbations to the nervous system.

PTRS:6237 Community Outreach and Engagement I (1 s.h.) – Outreach and engagement activities with individuals and organizations in the community; students select service learning experiences from current community partners, or may suggest their own idea, and develop their individual learning goals for these experiences; discussion and written assignments focus on student experiences with persons who are different than themselves, and on social responsibility, advocacy, and professionalism in the field of physical therapy; first in a two-course series.

PTRS:6250 Critical Inquiry I: Evidence-based Practice (2 s.h.) – Topics relevant to evidence-based practice and research design. Students will learn to identify appropriate questions for research and clinical applications, efficiently locate and evaluate available evidence on a focused topic, identify critical issues affecting the validity of various research designs, interpret basic statistical analyses.

PTRS:XXXX Critical Thinking in . . . (XXXX = Neuro-Mechanical Systems, Pain, Biomechanics and Human Performance Assessment, Activity-Based Plasticity, Neural Plasticity, Movement Science, or Cardiovascular Physiology; dependent on student research advisor) (1 s.h.) – Problem solving experience in XXXX, commensurate with student interest, ability.

Semester 4 (Spring)

PTRS:6121 Physical Therapy Management & Administration II (1 s.h.) – Principles of management in physical therapy practice, historical perspective, current health care environment; business principles; marketing, managing risk, medical/legal aspects, preparing for the future.

PTRS:6133 Pain Mechanisms & Treatment (2 s.h.) – Introduction to basic science mechanisms, assessment, and management of pain; basic science mechanism involved in transmission and perception of painful stimuli after tissue injury, assessment, and physical therapy management of pain; emphasis on scientific principles and published literature to support treatment techniques.

PTRS:6172 Radiology/Imaging for Physical Therapists (2 s.h.) – Basic principles and procedures for acquisition and interpretation of radiology and imaging in clinical practice and research; plain film radiographs, CT, MRI, other common imaging modalities; case-based, multidisciplinary.

PTRS:6173 Differential Diagnosis in Physical Therapy (2 s.h.) – Use of physical therapy examination and evaluation skills to diagnose physical therapy problems; focus on use of good clinical decision-making skills when analyzing a patient's history and administering physical therapy tests and measures to confirm or rule out differential diagnoses; components of the medical examination; importance of collaboration between therapists and other health professionals; interactive case studies presented by clinical experts.

PTRS:6203 Musculoskeletal Therapeutics III (4 s.h.) – Pathology, assessment, management of orthopedic disorders of the lower quarter; problem-solving approach to evaluation and management of patients with musculoskeletal conditions.

PTRS:6204 Progressive Functional Exercise (2 s.h.) – Therapeutic exercise options (e.g., isometrics, isotonic, isokinetics, plyometrics, endurance exercises, stretching exercises) and training principles; application to functional activities, including those of daily living, work, recreation, and sport; laboratory component.

PTRS:6225 Neuromuscular Therapeutics (3 s.h.) – Evidence-based application of clinical neuroscience, motor control, and learning principles to practice of neurological physical therapy; approaches to evaluation and therapeutic intervention for clients with adult-onset neurological conditions, with emphasis on examination, developing a diagnosis, clinical decision making, and prescribing interventions that help clients accomplish goals.

PTRS:6238 Community Outreach and Engagement II (1 s.h.) – Outreach and engagement activities with individuals and organizations in the community; students select from current community partners, or may suggest their own idea, and develop their individual learning goals for these experiences; discussion and written assignments focus on reflection about student experiences with persons who are different than themselves, and on social responsibility, advocacy, and professionalism in the field of physical therapy; second in a two-course series.

PTRS:6251 Critical Inquiry in Physical Therapy II: Rehabilitation Research (2 s.h.) – Experience conducting group research projects under faculty supervision; data collection and analysis, manuscript preparation, oral defense of research findings during a formal poster presentation.

PTRS:6792 Integrated Clinical Education in Physical Therapy IV (1 s.h.) – Two-week, full-time clinical experience in physical therapy clinics under the guidance of physical therapists; theory and practice of physical therapy procedures, competence building in basic skills.

Summer Session 3

PTRS:6794 Terminal Clinical Education in Physical Therapy I (4 s.h.) – Full-time terminal clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.

Fall Semester 5

PTRS:6795 Terminal Clinical Education in Physical Therapy II (4 s.h.) – Full-time terminal clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.

PTRS:6796 Terminal Clinical Education in Physical Therapy III (4 s.h.) – Full-time terminal clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.

PTRS:6252 Critical Inquiry in Physical Therapy III: Clinical Application (1 s.h.) – Principles and procedures learned in PTRS:6250 and PTRS:6251 applied to a clinical setting; students write and present a case report with an evidence-based practice focus, using a clinical case from their final internships.

SECTION II

PTRS Clinical Education Curriculum

CLINICAL EDUCATION OVERVIEW

Clinical education is a valued component of professional formation. Actively engaging in the provision of physical therapy services fosters student development in professional identity, motivation, confidence, communication, and clinical skills. Our clinical education curriculum begins in the first fall semester and consists of both integrated and terminal clinical education experiences. Strong relationships between academic faculty, clinical sites, and clinical instructors create learning environments that strive for excellence in clinical education. Student physical therapists deserve a quality education in the clinic, and clinical sites deserve well-prepared students and continual support from the faculty at the academic institution.

The mission of our clinical education program is to graduate new physical therapists who strive for excellence in professional behavior, clinical care, and lifelong learning. Our Directors of Clinical Education provide advisement, teaching, support, and student assessment throughout the clinical education curriculum to endorse this mission.

PTRS Clinical Education Team

Marcie L. Becker, DPT, GCS
Director of Clinical Education
319-335-8552
marcie-becker@uiowa.edu

Patrick McCue, DPT
Co-Director of Clinical Education
319-335-9798
patrick-mccue@uiowa.edu

Carol A. Leigh
Administrative Support
319-335-9792
carol-leigh@uiowa.edu

Riley M. Schumacher, BS
Administrative Support
319-335-9791
riley-schumacher@uiowa.edu

Common Terminology Used in Clinical Education

Clinical Education Agreement/Affiliation Agreement: A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party's roles, responsibilities, and liabilities relating to student clinical education.

Clinical Education Site: A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the education program(s) through a contractual agreement.

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

Director of Clinical Education (DCE): Academic faculty member who is responsible for planning, directing, and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

Didactic Curriculum: The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.

Integrated Clinical Education (ICE): ICE experiences are purposefully organized within a curriculum. These experiences are obtained through the exploration of authentic physical therapist roles, responsibilities, and values that occur prior to the terminal full-time clinical education experiences. ICE is driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge, and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment.

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

Terminal Clinical Education Experience (TCE): A set of full-time clinical education experiences that occur after the student has completed the didactic curriculum of a physical therapist professional education program. The expected outcome of the final, or terminal, experience is entry-level performance.

PTRS CLINICAL EDUCATION CURRICULUM OVERVIEW

| Year 1 – Integrated Clinical Education | | |
|---|---|--|
| | Course | Description |
| Fall | PTRS:5790 – ICE I Integrated Clinical Education in PT I | <ul style="list-style-type: none"> ▪ Half-day clinical rotations on Fridays ▪ Clinics within a 30-mile radius ▪ Learn about a variety of settings/patient populations ▪ Begin to apply new knowledge and skills in a clinic environment |
| Spring | PTRS:5791 – ICE II Integrated Clinical Education in PT II | <ul style="list-style-type: none"> ▪ Full-day clinical rotations on Fridays ▪ Clinics within a 40-mile radius ▪ Observe a variety of settings/patient populations ▪ Practice skills learned in the classroom in a clinic environment |
| Year 2 – Integrated Clinical Education | | |
| Summer | PTRS:5793 – ICE III Integrated Clinical Education in PT III | <ul style="list-style-type: none"> ▪ Rural Health Initiative (RHI) ▪ 6-week full-time clinical experience at RHI partnered sites ▪ Critical Access Hospitals, Rural Outpatient Clinics and Home Health ▪ Adjunct faculty member onsite at most locations ▪ Primary care role allows students to practice the skills learned in the first year on a variety of patient types—ages, diagnoses, life experiences |
| Spring | PTRS:5792 – ICE IV Integrated Clinical Education in PT IV | <ul style="list-style-type: none"> ▪ 2-week full-time clinical experience in any setting ▪ Often used to explore a specialty area of practice or to round out a well-balanced overall clinical education plan ▪ Continued practice of clinical skills under the supervision of physical therapist |
| Year 3 – Terminal Clinical Education | | |
| Summer | PTRS:6794 – TCE I Terminal Clinical Education in PT I | <ul style="list-style-type: none"> ▪ Three 9-week full time clinical experiences ▪ Occur after the completion of didactic curriculum ▪ Targeted clinical contracts throughout Iowa and the US allow for strong relationships with clinical faculty and improved clinical learning environments ▪ Students must complete one outpatient orthopedic and one medically complex clinical experience. Their 3rd experience may be in a setting of their choice, including specialty settings if desired. ▪ Students will achieve entry-level competence in both professional behaviors and patient management skills. |
| Fall | PTRS:6795 – TCE II Terminal Clinical Education in PT II | |
| | PTRS:6796 – TCE III Terminal Clinical Education in PT III | |

PTRS INTEGRATED CLINICAL EDUCATION (ICE)

ICE experiences are scheduled during the first and second year of the program to afford the opportunity for students to apply their new skills and knowledge in an authentic learning environment, explore a variety of patient/client care settings, and to begin to develop their professional identity. ICE experiences may be part-time or full-time. The University of Iowa has 4 ICE Courses, two part-time and 2 full-time.

