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INTRODUCTION

WELCOME

Welcome to the 2017-2018 school year! The Department of Physical Therapy is proud to welcome you to the University of North Dakota and to our program.

The materials in this Student Handbook will help you understand the current policies and procedures of our program and the University of North Dakota, as well as your responsibilities in the program, university, and professional community. As in all specialized disciplines where patients place their trust and health in your professional abilities, you must meet unique and demanding standards. We shall endeavor to help you meet and when possible, surpass those standards.
DEPARTMENT/CAMPUS CONTACTS

University of North Dakota, Department of Physical Therapy, School of Medicine & Health Sciences E321
1301 North Columbia Road Stop 9037, Grand Forks, ND 58202-9037
Office Hours: 8:00 a.m. to 4:30 p.m. Main Office: 701-777-2831

Department Faculty/Staff

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<td>Associate Professor/Department Chair</td>
<td>777-4091</td>
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<tr>
<td>Gary Schindler</td>
<td>Assistant Professor/Director of Sports PT Residency</td>
<td>777-6081</td>
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<td>Kristin Thomanschefsky</td>
<td>Assistant Professor</td>
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<td>Professor</td>
<td>777-3668</td>
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<td>Meridee Danks</td>
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<td>777-3689</td>
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<td>Renee Mabey</td>
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<td>Schawnn Decker</td>
<td>Part-time Assistant Professor</td>
<td>777-6389</td>
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<td>Sherri Johnson</td>
<td>Administrative Secretary</td>
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<td>Sue Jeno</td>
<td>Associate Professor</td>
<td>777-3662</td>
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<tr>
<td>Tom Mohr</td>
<td>Professor/Associate Dean for Health Sciences</td>
<td>777-3862</td>
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Campus Resources:

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<td>Affirmative Action Office</td>
<td>Twamley Hall, 264 Centennial Dr</td>
<td>777-4171</td>
<td>401</td>
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<td>Career Services</td>
<td>McCannel Hall, 2891 2nd Ave N</td>
<td>777-3904</td>
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<td>Chester Fritz Library</td>
<td>3051 University Ave</td>
<td>777-2617</td>
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<td>Dean of Students</td>
<td>Memorial Union, 2901 University Ave</td>
<td>777-3425</td>
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<td>Disability Services for Students</td>
<td>McCannel Hall, 2891 2nd Ave N</td>
<td>777-2644</td>
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<td>Health Sciences Library</td>
<td>SMHS Bldg 1301 N Columbia Rd</td>
<td>777-3993</td>
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<td>Memorial Union Info Center</td>
<td>Memorial Union, 2901 University Ave</td>
<td>777-4321</td>
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<td>School of Graduate Studies</td>
<td>Montgomery Hall, 290 Centennial Dr</td>
<td>777-2784</td>
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<td>Student Account Services</td>
<td>Twamley Hall, 264 Centennial Dr</td>
<td>777-3911</td>
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<td>Student Financial Aid</td>
<td>Twamley Hall, 264 Centennial Dr</td>
<td>777-3121</td>
<td>216</td>
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<td>Student Health Services</td>
<td>McCannel Hall, 2891 2nd Ave N</td>
<td>777-4500</td>
<td>100</td>
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<tr>
<td>University Bookstore</td>
<td>755 Hamline St</td>
<td>777-2746</td>
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<tr>
<td>University Counseling Center</td>
<td>McCannel Hall, 2891 2nd Ave N</td>
<td>777-2127</td>
<td>200</td>
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<tr>
<td>University Police</td>
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<td>777-3491</td>
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<tr>
<td>University Tech Support</td>
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<td>Writing Center</td>
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<td>12</td>
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</table>
DEPARTMENT FACULTY & STAFF

David Relling, PT, PhD
Associate Professor and Chair. BSPT, University of North Dakota; M.S., Kinesiology, Kansas State University; Ph.D. Physiology, University of North Dakota. Dr Relling became Chair of the Department of Physical Therapy in June 2014. He has served on numerous University committees and is active on the North Dakota Board of Physical Therapy and Federation of State Boards of Physical Therapy. Dr. Relling teaches a number of courses in the areas of pathology, acute care, cardiopulmonary PT, exercise physiology and orthopedics. Areas of research interests include exercise physiology, orthopedics, EMG and motion analysis.

Cindy Flom-Meland, PT, PhD, NCS
Associate Professor and Director of Clinical Education. BSPT, MPT, Ph.D., Teaching & Learning, University of North Dakota. Dr. Flom-Meland is the Director of Clinical Education and primarily works with students and clinicians to arrange clinical experiences and obtain clinical sites for students. Dr. Flom-Meland is a credentialed trainer for the APTA Clinical Instructor Education and Credentialing Program; active in the North Dakota Physical Therapy Association, APTA, and University committees; and currently co-chair of the clinical education special interest group for the Education Section. Dr. Flom-Meland teaches in the areas of communication and professional behavior, motor control, psychological aspects, and neuro-rehabilitation. Areas of research interests include neuro-rehabilitation, clinical education, and professional behavior.

Thomas Mohr, PT, PhD, FAPTA
Chester Fritz Distinguished Professor and Associate Dean for Health Sciences. BSPT, University of North Dakota; M.S., Physical Therapy, University of Minnesota: Ph.D. Physiology, University of North Dakota. Dr. Mohr served as Chair of the Department of Physical Therapy from 1993 to 2014. He teaches in the areas of neuroscience, research, electrotherapy, and biomechanics. Areas of research are PT Education, PT regulation, Biomechanics, Electromyography, and Motion Analysis.

Beverly Johnson, PT, DSc, GCS, CEEAA
Associate Professor and Assistant Director of Clinical Education. BSPT, M.S., Sport and Exercise Science and minor in Education from the University of North Dakota; Doctor of Science, Rocky Mountain University. Dr. Johnson served as DCE from 1995 to 2014. She works with students and clinicians to arrange clinical experiences. Her national service includes Commissioner for CAPTE and a credentialed trainer for both the APTA Clinical Instructor Education and Credentialing Program and the Advanced Clinical Instructor Program. Teaching areas include physical therapy administration, geriatrics, neuro rehabilitation, and prevention and wellness. Research interests are clinical education, interdisciplinary clinical education, and geriatrics (balance and falls).
Renee Mabey, PT, PhD  
*Professor of Physical Therapy.* BSPT, M.S. Health, Physical Education and Recreation; Ph.D., Teaching & Learning: Research Methods, University of North Dakota. Dr. Mabey is the Director of Outcome Assessment and has been instrumental in designing and implementing our outcome assessment program. Dr. Mabey has served on a number of university committees, particularly in the areas of student learning and program assessment. Dr. Mabey teaches in the areas of patient evaluation, statistics, cardio-pulmonary care, case management, and critical inquiry. Research interests include outcome assessment and patient evaluation.

Peggy Mohr, PT, PhD  
*Professor of Physical Therapy.* BSPT, M.S., Ph.D., Special Education, University of North Dakota. Dr. Mohr is involved in the Pediatric Section of the APTA and the Team-Based Learning Collaborative. Dr. Mohr has extensive grant writing experience, which has benefited the Department and gained recognition for the Department within the University and across the nation. Dr. Mohr teaches in the areas of pediatrics and early intervention, pathology, evidence-based practice, therapeutic modalities, clinical examination, and soft tissue techniques. Areas of research are pediatrics, early intervention, family involvement, and team-based learning.

Susan Jeno, PT, PhD  
*Associate Professor of Physical Therapy.* BSPT University of Michigan-Flint: B.S. and M.A., Education/Kinesiology, University of Michigan; PhD, Anatomy and Cell Biology, University of North Dakota. Dr. Jeno serves as the University NCAA Faculty Athletics Representative and participates in numerous campus and professional committees. She chaired the University Senate, active in University governance, and maintains an active role in the PT profession. Dr. Jeno teaches anatomy, biomechanics, orthopedics, manual therapy, acute care, and administration. Areas of research interest are primarily in anatomy, biomechanics, electromyography, orthopedics exercise science, and alternative/complimentary medicine.

Mark Romanick, PT, PhD, ATC  
*Professor of Physical Therapy.* BSPT and MPT, University of North Dakota. Ph.D. Physiology, University of North Dakota; Athletic Training, University of Idaho. Dr. Romanick served as an officer and is a Hall of Fame member in the North Dakota Athletic Trainers Association. He served on the Board of Directors in the Mid-America Athletic Trainers’ Association and is current treasurer of the North Dakota Physical Therapy Association. Dr. Romanick teaches in the areas of biomechanics and kinesiology, clinical examination and evaluation, manual therapy, intervention techniques, prevention and wellness and advanced anatomy and sports physical therapy. Areas of interest are sports medicine, orthopedics, biomechanics, and biology of aging.
Meridee Danks, PT, DPT, NCS
Assistant Professor of Physical Therapy. BSPT, MPT, and DPT; University of North Dakota. Dr. Danks has an extensive clinical background working with patients following spinal cord injuries, stroke, traumatic brain injuries and other neurological diseases. Dr. Danks is currently serving on the University’s Institutional Review Board and is active in the North Dakota Physical Therapy Association. Dr. Danks teaches in the areas of motor control, applied movement science and rehabilitation, biomechanics and kinesiology, clinical examination and case management. Areas of research include balance training, gait analysis and pressure mapping.

Gary Schindler, PT, DPT, PhD, OCS, SCS, ATC, CSCS
Assistant Professor of Physical Therapy and Director of Sports Physical Therapy Residency. BA in Athletic Training, University of North Dakota; MSPT University of Wisconsin-La Crosse; DPT Massachusetts General Hospital Institute of Health Professionals; and PhD Educational Leadership at UND. Recognized by ABPTS as an Orthopaedic Certified Specialist in 2008 and Sports Certified Specialist in 2015. Dr. Schindler currently serves as the Program Director for the SMHS Sports Physical Therapy Residency. Dr. Schindler practices as a physical therapist and certified athletic trainer PRN in an orthopaedic private practice. Teaching areas of orthopaedics, sports medicine, anatomy and therapeutic agents. Research interest areas include leadership development, sports medicine, orthopaedics, and anatomy.

Kristin Thomanschefsky, PT, DPT, GCS, NCS, CEEAA
Assistant Professor of Physical Therapy. BA- PT, College of St. Scholastica, DPT Regis University; ABPTS Board Certified Clinical Specialist in Neurologic and Geriatric PT; Certified Exercise Instructor for the Aging Adult; APTA Credentialed Clinical Instructor. Dr. Johnson has extensive clinical background in neuro-rehabilitation, including working with patients with Parkinson’s disease, stroke, traumatic brain injuries, spinal cord injuries, Multiple Sclerosis, Cerebellar Ataxia and other movement disorders. Areas of teaching are Geriatrics, Pediatrics, Applied Movement Science and Rehabilitation, and Motor Control. Research interests are in Parkinson’s disease, balance, postural re-education, and clinical education.

Michelle LaBrecque, PT, DPT
Assistant Professor of Physical Therapy. BSPT, University of Minnesota; MPT and DPT, University of North Dakota. Dr. LaBrecque works part-time in the Department of Physical Therapy and part-time in a physical therapy clinic outside the university. Areas of teaching are motor control, clinical examination and evaluation, therapeutic agents, intervention techniques, and applied movement science and rehabilitation.
Schawnn Decker, PT, DPT
Assistant Professor of Physical Therapy. BSPT, MPT, and DPT, University of North Dakota. Dr. Decker works part-time for the Department of Physical Therapy and part-time for a physical therapy clinic outside the university. Dr. Decker has been involved with a number of courses in the curriculum. Areas of teaching include clinical examination and evaluation, orthopedics, manual therapy, prevention and wellness and electrotherapy.

Alyson C. White, BSBA
Administrative Officer and Coordinator of Admissions. Alyson has been with the Department of Physical Therapy since 1975. She holds a Bachelor of Science in Business Administration from University of North Dakota. Alyson serves the North Dakota Physical Therapy Association as Executive Officer. Alyson works with budgets, WICHE, admissions and a variety of other duties. She assists with the advisement of both pre-professional and professional students regarding, registration, financial aid, graduation requirements, and housing.

Sherri Johnson
Administrative Secretary. Sherri has been with the Department of Physical Therapy since June 1997. She is responsible for front office duties and primarily assists with assessment data, development of the department alumni newsletter, and is involved with a number of department projects including setup of student/faculty events. Sherri served as coordinator for the Parents as Trainers Project.

Beverly Voigt
Administrative Secretary. Bev joined the Department of Physical Therapy in July 2017. Bev provides administrative and technical support for the department with primary focus on the clinical education program. She is responsible for front office tasks while troubleshooting and managing multiple databases; coordinating communications between students, academic/clinical faculty and staff; and maintains the departmental website.
PHILOSOPHY STATEMENT

The UND Physical Therapy program seeks to graduate physical therapists concerned with providing quality physical therapy services within a variety of practice environments. The graduate is to be an advocate for health and wellness at the individual and societal levels. The graduate is expected to develop the skills necessary for incorporating evidence into their clinical practice and demonstrate a commitment to life-long learning.

The Department believes physical therapy education is best accomplished through the interplay of curriculum, faculty and students. The curriculum, inclusive of liberal arts, foundational sciences, clinical sciences and complimentary clinical education, is presented through a hybrid model. The hybrid curriculum model incorporates a variety of teaching methodologies including lecture, problem solving, team based, case scenario, and clinical experiences. A progression in concept development from simple to complex is evident. The curriculum promotes skills for life-long learning, encourages the critical analysis of current and new knowledge, supports critical inquiry/research for the advancement of the profession, and advocates service to the community and the profession.

The role of faculty is to facilitate the teaching and learning process, and to enable and challenge the growth of the learner. The faculty, with diverse interests and experiences, are expected to model professional behaviors of education, scholarly activity, service, and life-long learning.

Students are expected to be self-aware, self-directed, and responsible for their learning. They are presumed to be intellectually curious and possess a desire to be reflective learners and practitioners. Students will demonstrate respect for self and others, and a commitment to the profession of physical therapy.

It is also the intent that the professional program be reviewed periodically and evaluated by academic and clinical faculty, students, practitioners and other community and university personnel to maintain an optimal educational experience for students. It is expected that the program will continually evolve in response to political, social, economic and professional forces and emerging health care delivery trends.

MISSION STATEMENT

“The mission of the Department of Physical Therapy is to prepare physical therapists with the clinical, professional and critical inquiry skills to provide quality physical therapy services. The professional services provided by a physical therapist demand a strong background in the liberal arts and clinical sciences as well as high moral and ethical standards. In addition to clinical practice expectations, responsibilities in teaching, service and critical inquiry are an integral part of the educational experience.”
GOALS & OBJECTIVES

STUDENTS:

Goal 1: The student will demonstrate the skills necessary for the entry level practice of physical therapy

- **Objective:** The student will demonstrate entry-level competence on all written and practical examinations.
- **Objective:** The students will demonstrate entry-level competence in all clinical skills by the end of their clinical experiences.
- **Objective:** The student will demonstrate entry-level skill in physical therapy examination, evaluation, diagnosis, and the development of an appropriate plan of care and physical therapy intervention.
- **Objective:** The student will plan, initiate, coordinate and evaluate the efficacy of intervention programs to meet patient/client needs.
- **Objective:** The student will demonstrate effective written and oral communication skills.
- **Objective:** The student will demonstrate knowledge of basic administrative procedures.
- **Objective:** The student will demonstrate professionalism in the classroom and in the clinic.

Goal 2: The student will demonstrate advocacy skills for health and wellness at the individual and societal level

- **Objective:** The student will develop an awareness of the importance of physical therapy in community health systems and participate in service learning projects and activities.
- **Objective:** The student will demonstrate proper concern for patient’s rights.
- **Objective:** The student will participate in an advocacy role regarding health, wellness, and societal needs.

Goal 3: The student will provide service to the community and/or to the profession

- **Objective:** The student will participate in service learning projects and activities.
- **Objective:** The student will participate in professional service activities.

Goal 4: The student will develop critical inquiry skills related to clinical and basic science research.

- **Objective:** The student will demonstrate a commitment to evidence based practice, interpreting and applying the results of published research
- **Objective:** The student will apply principles of the scientific method and collaborate with faculty and peers to design and implement a scholarly project.

Goal 5: The student will develop the skills required for life-long learning.

