Dear Center Coordinators of Clinical Education and Clinical Faculty,

Please accept my sincerest thanks on behalf of the Department of Physical Therapy at UMass Lowell for your ongoing critical contribution to the education of physical therapists. The education you provide is essential for the physical therapy profession. While providing clinical education is certainly a challenge – we hope you find it to be a rewarding one and realize how important it is for our collective future, as well as for the health needs of future generations.

Here we provide you with a Clinical Faculty manual to help support you in your essential role. If there is anything we can do to further support you – or if you have suggestions regarding our program or this Clinical Manual, please do not hesitate to contact me.

As we look toward the future we are very interested in enhancing relations between the UMass Physical Therapy program and our Clinical Faculty. We believe such relationships are critical for developing the physical therapy profession and services for the greater good of society. To that end, please let me know if you have any ideas for how we can enhance our relationship.

If your site takes two or more UMass Lowell DPT Students per year, please consider taking advantage of our Adjunct Clinical Faculty program, which entitles you to a UML email address and access to UML’s electronic library. In addition, we will continue to sponsor the APTA Clinical Instructor Education and Credentialing Program (CIECP) in Spring 2010. The CIECP is useful for both new and experienced physical therapist and physical therapist assistant educators involved with clinical education. I would encourage you to contact Dr. Keith Hallbourg, Director of Clinical Education at Keith_Hallbourg@uml.edu - if you or any of your colleagues may be interested and to inquire whether financial support may be available to defray the costs of attendance.

Finally, I am very interested in hearing from you if you have suggestions or an interest in partnering for University based educational programming in the form of symposia, continuing education course work, or assistance with clinical research project development, analysis or dissemination.

Thank you for your continued provision of clinical education, and I hope you find this Clinical Faculty manual useful.

Sincerely,

Sean Collins
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I. Program Overview

A. History

The University of Lowell originated in 1975 from the union of two state colleges, the Lowell State Teachers College and the Lowell Technological Institute. In 1991, the Legislature of the Commonwealth of Massachusetts created the five campus system which incorporated the University of Lowell into the University of Massachusetts Lowell.

The physical therapy program at UMASS Lowell is the only state-funded program in Massachusetts. The first students were admitted to the baccalaureate program in 1977. The program received its accreditation and graduated its first undergraduate class of 22 students in 1981. As the program began to increase its faculty base, facilities, equipment and clinical affiliations, it also began planning for transitioning the program to the post-baccalaureate level. The program entered its first entry-level master’s students in 1990 and graduated 24 students in 1992. Full accreditation of the program was received in 1991 and again in 1993. The entry-level Doctor of Physical Therapy program was approved in 2002 and is fully accredited. The first class of sixteen students graduated with the DPT degree in June 2003. UMASS Lowell graduates continue to be very successful on the National Physical Therapy Licensure Examination and are highly sought after by employers in the clinical setting.

The department also offers an undergraduate program in exercise physiology. This provides students with all of the necessary prerequisites for admission into the entry-level Doctor of Physical Therapy program. The undergraduate students from the exercise physiology program compose approximately two thirds of the entering graduate class in physical therapy.

The department is blessed with a stable and highly qualified faculty. In a department of ten physical therapy faculty, there are four full professors, three associate professors, four assistant professors, and the academic coordinator of clinical education. The average number of years teaching physical therapy is 12.5 years. All faculty have doctorates and two have clinical specialty certification.
B. Program Mission

The mission of the Department of Physical Therapy is to promote human health and development through:

1. Teaching of theory and practice of physical therapy in classroom and community-based settings by preparing graduates to practice their profession with knowledge, competence, and respect for human well-being.
2. Scholarship in the discovery, application and dissemination of knowledge in physical therapy and health.
3. Public service in partnership with local, regional, and national organizations advancing prevention-based strategies in health.

C. Program Philosophy

The faculty of the Department of Physical Therapy believes that individuals have intrinsic worth and a right to optimal health and function. Function is defined as those activities identified by an individual as essential to support physical, social, and psychological well being and to create a personal sense of meaningful living.

Physical therapists provide services to patients/clients with impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes. Physical therapists also can prevent the development of impairment, functional limitation, or disability by identifying disablement risk factors and by buffering the disablement process through prevention and wellness strategies.

The physical therapist is professionally educated in a program that synthesizes graduate study with undergraduate knowledge and experiential learning. The graduate of the Doctor of Physical Therapy program is prepared to function as an ethical and competent practitioner who uses effective clinical decision making and psychomotor skills to provide services to patients/clients. The five elements of patient/client management include examination, evaluation, diagnosis, prognosis, and intervention. The graduate also is prepared to interact and practice in collaboration with a variety of health professionals, provide prevention and wellness services, consult, educate, and engage in critical inquiry. Finally, the graduate is prepared to direct and supervise physical therapy services, including support personnel.

Graduates are expected to assume a leadership role in health care and to practice autonomously and cooperatively in a variety of practice settings such as: hospitals, rehabilitation centers, extended care facilities, schools, sports medicine clinics, community health and private practices, and industrial or workplace settings.
The faculty believes that students are active participants in the educational process. As potential professionals, the relationship between students and faculty is one in which there is mutual respect, understanding, and interchange of ideas. The faculty, as experienced professionals, are resource persons, mentors, and role models for the developing professional. The faculty view themselves as facilitators of the learning process. Students are expected to demonstrate commitment to learning as the basis for continued personal and professional growth, effective interpersonal and communication skills, problem-solving and critical thinking skills, and appropriate professional conduct. Effective use of time and resources, feedback, and stress management strategies are also important components of the behaviors of the successful student.

D. Program Objectives

The Graduate of the Doctor of Physical Therapy Program at the University of Massachusetts Lowell will be prepared to:

1. Exhibit attributes, characteristics and behaviors of entry level generic abilities including:
   a. commitment to learning
   b. interpersonal skills
   c. communication skills
   d. effective use of time and resources
   e. use of constructive feedback
   f. problem-solving
   g. professionalism
   h. responsibility
   i. critical thinking
   j. stress management

2. Practice physical therapy in a safe, effective, ethical, autonomous, reflective, culturally sensitive and legal manner.
   a. Synthesize knowledge from the pure and applied sciences, sociology, psychology, and human values with the professional knowledge, theory and psychomotor skills of physical therapy practice.
   b. Perform an initial examination, including patient/client history, relevant systems review, tests and measures.
   c. Perform an evaluation based on the information gathered from the examination.
   d. Determine a physical therapy diagnosis based on the evaluation and select the appropriate practice pattern.
e. Determine a prognosis or prediction of the optimal level of improvement in function and the amount of time needed to reach that level.

f. Determine an appropriate plan of care, including goals and outcomes, and interventions that include skilled interaction with the patient/client, and various physical therapy procedures and techniques to produce changes in the condition consistent with the diagnosis and prognosis.

g. Provide appropriate case management including communication, coordination of care, discharge planning, and documentation of all elements of patient/client management.

h. Provide appropriate patient/client-related instruction.

i. Provide appropriate consultation services, rendering expert professional opinion or advice, applying highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome.