PART-TIME ICE EXPERIENCES

A. PTRS:5790 – Integrated Clinical Education in PT I (ICE I)

I. Course Description

This course is designed to deepen an understanding of the roles and responsibilities of physical therapists within various physical therapy practice settings. Students will participate in the care of simple and complex patients ranging in age. ICE experiences are scheduled throughout the semester to provide students an opportunity to apply both cognitive and psychomotor skills under the direct supervision and mentorship of licensed physical therapists. Affective skills will be fostered with reflection assignments and/or discussions led by the course director.

II. Course Logistics

- i. Each student is assigned five ½ - day clinical experiences at different locations during the first fall semester.
- ii. Clinic assignments are made by the DCE to maximize exposure to a variety of settings.
- iii. Two in-class sessions provide a general orientation to clinical education.
- iv. A brief on-line (and recorded) orientation to the goals of ICE and teaching strategies with first-year students is provided for the clinical instructors.

III. Learning Objectives:

Throughout this course, students will learn to:

- i. Outline the purpose of the specific healthcare settings in which physical therapists are employed relative to the broad context of the healthcare system in the United States.
- ii. Compare and contrast the following healthcare settings in terms of the services provided and the qualifying characteristics: Emergency Department, Acute Care, Inpatient Rehab, Home Health, Outpatient Therapy, and Hospice.
- iii. Explain the primary responsibility of physical therapy in each healthcare practice category.
- iv. Discuss possible discharge settings amongst the continuum of care for a patient based on the setting in which physical therapy care is provided.
- v. Diagram the general healthcare system flow of care from the emergency department to outpatient care services.
- vi. Demonstrate safe patient care clinical skills such as positioning, transferring, and guarding under the supervision of a licensed physical therapist.
- vii. Complete examination and intervention procedures according to individual capabilities with special emphasis on history taking, vital sign measurement, palpation, goniometry, manual muscle testing, assistive device selection and training, gait analysis, and therapeutic exercise under the supervision of a licensed physical therapist.
- viii. Demonstrate a familiarity with the patient's medical record as it is pertinent to physical therapy.
- ix. Record physical therapist examinations and interventions with the supervision and assistance of a licensed physical therapist.

IV. Student Assessment

- i. Quiz
- ii. Clinical Note
- iii. Reflection Writing Assignments
- iv. Clinical Learning Goals
- v. Clinical Instructor Assessment- see Appendix 1

V. Grading

Letter grades are assigned as follows:

- A = 90-100%
- B = 75-89%
- F = Less than 74.5%

B. PTRS:5791 – Integrated Clinical Education in PT II (ICE II)

I. Course Description

This course is designed to expand upon the foundation established in PTRS 5790 Integrated Clinical Education I. Students will deepen their understanding of the roles and responsibilities of physical therapists by providing care to simple and complex patients in a full workday environment. Students are supervised by licensed physical therapists as they apply the examination and intervention skills they are learning in the classroom to patients/clients with diverse ages, diagnoses, and abilities. Students are asked to apply their evolving clinical reasoning skills to compose clinical documentation notes.

II. Course Logistics

- i. Each student is assigned to one day at five different clinics in the spring semester of the first year.
- ii. One in-class session covers creating a professional resume and cover letter and preparing for potential terminal clinical education interviews.
- iii. A brief on-line (and recorded) orientation to the goals of ICE and teaching strategies for early clinical education experiences is provided for the clinical instructors.

III. Learning Objectives:

Throughout this course, students will:

- i. Conduct professional communication with the clinical site staff.
- ii. Articulate with patients in an effective manner including appropriate introductions and professional and conversational dialogues.
- iii. Collect pertinent information from a patient's treatment history following a chart review.
- iv. Demonstrate the ability to effectively lead a patient through an exercise program prescribed by a physical therapist.
- v. Compose accurate and complete initial evaluation and daily progress notes for patients they interact with in the clinic.
- vi. Discuss examination and interventions performed by the physical therapist.
- vii. Practice previously learned clinical skills including, but not limited to: patient/client interviewing, vital signs, positioning, documentation, transfers, gait training with assistive devices, goniometry, and manual muscle testing.
- viii. Employ, with the assistance of their clinical instructor(s), the various tests, measures, and interventions that have been covered within the academic course work.
- ix. Evaluate his/her performance in the clinic environment
- x. Recall and integrate feedback from the clinical instructor into subsequent clinical experiences.
- xi. Demonstrate the seven core values of professionalism in all of his/her interactions in the clinic.

- xii. Discuss the components of a well-written resume and cover letter for clinical education application procedures.
- xiii. Describe important considerations when interviewing for clinical education experiences.

IV. Student Assessment

- i. Quiz
- ii. Clinical Notes
- iii. Completion of Student Self-Assessment Reflection Surveys
- iv. Clinical Instructor Feedback- see Appendix 1

V. Grading

Letter grades are assigned as follows:

- A = 90-100%
- B = 80-89%
- F = Less than 79.5%

FULL-TIME ICE EXPERIENCES

C. PTRS:6793 – Integrated Clinical Education in PT III (ICE III)

I. Course Description

The focus of this course is on developing competence of the physical therapist student in professional behaviors, communication, safety, documentation, examination, evaluation, and intervention under supervision of clinical faculty in a rural health environment. The rural setting affords exposure to a diverse patient population in regard to age, diagnosis, and socioeconomic factors. This course occurs in the summer following the completion of the first year in the DPT program.

II. Course Logistics

- i. Students are assigned to a 6-week full-time clinical education experience at critical access hospitals, outpatient clinics or home health agencies in a rural environment.
- ii. Students are provided with a list of available sites for this experience. Students submit their top 5 choices for consideration and are matched based on a selection order determined by a random number draw prior to this process.
- iii. Two in-class sessions are held prior to the start of the course. The first provides guidance in professionally contacting and preparing for the clinical experience with the SCCE, and is an introduction the student performance assessment, CPI 3.0. The second session discusses the course objectives and expectations, establishing learning goals, and course assignments.
- iv. An on-line (and recorded) orientation for the clinical instructors includes discussion of the first-year curriculum content, the goals of ICE III in relation to student development, and using the CPI 3.0 for student assessment of performance.

III. Learning Objectives

Upon completion of this course, students will be able to:

- i. Effectively communicate with patients/clients, families, caregivers and other health professionals in a respectful manner.
- ii. Adhere to the ethical and legal standards required of a physical therapist as outlined by the American Physical Therapy Association Code of Ethics and Iowa Law.
- iii. Identify indications, precautions, and contraindications for treatment to minimize the risk of injury to self or patient/client.
- iv. Produce accurate and timely documentation as required by the clinical setting.

- v. Demonstrate developing competence performing a patient/client examination including the following skills: history taking, vital signs, ROM/MMT, functional mobility, select special tests, and select outcome measures.
- vi. Demonstrate developing competence synthesizing the results of the examination to complete an evaluation of the patient/client, including a PT diagnosis, PT prognosis and plan of care.
- vii. Demonstrate developing competence selecting and implementing PT interventions with patients/clients, including functional mobility, gait training, therapeutic exercise, joint mobilizations, and physical agents.
- viii. Adapt delivery of patient/client management elements to reflect respect for individual differences and patient response to interventions.
- ix. Use relevant and effective teaching techniques in matters related to patient/client education.
- x. Employ sound time management skills.
- xi. Demonstrate an awareness of economic factors in the delivery of physical therapy services (e.g., budgeting, billing and reimbursement, scheduling and marketing).
- xii. Value the importance of a physical therapist's responsibilities to the profession, including patient care, patient advocacy, education, administration and research.
- xiii. Demonstrate awareness of strengths and limitations through on-going self-assessment activities.
- xiv. Demonstrate the desire to grow professionally and improve by asking for and befriending feedback from the clinical instructor and others.
- xv. Exhibit professional behaviors at all times including adhering to the clinical site policies and procedures, clinic schedule, dress code and rules/regulations.

IV. Student Assessment

The clinical instructor uses the CPI 3.0 (see Appendix 4) to evaluate student performance at both midterm and final. Due to the student's level of education at the time of this clinical experience, it is not expected that the student will be able to perform with at "Entry Level" in all of the assessed areas. However, the student should show progress from midterm to final based on ratings and/or clinical instructor comments. Ratings below the "Intermediate Performance" level on the final assessment will alert the DCEs to complete a more focused review of the student's performance to determine if remediation is indicated.

V. Grading

This course is graded as Satisfactory/Unsatisfactory. Grading is completed by the program DCEs. Criteria that will be used to determine a Satisfactory grade will include:

- i. The ratings provided by the CI at the final time point of assessment via the CPI 3.0
- ii. Demonstration of progression in performance from midterm to final evaluations in both ratings and comments on the CPI 3.0
- iii. The presence or absence of 'significant concerns' identified in the PT CPI 3.0 by the CI.
- iv. The quality of the student's self-assessment as reviewed by the CI and DCE.
- v. The context of the clinical setting (pace, complexity of patients, specialization of clinical instructor caseload).
- vi. Additional written or verbal communication from the CI and/or site coordinator of clinical education (SCCE).
- vii. Additional written or verbal communication from the student.
- viii. Timely and responsible completion of course assignments including evaluation of the clinical site and instructor with due dates listed on the ICON site for the course (see Appendix 1).

D. PTRS:6792 – Integrated Clinical Education in PT IV (ICE IV)

I. Course Description

The focus of this course is to provide students with a focused period of full-time clinical care to apply content knowledge and practice clinical skills with the supervision of licensed physical therapists. This placement occurs at the beginning of the final didactic semester of the curriculum.

