LOMA LINDA UNIVERSITY

School of Allied Health Professions

DEPARTMENT OF PHYSICAL THERAPY

Entry Level Doctor of Physical Therapy Program

POLICY AND PROCEDURE MANUAL FOR CLINICAL EDUCATION

Students are required to read the enclosed information and sign a form stating that they have read and will abide by the following policies and guidelines to complete their coursework in the Loma Linda University DPT program.

Rev. 11-16-22

Policies and Procedures Manual for Clinical Education
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UNIVERSITY PRINCIPLES OF EDUCATION

University Mission

The mission of Loma Linda University Health is to continue the healing ministry of Jesus Christ, "to make man whole," in a setting of advancing medical science and to provide a stimulating clinical and research environment for the education of physicians, nurses, and other health professionals.

University Vision

Transforming lives through education, healthcare, and research.

University Core Values

The University affirms these values as central to its view of education: Compassion, Wholeness, Integrity, Teamwork, Humility, Justice, and Excellence.

SAHP Mission

Loma Linda University School of Allied Health Professions is committed to creating a globally recognized, world-class learning environment where students are taught in the manner of Christ.

SAHP Vision

We envision an environment that enables learners to lead, to heal, to serve, to touch the world in a way that transforms lives.

SAHP Purpose

To prepare our graduates to be employees of choice for premier organizations around the world, by providing them with practical learning experiences through partnerships with those open to sharing our vision.

Department of Physical Therapy Clinical Education Mission:

As part of a faith-based and diverse institution, we strive to improve the human movement experience and quality of life by advancing physical therapy practice through education, scholarship, and professional service.

ENTRY LEVEL DOCTOR OF PHYSICAL THERAPY PROGRAM

Clinical Education is a critical component of Physical Therapy Education. Like most healthcare and allied health professions, it is dynamic in nature. Professional task forces and special interest groups continue to provide input to develop models of clinical assessment which are more and more efficient and valid in representing student performance and program outcomes.

Program Objectives:
As part of a Seventh-day Adventist professional school within Loma Linda University, the Department of Physical Therapy is committed to inspiring our students and faculty to achieve academic excellence, live a life of service, appreciate diversity, and pursue lifelong learning.

Goal It is the goal of the entry-level Doctor of Physical Therapy Program, hereafter referred to as the Program, to graduate students who:

SG1: demonstrate entry-level knowledge and clinical skills appropriate for physical therapy practice.

SG2: demonstrate an understanding of using evidence-based practice to guide clinical decision making.

SG3: demonstrate effective verbal and non-verbal communication relating to physical therapy practice.

Outcomes

SO1: 100% of students will have an anchor descriptor of Advanced Intermediate or above for all 18 criteria on the APTA Clinical Performance Instrument (2006 version) by the end of their third long clinical experience. (SG1)

SO2: 100% of students will earn a passing grade for all clinical courses. (SG1, SG2).

SO3: 100% of students will earn a passing grade for all 3 research track courses. (SG2, SG3)

Objectives of Clinical Experiences

1. To provide the students with clinical supervision by experienced, licensed physical therapists in an environment representative of the physical therapy scope of practice.
2. To provide students with opportunities for physical therapy practice with patients/clients in interdisciplinary learning environments to apply the knowledge and experiences gained in the classroom and laboratories.
3. To provide a setting in which the clinical performance of the student may be evaluated in order to determine readiness to enter the Profession at the completion of the Program.
4. Expose the student to clinical education models, and roles and responsibilities of clinical educators.

Section 1: GENERAL POLICIES

ACADEMIC CONSIDERATIONS

Each student's record is reviewed quarterly by the Program faculty. Promotion is contingent on satisfactory academic and professional performance and on factors related to aptitude, proficiency, and responsiveness to the established aims of the school and of the profession. As an indication of satisfactory academic performance, the student is expected to maintain the following minimum grade point average: associate programs - 2.0; doctoral degree programs - 3.0.

INTERNATIONAL CLINICAL EXPERIENCES

All clinical experiences are to be completed within the United States of America. Facilities that are in a USA commonwealth will be considered on a case-by-case basis by the Department of Physical Therapy Clinical Education Committee.

PROFESSIONAL BEHAVIOR EXPECTATIONS

- As an indication of satisfactory professional behavior, students are expected to demonstrate attributes, characteristics and behaviors that are not explicitly part of the professional core of knowledge and technical skills but are nevertheless required for success in the Profession. Students are guests in the clinical facilities and are expected to conduct themselves in a professional manner in actions, behavior, attire, and appearance, in accordance with the facilities' standards and University's policies and expectations. They are expected to carry out assignments safely and competently according to procedures demonstrated in class and/or the clinic. If the student feels a procedure is unsafe, contraindicated, or if they are not prepared to perform it safely, they must report this to their Clinical Instructor (CI). A patient should not receive treatment until the physical therapist or physical therapist student has done an initial evaluation.

Student behavior reflects on the School of Allied Health Professions, Loma Linda University students are expected to follow ethical and professional standards of the School and University. They must follow the Program's dress code unless directed otherwise by their Director of Clinical Education (DCE) (see Dress Code in Appendix One).

One other behavior has to do with attendance and tardiness. Tardiness is **NOT** acceptable behavior and will influence the student's evaluation in a negative manner.

The APTA has identified behaviors [Core Values] that are integral to the administration of physical therapy services. These behaviors are described below.

Accountability

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

Altruism

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

Collaboration

Collaboration is working together with patients and clients, families, communities, and professionals in

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

Compassion and Caring

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

Duty

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

Excellence

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

Integrity

Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.

Social Responsibility

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

Reference:

CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT
HOD P06-19-48-55[Amended: HOD P06-18-25-33; Initial HOD P05-07-19-19;] [Previously Titled: Core Valu es: for the Physical Therapist] [Position]
American Physical Therapy Association. Core Values for the Physical Therapist and Physical Therapist Assistant. 9/20/19. Accessed 7/6/2021. https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant

LEGAL AND ETHICAL PRACTICE

A description of professional behavior would not be complete without the *Code of Ethics* adopted by the American Physical Therapy Association, hereafter referred to as the Association, considered binding on physical therapists who are members of the Association. Student membership in this Association is required by the Department of Department of Physical Therapy for both physical therapist and physical therapist assistant students. (See Appendix One for the Physical Therapist *Code of Ethics* and the *Guide for Professional Conduct* and the *Standards of Ethical Conduct for the Physical Therapist Assistant* and *Guide for Conduct of the Affiliate Member*.

ESSENTIAL FUNCTIONS

The practice of physical therapy is unique and requires the professional to possess skills and physical abilities that would allow effective participation in the didactic as well as clinical components of the education. These Essential Functions are delineated in program specific documents found in Appendix One.

Section 2: CLINICAL EDUCATION POLICIES

ASSIGNMENT OF CLINICAL EDUCATION EXPERIENCES

"All clinical assignments will be made by the Director of clinical education (DCE) or a designate. Because of the limited number of local facilities, assignments cannot be made on the basis of the student's family/marital status or personal preference. Although the department makes an effort to accommodate the student's preference, the student agrees to accept the clinical assignments made by the department at any of the affiliated facilities, whether local or out of state." *LLU 2021-2022 Catalog-Entry level D.P.T Program-Clinical experiences.*

The Department of Physical Therapy uses a lottery system for student selection of pre-arranged clinical slots. Students also have the option of placing a Special Request for a site which is not a pre-arranged clinical slot. This may be an existing or new contract. The DCE will make the decision as to whether a contract with a new site is pursued on the student's behalf.

The *School of Allied Health Professions Policy Handbook* provides guidelines for clinical assignments when a question of fitness for duty or accommodation occurs, such as medical conditions, emotional instability, pregnancy, or incompetent immunological systems (See Appendix One).

Required Clinical Experiences:
Supervised clinical experiences are obtained in a variety of settings, and at different times. There are two fulltime short clinical experiences (SCE) occurring at the end of the first year and the second year respectively. There are three fulltime long clinical experiences (LCE) occurring in the final year of the Program.

Program	**SCE settings**	Length	**LCE settings**	Length
DPT	One Outpatient Orthopedic One Inpatient	One 4-week One 4-week	One Outpatient Orthopedic One Inpatient One Elective (any setting)	One 12-weeks One 11-weeks One 10-weeks

Each clinical experience should average 40 hours per week. Occasionally, the Clinical Education Committee may approve collaboration with a clinical facility that can only provide a minimum36 hours per week.
The DPT student must satisfactorily pass all five clinical experiences to qualify for completion of the Program. If a clinical experience occurs in two or more settings, a minimum of 75% time spent in one setting is required to classify it as that setting.

General goals for clinical education experiences

- To provide learning experiences for students in a wide variety of patient types and clinical settings representing a broad cross-section of current physical therapy specialties and practice.
- To prepare the student as a generalist in the Profession, equipped to add specialization to a broad and solid foundation as entry-level professionals in any practice arena.

General guidelines

- Students **may not** attend two SCE's or two LCE's at the same facility.

- Students may attend the same facility for an SCE and a LCE once. However, this is not recommended as a variety of settings and clinical sites increases the breadth of clinical education, likely enhancing the student's readiness to be a generalist clinician.

- Students are NOT assigned to a SCE or an LCE in a facility where there is any potential for conflict of

interest. This may include but not be limited to a facility where a relative, or significant other is employed as a PT, PTA, or in an administrative position over the physical therapy department. Potential conflict of interest will be reviewed by the Clinical Education Committee as needed.

- Students are NOT assigned to facilities where they are either currently employed or have been employed in the last 5 years. Students will be held accountable for revealing such information to their DCE prior to the assignments. Failure to reveal this information will lead to disciplinary action by the Department of Physical Therapy Clinical Education Committee and may result in dismissal from the Program.

- Students are NOT to engage in fraternization with their CI or other staff at the facility during the time of the clinical experience.

STUDENT COMMUNICATION WITH CLINICAL FACILITIES AND PROGRAM

Unauthorized Contact
Under **no circumstance** is a student, parent, family member or friend of a student **to contact** a Facility Director, Site Coordinator of Clinical Education (SCCE), Clinical Instructor (CI) or other staff in any facility with which LLU SAHP holds a clinical affiliation agreement **for any reason without specific permission of the appropriate DCE**. **All communication to request placement for a clinical experience with facilities must be done by the DCE**. A student will not be placed in a facility if there is evidence that any person other than the DCE has contacted the facility to request clinical placement.

If a student makes unauthorized contact with a clinical facility, disciplinary action(s) will be taken which may include but are not limited to:
- Deferment of the clinical experience to a later time.
- Removal from the Program due to unprofessional and unethical behavior.
  The disciplinary action will be decided upon by the Clinical Education Committee and presented in writing to the student.

Authorized Contact
If a student is interested in a facility that is **not on the current contract list**, the student may discuss a Special Request for placement with the respective DCE. **Limited authorization may be granted for the student to make an initial inquiry to collect information regarding possible interest at the clinical site in accepting students for clinical education.**

Required Contact
Unless directed otherwise by the DCE, each **student is required to contact the SCCE/CI for final details at least four weeks prior** to the beginning of any clinical experience.

Critical Communication
In an emergency the student must:
- Notify the SCCE, CI, or Supervisor at the facility of the clinical experience.
- Notify the DCE or Program Director.

If the student is ill or unable to go to the clinic facility as assigned for any reason the student must:
- Call the CI or SCCE prior to the start time that day.
- Call the DCE or Program Office Secretary informing them of the absence on the same day as the absence. Report all serious illnesses to the LLU Risk Management Student Insurance Claims Examiner – James Mendez 909-558-1000 ext. 58113.
- Arrange for "make-up" time with the SCCE/CI and DCE.
- A physician's note is required for absences of three or more consecutive business days or ER visits and

must be given to the SCCE, CI and the DCE.

- In the event of injury to a patient or the student, the student must:
    - Report the incident to the CI and SCCE immediately and to the Program DCE.
    - The DCE will report any incident that involves injury to a patient to the LLU Risk Management Liability/Casualty Manager, 909-558-1000 ext. 14010.

If time is lost from the clinical experiences or the experience was postponed due to a serious medical condition:

- **The student should give both the SCCE/CI and the DCE a physician's note** before he/she can either return to the clinical facility or start the postponed clinical experience.

If unexpected clinical problems develop:

- For patient-related problems (e.g., treatment protocols, scheduling issues, incidents involving patients, institutional procedures), the student should communicate first with the CI to identify the problem and work together to resolve the situation.
- If the problem persists, the student will consult with the SCCE and the DCE.
- For interpersonal problems with the CI or other staff, the student may contact the DCE for help in addressing the problem. If the student is not able to solve the problem within the clinic, the DCE shall be contacted for consultation.

Contact	DPT Short Clinical Experiences	DPT Long Clinical Experiences
Director of Clinical Education	**Henry A. Garcia** W**:** 909 558-4632 x 47332 /follow prompts Email: HGarcia@llu.edu	**Theresa Joseph** W: 909-558-7744 W: 909 -558-4632 and follow prompts Email: TJoseph@llu.edu
Program Director	**Larry Chinnock** W: 909-558-4632 x 47251/follow prompts Email: lchinnock@llu.edu	**Larry Chinnock** W: 909-558-4632 x47251 Email: lchinnock@llu.edu

RESPONSIBILITIES OF THE UNIVERSITY AND PROGRAM

Students remain under the jurisdiction of the University during clinical experiences. This includes but is not limited to:

- Requiring students to register for the clinical experience. Registered students are therefore covered by a health insurance and liability insurance plan. *(Please refer to the letter from Risk management in Appendix One).*
- Requiring that each student has an annual background check.
- Providing students with an identification badge and name tags.
- Providing a primary point of contact, i.e., the DCE or designee) for student assignment and planning for participation in and monitoring while on the clinical experience.
- Requiring all students have completed required health screens.
- Requiring all students to abide by the policies and procedures of the clinical site while at the site and using its facilities. Providing final grade assignment for clinical experience.

RIGHTS, PRIVELEGES AND RESPONSIBILITIES OF THE CLINICAL EDUCATION SITE

Clinical Site
The clinical site is an environment in which physical therapy rendered is typical of the scope of practice. Loma Linda University (the University) negotiates legal affiliation agreements with each clinical facility or group whereby the students have access to clinical experiences. These contracts may vary slightly between each facility and organization but have the same basic premise of agreement.

Clinical Education Faculty (CEF)
The Clinical Education Faculty are the Site Coordinator of Clinical Education (SCCE) & Clinical Instructor (CI) The SCCE is the primary contact for the Program and coordinates and manages the student's learning experience in the clinical setting. The DCE relies on the SCCE to assign the student to the CI with consideration for achieving the most successful outcome. The SCCE maintains the Clinical Site Information Form (CSIF) which may be a source to the Program to provide current background and qualifications of the CI and general information related to the site.