- **Objective:** The student will demonstrate a commitment to evidence based practice, continuing education and involvement in professional organizations.
- **Objective:** The student is expected to be self-aware, self-directed, and responsible for his or her learning.
FACULTY:

Goal 1: *Faculty members will demonstrate excellence in teaching.*
- **Objective:** Faculty members will apply learning theories in designing, implementing and evaluating learning experiences.
- **Objective:** Faculty will implement teaching strategies appropriate for the content domain and learner characteristics.
- **Objective:** Faculty members will respond to changes in the health care and educational environments in a timely and thoughtful manner for continuous improvement of curriculum and practice.
- **Objective:** Faculty members will promote and model academic excellence, reflective practice, and life-long learning.

Goal 2: *Faculty members will provide service and leadership to the physical therapy profession.*
- **Objective:** Faculty members will demonstrate an active role in community and/or professional service involvement and encourage that same activity in the professional students.

Goal 3: *Faculty members will enhance the clinical and scientific knowledge base of physical therapy through creative and scholarly activities.*
- **Objective:** Faculty members are expected to engage in research activities that will contribute to the body of knowledge in physical therapy.
- **Objective:** Faculty members should provide evidence for the methods, procedures and theories taught in the curriculum.
- **Objective:** Faculty members must show accomplishments in teaching, service and scholarly activity that are consistent with the expectations for promotion.

DEPARTMENT:

GOAL 1: The Department will attract and support faculty who align with the mission and vision of the institution and the collaborative spirit of the program and curricular philosophies.

GOAL 2: The Department will support and develop faculty who are recognized for advancing the physical therapy profession through excellence in teaching, clinical practice, scholarly activity and service to the profession.
CORE VALUES

Accountability: Active acceptance of the responsibility of the diverse roles, obligations, and actions of the self—including self-regulation and other behaviors that positively influence outcomes, the professional and the health needs of society.

Altruism: Primary regard for or devotion to the interest of others, assuming the fiduciary responsibility of placing the needs of others ahead of self-interest.

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

Excellence: Practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the other’s perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.

Professional Duty: The commitment to meeting one’s obligations to provide effective services to (others), to serve the profession, and to positively influence the health of society.

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and ‘speaking forth’ about why you do what you do.

Social Responsibility: The promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.
The physical therapy program at the University of North Dakota School of Medicine and Health Sciences has a responsibility to society to graduate the best possible future physical therapists. All graduates of the physical therapy program must have knowledge, skills, and attitudes to function in a wide variety of clinical situations and to render a wide spectrum of patient care. The Department of Physical Therapy’s Technical Standards are designed to ensure the graduation of capable, well-rounded future clinicians.

It is the experience of the Department of Physical Therapy that a number of individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act) are qualified to study and practice physical therapy with the use of reasonable accommodations. To be qualified for the study of physical therapy, those individuals must be able to meet both the department’s academic standards and technical standards with or without reasonable accommodation. Accommodation is viewed as a means of assisting students with disabilities to meet the standards by providing them with an equal opportunity to participate in all aspects of each course or clinical experience. Reasonable accommodation is not intended to guarantee that students will be successful in meeting the requirements of the course or the clinical experiences.

I. Overview of Technical Standards

Beyond the stated admission requirements, students must demonstrate with or without accommodations:

1. Adequate gross and fine motor ability to perform examination and intervention procedures. The physical therapy student must be able to:
   - Safely transfer individuals or equipment using proper body mechanics or instruct others in the proper procedures
   - Provide for individual’s safety and well-being in all therapeutic activities

2. Adequate sensory and cognitive skills to examine, evaluate, diagnose, and implement intervention strategies as applied to physical therapy.

3. Critical thinking and problem-solving abilities leading to mature, sensitive, and effective decisions in the academic and clinical environments.

4. Effective communication with peers, faculty, patients, clients, family members, caregivers, other health care providers, consumers, and payers using verbal, nonverbal, and written formats.

5. Mature behavioral and social attributes with the ability to:
   - Prioritize, organize, and effectively manage tasks within an appropriate timeframe
   - Establish and maintain mature, sensitive, and effective relationships with peers, faculty, patients, clients, family members, caregivers, other health care providers, consumers, and payers
   - Maintain intellectual and emotional stability and maturity under stress, while also maintaining appropriate performance standards

6. Sensitivity to individual and cultural differences in all professional interactions.
II. Description of Technical Standards

These skills apply to all candidates for admission and students within the professional program. The Committee on Admissions will consider for admission applicants who demonstrate the ability to perform, or to learn to perform, the essential skills listed in the Technical Standards. The Department must ensure that patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions. Prospective and current students will be evaluated on their academic record in addition to their physical and emotional capacities to meet the full requirements of the curricula and to graduate and practice as skilled and effective professionals.

A candidate of or student in the curriculum must have the abilities and skills to perform in a reasonably independent manner. While attempts to develop creative ways of opening the curriculum to competitive qualified individuals with a disability is possible, the Department must maintain the integrity of its curriculum and preserve those standards deemed essential to the education of a student earning a Doctor of Physical Therapy degree.

To facilitate compliance with the Technical Standards developed by the Department of Physical Therapy, the following skills are set forth as examples. These are not intended to be all inclusive, rather present a basic understanding of each standard.

1. **Motor (gross and fine):** Candidates/students must have sufficient motor function to perform evaluation, treatment, and emergency procedures without injury to the patient or self. Students must be able to use their abilities to move to successfully complete classroom requirements, perform a physical examination, and provide physical therapy intervention for standard treatment, as well as to provide care during emergency situations. Please note that the terms “frequently” (frequent repetition for 1/3 to 2/3 of a full work shift) and “occasionally” (repetition for up to 1/3 of a full work shift) have been used. The following specific movement abilities are required:
   - When not participating in clinical education, ability to sit between 2 to 10 hours daily.
   - When not participating in clinical education, ability to stand for 1 to 2 hours daily.
   - When not participating in clinical education, ability to walk intermittently for up to 2 hours daily.
   - When participating in clinical education, ability to stand or walk for at least 7 hours daily and to sit for at least 1 hour daily – modifiable according to the schedule of the specific facility to which the student is assigned.
   - Ability to relocate living arrangements outside the area in which the student customarily lives to complete 1 or more clinical rotations of up to 10 weeks in duration.
   - Frequently lift items less than 10 pounds and occasionally lift items between 10 and 50 pounds.
   - Carry up to 25 pounds while walking up to 50 feet.
   - Frequently exert 14 pounds of push/pull forces to objects up to a distance of 50 feet and occasionally exert 27 pounds of push/pull forces for distances of up to 50 feet.
   - Frequently twist, bend, stoop, and squat.
   - Depending on what class is being taken, or depending on what setting a student is placed for clinical rotation, either occasionally or frequently kneel, crawl, climb stools, reach above shoulder level.
• Frequently move from one location to another and from one position to another at a speed that permits safe handling of classmates and patients. Handling a workload efficiently and safely requires the ability to respond promptly with appropriate movement patterns.
• In most cases, when required to travel from one floor to another in a building, a student will have access to an elevator. However, students must have the ability to negotiate stairs and uneven terrain when elevators are not available (for example, when participating in clinical assignments in patient homes) or when assisting patients to learn how to safely negotiate stairs.
• Frequently use the hands with repetitive motions using a simple grasp and using a firm grasp and manual dexterity skills.
• Frequently coordinate verbal and manual activities with large movement activities.
• Ability to assess strength of patient.
• Ambulation ability and balance sufficient to aid patients with or without assistive devices during transfers and gait training.
• Ability to manipulate small items, dials, lines, tubes, etc. without disruption of care or injury to patient/self.
• Upper and lower extremity strength and upright posture sufficient to perform patient evaluation/intervention, respond to emergency situations, and perform CPR.

2. **Visual Integration**: Adequate vision to be able to:
   • Distinguish changes in symmetry, color, texture of body structures.
   • Determine range of motion, edema, joint effusion, etc.
   • Integrate examination and intervention techniques.
   • Read charts, graphs, instrument scales, etc. in whatever form presented.
   • Observe a patient at a distance and close at hand.
   • Observe demonstrations, experiments, laboratory exercises.

3. **Sensation**: Enhanced ability in sensory skills is essential for a physical therapist. Tactile and proprioceptive abilities are necessary to perform a complete and thorough examination of and intervention for the patient including:
   • Changes in skin temperature, texture.
   • Palpation of body structures, distinguish body parts by touch.
   • Assessment of arthro- and osteokinematic joint movement.
   • Ability to provide appropriate resistance, timing, pressure, etc. during examination and intervention techniques.

4. **Cognitive Skills: The candidate/student must have the**:
   • Ability to problem-solve one or more problems within specific timeframes (which are often very short).
   • Ability to function effectively using all necessary cognitive and physical skills under normal working conditions and timeframes.
   • Ability to meet deadlines.

5. **Critical Thinking and Problem Solving**: The candidate/student must possess the abilities to critically think and problem solve both in the classroom and in clinical settings. These skills include:
   • Ability to comprehend and apply mathematical principles for statistical concepts and solving clinical problems.
   • Ability to integrate examination findings into a comprehensive intervention strategy for the patient.
   • Ability to assimilate large amounts of material communicated through lecture, discussion, readings, demonstrations, and practice.
• Ability to utilize statistical information to interpret published reports regarding efficacy of care and apply those findings in a rational manner.
• Ability to develop research questions, collect data, perform and interpret statistical calculations, and formulate outcomes in a logical manner.

6. Communication: The candidate/student must be able to:
   • Speak, hear, observe to gain information, examine patients, describe status of patient, changes in mood, activity, posture, etc.
   • Perceive non-verbal communication.
   • Speak, read, and write in English in an effective and professional manner to communicate to all members of the health care team.
   • Maintain appropriate written records.

7. Behavioral and Social: The candidate/student must:
   • Demonstrate sufficient emotional and mental health to fully utilize his/her intellectual and motor abilities.
   • Exercise sound judgment in all situations, including under stress.
   • Be able to promptly complete all duties involved in examination, evaluation, intervention, and discharge planning.
   • Be able to develop mature/sensitive/empathetic relationships with the patient, family, caregivers, and other members of the health care team.
   • Have the ability to cope with and tolerate heavy workloads, demanding patients, life-threatening clinical situations, rapidly changing environments and conditions; display flexibility; and function appropriately with the uncertainties involved in patient care.
   • Maintain alertness and concentration during an 8- to 12-hour work period.
   • Recognize and respond appropriately to potentially hazardous situations.
   • Be able to work independently and with others under time constraints.
   • Prioritize requests and work concurrently on at least two different tasks.
   • Project image of professionalism at all times.

Students who need accommodations should contact Disability Support Services at 701-777-3425 or refer to their website at: http://www.und.edu/dept/dss/toc.htm for more information on the services offered at the University of North Dakota.

Approved, UND PT Department January 2009
STUDENT RESPONSIBILITIES, REQUIREMENTS AND STATEMENT OF CONSENT

Policy Summary:
Students admitted into the professional program are required to sign a Student Responsibilities, Requirements, and Statement of Consent Form that describes the expectations of them as participants in the professional program. During their educational experience in the Physical Therapy Program, students will be asked to participate in a number of different types of learning experiences, including laboratory experiences where they will be subject to physical therapy procedures and techniques. Students will need to sign a consent form prior to participation in these activities. The form also informs them of their options if they choose to refuse participation in required educational experiences.

Policy Purpose:
Describe the responsibilities and expectations of the professional physical therapy student. Describe the policy and procedure for informed consent during the didactic portion of the student’s educational experience.

Procedure Details:
Each student is asked to read, acknowledge, and sign a consent form containing the following expectations and responsibilities:
As you begin your experience as a student in the Physical Therapy Program, it is the intent of this institution to inform you of any risks or any potential health hazards that you may encounter during your educational and/or clinical experiences. It is also the intent of the Department, whenever possible, to inform students of potential risks to their safety in future professional practice. It is the practice of the Department of Physical Therapy to obtain informed consent from all students prior to beginning the educational program. Therefore, your careful review of the information in this document is important for your personal knowledge and safety and mandated by Department standards.

Student Responsibilities. You will be assisted in your study by qualified faculty. Appropriate resources (access to library, equipment, etc.) will be provided for your use and benefit. However, the responsibility for your learning remains with you. You will be expected to complete each class and clinical experience with a letter grade of "C" (2.00 on a 4 point scale) or better. However, as stipulated in the UND School of Graduate Studies guidelines, you must maintain an overall "B" (3.0 on a 4 point scale) grade point average. You will also be required to attend all classroom and laboratory activities and participate with an attitude that reflects a high degree of professionalism and a commitment to learning the practice of physical therapy. If you experience difficulty in a course or require accommodations, it is your responsibility to bring the matter to the attention of the faculty member in charge of the course and provide appropriate documentation from the UND Disability Services for Students office (http://und.edu/disability-services/)

Student Requirements. As a student in the Physical Therapy program, you will be required to complete a three-year educational program of didactic work and clinical experiences. You will be required to complete clinical practicum experiences as a component of your educational experience. Students should be aware that completion of the educational program does not
guarantee licensure to practice physical therapy. The costs for the program include physical therapy tuition and fees, books, room and board. You will also be responsible for costs associated with your clinical experiences such as travel, room and board as well as any drug screens, background checks, and/or immunizations required by clinical experience sites or jurisdictions. You are also responsible for obtaining CPR training at your expense and maintaining appropriate health insurance coverage as mandated by the university and/or clinical experience facilities. You will be expected to become a student member of the American Physical Therapy Association and maintain your membership throughout your professional training.

**Notice of Nondiscrimination** It is the policy of the University of North Dakota that no person shall be discriminated against because of race, religion, age, color, gender, disability, national origin, creed, sexual orientation, gender identity, genetic information, marital status, veteran’s status, or political belief or affiliation and the equal opportunity and access to facilities shall be available to all. Concerns regarding Title IX, Title VI, Title VII, ADA, and Section 504 may be addressed to Donna Smith, Director of Equal Employment Opportunity/Affirmative Action and Title IX Coordinator, Twamley Hall Rm 401, 701.777.4171, und.affirmativeactionoffice@UND.edu or the Office for Civil Rights, U.S. Dept. of Education, 500 West Madison, Suite 1475, Chicago, IL 60611 or any other federal agency.

**Reporting Sexual Violence** If you or a friend has experienced sexual violence, such as sexual assault, domestic violence, dating violence or stalking, or sex-based harassment, please contact UND’s Title IX Coordinator, Donna Smith, for assistance: 701.777.4171; donna.smith@UND.edu; or go to [http://und.edu/affirmative-action/title-ix](http://und.edu/affirmative-action/title-ix).

**Faculty Reporting Obligations Regarding Sexual Violence** It is important for students to understand that faculty are required to share with UND’s Title IX Coordinator any incidents of sexual violence they become aware of, even if those incidents occurred in the past or are disclosed as part of a class assignment. This does not mean an investigation will occur if the student does not want that, but it does allow UND to provide resources to help the student continue to be successful at UND. If you have been the victim of sexual violence, you can find information about confidential support services at [http://und.edu/affirmative-action/title-ix](http://und.edu/affirmative-action/title-ix).

**UND Care Response Team** A network of campus colleagues, the UND Cares Response Team is available to assist with incidents involving UND students 24 hours a day, seven days a week. The team responds to incidents such as major accidents, missing students, sickness that interferes with attending classes, death, suicidal ideations, situations involving self-harm, psychological trauma and sexual violence. During office hours contact 701.777.2664; after hours contact 701.777.3491. For more information see [http://und.edu/student-affairs/student-rights-responsibilities/care-team.cfm](http://und.edu/student-affairs/student-rights-responsibilities/care-team.cfm)

**Technical Standards.** Prior to entering the professional program, you will be required to be in compliance with the UND PT Technical Standards as posted on the UND Physical Therapy Website ([http://www.med.und.edu/physical-therapy/technical-standards.cfm](http://www.med.und.edu/physical-therapy/technical-standards.cfm)) as follows:

Beyond the stated admission requirements, students must demonstrate:

1. Adequate gross and fine motor ability to perform examination and intervention procedures.

   The physical therapy student must be able to safely transfer individuals or equipment using proper body mechanics or instruct others in the proper procedures and provide for individual's safety and well-being in all therapeutic activities.
2. Adequate sensory and cognitive skills to examine, evaluate, diagnose, and implement intervention strategies as applied to physical therapy.

3. Critical thinking and problem-solving abilities, leading to mature, sensitive, and effective decisions in the academic and clinical environments.