II. Course Logistics

- i. Students are assigned to a two-week full-time integrated clinical experience at a setting of their choice. Students are encouraged to select clinical sites that augment their previous ICE experiences and upcoming TCE experiences to provide a well-rounded clinical education plan.
- ii. Students are provided with a list of available sites for this experience. Students submit their top 7 choices for consideration and are matched based on the reverse selection order from the 6-week matching process.
- iii. One in-class session is held prior to the start of the course. Course objectives, expectations, assignments, and the ICE Student Performance Evaluation tool reviewed prior to the student contacting the clinic site.
- iv. An on-line (and recorded) orientation for the clinical instructors includes discussion of the DPT curriculum content to this point, the goals of ICE IV in relation to student opportunities to practice their developing skills and using CPI 3.0.

III. Learning Objectives

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

- i. Develop patient rapport and complete the history-taking portion of the initial examination with direct to indirect clinical supervision from the supervising physical therapist.
- ii. Demonstrate an awareness of precautions and/or contraindications for treatment to minimize the risk of injury to self or patient/client.
- iii. Perform previously learned clinical skills with improved competence including, but not limited to: vital signs, positioning, documentation, transfers, gait assessment and intervention, passive range of motion, goniometry, manual muscle testing, application of physical agents, spine examination and intervention, balance assessment, UE musculoskeletal examination and intervention, prescription of therapeutic exercise and use of standardized outcome measures.
- iv. Appraise and adapt a physical therapy plan of care to promote patient adherence.
- v. Demonstrate effective documentation skills by writing concise, accurate, and pertinent clinical notes in a format required by the practice setting.
- vi. Demonstrate effective communication skills and confidence in interpersonal relations with patients, families, and clinic/hospital staff.
- vii. Demonstrate compliance with all legal regulations.
- viii. Demonstrate the eight core values of professionalism adopted by the APTA (accountability, altruism, compassion/caring, excellence, integrity, professional duty, social responsibility, and inclusion) in all clinical interactions.
- ix. Adhere to the ethical standards per the APTA Code of Ethics.
- x. Provide sensitive, respectful, and effective care to all patients/clients, regardless of individual differences.
- xi. Appraise his or her own strengths and limitations by seeking out feedback from the clinical instructor, staff, and patients.
- xii. Evaluate his/her clinical performance by completing a thorough and reflective self-assessment.
- xiii. Model professional behaviors including respect for clinic hours, dress code, rules/regulations, and completing assignments as directed by the clinical instructor and course directors.

IV. Student Assessment

Students are assessed by the clinical instructors using the CPI 3.0 at the completion of this clinical experience. Due to the integrated nature of this course, students are not expected to be at an entry-level. Ratings below the “Intermediate Performance” level on the final evaluation will alert the DCEs to complete a more focused review of the student’s performance to determine if remediation is indicated.

V. Grading

This course is graded as Satisfactory/Unsatisfactory. Grading is completed by the program DCEs. Criteria that will be used to determine a Satisfactory grade will include:

- i. The ratings provided by the CI at the final time point of assessment via the PT CPI 3.0
- ii. The presence or absence of ‘significant concerns’ identified in the PT CPI 3.0 by the CI.
- iii. The quality of the student’s self-assessment as reviewed by the CI and DCE.
- iv. Additional written or verbal communication from the CI and/or site coordinator of clinical education (SCCE).
- v. Additional written or verbal communication from the student.
- vi. Timely and responsible completion of course assignments.

PTRS TERMINAL CLINICAL EDUCATION (TCE)

A. PTRS:6794, 6795, & 6796 – Terminal Clinical Education in PT I, II & III (TCE I, II, III)

I. Course Description

These courses are each a 9-week full-time terminal clinical education experience in a physical therapy practice setting. In preparation for entrance into clinical practice, students are expected to develop competence/entry-level skills in examination, evaluation, and treatment of patients under supervision of clinical faculty. Students are required to complete one course in an outpatient orthopedic setting and one in a setting that treats medically complex patients. Students fill the remaining course with an elective setting of their choice, which may include another outpatient orthopedic or medically complex setting.

II. Course Logistics

i. Clinical Education Advising

1. Prior to the beginning of the selection process, an in-class session is held to explain the process to the students. Students are provided with a list of available sites for the three TCE courses and the matching process is explained in detail. Sites with alternative matching processes/interviews are introduced.
2. All students are required to meet with their clinical education adviser at least one time before the matching process begins. Students complete the Clinical Education Advising Worksheets (see Appendix 4) prior to this meeting to guide discussion of the student’s priorities in matching with clinical education sites.

ii. TCE Match Process

1. On three separate dates, student submit their 5 most preferred clinical education opportunities available in an ICON assignment.
2. DCEs review the submissions each time and match students to clinical education opportunities, with results general released within 48 hours.
3. All students submit preferences on the first selection date. Students with 2 remaining “open” slots select on the second selection date. Any students in need of filling a third clinical experience select on the final date as well.
4. If a conflict exists due to more students requesting a slot than can be reserved, the DCEs will randomly assign one of the students to the experiences. The other students will receive a “weighting point” for priority in the next matching round.

- iii. Two in-class sessions are held prior to the start of the courses. In the first meeting, students are instructed in reaching out to their clinical site SCCEs and CIs in a professional manner to introduce themselves and submit their Student Information and Goals form (see Appendix 5). The Physical Therapist Clinical Performance Instrument 3.0 (PT CPI 3.0- see Appendix 6), TCE Course objectives, expectations, and assignments are reviewed in the second of these meetings.
- iv. Clinical instructors must complete the mandatory PT CPI 3.0 online training prior to being granted access to the PT CPI 3.0 platform. Clinical instructors and SCCEs are informed of this requirement 4-6 weeks prior to the start of a clinical education experience.

III. Learning Objectives:

Following the completion of the TCE experience, the student will demonstrate the knowledge, skills, and behaviors of a competent graduate or entry-level physical therapist as described below:

- i. Provide physical therapy care that is congruent with the American Physical Therapy Association Code of Ethics for the Physical Therapist and demonstrate respect for self, the patient/client, and colleagues in all situations.
- ii. Practice physical therapy according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- iii. Exhibit professional behaviors in response to feedback including acknowledgment, acceptance, and response that seeks opportunities to improve knowledge and skills.
- iv. Initiate and participate in self-assessment and/or planning to improve clinical performance and foster a climate of professional growth.
- v. Demonstrate professional communication skills with all stakeholders, including patients/clients, family members, caregivers, practitioners, physical therapist assistants, interprofessional teams, consumers, payers, and policymakers that are congruent with situational needs.
- vi. Integrate the use of communication resources (interpretive or translation services) when appropriate to facilitate care for patients/clients.
- vii. Adapt verbal and nonverbal communication styles with consideration for patient/client diversity and biopsychosocial history.
- viii. Demonstrate an affective bond with patients/clients by exhibiting empathy, genuineness, and an unconditional positive regard for their well-being to promote therapeutic alliance.
- ix. Provide high-quality, consistent, and equitable patient/client care regardless of age, disability, ethnicity, gender identity, race, sexual orientation, socioeconomic status, or other personal characteristics.
- x. Demonstrate clinical reasoning skills to identify, evaluate, integrate, and justify physical therapy examination techniques, diagnoses, prognoses, goals, and plans of care to all stakeholders.
- xi. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting and differentiate patients/clients that require referrals to other healthcare professionals.
- xii. Prescribe, implement, and adapt physical therapy plans of care that are safe, effective, patient/client-centered, evidence-based, and measurable to ensure patients/clients are progressing toward discharge goals.
- xiii. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, manual therapy, therapeutic activity, neuromuscular re-education, application of modalities) that are evidence-based and completed competently and efficiently.
- xiv. Demonstrate effective teaching methods when interacting with a variety of learners, learning styles, and contexts. (e.g., patients/clients, caregivers, students, healthcare professionals, staff, etc.).

- xv. Compose quality and timely physical therapy documentation that includes changes in the patient/client status, descriptions and progressions of interventions, communication among professionals, and abides by all regulatory requirements of the state practice act, practice setting, and payers.
- xvi. Identify financial barriers and limitations to patient/client care and adjust the physical therapy plan of care to the financial concerns or needs of the patient/client.
- xvii. Demonstrate a comprehension of fiscal responsibility by understanding insurance regulations, billing ethically and legally, and attending to the cost of physical therapy services, supplies, and recommendations.
- xviii. Manage a caseload that optimizes patient/client outcomes through interprofessional collaboration, recognition of patient/client complexity, and compliance with organizational/state/federal law regarding the delegation of tasks to support staff, including physical therapist assistants, when appropriate.

IV. Student Assessment

The PT CPI 3.0 is the primary tool used by the CI to assess student performance in the clinical practice setting. The PT CPI 3.0 is designed to provide formative and summative feedback to the physical therapist student engaged in a terminal clinical experience. The PT CPI 3.0 is completed by the CIs at the midterm and final time points of each course. Students will complete a self-assessment with this tool to facilitate communication between the CI and the student on the skills and behaviors most frequently exhibited during the clinical experience. Typical student performance is compared to the expectations of a competent, new graduate in that clinic, 'entry-level' performance with anchors above and below for divergent performance. Students are expected to be rated at 'entry-level' in all performance criteria by the final time point assessment.