Clinical Education Faculty are expected to:

- Comply with regulations for practice as identified by the professional organization and governing agencies.
- Have a minimum of one year of clinical experience if acting in role of primary Clinical Instructor.
- Provide student orientation to setting and communicate expectations and responsibilities early in the clinical experience.
- Provide ongoing constructive feedback of student performance with consideration of students learning style and needs and which stimulates collaborative learning.
- Evaluate the student according to the guidelines and tools provided by the program and complete documentation in accordance with identified schedule.
- Communicate with the Program DCE in a timely manner regarding student issues.
- Provide clinical education learning experiences within a safe environment, with a caseload which is representative of the physical therapy scope of practice and allows the student to practice skills learned in the Program.
- Demonstrate ongoing desire and skill in providing clinical instruction to students and continuing professional development.

Clinical Education Faculty Development

The CI is a licensed physical therapist with a minimum of one year of clinical experience. The Program strongly encourages the ongoing pursuit of continuing education for SCCEs and CIs.

The Program recognizes that in some clinical sites, the same individual may serve as SCCE and CI. SCCEs and CIs who remain current in their area of practice, knowledgeable regarding healthcare trends and avidly utilize resources for professional and personal development possess an advantage in being more effective teachers. In addition to participation in local PT clinical education forums, the Clinical Education faculty may benefit from reviewing APTA guidelines for development at:

https://www.apta.org/search?q=development+of+clinical+education+programs
https://www.apta.org/for-educators/assessments/pt-cpi

Responsibilities of the Clinical Education Site include the following:

- Provide suitable clinical learning experiences as prescribed by the Program curriculum and objectives.
- Designate appropriate personnel to coordinate the student's clinical learning experience. This designate shall be called the Clinical Education Supervisor or Site Coordinator of Clinical Education (SCCE).
- Provide all equipment and supplies needed for clinical instruction at the clinical site.
- Provide necessary emergency care or first aid required by an accident occurring at the facility.

Rights and Privileges of the Clinical Education Faculty (CI/SCCE)

University Standard: The standard affiliation agreement signed by the facility and the University outlines rights and privileges of the clinical education faculty including but not limited to:

- The right to designate the individual from their staff who will coordinate the student's clinical leaning experience at the facility.
- The right to receive assignment of only students who have satisfactorily completed the prerequisite didactic portion of the curriculum.
- The right to recommend withdrawal, and or exclude, any student from its premises.

Program Standard: The faculty and staff of the Program recognize the contribution of CEF. With the goal of fostering a mutual relationship of professional development, several additional rights and privileges have been extended to them:

- Clinical education faculty are offered attendance to LLU PT hosted continuing education courses at a discounted rate.
- The Program provides documented verification of hours earned towards CEU credit (consistent with the licensing board criteria) for providing clinical instruction to the students.
- The Program provides sponsorship to a number of clinical education faculty to the APTA Clinical Instructor credentialing courses annually.
- Clinical education faculty have increased access to professional forums such as CEF and CEF-IACCC combined meetings via announcements and facilitated processes made by the Program. These forums offer additional opportunities for individual input to the development of the Profession as well as personal professional growth.
- Clinical education faculty have a right to provide feedback to the Program regarding program development and community perspectives related to the PT scope of practice.

COMMUNIATION BETWEEN CLINICAL FACILITY AND ACADEMIC PROGRAM

Schedule of Communication between the DCE and SCCE/CI:

- The DCE sends an annual request form in March to the SCCE who may indicate a commitment to provide specific clinical experiences for the following year or to defer until slots are requested by the DCE as needed.
- Approximately 10-12 weeks prior to the start of the clinical experiences, the DCE forwards a written request for confirmation of the clinical slot offered by the SCCE.
- Approximately 5-6 weeks prior to the start of the clinical experience, the DCE sends a standard student information packet to the SCCE. ***The Program expects the SCCE to use care in sharing the student's personal information on "need to know" only basis.***
- The student contacts the SCCE at least 4 weeks prior to the start of the clinical experience to introduce self and to discover specific expectations for practice at the site. The student then completes any additional requirements.
- If an offered clinical slot is not assigned to a student, the DCE sends a letter of cancellation to the SCCE 3-4 weeks before the start date.
- For LCEs, the DCE or faculty designee contacts the SCCE and/or CI 1-3 weeks prior to the midterm to schedule a midterm performance review session. The SCCE/CI is expected to contact the DCE for resolution of problems at any time during the clinical experience as needed.
- The student is responsible for returning the required completed documents to the DCE at the end of the clinical experience. The CI is expected to complete the documentation by the final day of the clinical experience.
- The Program provides documented verification of hours earned towards CEU credit (consistent with the licensing board criteria) for providing clinical instruction to the students. These are sent to the clinical site approximately six weeks after the clinical experience.
- **Student *Accommodations.*** If a student is granted approval by the school for accommodations or needs special supervision, the DCE discusses these needs with the SCCE prior to confirmation of the clinical experience. If special needs are discovered or become necessary while in the clinic, the SCCE/CI is to notify the DCE immediately.

Feedback

Feedback from the Clinical Education Faculty to the Program includes the following:

- During the midterm visit of long clinical experiences and at the end of both short and long clinical experiences. Feedback regarding the Program's preparation of the student for practice in the specific setting is discussed and documented.
- Completion of a brief survey regarding the Program's functions and processes at the end of the Long Clinical Experiences.
- During Community Advisory Council meetings and more detailed surveys distributed at other intervals as deemed necessary by the Program DCEs and Program Director.

Feedback from the Program and Student to the SCCE/CI includes the following:

- Students are expected to give formal feedback to the DCE and the CEF regarding the clinical experience via The APTA *Physical Therapist Student Evaluation of Experience and Clinical Instruction* form and the *SCE Evaluation* form. It is recommended that the SCCE/CI keeps a copy which may be used for self-assessment and development. The DCE may choose to follow-up on information provided via this tool at the time of the midterm visit or otherwise as appropriate.
- During the LCE midterm visit/review, the DCE or faculty designee observes the clinical environment and provides feedback which may enhance the teaching/learning experience.
- The Program provides, as deemed appropriate, general announcements and information regarding the University and Program to clinical education faculty via either written, verbal, or online communications.
- The DCE or designee present information accumulated through SIG meetings such as IACCC-CEF annual meeting.

- The DCE obtains information regarding post professional educational needs of the CIs via course evaluation surveys at Program sponsored continuing education events. Assessment and development of educational opportunities are communicated to the CEF via email and University website.

Complaints

Outside Complaints or Grievance Procedures

The Doctor of Physical Therapy Program at Loma Linda University values comments and concerns from the outside public, in regards to the behavior of our students. We strive to graduate competent, compassionate, and ethical students. These behaviors should carry with the student past the clinic doors.

Any grievance made will be responded to and dealt with in a timely and appropriate manner.

Procedures and Responsibilities

Complaints can be made in writing through email or anonymously over the phone.

The Chair of the Department of Physical Therapy will manage the complaint and respond in a timely manner. Depending on the gravity of the complaint, a committee may be created to hear the complaint and a vote taken to decide the student's standing in the Doctor of Physical Therapy Program. Legal counsel will be consulted when deemed appropriate.

Responsible Party: Chair of the Department of Physical Therapy, Dr. Larry Chinnock at lchinnock@llu.edu 909-558-4632 Ext. 47251

ASSESSMENT OF STUDENT LEARNING IN CLINICAL SETTING

Short Clinical Experience (SCE)

Students' performance during the SCE is assessed using a Short Clinical Evaluation Form. The form is used by the CI to assess students' clinical performance of basic PT skills and by the student as a self-assessment of performance of basic PT skills appropriate for the clinical experience and in the clinical setting. The student receives instruction in the use of the tool and is expected to collaborate with the CI in setting performance goals that allow for self-reflection and self-development.

The SCE Evaluation tool includes two components:

CI assessment of the student's clinical performance.

Student's self-assessment of performance and evaluation of clinical experience.

Although a formative assessment at the midpoint is not performed during SCE, the CI is encouraged and expected to provide feedback as needed during the course of the clinical experience. A formal evaluation with CI and student including a documented narrative summary end of the SCE expected.

Procedure for Final Assessment of SCE

1. Evaluation of student by the CI includes documentation using the *SCE Evaluation Form*.
2. Student Self-Assessment using the *SCE Evaluation Form*.
3. Interviews by academic faculty with the CI and the student if needed.
4. Timely submission of other program assignments (see instruction in student information packet)

Learning Objectives for Short Clinical Experiences

At the end of the Short Clinical Experience (SCE) the student will be able to demonstrate Professional Behavior and Communication with few prompts or without prompts and will be able to perform basic PT skills with assistance or without assistance in the following areas, as indicated:

1. Professional Behavior: Punctual, dependable; appropriately dressed; shows initiative; DCE responsibility of own behavior; Protects patient privacy; respectful of authority; manages own time wisely. (7D1, 7D4, 7D5, 7D6, 7D14)

2. Communication: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, inter-professional team members, consumers, payers, and policymakers. (7D7, 7D21)

3. Safety: Safe work area, patient safety, proper body mechanics, universal precautions, facilitated transfers. (7D33, 7D37**)**

4. Screening: General health, blood pressure, pulse oximetry, heart rate, pain, respiratory rate, limb girth, and sensation. (7D16, 7D34, 7D35)

5. Range of motion: Upper extremity, lower extremity, spine. (7D17, 7D18, 7D19 a-w, 7D35)

6. Manual Muscle Tests: Upper extremity, lower extremity. (7D17, 7D18, 7D19 a-w, 7D35)

7. Biophysical Agents: As indicated. (7D17, 7D18, 7D19 a-w, 7D35)

8. Gross ADL / Mobility: Transfer training, gait assessment. (7D17, 7D18, 7D19 a-w, 7D35)

9. Miscellaneous Skills: Orthopedic special tests, neurologic special tests. (7D17, 7D18, 7D19 a-w, 7D35)

Long Clinical Experiences (LCE)

Assessment tool:
APTA Physical Therapist Clinical Performance Instrument (CPI, version 2006):
The CI completes an assessment of the student
The student completes a self-assessment

The student receives instruction in the use of the assessment tool and is expected to collaborate with the CI in setting performance goals and to allow for self-reflection and self-development.
The tool contains 18 criteria which are used to assess student performance at the midterm and final evaluations.

In addition to online resource, instructions for use of the CPI tool are located in the student's clinical manual which should be available to the CI throughout the clinical experience.
Clinical Instructors and students are instructed to complete the online APTA training as found on the APTA online learning Center prior to completion of the performance assessment:
https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files

Midterm reviews: Key academic faculty are assigned to each student for review of the student's performance with the student and CI at midterm. Completion of the CPI for the midterm is highly encouraged to allow a more meaningful and efficient discussion and problem solving as needed

Specific standards for satisfactory completion of each LCE.
See Appendix 2 or individual Course Outline included in the informational packet for the student

While the expectations for student performance increases with successive clinical experiences, some students perform at a level above the required standard for the particular experience. The CPI provides a mechanism for indicating such performance described as" Beyond Entry-level Performance."

In addition to the summative discussion and documentation of the student's performance presented at midterm

and final evaluation periods, the program highly recommends that the CI provides additional student feedback as needed to foster ongoing professional development.

Procedures for Final Assessment of LCE**:**

1. Evaluation of student by the CI (includes documentation using the APTA CPI.
2. Student Self-Assessment using the APTA CPI.
3. Student submission of other program assignments (see CI instruction letter or Course outline)
4. Documentation of midterm Reviews by academic faculty with the CI and the student.

Learning Objectives for Long Clinical experiences:

The following objectives correspond with the CAPTE Standards & Required Elements listed at the end of each objective:

At the completion of the course, LCE I, LCE II, or LCE III, the student will demonstrate performance on all Physical Therapy APTA CPI criteria 1-18 at or above standard set by the program for the specific experience (See specific Course Outline, or Appendix Two for *Standards of Satisfactory Completion of LCE*)

Professional Practice

1. Physical Therapist CPI criteria 1: Safety. (7D33, 7D37**)**
2. Physical Therapist CPI criteria 2: Professional Behavior. (7D1, 7D4, 7D5, 7D6, 7D14)
3. Physical Therapist CPI criteria 3: Accountability. (7D2, 7D3, 7D41)
4. Physical Therapist CPI criteria 4: Communication. (7D7, 7D21)
5. Physical Therapist CPI criteria 5: Cultural Competence. (7D8)
6. Physical Therapist CPI criteria 6: Professional Development. (7D13, 7D15)

Patient Management

7. Physical Therapist CPI criteria 7: Clinical Reasoning. (7D9, 7D10, 7D11, 7D34, 7D36, 7D40)
8. Physical Therapist CPI criteria 8: Screening. (7D16, 7D34, 7D35)
9. Physical Therapist CPI criteria 9: Examination. (7D17, 7D18, 7D19 a-w, 7D35)
10. Physical Therapist CPI criteria 10: Evaluation. (7D20, 7D35, 7D40)
11. Physical Therapist CPI criteria 11: Diagnosis and Prognosis. (7D22, 7D23, 7D35, 7D40)
12. Physical Therapist CPI criteria 12: Plan of Care. (7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40)
13. Physical Therapist CPI criteria 13: Procedural Interventions. (7D27a-i, 7D35, 7D35)
14. Physical Therapist CPI criteria 14: Educational Interventions. (7D12, 7D34, 7D35)
15. Physical Therapist CPI criteria 15: Documentation. (7D32, 7D38)
16. Physical Therapist CPI criteria 16: Outcomes Assessment. (7D31, 7D38, 7D40)
17. Physical Therapist CPI criteria 17: Financial Resources. (7D35, 7D36, 7D38, 7D40, 7D41, 7D42)
18. Physical Therapist CPI criteria 18: Direction and Supervision of Personnel. (7D25**,** 7D29)

(See Appendix Two for document, ***PT CPI Performance Criteria Matched with Elements for PT Programs*** for description of related 7D elements.)

CRITERIA AND PROCEDURES FOR SUCCESSFUL COMPLETION OF CLINICAL EXPERIENCES

All Short Clinical Experiences must be completed successfully before proceeding on to a Long Clinical Experience.

Grading and Intervention (The Entire DPT Grading Policy may be found in Appendix Two).