4. Effective communication with peers, faculty, patients, clients, family members, caregivers, other health care providers, consumers, and payers using verbal, nonverbal, and written formats.

5. Mature, behavioral and social attributes with the ability to:
   - Prioritize, organize, and effectively manage tasks within an appropriate time frame
   - Establish and maintain mature, sensitive, and effective relationships with peers, faculty, patients, clients, family members, caregivers, other health care providers, consumers, and payers
   - Maintain intellectual and emotional stability and maturity under stress, while also maintaining appropriate performance standards
   - Work with other physical therapy students and patients of both genders, performing palpation, touching of skin, positioning, and exposure of body parts with appropriate draping in a safe and professional manner during classroom, laboratory, and clinical experiences.

6. Sensitivity to individual and cultural differences in all professional interactions.

The Physical Therapy Program has a responsibility for the welfare of the patients treated or otherwise affected by students enrolled in the program as well as for the educational welfare of its students. The technical standards developed for the Doctor of Physical Therapy Program establish the essential qualities necessary for students to achieve the knowledge, skills, and abilities of a novice physical therapist and meet the expectations of the Commission on Accreditation in Physical Therapy Education (CAPTE). Thus, individuals must meet the technical standards of the Program, with or without accommodation, throughout their course of study.

Reasonable accommodations will be made for students with documented disabilities in accordance with UND’s Disability Services for Students. Each student must meet all of the Physical Therapy Program standards regardless of reasonable accommodations.

**Educational Experiences.** You will study and apply examination, evaluation, and intervention strategies; therapeutic modalities; and clinical skills that are consistent with approved, standard clinical practice. In addition, you will also be required to experience clinical practice activities in the role of a "patient." Examples of these activities may include joint mobilization/manipulation, therapeutic modalities such as ultrasound, electrical stimulation, and hydrotherapy.

You will be expected to perform and be a subject for assessment techniques such as strength testing, body fat composition, agility tests, and neurological testing. You will be performing a variety of intervention activities such as resistive exercises and joint mobilization. In the role of a "patient," you may also be required to expose portions of your body for appropriate application of examination or intervention procedures. During such activities, appropriate draping procedures will be used to prevent any undue exposure or discomfort.

**Laboratory Experiences.** Students will be asked to expose certain body parts during some laboratory sessions. Proper draping techniques will be used by the student to minimize exposure of body parts. Fellow students/partners should be informed of the procedure or
technique being performed prior to exposing a body part. Students will be asked to participate in laboratory sessions that will require they be touched, palpated, and examined by members of the same sex and the opposite sex. The student will inform their fellow student/partner in advance of the procedure or technique that is to be performed. All students will be expected to participate in both the “therapist” and “patient” roles during laboratory sessions. As participants, students will need to touch and be touched by other physical therapy students as part of the requirements for the course.

All students will be expected to actively participate in dissection of human cadavers as a requirement of the course PT 422: Anatomy for Physical Therapy.

Participation in some laboratory experiences may place you at risk for injury, exposure to harmful agents, or communicable diseases. Because of close contact, you may put your fellow students at risk of contracting a communicable disease. Students will be expected to inform the faculty member in charge of the laboratory session of any of the following:

1. Pre-existing medical conditions that may put them at risk of injury. For example, a pre-existing orthopedic condition that may put them at risk during a manual therapy laboratory session or latex allergy that may place them at risk during simulation or laboratory sessions.

2. Pre-existing medical conditions that may put them or a fellow student at risk of injury. For example, a weakened condition that may put their lab partner at risk during transfer or exercise activities.

3. A current illness that is communicable and may put their classmates at risk of contracting the illness.

4. Pregnancy that may put the mother or the fetus at risk of injury. Particularly exposure to chemicals or agents used in laboratory sessions, physical agents, exercises or manual therapy techniques that may cause injury or potential harm.

**Research Activities.** You will have opportunities to participate in research as both an investigator and subject. All human subject research activities will be submitted to the University of North Dakota’s Institutional Review Board for review and approval. Written documentation of subjects’ informed consent is mandated prior to the initiation of any research activities.

**Confidentiality.** Confidentiality of and restricted access to student records are mandated by the Family Educational Rights and Privacy Act of 1974 and subject to the policy guidelines established by the University of North Dakota as defined in the Code of Student Life. All information contained in University student records is considered confidential, except for directory information, the release of which may be restricted by the student. Restricted access to such information will be strictly maintained by the Department of Physical Therapy in accordance with these policies and mandates.

There may be times during enrollment in the physical therapy program when the faculty and administrative staff find it necessary to collectively discuss the academic progress of individual students. The discussion of academic progress will be used to make recommendations regarding intervention strategies to help the student be successful in the program. The student’s initials on this page grant permission for the faculty and administrative staff to discuss
the student’s academic progress while they are a student in the Department of Physical Therapy at the University of North Dakota. INITIALS ________________

Accommodations. The University of North Dakota provides reasonable accommodations to qualified students with disabilities to ensure access to all programs and services. Students must contact the Disability Services for Students (DSS) office to request accommodations. Students planning to use accommodations must complete a DSS application and submit current documentation of disability. Information regarding accommodations can be obtained from DSS on campus (https://und.edu/disability-services/). Students receiving accommodations must present verification of the accommodation from DSS to the primary faculty member for each course that the student is requesting an accommodation. The accommodation request should be presented at least two weeks prior to the need for the accommodation. Requests for accommodations during clinical experiences should be requested at least 4 months prior to the start of the clinical experience.

Dress Code. As a professional in training, students are expected to dress appropriately both in class and while on their clinical experiences.

1. Appropriate laboratory clothing will be required. Information regarding laboratory clothing will be provided at the beginning of each laboratory course.

2. Information regarding professional dress in the clinic will be provided by the Director of Clinical Education (DCE).

3. No caps or hats will be allowed in the classroom or laboratory during lecture or laboratory sessions, otherwise casual dress is acceptable for normal classroom activities.

4. Professional dress will be expected for guest lectures/presentations, formal student presentations (on and off campus), simulation experiences, teaching assistants, and class activities at other facilities.

Cell Phones and Personal Electronic Devices. Cell phones and Personal Electronic Devices are not to be used during class for non-course related activities (i.e. social media, texting, shopping). Students who have an emergency situation that may require monitoring of a cell phone during class must inform the faculty member in charge of the class prior to the beginning of the class. Cell phones, “smart” devices, and non-approved electronics must be off and put away during examinations. Students who have an emergency can request that the caller phone the physical therapy department office at 777-2831 and leave a message. Refer to SMHS Social Media Policy at http://www.med.und.edu/policies/_files/docs/3.10-social-media.pdf

Risks: The risks from participation in this educational program are considered to be minimal. There is a limited risk of exposure to infectious agents due to participation in your classroom and clinical experiences. You will be interacting with individuals with both diagnosed and undiagnosed conditions. You may also be exposed to potentially hazardous materials during laboratory and clinical experiences. You will receive instruction about implementing preventative measures to limit the risks of exposure. During your educational experiences, appropriate standard precautions and prevention protocols will be consistently implemented to prevent any unnecessary exposure to you or your patients.
You may experience some discomfort or embarrassment when portions of your body must be exposed for examination or intervention procedures. Appropriate draping procedures and professionalism in interpersonal relationships will be modeled by faculty and will be required of all students. Efforts will be made to minimize the necessity and extent of personal exposure and to prevent any personal discomfort.

Should any injury emerge during your participation in this educational program, you will be provided with emergency medical intervention and will be referred to appropriate health care professionals for medical intervention similar to the emergency and follow-up intervention available to a member of the general public in similar circumstances. You and/or your third-party payer must provide payment for any intervention necessary.

**Latex Allergies:** Certain proteins found in natural rubber latex may cause allergic sensitivity in some individuals. The National Institute for Occupational Safety and Health (NIOSH) has developed recommendations for preventing allergic reactions to natural rubber latex in the workplace. UND PT Department has adopted a similar set of guidelines for students in the professional program. “Workers exposed to latex gloves or other products containing natural rubber latex may develop allergic reactions such as skin rashes; hives; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.” (NIOSH) In an effort to limit exposure to natural rubber latex, all students should:

1. Use non-latex gloves when working in laboratory settings or at home
2. If latex gloves are used:
   a. Use powder-free gloves
   b. Avoid use of hand creams or lotions with the latex gloves
   c. Frequently clean work area
   d. Learn to recognize the symptoms of latex allergies
3. If you have a latex allergy, it is your responsibility to:
   a. Inform the faculty of your allergy
   b. Avoid contact with latex gloves and latex products
   c. Avoid inhaling powder from latex gloves
   d. Wear a med-alert bracelet for your safety

The Department of Physical Therapy works to provide a safe learning environment for all students and minimizes the use of natural rubber latex products. However, it is ultimately the responsibility of each student to monitor his/her health status, check for allergens in materials used in the laboratory, and avoid contact with material that can potentially aggravate the allergy.

**HIPAA (Health Insurance Portability and Accountability Act) Compliance.** Each clinical site or institution will have policies describing confidentiality of records and other personal information as well as policies and procedures regarding the use of subjects in research if applicable. Students will be required to be in compliance with these policies and procedures and will benefit from the protection such policies provide for students in these settings. All students will be required to complete HIPAA training prior to their first clinical experience.

**Criminal Background Check.** All students will be required to have a criminal background check prior to starting the professional program. Clinical facilities will have the final determination of whether or not to accept a student with a criminal record. A criminal record may affect a student’s ability to participate in clinical experiences and complete the professional
program. Depending on the jurisdiction where they are seeking licensure, students should be aware that a criminal record may affect their ability to become licensed as a physical therapist.

**Drug Testing.** Students should be aware that the UND School of Medicine and Health Sciences has a drug and alcohol screening policy (http://www.med.und.edu/policies/_files/docs/3.6-drug-alcohol-screening-education-program.pdf). Additionally, some clinical facilities may require drug testing prior to starting the clinical experience. A positive drug test may affect a student’s ability to complete the professional program and/or participate in clinical experiences.

**Informed Consent for Recordings.** Students in the professional program will at times participate in videotaping, audiotaping, photographing, interviews, or imaging for instructional purposes. The data collected may be used only for UND School of Medicine & Health Sciences educational and public information purposes. Examples of use include, but are not limited to: 1) magazine articles, 2) public service announcements, 3) posts to web site(s), 4) pieces for television, and 5) displays.

**Licensure Requirements.** It is the student’s responsibility to check with the jurisdiction in which he/she desires to practice regarding the requirements for licensure, including drug screens, criminal background checks, and verification of physical therapy education.

**Benefits of Student Participation.** As a student in the Physical Therapy Program at the University of North Dakota, you will participate in a rigorous curriculum that is based on the mission, philosophy, and values of this institution. The curriculum is designed to facilitate your achievement in both the academic coursework and clinical experience components of this program. The curriculum provides an organized approach to academic study and clinical learning with educational strategies and experiences that will facilitate your accomplishment of the specific professional practice, patient/client management, and practice management skills that will be required of a graduate of this program.

There are many benefits associated with completion of this educational program, including receiving the training and knowledge required to sit for the National Physical Therapy Examination. An additional benefit is that your interactions with the academic and clinical faculty associated with this Program will provide opportunities to establish an excellent support network of mentors and future colleagues. You will be provided with opportunities to learn from numerous clinicians and faculty who have expertise in a variety of areas and who are committed to facilitating your growth as a professional. As a student in this Program, professional liability coverage will be provided for you during your clinical experiences through the University of North Dakota's professional liability insurance. You will also have opportunities to engage in research with experienced mentors and use extensive experimental tools and equipment. Your experience will also provide you with opportunities to be active in both professional and student organizations.

**Termination of Participation.** You have the right to withdraw from the program at any time and without penalty. Your decision to withdraw will not result in any prejudice or influence your relationship with the Department of Physical Therapy or the University of North Dakota. However, students are expected to participate in ALL lectures, laboratories, and discussion sessions as applicable. Failure to participate appropriately may result in a dismissal from the program. The Department of Physical Therapy retains the right to dismiss you from this program based on academic performance and/or unprofessional behavior and in accordance
with the policies and requirements of the University of North Dakota as defined in the *Code of Student Life* and the Departmental *Scholastic Standards*.

Should you have concerns regarding Departmental decisions, confidentiality of student records, grades, educational experiences/outcomes, or other issues, you have the right to have your concern addressed by the faculty involved and/or the Department chairperson. Should such efforts be unable to resolve the issue(s), you have the right to appeal decisions and/or file grievances in accordance with the Departmental *Scholastic Standards* and/or the University policies as outlined in the *Code of Student Life*.

If you have questions or concerns regarding the information above, please contact the Department of Physical Therapy chairperson David Relling, PT, PhD at david.relling@med.und.edu or phone (701) 777-4091 for further explanation. Please keep your copy of this document with your educational records for future reference.

**Statement of Consent**: (sign one copy and return to the Department, keep a copy for your file).

I have read the above description of the Program requirements and I have been informed of the risks, benefits, and participation options associated with this educational program. All of my questions have been answered at this time and I am aware that I may contact the Department of Physical Therapy chairperson (777-4091) should additional questions arise. I have read and I am able to meet the technical standards of the Physical Therapy Program with or without accommodations. *I voluntarily agree to participate in the educational program and laboratory sessions, and I indicate my willingness by initialing each page along with my signature below. I understand that a copy of this form will be kept in my educational file in the Department of Physical Therapy.*

Name (Print) ______________________________________________

______________________________________________            ___________________

Signature Date

Related Policies/References: (see [http://www.med.und.edu/policies/students.cfm](http://www.med.und.edu/policies/students.cfm))

*Code of Student Life* ([http://sos.und.edu/cs/](http://sos.und.edu/cs/))

*Department of Physical Therapy Scholastic Standards*

*Conflict of Interest Policy—Assessment*

*Criminal History Background Check Policy*

*Drug and Alcohol Screening and Education Program*

*Inhibiting Conditions for Health Sciences and Medical Students*

*Student Bloodborne & Biological Pathogen Exposure Management*

*Student Grievance Policy*

*Student Social Media Policy*

Reviewed/Revised: 8/2015; 8/16; 8/17;
Department of Physical Therapy Honor Code Pledge:

“Upon my honor as a professional student in the physical therapy program at the University of North Dakota, I pledge that I will not give nor receive unauthorized aid on written examinations, laboratory practical examinations, written assignments, take home assignments or clinical assignments”

1. Forms of Academic Dishonesty. Academic dishonesty includes, but is not limited to:
   a) Copying or distributing examination items
   b) During testing, using crib notes or various forms of technology not authorized by faculty
   c) Copying another student’s written paper or examination, with or without their knowledge
   d) Helping someone else cheat on a test
   e) Communicating or collaborating during a test by electronic means such as phone, texting or other devices
   f) Discussing test items or answers (written or laboratory) with students who have not yet taken the examination
   g) Cutting and pasting text from any source without giving proper citation to that source
   h) Plagiarism of any materials
   i) Fabricating or falsifying written materials
   j) Falsely reporting information or actions in clinical or classroom laboratories
   k) Submitting the same paper, or a substantially similar paper, for the requirements of more than one course without the approval of the instructor(s) concerned
   l) Submitting term papers or assignments written by another person
   m) Consenting to having one’s work used by another student as his or her own
   n) Collaborating on a project (in person or via electronic means) when the instructor asked for individual work
   o) Using a false excuse to obtain an extension on a due date or delay an examination
   p) Depriving other students of necessary course materials by stealing books, periodicals, or other materials from libraries, AV centers, etc.

2. Consequences. Academic dishonesty may result in one or more of the following:
   a) possible remediation examination and/or coursework
   b) the loss of credit for the test or work in question
   c) a failing grade in the course
   d) probationary status for a prescribed period of time
   e) suspension or dismissal from program
   f) additional consequences as deemed appropriate by the Code of Student Life, Scholastic Standards Committee, or Chair.

3. Disciplinary Action. The level of disciplinary action will be determined by the chairperson or academic dean.

4. Collaborative Work. In collaborative work, all students are expected to participate equally and contribute to the learning experience. Agreement must be reached within the group for communication, expectations, and the division of work.

5. Reporting Incidences of Academic Dishonesty. Faculty will only accept a signed written statement from a student who is alleging academic dishonesty of a classmate.