V. Grading

Each TCE course will be graded as Satisfactory "S" or Unsatisfactory "U". Grading is the responsibility of the program DCEs and is based on the following criteria:

- i. The ratings provided by the CI at the final time point of assessment.
- ii. The presence or absence of 'significant concerns' identified in the PT CPI 3.0 by the CI.
- iii. The reviews of the student's self-assessment at midterm and final time points by the CI and DCEs.
- iv. Additional written or verbal communication from the CI and/or SCCE.
- v. Additional written or verbal communication from the student.
- vi. The context of the clinical setting (pace, complexity of patients, specialization of clinical instructor caseload).
- vii. The timely and quality completion of additional assignments assigned by the CI, SCCE, and/or DCEs.
- viii. Post-placement completion of Evaluation of Clinical Site and Clinical Instruction and CI Professionalism surveys (see Appendices 5 & 6)

SECTION III

PTRS CLINICAL EDUCATION POLICIES

PTRS CLINICAL EDUCATION POLICIES

A. Dress Code

Professional attire is expected during clinical experiences. Students are required to follow the dress code outlined by each clinical site they attend. The student should bring their UIHC photo name badge to all clinic sites. General guidelines for professional attire would include: no jeans, t-shirts, shorts, no low riding pants, low cut or cropped shirts, no visible tattoos or body piercing (other than earrings), and no open-toe or high-heeled shoes.

B. Absences

Absences are not allowed during clinical experiences except for illness or family emergency. During part-time experiences the student must contact the DCE prior to their scheduled work hours to report an absence. During full-time experiences the student must contact the DCE and SCCE/CI prior to their scheduled work hours to report an absence. Time missed due to absence will be made up at the discretion of the DCE in consultation with the SCCE and/or CI. Students are not allowed to request vacation time during their scheduled TCE experiences. There is a week-long break scheduled before/after each clinical experience for students to use for personal needs, including job interviews. An unexcused absence may be grounds for failing a clinical experience. Any exceptions to this policy must be approved by the DCEs.

C. Clinical Education Expenses

There will be some travel required to clinic sites in surrounding cities. A car is nice to have, but not necessary as generally students can carpool or use public transportation for the part-time ICE experiences (PTRS:5790 and PTRS:5791). During the 6-week (PTRS:6793), 2-week (PTRS:6792) and 9-week clinical education experiences (PTRS:6794, 6795, 6796), travel will likely be required to off-campus clinical sites. Living expenses will vary depending on where the students complete these experiences. Some sites require extra screening (i.e., drug screening, background checks) that the student may be responsible for. Students are responsible for all travel and living expenses associated with clinical education experiences.

D. Cancellation of or Changes to a Clinical Education Experience

Occasionally situations will arise that will require a scheduled clinical education experience to be changed or cancelled. A change in setting or CI does not automatically warrant a change in clinical experience location. If a site must cancel a clinical education experience, the DCEs will work with the student to reschedule to a new clinical site. It cannot be guaranteed that the student will be in the same geographical area or setting type, but reasonable efforts may be made to accommodate such requests. As always, students are responsible for all travel and living expenses associated with clinical education experiences.

E. Disclaimer for Students Riding in Non-UI Vehicles during Clinical Education Placements

The university makes no representations, warranties, or endorsements with regard to any individual driver and does not screen drivers or conduct background checks with regard to an individual's driving record or criminal history. Vehicle owners have primary responsibility for any accidents. Therefore, if a student is involved in an accident, the personal auto policy of the vehicle owner must respond.

F. Student Information Shared with Clinical Education Sites

Students are each provided a training transcript to take with them on their clinical experiences verifying compliance with the following:

- Annual Influenza Vaccine
- Child Abuse Mandatory Reporter Training
- Dependent Adult Abuse Mandatory Reporter Training
- Safety & Infection Control
- CPR – American Heart Association – BLS Provider
- HIPAA Training
- HIPAA & Data Privacy Training
- Fraud and Abuse/HIPAA Refresher
- Cultural Diversity & Limited English Proficiency Plan
- Domestic Violence Training
- UI Health Care Online Orientation
- Patient and Staff Rights and Responsibilities
- Organ, Tissue and Eye Donation
- Confirmation that student is not listed on the Iowa Department of Human Services Child Abuse Registry or Dependent Adult Abuse Registry
- Criminal Background Check upon admission to the program
- Annual signed attestation statement that the criminal background is unchanged

Additional information may be requested by a specific clinical education site, such as immunization records, current background check, drug screen, or academic standing. Students are made aware of any additional information to be shared through the Clinical Site Description Form (See Appendix 10) and/or communication with the DCEs or SCCE. Student approval is required to share any additional information.

G. Professional Liability Insurance

University maintains professional liability insurance on DPT students in the program in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate per year. The cost for coverage is paid by the Department. Detailed information concerning limits of coverage, etc., may be obtained from the DCEs. Students must be registered for a clinical education course to ensure professional liability coverage.

H. Health Insurance

Health insurance is required. If students do not provide proof of insurance annually, they will automatically be enrolled in a health insurance plan and billed by the University. Many of our clinical education sites will require the physical therapy student to provide proof of health insurance coverage prior to beginning the clinical education experiences.

I. Off-Campus Emergency Services

In the event of accident or illness to students associated with their learning experience while at an off-campus clinical site, the clinical site will provide or arrange for emergency treatment. The student is responsible for the expense associated with the treatment.

J. Criteria to Determine Student Readiness to Engage in Clinical Education

The mechanisms utilized by the core faculty to determine that each student is ready to engage in clinical education, including the determination that the student is prepared to interact safely with patients/clients during the clinical education experience:

- Written and lab practical examinations
- Professional behaviors

- Simulated patient experiences
- Promotion to the next academic semester/session by the PTRS Review and Promotion Committee

K. Role of Students in Clinical Education

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

L. Expectations for Clinical Instructors

- The CI will demonstrate a desire to work with students and will serve as a positive role model for our students.
- By demonstrating effective communication skills, the CI will collaborate with students to establish expectations for student performance and progression.
- The CI will work together with the student to plan learning experiences to accomplish the learning goals.
- The CI will supervise the student in a legal and ethical manner and provide timely feedback related to student knowledge, skills, and professional behaviors.
- The CI for a student on a full-time clinical education experience will have a minimum of one year of full-time post licensure clinical experience.

M. Patient's Right to Refuse Care Provided by a Student

The Health Insurance Portability and Accountability Act (HIPAA) grants patients/clients certain legal rights when receiving health care. This includes health care provided by students during clinical education experiences. Among those rights is the right to know who is providing care and the right to refuse that care. Patients/clients should be clearly informed and completely understand when care is being provided by a student, even when the student is closely supervised by a licensed physical therapist. The patient/client has the right to refuse treatment by a student prior to and at any time during the treatment of the patient without penalty.

N. Program Communication with Sites:

- Prior to each full-time clinical experience
 - The clinical site will be notified of the name and contact information for the student assigned to the experience once the match has been finalized by the DCEs.
 - SCCEs will receive information from the program 4-6 weeks prior to the start of a full-time clinical education experience. This information will include the dates of the clinical experience, the course syllabus, and training requirements for CIs.
 - SCCEs will receive information from the student 4-6 weeks prior to the start of a full-time clinical education experience. This information will include the demographic information, emergency contact information, student goals for the experience and a short biographical description by the students.

- II. During each full-time clinical experience
 - a. The DCEs will contact each clinical instructor and student at the 1-2 week interval and midterm timeframe to check on student performance and the learning environment.
 - b. The DCEs will contact each clinical instructor and student at the final assessment timeframe as a reminder to complete the final course requirements
 - c. Additional contacts, including a possible on-site visit, will be made if deemed necessary or requested by the site or the student
- III. After each full-time clinical experience
 - a. DCEs will provide a Certificate of Appreciation for each clinical instructor that will include the dates and total hours of supervision for the experience. This certificate may be used to provide proof of student supervision hours for continuing education credit in states where allowed.

O. Unsatisfactory Clinic Performance/Professional Behavior Issues

- a. When a problem with a student's clinic performance is noted, DCEs work with the SCCE, CI and student to resolve the problem. Clear expectations and strategies to meet these expectations should be outlined to allow for the student to demonstrate change.
- b. If the problem cannot satisfactorily be resolved, the student and the SCCE should contact the DCE immediately. The DCE will then serve as a mediator between the student and the SCCE or CI. If needed, a clinic site visit (in-person or remotely) will be completed to meet with the individuals involved.
- c. Reassignment of the clinical experience may occur if the problem is deemed unresolvable, the student or SCCE requests termination of the clinical experience, and if another site can be arranged where the student may be able to satisfactorily complete the clinical experience.
- d. If, following the above arbitration, the student's overall performance is not judged to be satisfactory, this should be reported to the DCE.
- e. The DCEs have the final responsibility of assigning a grade. Prior to assigning a grade the DCEs discuss all student evaluations by the clinical instructors. In addition to CI ratings and comments, multiple other sources of information are given due consideration. The grading decisions made by the DCE will also consider clinical setting, experience with patients in that setting progression of performance from midterm to final evaluations, whether "significant concerns" were documented, and the congruence between the midterm and final comments related to the sample behaviors, and the ratings provided on the student evaluation tool.
- f. All five segments of the full-time Clinical Education in Physical Therapy courses (PTRS:6792; PTRS:6793; PTRS:6794; PTRS:6795; PTRS:6796) must be completed with a Satisfactory (S) grade.
- g. A grade of Unsatisfactory (U) in a segment will require the student to be reviewed by the Graduate Student Review & Promotions Committee (see Appendix 9). If a student receives a grade of U, they will not receive Graduate College credit and may be unable to continue in the program until graduate credit for that course is earned.
- h. A grade of Incomplete (I) in a segment may require the student to be reviewed by the Graduate Student Review & Promotions Committee. A student receiving an Incomplete may be allowed to continue in the program during remediation. The Incomplete will turn into an F if not remediated by the end of the next full semester.