The following include resources for grading of clinical experiences:

1. Physical Therapist Clinical Performance Instrument (CPI) or the SCE Evaluation Form.
2. Interviews conducted by academic faculty reviewers with the Site Coordinator for Clinical Education (SCCE), Clinical Instructor (CI) and the student.
3. Student's *Self-Assessment* using *the Clinical Performance Instrument - or the SCE Evaluation Form.*
4. Documentation of assignments as indicated in the Course Syllabus/Outline.

Students are expected to demonstrate attributes, characteristics and behaviors that are not explicitly part of the professional core of knowledge and technical skills but are nevertheless required for success in the profession. The APTA has identified behaviors [Core Values/Values-based behavior] that are integral to the satisfactory completion of a clinical experience. The CEC will reference these APTA sources to substantiate the decision for grading as deemed necessary.

Each student is expected to receive a satisfactory rating by the end of each clinical experience. Each rotation is independent of the others and must be satisfactorily completed.

Challenges with meeting expectations

If the clinical faculty (SCCE/CI) finds that the student is not meeting the requirements or expectations for the clinical experience, SCCE/CI should contact the DCE to develop an agreeable plan of action for successful completion. The student is also encouraged to contact the DCE in this regard. Periodic review and specific feedback from the CEF should be provided to the student and the DCE. If the problem remains unresolved, the Clinical Education Committee (CEC) will review the case and provide input up to and including immediate termination of the clinical experience. A clinical facility also has the right to terminate an experience at the discretion of the CEF and/or administration. Errors in safety and/or judgment and unprofessional behavior may be grounds for the student to be removed from the facility. **A student who chooses to terminate any clinical experience without consultation and approval from the respective DCE will automatically receive an "Unsatisfactory" grade** for the clinical experience**.**

The Clinical Instructor does not determine the final grade for clinical experiences. If the student is at risk of receiving an unsatisfactory grade, the CEC will review the indicators listed above and will determine the final grade.

The *Program Clinical Education Committee* is comprised of the following: DCE's from PT and PTA Programs, Program Directors of PT and PTA, Academic Faculty who perform PT Midterm reviews, as representation of the PT faculty. The CEC has the right to obtain additional input from other faculty in assessing the overall student performance and assigning the grade.

Timely submission of clinical documents to the DCE by the student is critical to facilitate timely review and grade assignment. If the student fails to complete and submit the required documents including CPI, SCE Evaluation Form, Student Evaluation of Clinical Experience form, Reflection summaries, surveys In-service / Project Report and all appropriate signatures and dates, by 5:00 p.m., the MONDAY after the last scheduled date of the clinical experience, an **"Unsatisfactory" (U) grade will be submitted. A "U" grade entered under this condition must be remediated by submission of completed documents and re-registration for the clinical experience.**

Scholastic Disqualification Policy

- The Program has a policy regarding disqualification based on scholastic performance throughout the program. If a student receives a "Failed" or an "Unsatisfactory" grade, he/she will receive "Disqualification Points" equal to the academic units of that course.

- A student who receives a cumulative of 5 grade penalty points disqualifies himself/herself from the Program.
- A student who receives a second unsatisfactory grade in a clinical assignment disqualifies himself/herself from the Program.
- The disqualification points continue to accumulate even if the student has completed a remediation for the course and the grade was changed from “F” to “C”.
- When a student repeats a course in which he/she received an unsatisfactory grade, the points received by the student continue to be in effect.

Section 3: STUDENT RIGHTS AND RESPONSIBILITIES.

STUDENT RIGHTS AND ACCESS TO BENEFITS
These resources are detailed in the University Student Handbook as well as the Student Handbook for the Physical Therapy program.

STUDENT RESPONSIBILITES
This section contains the individual responsibilities for the DPT student as they relate to the clinical setting. Compliance with these policies and responsibilities is necessary for satisfactory completion of each SCE and LCE.

Health Policies - All students must have the following on file with the DCE or designee:

TB test - (Tuberculosis Screen)
Documentation of the TB test must be current within 1 year prior to starting a clinical experience. Some clinical sites may require a two-step test or a test within a shorter time. If the TB test is positive, a copy of the chest x-ray report must be on file.

Hepatitis B Vaccine - Documentation for 3 vaccinations or a report of a positive antibody titer.

MMR - (mumps, measles and rubella vaccine) - Documentation of immunization or a report of a positive antibody titer.

TDAP - Tetanus, Diphtheria and Pertussis. Documentation of inoculation within the last ten years.

Varicella (chicken pox) - Proof of a positive varicella titer or a series of two injections. Some clinical sites require a titer.

Seasonal Flu - Documentation of influenza vaccine for current flu season, October-March.

Site Specific - There may be other additional health records that are required by some clinical facilities. The student is to consult with the DCE or designee for any specific requirements. Facilities may require titers for Hepatitis B, MMR and Varicella (chicken pox), proof of COVID 19 vaccination. Pre-clinical or random drug testing or physical examinations may also be required, as well as required site specific testing.

Cardio-Pulmonary Resuscitation (CPR)
The student must carry a current BLS CPR certification for the Health Care Worker (for adult, child and infant) issued from the **American Heart Association** when in the clinic and a copy should be on file in the Program's clinical education office.

Background Check
Background checks are currently part of registration preceding the student's enrollment into the Program and an updated background check is completed just prior to the end of the second year in the Program. This is to ensure that background checks are not more than 12 months old when the student begins a clinical experience. The background check is completed via the student portal of the University and accessed by an administratively designated individual in the School.

As per the website "The background package has been designed to meet the clinical placement requirements for all Loma Linda University medical programs and their associated clinical placement facilities." Some clinical facilities may require additional background checks done by the student or fingerprinting through their own

vendor, at the student's expense.

The student is advised that while the result of background checks may allow entrance to particular clinical sites during the course of the program, there is no guarantee that this would allow satisfactory completion of the application for licensure. Each background check for application for state licensure is assessed individually by the state's own licensing body.

Student Clinical Education Resources: Online and Printed Resources and Materials
Clinical Education Resources and Materials (CERM) is the Program's internal online student resource and material site online on CANVAS for both PTA and DPT Clinical Education. It contains sections for announcements, organization information, facility listings, clinical site information forms (CSIF), electronic archives, online forms, paper documents, secure documents, external links and communication as well as access for APTA instructions in use of the CPI. Instructions for using this website is provided during the clinical orientation classes by the DCE and support staff.

Students have access to view their rotation placement process using the web application: myclinicaled.org (https://myclinicaled.org) where they can follow-up on special request statuses, on-boarding checklists and rotation placement details. The web application provides a tailored view for students to see their placement process securely from any device.

Additionally, clinical course specific orientation, instruction and assignments are found on CANVAS sites for those courses. Printed resources provided students on the LCE include CI and student instructions for use of the CPI, instructions for completing additional assignments, the University's policy on Sexual Harassment (See appendix One), Risk Management letter identifying health and liability coverage, (See appendix One), and basis for identification and supervision of Physical Therapy, Physical Therapy Assistant Students (See appendix One).

Biographical Form
The *biographical form* is a document with the student's biographical information. This information is crucial for both the DCE and the clinical education faculty. It is sent to each student's clinical experiences sites.

- The biographical form is available online in CANVAS under CERM.
- Each student must complete an electronic biographical form and submit it via CERM to the DCE by the date given.
- The student is responsible for updating and keeping current all information on the biographical form.

Confidentiality and Protected Information
The Department of Physical Therapy recognizes that information which promotes effective student education and patient/client care may be shared with appropriate individuals. Reasonable care is expected in the dissemination and use of this information in arranging for clinical experiences. Students document acknowledgement of this sharing of information with the Program.

Students receive instruction in the basics of Health Information Portability and Accountability Act (HIPAA), OSHA for the healthcare setting early in the program, but it is reasonable to expect some clinical sites to include additional training during their orientation.

Policies regarding patient/client rights within the clinical setting are established by that institution and should allow patient/clients the right to refuse to participate in clinical education. Students are expected to adhere to

these policies while at the clinical site.

TIMELINE OF STUDENT RESPONSIBILITIES

Prior to the SCE/LCE the Student Will:

- Review instructions for use of electronic information in **CERM on CANVAS** and create the required Google Account using an LLU email as instructed the main page.

- Attend all **Clinical Orientation classes** per program.

- Provide the DCE or designee documentation of all **health requirements** following the instructions posted on CERM's Required Documents section.

- Complete a **student Biographical form** and submit it in the format as instructed, by the deadline posted on CERM's Assignment Modules per cohort.

- Submit all **Special Requests** to the clinical program by the deadline posted on CERM's Calendar and following all the instructions posted on CERM's Special Request section.

- Access all **pertinent information** needed for SCE/LCE from the DCE/designee in a timely manner. Respond to emails in a timely fashion to ensure sufficient time for a successful on-boarding process.

- **Call the facility four weeks (or as otherwise directed by the DCE) in advance** to communicate with the SCCE/CI and to find out any additional requirements, such as work schedule, directions to the facility, dress code, etc.

- Complete any **additional requirements** as outlined in the information packets sent to the student by the clinical faculty, staff, or the SCCE/CI. Failure to complete and/or submit requirements on time may be subject to disciplinary action up to and including a fee assignment or deferral of attendance to the current clinical experience.

Prior and/ or during the SCE/LCE the student will:

- **Make arrangements for reliable transportation to the clinical facility.**
  The student is responsible for housing as well as transportation to and from the facility, whether by his/her own transportation, carpooling, or public transportation. Some sites may offer stipends, but this is a privilege and not a right to be expected. Any hours lost due to absences and /or tardiness because of car trouble may need to be made up.

- **Arrive on time each day.**
  Each student must clarify the work schedule with the SCCE/CI prior to starting the clinical experience. Clinic hours may vary throughout the clinical experience. Students are required to complete 40 hours per week with a minimum of 36 hours per week. The student is not to request an alternative work schedule with the facility. Exceptions to the assigned work schedule must be negotiated by the DCE.

- **Notify the SCCE/CI if student expects to be late.**

- **Notify the SCCE/CI and DCE if absent any length of time.**

Both the CI and the DCE must be notified and given the reason for the absence. The DCE will determine if the absence may be excused. **A maximum of one day for Short Clinical Experiences and two days only for Long Clinical Experiences will be allowed for illnesses per clinical experience**. Absences beyond the stated days above must be made up at the discretion of the CI in conjunction with the DCE. The absences are for emergencies only. These are not personal days.

Request personal days in writing to the DCE prior to the clinical experience. The DCE will consult with the CEF to determine if the request can be approved.

- **Dress professionally and abide by the dress code of the academic program and the clinical facility.** (See Appendix One for Dress Code) The student must clarify any questions regarding the dress code with the SCCE/CI prior to starting the clinical experience. If there are any questions about the appropriateness of the attire, a lab coat should be worn.

- **Wear the name badge provided by the Program** and any additional identification required by the clinical facility.

- **Introduce self to the patient and clinical or hospital staff as PT student, using full name.** Acknowledge the patients right to refuse treatment.

- **Prepare adequately for the clinical experience, including case studies, in-services, and any other additional assigned "homework".** The clinical experience should NOT be considered a VACATION from school, but an advanced learning experience. Students are expected to complete all assignments given by the CEF and to prepare for in-services in a timely manner.

- **Present a minimum of one in-service /project/case-study during each Long Clinical Experience.** The student may be required by the clinical facility to do additional in-services. An In-service Report form should be submitted to the DCE with the other evaluation materials at the end of the LCE in which it was presented. Complete at least one reflection paper and survey on Inter-disciplinary Interactions while on each SCE.

- **Establish access to resource material** while in the clinical setting to support and guide his/her clinical decision making, including texts, lecture materials, articles, and in-service materials.

- **Take responsibility for his/her clinical learning experience**.
  Make good use of "free time" by reading information pertaining to the clinical setting, preparing for his/her in-service, or with the permission of the CI, observe other clinicians and healthcare professionals involved with patient care.

- **Abide by the safety policy of the facility.**
  Safety policies should be covered during the student orientation of each facility. If safety polices are not covered the student is required to seek out this information.

- **Practice in a safe manner and adhere to legal and ethical standards**.
  Under no circumstance is the student to treat a patient without a physical therapist in the building. If the physical therapist has stepped out of the building for any reason, the student is not to start or continue treatment of any patient, even if directed to do so by the CI. If this situation occurs the DCE should be notified immediately.

  The student should be very careful to use safe techniques when treating patients. Good body mechanics are important and should be practiced in all situations.

The student should inform the DCE regarding any serious problems encountered during the clinical experience, such as errors in practice, unethical, or illegal practices. Problems that involve the CI and/or problems with a patient or patient's family member should be reported to the SCCE and the DCE.

- **Discuss the use of the evaluations forms for SCE and the CPI for LCE with the CI at the beginning of the experience.** Complete the student's version of the evaluation documents and discuss CIs assessment and feedback (at midterm for LCE) and at final for SCE and LCE. Both the student and the CI should be proactive in the completion of all assessment documentation but it is the student's responsibility for timely completion and submission.

- **Communicate openly with CI regarding learning opportunities, questions or differences between CI and student, and learning style and format of feedback.** If the CI and student are not able **to resolve a conflict,** the SCCE should be notified for assistance. If unresolved, the DCE should be contacted. The student, the SCCE and/or CI may contact the DCE whenever needed.

At the completion of the Clinical Experience the student will:

- **Create a copy of all evaluation materials for his/her records.**

- **Submit all required materials on CANVAS with necessary signatures to the DCE by the deadline given.** Materials submitted after the deadline will result in an "Unsatisfactory" grade and a delay in the transmission of completion notices. To remove unsatisfactory grade, the student must re-register for the course.

- **Attend midterm and post LCE Review and Reflection Forums for feedback and clarifications.**

- **Complete Course Survey at the end of the second year for SCEs and at the end of the final year for LCEs.**

- **Attend Program focus groups to provide overall feedback at the end of the final LCE.**

Appendix One

Tab. 1 APTA Core Documents:
APTA Core Values
Code of Ethics
Guide for Professional Conduct
Standards of Ethical Conduct for the Physical Therapist Assistant
Guide for Conduct of the Physical Therapist Assistant

Tab. 2 Dress Code

Tab. 3 Procedure for Evaluating Fitness for Duty - School of Allied Health Professions Policy

Tab. 4 Risk Management Letter/health plan

Tab. 5 Sexual Harassment Policy - Loma Linda University Policy

Tab. 6 Identification and Supervision of Physical Therapy, Physical Therapy Assistant Students

Tab. 7 Essential Functions for PT/PTA students

Tab. 8 Medicare Reimbursement and Student Services - APTA Chart *(rev. 10-15-13)*

Last Updated: 9/20/19
Contact: nationalgovernance@apta.org

CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT HOD P06-19-48-55
[Amended: HOD P06-18-25-33; Initial HOD P05-07-19-19;] [Previously Titled: Core Values: for the Physical Therapist] [Position]

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

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

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

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

- Compassion and Caring
  Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.