6. Code of Student Life. The matter will be handled by the PT faculty, Scholastic Standards Committee, Chairperson or the Dean of Students, as outlined in the Code of Student Life.

Name (Print) ____________________________________________

Signature _______________________________________________ Date __________

Reviewed/Revised: 8/15; 8/16; 8/17

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I. Policies

A. Content Non-Binding, Subject-to-Change Statement: Catalogs and bulletins of educational institutions are usually prepared by faculty committees or administrative officers for the purpose of furnishing prospective students and other interested persons with information about the institutions that issue the same. Information contained in such printed material is subject to change without notice; it may not be regarded as in the nature of binding obligations on the institutions, and the State. Policies in the Scholastic Standards take effect on the date of approval by the Committee of the Whole. Students will be notified of the new policies at the date of approval.

B. Scholastic Standards Committee: Members of the Scholastic Standards Committee (SSC) include the Director of Clinical Education (DCE) and two UND PT faculty members elected by the departmental committee of the whole. The faculty members are elected for a three year term, with a maximum of two consecutive terms. The department chairperson serves as an ex officio member of the committee. The SSC reviews student progress in the professional program each semester and advises the departmental chairperson during decisions regarding academic and professional behavior. The SSC will request and review information from the student, the student’s advisor, the Physical Therapy core faculty, and other sources requested by the student or the Committee. It is the responsibility of the SSC to advise the chairperson of the department on a recommended course of action for students that do not meet departmental academic or professional behavior standards. Options include but are not limited to the following: 1) Dismissal from the program of physical therapy; 2) Development of an alternative curriculum; 3) Development of a learning contract with criteria and timelines; 4) Other plan of action. The final decision and responsibility for the course of action is with the chairperson of the department.

II. Attendance

A. Class Attendance. Success of students in the professional physical therapy program is highly dependent on active and consistent participation. Students are expected to attend ALL classes, arrive early, and dress in appropriate attire (i.e., in lab, in lab clothes, at the start of class). Promptness is also expected following breaks within a class period. Absence from, or tardiness to, educational activities can negatively influence the academic success of the student and potentially class group members.

B. Notification of Absence. Students who must be absent are to notify the instructor in person or via telephone or e-mail prior to class time. The reason for the absence should be given. Every effort should be made to communicate directly with the instructor; messages should be left on voice mail only in emergency circumstances.

C. Responsibility for Course Content. It is the student’s responsibility to acquire the information missed due to absence. The student will be held responsible for all materials, notes, and course information presented in the course.
1. The student should check with the instructor to determine how best to compensate for missed material.

2. To ensure the student’s knowledge base, the instructor has the option to assign additional work for missed laboratories or lectures.

D. Examination Make-up:

1. If an absence is anticipated on the date of a scheduled examination, the student is expected to make arrangements for a make-up examination prior to the absence.

2. If an absence is unexpected, arrangements for make-up examinations must be made by the student within three (3) days of the student’s return to class.

3. If the student fails to take the responsibility for scheduling a make-up examination, the total point value of the examination is forfeited.

E. Extended Absences (i.e. more than 3 days). The student is required to prepare a written notification prior to the absence and submit it to the department chairperson. The request will be reviewed by the Committee of the Whole and placed in the student’s file.

F. Excused/Unexcused Absences and Tardiness. The student must notify the instructor for all absences on campus and the Director of Clinical Education for all absences during clinical experiences. Excused absences are at the discretion of the Chairperson of the Department. Instances that qualify as excused absences typically include personal illness, death or serious illness of a family member, illness of a dependent family member, and potentially certain unique life events (weddings, graduation, etc) of family members. The definition of family member includes spouse, grandparents, parents/step-parents, siblings, children, and mother/father/brother/sister/son/daughter-in-law of a student in the professional program. Unexcused absences include all other reasons for missing an educational session. Unexcused absences and tardiness will be addressed in the following manner:

1. The instructor and/or chairperson will discuss the issue with the student.

2. Three or more unexcused absences and repeated tardiness in a single semester are considered unprofessional behavior, will be documented in the student’s file, and will result in referral to the Scholastic Standards Committee for consideration of professional probation.
III. COURSE, GRADE POINT AVERAGE AND CANDIDACY REQUIREMENTS

A. Minimum Grade Requirement. A grade of ‘C’ is the minimal passing grade. Failure to pass a course will result in dismissal from the professional program. Students dismissed from the program who want to re-enter the program must apply for readmission to the program. (See section X.D. Readmission.) A student may not progress in the program until all sequential coursework has been successfully completed. For clinical experiences, refer to section VI.F. of this document.

B. Requirements for Candidacy.

1. In Fall and/or Spring semesters of Year 1 in the professional program, students with less than 3.00 cumulative GPA are placed on departmental and School of Graduate Studies academic probation. Students must continue to improve their GPA in subsequent semesters.

2. If the student does not improve his or her cumulative GPA ≥ 3.0, the student’s advancement to candidacy will be at risk.

3. If the student has a cumulative GPA of less than 3.00 at the end of Year 1 Spring Semester, the student must achieve ≥ 3.00 term GPA in Summer Session Year 1. Students who have a cumulative GPA of ≥ 3.00 after the Spring semester are not required to have a Summer Session GPA of 3.00, but they must successfully pass all Summer Session coursework.

4. Each student must successfully pass the Year 1 Competency Examination with a score ≥ 80% by the end of the first summer session. The student will have only two opportunities to achieve the required 80% score. Prior to the second attempt on the competency examination, the student must wait at least 48 hours AND participate in remediation as determined by the faculty. The second attempt at the examination will be evaluated by two faculty members who did not perform the initial failed competency examination. Failure to pass the Year 1 Competency Examination on the second attempt will result in automatic referral to the UND PT Scholastic Standards Committee (SSC). After considering evidence presented by the student, program and other stakeholders; the SSC recommends a course of action to the chairperson of the Department of Physical Therapy.

5. Rights to candidacy are earned by meeting the GPA requirements listed in III A, III.B.1-3 above AND by the successful completion of the Year 1 Competency Examination.
6. Students who fail to advance to candidacy will be dismissed from the professional program.

7. Students meeting all of the requirements will advance to candidacy at the end of the first Summer Session prior to beginning their full-time clinical experiences.

8. The physical therapy department chairperson will forward the completed forms on each student to the School of Graduate Studies verifying the completion of all requirements for advancement to candidacy at the end of the first Summer Session.

C. School of Graduate Studies Requirements. Once the student has advanced to candidacy, the School of Graduate Studies will begin monitoring the student’s cumulative GPA, which must be $> 3.00$ for each term thereafter. If the cumulative GPA is not $> 3.00$, the School of Graduate Studies policies on Academic Standards and probation will be in place at that time. See the School of Graduate Studies catalog regarding Academic Standards.

IV. EXAMINATIONS

A. Laboratory. For each laboratory examination, a score of 80% is required. If the student fails a laboratory examination, the examination must be retaken and the original score from the first exam is maintained for grading purposes. A failing score will result in the student receiving a “flag” notification through the Starfish advising and academic success software system. The student will have only two opportunities to achieve the required 80% score. Prior to the second attempt on the laboratory examination, the student must wait at least 48 hours AND participate in remediation as determined by the lead faculty member for the course. The second attempt of a laboratory examination will be evaluated by two faculty members who did not perform the initial failed laboratory examination. Failure to pass a laboratory examination on the second attempt will result in automatic referral to the UND PT Scholastic Standards Committee (SSC). After considering evidence presented by the student, program and other stake-holders; the SSC recommends a course of action to the chairperson of the Department of Physical Therapy.

B. Lecture. For each summative written examination, a score of 76% is required for passing. A score below 80% will result in the student receiving a “flag” notification through the Starfish advising and academic success software system. If the student fails a summative written examination, an additional examination must be completed to demonstrate competency of the lecture material at the minimum passing level of 76% or “C”. The retake written examination will occur after remediation as determined by the lead faculty member for the course. Successful completion of the retake written examination will replace the initial failed exam score with a score of 76% for grading purposes.

C. Quizzes. It will be at the instructor’s discretion whether or not missed quizzes may be completed. Quiz points may be forfeited if absent.

D. Midterm. The midterm grade in a course will be determined by the course instructor on or before the 8th week of the semester. The midterm grade will be used to determine if a deficiency is reported for the course. Students achieving less than 80% of the available points in a course by midterm will receive a deficiency through the Starfish advising and academic success software system.
E. **Cumulative.** The final grade in a course will be determined by the course instructor and the grading criteria will be outlined in the course syllabus. To pass a course, the cumulative examination scores (e.g. lecture and laboratory) must achieve the minimum competency level of 76%. Failure to achieve this competency level results in failure of the course.

F. **Final Comprehensive Examination.** The Comprehensive Examination taken during the fall semester of the third year serves as the comprehensive examination required by the School of Graduate Studies (Refer to the School of Graduate Studies Catalog regarding the requirement of a Comprehensive Examination.) The Department of Physical Therapy utilizes the Federation of State Boards of Physical Therapy (FSBPT) Practice Examination and Assessment Tool (PEAT) as the comprehensive examination. Students must achieve a scale score of 600 to be considered in “good standing”. Students must achieve a scale score of 560 to successfully complete the comprehensive written examination.

V. **Assignments**

A. Assignments are to be turned in during class on the due date specified in the syllabus, unless the instructor has provided other instructions. Late assignments are subject to penalties at the instructor’s discretion. Late Assignments or failure to participate in or complete assignments will be addressed as *Unprofessional Behavior* and will be documented in the student’s file.

VI. **Clinical Experience**

A. **Attendance.** Students are expected to attend ALL Clinical Experience days. Clinical experiences are scheduled to end on a Wednesday, allowing Thursday and Friday for travel or to make up any time that may have been missed (e.g. illness, funeral).

B. **Notification of Absences.** Students who must be absent are to notify the clinical instructor as soon as possible. Students must also inform the Director of Clinical Education (DCE) as soon as possible. The reason for the absence must be provided. Strategy to make up the lost time must be approved by the DCE and the Clinical Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI).

C. **Extended Absences** (i.e. more than 3 days). The student is required to prepare a written notification prior to the absence and submit it to the DCE and Department Chairperson. The request will be reviewed by the Committee of the Whole for a decision and placed in the student’s file.

D. **Promptness.** Students are expected to arrive each day at the clinical site early enough to be prepared for the arrival of the first patient/client and to be organized for the upcoming day (recommend 15 minutes).

E. **Pre-clinical Coursework.** All course work must be successfully completed prior to starting any clinical experience.
F. Clinical Experience Course Requirements.

1. For a Grade of less than “C” on any one nine-week experience:
   
a. If a student fails the first clinical course in the two course sequences, his/her performance will be reviewed by the DCE and the Committee of the Whole to determine if that student can progress to the second course in the sequence. The student is placed on departmental academic probation and must petition to repeat the experience. The petition must include specific strategies to address areas of weakness and capitalize on strengths to assist with successful completion of the experience on the second attempt.

   b. If a student is not allowed to progress to the second course, he/she will be required to complete the entire sequence at a later date to be determined by the Committee of the Whole and the DCE.

   c. If the student is allowed to continue on to the second course, he/she will repeat the first clinical experience at a date determined by the Committee of the Whole and the DCE.

   d. A student who fails the first course due to safety concerns will not be allowed to progress to the second clinical course until he/she verifies competency by successfully passing a comprehensive laboratory examination and/or appropriate coursework to ensure that he/she is competent and safe to continue on in the professional program and complete the required clinical experiences.

   e. In the case of PT 528 and PT 529, if a student fails one of these courses he/she will not be able move forward in the progression of the curriculum until successful completion of the clinical course work. This will delay graduation by at least one year. Specific written or practical examinations may be required by the UND PT Scholastic Standards Committee (SSC) and/or clinical site to ensure clinical competency has been maintained during the interim between first and second attempt. Competency tests must be passed on the FIRST attempt or the student will be dismissed from the program.

   f. In the case of PT 552 and PT 553, the course(s) will be repeated upon availability of placement within a clinical site. This will delay graduation until August at the earliest and potentially December.

2. Grade of less than “C” on more than one nine-week experience:

   a. Failing more than one nine-week experience will result in dismissal from the professional program. Students dismissed from the program, who want to re-enter the program, must apply for readmission to the program. (See Scholastic Standards section X.D. Readmission)

   b. A successful readmission application, after dismissal due to failing clinical experiences, will require substantial remediation as a component of the student’s re-admission agreement. (See section X.D.)
c. For any course completed 3.5 years or more prior to a clinical experience, competency in the course content **MUST** be verified through appropriate written and/or laboratory examinations as determined by the UND PT SSC.

d. **Red Flag Issues.** Five (5) criteria of the Clinical Performance Instrument (CPI) are considered “red flag” items addressing safety, professional behavior, accountability, communication, and clinical reasoning.

   1. Safety of patients and of the student must be maintained. If safety concerns become evident, the clinical experience will be terminated and the student will have failed the nine week rotation.

   2. Violating the APTA *Code of Ethics* or *Standards of Practice* are grounds for dismissal from the clinical setting and considered failure of the nine week rotation.

**VII. SCHOLARLY PROJECT POLICIES**

A. **Quality of Written Work.** The manuscript should be written as if for publication. Manuscript drafts and final copy are to be submitted in a timely manner, as outlined by the advisor. **AMA Style** is required.

**VIII. ACADEMIC DISHonesty**

Department of Physical Therapy Honor Code Pledge:

> “Upon my honor as a professional student in the physical therapy program at the University of North Dakota, I pledge that I will not give nor receive unauthorized aid on written examinations, laboratory practical examinations, written assignments, take home assignments or clinical assignments.”

*Examination disclaimer: “I affirm that I have adhered to the Honor Code in this assignment.”*

A. Forms of Academic Dishonesty. Academic dishonesty includes, but is not limited to:

   1. Copying or distributing examination items
   2. During testing, using crib notes or various forms of technology not authorized by faculty
   3. Copying another student’s written paper or examination, with or without their knowledge
   4. Helping someone else cheat on a test
   5. Communicating or collaborating during a test by electronic means such as telephone, texting or PDAs
   6. Discussing test items or answers (written or laboratory) with students who have not yet taken the examination
   7. Cutting and pasting text from any source without giving proper citation to that source
   8. Plagiarism of any materials
   9. Fabricating or falsifying written materials
   10. Falsely reporting information or actions in clinical or classroom laboratories
   11. Submitting the same paper, or a substantially similar paper, for the requirements of more than one course without the approval of the instructor(s) concerned
12. Submitting term papers or assignments written by another person
13. Consenting to having one’s work used by another student as his or her own
14. Collaborating on a project (in person or via electronic means) when the instructor asked for individual work
15. Using a false excuse to obtain an extension on a due date or delay an examination
16. Depriving other students of necessary course materials by stealing books, periodicals, or other materials from libraries, AV centers, etc.

B. Consequences. Academic dishonesty may result in one or more of the following:

1. possible remediation examination and/or coursework
2. the loss of credit for the test or work in question
3. a failing grade in the course
4. probationary status for a prescribed period of time
5. suspension or dismissal from program
6. additional consequences as deemed appropriate by the Code of Student Life and the Scholastic Standards Committee.

C. Disciplinary Action. The level of disciplinary action will be determined by the chairperson or academic dean.

D. Collaborative Work. In collaborative work, all students are expected to participate equally and contribute to the learning experience. Agreement must be reached within the group for communication, expectations, and the division of work.

REPORTING INCIDENCES OF ACADEMIC DISHONESTY

1. Submission of Written Statement. Faculty will only accept a signed written statement from a student who is alleging academic dishonesty of a classmate.

2. Code of Student Life. The matter will be handled by the PT faculty, Scholastic Standards Committee, or the Dean of Students, as outlined in the Code of Student Life.

IX. PROFESSIONAL AND UNPROFESSIONAL BEHAVIOR

A. Students enrolled in the UND PT professional program are expected to adhere to the standards and policies of professional behavior detailed in this Scholastic Standards document and the APTA Code of Ethics.

B. Professional Behavior: Any behavioral component of academic performance defined by a profession as necessary for individuals to function as competent, honest, safe, and ethical professionals. In physical therapy, professional behavior and judgment in all activities is consistent with the APTA Code of Ethics and evidenced by:

1. timely arrivals and attendance;
2. timely submission of materials, assignments, and assessments;
3. being prepared, paying attention, and participating in class discussions;
4. showing respect for patients/clients, peers, instructors, staff and guests;
5. demonstrating trustworthy and compassionate actions
6. dressing appropriately, as determined by class activities or events and as required for clinical experiences.