P. Managing Complaints

Clinical Education complaints are first brought to the attention of the DCEs. Other complaints are managed at the departmental committee level. If the complaint is not resolved by the DCEs or committee, it is referred on to the department chair. Curricular complaints not handled at the committee level or by the chair, can be directed to the Commission on Accreditation in Physical Therapy Education, 703-706-3245 or accreditation@apta.org.

Q. Expectations and Assessment of Professional Behaviors

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession's core knowledge and technical skills but are nevertheless required for success in that profession. Professional behaviors, which define expected behavior within a given profession, serve as the foundation for ability-based learning. (<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>). Students are evaluated by faculty each semester regarding their Professional Behaviors. The 10 abilities and definitions are listed below:

1. **Critical Thinking** – The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.
2. **Communication** – The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. **Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

R. Clinical Education Course Administration

The clinical education courses adhere to the Department of Physical Therapy and Rehabilitation Sciences Policy Manual. Please refer to this document for details on important classroom policies and procedures such as review and promotion (See Appendix 9), academic dishonesty, disciplinary action, student mistreatment (see Appendix 12), emergency procedures, etc. In addition, the Rules and Regulations of the Graduate College apply to all students in the Department of Physical Therapy and Rehabilitation Science. These rules and regulations are published in the University's General Catalog and a manual is available online at: <https://grad.uiowa.edu/academics/manual>.

S. Course Evaluation: Student Perceptions of Teaching (SPOT):

Every student must provide their anonymous evaluation of the clinical education course and course instructor(s) so that we can continuously monitor and improve our educational program. These responses are tabulated and provided to the Instructor(s) and Department Executive Officer after grades have been submitted. Your honest feedback is earnestly considered and is critical to the continued success of our program.

T. Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa e-mail address (@uiowa.edu). Students should check this account at least daily while on full-time clinical education experiences.

U. Non-discrimination Statement

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, [Office of Institutional Equity](#), the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705, oi-ui@uiowa.edu. Students may share their pronouns and chosen/preferred names in [MyUI](#), which is accessible to instructors and advisors.

V. Accommodations for Students with Disabilities

The University is committed to providing an educational experience that is accessible to all students. If a student has a diagnosed disability or other disabling condition that may impact the student's ability to complete the course requirements as stated in the syllabus, the student may seek accommodations through [Student Disability Services](#) (SDS). SDS is responsible for making Letters of Accommodation (LOA) available to the student. The student must provide a LOA to the instructor as early in the semester as possible, but requests not made at least two weeks prior to the scheduled activity for which an accommodation is sought may not be accommodated. The LOA will specify what reasonable course accommodations the student is eligible for and those the instructor should provide. Additional information can be found on the [SDS website](#).

W. Sexual Harassment/Sexual Misconduct and Supportive Measures

The University of Iowa prohibits all forms of sexual harassment, sexual misconduct, and related retaliation. The [Policy on Sexual Harassment and Sexual Misconduct](#) governs actions by students, faculty, staff and visitors. Incidents of sexual harassment or sexual misconduct can be reported to the [Title IX and Gender Equity Office](#) or to the [Department of Public Safety](#) (See Appendix 12). Students impacted by sexual harassment or sexual misconduct may be eligible for academic supportive measures and can learn more by [contacting the Title IX and Gender Equity Office](#). Information about confidential resources can be found [here](#). Watch the [video](#) for an explanation of these resources.

X. Mental Health

Students are encouraged to be mindful of their mental health and seek help as a preventive measure or if feeling overwhelmed and/or struggling to meet course expectations. Students are encouraged to talk to their instructor for assistance with specific class-related concerns. For additional support and counseling, students are encouraged to contact University Counseling Service (UCS). Information about UCS, including resources and how to schedule an appointment, can be found at counseling.uiowa.edu. Find out more about UI mental health services at: mentalhealth.uiowa.edu.

Y. Basic Needs and Support for Students

Student Care & Assistance provides assistance to University of Iowa students experiencing a variety of crisis and emergency situations, including but not limited to medical issues, family emergencies, unexpected challenges, and sourcing basic needs such as food and shelter. More information on the resources related to basic needs can be found at: basicneeds.uiowa.edu/resources/. Students are encouraged to contact Student Care & Assistance in the Office of the Dean of Students (Room 135 IMU, dos-assistance@uiowa.edu, or 319-335-1162) for support and assistance with resources.

Z. Academic Fraud

Plagiarism and any other activities when students present work that is not their own (cheating) are academic fraud. These rules and regulations are published in the University's General Catalog and a manual is available online at: <https://grad.uiowa.edu/academics/manual>.

AA. Meeting Course Standards

Any student who experiences difficulty or anticipates possible difficulty in successfully meeting the course standards is encouraged to speak with the course coordinator as soon as the difficulty is suspected. Academic assistance is available through a variety of University resources such as the Tutor Referral Service (<http://tutor.uiowa.edu/find-help/>) and the Writing Center (<http://writingcenter.uiowa.edu/>). See these web pages for details. In addition, physical or mental health concerns can be addressed at Student Health (<http://studenthealth.uiowa.edu/>) and the University Counseling Service (<http://counseling.studentlife.uiowa.edu/>), respectively.

BB. Free Speech and Expression

The University of Iowa supports and upholds the First Amendment protection of freedom of speech and the principles of academic and artistic freedom. We are committed to open inquiry, vigorous debate, and creative expression inside and outside of the classroom. Visit the [Free Speech at Iowa website](#) for more information on the university's policies on free speech and academic freedom.

CC. Absences for Religious Holy Days

The University is prepared to make reasonable accommodations for students whose religious holy days coincide with their classroom assignments, test schedules, and classroom attendance expectations. Students must notify their instructors in writing of any such Religious Holy Day conflicts or absences within the first few days of the semester or session, and no later than the third week of the semester. If the conflict or absence will occur within the first three weeks of the semester, the student should notify the instructor as soon as possible. See [Operations Manual 8.2 Absences for Religious Holy Days](#) for additional information.

APPENDIX 1

Student Performance Assessment

PTRS:5790 and PTRS:5791 Integrated Clinical Education in Physical Therapy I & II

Student Name _____

Clinical Site: _____

CI Name _____

Date _____

PTRS 5790 and 5791: Integrated Clinical Education I and II Student Assessment Form

Please utilize this form to provide feedback to the student and the course instructor, Marcie Becker, DPT, GCS. Share your questions, comments, and suggestions with Marcie at 319-335-8552 or marcie-becker@uiowa.edu.

| Students are required to actively participate in patient care skills with direct clinical teaching of their instructor. Independence is not anticipated, but engagement is expected in all aspects of the profession. | |
|--|---|
| Patient Care Skill | Student Performance |
| Professional Behavior: (responsibility, respect for time, attire, use of technology, level of engagement, respect for feedback) Comments from CI: | <input type="radio"/> Development Recommended <input type="radio"/> Meets Expectations <input type="radio"/> Exceeds Expectations |
| Communication: (verbal and nonverbal communication with patients, patient family/caregivers/friends, PT/PTAs, interprofessional colleagues) Comments from CI: | <input type="radio"/> Development Recommended <input type="radio"/> Meets Expectations <input type="radio"/> Exceeds Expectations |
| Interpersonal Skills: (ability to interact with patients, families, PT/PTAs, interprofessional colleagues in a culturally aware manner) Comments from CI: | <input type="radio"/> Development Recommended <input type="radio"/> Meets Expectations <input type="radio"/> Exceeds Expectations |
| History Taking: (reviewing medical chart, discussing health status with patient and/or caregiver) Comments from CI: | <input type="radio"/> Development Recommended <input type="radio"/> Meets Expectations <input type="radio"/> Exceeds Expectations |
| Physical Therapy Hands On Skills: (vital signs, strength/ROM, functional mobility, gait, wheelchair mobility) Comments from CI: | <input type="radio"/> Development Recommended <input type="radio"/> Meets Expectations <input type="radio"/> Exceeds Expectations |
| Documentation: (organization of information, communicating skilled need and intervention, accurate summarization of PT session, goal writing, et) Comments from CI: | <input type="radio"/> Development Recommended <input type="radio"/> Meets Expectations <input type="radio"/> Exceeds Expectations |
| Other: (clinical site-specific opportunities) Comments from CI: | |

Thank you for mentoring the first-year physical therapist students from The University of Iowa!

APPENDIX 2

Clinical Education Advising Worksheet

University of Iowa
Clinical Education Advising Worksheet
DPT Class of 2026

Purpose: This worksheet is designed to help you organize your thoughts in preparation for your individualized clinical education plan. The questions prompt you to reflect and reason through clinical experience decisions. This is meant to be a working document that you utilize and reference throughout the placement process. This is an optional resource. However, if you schedule a meeting with a Clinical Advisor, you must submit this worksheet in advance of the meeting.

Instructions: To reflect upon your clinical education plan, goals, and resources, journal through the following questions. As you work through these questions, highlight items you wish to discuss in an advising meeting.