  Caring is the concern, empathy, and consideration for the needs and values of others.

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

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

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

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

Explanation of Reference Numbers:
HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05;HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

APTA
American Physical Therapy Association

Preamble

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

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

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

> The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:
>
> 1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
>
> 2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word "shall" and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that "[n]o Code of Ethics is exhaustive nor can it address every situation." The Preamble also states that physical therapists "are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive." Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist's ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

APTA Guide for Conduct of the Physical Therapist Assistant

Purpose

This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It is also intended to guide the development of physical therapist assistant students. The Standards and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Standards

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Standards when necessary and as needed.

Preamble to the Standards

The Preamble states as follows:

> The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.
> No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or

consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Interpretation: Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word "shall" and are mandatory ethical obligations. The language contained in the Standards is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" serves to reinforce and clarify existing ethical obligations. A significant reason that the Standards were revised was to provide physical therapist assistants with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that "[n]o document that delineates ethical standards can address every situation." The Preamble also states that physical therapist assistants "are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive." Potential sources for advice or counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist assistant's ethical decision-making process is the examination of his or her unique set of facts relative to the Standards.

Standards

Respect

Standard 1A states as follows:

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Standard 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

> **Standard 2A states as follows**:
>
> 2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

Interpretation: Standard 2A addresses acting in the best interest of patients/clients over the interests of the physical therapist assistant. Often this is done without thought, but sometimes, especially at the end of the day when the clinician is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist assistant may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Sound Decisions

> **Standard 3C states as follows**:
>
> 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

Interpretation: To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

Supervision

> **Standard 3E states as follows**:
>
> 3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Interpretation: Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the APTA Web site.

Integrity in Relationships

Standard 4 states as follows:

4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

Interpretation: Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapy services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Standard 4C states as follows:

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of "when appropriate" under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation

Standard 4E states as follows:

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

> 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients (modified for physical therapist assistants):

> A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.
>
> One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:
>
> > The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.
> >
> > …..
> >
> > The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

> **Standard 5D and 5E state as follows**:
>
> 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Interpretation: The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant's part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone's work responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Clinical Competence

Standard 6A states as follows:

6A. Physical therapist assistants shall achieve and maintain clinical competence.

Interpretation: 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the APTA Web site.

Lifelong Learning

Standard 6C states as follows:

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Interpretation: 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

7. Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

Interpretation: Standard 7 reflects a shift in the Standards. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly, Standard 7 addresses ethical obligations in organizational and business practices on a patient/client and societal level.

Documenting Interventions

Standard 7D states as follows:

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

Interpretation: 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

Support - Health Needs

Standard 8A states as follows:

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: 8A addresses the issue of support for those least likely to be able to afford physical therapy services. The Standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono physical therapy services are available on the APTA Web site.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended November 2010

Last Updated: 11/30/10
Contact: ejc@apta.org

Loma Linda University
School of Allied Health Professions
Department of Physical Therapy

Professional Dress Code standards

Professional Appearance

Students of the entry-level Doctor of Physical Therapy program are expected to present an appearance consistent with the highest professional standards and competence. The image should be modest and consistent with the mission and philosophy of Loma Linda University.

To that end, professional appearance standards are applied during scheduled school hours in classrooms, laboratories, chapel, all campus facilities used for physical therapy education purposes, clinics, and off-campus assignments. The intent of the appearance standards is to create a professional culture and environment.

Professional appearance standards

Appearance must be modest, neat, clean, and conservative in style.

- For Men:
  - Slacks or professional long pants such as khakis must be worn.
  - Shirts must be neatly pressed and have collars.
  - Scrubs may be worn as an alternative (see below for standards)
- For Women
  - Dresses and skirts must approximate or fall below the knees
  - Pants, if worn, must be dress pants.
  - Women must wear modest tops.
  - Scrubs may be worn as an alternative (see below for standards)
- Shoes must be clean and in good repair
- Scrubs
  - Scrubs must be neat, clean and professional in appearance
  - Scrubs must be of a solid color
  - Tops and bottoms must match or the Department polo shirt with scrub bottoms.
  - A plain t-shirt (long or short-sleeved) with a crew or v-neck may be worn under the scrub top and must be tucked in at the waist.
- The following are considered inappropriate for professional attire:
  - T-shirts worn as outer garments
  - Visible undergarments
  - Denim clothing of any color
  - Shorts
  - Halter tops, tank tops, midriffs, or “spaghetti” straps
  - Sweat pants
  - Leggings (aka: yoga pants)

    - Hats, caps, beanies, or hoods of sweatshirts worn indoors
    - Flip flops

- Hair must be clean, neat, and well-groomed. Facial hair must be neatly trimmed.
- Rings, if worn, should be low profile and limited to one finger per hand.
- Jewelry, if worn, must be conservative and professional.
- Ear ornaments, if worn, are limited to simple studs in the earlobe and should not drop below the bottom of the earlobe. Such ornaments are limited to one per ear. Visible rings or ornaments in other anatomical sites are not acceptable.
- Finger nails should be maintained in a professional manner, closely trimmed and should not interfere with patient safety and comfort during treatments. Nail polish, if worn, should be of a subdued color.
- Excessive makeup and fragrances are not appropriate.

Area-specific standards

- Chapel – students must meet the standards listed above when attending chapel.
- Integrated Clinical Experience – Students must wear the Department black polo shirt and black or khaki colored pants.
- Laboratories – Lab dress will vary from course to course and will be outlined by the instructor.
- Clinical Rotations (Practicums & Affiliations) – specific dress requirements will be outlined in the Clinical Education Policies and Procedures Manual.

Procedure for Evaluating An Individual's Fitness For Duty And Accommodating An Individual's Clinical Assignment.

Evaluation of an individual's fitness for duty will be performed by the clinical coordinator in the following areas:

A. Competence
   1. Medical condition resulting in incompetence
   2. Emotional instability to perform assigned tasks

B. Ability to perform routine duties
   1. Inability to perform regular duties, assuming "reasonable accommodations" have been offered for the disability
   2. Susceptible to varicella zoster virus, rubella or measles

C. Compliance with established guidelines and procedures
   1. Refusal to follow guidelines
   2. Unable to comprehend guidelines

The clinical coordinator makes accommodations for a student from a clinical experience perspective on a case-by-case basis. Decisions for exemption for more than one clinical session will be made in consultation with the student's physician and appropriate University faculty/administrators, including the chairperson of the University Communicable Disease and AIDS Committee. The following conditions require consideration when assigning a student to clients with communicable disease.

A. Confirmed pregnancy

1. The risk of transmission of HIV infection to pregnant health care workers is not known to be greater than the risk to those not pregnant.

2. The risk of transmission of other pathogens such as cytomegalovirus from clients with AIDS to pregnant health care workers is unknown but is thought to be low to non-existent.

3. If, however, due to personal concerns related to protection of the fetus, pregnant students, in consultation with the clinical coordinator, may be excluded by caring for clients infected with known communicable diseases or blood borne pathogens.

B. Incompetent Immunological Systems

Students with diagnosed immunological deficiencies are at an increased risk for developing opportunistic infections. In consultation with the clinical coordinator, these students may request exclusion from caring for clients with known communicable diseases or blood-borne pathogens.

C. Infections

Any student with a communicable infectious process could further compromise an already incompetent immunological system, such as a client who is neutrophic from chemotherapy, an AIDS client, or other immune-compromised client; thus, a student may, in consultation with the clinical coordinator, request a change in assignment.

From the School of Allied Health Professions Policy Handbook, p. 5 and 6.

LOMA LINDA UNIVERSITY

SHARED SERVICES

June 13, 2014

To Whom It May Concern:

RE: Student Health Plan & Risk Management Programs

The purpose of this letter is to outline and clarify the protection afforded to students and/or employees under the various insurance and risk management programs in effect at Loma Linda University. All coverage descriptions are subject to the limits of liability, exclusions, conditions, and other terms of the actual insurance or self-insurance program in effect.

Professional Liability – The primary professional liability exposures at Loma Linda University are funded through a self-insurance trust program established at Bank of America, Chicago, Illinois. The Trust provides coverage up to $3,000,000 per occurrence with no annual aggregate. Excess coverage is provided through University Insurance Company of Vermont. Professional liability coverage applies to both employees and students. Employees are only covered while functioning within the course and scope of their duties as employees of Loma Linda University. Students are covered while enrolled in a formal training program offered by Loma Linda University, but only for such student's legal liability resulting from the performance of or failure to perform duties relating to the training program.

Student Health Plan – All degree track students at Loma Linda University enrolled in any regular educational program are covered by the Student Health Plan. This program provides accident and sickness benefits while enrolled. Coverage under the Student Health Plan also applies to any student while participating in clinical rotations sponsored by Loma Linda University.

Workers' Compensation – In accordance with the California State Labor Code, Loma Linda University is self-insured for the Workers' Compensation exposures of its *employees.* Loma Linda University has been granted a Certificate of Consent to Self-Insure, #1095, by the Department of Industrial Relations of the State of California, and provides statutory workers' compensation benefits to all *employees* who sustain job-related injuries or illnesses. Benefits under this program include all necessary medical care, temporary disability benefits, and long-term benefits in accordance with the State Labor Code. Students are generally not considered employees for purposes of workers' compensation coverage.

Sincerely,

Raul E. Castillo
Risk Manager

Sexual Harassment

GENERAL RULE:
Loma Linda University is committed to providing a learning and work environment that is free of discrimination and harassment of any form. In keeping with this commitment, Loma Linda University maintains a strict policy prohibiting all forms of harassment including sexual harassment and harassment based on race, color, national origin, medical condition, physical handicap or age. Also prohibited is retaliation of any kind against individuals who file valid complaints or who assist in a University investigation.

Sexual harassment is especially serious when it threatens relationships between teacher and student, supervisor and subordinate, or clinician and patient. In such situations, sexual harassment exploits unfairly the power inherent in a faculty member's, supervisor's or clinician's position. Through grades, wage increases, recommendations for graduate study, promotion, clinical priority, and the like, a person in a position of power can have a decisive influence on the future of the student, faculty member, employee, or patient. The University will not tolerate behavior between or among members of the University community which creates an unacceptable educational, working, or clinical environment.

Sexual harassment and illegal discrimination are reprehensible and will not be tolerated by Loma Linda University. These actions subvert the mission of the University and threaten the careers, educational experience, and well being of students, employees and patients. Any individual found to have acted in violation of this policy should be subject to appropriate disciplinary action including warnings, reprimands, suspensions and/or dismissal.

DEFINITION OF SEXUAL HARASSMENT AND PROHIBITED ACTS

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person's employment or education, unreasonably interferes with a person's work or educational performance, or creates an intimidating, hostile or offensive working or learning environment.

Sexual harassment may include incidents between any member of the University community, including faculty and other academic appointees, staff, deans, students and non-students or non-employee participants in University programs such as vendors, contractors, visitors and patients.

For purposes of this policy, sexual harassment includes, but is not limited to, making unwanted sexual advances and requests for sexual favors where:

1. Submission to such conduct is made an explicit or implicit term or condition of educational evaluation, opportunity or advancement;
2. Submission to or rejection of such conduct by an individual is made as the basis for student decisions affecting such individuals; or
3. Such conduct has the purpose or effect of substantially interfering with an individual's educational performance or of creating an intimidating, hostile or offensive educational environment.

Specific examples of the verbal or physical conduct prohibited by this policy include, but are not limited to:

1. Physical assault.

2. Inappropriate or unwanted touching.

3. Direct or implied threats that submission to sexual advances will be a condition of educational evaluation, opportunity or advancement.

4. Direct or subtle propositions of a sexual nature.

5. Dating, requesting dates, or entering into a romantic relationship between a student and an employee or faculty wherein the employee or faculty is in a position of power or is able to exert influence over the student's educational experience.

6. A pattern of conduct that would discomfort and/or humiliate another individual including, but not limited to:
    a. Unnecessary touching,

    b. Remarks of a sexual nature about a person's clothing or body,

    c. Remarks about sexual activity or speculations about previous sexual experiences,

    d. Visual conduct including leering, sexual gestures or the display of sexually suggestive objects, pictures, language cartoons or jokes.

7. Use of electronic means, including the Internet and E-mail system, to transmit, communicate, or receive sexually suggestive, pornographic or sexually explicit pictures, messages or materials.

Individuals who engage in isolated conduct of the kind described above or who exhibit a pattern of engaging in such conduct but fail to realize that their actions cause discomfort demonstrate insensitivity that necessitates remedial measures. The University or school will direct that those engaged in such conduct, at a minimum, undertake an educational program designed to help them understand the harm caused. Nonetheless, the University retains its right to dismiss any individual even where the incident is isolated.

Harassment that is not sexual in nature but is based on gender or race is also prohibited if it is sufficiently severe to deny or limit a person's ability to participate in or benefit from the University educational programs, employment or services.

DISSEMINATION OF POLICY

This policy shall be disseminated to the University community through publications, websites, student orientations, and other appropriate channels of communication. It is the responsibility of the Office of the Vice President for Student Services to work with the schools to ensure that the policy is disseminated and implemented. The Office of the Provost is charged with sending an annual letter to all faculty and staff to remind them of the contents of the sexual harassment policy, including the provisions added to it by this policy.

REPORTS OF SEXUAL HARASSMENT

Any student that believes that they have been harassed or that they have been operating under a hostile environment may report such conduct to the University or school administration. The student may meet directly with the individual involved in the complaint and come to a mutually agreed upon resolution. The student may choose to take someone with him/her, such as a faculty member, department chair, unit manager, clinical instructor, chief resident, or other individual. If the student is uncomfortable with meeting the individual involved he/she is encouraged to follow the procedure below. Students are reminded that reporting inappropriate conduct is a personal and professional responsibility.

The procedure is to:

1. Report the incident(s) to the dean's office in the school in which the student has their primary enrollment or the Office of the University Vice President for Student Services.

2. In the event a faculty member is the accused, it will be the responsibility of the school's Dean's office to investigate, document and take immediate appropriate corrective measures/protective action that is reasonably calculated to end any harassment, eliminate a hostile environment, and prevent harassment from occurring again.

3. In determining the actions to be taken, consideration will be given to frequency and/or severity of the conduct as well as the position held by the accused. A primary objective will be to protect the student from any adverse consequences for having reported the incident.