C. The UND PT Scholastic Standards Committee (SSC) is responsible for making recommendations to the chairperson of the department relative to the behavioral component of performance.

D. The following process has been developed to address unprofessional behavior:
1. A written charge of unprofessional conduct may be submitted by any member of the SMHS community or clinical sites. The charge shall be written, signed, and submitted to the departmental chairperson. The charge must detail the specific conduct or circumstances, which will allow review by the department chairperson, SSC, and informs the student of the nature of the offenses or conduct which must be explained.
2. The departmental chairperson may conduct a preliminary investigation for the purpose of determining whether to forward the complaint to the SSC.
3. The SSC shall determine whether the complaint should be heard or dismissed. If the complaint is heard, the SSC will base the decision on a preponderance of evidence and report the recommendations for action to the department chairperson.
4. Examples of possible disciplinary actions include, but are not limited to:
   (a) Dismissal of charges: dismissal of the complaint and removal of the complaint from departmental records.
   (b) Reprimand: an oral and written statement by the department chairperson to the student involved.
   (c) Probation: a specific period of time during which conditions may be placed on the student’s enrollment, and the student’s academic achievement and/or conduct monitored by the department; findings by the SSC of additional disciplinary infractions during this period will result in the recommendation of dismissal of the student.
   (d) Suspension: a specific period during which the student is barred from enrollment and/or participation in professional program classes or clinical experiences.
   (e) Dismissal: severing of the affiliation between the student and the department.
   (f) Withholding of degree: temporary or permanent withholding of degree.
   (g) Degree revocation.

X. **Probation, Suspension, Dismissal, and Readmission Policies**

A. **Probation**

Probation results from unsatisfactory performance in professional coursework or during clinical experiences, low cumulative GPA, or unprofessional conduct.
1. **Cumulative GPA requirements.** The cumulative GPA requirements for the professional physical therapy program are found in Sections III and IV of this document.

2. **Monitoring of Student.** The UND Physical Therapy Department SSC will review the progress of probationary students and make recommendations to the department chairperson and Committee of the Whole regarding the student's progress at the end of each semester. Once a student advances to candidacy, usually after completing the first summer session, the School of Graduate Studies will begin monitoring the cumulative GPA, which must be at least 3.00. The School of Graduate Studies Academic Standard policies will be in full effect at that time. See the School of Graduate Studies catalog regarding Academic Standards.

3. **Time Period.** Probationary periods will be determined on the basis of individual circumstances, recommendations of the SSC and decisions of the chairperson. Students will be notified of the duration of probationary periods and any requirements or criteria for successful completion of the probationary period.

4. **Expiration of Probation Period.** At the end of a probationary period, probationary status is terminated or the student is dismissed, based on a review of the student's progress by the Committee of the Whole and the decision of that Committee. It will be the student's responsibility to provide the SSC with evidence of the successful completion of the requirements of probation, which will be presented to the Committee of the Whole for review.

5. **Recurrence of Behavior Resulting in Probationary Status.** A recurrence of the behavior which led to a probationary status, additional unsatisfactory completion of academic work or unprofessional conduct will result in dismissal from the Physical Therapy program unless otherwise specified by the Committee of the Whole.

6. **Appeal Process.** A mechanism for appeal is available, as specified by the Code of Student Life.

B. **Suspension**

1. The Departmental Chairperson, upon recommendation of the UND PT SSC, may impose a suspension from the professional program when any behavior or act that could impair an individual's ability to function as a student/participant in the professional program OR when an individual disrupts the usual university community activity or safety. Additional actions may be appropriate based on the UND Code of Student Life.
   a. **Time Period.** Suspension periods will be determined on the basis of individual circumstances, recommendations of the SSC and decisions of the chairperson. Students will be notified of the duration of the suspension periods and any requirements or criteria for successful completion of the suspension period.

C. **Dismissal**

1. **Unsatisfactory Academic Work or Unprofessional Conduct.** Unsatisfactory academic coursework or unprofessional conduct as defined in this document may result in dismissal from the Physical Therapy program.
2. **Evidence of Academic Dishonesty.** Evidence of cheating on assignments or examinations will make the student liable for the above consequences and those outlined in the *Code of Student Life*.

3. **Confidentiality.** Disregarding the rights and confidentiality of patients/clients may result in dismissal from the program.

4. **Standards of Care.** Disregarding standards for quality of care may result in dismissal from the program.

**D. READMISSION**

1. **Application for Readmission.** Students who voluntarily withdraw or are dismissed must apply for re-admission under the following procedures:

   a) The student must notify the department chairperson of his or her desire to apply for readmission by completing the *Readmission Application for Graduate School* which can be downloaded from the School of Graduate Studies website.

   b) Included with the Readmission Application form, the student must write a petition outlining his or her rationale for readmission and the objectives and strategies which will optimize success should he or she be readmitted to the program. The student may be given an opportunity to present the petition in person if he or she so desires.

2. **Ruling on Readmission.** The Committee of the Whole will review the Application and the petition and rule on the request. The request for readmission does not assure readmission. The readmission application must be approved by the Committee of the Whole and department chairperson before forwarding the application to the School of Graduate Studies for final approval.

3. **Readmission.** If the application is accepted, an agreement will be drawn up between the department and student outlining the steps necessary for readmission. This agreement may include but is not limited to a delay of readmission, repetition of course work, competency testing for previously completed course work, GPA requirements or other criteria to be determined. Readmission will be under probationary status. Violation of probation stipulations will be grounds for permanent dismissal from the program.

   For any course completed 3.5 years or more prior to a clinical experience, competency in the course content MUST be verified through written and/or laboratory examination before the student enrolls in any upcoming clinical experience(s).

**XI. ACCOMMODATIONS**

A. All students must meet UND-PT Technical Standards.

B. **Student Responsibility.** It is the student’s responsibility to inform the chairperson in writing of any need for program accommodations. Supportive documentation will be required.
C. **Accommodations.** The student and program will work together to reasonably accommodate the student's need(s) as mandated by ADA regulations.

**XII. STUDENT RESPONSIBILITIES**

A. **Professional Behavior.** Professional behavior and judgment in all activities is consistent with the APTA *Code of Ethics* and evidenced by:

1. timely arrivals and attendance;
2. being prepared, paying attention, and participating in class discussions;
3. showing respect for patients/clients, peers, instructors, staff and guests;
4. demonstrating trustworthy and compassionate actions
5. dressing appropriately, as determined by class activities or events and as required for clinical experiences.

B. **Core Values.** Students are expected to adhere to/demonstrate the APTA core values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.

C. **Code of Ethics.** Student Adherence to APTA *Code of Ethics* is expected.

D. **Agency Regulations.** Students are expected to know and adhere to regulations within the agencies and/or facilities to which they are assigned.

E. **Working Relationships.** Students are expected to promote honest and harmonious working relationships with colleagues, faculty, staff, supervisors, and patients/clients.

F. **Attitude Toward Others.** Students are expected to maintain an attitude of respect and courtesy toward colleagues, faculty, staff, supervisors, and patients/clients.

G. **Competence.** Students are expected to engage in only those procedures in which they have demonstrated competence through lecture, laboratory, and comprehensive examination passing scores.

H. **Integration of Material.** Students are expected to integrate material from all courses.

I. **Supplemental Materials.** Students are expected to take the initiative for learning supplemental materials in addition to required course content.

**XIII. GRIEVANCES**

A. **Grievance from a student.**
a) Issue (personal or academic) must first be addressed with the involved person(s).

b) If issues remain unresolved, the Chairperson of the department should be notified. A meeting to seek resolution will then be arranged.

c) Procedural chain of command for academic grievances should be followed: Student — Instructor — Chairperson — Assoc. Dean for Health Sciences — Dean for the SMHS.

d) An academic grievance not resolved within the department, and/or those related to admissions, probation, suspension and/or dismissal from the professional program, will utilize the procedural chain of command outlined in the School of Medicine and Health Sciences Grievance Policy. A copy of this policy is available from the Chairperson of the Department or the Dean of the School of Medicine and Health Sciences.

B. **Grievance from a Clinical Experience Site.** It is understood that concerns from the Clinical Site may initially be addressed verbally, and come to closure at that level. For any concerns that are not resolved at this level, the following guidelines for resolution will be followed:

1. **Resolution.** Grievances should be submitted in writing, with the signature of the person making the complaint. Such grievances will be logged within the department and will be addressed with the procedures outlined below:

   **Regarding student behavior or performance:**

   a. The complaint must first be addressed with the student.
   
   b. If resolution is not achieved, the Director of Clinical Education (DCE) will be notified, and will assist in resolution of the issue.
   
   c. If resolution is not achieved, the department chairperson will be notified, and a meeting to seek resolution will be arranged. Meeting participants may include additional UND-PT faculty with insight and/or experience relative to the grievance topic.
   
   d. Documentation of the resolution proceedings will be kept in the Department of Physical Therapy.

   **Regarding the student's academic preparation:**

   a. The DCE of the department will be notified, and will assist in resolution of the issue.
   
   b. If resolution is not achieved, the department chairperson will be notified, and a meeting to seek resolution will be arranged. Meeting participants may include additional UND-PT faculty with insight and/or experience relative to the grievance topic.
c. Documentation of the proceedings will be kept in the Department of Physical Therapy.

2. All grievances. Any of the above grievances not resolved within the department will utilize the procedural chain of command outlined in the School of Medicine and Health Sciences Grievance Policy. A copy of this policy is available from the Chairperson of the Department or the Dean of the School of Medicine and Health Sciences.

3. Any grievance not resolved within the School of Medicine and Health Sciences will follow the procedural chain of command outlined as follows: The President’s Office will be notified. The written complaint will be logged in an electronic format and referred to the appropriate vice president (VP): VP for Academic Affairs; VP for Student Affairs; or VP for Finance and Operations.

C. Grievance from a Parent or Other Source. FERPA Guidelines will be followed in all circumstances. It is understood that concerns from a parent or other source may initially be addressed verbally, and come to closure at that level. For any concerns that are not resolved at this level, the following guidelines for resolution will be followed:

Grievances should be submitted in writing, with the signature of the person making the complaint. Such grievances will be logged within the department and will be addressed with the procedures outlined below.

D. Additional Information. Any person may submit to the Commission on Accreditation in Physical Therapy Education (CAPTE), a complaint about an accredited physical therapy program. CAPTE will investigate and take action on any complaint filed in accordance with Rules of Practice and Procedures Part 11 Subpart A of the CAPTE Accreditation Handbook and Rules of Practice and Procedures section 1, P-6 of the Accreditation Evaluative Criteria and Standard 3F of the CAPTE PT Standards and Required Elements. Complaints must allege violation of one or more of the following: (1) one or more of the Standards and Elements Accreditation, (2) One or more of CAPTE’s expectations related to program integrity. For more information, please refer to the Accreditation Handbook found on the CAPTE website at: http://www.capteonline.org

Complaints regarding the Department of Physical Therapy:

i. The complaint should be addressed directly to the Chairperson of the Department of Physical Therapy.

ii. The Chairperson will communicate with the parties involved and a meeting to seek resolution will be arranged.

iii. Any grievance not resolved within the department will utilize the procedural chain of command outlined in the School of Medicine and Health Sciences Grievance Policy. A copy of this policy is available from the Chairperson of the Department or the Dean of the School of Medicine and Health Sciences.
iv. Any grievance not resolved within the School of Medicine and Health Sciences will follow the procedural chain of command outlined as follows: The President’s Office will be notified. The written complaint will be logged in an electronic format and referred to the appropriate vice president (VP): VP for Academic Affairs; VP for Student Affairs; or VP for Finance and Operations.

v. Documentation of the proceedings will be kept in the Department of Physical Therapy.

*Complaints regarding the University or its functions:*

The department Chairperson will provide contact information for the party so that they can directly contact the entity involved in the complaint.
DPT CURRICULUM

YEAR 01

Year 01 – FALL SEMESTER (17-18 CR.)
PT 402  Professional Communication & Behavior (2)
PT 420  Musculoskeletal System Examination (2)
PT 422  Anatomy for Physical Therapy (5)
PT 423  Neuroscience for Physical Therapy (4)
PT 435  Introduction to Patient/Client Care and Interventions (4)

YEAR 01 – SPRING SEMESTER (19-20 CR.)
PT 409  Clinical Pathology I (3)
PT 412  Biomechanics and Kinesiology (4)
PT 413  Exercise in Health and Disease (3)
PT 415  Motor Control (3)
PT 417  Clinical Examination and Evaluation I (4)
PT 426  Manual Therapy I (2)

YEAR 01 – SUMMER SESSION (10-11 CR.)
PT 410  Clinical Pathology II (3)
PT 512  Therapeutic Agents (3)
PT 514  Case Management I (2)
PT 519  Electrotherapy and Electrodiagnosis (2)

**PT 510 Integrated Clinical Experience (1 cr.) - taken sometime during the first year of the program.
# YEAR 02

## Year 02 – FALL SEMESTER (19 CR.)
- **PT 521**  Critical Inquiry I (1)
- **PT 528**  Clinical Experience I (9)
- **PT 529**  Clinical Experience II (9)

## YEAR 02 – SPRING SEMESTER (17-19 CR.)
- **PT 522**  Administration in Physical Therapy (3)
- **PT 523**  Lifespan I (3)
- **PT 524**  Psychological Aspects of Disability (2)
- **PT 525**  Clinical Examination & Evaluation II (3)
- **PT 527**  Critical Inquiry II (2)
- **PT 540**  Cardiopulmonary Physical Therapy (2)
- **PT 584**  Evidence in Practice (2)
  - Electives (0-2)

## YEAR 02 – SUMMER SESSION (9-11 CR.)
- **PT 535**  Lifespan II (2)
- **PT 544**  Pharmacology for Physical Therapists (1)
- **PT 545**  Imaging for Physical Therapists (2)
- **PT 591**  Research in Physical Therapy (2)
- **PT 592**  Case Management II (2)
  - Electives (0-2)
YEAR 03

Year 03 – FALL SEMESTER (12-15 CR.)
PT 511  Applied Movement Science/Rehab Procedures (4)
PT 526  Manual Therapy II (2)
PT 539  Prevention and Wellness (2)
PT 541  Clinical Examination and Evaluation III (3)
PT 561  Seminar in Physical Therapy (1)
Electives *** (0-3)

***PT 550 Interprofessional Health Care (1 cr.) (will be taken as assigned either spring year 02 or fall year 03)
***1 credit of elective coursework at some point during the program is required

YEAR 03 – SPRING SEMESTER (19 CR.)
PT 552  Clinical Experience III (9)
PT 553  Clinical Experience IV (9)
PT 995  Scholarly Project (1)
STUDENT CLINICAL EXPERIENCES

GUIDELINES & STUDENT RIGHTS & RESPONSIBILITIES

Clinical experiences are a crucial component of the UND-PT curriculum. These experiences meld the academic information with the “hands-on” clinical experience. The student will participate in direct delivery of physical therapy services in a variety of settings under the direction and supervision of one or more clinical instructors. A licensed Physical Therapist must be on site during the delivering of any service by a student physical therapist.

The clinical component of the UND-PT curriculum is comprised of:

1. One one-week integrated clinical experience (sometime during the first year of the program);

2. Two nine-week clinical experience (fall semester of the second year in the professional program); focus of these clinical experiences are out-patient orthopedic and in-patient (acute, rural, or TCU/LTC);

3. Two final nine-week clinical experience (spring semester of the third year in the professional program); focus of these clinical experiences are neurological (adult or pediatric) and the students’ “area of interest/choice.”

Clinical experiences are coordinated and set up by the Director of Clinical Education (DCE) and the Assistant DCE. Students are advised to study clinical experience electronic file information to become familiar with the approximately 300 available clinical experience sites. Accessible information will be located in our clinical education systems, which include the campus Blackboard organization (under PT Clinical Education Community), the Acadaware Clinical Education (ACE) system, and the APTA CPI Web system.

Determination of the student’s particular clinical experience sites will take into consideration student preference, availability of the clinical site, student’s state of residency, and previous clinical experiences to ensure a solid foundational background of an experience.

The DCE is responsible for contacting the sites and securing the clinical experiences. The student is responsible for transportation and setting up living arrangements.