3. Apply the principles of the scientific method and evidence based practice to read and interpret professional literature; participate in, plan, and conduct research; evaluate outcomes; assess new concepts and technologies.

4. Provide skilled planning, direction, organization, and effective management of human technical, environmental, and financial resources.

5. Provide effective direction and supervision of personnel essential to the provision of high quality physical therapy.

6. Provide effective prevention and wellness activities, screening, and the promotion of positive health behavior.

7. Advocate effectively for patient/clients and facilitate necessary change within the health care delivery systems to assure quality health care.

8. Demonstrate commitment to personal and professional development.

9. Successfully complete all courses and the following capstone projects: research project and presentation
   a. Community service project
   b. Comprehensive case and design projects.

10. Pass the National Physical Therapy Examination.

E. Faculty Biographies

Dr. Sean Collins:

Dr. Collins serves as the Chairperson of the Department of Physical Therapy. He joined the faculty in September 1998. His clinical experience was focused on general and cardiopulmonary physical therapy. Dr. Collins completed his dissertation in job strain (particularly low job control) and cardiovascular regulation. This dissertation required computational modeling (at the level of raw electrocardiogram data and heart rate time series modeling) as well as biostatistical analysis for within and between subject contrasts. This multi scale approach to data integration and analysis has become Dr. Collins’ primary scholarly interest with a wide range of applications – some of which include physiological monitoring; modeling energetic demands and endurance; and assessing the physiological responses to reduced control and exhaustion in occupational settings.

Dr. Collins has over 30 publications in peer-reviewed journals, has presented at local, national, and international conferences and is the author of a Cardiac System chapter in the Acute Care Handbook for Physical Therapists, edited by Jaime Paz and Michelle Panik; and a chapter on Cardiopulmonary Anatomy for Cardiopulmonary Physical Therapy, a text edited by William DeTurk and Lawrence Cahalin.

Dr. Collins is a member of the American Physical Therapy Association, and the Research as well as the Cardiopulmonary sections – serving as the Associate Editor of the Cardiopulmonary Physical Therapy Journal. He is also a member of the Society of Mathematical Biology, Human Factors and Ergonomics Society, Philosophy of Science Association, and the American Association for the Advancement of Science.

Mrs. Ann Bratton:

Ann Bratton joined the staff at the University’s Research Foundation in 1987 in Personnel and then worked for the Center for Tropical Diseases. Transferring to the Department of Work Environment, she provided administrative support on three worker health and safety training grants. She acquired grant writing experience and promoted awareness of training courses and worker health and safety issues while working on The New England Consortium, SEIU Hazardous Materials Worker Training Project, and the Environmental Justice on Brownfield Sites projects. Shifting from workers to students she joined the staff in the Admissions office and then held the position of Coordinator of Administrative Services in the Provost’s Office of Academic Affairs. Interested in working with at risk students, her RESD masters project was on the effects of advising academically at risk students and the impact on retention.

As the Program Administrator in Physical Therapy she works directly with undergraduate and graduate students through recruitment, retention, and advising. She assists in the development and coordination of
exercise practicum experiences and with program assessment and development. Ann Bratton works closely with the chairperson to facilitate department activities.

**Dr. Danielle Day:**

Dr. Day joined the Physical Therapy Department as an Assistant Professor in Fall 2008. She received her B.S. in Exercise Science at the Southern Connecticut State University where she also began a career in research, completing and defending an undergraduate research thesis. After spending a year as a research technician at Yale University, Dr. Day moved to Boulder, Colorado to pursue her graduate studies. She received her M.S. in Kinesiology and Applied Physiology at CU-Boulder, then completed her dissertation studies on the effects of sex hormone suppression on resting metabolic rate and sympathetic nervous system activity at the University of Colorado Health Sciences Center in Denver. After successful defense of her dissertation studies, Dr. Day spent a year at CU-Denver as a postdoctoral fellow in the Division of Geriatric Medicine, continuing to study the association between estrogens and exercise with bone density and weight management in both pre- and post-menopausal women.

Dr. Day moved back to the New England area in 2005 and spent two years working at the United States Army Research Institute of Environmental Medicine in Natick, Massachusetts, designing research projects to address the metabolic and weight-management challenges faced by female and male soldiers. During this time Dr. Day discovered a passion for teaching while spending evenings as an adjunct professor at local community colleges. She spent one year as an assistant professor in the Department of Exercise and Sport Performance at the University of New England in Biddeford, Maine before accepting her current position here at UMass Lowell.

Dr. Day has presented her research nationally and internationally and continues to bring awareness to sex differences in exercise and health issues through media interviews (she has recently been quoted on MSNBC). In addition to her teaching and research interests, Dr. Day is a certified yoga instructor and would eventually like to incorporate yoga into her scientific studies.

**Dr. Gerard J. Dybel:**

Dr. Dybel has been teaching in the entry-level Physical Therapy and undergraduate Exercise Physiology programs at the University of Massachusetts Lowell since 1992. He is also a practicing clinician with nineteen years of experience. He has worked in the areas of home care, orthopedics, neurological rehabilitation, burn care, and geriatrics.

Dr. Dybel completed a doctorate in Ergonomics at the University of Massachusetts Lowell. The topic of his research was Ergonomic Exposures in Home Health Care. Dr. Dybel has earned two advanced master’s
degrees: one in Ergonomics and the other in Exercise Science. Additionally, he has taken many continuing education courses in the areas of acute care, orthopedics/manual therapy, healthcare management, burn care, ergonomics and management of the neurologically involved patient.

Dr. Dybel serves as the coordinator of the Physical Therapy Department’s motion analysis lab. The lab includes the Motion Monitor, a device using electromagnetic sensors to capture real-time motion, a Bertec forceplate, a Delsys 8 channel electromyography system, an F-scan mobile foot pressure sensing system, a multi-station pulley system, and various motion analysis software programs.

Dr. Dybel is the author of four peer-reviewed publications over the last seven years. He has extensive experience with educational technology, taking several seminars and courses. He has developed his own websites at the University that enable students to communicate with each other as well as him. Additionally, he has developed class presentations/lectures that utilize various types of technology to include the web and computer generated classroom presentations. He is active in the university community, serving as an advisor to the Physical Therapy Club with a platform to increase the participation of physical therapy students in community and professional activities.