CONFIDENTIALITY

The University shall protect the privacy of individuals involved in a report of sexual harassment to the extent required by law and University policy. Anyone requesting confidentiality shall be informed that complete and total confidentiality may not be possible and that some level of disclosure may be necessary to ensure a complete and fair investigation. Disclosure may be made only on a need to know basis.

DUTY TO INVESTIGATE AND TAKE CORRECTIVE ACTION

Once the University is on notice of possible harassment, it is responsible for taking **immediate** and appropriate steps to investigate or otherwise take steps that are reasonably calculated to end any harassment or hostile environment **whether or not** a complaint has been initiated by anyone or corrective action is requested by the complainant.

The goal is to have a quick resolution with the intention not to exceed 45 days. The parties may be informed of the outcome of an investigation within thirty days of its completion as appropriate.

The parties will have a right to provide witnesses, documentation or other evidence appropriate to substantiate their claim or defenses.

The parties will be notified of the outcome of the complaint, as appropriate.

RETALIATION PROHIBITED

All reasonable action will be taken to assure no retaliation against the complainant, witnesses or anyone cooperating with the investigation for their cooperation.

DISCIPLINARY ACTION

Any member of the University community who is found to have engaged in sexual harassment is subject to disciplinary action up to and including dismissal.

Any manager, supervisors, or designated employee responsible for reporting or responding to sexual harassment that knew about the harassment and took no action to stop it or failed to report the prohibited harassment also may be subject to disciplinary action.

Violations of this policy by faculty members will be referred to the dean of the school where the faculty is employed and will be governed by the procedures for discipline set forth in the Faculty Handbook.

Violations of this policy by staff members in academic units of the University will be taken by the dean of the school employing the staff member and will be governed by the procedures for discipline set forth in the Staff Handbook. Violations of this policy by an employee of a nonacademic unit of the University will be taken by the administrator who makes decisions about the employment status of the accused and will be governed by the procedures for discipline set forth in the Staff Handbook.

Violations of this policy by students, including graduate assistants, will be governed by the disciplinary procedures of the Student Handbook.

INTENTIONALLY FALSE REPORTS

Individuals who make reports that are later found to have been intentionally false or made maliciously without regard for truth may be subject to disciplinary action including termination.

This provision does not apply to reports made in good faith.

Sexual Standards Policy

Faculty, staff, administration, trustees, and students of the University are expected, in their teaching, influence, and example, to uphold Christian sexual standards as held by the Seventh-day Adventist Church. We believe that God's ideal for sexuality is achieved when sexual expression is limited to a man and woman who are husband and wife committed in lifelong marriage. All expressions of premarital and extramarital friendship are to be chaste, and behaviors which would suggest otherwise are to be avoided. All forms of sexual expression and conduct between heterosexuals outside of marriage, or between homosexuals, are contrary to the ideals of the University and will result in disciplinary action. Further, all forms of promiscuity, sexual abuse, and exploitation are contrary to the ideals of the University and will result in disciplinary action. Loma Linda University honors an ideal of sexual purity that transcends mere legal enforcements.

Romantic Relationships and Dating

The University wishes to promote the ethical and efficient operation of its academic programs and business. In this setting, the University wishes to avoid misunderstandings, complaints of favoritism, other problems of supervision, security, and morale, and possible claims of sexual harassment among its students, staff, and faculty. For these reasons:

1. A faculty member is prohibited from pursuing a romantic relationship with or dating a student who is registered in any course or program or who is involved in any other academic activity in which the faculty member is responsible as an instructor, coordinator, mentor, or committee member, for the duration of such course, program, or other academic activity.

2. A staff member is prohibited from pursuing a romantic relationship with or dating a student who is registered in any course or program or who is involved in any other academic activity in which the staff member participates in any direct supporting role, for the duration of such course, program, or other academic activity.

3. A University administrator or supervisor is prohibited from pursuing a romantic relationship with or dating any employee of the University whom he/she supervises for the duration of the supervision.

For the purposes of this policy, "romantic relationship" is defined as a mutually desired courting activity between two individuals. "Dating" is defined as a romantic social engagement arranged by personal invitation between the two individuals involved or arranged by a third party.

Faculty, staff, and administrators who violate these guidelines will be subject to discipline, up to and including termination of employment and/or loss of faculty appointment. Students who participate in the violation of these guidelines will be subject to discipline, up to and including discontinuance as a student at LLU.

See Seventh-day Adventists Believe, Hagerstown, MD: Review & Herald Publishing Association, 1988:294 and Action from 1987 Annual Council of the General Conference: "Statement of Concerns on Sexual Behavior," Adventist Review, January 14, 1998:21 for a position paper on this understanding. Copies may be obtained from the vice-President or the dean of your school.

Loma Linda University
Department of Physical Therapy
Physical therapist Program

Identification and Supervision of Physical Therapist Students

The faculty of the DPT programs at Loma Linda University has formalized the policy regarding requirements of supervision and documentation for our students which reflects both legal and ethical mandates. A description of what constitutes legal supervision is excerpted below from "Reference Guide to the Laws and Regulations Governing the Practice of Physical Therapy in California" Updated March 2006

1398.37. Identification and Supervision of Physical Therapist Students and Interns defined.
(b) The "Clinical Instructor" or the "supervisor" shall be the physical therapist supervising the physical therapist student while practicing physical therapy.
(c) The supervising physical therapist shall provide on site supervision of the assigned patient care rendered by the physical therapist student or intern.
(d) The physical therapist student or intern shall document each treatment in the patient record, along with his or her signature. The clinical instructor or supervising physical therapist shall countersign with his or her first initial and last name all entries in the patient's record on the same day as patient related tasks were provided by the physical therapist student or intern.

Note: Authority cited: section 2615, Business and Professions Code. Reference: Sections 2650.1 and 2650.2, Business and Professions Code. History: (1). New section filed 4016-79.No.16. (2.) Amendment filed 6-29-83, Register 83,No.27.7 (3.).Amendment of section heading, section and NOTE filed 12-23-2002, operative 1-22-2003,Register, No.52.

The Program supports and adopts the update made to the law regarding identification of the PT student as is referenced in the California Legislative Information (see website: *http://leginfo.legislature.ca.gov/faces/codes.xhtml*) *Business and Professions Code-BPC, Division 2, Chapter 5.7, Article 1,* ***2633.7****:*
During a period of clinical practice described in Section 2650 or in any similar period of observation of related educational experience involving recipients of physical therapy, a person so engaged shall be identified only as a "physical therapist student" or a "physical therapist assistant student," as authorized by the board in its regulations.
(Added by Stats. 2013, Ch. 389, Sec. 32. Effective January 1, 2014.)

The Program supports and adopts the guidelines for supervision of the student and documentation by the student as is furthermore detailed by Medicare (CMS) and referenced in summary chart by the APTA."Supervision of students under Medicare Chart" (.pdf) *(see website: http://www.apta.org/Payment/Medicare/Supervision/)*

Loma Linda University
Department of Physical Therapy
Physical Therapist Assistant Program

Identification and Supervision of Physical Therapist Assistant Students

The faculty of the Physical Therapist Assistant Program at Loma Linda University have formalized the policy regarding requirements of supervision and documentation for our students which reflects both legal and ethical mandates. A description of what constitutes legal supervision is excerpted below form "Reference Guide to the Laws and Regulations Governing the Practice of Physical Therapy in California" Updated March 2006.

1398.52. Identification and Supervision of Physical Therapist Assistant Students and Interns Defined.

(a) A physical therapist assistant student is an unlicensed person rendering physical therapy services as **part of academic training** pursuant to section 2655.75 of the Code and shall only be identified as a **"physical therapist assistant student."** A person who has **completed the required academic coursework** may be identified as a **"physical therapist assistant intern**" when rendering physical therapy services. When rendering physical therapy services, the required **identification** shall be clearly **visible** and include his or her name and working title in at least **18-point type**.

(b) The **physical therapist assistant student or intern shall be supervised by a physical therapist supervisor**. A **physical therapist assistant under the supervision of a physical therapist supervisor may perform as a clinical instructor** of the physical therapist assistant student or intern when rendering physical therapy services.

(c) A **physical therapist supervisor shall provide on site supervision** of the assigned patient care rendered by the physical therapist assistant student or intern.

(d) The physical therapist assistant **student or intern shall document each treatment in the patient record** along **with his or her signature**. The **clinical instructor** shall **countersign** with his or her first initial and last name in the patient's record **on the same day** as patient related tasks were provided by the physical therapist assistant student of intern. **The supervising physical therapist shall conduct a weekly case conference and document it in the patient record.**

NOTE: Authority cited: Section 2615, Business and Professions Code. Reference: Sections 2655.9 and 2655.75, Business and Professions Code. History: (1,) New section filed 12-23-2002, operative 1-22-2003, Register 2002, No. 52.

Essential Functions
Doctor of Physical Therapy Program
Department of Physical Therapy
School of Allied Health Professions
Loma Linda University

Based on the philosophy of the Department of Physical Therapy in the School of Allied Health Professions, the intent of the professional program is to educate competent generalist physical therapists who can evaluate, manage, and treat the general population of acute and rehabilitation clients in current health care settings. Enrolled students are expected to complete the academic and clinical requirements of the professional DPT program.

The following "essential functions" specify those attributes that the faculty consider necessary for completing the professional education enabling each graduate to subsequently enter clinical practice. The Department of Physical Therapy, School of Allied Health Professions will consider for admission any qualified applicant who demonstrates the ability to perform or to learn to perform the "essential functions" specified in this document. Applicants are not required to disclose the nature of any disability(ies) to the physical therapy department; however, any applicant with questions about these "essential functions" is strongly encouraged to discuss the issue with the program director prior to the interview process. If appropriate, and upon the request of the applicant/student, reasonable accommodations may be provided.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with physical therapy training or clinical practice. Other illnesses may lead to a high likelihood of student absenteeism and should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program.

The purpose of this document is to delineate the cognitive, affective and psychomotor skills deemed essential for completion of this program and to perform as a competent generalist physical therapist.

Cognitive Learning Skills

The student must demonstrate the ability to:

1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy evaluation of a patient's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use evaluation data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with acceptable norms of clinical settings.
4. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

Psychomotor Skills

The student must demonstrate the following skills.

1. Locomotion ability to:
    1. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations.
    2. Physically maneuver in required clinical settings, to accomplish assigned tasks.
    3. Move quickly in an emergency situation to protect the patient (eg. from falling).
2. Manual tasks:
    1. Maneuver another person's body parts to effectively perform evaluation techniques.
    2. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer.
    3. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
    4. Manipulate another person's body in transfers, gait, positioning, exercise, and mobilization techniques. (Lifting weights between 10-100+ lbs)
    5. Manipulate evaluation and treatment equipment safely and accurately apply to clients.
    6. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively. (Lifting, pushing/pulling weights between 10-100 lbs)
    7. Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) Using guidelines issued by the American Heart Association or the American Red Cross.
3. Small motor/hand skills:
    1. Legibly record thoughts for written assignments and tests.
    2. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
    3. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual's response to environmental changes and treatment.
    4. Safely apply and adjust the dials or controls of therapeutic modalities
    5. Safely and effectively position hands and apply mobilization techniques
    6. Use a telephone
4. Visual acuity to:
    1. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature and patient's chart.
    2. Observe active demonstrations in the classroom.
    3. Visualize training videos, projected slides/overheads, X-ray pictures, and notes written on a blackboard/whiteboard.
    4. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to normal standards for purposes of evaluation of movement dysfunctions.
    5. Receive visual information from treatment environment, e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.
    6. Receive visual clues as to the patient's tolerance of the intervention procedures. These may include facial grimaces, muscle twitching, withdrawal etc.

5. Auditory acuity to:
    1. Hear lectures and discussion in an academic and clinical setting.
    1. Distinguish between normal and abnormal breathing, lung and heart sounds using a stethoscope.

1. Communication:
    1. Effectively communicate information and safety concerns with other students, teachers, patients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These all need to be done in a timely manner and within the acceptable norms of academic and clinical settings.
    2. Receive and interpret written communication in both academic and clinical settings in a timely manner.
    3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
    4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.
2. Self care:
    1. Maintain general good health and self care in order to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
    2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.

Affective learning skills

The student must be able to:

1. Demonstrate respect to all people, including students, teachers, patients and medical personnel, without showing bias or preference on the grounds of age, race, gender, sexual preference, disease, mental status, lifestyle, opinions or personal values.
2. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
3. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within set time constraints, and often concurrently.
4. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

APTA
American Physical Therapy Association

Last Updated: 10/15/13
Contact: advocacy@apta.org

Chart: Supervision of Students Under Medicare

Practice Setting	PT Student Part A	PT Student Part B	PTA Student Part A	PTA Student Part B
PT in Private Practice	N/A	X1	N/A	X1
Certified Rehabilitation Agency	N/A	X1	N/A	X1
Comprehensive Outpatient Rehabilitation Facility	N/A	X1	N/A	X1
Skilled Nursing Facility	Y1	X1	Y2	X1
Hospital	Y3	X1	Y3	X1
Home Health Agency	NAR	X1	NAR	X1
Inpatient Rehabilitation Agency	Y4	N/A	Y4	N/A

Key
Y: Reimbursable
X: Not Reimbursable
N/A: Not Applicable
NAR: Not Addressed in Regulation. Please defer to state law.

Y1: Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

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

(RAI Version 3.0 Manual, October 2011)

Individual Therapy:
When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals **and** he/she is able to immediately intervene/assist the student as needed.

Example: A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS.

Concurrent Therapy:
When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, **regardless of payer source**, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part B: The treatment of two or more residents who may or may not be performing the same or similar activity, regardless of payer source, at the same time is documented as group treatment.

Example: An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R's stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

Group Therapy:
When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

Medicare Part B: The treatment of 2 or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist/assistant is not engaged in any other activity or treatment; or

- The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

Y2: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See **Y1.**

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in **Y1.**

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

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

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

X1: B. Therapy Students

1. General
Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.

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

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

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

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

Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines Submitted to CMS by the American Physical Therapy Association (APTA) During the Comment Period for the FY 2012 SNF PPS Final Rule

Please note: These suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations.

- The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services specified by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services.
- When the supervising therapist /assistant has cleared the student to perform medically necessary patient/client services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and co-sign all students' patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2011. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.

Appendix Two

Tab. 9 Course descriptions, *PT CPI Performance Criteria Matched with Elements for PT Programs*

Tab.10 Year at a glance

Tab.11 Grading Policy-Clinical Experiences

Tab.12 Standards for Satisfactory Completion of Long Clinical Experiences and Short Clinical Experiences

Tab.13 Student Signature Page

Loma Linda University Entry-level Doctor of Physical Therapy
Curriculum with Course Descriptions

PHTH 501. Neurology I. 3 Units.
Physical therapy management of individuals with balance and vestibular disorders resulting in impairments, functional limitations, and disabilities. Emphasizes application and integration of theoretical constructs, evidence-based practice, examination, evaluation, diagnosis, prognosis, intervention, and outcome measurements.