CLINICAL EXPERIENCES - 2nd YEAR

Scheduling for these clinical experience arrangements will be started in October of the first year, at which time students will be asked for tentative clinical experience selections. This early selection will allow time for the DCE to work out possible conflicts and attempt to secure additional clinical spots, where necessary. This extended time is to allow students and the DCE the opportunity to alter selections to meet students’ needs and the availability in clinical sites. Once confirmation is received from the clinical sites, selections will not be altered. Selection of these clinical experiences include acute care/rural hospital/TCU and general outpatient orthopedic clinic.
CLINICAL EXPERIENCES - 3rd YEAR

Selection of final clinical experiences is implemented in the spring semester of the second year. Selection options include neuro-rehabilitation, pediatric or adult, and an area of interest.

CLINICAL SITE SELECTION

Site information is available in the PT Clinical Education Community blackboard, the Acadaware Clinical Education system, or the PT CPI Web system for each clinical site. The files may contain information sent by the facility, completed student evaluations of a clinical experience, and a CSIF (Clinical Site Information Form) or FIF (Facility Information Form), which will provide a brief overview of the site.

Consider the following criteria when selecting your sites: finances, travel distances, quality of the learning experience, your short- and long-term goals, previous experience, spouse and/or family commitments. Once a site has been confirmed, changes will not be made. Students from the ND pool are encouraged to do at least one clinical experience in the state of ND. Students from WICHE states are strongly encouraged to do at least one clinical experience in their home state.

ASSIGNMENTS

1. The DCE is responsible for assignment of students for clinical experiences and for official contact and correspondence with the clinical education center. Students are not to contact a clinic concerning establishing a clinical experience or changing scheduled clinical rotations. Once the clinical experience is officially established, the student should feel free to contact the Clinical Coordinator of Clinical Education (CCCE) and is expected to contact the CCCE/CI a minimum of 8-10 weeks prior to the start of the clinical experience. The student will also send (electronically) a student information form to the CCCE/CI.

2. The student is responsible for knowing the hours, where, and to whom he/she reports for each facility. The student is responsible to travel to and from each clinical site, and for room and board while at the clinical site (a few clinical sites do offer housing or a stipend). Please check CSIF or FIF for further information, however; keep in mind these offerings are subject to change.

3. You are responsible for arranging housing. The assistance that clinical sites offer for housing arrangements is variable. Some facilities offer housing, others will send a list of recommended housing options for which the student is responsible to contact and set up, and some expect the student to secure their own housing. The DCE and the assistant DCE are available to assist you with ideas for exploring housing arrangements. Housing arrangements should be secured at least six weeks in advance of your clinical experience and it is recommended that you consider up to six months in advance.

4. The student is to be prompt for all scheduled clinical experience assignments (e.g., clinics, demonstrations, rounds, in-service programs, etc.). The student must be prepared for the start of each day; it is recommended you arrive 15 minutes early most days to be ready for the start of the day. All hours of assigned clinical education must be completed. Clinical experiences are generally 40 hours per week for nine weeks. Please note the last week is 3 days with Thursday and Friday open as “make-up” days if any days were missed earlier in the experience.
EVALUATIONS

Clinical evaluation forms, proof of liability insurance, and a copy of the syllabus for the courses and course objectives are available on our web site and in the Student Handbook. You will have access to the electronic Clinical Performance Instrument (CPI) once you have completed the on-line training and assessment and have been paired with your clinical instructor. The DCE or Assistant DCE will review the evaluation criteria with you prior to your leaving campus. Students should be familiar with the criteria for evaluation prior to his/her clinical experiences.

Evaluation forms for you to evaluate the Clinical Facility and the Clinical Instructor (CI) will be available to you online through Acadaware. At the mid-term and the end of each clinical experience, the evaluation forms are to be discussed with your CI. If you feel you are unable to discuss the evaluations with the CI, please contact your assigned DCE or Assistant DCE prior to the end of your clinical experience. The following forms are to be signed and submitted to the DCE by the specified due dates.

- Student Clinical Performance Instrument (mid-term and final)
- Mid-term and Final Site Evaluation
- Final Instructor Evaluation
- Diagnoses Treated in the Clinical Setting
- Two-Week Clinical Experience (PT 528 and PT 529 only)

Credit will not be given for PT 528, PT 529, PT 552 or PT 553 without meeting the above requirement. All evaluation material will be submitted electronically.

FIRST WEEK OF CLINICAL EXPERIENCE

Send an e-mail to the DCE or Assistant DCE (whomever is assigned to you):

- Name of your CI(s)
- Your site name/location
- Primary phone number and e-mail address of your CI
- Phone number to contact you in case of an emergency
- A statement of how your first week is going

If you arrive at your clinical and the type of setting is different from your student affiliation assignment or some aspect of your setting is of concern, please promptly contact your assigned DCE or Assistant DCE.

ABSENCES

1. In case of illness during a clinical rotation, you must notify the DCE at UND-PT, and either the CI or CCCE at the beginning of the work day.
2. Absences must be made up on weekend days, Thursday and Friday of the last week, or by extending the time. Make-up time will be arranged by the DCE and the CCCE/CI.
3. Attendance at professional conferences during week days MUST be cleared through the DCE. The DCE in cooperation with the CCCE may be able to make arrangements for the student to attend the conference during the clinical rotation.
4. Additional time between clinical experiences must be cleared through the DCE prior to the start of the clinical experience.

5. Absences due to funerals or for personal reasons must be approved by the DCE. The DCE in cooperation with the CCCE/CI will assist with arrangements to make up the time on an individual basis.

6. Time off from a clinical experience for the purpose of a job interview is NOT an excused absence. Interviews should be scheduled at times other than scheduled clinical experience days or hours. Time off for a residency interview will be granted and will be made up.

INTRODUCTION TO PATIENT OR CLIENT

Identify yourself as a student; patient has the right to refuse to participate in the clinical education program. The patient should also realize the clinical instructor is the Physical Therapist in charge of his/her care and services provided to them.

DRESS AND APPEARANCE

Students are expected to use discretion and good judgment in their personal appearance and grooming. The goal is to present a professional appearance and maintain a safe environment for both the student and the patient.

1. Professional dress for females consists of dress slacks or skirt and conservative top. (Low cut, close fitting, or short tops which do not go below the waistline are unacceptable.) You should be able to raise your hands above your head and bend over without any skin in the “midriff” area showing. Males should wear shirt and tie and dress slacks. Lab coats should be worn during rotations in the acute care setting and at the request of your CI in any other setting. It is much easier for a clinician to tell you to dress down than to look more professional.

2. UND-PT student photo Id badge should be worn at all times during your clinical experiences, unless otherwise specified by the CI. If you should lose your student ID badge contact the department Administrative Officer for a replacement. The student is responsible for the replacement cost.

3. Footwear should be professional. Tennis shoes, hiking boots, and clogs are unacceptable. Conservative (i.e. white or black) leather athletic shoes are acceptable in many clinics. Socks or hosiery must be worn.

4. If jewelry is worn, it must be plain and simple.

5. Avoid strong perfumes or shaving lotions when in the clinic. Olfactory sense is often enhanced when ill.

6. Some facilities may have additional criteria related to dress and appearance; you will be responsible to follow clinical site policy if the dress code is more specific than UND PT.

HOLIDAYS

While on clinical experiences, students follow the holidays observed by the facility; these may not be the same as UND holidays. For example, the day after Thanksgiving is not typically a holiday at most clinical sites. You will be expected to report to the clinic if it is not an observed holiday at that clinical site. If UND closes you are expected to follow the schedule of the clinical site.
HEALTH INFORMATION

1. It is the student’s responsibility to maintain continuous health insurance coverage during clinical experiences. Upload a copy of your health insurance into Acadaware. For information on policies available to students, contact Student Health Services on campus (777-4500) or the APTA or other insurance companies in your area.

2. Students must either obtain Hepatitis B Vaccine (3 dose series) or sign a Hepatitis B Vaccine Waiver prior to clinical experiences. Information to assist you in the decision to obtain the vaccine or not will be presented in PT 409: Clinical Pathology I, PT 435: Introduction to Patient/Client Care and Interventions.

3. The student will provide current medical/immunization records as follows:
   a) Evidence of immunity to rubeola (red measles) as demonstrated by one or more of the following:
      1) Physician documentation of two doses of live measles vaccine on or after the first birthday;
      2) Documentation of physician diagnosed measles;
      3) Laboratory evidence (blood titer) of immunity to measles; and/or
      4) A date of birth that is before January 1, 1957.
   b) Evidence of immunity to rubella as demonstrated by:
      1) Laboratory evidence (rubella titer) of immunity/ or
      2) Documented immunization with live virus vaccine on or after the first birthday.
   c) Evidence of immunity to chicken pox as demonstrated by one of the following:
      1) Physician documentation of two doses of varicella vaccine
      2) Laboratory evidence (blood titer) immunity to chicken pox
   d) Evidence of TDap demonstrated by a current immunization
   e) Evidence of the absence of tuberculosis as demonstrated by a negative Mantoux test within the year preceding entrance into the clinical facility. In the event that the Mantoux test is positive, students will be required to provide documentation of having received a negative chest x-ray after the positive Mantoux test. A group time will be scheduled for the Mantoux test with Student Health Services by the Department of Physical Therapy Administrative Officer. There is no charge to the student when the Mantoux test is completed during this group time. Students may elect to go to Student Health; however, the student will be responsible for the cost.

4. It is the student’s responsibility to be able to provide verification of health information to the clinical site if requested. Failure to do so may result in delay in the scheduled completion of the clinical experience or in termination of the clinical experience.

STUDENT PROFESSIONAL LIABILITY INSURANCE

The UND School of Medicine and Health Sciences provides professional liability insurance for UND-PT students while on their clinical experiences. Proof of insurance will be sent to the clinical site in advance of your arrival.
CPR CERTIFICATION

CPR Certification for the Healthcare provider is required while on clinical experiences. The UND PT department will offer CPR Certification for the Healthcare provider during the summer session of year one (prior to the first full time clinical experiences). Students are responsible for obtaining CPR Certification for any additional clinical experience requirements.

CRIMINAL BACKGROUND CHECK

The University of North Dakota requires background checks of its students in selected health-related programs prior to admission and repeated prior to clinical assignment. Failure to submit a background check will suspend the admission to the program and assignment to a clinical experience.

The background check report must be completed by Verified Credentials, Inc. Instructions will be provided to you. You will be required to provide identifying information as well as a payment source for the fee. You will be directed through the application process and results will be returned to you (if you request) as well as to the director of clinical education in the Department of Physical Therapy. Information must be submitted by the assigned due date to assure a timely progression to fall and spring clinical experiences. It is essential that that the Department of Physical Therapy be able to document this background check for you when requested by your affiliating hospital, clinic, and other non-UND training site.

CORE VALUES

Students are expected to uphold high ethical and moral standards during clinical experience including interactions with all parties involved. Adherence to the APTA code of ethics, APTA standards of practice and your class’s core value document are expected and failure to do so may result in termination of the clinical experience and could result in dismissal from the program. Actions which jeopardize the safety of the patient, clinical faculty or the student are considered grounds for termination of the clinical experience.

CANCELLATION OR CHANGE POLICY

Once the clinical experience is confirmed no change will be made unless it is considered an “extreme circumstance.” A change requires a written request which the DCE will bring to the faculty as a whole for determination of appropriate action. Clinical experiences are confirmed with the CCCE at the clinical site from 3 months to a year in advance. Clinical sites are encouraged to contact the DCE of any staffing changes or administrative changes that may impact the student leaving experience. If changes have occurred after the confirmation, the implication of these changes will be discussed among the DCE, student, and CCCE. A quality learning experience for the student will be the prime determinant if cancellation or change is necessary. The DCE will work with the student on setting up an appropriate alternative clinical experience.
STANDARD PRECAUTIONS

As discussed in previous academic course work Student should be aware of and comply with OSHA standards and HIPAA regulations during all clinical experiences. In addition students will follow the standard precautions as stated in the Policies and Procedures of each clinical facility.

Any information used for educational purposes (i.e. case studies) must follow confidentially and HIPAA regulations. All identifying personal information must be removed prior to any use. Also you must follow facilities policies and procedures.

COMPLAINTS

Any complaints or concerns related to clinical education (PT 510, 528, PT 529, PT 590, PT 552, or PT 553) should follow University policy and procedures. Complaint in writing first to Director of Clinical Education, if not resolved to Department Chair Physical Therapy. If complaint or concern is not resolved in the Department of Physical Therapy a written notice may be sent to the Dean of School of Medicine and Health Sciences and then to the President of the University.

FINANCIAL

1. Payment of tuition is required for all clinical course work.
2. For those students receiving financial aid, forms are available to show expenses above and beyond normal. Alyson White is available to assist you in completing these forms. For Fall Semester experiences, the forms should be sent to Financial Aid by March 1st. For Spring Semester affiliations, the deadline is September 15th.

STUDENT INFORMATION FORM

A Student Information Form will be sent to the clinical coordinator at your clinical site prior to your arrival (this will be sent by the student 8-10 weeks prior to the start of the clinical experience).

ADDITIONAL IDEAS AND SUGGESTIONS

✓ Eight to ten weeks prior to the start of your clinical experience, send a short letter or note. Include phone number and address at which you may be reached if any additional information needs to be relayed. Acknowledge information sent from the school and any other information you would like to share. KEEP IT SHORT!
✓ If you receive information from a clinical site, send a note of recognition of receipt. Be sure to send back any requested information as soon as possible.
✓ Following your clinical experience, send a thank-you or appreciation note.
✓ This is your learning experience. Respect the knowledge of the experienced clinicians. If you are not receiving feedback or supervision necessary for learning, ask questions. If this does not yield the desired response, contact the DCE.
Clinical rotations are an extremely important aspect of your professional program. These experiences can be very exciting and rewarding. While on your clinical experiences, you are not only representing yourself, but also your classmates and UND-PT. In the past, due to the excellent quality of students, the reputation of UND-PT students has been good to excellent. This has allowed us to maintain numerous and quality affiliation sites. I trust that we can continue to build on that reputation.