Dr. Cynthia Ferrara:

Dr. Ferrara joined the Physical Therapy Department faculty as an Assistant Professor in 2003. She received her B.S. in Physical Therapy at Boston University, a M.S. in Physiology from Penn State, and a Ph.D. in Exercise Physiology from Ohio State. Dr. Ferrara has completed post-doctoral training in the Experimental Diabetes, Nutrition, and Metabolism Section, National Institute of Diabetes, Digestive, and Kidney Diseases, National Institutes of Health, and in the Division of Gerontology, University of Maryland, Baltimore. She held a research faculty position at the University of Maryland Baltimore prior to her appointment at UMass Lowell, and has published papers on aging, diabetes, and obesity-related research.

Dr. Ferrara teaches Medical/Surgical Conditions in Physical Therapy (Pathology) to first year DPT students and courses in Exercise Physiology and Research Methods to undergraduate students in exercise physiology. Dr. Ferrara is currently conducting studies examining obesity, lack of physical activity, and stress on the risk of disability or illness.

Dr. Ferrara is a member of the American College of Sports Medicine and the American Physiological Society. She has served on the Research and Clinical Practice committee of the NH APTA, as a board member-at-large for New England American College of Sports Medicine, and is a vice-chair of the Sports Sciences and Sports Medicine Committee of US Figure Skating. She serves on the curriculum committees for the physical therapy and exercise physiology programs.
Dr. Keith Hallbourg:

Dr. Hallbourg completed his undergraduate, as well as his Master of Science in Physical Therapy, degree at the University of Massachusetts Lowell. His clinical work has predominantly focused in the area of rehabilitation and geriatric medicine. Following several years as a clinician, clinical instructor, and center coordinator of clinical education with the Department of Veterans Affairs, Dr. Hallbourg joined the Department of Physical Therapy in July of 2004 to primarily serve as the Director of Clinical Education.

Additionally, Dr. Hallbourg serves as the department’s graduate coordinator. He is also involved in the university community serving as a member of the Honors Council and the Campus Recreation Advisory Council.

Dr. Linda Kahn-D’Angelo:

Dr. Linda Kahn-D’Angelo has been with the Physical Therapy Department since 1980 and teaches Pediatric Physical Therapy, Neuroscience: Physiology and Neurology and a Neuroanatomy Laboratory section, as well as the capstone course, Clinical Reasoning II. Her preparation for teaching in these areas includes a doctoral degree from Boston University, Sargent College in the area of Pediatric Therapeutic Studies with a specialization in the early development of motor control.

Dr. Kahn-D’Angelo has also studied neuroanatomy and neurophysiology at Dartmouth Medical School in the Physiology Department. She has participated in and organized grant-funded continuing education and Early Intervention training courses. She has published numerous articles and has served as an abstractor and book reviewer for the APTA. She has published several chapters on pediatric physical therapy including one on Physical Therapy in the Special Care Nursery in Physical Therapy for Children. Dr. Kahn-D’Angelo is a member of the Editorial Board of Physical and Occupational Therapy in Pediatrics, a peer-reviewed journal.

Dr. Kahn-D’Angelo recently presented to four area hospitals on Physical Therapy in the Special Care Nursery and is currently a volunteer infant cuddler and does orientation of new cuddlers at Lawrence General Hospital. She has worked clinically in a local Early Intervention Program and a local Visiting Nurses’ Association.

Dr. Erika Lewis:

Dr. Erika Lewis has been a member of the physical therapy faculty since 2004 and was adjunct faculty beginning in 1997. She completed her doctoral degree in 2004 in Leadership and Schooling from the Graduate School of Education at the University of Massachusetts Lowell. Her dissertation was on the topic of “Emotional Intelligence, Cognitive Intelligence and Clinical Performance of Physical Therapy Graduate Students”. Her Master of Science in Physical Therapy degree was also earned from the University of
Massachusetts Lowell in 1992 and her undergraduate degree in Pre-Physical Therapy was an individually designed program combining Exercise Science, Psychology and Dance from the University of Massachusetts Amherst. She is a Certified Hand Therapist (since 1998). She has over 13 years of clinical experience with the primary focus in hand therapy, in addition to orthopedics in the acute care, rehab and outpatient settings. She has been an invited lecturer numerous times on the topic of Hand Therapy and related physical therapy interventions for medical groups and physical therapists in clinical practice. She was also an invited lecturer on the topic of Emotional Intelligence. She has taken numerous continuing education courses on the upper extremity, orthopedics, geriatrics, and aspects of teaching.

Dr. Lewis currently teaches Geriatric Physical Therapy and Clinical Reasoning II in the Doctor of Physical Therapy Program and Kinesiology to juniors in the undergraduate Exercise Physiology Program. She also advises graduate student research. Research interests include hand and upper extremity injuries and therapeutic interventions, splinting, emotional intelligence, patient compliance, trigger finger (stenosing tenosynovitis), the Quick DASH functional assessment instrument and grip and pinch strength. Her NIH grant funded research is on Novel Material for Conformable Splints. Her collaborative research on trigger finger and other hand therapy topics is with UMass Memorial Health Care as well as Brigham and Women’s Hospital, Boston and St. Vincent’s in Worcester. Her peer-reviewed publications are on the topic of hand therapy.

Dr. Lewis is involved in the university community as a member of the Enrollment Issues Committee and a senator for the Faculty Senate. She is a member of the American Physical Therapy Association, including the Education and Geriatric Sections, and the American Society for Hand Therapists. She is also a member of the Hand Therapy Special Interest Group, Baystate Chapter. Her involvement with the community has focused on efforts to educate and benefit the Mother of Multiples with an emphasis on prevention and treatment of Positional Head Deformity. She has also coordinated educational sessions for the 55 and older community through her Hands on Health Fairs covering topics such as common hand and upper extremity injuries and fall prevention.

Dr. Deirdra Murphy:

Dr. Murphy has held the position of Assistant Professor since September 2004. She had previously been affiliated with the physical therapy program since 1996 as adjunct faculty and most recently, in 2001, as the Academic Coordinator of Clinical Education. She is currently responsible for teaching Physical Therapy Interventions I, Business Skills in Physical Therapy, Health Care Issues in Physical Therapy, Service Learning in Physical Therapy and Senior Seminar for Exercise Physiology students.

She received her undergraduate degree in physical therapy from Northeastern University. She completed an advanced master’s degree from the University of Massachusetts Lowell in 2000. In addition, she received a
Master in Health Administration from Suffolk University in 2001. In 2004, she received her Doctorate of Physical Therapy from the University of Massachusetts. Deirdra was a 2000 – 2001 recipient of the Leadership in Education of Neurodevelopment Disabilities Fellowship at the Eunice Kennedy Shriver Center, funded by Maternal and Child Health. Her recent research interests include obesity and fitness in children and adults with developmental disabilities. Deirdra is an APTA Credentialed Clinical Trainer and teaches throughout the New England area credentialing clinical instructors. Deirdra’s clinical work has focused on children in the school setting.