- 1) Now that you are fully immersed in DPT education, what are your interests? What are your dislikes? What sparks your curiosity? What is a struggle for you? Take this question wherever your mind goes. Do not put rules around your response. Allow yourself to think freely and honestly. This will likely be a question you come back and add content to as you work through this semester.**
- 2) When prioritizing your terminal clinical education experiences, a well-rounded clinical education plan is the priority. Are there other contextual factors that influence your site selection?**

Examples include:

- I am married and my spouse is employed here in the Iowa City area. I want to be near my spouse or our home during clinical education.....LOCATION is a factor.
- I am very interested in becoming a pediatric PT....PATIENT POPULATION/PRACTICE SETTING is a factor.
- My sister is getting married in July of 2026. I am her Maid of Honor and want to fulfill my personal responsibilities to the best of my ability. I wish to be at a location that allows me to be near her during that timeframe.....LOCATION DURING TCE I is a factor.
- I am carrying a significant debt load; I do not want to add exorbitant costs to my life during clinical education....LIVING WITH FAMILY AND FRIENDS AND SHORT COMMUTES is factor. I need to look at opportunities are near my housing resources.

List your factors here:

- 3) Are you willing to travel? Do you have housing available in specific locations? If so, where?**
- 4) What capacity do you have for commuting to and from clinical sites? Do you own a reliable car? Does public transportation and/or car-pooling need to be a consideration?**

5) What are your financial resources?* How do these factors impact your selection of clinical sites and locations?

*Note: You are not required to share your financial status with the clinical education advisors.

6) **Write down your thoughts about the following practice settings. Are you excited to complete a clinical experience in this environment? If so, why? Is this a practice setting that is less interesting to you? Why?**

Outpatient Orthopedic: A practice environment that primarily consists of seeking care for musculoskeletal complaints. Generally, these patients are more medically stable

Acute (Medically Complex): An inpatient practice environment where medical stability of the patient and the prevention of secondary complications are significant factors in the clinical reasoning process. The recommendation of an appropriate discharge location is a significant component of the physical therapy evaluation.

Rehabilitation (Medically Complex): An inpatient practice environment that primarily consists of patients seeking care for impairments associated with the neuromuscular system, chronic disease, and/or traumatic events. This could be acute inpatient rehabilitation or subacute inpatient rehabilitation.

Elective: A setting of the student's choice. This is an opportunity to explore or further explore an area of interest to the student. Some students may choose a specialty area of practice that is focused on a specific age group or patient population (pediatrics, geriatrics, pelvic health, athletes, neurological, aquatics, etc.). Students may also choose a clinical site that expands upon a previous clinical experience but from a slightly different perspective. For example, perhaps you complete your outpatient orthopedic experience in a hospital-based outpatient clinic. If you want a second outpatient orthopedic experience, this is an opportunity to select a privately owned outpatient orthopedic practice.

APPENDIX 3

Student Information Sheet

THE UNIVERSITY OF IOWA
DEPARTMENT OF PHYSICAL THERAPY & REHABILITATION SCIENCE
Student Information Sheet

Purpose: This form is designed to provide the student's contact and emergency information for the clinical instructor. It also encourages the student to initiate his/her individualized learning goals and foster communication between the student and the clinical instructor.

Directions: It is the student's responsibility to complete this form and send it to the Site Coordinator of Clinical Education and/or Clinical Instructor.

| | | | |
|--|--|--------------------|--|
| Student's Name | | | |
| Clinical Start Date: | | Clinical End Date: | |
| Clinical Site (Name) | | | |
| Student Address During Clinical Experience | | | |
| Student's Phone | | | |
| Student's E-mail | | | |

| | |
|---|--|
| EMERGENCY CONTACT (Person to be notified in case of accident or injury): | |
| Name | |
| Address | |
| Phone | |

| |
|--|
| GOALS AND OBJECTIVES: The skills I hope to strengthen or gain in consideration with the resources of this experience: |
| 1. |
| 2. |
| 3. |
| 4. |

| |
|--|
| Additional Information about me: (<i>Educational background to date, Hometown, Personal Interests, Experience in the type of PT Practice setting, Other Questions, Comments, Concerns</i>) |
|--|

APPENDIX 4

Physical Therapist Clinical Performance Instrument 3.0 (CPI 3.0)

PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT 3.0 (CPI 3.0)

The Physical Therapist Clinical Performance Instrument (CPI 3.0) is a standardized, validated instrument used to assess student performance during clinical education experiences. Clinical instructors will access CPI online to assess student performance during and at the end of the clinical education experience. Clinical instructors and students must complete an online training prior to accessing the CPI 3.0

More information on the PT CPI 3.0 and the training can be found here:

<https://www.apta.org/for-educators/assessments/pt-cpi>

APPENDIX 5

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction

Full Time Clinical Education Experiences (PTRS:6792,6793,6794,6795,6796) DPT Student Evaluation of Clinical Site and Clinical Instructor

The following are preview links to the student evaluation of clinical site and clinical instructor survey for each of the full-time clinical education experiences in the curriculum:

[PTRS 6793 Integrated Clinical Education III Student Evaluation of Clinical Site and Clinical Instructor](#)

[PTRS 6792 Integrated Clinical Education IV Student Evaluation of Clinical Site and Clinical Instructor](#)

[PTRS 6794, 6795, 6796 Terminal Clinical Experience I, II, III Student Evaluation of Clinical Site and Clinical Instructor](#)

APPENDIX 6

Professionalism-Citizenship Assessment Clinical Instructors

Professionalism-Citizenship Assessment

Clinical Instructors

| | | |
|---|---|---|
| <p>Untruthful: misrepresents position or status; misuses resources; falsifies data, plagiarizes or cheats</p> | <p>Exhibits forthrightness and truthfulness; trustworthy; identifies status and position appropriately; displays honesty at all times</p> | <p>Truthful to the point of blatant insensitivity; tactless</p> |
| 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 | | |

Honesty

| | | |
|---|---------------------------------------|--|
| <p>Inarticulate; poorly spoken</p> | <p>Speaks clearly and effectively</p> | <p>Dominates conversations; loud or indiscreet</p> |
| 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 | | |

Verbal

| | | |
|---|--|--|
| <p>Non-participatory, does not contribute</p> | <p>Works well with others and team members</p> | <p>Domination and authoritarian; overbearing</p> |
| 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 | | |

Teamwork

| | | |
|---|--|---|
| <p>Concern for self supercedes concern for others; self-centered; selfish, unwilling to extend self</p> | <p>Shows appropriate concern for others; goes the extra mile without thought of reward</p> | <p>Excessively deferential; overextends self to own detriment</p> |
| 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 | | |

Respect

| | | |
|---|--|---|
| <p>Makes excuses; displaces blame</p> | <p>Admits errors; responsibility for actions</p> | <p>Afraid to act for fear of making errors; assumes blame inappropriately; overly obsessive</p> |
| 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 | | |

Responsibility

APPENDIX 7

Graduate Student Review & Promotion

GRADUATE STUDENT REVIEW AND PROMOTION

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

<https://grad.uiowa.edu/academics/manual>

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

A doctoral student on regular status shall be placed on academic probation if, after completing 9 hours of graded (A, B, C, D, F) graduate work at The University of Iowa, the student's cumulative grade-point average falls below 3.00. A student will be returned to good standing when his or her cumulative grade-point average becomes equal to or greater than 3.00. If, after completing 9 more semester hours of graded (A, B, C, D, F) graduate work at the University, the student's cumulative grade-point average remains below 3.00, the student may be dropped from the degree program and denied permission to reregister within any Graduate College doctoral degree program. If there are extenuating circumstances, as determined by the departmental Graduate Student Review and Promotions Committee, and upon the approval of the DEO, a petition may be made to the graduate college for the student to have additional time to meet the 3.00 GPA requirement. If there are no approved extenuating circumstances the student may apply for and be accepted into a nondoctoral degree or certificate program. If, after completing the second 9 semester hours, the cumulative grade-point average is at least 3.00, the student is returned to good standing.

If a student receives a grade of D, F, or U in a course, they will not receive Graduate College credit and will be unable to continue in the program until graduate credit for that course is earned. If a student receives a grade of Incomplete in a course, they may be allowed to continue in the program during remediation. The Incomplete turns into an F, if not remediated in a timely manner. If it is not feasible to take the same course within one semester then an Incomplete can be carried across multiple semesters as approved by the Graduate Student Review and Promotions Committee.

Rules and Regulations of the Department of Physical Therapy & Rehabilitation Science:

The progress of all students will be evaluated by the **Graduate Student Review and Promotion Committee** following the completion of each academic session. The progress of individual students can be evaluated at any time as deemed necessary by circumstances or by the DEO. The results of these evaluations will be reported to the DEO. All recommendations from the Student Review and Promotion Committee are advisory to the DEO.

Committee Composition

- Three faculty, one PhD student, one DPT2 student.
- Student members will be recommended by their peers and approved by faculty committee members.
- DPT student members will serve one-year terms beginning July 1st each year. The PhD student member will serve one-year terms beginning September 1st each year.
- Students are non-voting members.
- Committee members will receive orientation and education regarding committee responsibilities by senior committee members.

Scope of the Committee

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

As deemed appropriate, the Graduate Student Review and Promotions Committee may request a meeting with a student in order to explore issues that are impeding their progress and/or their status in the program. The scope of the Review and Promotions Committee includes, but is not limited to, the following:

- Students who fail to receive a grade with Graduate College credit (A thru C- carries Graduate College credit) in courses or clinical education experiences.