QUESTIONS AND CONCERNS CONTACT

Occasionally problems and/or concerns do arise during clinical experiences. Remember, we at UND-PT are here to assist you. If you have any questions or concerns, please contact:

1. **DCE:** Cindy Flom-Meland  
   - Work: (701) 777-4130  
   - Cell: (218) 779-4141  
   - E-mail: cindy.flom.meland@med.und.edu

2. **Assistant DCE:** Bev Johnson  
   - Work: (701) 777-3871  
   - Home: (701) 772-8375  
   - Cell: (701) 610-8845  
   - E-mail: bev.johnson@med.und.edu

3. **Department Chair:** Dave Relling  
   - Work: (701) 777-4091  
   - Cell: (701) 741-3481  
   - E-mail: david.relling@med.und.edu
STUDENT CLINICAL COMPETENCIES

PRIOR TO FALL SEMESTER CLINICAL EXPERIENCE:

Vital Signs
Massage
Bandaging – ace, gauze, residual limb wrapping, special wound dressings (gels, films, calcium alginate, foams)
Basic Taping Awareness
Patient Positioning
Transfers and Lifts – Hoyer, two and three-man lift, pivot, dependent transfers
Tilt Table
Wound healing and care
Aseptic and Isolation Techniques
PROM, AAROM, AROM
Crutch and cane Fitting, Walkers, and Gait Training with these devices
Medical Terminology Usage
Anatomy Knowledge (including histology and embryonic)
Introduction to disease process and pathologies associated with various body systems
Neuroscience – students have a basic knowledge of neuro-anatomy and physiology
Surface Anatomy
Universal Precautions and Blood-Borne Pathogens
Knowledge of surgical procedures for total joint arthroplasties and general orthopedic surgical procedures
Knowledge of neurological diagnosis and pathology
Patient education principles
Writing goals and objectives
Therapeutic Agents
Manual and mechanical spinal traction
Basic joint mobilization emphasis on peripheral joints
Spinal Mobilization: PA glides, transverse glides and SI muscle energy technique for innominate rotation, passive accessory and passive physiological motion assessment and treatment, rib-vertebral mobs
Soft tissue mobilization
Manual muscle testing
Gait evaluation
Goniometric measurements
Muscle physiology
Strength training
Connective tissue physiology
Cardiac rehabilitation – Introduction
Endurance/Aerobic training
Treatment protocols for basic orthopedic procedures including total joints
Developmental progression
Motor control
Motor learning
PNF
Coordination exercises
NDT, Rood, Brunnstrom and classical muscle re-education- introduction to basic techniques and patient progression
Posture evaluation
Orthopedic assessment spine and extremities including special tests for peripheral joints
Cranial Nerve Testing
Proprioception/Kinesthetic Testing
Application of electrotherapeutic modalities including HVPS, FES, TENS, IFC & biofeedback
Iontophoresis
Understanding of therapeutic implications of EMG, NCV & SD curves
Evidence based medicine – levels of evidence
Cultural awareness
Exercise Program Development
Integumentary System (understanding of basic concepts and connective tissue physiology)
Universal precautions
Bloodborne pathogens
Functional Testing

PRIOR TO SPRING SEMESTER CLINICAL EXPERIENCE:

Vital Signs
Massage
Bandaging – ace, gauze, residual limb wrapping, special wound dressings (gels, films, calcium alginate, foams)
Basic Taping Awareness
Patient Positioning
Transfers and Lifts – Hoyer, two and three-man lift, pivot, dependent transfers
Tilt Table
Wound healing and care
Aseptic and Isolation Techniques PROM, AAROM, AROM
Crutch and cane Fitting, Walkers, and Gait Training with these devices
Medical Terminology Usage
Anatomy Knowledge (including histology and embryonic)
Introduction to disease process and pathologies associated with various body systems
Neuroscience – students have a basic knowledge of neuro-anatomy and physiology
Surface Anatomy
Universal Precautions and Blood-Borne Pathogens
Knowledge of surgical procedures for total joint arthroplasties and general orthopedic surgical procedures Knowledge of neurological diagnosis and pathology
Patient education principles
Writing goals and objectives
Thermo- Photo – Hydro modalities Manual and mechanical spinal traction
Basic joint mobilization emphasis on peripheral joints
Spinal Mobilization: PA glides, transverse glides and SI muscle energy technique for innominate rotation, passive accessory and passive physiological motion assessment and treatment, rib-vertebral mobs, thrust and nonthrust mobilization/manipulation
Soft tissue mobilization
Manual muscle testing
Gait evaluation
Goniometric measurements
Muscle physiology
Strength training
Connective tissue physiology
Cardiac rehabilitation – Introduction Endurance/Aerobic training
Treatment protocols for basic orthopedic procedures including total joints
Developmental progression
Motor control
Motor learning
PNF
Coordination exercises
Knowledge of diagnosis, pathology and treatment progression for Pediatric disorders (including CP, Muscular Dystrophy, Juvenile RA, congenital anomalies, Retts & FAS
NDT, Rood, Brunnstrom and classical muscle re-education- introduction to basic techniques and patient progression Posture evaluation
Orthopedic assessment spine and extremities including special tests for peripheral joints
Cranial Nerve Testing
Proprioception/Kinesthetic Testing
Application of electrotherapeutic modalities including HVPS, FES, TENS, IFC & biofeedback
Iontophoresis
Understanding of therapeutic implications of EMG, NCV & SD curves
Evidence based medicine
Amputee Rehabilitation: basic knowledge of pre and post prosthetic programs and prosthetic componentry
Heart, lungs, abdominal and peripheral vessels be able to palpate, percuss, auscultate
Extremely familiar with basic orthopedic protocols, such as: TKA, TSA, THA, etc.
Evidence based medicine – levels of evidence
Cultural awareness
Administration (delegation of responsibilities to PTA, understanding of risk management and quality improvement)
Functional Testing
Screening for 3Ds in geriatric population (Dementia, Delirium, Depression)
Screening for risk of falls
DISABILITY ACCOMMODATION

Policy Title: Disability Accommodation in the Academic and Clinical Setting
Approval Date: March 28, 2011
Primary Responsibility: Director of Clinical Education
Secondary Responsibility: UND PT Committee of the Whole

Policy Summary:

The Department of Physical Therapy has a responsibility for the welfare of patients treated or otherwise affected by students enrolled in the program as well as the educational welfare of its students. The technical standards developed for the Doctor of Physical Therapy program established the essential functions necessary for students to achieve the knowledge, skills, and abilities of novice physical therapists and meet the expectations of the Commission for Accreditation of Physical Therapy Education. Thus, students must meet the technical standards of the program with or without reasonable accommodations throughout the course of study, including the clinical setting. Reasonable accommodations will be made for students with documented disabilities in accordance with federal disability laws (Section 504 and ADA) committed to the principle of equal opportunity. Each student must meet all of the physical therapy program standards with or without reasonable accommodation.

Policy Purpose:

Describe responsibilities of the student and the University of North Dakota Department of Physical Therapy faculty in requesting reasonable accommodations in the academic and clinical settings.

Procedure:

Students requesting accommodation for a disability in the academic and/or clinical setting are expected to register with Disability Services for Students (DSS). Contact the office at 701-777-3425 or www.und.edu/dept/dss for how to register.

1. Student registers with DSS, which includes providing documentation of disability that verifies the need for accommodations.

2. The disability specialist, in discussion with the student, identifies the accommodations the student will request.

3. The disability specialist provides the student with a Verification of Accommodations Form that describes the accommodations needed.

4. The student requests accommodation from the primary faculty member for each course requiring accommodation.
5. To prepare for the clinical settings the student contacts the DCE as soon as the need for accommodation is identified (clinical experiences are set up one year in advance). Typically, the foundation for setting reasonable accommodations/adjustments in the clinical setting starts in the academic setting classrooms and laboratories.

6. For the clinical settings, the student will be asked to share the Verification Form with the Director of Clinical Education (DCE) along with accommodations/adjustments identified in each academic class including the associated laboratory setting. The student and the DCE will determine disclosure and any safety concerns. The DCE will work with the clinical site and the student to arrange for the site accommodations the student will request. Once reasonable options for accommodation have been established, the student will request the accommodation in the clinical setting.

7. The DSS contact is available to consult with the DCE, primary faculty member and student, if requested.

Related Policies/References:
Department of Physical Therapy Scholastic Standards
Policy on Informed Consent-Students Responsibilities and Requirements
Technical Standards University of North Dakota Department of Physical Therapy
Eligibility for Disability Accommodations http://und.edu/disability-services/eligibility.cfm
Disability Rights and Responsibilities at the University of North Dakota http://und.edu/disability-services/responsibilities.cfm
Section 504 of the Rehabilitation Act and The Americans With Disabilities Amendments Act
http://www2.ed.gov/about/offices/list/ocr/504faq.html (accessed 12-01-2010, title and link updated 8/18/2015) Draft 12-02-2010, modified 1-23-2010, modified 3-23-2010
The SMHS Policies and Procedures listed below are available online at [www.med.UND.edu/policies/](http://www.med.UND.edu/policies/)

**Conflict of Interest Policy--Assessment**

This policy establishes guidelines for managing conflicts of interest between faculty and students with regards to assessment. A given faculty member shall not be responsible for evaluation of a student when there is an unmanageable conflict of interest.


**Conflict of Interest Policy--Standing Committees**

This policy establishes guidelines for managing conflicts of interests for the School of Medicine and Health Sciences (SMHS) Faculty Academic Council (FAC) and its Standing Committees.

Full policy: [http://www.med.und.edu/policies/_files/docs/conflict-of-interest-standing-committees.pdf](http://www.med.und.edu/policies/_files/docs/conflict-of-interest-standing-committees.pdf)

**Criminal History Background Check Policy-Student**

Criminal background checks (CBC) are required for all School of Medicine and Health Sciences (SMHS) health professional students prior to matriculation and/or clinical assignment.

Full policy: [http://www.med.und.edu/policies/_files/docs/criminal-history-background-check-students.pdf](http://www.med.und.edu/policies/_files/docs/criminal-history-background-check-students.pdf)

**Cultural Diversity Tuition Waiver**

The University of North Dakota School of Medicine and Health Sciences recognizes the educational benefit of a diverse student population and adopted the Cultural Diversity Tuition Waiver (CDTW) in accordance with North Dakota State Board of Higher Education Policy 820.1. This waiver is a one year award for tuition support and students must apply annually for consideration.

Application and information: [www.med.und.edu/policies/cultural-diversity-tuition-waiver.cfm](http://www.med.und.edu/policies/cultural-diversity-tuition-waiver.cfm)
Full policy: [http://www.med.und.edu/policies/_files/docs/cultural-diversity-waiver.pdf](http://www.med.und.edu/policies/_files/docs/cultural-diversity-waiver.pdf)

**Drug and Alcohol Screening and Education Program**

The primary purpose of this program is to educate students within the SMHS regarding the dangers of substance abuse and the consequences of current drug problems. This program also has a substance abuse deterrence and detection function by screening covered students for use
of prohibited drugs. Drugs prohibited by the SMHS include those banned by federal, state of North Dakota, and local governments, as well as institution policy. These drugs include illegal, prescription, over-the-counter, experimental, recreational, or other drugs that have a significant effect upon an individual's judgment.

Full policy: http://www.med.und.edu/policies/_files/docs/drug-screening.pdf

Inhibiting Conditions for Health Sciences and Medical Students

Students who are known to have a condition (injury, infection, environmental disease) that may negatively impact themselves, fellow students, staff, faculty or patients have a professional obligation to inform and work with UND SMHS faculty to develop a plan to balance their own health, educational needs and confidentiality as well as the health of others with whom they may come in contact.

Full policy: http://www.med.und.edu/policies/_files/docs/inhibiting-conditions.pdf

Student Bloodborne & Biological Pathogen Exposure Management

In the event of a bloodborne or biological pathogen exposure, the School of Medicine and Health Sciences (SMHS) students will follow the SMHS Student Bloodborne and Biological Pathogen Exposure Management Plan. The student's responsibility is to immediately inform their instructor, clinical site supervisor and / or preceptor. Students are required to comply with the reporting requirements, incur the charges of their bloodborne or biological pathogen exposure testing, and complete follow-up recommendations given by their health care provider.

Immediate action checklist and required forms - http://www.med.und.edu/policies/immediate-action-checklist-forms.cfm

Full policy: http://www.med.und.edu/policies/_files/docs/bloodborne-pathogen-exposure-policy.pdf

Student Grievance Policy

Any student enrolled in an academic degree- or certificate-granting program or taking a course(s) at the UND School of Medicine and Health Sciences shall be provided the opportunity to seek redress on decisions made concerning the student's academic performance and/or professional behavior or on decisions made on the basis of any policies or procedures thought by the student to be unfair by initiating an academic grievance.

e term “academic grievance” is defined as: A statement expressing a complaint, resentment, or accusation lodged by a student about an academic circumstance (such as grading, testing, quality of instruction), which is thought by the student to be unfair (UND Code of Student Life).

For purposes of this policy, professional behavior includes any behavioral component of academic performance defined by a profession as necessary for individuals to function as competent, honest, safe, and ethical professionals. Individual programs may further define specific expectations for professional behavior.
Therefore, an "academic grievance" at the SMHS may also include: A statement expressing a complaint, resentment or accusation lodged by a student regarding a decision made regarding a student’s professional behavior, which is thought by the student to be unfair.

Any person who believes that he or she is a victim of discrimination, either individually or as a member of a class as defined by the University’s Equal Opportunity/Affirmative Action Policy (UND Code of Student Life), may initiate grievance procedures as outlined in the UND Code of Student Life. If a person brings a grievance in which discrimination is alleged, along with an academic grievance, the discrimination complaint will be dealt with simultaneously.

In all circumstances, it is the responsibility of each student in the School of Medicine and Health Sciences to abide by the policies and procedures of the University of North Dakota as well as those described in the appropriate department or program.

Full policy: http://www.med.und.edu/policies/_files/docs/grievance-policy.pdf

**Student Social Media Policy**

This policy describes expected student behaviors when using social media sites.
Full policy: http://www.med.und.edu/policies/_files/docs/social-media.pdf

**Technical Standards for Matriculation, Progression, and Graduation**

This policy describes the technical standards required for students in the health professions of medicine, occupational therapy, physical therapy, physician assistant, medical laboratory science, athletic training and public health. The University of North Dakota School of Medicine and Health Sciences (UND SMHS) has a responsibility to society to graduate the best possible healthcare providers. All health profession graduates of this institution must use professional knowledge, skills, and attitudes to function in a wide variety of health care settings and to render a wide spectrum of patient care. The technical standards are designed to ensure the graduation of capable, well rounded and appropriately trained health care providers. (Each professional program may have additional technical standards specific to the requirements of the program.) In order to fulfill this responsibility, UND SMHS has established six areas of competency that must be sufficiently developed to participate in, and to graduate from a health profession’s program.

Full policy: http://www.med.und.edu/policies/_files/docs/technical-standards.pdf

**Teacher-Learner Relationship**

"The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care and ethical conduct" (the AMA section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of the SMHS).

Full policy: http://www.med.und.edu/policies/_files/docs/teacher-learner.pdf
COURSE TITLE AND NUMBER:

PT 510: Integrated Clinical Experience

Description:
Short-term clinical experience to provide hands-on experience for students to apply knowledge learned during the first year of the professional program. Experiences will be set up in acute care, sub-acute care, long-term care, out-patient orthopedic, or a rural site.

Department Offering the Course:
Physical Therapy

Credit Hours:
9 hours for PT 552; 9 hours for PT 553

Instructor:
Cindy Flom-Meland, PT, PhD, NCS and Beverly Johnson, PT, DSc, GCS

Clock Hours and Schedule:
Lecture:
Discussion:
Schedule: One 40-hour week at a facility, participating in a 1-week clinical experience

Course Prerequisites:
Registered in Professional Physical Therapy curriculum.

Course Objectives:
Following the early clinical experience the student will:

1. Interview a patient and write up history and patient specific goals. (SRE: 7A, 7B, 7C, 7D17, 7D32; Bloom’s: Cognitive – knowledge, comprehension, application)
2. Develop a POC for the patient interviewed and discuss how POC is customized to meet the patient’s goals. (SRE: 7A, 7B, 7C, 7D24; Bloom’s: Cognitive – knowledge, comprehension, application)
3. Provide gait training for at least 3 patients. (SRE: 7D27g; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
4. Record and monitor vital signs for at least 5 patients (SRE: 7D19a; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
5. Independently carry out intervention (exercise) program for at least 3 patients. (SRE: 7D27d, 7D27g, 7D27i; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
6. Perform and demonstrate proficiency in at least 5 of the following basic skills (SRE: 7D19i, 7D19m, 7D19o, 7D19s, 7D27b, 7D27g, 7D27i; Bloom’s: Cognitive – knowledge, comprehension, application; Psychomotor – perception, set)
   a. MMT
   b. Goniometry
   c. Transfers
   d. Bed positioning
e. Massage  
f. Gait Training  
g. Measuring for and providing rationale for an assistive device for ambulation  
h. Provide Physical Therapy intervention for a patient with an orthopedic condition  
i. Provide Physical Therapy intervention for a patient with a neurological condition  
j. Provide Physical Therapy intervention for a patient with a primarily a medical condition  

7. Pick a diagnosis or medical condition you find unique and write up a brief summary (one page) to share with classmates. (SRE: 7A, 7B, 7C; Bloom’s: Cognitive – knowledge, comprehension, application)  
Include:  
a. etiology  
b. pathology  
c. treatment intervention  
d. medications  
e. imaging performed  
f. impact Physical Therapy may have on this patient (diagnosis medical/condition)  
g. at least four references one of which is an article to justify PT intervention  

Methods of Student Evaluation / Grading:  
1. Patient note (including history, POC, and patient goals)  
2. Checklist  
3. Paper Diagnosis or medical condition  

*All paperwork is to be submitted by the assigned due date; otherwise it may affect the course grade.
PT 528: Clinical Experience I / PT 529: Clinical Experience II

Description:
Full-time clinical experience (two nine-week segments) in selected physical therapy provider centers throughout the United States. (9 credit hours each)

Department Offering the Course:
Physical Therapy

Credit Hours:
9 hours for PT 528; 9 hours for PT 529

Instructor:
Cindy Flom-Meland, PT, PhD, NCS and Beverly Johnson, PT, DSc, GCS

Clock Hours and Schedule:
Lecture:
Discussion:
Schedule: 40 hours per week at a facility, participating in a 9-week clinical experience

Course Prerequisites:
Registered in Professional Physical Therapy curriculum.