Dr. Murphy actively engages in the community through research, teaching and service. Dr. Murphy’s research and grant funding has focused on increasing physical activity and nutrition in communities. She has successfully engaged and supervised UML students in local community settings, focusing on fitness programs emphasizing balance and strength, including the Fit and Fun program. Dr. Murphy’s service in the community has extended internationally and she has provided physical therapy services in Peru and Nicaragua. She has served as the co-chair of the Healthy Weight Task Force of the Greater Lowell Health Alliance, engaging partnerships to focus on healthy communities. She is the Clinical Director for Special Olympics Massachusetts Healthy Athletes Fun Fitness Program. Dr. Murphy is committed to increasing the effectiveness of health care delivery, promoting health and fitness for people with and without disabilities and connecting students to real world application.

Dr. Susan O'Sullivan:

Dr. O'Sullivan has been a member of the faculty since 1984 and has been teaching physical therapy since 1972. She teaches the sequence of courses on Neurological Physical Therapy. Content in these courses includes the foundation sciences of motor control, motor learning and motor development as well as neurological rehabilitation. She is well prepared to teach in these areas. Her doctoral degree was in Human Development with a specialization in psychomotor development and motor learning. In addition her master's degree work in physical therapy included a concentration in neurological physical therapy and education. She has taken numerous supplementary education courses. She has extensive clinical experience in adult rehabilitation, both rehab and outpatient settings, and more recently in home health. She has also worked as a public health physical therapist with pediatric clients.

Dr. O’Sullivan has given numerous continuing education workshops on neurological management and therapeutic exercise. She is an editor and co-author of a widely used textbook, Physical Rehabilitation now in its 5th edition, and Improving Functional Outcomes in Physical Rehabilitation. She has also co-authored the National Physical Therapy Examination Review and Study Guide as well as several articles. She has produced a series of instructional videotapes on Functional Training in Rehabilitation and Proprioceptive Neuromuscular
Facilitation. Dr. O'Sullivan’s research interests are in the areas of neurological rehabilitation, balance, and fall prevention in the elderly.

Dr. O'Sullivan is active in the university community, and has served on the Council on Teaching, Learning, and Research as Scholarship. In the community, she is a frequent career day speaker on physical therapy. She has served on the Professional Advisory Board of the VNA of Lowell and has been a mentor in the New Horizons program at Lowell High School.

**Dr. Connie J. Seymour:**

Connie J. Seymour has been a member of the faculty since 1992, teaching in the entry level and transitional Doctorate programs in the areas of Musculoskeletal Physical Therapy, Documentation, Practice Issues, and Clinical Reasoning/Decision Making. She has an earned Ph.D. in Motor Control/Motor Learning and a minor in Research Methods/Statistics from The University of Toledo. Connie is a practicing clinician with 25 years experience in various settings. She has a certification in NDT Adult Hemiplegia, and an OCS designation from the APTA renewed in 2006. Additionally, Dr. Seymour has 12 years of clinical experience in the rehabilitation of breast cancer and lymphedema patients.

Dr. Seymour has authored numerous peer-reviewed publications over the last ten years in the areas of teaching/learning strategies, physical rehabilitation following breast cancer, geriatrics and musculoskeletal physical therapy. She is currently the Director of the Healthy Elder Living Program (HELP) which is a collaborative community service organization providing services to at-risk elders. HELP has received $85,000 in grant funding over the last 4 years to sustain the program.

She has served as a workshop leader for many seminars with a focus on educational technology, assessment and teaching/learning strategies offered through The University of Massachusetts Lowell Faculty Development Center. A particular interest of her’s is the use of instructional strategies that promote “deep” learning.

**Dr. Joyce White:**

Dr. Joyce White has been a faculty member at the University of Massachusetts Lowell since 1987 and has taught physical therapy since 1980. She teaches Musculoskeletal Physical Therapy I and II which focus on disorders affecting the upper and lower extremities. She typically supervises several groups of graduate students each year in Directed Research. Research interests include identifying and reducing risk factors for musculoskeletal injury and assessing evaluation and treatment procedures for musculoskeletal disorders.

Dr. White earned a Doctorate of Science in Epidemiology from the School of Public Health at Boston University. She also has an Advanced Master’s Degree in Physical Therapy from Boston University.
focusing on applied physiology and teaching. She has clinical expertise in the acute and chronic rehabilitation of orthopedic and respiratory conditions. Dr. White is co-author of the book Measurement of Joint Motion: A Guide to Goniometry, which is in its fourth edition. She is author of a chapter, “Musculoskeletal Assessment,” in the book by O’Sullivan and Schmitz, Physical Rehabilitation: Assessment and Treatment (editions 4, 5). She has presented the findings of numerous research studies at national and state conferences of the American Physical Therapy Association, published research articles, and obtained grant funding to initiate research projects and to help support her doctoral education.

Dr. White is a member of the American Physical Therapy Association (APTA) in the Orthopaedic and Research Sections. She is a manuscript reviewer for the Journal of Orthopaedic and Sports Physical Therapy, and a content expert reviewer for “Hooked on Evidence Database” for the APTA. Time has also been spent as a research consultant to Transkaryotic Therapies/Shire (Cambridge, MA), the Boston Area Heavy and Highway Construction Workers Health and Safety Project (Lowell, MA), and the U.S. Army Institute of Research and Environmental Medicine (Natick, MA).

Dr. White has been active in the university community as a member of the Faculty Senate, and Chairperson of the college’s Academic Standards Committee. She is currently Chairperson of the University’s Institutional Review Board for Human Research.

Dr. Bruce Young:

The general focus of Dr. Young’s research is the relationships among anatomical complexity, physiological performance, and behavioral ecology. He is particularly interested in examining these issues within one of the most specialized groups of vertebrates, the snakes. At the present time, his laboratory is working on three general topics: 1) Sensory physiology (particularly of hearing) and the neuroanatomy of the sensory system in snakes; 2) Biochemical and molecular diversity of snake venoms and the biomechanics of venom injection; and 3) Functional morphology of Mosasaurs (extinct large aquatic lizards) and the evolution of the locomotor system in snakes.
### F. Curriculum: Doctor of Physical Therapy (DPT)

#### Year 1

**Fall Semester**
- 34.601 Clinical Anatomy: 3
- 34.603 Anatomy Lab: 1
- 34.605 PT Interventions I Lec: 3
- 34.607 PT Interventions I Lab: 1
- 34.609 Med/Surg Pathology: 3
- 34.501 Pharmacology: 2