- Unprofessional or unethical behavior such as plagiarism, dishonesty, theft, cheating, violation of patient confidentiality, alcohol or substance abuse-related violations, etc.
- Investigation of suspected academic misconduct. This may include review of video and/or electronic data recorded by the Respondus LockDown Browser, Zoom, Proctorio remote proctoring service, or other software used while administering exams.
- Information obtained from criminal background checks will be assessed by the Chair of the Admissions Committee in concert with the Committee. The DEO will maintain the confidentiality of individuals except in cases where the incident is viewed to potentially impact professional behavior, necessitating review by the Graduate Student Review and Promotions Committee.
- Negative comments on clinical education evaluations.
- Persistently poor or marginal academic or clinical performance.
- Requests to extend the period of study beyond the usual time allowed.
- Former students applying for reinstatement to the Department after withdrawal or dismissal.
- Other purposes as determined by the Department DEO in consultation with the Review and Promotions Committee.

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

Appearing before the Review and Promotions Committee

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

Review and Promotion Committee Actions

- Following the interview with the student, Committee members will discuss the student's situation and faculty members will vote on a recommendation to be sent to the Department DEO.
 - The recommendations of the Review and Promotions Committee, which may range from taking no action to dismissal from the Program, are forwarded to the DEO for ratification or amendment. Examples include, but are not limited to:
 - requiring the student to repeat or otherwise remediate academic deficiencies
 - a plan of action or recommendation for corrective action on issues of professionalism or behaviors
 - suspending the student or placing the student on leave of absence for a specified time or until specific conditions are met
 - changes in the student's program of study. This may include requiring the student to undertake an extended academic schedule
 - dismissal from the Program
- When voting on a recommendation, three faculty members must be present at the meeting and a simple majority is required for passing a recommendation.
- Review and Promotion Committee members may recuse themselves from an interview and discussion on a student if they feel there may be a conflict of interest. Faculty members who recuse themselves will temporarily be replaced by faculty members appointed by the Department DEO.
- Official paperwork outlining the Committee's recommendation will be delivered to the Department DEO and the student within 3 working days of the Review and Promotion Committee meeting.

Department DEO Actions

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

Grievance Procedures:

In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV.E. The manual is available online at: <https://grad.uiowa.edu/academics/manual>

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

1. The Department DEO will appoint a minimum of three faculty members, one PhD student, and one DPT2 student at the beginning of each academic year to serve, if called upon, as members of the Grievance Committee. Members will be different from those currently serving on the Graduate Student Review and Promotions Committee, except for the PhD student rep.
2. Prior to the formal initiation of the grievance process, a student should discuss the grievances with the Department DEO to resolve such grievances informally.
3. If the student continues to feel the decision is improper and cannot be resolved through the discussion provided for in #2 above, the student shall forward a written request for review of the decision to the Department DEO. The letter should outline the grievances in reasonable detail. In addition, the student should choose two of the faculty members and students from those chosen to serve on the committees, to constitute his/her review committee.
4. The Department DEO shall designate a chairman of the review committee from those committee members identified by the student.
5. The review committee chairman shall convene the committee as soon as possible. Normally it is expected that the review process will be completed within two weeks of its formal initiation by the student.
6. The student requesting the review shall have the opportunity to discuss the grievances directly with the committee and provide any supporting material relevant to the review.
7. The review committee shall then determine what additional information or consultation is necessary to complete their review.
8. Upon review of relevant information, the review committee shall communicate their findings and recommendations in writing to the student and the Department DEO. The committee's report should include major considerations in the decision.

The Graduate College policy is that questions involving judgment of performance will not be reviewed beyond the Department level. If, however, the student feels there has been unfairness or some procedural irregularity concerning dismissal, the student may pursue a grievance according to the Academic Grievance Procedure (AGP) established by the Graduate College. The AGP is available in the Graduate College. The student should consult with the Graduate College prior to initiating an academic grievance. If a Department decision is appealed, the Dean may appoint an appeals committee of faculty and students from a slate of nominees prepared by the Graduate Council and the Graduate Student Senate to recommend an appropriate course of action. The student should inquire at the Office of the Dean for further information. If the student disagrees with the decision made by the Dean, the student may request a review by the Provost.

APPENDIX 8

Clinical Site Description Form



Carver College
of Medicine

Department of Physical Therapy & Rehabilitation Science
Clinical Site Description Form

Name of Clinical Site:

Address:

SCCE Name:

SCCE Email Address:

Does your site have written learning objectives for students?

On average, how many full-time DPT students are mentored at your clinical site per calendar year?

Clinical practice settings available at this clinical site:

| | |
|---|--|
| Emergency Department | |
| Acute Care | |
| Acute Inpatient Rehabilitation | |
| Subacute Inpatient Rehabilitation | |
| Outpatient Rehabilitation | |
| Rural Health/Critical Access Hospital | |
| Home Health | |
| Extended Care Facility | |
| Fitness/Wellness | |
| School/Preschool | |
| Industrial/Occupational Health Facility | |
| Other | |

Patient Population:

| | |
|----------------------|--|
| 0-12 years of age | |
| 13-21 years of age | |
| 22-65 years of age | |
| Over 65 years of age | |

Health Conditions Encountered:

| | |
|--|--|
| Musculoskeletal | |
| Neuromuscular | |
| Cardiopulmonary | |
| Integumentary | |
| Cognitive/Mental Health | |
| Medically Complex, Multi-System Disease/Impairment | |
| Other (GI, GU, Renal, Metabolic, Endocrine) | |

Psychosocial Conditions Encountered:

| | |
|--------------------------------------|--|
| Lack of family and/or friend support | |
| Limited Employment or Unemployment | |
| Lack of Medical Insurance Coverage | |
| Inadequate Housing | |
| Poor Health Literacy | |
| Language Barrier | |

Does your clinic have hours outside of Monday-Friday, 8:00 am – 5:00 pm?

Describe the pace of this clinical environment.

_____ Slow-paced, frequent breaks from patient care activities during the work day. Significant flexibility available in the clinical care schedule; most days of the work week.

_____ Medium-paced, occasional breaks from patient care activities during the work day. Transitions from one activity to the next were completed in a fairly predictable pattern; most days of the work week.

_____ Fast-paced, minimal break from patient care activities during the work day. Quick transitions from one activity to the next, sometimes in an unpredictable pattern; most days of the work week.

Describe your clinical site culture. How would you describe your clinical site to students? What do you value about your clinical environment and/or clinical practice?

Learning Experiences:

| Experience | Required | Available | Not available |
|--|----------|-----------|---------------|
| Develop and present an in-service | | | |
| Direct and supervise PTAs and other support personnel | | | |
| Participate in administrative and business practice management | | | |
| Additional readings/project | | | |
| Provide service to community | | | |
| Other | | | |

Inter-professional Learning Experiences

| | | | |
|---|--|--|--|
| Patient Care Rounds | | | |
| Co-treatments | | | |
| Observations with other health care providers | | | |
| Observe surgery | | | |
| Journal Clubs | | | |
| Department/Committee Meetings | | | |
| Association with a physical therapy residency program | | | |
| Association with PT students from other DPT programs | | | |
| Association with students from other health care fields | | | |
| Other | | | |

Pre-Clinical Requirements:

Clinical site requires a drug screen:

Clinical site requires an additional background check. (University of Iowa DPT students are required to complete national and State of Iowa background checks within the first 6 weeks of starting the curriculum):

Pre-clinical orientation and/or additional training is required prior to arrival:

- _____ Drug Screen
- _____ Additional Background check
- _____ Preclinical orientation/training required prior to arrival

Professional Appearance and Dress Code Policy for this Clinical Site:

Housing Options:

- ☐ Student is responsible for housing
 - ☐ Clinical site can typically provide student with housing suggestions
 - ☐ Clinical site provides student housing
- Estimated Cost:

Transportation Options:

Food/Meal Options:

APPENDIX 9

Affiliation Agreement

Affiliation Agreement Between

The University of Iowa and

This Agreement is made and entered into this ____ day of _____, 2025, by and between The University of Iowa ("University") and _____ ("Facility").

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

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

I. PURPOSE

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

II. RESPONSIBILITIES OF UNIVERSITY

- A. University, after consultation with appropriate representatives of Facility, will agree on the educational program for student experiences and will provide Facility with discipline-specific goals and objectives for the Program.
- B. University and Facility together will plan the process for evaluation of student experiences.
- C. University will provide advance information to Facility concerning names of students, dates, and times to allow Facility time and opportunity to reasonably accommodate the University's Program.
- D. University will inform and explain to students of Program that during the Program at Facility, they will be under the jurisdiction of Facility officials for training purposes and will follow Facility rules to the extent that such rules relate directly to education and training in Program.
- E. University will determine the course of action when a student is determined unacceptable for the Program by University or Facility. University will withdraw a Student from the Program at Facility if, after consultation with Facility in accord with Paragraph III.E., University determines such action to be warranted. University will provide Facility written notification of such withdrawal.

III. RESPONSIBILITIES OF FACILITY

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

- B. Facility will provide or arrange for emergency treatment in the event of accident or illness to Students associated with their learning experience while at the Facility for the Program, such care to be provided at the Students' expense.
- C. Facility will provide the facilities, equipment, and supplies which are necessary to achieve the educational objectives of the Program and which may be required by federal and/or state law and regulations.
- D. Facility will provide personnel who are certified or licensed to practice physical therapy.
- E. Facility reserves the right, exercisable in its discretion after consultation with University in accord with Paragraph II.E., to exclude any Student from its premises in the event that such Student's conduct or state of health is deemed objectionable or detrimental to the proper administration of Facility, subject to the non-discrimination provisions of Paragraph VI. To assist University in its due process obligations to Students excluded or withdrawn from Program, Facility agrees to provide a written statement of the reason or reasons for the withdrawal or exclusion.
- F. Facility acknowledges that many Student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA"), and that Student permission must be obtained before releasing specific student data to anyone other than University. University agrees to provide guidance to Facility with respect to complying with FERPA.