PHTH 502. Neurology II. 3 Units.
Physical therapy management of individuals with neurological disorders (including stroke, traumatic brain injury, multiple sclerosis, Parkinson's disease) resulting in impairments, functional limitations, and disabilities. Emphasizes application and integration of theoretical constructs, evidence-based practice, examination, evaluation, diagnosis, prognosis, intervention, and outcomes measurement.

PHTH 503. Neurology III. 3 Units.
Physical therapy management of individuals with spinal cord injury, Guillain-Barre Syndrome, and Amyotrophic Lateral Sclerosis resulting in impairments, functional limitations, and disabilities. Emphasizes application and integration of theoretical constructs, evidenced-based practice, examination, evaluation, diagnosis, prognosis, intervention, and outcomes measurement.

PHTH 504. Neurology IV. 1 Unit.
Capstone experience assessing critical thinking and clinical application of previously learned content supporting neurologic physical therapy practice.

PHTH 505. Integrated Clinical Experience. 1 Unit.
A year-long course that provides the students—assisted by faculty and clinical therapist—experience with mock and real patients. Emphasis is on critical thinking related to assessment, safety, and treatment progression. Course incorporates didactic education into practical application.

PHTH 506. Exercise Physiology. 3 Units.
Addresses physiologic, metabolic, circulatory, and structural adaptations, responses, and interactions that occur during acute and chronic exercise. Includes body fat analysis and risk of disease in the obese client. Applies tests and measures to concepts and applications of exercise prescriptions.

PHTH 508. PT Communication and Documentation. 2 Units.
Introduces principles and dynamics of professional verbal and written communication, including use of electronic health records and the ICF model. Emphasizes skills required in a clinical setting for effective communication with third-party payors, health-care professionals, and patients. Includes quality and legal considerations in documentation of evaluations, progress notes, daily notes, discharge summaries, and letters of justification.

PHTH 509. Biophysical Agents. 3 Units.
Fundamental principles, physiological effects, and application techniques in the use of biophysical agents, including thermotherapy, cryotherapy, hydrotherapy, ultrasound, and electrotherapy procedures. Manual modalities, including massage techniques, myofascial and trigger point release. Lecture and laboratory.

PHTH 510. Kinesiology. 3 Units.
Fundamental principles of joint and muscle structure and function related to the development of treatment strategies for the physical therapist. Analyzes and applies the biomechanics of normal and pathological movement of the human body. Functional anatomy of the musculoskeletal system, including palpatory techniques for bone, ligament, and muscle.

PHTH 511. Clinical Orthopaedics. 2 Units.
Addresses the physical therapist's management of patients with functional impairments stemming from orthopaedic pathologies in all body regions. Introduces patient/client management; including, examinations, evaluations, diagnoses, prognoses, interventions, and outcomes. Emphasizes postoperative rehabilitation to enhance outcomes following orthopaedic procedures.

PHTH 512. Clinical Psychiatry. 2 Units.
Introduces mental and personality disorders. Reviews abnormal behaviors commonly found in a clinical setting.

PHTH 513. Therapeutic Procedures. 3 Units.
Blood pressure determination and aseptic techniques. Principles and utilization of posture and body mechanics. Selection and use of wheelchairs, ambulation aids, and other equipment. Progressive planning toward complete activities of daily living.

PHTH 514. Manual Muscle Testing. 3 Units.
Methods of evaluating muscle strength and function using specific and gross manual muscle tests. Integrates manual muscle testing with other aspects of patient care. Live patient demonstrations and discussion regarding each patient. Lecture, demonstration, and laboratory.

PHTH 516. Histology. 2 Units.
Surveys fundamental tissues (epithelial, connective, muscle, and nervous) and the histopathology of selected diseases, including changes in bone and cartilage.

PHTH 517. Movement Science. 2 Units.
An integrative approach to movement impairment and neuromuscular approaches in the evaluation and management of musculoskeletal pain syndromes. Identifies clinical reasoning and examination of movement patterns. Extensive laboratory practice with patient/case studies.

PHTH 518. Aspects of Health Promotion. 2 Units.
Dynamics of physical therapy involvement in health promotion for the individual and the community. Factors in the promotion of a healthful lifestyle, including cardiovascular enhancement, stress reduction and coping mechanisms, nutritional awareness, weight management, and substance control. Students design and implement community-based health education program.

PHTH 519. Locomotion Studies. 3 Units.
Basic and advanced observational analysis of normal and abnormal human locomotion in adults. Compares differences in gait impairments at each joint and at different stance/swing phases. Use of assessment tools and clinical reasoning in the attributes and interventions of normal and abnormal gait characteristics. Basic pathological and soft tissue impairments to gait cycle. Correlates energy expenditure to gait.

PHTH 521A. Orthopaedics 1A. 3 Units.
Discusses physical therapy examination, evaluation, and interventions relevant to the clinical management of musculoskeletal conditions of the upper extremities. Presents instruction related to orthopaedic physical therapy interventions—including joint mobilization, hand splinting, and other selected manual techniques for specific upper extremity musculoskeletal conditions. Utilizes lecture, laboratory, and case studies to develop and integrate these concepts.

PHTH 521B. Orthopaedics 1B. 3 Units.
Students further develop concepts of examination, differential diagnosis, prognosis, and interventions that are expanded to patients with musculoskeletal conditions of the lower extremities. Utilizes lecture, laboratory, and case studies to develop and integrate these concepts.

PHTH 522. Orthopaedics II. 3 Units.
Evidence-based theory of spinal examination, evaluation, and physical therapy intervention. Expanded principles of functional anatomy, tissue and joint biomechanics, pathology, and treatment. Differentiates causes of neck and head pain—including temporomandibular joint disorders, myofascial pain dysfunctions, and cervicogenic headaches.

PHTH 523. Orthopaedics III. 3 Units.
Evidence-based theory of lumbopelvic, lumbar and thoracic spine examination, evaluation, and physical therapy intervention. Expanded principles of functional anatomy, tissue and joint biomechanics, pathology, and treatment. Differentiates etiology of lumbar, lumbopelvic, and thoracic pain.

PHTH 525. General Medicine. 3 Units.
An understanding of medical and surgical disorders for the physical therapist. Basic pathology and/or etiology and clinical manifestations. Medical treatment for conditions within selected specialties of: endocrinology, arthritis, oncology, and integumentary management.

PHTH 526A. Cardiopulmonary I. 3 Units.
Anatomy and physiology of the cardiovascular system as applied to patient management. Physical therapy management of patients diagnosed with cardiac diseases and complications. Identifies disease processes, including definition, etiology, pathophysiology, clinical presentation, and the clinical course of cardiac conditions. Analyzes and examines ECGs of various forms with basic interpretation. Includes lecture and laboratory.

PHTH 526B. Cardiopulmonary II. 3 Units.
Normal anatomy and physiology of the pulmonary system as applied to physical therapy management. Medical and physical therapy management of patients diagnosed with pulmonary diseases and complications. Analyzes arterial blood gases in a systematic manner and relates findings to the disease and ventilatory process. Discusses PFTs for obstructive and restrictive diseases. Includes lecture and laboratory.

PHTH 528. Therapeutic Exercise I. 3 Units.
Introduces basic exercise techniques used in the practice of physical therapy. Techniques include, ROM, stretching/flexibility, joint mobilization, muscle performance (including strength, power, and endurance), and aquatic rehabilitation.

PHTH 530. Therapeutic Exercise II. 3 Units.
Formulation and implementation of exercise prescriptions based on impairments and protocols. Opportunities to design treatment progressions for the extremities. Emphasizes spinal stabilization approaches for the axial skeleton.

PHTH 534. Soft Tissue Techniques. 2 Units.
Physical therapy evaluation and treatment-planning strategies for individuals with orthopedic dysfunction primarily related to soft tissue injury resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes laboratory hands-on application and integration of theoretical constructs, evidenced-based practice, examination, evaluation, intervention, and measurement of outcomes.

PHTH 539. Integrative Physiology. 4 Units.
Physiology of the human body, including integumentary, skeletal, muscular, neuronal, cardiovascular, respiratory, endocrine, digestive, urinary, and reproductive physiology.

PHTH 540. Concepts of Acute Care. 2 Units.
Presents procedures, equipment, lines and tubes, medications, and treatments used while treating adult and pediatric patients in the acute care setting. Covers ICU, NICU, and CCU using current research on mobilization and improving function. Identifies roles of multidisciplinary team members managing critical care patients.

PHTH 555. Medical Screening. 2 Units.
Emphasizes information gathering from history taking, review of systems, and directed questioning—combined with a focused examination to establish a working diagnosis. Emphasizes clinical pattern recognition for both musculoskeletal and nonmusculoskeletal disorders. Students learn strategies to differentiate between musculoskeletal and nonmusculoskeletal disorders. Highlights knowledge and skills related to screening for medical pathology.

PHTH 557. Pediatrics I. 3 Units.
Examines typical sequential human development observed throughout prenatal, infant, toddler, and childhood periods, in the context of physical therapy; and provides an introduction to atypical development. Emphasizes observation of motor development and learning, and identification and documentation of movement for both the typically and atypically developing child.

PHTH 558. Pediatrics II. 3 Units.
Discussion, demonstration and practice of physical therapy assessment and treatment of pediatric clients with developmental disabilities. Select diagnoses will be studied including cerebral palsy, spina bifida, muscular dystrophy and torticollis, as well as other common impairments. Specific treatment interventions will be practiced including pediatric NDT, sensory processing, orthotic assessment, positioning and handling for the treatment of the pediatric client.

PHTH 559. Geriatrics. 2 Units.
Overview of the normal and pathological changes seen during the aging process as related to physical therapy. Includes theories and demographics of aging, physiological and psychosocial changes, principles of geriatric rehabilitation, pharmacology, orthopedic considerations, fall risk, and fall prevention.

PHTH 561. Physical Therapy Administration. 4 Units.
Principles of organization and administration in health-care delivery. Multidisciplinary approach to patient management and patient-therapist relations. Administration of physical therapy services. Professionalism, medicolegal considerations, supervision and training of support personnel. Departmental design and budgetary considerations.

PHTH 563. Research I. 2 Units.
Introduction to research methods and measurement principles, applied to assessing and interpreting information sources to support patient/client management decisions fundamental to evidence-based practice.

PHTH 564. Research II. 1 Unit.
Assessment and interpretation of information sources, evaluating outcomes related to a specific clinical question for purpose of writing an evidenced-based practice literature review.

PHTH 565. Research III. 1 Unit.
Assessment and interpretation of information sources, evaluating outcomes related to a specific clinical question for purpose of developing professional poster and oral presentations.

PHTH 566. Pathology. 4 Units.
Fundamental mechanisms of disease, including cell injury, inflammation, repair, fluid disorders, neoplasms; developmental, genetic, pediatric, immune, infectious, physical, dietary, blood, vascular, and heart diseases.

PHTH 568. Integrative Neuroanatomy. 4 Units.
Basic anatomy and function of the central, peripheral, and autonomic nervous systems and related structures. Gross anatomy of the brain and spinal cord. Functional consideration of cranial nerves, tracks, and nuclei of major systems. Lecture, slides, and laboratory with specimens, models, and exercises.

PHTH 569. Clinical Neurology. 2 Units.
Introduces the practice of neurologic physical therapy. Emphasizes neurologic disorders routinely encountered by physical therapists and their clinical manifestations. Presents components of the neurologic physical therapy examination.

PHTH 571. Short Clinical Experience I. 2 Units.
Four-week, forty clock hours per week, supervised short clinical experience (SCE) that introduces students to a variety of physical therapy practice settings, and allows them to begin applying and utilizing physical therapy clinical and professional skills learned during the first year of the DPT curriculum.

PHTH 572. Short Clinical Experience II. 2 Units.
A four-week, forty clock hours per week, clinical education experience. Students apply and practice knowledge and skills learned in general medicine, neurologic, orthopedics, and preventive care/wellness as they relate to patients across the life span. Supervision by a licensed physical therapist. Includes direct patient care, as well as possible participation in specific site team conferences, demonstrations, special assignments, and observation.

PHTH 575. Orthopaedics IV. 1 Unit.
A three-quarter course that integrates examination procedures taught in the orthopaedic curriculum. Culminates in a comprehensive laboratory practical that includes the five elements of patient/client management, as described in the Guide to Physical Therapy Practice: examination, evaluation, diagnosis, prognosis, and intervention.

PHTH 586. Orthotics and Prosthetics. 2 Units.
Clinical reasoning in the attributes and interventions of normal and abnormal gait characteristics based on the field of orthotics and prosthetics. Instruction with various types of orthotics and prosthetics in order to collaborate with O&P clinicians and patients in locomotion rehabilitation.

PHTH 587. Pharmacology. 2 Units.
Introduction to general principles of pharmacology, including actions of commonly used medications on physiological processes related to physical therapy.

PHTH 595. Clinical Imaging. 3 Units.
Covers the various types of imaging used in clinical practice. Educates the future practitioner on the strong and weak points of each type of imaging, what that type of imaging is used for, and how the process is completed start to finish. Covers conventional x-ray, CAT scan, MRI, and MSK ultrasound. Laboratory portion familiarizes the student with MSK ultrasound, including its application and the general interpretation of the image produced.

PHTH 596. Orthopaedics V. 3 Units.
Presents the newest evidenced-based clinical evaluation and treatment applications over the spectrum of the patient population in the field of physical therapy. Emphasizes the specialized area of orthopedic physical therapy.

PHTH 597. Specialized Interventions in Physical Therapy. 2 Units.
Provides advanced study opportunities to pursue, in greater depth, various topics related to current trends in physical therapy and development of advanced clinical skills, where appropriate. Topics include: women's/men's health, lymphedema, wound care, and other specialized areas in physical therapy.

PHTH 701. Long Clinical Experience I. 5 Units.
Twelve-week, full-time (40 hours/week average) clinical education assignment for D.P.T. students completed in an affiliated clinic with an emphasis in any of a variety of settings including: acute care, outpatient orthopedics, neurological rehabilitation, geriatrics, pediatrics, sports medicine, and preventive care/wellness.