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<td>34.605 PT Interventions I Lec</td>
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**Spring**
- 34.602 Neuroscience: Anatomy: 3
- 34.604 Neuroscience: Physiology & Neurology: 3
- 34.606 Neuroscience: Lab: 1
- 34.608 Musculoskeletal PT I Lec: 3
- 34.610 Musculoskeletal PT I Lab: 1
- 34.612 Cardiopulmonary PT Lec: 3
- 34.614 Cardiopulmonary PT Lab: 1
- 34.616 Research Methods: 3
- 34.615 Clinical Ed. Seminar & Clin Ed. Fieldwork I (1 week): 1

**First Summer**
- 34.650 Clinical Education Experience I (8 weeks, 3 credits)

#### Year 2

**Fall Semester**
- 34.617 Neurological PT I Lec: 3
- 34.619 Neurological PT I Lab: 1
- 34.621 Musculoskeletal PT II Lec: 3
- 34.623 Musculoskeletal PT II Lab: 1
- 34.625 PT Interventions II Lec: 3
- 34.627 PT Interventions II Lab: 1
- 34.629 Directed Research: 1
- 34.631 Pediatric PT Lec: 3
- 34.633 Pediatric PT Lab: 1

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**Spring**
- 34.620 Neurological PT II Lec: 3
- 34.622 Neurological PT II Lab: 1
- 34.629 Directed Research: 1
- 34.628 Musculoskeletal PT III Lec: 3
- 34.630 Musculoskeletal PT III Lab: 1
- 34.645 PT Interventions III Lec: 3
- 34.647 PT Interventions III Lab: 1
- 34.635 Clinical Ed. Seminar. II: 1
- 34.644 Clinical Ed. Fieldwork II (2 weeks): 1

**Second Summer**
- 34.652 Clinical Education Experience II (8 weeks, 3 credits)

#### Year 3

**Fall Semester**
- 34.637 Clinical Reasoning I: 3
- 34.642 Health Care Issues: 2
- 34.629 Directed Research: 1
- 34.653 Clinical Ed. Experience III (8 weeks): 3

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<td>3</td>
</tr>
<tr>
<td>34.642 Health Care Issues</td>
<td>2</td>
</tr>
<tr>
<td>34.629 Directed Research</td>
<td>1</td>
</tr>
<tr>
<td>34.653 Clinical Ed. Experience III (8 weeks)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

**Spring**
- 34.640 Clinical Reasoning II: 3
- 34.641 Business Skills in PT: 2
- 34.648 Service Learning in PT: 1
- 34.629 Directed Research: 1
- 34.654 Clinical Ed. Experience IV (8 weeks): 3

**Total credits:** 96-98 based on Pharmacology coursework

**Clinical Education:** 35 weeks

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G. Physical Therapy Course Descriptions

Year 1 - Fall Semester

34.601 Clinical Anatomy (3 cr)
Clinical Anatomy is a study of the structures of the human body, utilizing lectures, demonstrations and A.V. materials. It is a foundation course for physical therapy procedure courses.

34.603 Clinical Anatomy Laboratory (1 cr)
Clinical Anatomy Laboratory is a visualization of the structures of the human body utilizing laboratory dissection of prospected parts and human cadavers. The laboratory also incorporates the recognition of underlying structures using surface anatomy and palpation of body and soft tissues.

34.605 Physical Therapy Interventions I Lecture (3 cr)
This course introduces the student to the principles of patient evaluation and treatment utilizing case studies to integrate didactic information into practical clinical situations. The appropriate use of evaluation procedures and the rationale for safe and effective use of treatment procedures are emphasized. Topics include: principles of biomechanical analysis, body mechanics, principles of goniometry and muscle testing, patient positioning and transfers, gait training and activities of daily living with assistive devices, wheelchair prescription and mobility, isolation/sterile technique, wound care, monitoring vital signs, heat and cold modalities, aquatic therapy, and evaluation of normal gait.

34.607 Physical Therapy Interventions I Laboratory (1 cr)
This laboratory course develops the psychomotor skills necessary to apply the didactic knowledge presented in the Physical Therapy Interventions I Lecture to clinical situations. The safe and effective performance of various evaluation and treatment techniques is emphasized. Topics include: patient interviewing; isolation/sterile techniques; wound care and bandaging; monitoring vital signs; patient positioning and bed mobility; transfers; gait training and activities of daily living with assistive devices; wheelchair mobility; massage/soft tissue mobilization/lymph edema management; heat and cold modalities; gait analysis; goniometry and strength testing; postural analysis and anthropometry.

34.609 Medical Surgical Conditions (Pathology) (3 cr)
This course presents an introduction to the study of diseases commonly seen in people with conditions treated by physical therapists. Mechanisms of cell growth, response to injury, and cell death are reviewed.

34.639 Medical Surgical Conditions (Orthopedics) (3 cr)
Medical Surgical Conditions (Orthopedics) presents topics related to the pathology and medical-surgical treatment of musculoskeletal disorders.

34.611 Professional Issues and Clinical Practice in Physical Therapy (3 cr)
This course will be divided into two sections. The first course section will provide an overview of physical therapy as a profession. Student Generic Abilities will be introduced as they apply to classroom instruction and clinical practice. The APTA (American Physical Therapy Association) Standards of Practice, Code of Ethics, disciplinary Process, The Scope of Physical Therapy Practice and The Massachusetts Practice Act will be discussed.

The second course section will emphasize the development of effective teaching and learning strategies as it applies to physical therapy in the clinical setting. Discussions and exercises will center on the concepts of motivation and compliance in learning, learning/teaching styles, documentation, designing measurable goals, clinical teaching methods/techniques and tools, the art of effective communication, reinforcement strategies,
principles of evaluation and giving effective feedback. Emphasis is placed on creating a climate that encourages learning. A teaching experience will be planned, implemented and evaluated by each student group.

34.501 Pharmacology (3 cr)
This course provides an introduction to the chemistry, biochemistry, and physiological action of various pharmaceuticals. Fundamental concepts will be stressed and will include a discussion of drug receptors, drug receptor interactions, pharmacokinetics, enzyme induction, drug metabolism, drug safety and effectiveness and idiosyncratic reactions. Several major groups of drugs will be studied. Articles from current literature will be discussed.

Year 1 - Spring Semester

34.602 Neuroscience: Anatomy (3 cr)
Neuroscience anatomy presents the structural features of the central nervous system as they relate to problems encountered in clinical neurology.

34.604 Neuroscience: Physiology and Neurology (3 cr)
Neuroscience presents the principles of neurophysiology, neurology, and motor control as related to the practice of physical therapy. Topics in neurophysiology include: conduction and transmission of the nerve impulse, neuromuscular synaptic transmission and skeletal muscle contraction, muscle tone and spinal reflexes, the neurophysiology of sensation and movement, and the transmission of pain. Neurological conditions will be integrated with these various neurophysiological topics through the use of case studies and will include: peripheral nerve injuries, neuromuscular conditions, and diseases/conditions of the central nervous system. An introduction to the major theories of motor control and their application to physical therapy examination and intervention will be discussed through problem solving and case studies.