IV. TERM AND TERMINATION

- A. This Agreement is for a term of three (3) years beginning on the effective date of this Agreement and may be renewed by mutual written consent of the parties for an unlimited number of renewal terms of three (3) years each.
- B. This Agreement may be terminated for any reason by either party upon sixty (60) days' written notice. Should notice of termination be given, Students assigned to the Facility shall be allowed to complete any previously scheduled clinical assignment then in progress at Facility.
- C. Notice of termination to the Facility shall be directed to:

- D. Notice of termination to the University shall be directed to:
 Directors of Clinical Education
 Department of Physical Therapy & Rehabilitation Science
 1-252 Medical Education Building
 The University of Iowa
 Iowa City IA 52242

V. LIABILITY

- A. Facility agrees to indemnify, defend, and hold University harmless from any and all claims arising from patient care provided or supervised by Facility. Facility shall have in place professional and general liability coverage for its obligations hereunder in the minimum amount of \$1,000,000 per occurrence with an annual aggregate of \$3,000,000 and shall provide a Certificate of Insurance upon request of the University.
- B. University agrees to be responsible for any and all claims or damages directly resulting from the negligent acts or omissions of University or its employees or agents to the extent permitted by Iowa Code, Chapter 669 (Iowa Tort Claims Act).
- C. University or Students shall obtain professional liability insurance to cover Students' activities in connection with the program in the minimum amount of \$1,000,000 per occurrence with an annual aggregate of \$3,000,000. Upon request, a certificate of insurance will be sent to the Facility to demonstrate that such coverage is in effect throughout the term of this Agreement.

VI. NON-DISCRIMINATION

Each party shall be separately responsible for compliance with all anti-discrimination laws which may be applicable to their respective activities under this Program. Neither party will discriminate against any Student in the Program on the basis of race, creed, color, religious belief, national origin, sex, age, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, affectional or associational preferences, or any other classification that deprives the person of consideration as an individual, and that equal opportunity and access to facilities shall be available to all.

VII. CONSIDERATION

- A. Under the terms of this Agreement, neither party is obligated to make any payments of any kind to the other party.
- B. Services rendered by Students covered by this Agreement are considered to be educational in nature, and, therefore, no monetary compensation shall be paid to Students by Facility or patients thereof. Nothing in the execution or performance of this Agreement shall be construed to establish an employer-employee, an agency, a partnership or a joint venture relationship among the University, the Facility, and the Students.

VIII. GOVERNING LAW

This Agreement shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any disputes arising hereunder.

IX. ENTIRE AGREEMENT

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

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

THE UNIVERSITY OF IOWA

FACILITY

By: Richard K. Shields, PT, PhD
Its: Program Chair & DEO
Date:_____

By: _____
Its: _____
Date: _____

By: Patricia Winokur, M.D.
Its: Executive Dean, Carver College of Medicine
Date:_____

APPENDIX 10

University of Iowa Policy on Student Mistreatment

STUDENT MISTREATMENT

The Carver College of Medicine seeks to promote and provide a supportive and professional environment free of student mistreatment in its administrative, educational and clinical settings. Several reporting and counseling avenues exist at the University of Iowa for students who have been mistreated. In addition to those services, students are encouraged to raise any concerns with their academic advisor, or any other contact within the department. The Carver College of Medicine uses AMA and AAMC guidelines to create the following definition of medical student mistreatment. We have adopted the Carver College of Medicine's Medical Education Committee has used AMA guidelines to create the following definition of medical student mistreatment:

Mistreatment may be operationally defined as behavior by healthcare professionals and students that causes harm to learners. Examples of mistreatment include: public embarrassment or humiliation, threat of physical harm or physical harm, requiring the performance of personal services, unwanted sexual advances, requiring the exchange of sexual favors for grades or other rewards, denial of opportunities for training or rewards based on gender, offensive sexist remarks/names, lower evaluations or grades solely because of gender rather than performance, denial of opportunities for training or rewards based on race or ethnicity, racially or ethnically offensive remarks/names, lower evaluations or grades solely because of race or ethnicity rather than performance, denial of opportunities for training or rewards based on sexual orientation or gender identity, offensive remarks/names related to sexual orientation or gender identity, lower evaluations or grades solely because of sexual orientation or gender identity rather than performance, negative or offensive behavior(s) based on personal beliefs or personal characteristics other than gender, race, ethnicity, sexual orientation or gender identity, intentional neglect, grading used to punish a student rather than to evaluate objective performance, assigning tasks for punishment rather than educational purposes, taking credit for a student's work.

REPORTING MISTREATMENT

Student mistreatment should be reported as follows:

- **Crimes and Violence**. Students who are the victims of misconduct that is also a crime are encouraged to contact the University's Department of Public Safety ("DPS"). <http://police.uiowa.edu/> Students should call 911 in an emergency. The Carver College of Medicine may refer allegations of mistreatment that may constitute criminal behavior to DPS.
- **Sexual Harassment/Assault**. Students are encouraged to report criminal incidents of sexual harassment or sexual assault to DPS <http://police.uiowa.edu/>. Complaints may also be forwarded to the University of Iowa's Office of Civil Rights Compliance (<https://ocrc.uiowa.edu>). The Carver College of Medicine will refer allegations of sexual assault to the appropriate University office for investigation and resolution. The College may refer allegations of sexual harassment to the appropriate University office for investigation and resolution.
- **Other Mistreatment**: All other types of mistreatment covered by this policy will be investigated and resolved by the Carver College of Medicine.

APPENDIX 11

Health Screening & Health Insurance Information

Requirements for Health Science Students

MMR (measles, mumps, rubella): (2) vaccines or positive antibody titres (blood tests) of all three diseases. (2) doses of each of the single component vaccines are acceptable. The first MMR must be given after the first birthday to be valid, and the MMR vaccines must be at least 28 days apart. For health science students, there is no age exemption for MMR.

Hepatitis B: (3) vaccine series with 2 or 3 vaccines completed at the appropriate intervals, followed by an initial antibody titre 1 month or more after third vaccine. The titre is REQUIRED, even if series was completed as a child. If you have no Hep B vaccination records but believe you got them, you can just get the titer to check for immunity. If you are a hepatitis B non-responder, repeat a hepatitis B vaccine series and check a titer 1-2 months after the final vaccine. If you are in the process of completing the requirement, you are given one semester to provide documentation.

Varicella (chicken pox): (2) vaccines or positive antibody titre. We do not accept report of disease history. If you had varicella disease as a child and no history of (2) vaccines, you must have a titre to document immunity.

Tetanus/diphtheria/pertussis: (1) Td (tetanus/diphtheria) at least every 10 years. Must have documentation of (1) Tdap (Tetanus, diphtheria, pertussis) vaccine.

TB (Tuberculosis) screening: A two-step TB skin test (TST) or the blood test- IGRA (Interferon Gamma Release Assay- QuantiFERON Gold or T-Spot) is required at the start of your program. Some clinical sites will require a repeat test every 12 months for compliance.

- If you have never had any TB skin testing, the two-step TST is done as follows: The first test is placed, and results are read in 48-72 hrs. The second test is placed at least 7 days after the placement of the first test and read at 48-72 hrs. Send documentation of both tests, and include placement date, reading date, result and mm induration. Having (2) negative TSTs within the past 12 months will meet the two-step requirement.
- If you have documentation of (1) negative TST in the past 12 months, or documentation of (2) negative TSTs in your past, you only need one more TST to meet the two-step requirement.
- If you have every had the Bacille Calmette-Guerin (BCG) vaccine, given to children in some countries to prevent TB, you should get the IGRA blood test instead of skin tests.
- If you have a negative TB test (IGRA) performed in the US within the past calendar year, that meets the initial TB screening requirement and a two-step TST is not needed. Indeterminate IGRA results will not be accepted.
- If you have a negative IGRA that was done longer than one year ago, you will need to repeat the IGRA (must be done in the US) or complete the two-step TST (if you have never gotten BCG vaccine).

Those with a history of a positive TST or IGRA must provide a copy of the CXR (Chest x-ray) report. If treated for LTBI (Latent TB Infection), provide medical information and treatment dates. Students with a history of a positive TST are also required to complete a symptom assessment at the start of their program. The "History of Positive TB Screening Results" form is in the link listed in this Health Sciences student section.

Health Screening: Complete the Health Screening form once upon entry to the Health Science program. Can be signed by RN, MD, DO, PA, ARNP. The form is in the Health Science Students section.

Other vaccines recommended by the CDC/ACIP and Student Health & Wellness:

Covid-19: 2 vaccine series if Pfizer or Moderna, 1 dose series if Johnson & Johnson

Meningitis: if initial vaccination was given before age 16, a booster is recommended Influenza: many rotation sites and hospitals require this annually

Hepatitis A: (2) vaccine series

HPV (human papilloma virus): (3)-vaccine series for males and females up to age 26

Health Insurance: All students are required to maintain health insurance. For details and additional information, visit <https://hr.uiowa.edu/benefits/ui-student-insurance/grad-students-and-health-science-majors-benefits>. You will automatically be enrolled in the University SHIP health insurance plan unless you provide proof of coverage or select a different plan. Before early June you will need to provide Proof of Coverage through MyUI (Student Information, Student Life Management, Student Insurance) if you have your own insurance or submit an enrollment form to select your UI insurance. Otherwise, you will automatically be enrolled in the UI SHIP health insurance program. The UI insurance will be effective July 1st each year.