PHTH 702. Long Clinical Experience II. 5 Units.
Eleven-week, full-time (40 hours/week average) clinical education assignment for D.P.T. students completed in an affiliated clinic with an emphasis in any of a variety of settings including: acute care, outpatient orthopedics, neurological rehabilitation, geriatrics, pediatrics, sports medicine, and preventive care/wellness. This is the second of three required affiliations in the final year of the program.

PHTH 703. Long Clinical Experience III. 5 Units.
Ten-week, full-time (40 hours/week average) clinical education assignment for DPT students completed in an affiliated clinic with an emphasis in any of a variety of settings including: acute care, outpatient orthopedics, neurological rehabilitation, geriatrics, pediatrics, sports medicine, and preventive care/wellness. This is the final of three required affiliations in the final year of the program.

AHCJ 510. Human Gross Anatomy. 9 Units.
Gross anatomy of the musculoskeletal system, with emphasis on spatial orientation, joint structure, skeletal muscle origins, insertions, actions, nerves, and blood supply. A cadaver-based course.

AHCJ 705. Infectious Disease and the Health Care Provider. 1 Unit.
Current issues related to infectious diseases, with emphasis on principles of epidemiology and etiology of HIV/AIDS. Disease pathology and modes of transmission as compared to hepatitis, tuberculosis, and influenza. Development of ethical response to psychosocial, economic, and legal concerns. Strategies and programs for education, prevention, and identification of resources. Impact on health-care workers; risk factors and precautions for blood-borne pathogens.

AHCJ 721. Wholeness Portfolio I. 1 Unit.
Students continue developing a portfolio that illustrates the potential graduate's ability to meet the student learning outcomes set by Loma Linda University—including wholeness, Christ-centered values, commitment to discovery and lifelong learning, effective communication, embracing and serving a diverse world, and collaboration.

AHCJ 722. Wholeness Portfolio II. 1 Unit.
Students continue developing a portfolio that illustrates the potential graduate's ability to meet the student learning outcomes set by Loma Linda University—including wholeness, Christ-centered values, commitment to discovery and lifelong learning, effective communication, embracing and serving a diverse world, and collaboration.

RELE 707. Ethics for Allied Health Professionals. 2 Units.
Ethical issues, cases, and principles in the contemporary practice of allied health professionals. Christian and philosophical resources for ethical decision making.

RELR 775. Whole Person Care. 2 Units.
Integrates psychosocial and spiritual care in the clinical setting.

RELT 718. Adventist Heritage and Health. 2 Units.
Studies the fundamental beliefs and values that led Seventh-day Adventists to become involved in health care, with particular emphasis on the spiritual story and principles leading to the founding of Loma Linda University.

RELT 740. World Religions and Human Health. 2,3 Units.
Studies of the history, beliefs, and practices of eight major world religions, with an emphasis on theological and ethical issues that are relevant to the practice of culturally competent health care. Gives attention to the interaction between specific religions and their cultures and to similarities, differences, and potential for understanding among religions. Third unit covers two additional world religions.

PT CPI Performance Criteria Matched with Elements for PT Programs

This table provides the physical therapist academic program with a mechanism to relate the performance criteria from the *Physical Therapist Clinical Performance Instrument* with the *Standards and Required Elements for Accreditation of Physical Therapist Education Program*

PC #	Physical Therapist Clinical Performance Instrument Performance Criteria (PC)		Required Elements for Accreditation of Physical Therapist Education Programs
1	**Safety**	7D33 7D37	Respond to emergencies Assess safety Risks
2	**Professional Behavior**	7D1 7D4 7D5 7D6 7D14	Legal Practice Standards Practice Consistent with Code of Ethics Practice consistent with APTA Core Values Moral reasoning Advocate for profession
3	**Accountability**	7D2 7D3 7D41	Report Abuse Report Fraud Assess health care policy
4	**Communication**	7D7 7D21	Communicate effectively Use ICF
5	**Cultural Competence**	7D8	Respect for differences
6	**Professional Development**	7D13 7D15	Participate in professional/community organizations Career development & lifelong learning
7	**Clinical Reasoning**	7D9 7D10 7D11 7D34 7D36 7D40	Analyze scientific literature Apply knowledge, theory & judgment Best evidence Prevention, Health & Wellness Case Management Health Informatics
8	**Screening**	7D16 7D34 7D35	Determine need for referral Prevention, Health & Wellness Direct Access
9	**Examination**	7D17 7D18 7D19 a-w 7D35	Patient history Systems review Tests & Measures Direct Access
10	**Evaluation**	7D20 7D35 7D40	Evaluate data from examination to make clinical judgments Direct Access Health Informatics
11	**Diagnosis and Prognosis**	7D22 7D23 7D35 7D40	Determine diagnosis Determine pt goals & expected outcomes; timelines Direct Access Health Informatics
12	**Plan of Care**	7D24 7D26 7D28 7D30 7D35 7D36 7D39 7D40	Establish plan of care Create discontinuation of episode of care plan Manage POC Monitor & adjust POC response to pt status Direct Access Case Management Interprofessional collaboration Health Informatics
13	**Procedural Interventions**	7D27 a-i 7D34 7D35	PT interventions Prevention, Health & Wellness Direct Access
14	**Educational Interventions**	7D12	Educate others

PC #	Physical Therapist Clinical Performance Instrument Performance Criteria (PC)		Required Elements for Accreditation of Physical Therapist Education Programs
		7D34 7D35	Prevention, Health & Wellness Direct Access
15	**Documentation**	7D32 7D38	Documentation Quality Assurance & Improvement
16	**Outcome Assessment**	7D31 7D38 7D40	Assess pt outcomes Quality Assurance & Improvement Health Informatics
17	**Financial Resources**	7D35 7D36 7D38 7D40 7D41 7D42	Direct Access Case Management Quality Assurance & Improvement Health Informatics Assess health care policy Participate in financial management of setting
18	**Direction and Supervision of Personnel**	7D25 7D29	Determine components of POC that may/may not be directed to PTA Delineate, communicate, & supervise POC delegated to PTA

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS

DOCTOR OF PHYSICAL THERAPY – CLASS OF 2022

2019								2020							
SUMMER - 13 wks (June 17 - Sept 13)				**AUTUMN - 12 wks (Sept 23 - Dec 13)**				**WINTER - 11 wks (Jan 6 - March 20)**				**SPRING - 13 wks (March 30 – June 12)**			
June 17-Aug 2 (7wks)	**Aug 5 --**	**Sept 13** (6 wks)		PHTH 505	ICE (0)			PHTH 505	ICE (0)			**March 30 –**	**May 29 (9 wks)**		**June 1 – 12** (2 wks)
	PHTH 505	Integrated Clinical Experience (1)		PHTH 509	Biophysical Agents (3)			PHTH 508	PT Communication (2)			PHTH 505	ICE (0)		
				PHTH 513	Therapeutic Procedures (3)			PHTH 519	Locomotion Studies (3)			PHTH 506	Exercise Phys (3)		
AHCJ 510 Human Gross Anatomy	PHTH 510	Kinesiology (3)		PHTH 516	Histology (2)			PHTH 528	Therapeutic Exercise I (3)			PHTH 521A	Orthopedics IA (3)		PHTH 571 PT Practicum I (1)
	PHTH 514	Manual Muscle Test (3)		PHTH 539	Integrative Physiology (4)			PHTH 564A	Scientific Inquiry IIA (1)			PHTH 557	Pediatrics I (3)		
				PHTH 563	Scientific Inquiry I (2)			PHTH 566	Pathology (4)			PHTH 564B	Sci Inquiry IIB (1)		
				AHCJ 705	Infectious Disease (1)			AHCJ 721	Wholeness Portfolio I (0)			PHTH 568	Integrative Neuroanatomy (4)		
	RELT 718	Adventist Heritage & Health (2)		AHCJ 721	Wholeness Portfolio I (1)							PHTH 569	Clinical Neurology (2)		
				RELR 775	Whole Person Care (2)							PHTH 586	Orthotics & Prosthetics (2)		
												AHCJ 721	Wholeness Port I (0)		
[9 units]		[9 units]			[18 units]				[13 units]				[18 units]		[1 unit]

2020								2021							
	SUMMER - 6 wks (Aug 3 - Sept 11)			**AUTUMN - 12 wks (Sept 21 - Dec 11)**				**WINTER - 11 wks (Jan 4 - March 19)**				**SPRING - 11 wks (March 29 – June 11)**			
Vacation or Anatomy TA June 15 – July 31	PHTH 505	Integrated Clinical Experience (1)		PHTH 501	Neurology I (3)			PHTH 502	Neurology II (3)			PHTH 503	Neurology III (3)		
	PHTH 511	Clinical Ortho (2)		PHTH 505	ICE (0)			PHTH 505	ICE (0)			PHTH 505	ICE (0)		
	PHTH 512	Clin Psychiatry (2)		PHTH 521B	Orthopedics IB (3)			PHTH 518	Aspects of Health Pro (2)			PHTH 517	Movement Science (2)		
	PHTH 526A	Cardiopulmonary(3)		PHTH 525	General Medicine (3)			PHTH 522	Orthopedics II (3)			PHTH 523	Orthopedics III (3)		
	PHTH 587	Pharmacology (2)		PHTH 526B	Cardiopulmonary II (3)			PHTH 534	Soft Tissue Techniques (2)			PHTH 555	Medical Screening (2)		
	RELT 740	World Religions & Human Health (3)		PHTH 530	Therapeutic Exercise II (3)			PHTH 540	Concepts in Acute Care (2)			PHTH 559	Geriatrics (2)		
				PHTH 575	Orthopedics IV (1)			PHTH 558	Pediatrics II (3)			PHTH 561	PT Administration (4)		
				PHTH 595	Clinical Imaging (3)			PHTH 575	Orthopedics IV (0)			PHTH 575	Orthopedics IV (0)		
				AHCJ 722	Wholeness Portfolio II (1)			AHCJ 722	Wholeness Portfolio II (0)			PHTH 597	Specialized Interventions (2)		
								RELE 707	Ethics for Allied Health (2)			AHCJ 722	Wholeness Portfolio II (0)		
	[13 units]				[20 units]				[17 units]				[18 units]		

2021								2022							
SUMMER - 8 wks (June 21 – Aug 20 3)				**AUTUMN – 12 wks (Sept 20–Dec 10)**				**WINTER - 11 wks (Jan 3 - March 18)**				**SPRING - 11 wks (March 28 – June 10)**			
June 21-July 16 (4 wks)	**July 26 - Aug 20** (4 wks)	**Aug 23 – Sept 17** (4 wks)		PHTH 701	PT Affiliation I			PHTH 702	Affiliation II (5)			**March 28 – June 3 (10 wks)** PHTH 703 Affiliation III (5)			
PHTH 504 Neuro IV (1)	PHTH 572 Pract II (2)	Vacation										**June 6-10 (1 wk)** Graduation Preparation June 9 – White Coat Dedication Ceremony			
PHTH 505 ICE (1)												Graduation Ceremony: **June 12, 2022**			
PHTH 596 Ortho V (3)															
[4 units]	[2 units]			[5 units]				[5 units]				[5 units]			

LOMA LINDA UNIVERSITY
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DOCTOR OF PHYSICAL THERAPY – CLASS OF 2023

2020

SUMMER - 13 wks (June 15 - Sept 11)

June 15-July 31 (7wks)

AHCJ 510 Human Gross Anatomy

[9 units]

Aug 3 -- Sept 11 (6 wks)

PHTH 505	Integrated Clinical Experience (1)
PHTH 510	Kinesiology (3)
PHTH 514	Manual Muscle Test (3)
RELT 718	Adventist Heritage & Health (2)

[9 units]

AUTUMN - 12 wks (Sept 21 - Dec 11)

PHTH 505	ICE (0)
PHTH 509	Biophysical Agents (3)
PHTH 513	Therapeutic Procedures (3)
PHTH 516	Histology (2)
PHTH 539	Integrative Physiology (4)
PHTH 563	Scientific Inquiry I (2)
AHCJ 705	Infectious Disease (1)
AHCJ 721	Wholeness Portfolio I (1)
RELR 775	Whole Person Care (2)

[18 units]

2021

WINTER - 11 wks (Jan 4 - March 19)

PHTH 505	ICE (0)
PHTH 508	PT Communication (2)
PHTH 519	Locomotion Studies (3)
PHTH 528	Therapeutic Exercise I (3)
PHTH 564A	Scientific Inquiry IIA (1)
PHTH 566	Pathology (4)
AHCJ 721	Wholeness Portfolio I (0)

[13 units]

SPRING - 13 wks (March 29 - June 25)

March 29 – May 28 (9 wks)

PHTH 505	ICE (0)
PHTH 506	Exercise Phys (3)
PHTH 521A	Orthopedics IA (3)
PHTH 557	Pediatrics I (3)
PHTH 564B	Sci Inquiry IIB (1)
PHTH 568	Integrative Neuroanatomy (4)
PHTH 569	Clinical Neurology (2)
PHTH 586	Orthotics & Prosthetics (2)
AHCJ 721	Wholeness Port I (0)

[18 units]

June 1 - 25 (4 wks)

PHTH 571 PT Practicum I (2)

[2 unit]

2021

SUMMER - 6 wks (Aug 9 - Sept 17)

Vacation

Anatomy TA (Optional Emp)

June 28 – Aug 6 (6 wks)

PHTH 505	Integrated Clinical Experience (1)
PHTH 511	Clinical Ortho (2)
PHTH 512	Clin Psychiatry (2)
PHTH 526A	Cardiopulm I (3)
PHTH 587	Pharmacology (2)
RELT 740	World Religions & Human Health (3)

[13 units]

AUTUMN - 12 wks (Sept 27 - Dec 17)

PHTH 501	Neurology I (3)
PHTH 505	ICE (0)
PHTH 521B	Orthopedics IB (3)
PHTH 525	General Medicine (3)
PHTH 526B	Cardiopulmonary II (3)
PHTH 530	Therapeutic Exercise II (3)
PHTH 575	Orthopedics IV (1)
PHTH 595	Clinical Imaging (3)
AHCJ 722	Wholeness Portfolio II (1)

[20 units]

2022

WINTER - 11 wks (Jan 3 - March 18)

PHTH 502	Neurology II (3)
PHTH 505	ICE (0)
PHTH 518	Aspects of Health Pro (2)
PHTH 522	Orthopedics II (3)
PHTH 534	Soft Tissue Techniques (2)
PHTH 540	Concepts in Acute Care (2)
PHTH 558	Pediatrics II (3)
PHTH 575	Orthopedics IV (0)
AHCJ 722	Wholeness Portfolio II (0)
RELE 707	Ethics for Allied Health (2)

[17 units]

SPRING - 11 wks (March 28 – June 10)