34.606 Neuroscience Laboratory (1 cr)
Neuroscience laboratory includes the study of the anatomy and function of the human brain, spinal cord, peripheral and autonomic nervous systems through prosection, audiovisual resources and experimental procedures. The gross anatomy of the human brain and spinal cord will be visualized using prosections of human specimens, models, and slides. Experimental procedures include electromyographic recording of muscle action potentials, evaluation of reflex function in normals, assessment of sensory and cerebellar mechanisms, and testing cranial nerve function. To help synthesize the course content each student will present a neuropathology case study.

34.608 Musculoskeletal Physical Therapy I Lecture (3 cr)
This course is the first of a three-course series which explores physical therapy management of musculoskeletal dysfunction. In this first course, general models for physical therapy intervention will be presented. The evaluation, treatment and prevention of pathological conditions affecting the musculoskeletal system of the lower extremity will be emphasized. Normal function will be included as a basis for recognizing and therapeutically resolving dysfunction of skeletal and joint structures, muscles and soft tissues. A problem-solving approach to resolve impairments, contributing to functional limitations and disabilities, will be stressed.

34.610 Musculoskeletal Physical Therapy I Laboratory (1 cr)
This laboratory course develops the psychomotor skills to allow clinical application of didactic knowledge gained in Musculoskeletal Physical Therapy I Lecture.
34.612 Cardiopulmonary Physical Therapy (3 cr)
Cardiopulmonary Physical Therapy provides instruction in a variety of pathological cardiopulmonary conditions encountered by physical therapists. The course emphasizes examination, evaluation and interventions employed by the physical therapist in dealing with these conditions. Students will be expected to integrate and synthesize information from related courses in a variety of cardiopulmonary problem solving experiences.

34.614 Cardiopulmonary Physical Therapy Laboratory (1 cr)
Cardiopulmonary Physical Therapy laboratory is taken concurrently with Cardiopulmonary Physical Therapy 34.612. The laboratory experiences are designed to provide an opportunity to practice examination, evaluation, and interventions discussed in lecture and demonstrate psychomotor proficiency in each procedure. The course emphasizes procedures employed by the physical therapist in dealing with cardiopulmonary conditions. In addition, students will be expected to integrate and synthesize information from related courses in a variety of cardiopulmonary problem solving experiences.

34.615 Clinical Education Seminar I (1 cr)
This course is the first in a series of two one-credit weekly seminars. The class will explore professional issues, various forms of effective communication in the clinical setting, person first language, various clinical education models, and management of the clinical education experience. Clinical Education Fieldwork I is a one-week experience embedded within the seminar course. Various settings are appropriate for the Fieldwork placements. This Fieldwork experience is designed to be primarily an observational experience with some hands on with documentation and basic gait training. Successful completion of Fieldwork 1 experience is necessary to receive a satisfactory grade in 34.615.

34.616 Research Methods in Physical Therapy (3 cr)
This course presents the role of research in the development and critical analysis of physical therapy clinical practice. Students are guided through the process of clinical scientific research including the following content areas: problem and hypothesis identification, review and analysis of scientific literature, methods of hypothesis testing, data collection and analysis, and interpretation and presentation of research results. Students work in small groups to develop and present a full research proposal.

**First Summer**

34.650 Clinical Education Experience I (3 cr)
A eight week full time clinical experience designed to integrate basic physical therapy evaluative and treatment procedures with an emphasis on the musculoskeletal and cardiopulmonary systems. Students are directly supervised by qualified physical therapists in general acute facilities and outpatient settings.

**Year 2 - Fall Semester**

34.617 Neurological Physical Therapy I (3 cr)
This course is the first of two courses dealing with the physical therapy management of adult patients/clients with neurological dysfunction. Concepts, practical applications, and strategies based on theories of motor skill development, motor control, and motor learning will be discussed. A variety of neurological conditions with different levels of impairments, functional limitations and disabilities will be examined. Emphasis is on the development of clinical decision making skills using a problem solving approach. Practice is fostered in the development of appropriate plans of care. Concurrent laboratory sessions emphasize the development of specific assessment and intervention skills.
34.619 Neurological Physical Therapy I Lab (1 cr)
This laboratory course must be taken concurrently with Neurological Physical Therapy I, 34.617. Emphasis is on the development of problem solving and psychomotor skills necessary for successful management of the patient/client with neurological dysfunction. Videotapes and patient demonstrations are used to develop skills in examination, evaluation, and clinical decision making. Peer practice is used to promote the development of psychomotor skills in advanced therapeutic exercise and functional training. Problem solving in the application of interventions for different levels of impairments, functional limitations, and disabilities is stressed.

34.621 Musculoskeletal Physical Therapy II Lecture (3 cr)
This course is the second of a three-course series which focuses on physical therapy management, and summarizes medical and surgical management of musculoskeletal dysfunction. Treatment of the ankle and foot will be included as a continuation of the first course. The evaluation, treatment and prevention of pathological conditions affecting the upper extremity will be emphasized. Normal function will be included as a basis for recognizing and therapeutically resolving dysfunction of skeletal and joint structures, muscular and soft tissues. A problem-solving approach to resolve impairments, which contribute to functional limitations and disabilities, will be stressed.

34.623 Musculoskeletal Physical Therapy II Lab (1 cr)
This laboratory course develops the psychomotor skills to allow clinical application of didactic knowledge gained in Musculoskeletal Physical Therapy II Lecture.

34.625 Physical Therapy Interventions II Lecture (3 cr)
This course is a study of advanced physical therapy procedures which utilize electrophysics and electrophysiology in evaluating and treating a variety of physical impairments. The course will emphasize theories and techniques used in electrodiagnosis, electromyography, functional electrical stimulation, iontophoresis, transcutaneous electrical stimulation, biofeedback, laser and therapeutic electrical currents, including light and radar waves.

34.627 Physical Therapy Interventions II Laboratory (1 cr)
This course is a practical application of theories and principles presented in 34.625, Physical Therapy Interventions II Lecture.

34.629 Directed Research (1 cr)
The directed research experience provides students with the opportunity to develop a Research Project with the guidance of a faculty advisor.

34.631 Pediatric Physical Therapy Lecture (3 cr)
This course focuses on the development of the individual from conception through adolescence within the context of the individual's family and cultural background. Emphasis will be on the examination, evaluation, diagnosis and formulation of a physical therapy plan of care for infants, children and adolescents with problems of the CNS and neuromusculoskeletal systems. The framework for these processes will be based upon principles of sensorimotor development, neurophysiology, motor control, motor learning, family dynamics, the hypothesis-oriented algorithm for clinical decision making, the disability model of the NCMRR, and the concept of reflective practice. Throughout the course the student will have the opportunity to integrate the course material and synthesize appropriate plans of care using case studies.