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

1. Practice in a safe manner that minimizes risk to patient, self and others. (SRE: 7B, 7D37; Bloom’s: Cognitive – Application)
2. Present self in a professional manner. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – application)
3. Demonstrate professional behavior during interactions with others. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – application)
4. Adhere to ethical practice standards. (SRE: 7B,7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – application)
5. Adhere to legal practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – application)
6. Communicate in ways that are congruent with situational needs. (SRE: 7B, 7D7, 7D12; Bloom’s: Cognitive – application)
7. Produce documentation to support the delivery of physical therapy services. (SRE: 7B, 7D32; Bloom’s: Cognitive – application)
8. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences. (SRE: 7B, 7D5, 7D8; Bloom’s: Cognitive – application)
9. Apply the principles of logic and the scientific method to the practice of physical therapy. (SRE: 7B, 7D10, 7D11, 7D39; Bloom’s: Cognitive – application)
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services. (SRE: 7A, 7B, 7C, 7D16; Bloom’s: Cognitive – application; Psychomotor - Mechanism)
11. Perform a physical therapy patient examination. (SRE: 7A, 7B, 7C, 7D17, 7D18, 7D19a-w; Bloom’s: Cognitive – application; Psychomotor - Mechanism)
Upon completion of the course, the student will begin to:

12. Evaluate clinical findings to determine physical therapy diagnosis, prognosis, and outcomes of care. (SRE: 7A, 7B, 7C, 7D20, 7D21, 7D22, 7D30, 7D31, 7D35, 7D36, 7D38, 7D39, 7D42; Bloom’s: Cognitive – application)

13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, discharge plan, is safe, effective, patient-centered, and evidence-based. (SRE: 7A, 7B, 7C, 7D23, 7D24, 7D28, 7D30, 7D34, 7D36, 7D39; Bloom’s: Cognitive – application)

14. Perform physical therapy interventions in a competent manner. (SRE: 7A, 7B, 7C, 7D27a-i, 7D28, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D42, 7D43; Bloom’s: Cognitive – application; Psychomotor – mechanism)

15. Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods. (SRE: 7B, 7D12, 7D34; Bloom’s: Cognitive – application)

16. Participate in activities addressing quality of service delivery. (SRE: 7D28, 7D38; Bloom’s: Cognitive – application; Psychomotor – mechanism)

17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations. (SRE: 7D16; Bloom’s: Cognitive – application; Psychomotor – mechanism)

18. Address patient needs for services other than physical therapy as needed. (SRE: 7D16, 7D39; Bloom’s: Cognitive – application)

19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting. (SRE: 7D28; Bloom’s: Cognitive – application)

20. Describe and interpret the economic factors in the delivery of physical therapy services. (SRE: 7D42; Bloom’s: Cognitive – application)

21. Use support personnel according to legal standards and ethical guidelines. (SRE: 7D1, 7D29, 7D43; Bloom’s: Cognitive – application)

22. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description. (SRE: 7D5, 7D13, 7D14, 7D15; Bloom’s: Cognitive – application; Affective – receiving and responding)

23. Implement a self-directed plan for professional development and lifelong learning. (SRE: 7D15; Bloom’s: Cognitive – application; Affective – receiving and responding)

24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups and communities. (SRE: 7D34; Bloom’s: Cognitive – application)

Outline of Contents and Assigned Instructor:
Supervised experience in clinical instruction including patient/client management, prevention, education and patient/therapist relationships. The student participates in two separate nine-week clinical experiences including an inpatient experience (e.g. acute care, TCU, LTC, or rural-acute) and outpatient orthopedic center or rural-OP.

Description of Teaching Methods and Learning Experiences:
Full-time clinical experience; the student follows the schedule of the supervising clinical instructor.
Method of Student Evaluation / Grading:
The attached CPI reiterates the clinical objectives for clinical experiences at UND. Each objective on the form is, in fact, a criteria for assessment of the student’s performance. Specific grading criteria are a passing grade will be given to a student who satisfies the following course requirements.

1. Communicate with assigned CCCE or CI 6-8 weeks prior to the start of each clinical experience.
2. Completion of student information form prior to clinical experience.
4. Maintains health insurance coverage.
5. Upload requested health requirements to our student system (Acadaware) and provide to clinical sites as requested.
6. Forms to be signed and submitted to the DCE by the specified due dates.
   a. Student Clinical Performance Instrument (mid-term and final)
   b. Student Evaluation of Clinical Site
   c. Student Evaluation of Clinical Supervisor (mid-term and final)
   d. Diagnoses Treated in the Clinical Setting
   e. Two-Week Clinical Experience
7. Compliance with Clinical Experience Guidelines as documented in the Physical Therapy Student Handbook (attendance is mandatory).
8. Completion of CPI by clinical instructor with a performance rating of all criteria below the “Intermediate Performance” for a letter grade of ‘C’; performance rating of all criteria at “Intermediate Performance” for a letter grade of ‘B’; and performance rating of all criteria above “Intermediate Performance” for a letter grade of ‘A’. Any safety issues will constitute failure of the clinical experience. The expectation is independence in examination, development of plan of care and treatment of patients with simple conditions.

*All paperwork will be completed and submitted electronically; if it is not submitted by the assigned due date it may affect the course grade.

Required and Recommended Readings:
No specific text is required. During the affiliations, students are encouraged to utilize personal, clinical department, local medical libraries and on-line services through UND Medical Library for reference materials to assist in clinical decision-making and problem-solving.
PT 552: Clinical Experience I / PT 553: Clinical Experience II

Description:
Full-time clinical experience (two nine-week segments) in selected physical therapy provider centers throughout the United States. (9 credit hours each)

Department Offering the Course:
Physical Therapy

Credit Hours:
9 hours for PT 552; 9 hours for PT 553

Instructor:
Cindy Flom-Meland, PT, PhD, NCS and Beverly Johnson, PT, DSc, GCS

Clock Hours and Schedule:
Lecture:
Discussion:
Schedule: 40 hours per week at a facility, participating in a 9-week clinical experience

Course Prerequisites:
Registered in Professional Physical Therapy curriculum.

Course Objectives:
Upon completion of the course, the student will be able to perform the following at entry level:

1. Practice in a safe manner that minimizes risk to patient, self and others. (SRE: 7B, 7D24, 7D33, 7D37; Bloom’s: Cognitive – synthesis, evaluation)
2. Present self in a professional manner. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
3. Demonstrate professional behavior during interactions with others. (SRE: 7B, 7D4, 7D5, 7D8; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
4. Adhere to ethical practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – synthesis, evaluation)
5. Adhere to legal practice standards. (SRE: 7B, 7D1, 7D4, 7D5, 7D13, 7D14; Bloom’s: Cognitive – synthesis, evaluation)
6. Communicate in ways that are congruent with situational needs. (SRE: 7B, 7D7, 7D12; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
7. Produce documentation to support the delivery of physical therapy services. (SRE: 7B, 7D32; Bloom’s: Cognitive – synthesis, evaluation)
8. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences. (SRE: 7B, 7D5, 7D8; Bloom’s: Cognitive – synthesis, evaluation; Affective – responding, valuing)
9. Apply the principles of logic and the scientific method to the practice of physical therapy. (SRE: 7B, 7D10, 7D11, 7D39; Bloom’s: Cognitive – synthesis, evaluation)
10. Screen patients using procedures to determine the effectiveness of and need for physical therapy services. (SRE: 7A, 7B, 7C, 7D16; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)
11. Perform a physical therapy patient examination. (SRE: 7A, 7B, 7C, 7D17, 7D18, 7D19a-w; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)

12. Evaluate clinical findings to determine physical therapy diagnosis, prognosis and outcomes of care. (SRE: 7A, 7B, 7C, 7D20, 7D21, 7D22, 7D30, 7D31, 7D35, 7D36, 7D38, 7D39, 7D42; Bloom’s: Cognitive – analysis, synthesis, evaluation)

13. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan. (SRE: 7A, 7B, 7C, 7D23, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D31, 7D34, 7D36, 7D39; Bloom’s: Cognitive – analysis, synthesis, evaluation)

14. Perform physical therapy interventions in a competent manner. (SRE: 7A, 7B, 7C, 7D27a-i, 7D28, 7D29, 7D30, 7D34, 7D35, 7D36, 7D38, 7D39, 7D42, 7D43; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)

15. Educate others (patients, family, care givers, staff, students, other health care providers) using relevant and effective teaching methods. (SRE: 7B, 7D12, 7D34; Bloom’s: Cognitive – analysis, synthesis, evaluation)

16. Participate in activities addressing quality of service delivery. (SRE: 7D28, 7D38; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)

17. Provide consultation to individuals, businesses, schools, government agencies, or other organizations. (SRE: 7D16; Bloom’s: Cognitive – analysis, synthesis, evaluation; Psychomotor – adaptation)

18. Address patient needs for services other than physical therapy as needed. (SRE: 7D16, 7D39; Bloom’s: Cognitive – analysis, synthesis, evaluation)

19. Manage resources (e.g., time, space, equipment) to achieve goals of the practice setting. (SRE: 7D28; Bloom’s: Cognitive – analysis, synthesis, evaluation)

20. Examine, manage, and appraise the economic factors in the delivery of physical therapy services. (SRE: 7D42; Bloom’s: Cognitive – analysis, synthesis, evaluation)

21. Use support personnel according to legal standards and ethical guidelines. (SRE: 7D1, 7D29, 7D43; Bloom’s: Cognitive – analysis, synthesis, evaluation)

22. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description. (SRE: 7D5, 7D13, 7D14, 7D15; Bloom’s: Cognitive – analysis, synthesis, evaluation; Affective – valuing)

23. Implement a self-directed plan for professional development and lifelong learning. (SRE: 7D15; Bloom’s: Cognitive – analysis, synthesis, evaluation; Affective – valuing)

24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups and communities. (SRE: 7D34; Bloom’s: Cognitive – analysis, synthesis, evaluation)

**Description of Teaching Methods and Learning Experiences:**
Full-time clinical experience; the student follows the schedule of the supervising clinical instructor.

**Outline of Content and Assigned Instructor:**
Supervised experience in clinical instruction including examination, evaluation, diagnosis, prognosis, intervention, outcomes, consultation, community service, and patient/therapist relationships. The student participates in two separate nine-week clinical experiences including an neurological experience (adult or pediatric) and one in a setting of choice.
Methods of Student Evaluation / Grading:

1. The attached CPI reiterates the clinical objectives for clinical experience at UND. Each objective on the form is, in fact, a criteria for assessment of the student’s performance. Specific grading criteria are as follows. A passing grade will be given to a student who satisfies the following course requirements.

2. Communicate with assigned CCCE or CI 8-10 weeks prior to the start of each clinical experience.

3. Completion of student information form prior to clinical experience.


5. Maintains health insurance coverage.

6. Upload requested health requirements to our student system (Acadaware) and provide to clinical sites as requested.

7. Forms to be signed and submitted to the DCE by the specified due dates.

8. Student Clinical Performance Instrument (mid-term and final)

9. Student Evaluation of Clinical Site

10. Student Evaluation of Clinical Supervisor (mid-term and final)

11. Diagnoses Treated in the Clinical Setting

12. Two-Week Clinical Experience

13. Compliance with Clinical Experience Guidelines as documented in the Physical Therapy Student Handbook (attendance is mandatory).

14. Completion of CPI by clinical instructor with an average score between advanced intermediate and entry level grade C. Grade of B requires entry level on all criteria. A letter grade of A requires all criteria at entry level with at least 3-5 criteria noted as beyond entry level.

*All paperwork will be completed and submitted electronically; if it is not submitted by the assigned due date it may affect the course grade.

Required and Recommended Readings:
No specific text is required. During the affiliations, students are encouraged to utilize personal, clinical department, local medical libraries and on-line services through UND Medical Library for reference materials to assist in clinical decision-making and problem-solving
# Two-Week Clinical Experience Form

**Name:** ___________________________________________________

**Type of Clinical Experience:** ______________________________________

## Week 1

<table>
<thead>
<tr>
<th>Medical Dx</th>
<th>PT Dx (from The Guide to PT Practice)</th>
<th>Special Tests &amp; Functional Assessments</th>
<th>Interventions</th>
<th>Avg. # Pts/day</th>
<th>Other Educ. Exper.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Week 2

<table>
<thead>
<tr>
<th>Medical Dx</th>
<th>PT Dx (from The Guide to PT Practice)</th>
<th>Special Tests &amp; Functional Assessments</th>
<th>Interventions</th>
<th>Avg. # Pts/day</th>
<th>Other Educ. Exper.</th>
</tr>
</thead>
<tbody>
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</table>

**Title of In-Service Presented:** ______________________________________

**Audience:** _________________________________ **Date:** ________________
## Diagnoses Treated in the Clinical Setting Form

### Student Name: 

### Facility Name: 

**Clinical Education:** I  II  III  IV 

**Type of Clinical Rotation:** Acute OP Ortho Rural Peds 

(Circle) Adult Neuro IP Adult Neuro OP Other 

Please indicate next to the diagnosis listed the number of different patients you treated with this as their primary diagnosis and secondary diagnosis if applicable.

### Musculoskeletal: 

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotator Cuff Tear or Repair</td>
<td></td>
<td>D-12 13-21 22-60 over 60</td>
</tr>
<tr>
<td>Shoulder Impingement Syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Shoulder Replacement</td>
<td></td>
<td></td>
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<tr>
<td>Elbow, wrist or hand pain/pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Back Pain - nonsurgical</td>
<td></td>
<td></td>
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<tr>
<td>Low Back Pain - post surgical</td>
<td></td>
<td></td>
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<tr>
<td>Cervical Dysfunction</td>
<td></td>
<td></td>
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<tr>
<td>Total Hip Replacement</td>
<td></td>
<td></td>
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<tr>
<td>Total Knee Replacement</td>
<td></td>
<td></td>
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<tr>
<td>ACL Reconstruction</td>
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<tr>
<td>Patellofemoral Dysfunction</td>
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<td></td>
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<tr>
<td>Ankle or Foot Pathology</td>
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<td></td>
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<tr>
<td>Ankle Sprain</td>
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<tr>
<td>Other Musculoskeletal Diagnoses: (list)</td>
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<td></td>
</tr>
</tbody>
</table>

### Neuromuscular: 

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVA</td>
<td></td>
<td>D-12 13-21 22-60 over 60</td>
</tr>
<tr>
<td>Brain Injury</td>
<td></td>
<td></td>
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<tr>
<td>Parkinson's Disease</td>
<td></td>
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<tr>
<td>Spinal Cord Injury</td>
<td></td>
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<tr>
<td>Multiple Sclerosis</td>
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<tr>
<td>Guillain Barre</td>
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<tr>
<td>Vestibular Disorders</td>
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<tr>
<td>Muscular Dystrophy</td>
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<td></td>
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<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Spina Bifida</td>
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<td></td>
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<tr>
<td>Developmental Delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Neuromuscular Diagnoses: (list)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cardiopulmonary: 

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABG/Valve Replacement</td>
<td></td>
<td>D-12 13-21 22-60 over 60</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td></td>
<td></td>
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<tr>
<td>Myocardial Infarction</td>
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<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Peripheral Vascular Disease</td>
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<tr>
<td>Pneumonia</td>
<td></td>
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</tr>
<tr>
<td>COPD</td>
<td></td>
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<tr>
<td>Respiratory Failure</td>
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<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Lung Cancer</td>
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<tr>
<td>Other Cardiopulmonary Diagnoses: (list)</td>
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</tr>
</tbody>
</table>

### Integumentary: 

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Wound</td>
<td></td>
<td>D-12 13-21 22-60 over 60</td>
</tr>
<tr>
<td>Venous Wound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin grafts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amputations</td>
<td></td>
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<tr>
<td>Other Integumentary Diagnoses: (list)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other: 

- **Individuals for Health Promotion/Wellness Consult Visits** 
- **Obesity** 
- **Women's Health** 
- **Worksite Evaluation** 
- **Others:** 

**Additional Comments:**

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Weekly Planning Form

Date: 

Week #: 

Summary of Previous Week: 
(Progress, Feedback)

Student:

Clinical Instructor:

Goals for the Upcoming Week:
UND Clinical Agreement Sample Copy

www.med.und.edu/physical-therapy/clinical-education.cfm

2017 CLASS STUDENT REPRESENTATION AT NATIONAL STUDENT CONCLAVE (NSC) OF THE APTA IN MIAMI FL

2017 CLASS STUDENTS, FACULTY & STAFF