PHTH 503	Neurology III (3)
PHTH 505	ICE (0)
PHTH 517	Movement Science (2)
PHTH 523	Orthopedics III (3)
PHTH 555	Medical Screening (2)
PHTH 559	Geriatrics (2)
PHTH 561	PT Administration (4)
PHTH 575	Orthopedics IV (0)
PHTH 597	Specialized Interventions in PT (2)
AHCJ 722	Wholeness Portfolio II (0)

[18 units]

2022

SUMMER - 8 wks (June 20 – Aug 19)

June 20-July 15 (4 wks)

PHTH 504 Neuro IV (1)

PHTH 596 Ortho V (3)

[4 units]

July 25 – Aug 19 (4 wks)

PHTH 572 Short Clinical Experience II (2)

[2 units]

Aug 22 – Sept 23 (5 wks)

Vacation

AUTUMN – 12 wks (Sept 26–Dec 16)

PHTH 701 Long Clinical Experience I (5)

[5 units]

2023

WINTER - 11 wks (Jan 3 - March 17)

PHTH 702 Long Clinical Experience II (5)

[5 units]

SPRING - 11 wks (March 27 – June 9)

March 27 – June 2 (10 wks)
PHTH 703 Long Clinical Experience III (5)

June 5-9 (1 wk)
Graduation Preparation
June 8 – White Coat Dedication Ceremony

Graduation Ceremony: **June 11, 2023**

[5 units]

LOMA LINDA UNIVERSITY
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DOCTOR OF PHYSICAL THERAPY – CLASS OF 2024

2021						2022					
SUMMER - 13 wks (June 21 - Sept 17)				**AUTUMN - 12 wks (Sept 27 - Dec 17)**		**WINTER - 11 wks (Jan 3 - March 18)**			**SPRING - 13 wks (March 28 - June 24)**		
June 21-Aug 6 (7wks)	**Aug 9 --**	**Sept 17** (6 wks)		PHTH 505	ICE (0)	PHTH 505	ICE (0)		**March 28 –**	**May 27 (9 wks)**	**May 30 – June 24** (4 wks)
	PHTH 505	Integrated Clinical Experience (1)		PHTH 509	Biophysical Agents (3)	PHTH 508	PT Communication (2)		PHTH 505	ICE (0)	
AHCJ 510 Human Gross Anatomy	PHTH 510	Kinesiology (3)		PHTH 513	Therapeutic Procedures (3)	PHTH 519	Locomotion Studies (3)		PHTH 506	Exercise Phys (3)	PHTH 571 Short Clinical Experience I (2)
	PHTH 514	Manual Muscle Test (3)		PHTH 516	Histology (2)	PHTH 528	Therapeutic Exercise I (3)		PHTH 521A	Orthopedics IA (3)	
	RELT 718	Adventist Heritage & Health (2)		PHTH 539	Integrative Physiology (4)	PHTH 564	Research II (1)		PHTH 557	Pediatrics I (3)	
				PHTH 563	Research I (2)	PHTH 566	Pathology (4)		PHTH 565	Research III (1)	
				AHCJ 705	Infectious Disease (1)	AHCJ 721	Wholeness Portfolio I (0)		PHTH 568	Integrative Neuroanatomy (4)	
				AHCJ 721	Wholeness Portfolio I (1)	RELE 707	Ethics for Allied Health (2)		PHTH 569	Clinical Neurology (2)	
				RELR 775	Whole Person Care (2)				PHTH 586	Orthotics & Prosthetics (2)	
									AHCJ 721	Wholeness Port I (0)	
[9 units]		[9 units]			[18 units]		[15 units]			[18 units]	[2 unit]

2022						2023					
	SUMMER - 6 wks (Aug 8 - Sept 16)			**AUTUMN - 12 wks (Sept 26 - Dec 16)**		**WINTER - 11 wks (Jan 3 - March 17)**			**SPRING - 11 wks (March 27 – June 9)**		
Vacation	PHTH 505	Integrated Clinical Experience (1)		PHTH 501	Neurology I (3)	PHTH 502	Neurology II (3)		PHTH 503	Neurology III (3)	
	PHTH 511	Clinical Ortho (2)		PHTH 505	ICE (0)	PHTH 505	ICE (0)		PHTH 505	ICE (0)	
Anatomy TA (Optional Emp)	PHTH 512	Clin Psychiatry(2)		PHTH 521B	Orthopedics IB (3)	PHTH 518	Aspects of Health Pro (2)		PHTH 517	Movement Science (2)	
	PHTH 526A	Cardiopulm I (3)		PHTH 525	General Medicine (3)	PHTH 522	Orthopedics II (3)		PHTH 523	Orthopedics III (3)	
	PHTH 587	Pharmacology (2)		PHTH 526B	Cardiopulmonary II (3)	PHTH 534	Soft Tissue Techniques (2)		PHTH 555	Medical Screening (2)	
	RELT 740	World Religions & Human Health (3)		PHTH 530	Therapeutic Exercise II (3)	PHTH 540	Concepts in Acute Care (2)		PHTH 559	Geriatrics (2)	
June 27 – Aug 5 (6 wks)				PHTH 575	Orthopedics IV (1)	PHTH 558	Pediatrics II (3)		PHTH 561	PT Administration (4)	
		[13 units]		PHTH 595	Clinical Imaging (3)	PHTH 575	Orthopedics IV (0)		PHTH 575	Orthopedics IV (0)	
				AHCJ 722	Wholeness Portfolio II (1)	AHCJ 722	Wholeness Portfolio II (0)		PHTH 597	Specialized Interventions in PT (2)	
					[19 units]		[15 units]		AHCJ 722	Wholeness Portfolio II (0)	
										[18 units]	

2023					2024		
SUMMER - 8 wks (June 19 – Sept 1)			**AUTUMN – 12 wks (Sept 25–Dec 15)**		**WINTER - 11 wks (Tues Jan 2 - March 15)**		**SPRING - 11 wks (March 25 – June 7)**
June 19 - July 14 (4 wks)	**July 24 – Aug 18 (4 wks)**	**Aug 21 – Sept 22 (5wks)**	PHTH 701 Long Clinical Experience I (5)		PHTH 702 Long Clinical Experience II (5)		**March 25 – May 31 (10 wks)** PHTH 703 Long Clinical Experience III (5) **June 3-7 (1 wk) -** Graduation Preparation June 6 – White Coat Dedication Ceremony Graduation Ceremony: **June 9, 2024**
PHTH 504 Neuro IV (1) PHTH 596 Ortho V (3)	PHTH 572 Short Clinical Experience II (2)	Vacation					
[4 units]	[2 units]		[5 units]		[5 units]		[5 units]

OPERATING POLICY

CATEGORY:	Academics	CODE:	A-8
		EFFECTIVE:	8/19/2013 8/6/2012
SUBJECT:	Grading- Clinical Experiences	REPLACE:	7/12/2021 8/19/2013 8/6/2012 8/3/2011
DEPARTMENT:	Physical Therapy		
		PAGE:	1 of 2
COORDINATOR:	DEPARTMENT CHAIR		

The sources of data listed below are used by the Director of Clinical Education (DCE) and Clinical Education Committee (CEC) in assigning a grade for a clinical experience. As the faculty representation for matters of clinical education experiences, the CEC has the right to and may obtain input from additional faculty members in assessing the overall student performance and assigning the grade. Data gathered from the following will inform the grading process:

1. Physical Therapist/Physical Therapist Assistant Clinical Performance Instrument (CPI) or the Short Clinical Experience Evaluation Form (for the DPT Program). Both the assessment by the Clinical Instructor as well as the student self-assessment will be reviewed.
2. Interviews conducted by academic faculty with the Site Coordinator for Clinical Education (SCCE), Clinical Instructor (CI) and the student.
3. Documentation of all required assignments as outlined in the Course Syllabus/Outline.

The CPI and the Short Clinical Experience Evaluation Form include criteria and rating scales/standards upon which the students' performance is represented. Space is also provided for each criterion where the CI could document narrative comments.

Students are expected to demonstrate attributes, characteristics and behaviors that are not explicitly part of the professional core of knowledge and technical skills but are nevertheless required for success in the profession. The APTA has identified behaviors [Core Values/Values-based behavior] that are integral to the satisfactory completion of a clinical experience. The CEC will reference these APTA sources to substantiate the decision for grading as deemed necessary.

The program has defined standards for each criterion which indicate satisfactory (S) completion of each specific clinical experience. (See *Standards for Satisfactory Completion of Long Clinical Experience* and *Standards for Satisfactory Completion of Short Clinical Experiences, and Standards for Satisfactory Completion of Clinical Experiences PTA*). The Clinical Instructor does not determine the final grade for the clinical experience but provides valuable assessment of student onsite performance in terms of each clinical criterion observed.

The clinical experiences are graded as Satisfactory (S), Unsatisfactory (U) and on rare occasions, Incomplete (I). In the very rare event that a course withdrawal occurs during the period allowed for significantly extenuating circumstances a Withdrawal (W) will be the designated transcript entry. Each student is expected to receive a satisfactory rating by the end of each clinical rotation. Each rotation is independent of the others and

must be satisfactorily completed. Errors in safety and/or judgment and unprofessional behavior may be grounds for the student to be removed from the facility.

If the clinical faculty (CI and SCCE) find that the student is not meeting the requirements or expectations for the clinical experience, the CI or SCCE should contact the DCE for more in-depth and collaborative assessment and development of a plan of action towards a more amenable outcome.

The following are examples of conditions presenting grounds for an Unsatisfactory (U) Grade:

1. The student terminates the clinical experience without authorization of DCE/CEC.

2. The student fails to attain Satisfactory Program Standards as assessed using the respective CPI/Short Clinical Experience Evaluation Form.

> *Note: failure to attain the standard for as few as one (1) criterion could result in an Unsatisfactory (U) grade. Performance scores which do not meet the standard are reviewed by the DCE in conjunction with the CEC in determining the final grade.*

3. The student fails to complete, with appropriate signatures and dates, and submit all required documents and assignments associated with the clinical experience by 5:00 p.m., on the MONDAY after the last scheduled date of the clinical rotation. The documents may include but are not limited to the CPI, Short Clinical Experience Evaluation Form, In-service / Project Report, and Reflection Paper ***A "U" grade entered under this condition may be remediated by submission of completed documents and re-registration.*** *(The tuition/fees would be calculated at half the price of the regular fees).*

4. The student commits an egregious offense e.g., stealing, sexual harassment, fraud, professional misconduct such as inappropriate public postings on public social networks such as Facebook ® and Twitter ®.

5. The student demonstrates practice which is significantly disruptive to the operation of the clinic, places patients at risk of injury and/or places the clinic and staff in a position of liability.

If a student receives an unsatisfactory grade on a clinical rotation for anything other than late submission of paperwork, the student will need to remediate the entire clinical experience prior to progressing to the next (more advanced) clinical experience or completing the program. Though the setting at the next clinical site may not be the same as the setting in which the Unsatisfactory grade was received, ultimately, the student will need to satisfactorily complete a clinical rotation in the same setting as the Unsatisfactory grade.

The following conditions may present grounds for an Incomplete (I) grade:

The student is unable to complete the clinical experience within the designated time frame due to, but not limited to unforeseen circumstances such as family death or lack of fitness for duty which may include injury, illness, and complicated pregnancy.

If a student receives an Incomplete (I) grade in a clinical experience the additional time must be completed in the same setting as the original. This period must be scheduled for no less than six weeks for Long Clinical Experience and no less than two weeks for return to the same clinical site and four weeks for a new clinical site in the case of the Short Clinical Experience in the DPT Program, The PTA Program requires the full six weeks in order to increase the potential for a satisfactory completion.

Loma Linda University Entry Level DPT program
Standards for Satisfactory Completion of Long Clinical Experiences

The final grade for each Clinical Education Experience is determined by the Director of Clinical Education and the Clinical Education Committee which is made up of the Program Directors of the PT and PTA programs, Dept. DCEs, and Midterm Faculty Reviewers.

The grade is determined from the following resources:

1. Clinical Performance Instrument (APTA CPI 2006 version- CI assessment and Student self-assessments.
2. Interviews by Academic Faculty Midterm Reviewers with the CI and or SCCE and the Student.
3. Documentation of all required assignments as outlined in the Course Syllabus/Outline including an In-service, Case-study or clinic related Project as directed, and the APTA Physical Therapy Student Evaluation of Clinical Experience and Clinical Instruction.

Rating Scale – The rating scale reflects a continuum of performance ranging from "Beginning Performance" to "Entry -Level Performance" with option for excelling to "Beyond Entry Level Performance". The rating scale is not a measurable visual analog scale.
*The CPI has 18 Criteria – all should be graded. Criteria 1,2,3,4 and 7 are RED FLAG items***.** These are considered the foundational elements in clinical work. (pg. 10) These criteria need heightened level of attention and earlier consultation between CI, SCCE and the DCE in cases where the student is struggling. *Each student is expected to attempt to attain" Entry Level performance" as described by the APTA CPI Rating Scale Anchors descriptors for each Long Clinical Experience*

CPI Standards for passing are:
First Long Clinical Experience (PT LCE I): The student should be at a minimum of *Intermediate **[I]** Performance*.

Second Long Clinical Experience (PT LCE II): The student should be at a minimum of *Intermediate **[I]** Performance.*

Third Long Clinical Experience (PT LCE III): The student should be at a minimum of *Advanced Intermediate **[AI]** Performance.*

Each student is expected to attempt to attain" Entry Level" as described by the APTA 2006 CPI Rating Scale Anchors descriptors for each Long Clinical Experience

Loma Linda University Entry Level DPT Program

Standards for Satisfactory Completion of Short Clinical Experience

Students must complete the following to Complete **SCE – 1** and progress to SCE – 2

1. Completed Survey
2. Evaluation form completed and signed by the CI and marked at or above the second rating category stating **("***can progress to next level"***)**
3. Evaluation form completed and signed by the student (self-assessment)
4. Reflection paper

Students must complete the following to Complete **SCE – 2** and progress to LCE - 1

1. Completed Survey
2. Evaluation form completed and signed by the CI and marked at or above the second rating category stating ("*can progress to next level"*)
3. Evaluation form completed and signed by the student (self-assessment)
4. Reflection paper

Student Signature Page

By signing below, I acknowledge receipt of the Loma Linda University Department of Physical Therapy Policy and Procedure Manual for Clinical Education. I agree to follow the expectations and guidelines as outlined. I understand that the policies and procedures presented in the handbook are subject to change. I further understand that this handbook does not replace or nullify the contents of the School of Allied Health Professions Catalog or the Student Handbook.

Print Name

_____

Signature

_____

Date

_____