34.633 Pediatric Physical Therapy: Laboratory/Clinic (1 cr)
Through classroom and clinical laboratory experiences, the student will be given the opportunity to gain introductory level skill in the examination, evaluation, intervention, and development of a physical therapy plan
of care for infants, children, and adolescents who have disabling problems requiring physical therapy intervention.

**Year 2 - Spring Semester**

34.620 Neurological Physical Therapy II Lecture (3 cr)
This course is the second of two courses dealing with physical therapy management of adult patients with neurological dysfunction. Concepts, practical applications, and strategies based on theories of motor skill development, motor control, and motor learning will be discussed. A variety of neurological conditions with differing levels of impairments, functional limitations, and disabilities will be examined. Emphasis is on the development of clinical decision making skills using a problem-solving approach. Practice is offered in the development of appropriate plans of care. Concurrent laboratory sessions emphasize the development of assessment and intervention skills.

34.622 Neurological Physical Therapy II Lab (1 cr)
This course is the second of two lab courses dealing with physical therapy management of adult patients with neurological dysfunction. Videotapes and patient demonstrations will be used to promote clinical decision making skills in examination and evaluation of patients with neurological dysfunction. Classroom laboratory experiences (peer practice) will be used to provide the student with the opportunity to gain mastery of psychomotor skills in advanced therapeutic exercise. Problem solving in the application of interventions for different levels of impairments, functional limitations, and disabilities will be stressed.

34.629 Directed Research (1 cr)
This is the continuance of Directed Research experience providing students with the opportunity to complete and present a Research Project with the guidance of a faculty advisor.

34.626 Geriatric Physical Therapy (3 cr)
This course will focus on the special needs of the elderly and on the physical therapy management of the geriatric client. The physical changes associated with normal aging as well as pathological changes will be discussed and analyzed. Program planning will stress holistic consideration of the rehabilitative, cognitive/behavioral, and psychosocial needs of the elderly. (Re)Evaluation including functional evaluation, treatment planning (and treatment plan evaluation), treatment cost effectiveness, documentation, and reimbursement issues will be analyzed as they relate to the physical therapy management of the geriatric client.

34.628 Musculoskeletal Physical Therapy III Lecture (3 cr)
This course provides the second-year physical therapy student with an introduction to physical therapy evaluation and management of dysfunction of the cervical, thoracic and lumbar spine, ribcage, and pelvis. The development of evaluation strategies, documentation skills, organized clinical decision making, and effective patient management techniques will be emphasized. Discussions and exercises will focus on developing patient diagnoses, functional problems lists, long and short term goals, and treatment strategies. Critical thinking/problem solving strategies will be incorporated into all aspects of patient management. Emphasis will be on creating a climate that encourages learning.

34.630 Musculoskeletal Physical Therapy III Lab (1 cr)
This laboratory course provides the student the opportunity to apply the didactic knowledge gained in the Musculoskeletal Physical Therapy II Lecture through a problem solving approach. Additionally, specific evaluation and functional management techniques for the spine and pelvis will be demonstrated by instructors and practiced by students.
34.645 PT Interventions III Lecture (3 cr)
This course introduces the second year physical therapy student to various topics related to specialized physical therapy management of patients. Topics include, but are not restricted to: lower extremity prosthetic and orthotic management, upper extremity orthotic fabrication, inhibitive casting techniques, introduction to ergonomic principles, ergonomic design of seating systems and workstations, wheelchair seating systems, cumulative trauma disorders, work site analysis, functional capacity evaluation, lumbar stabilization exercises, aquatic therapy the acute care environment, burn care management, post-mastectomy management, and infection control and standard precaution policies.

34.647 PT Interventions III Laboratory (1 cr)
This laboratory course develops the psychomotor skills necessary to apply the didactic knowledge presented in the PT Interventions III Lecture to clinical situations. The safe and effective performance of various evaluation and treatment techniques are emphasized. Topics include but are not restricted to: management of the lower extremity amputee, prosthetic gait analysis, fabrication of upper extremity orthotics, inhibitive casting techniques, selection and implementation of ergonomic analysis techniques, lumbar stabilization techniques, and aquatic therapy techniques.

34.635 Clinical Education Seminar II (spring) (1 cr)
This course is the second in a series of two one credit weekly seminars. The class will continue to explore professional issues and application of didactic material in the clinical setting. Clinical education will be examined from the perspective of career development and physical therapy board preparation.

34.644 Clinical Education Field Work II (1 cr)
A two week fieldwork experience designed to provide students more exposure to a variety of clinical settings. Students will have a range experiences from observational to more hands on experiences, based on the facility.

Second Summer

34.652 Clinical Education Experience II (3 cr)
An eight week full time experience which promotes the development of an autonomous professional through the synthesis and utilization of advanced academic theory in evaluation and treatment. Students are expected to use sound scientific rationale and a problem solving approach in all aspects of patient care. Students are allowed to explore areas of interest in a variety of settings.

Year 3 - Fall Semester

34.637 Clinical Reasoning I (3 cr)
This course will focus on the development of clinical reasoning skills with an emphasis on evidenced-based research and examination of classification systems. Each student will be asked to conduct research associated with an unfolding case study, determine pathology based on a clinical picture including medical diagnostic test results, evaluate clinical data presented in video and written formats, select tests and measurements, formulate impairments and functional limitations, and develop a physical therapy diagnosis and plan of care. At predetermined intervals, students will be asked to compare and contrast their clinical reasoning with that of an expert clinician. Additional content will include the impact of practice issues, extra and intra-individual factors, and communication skills on patient management.

34.642 Health Care Issues in Physical Therapy (2 cr)
This course provides an overview of the operation of physical therapy services within the structure of the United States health care system. The course will emphasize a macro approach concerning issues and trends related to the delivery of health care and their implications for the management of physical therapy services.
Students will be asked to evaluate case studies to determine the impact of managed care organizations, Medicare, Medicaid, private insurance companies, technology on health care systems, of health policy and the effect on health care, health disparities and the various outcomes in quality of health, and the growing number of uninsured individuals on the procurement of physical therapy services across many clinical settings.

34.629 Directed Research (1 cr)
This is the continuance of Directed Research experience providing students with the opportunity to complete and present a Research Project with the guidance of a faculty advisor.

34.653 Clinical Education Experience III (3 cr)
Full time eight week clinical experience designed to promote socialization into the profession of physical therapy. Students are expected to function as independently as possible using the problem solving process as a basis for all clinical decision making. Communication, coordination and consultation with other members of the health care team and responsibility for total client management is emphasized. Settings in pediatrics, neurological rehabilitation, outpatient orthopedics and acute care facilities are appropriate for this experience.

Year 3 - Spring Semester

34.640 Clinical Reasoning II (3 cr)
This course explores the concept of expertise in physical therapy practice including its meaning, development, and relationship to clinical decision making and professional development. Differential diagnosis, evidence based practice, and reflective, relationship based practice will also be emphasized. Students will develop a personal professional development plan including a Mission Statement incorporating personal and professional values and goals as a path to achieving expertise. A Pharmacology Primer power point will be presented to allow for review of the basics of pharmacology.

34.641 Business Skills in Physical Therapy (2 cr)
This course provides an overview of the operation of physical therapy services within the structure of the United States health care system. The course will emphasize a micro view exploring the function and interaction of the physical therapist within the health care organization. Key issues will include facilities design and clinic organization, personnel management, budgeting, and operations management. Related topics will include: marketing, quality improvement, and ethical issues related to the code of ethics and standards of practice.

34.648 Service Learning in Physical Therapy (1 cr)
This one credit course, which meets over a seven week period, is designed to serve as a service learning experience in the final year for doctoral physical therapy students. The course is designed to enhance the academic learning in the areas of professional development. Simultaneously there is relevant and meaningful service in the community that benefits the stakeholders of the experience. The service learning experience will prepare students for active civic participation in a diverse society. The course will have a seminar component and an independent service learning component. Through the use of readings, discussion, reflection, and presentations students will gain an understanding of what it means to “build the capacity of a community” and “develop the competency skills of an entry level physical therapy practitioner.”

34.654 Clinical Education Experience IV (3 cr)
The final full time eight week clinical experience designed to promote socialization into the profession of physical therapy. Students are expected to function as independently as possible using the problem solving process as a basis for all clinical decision making. Communication, coordination, and consultation with other members of the health care team and responsibility for total client management is emphasized. Settings in
pediatrics, neurological rehabilitation, outpatient orthopedics and acute care facilities are appropriate for this experience. Experiences may include more than one rotation at a given facility.

34.629 Directed Research (1 cr)
This is the continuance of Directed Research experience providing students with the opportunity to complete and present a Research Project with the guidance of a faculty advisor.

**Generic Abilities**

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
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<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with faculty members, patients/clients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
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<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
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<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources.</td>
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<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving professional interaction.</td>
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<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define the problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
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<tr>
<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
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<tr>
<td>8. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
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<tr>
<td>9. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
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<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
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</tbody>
</table>

** Adapted from Generic Abilities, Developed by the Physical Therapy Program, University of Wisconsin-Madison  May et al. Journal of Physical Therapy Education. 9:1, Spring 1995**
H. Academic Dishonesty and Prohibited Practice Behavior

1. Definitions

The following definitions are provided for the information of all students and constitute official notice of prohibited academic practice and behavior.

University of Massachusetts, Office of the Registrar: http://www.uml.edu/admin/registrar/

a. Cheating is defined as:
   - misrepresenting academic work which has been done by another as one’s own efforts whether such misrepresentation has been accomplished with or without the permission of the other individual;
   - utilization of prohibited assistance (whether in the nature of a person or a resource) in the performance of assignments and examinations;
   - copying of another person’s work or the giving or receiving of information or answers by any means of communication during an examination;
   - utilization of the services of a commercial term paper company;
   - the unauthorized or fraudulent acquisition and/or use of another’s academic property.

b. Plagiarism is defined as:
   - direct quotation or word-for-word copying of all or part of the work of another without identification or acknowledgment of the quoted work;
   - extensive use of acknowledged quotation from the work of others which is joined together by a few words or lines of one’s own text;
   - an unacknowledged abbreviated restatement of someone else’s analysis or conclusion, however skillfully paraphrased.

2. Non-Academic Misconduct

Improper conduct or behavior of students is subject to the University of Massachusetts Lowell Student Conduct Code and Judicial Process. For further details please contact the Division of Student Affairs, Cumnock Hall. http://www.uml.edu/student-services/dean/
3. Physical Therapy Department Honor Code

All students are expected to adhere to the Physical Therapy Department Honor Code, Graduate Student Manual, Appendix A, which states:

“I agree to adhere to the Honor Code of the Physical Therapy Department throughout my tenure in the Physical Therapy program. I understand I am responsible for complying with professional standards of behavior. I understand prohibited practice and behaviors to be defined as cheating, lying or plagiarizing. The preservation of integrity in the academic process is an exercise of professional judgment. The Honor Code requires that I will not only adhere to all ethical practices, but I shall report to the Department observable behaviors in other students that violate the Honor Code.”
II. Clinical Education: Information and Forms

A. Roles and Responsibilities

1. Director of Clinical Education (DCE)
   a. Liaison between academic institution and clinical facility.
   b. Clinical education program planning, implementation, and assessment.
   c. Clinical Education Site development.
   d. Clinical faculty development.

2. Center Coordinator of Clinical Education (CCCE)
   a. Liaison between clinical facility and academic institution.
   b. Manage comprehensive clinical education program.
   c. Supervise clinical educational environment, experiences, and performance of CI and student.
   d. Preparing and providing on-site student learning experiences.

3. Clinical Instructor (CI)
   a. Supervise student throughout the duration of the clinical experience.
   c. Provide learning environment that fosters students’ professionalism and encourages the development of an independent problem solver and competent entry-level practitioner.
   d. Role model

4. Physical Therapy Student
   a. Representative of the University of Massachusetts Lowell, in general, and the Department of Physical Therapy program, in particular.
   b. Responsible for own learning.
   c. Reflective Self-assessment.
   d. Feedback to CI, CCCE, and ACCE.
B. Clinical Education Dates

1. Clinical Education Field Work I (34.618) – Occurs during the second semester of the first year of coursework, usually the week prior (2nd week of March) to spring break.

2. Clinical Education Experience I (34.650) – Following the first full year of coursework, generally late May – late July.*

3. Clinical Education Field Work II (34.644) – Begins the second semester of the second year of coursework, normally comprising the week prior to resumption of classes and the actual first week of classes, i.e. mid January – late January.

4. Clinical Education Experience II (34.652) – Following the second full year of coursework, generally late June – late August.*

5. Clinical Education Experience III (34.653) – Begins the fall semester of the third year, Labor Day – Late October.

6. Clinical Education Experience IV (34.654) – Opens the final (spring) semester of the DPT program, mid January – mid March.

* Clinical sites may modify dates to accommodate student placement.

C. Attendance Policy

All Clinical Education Experiences are Full-Time clinical experiences and students are expected to be in attendance during the hours specified by the clinical education facility. Students are expected to comply with the facility's work schedule, not the University calendar.

Make up of 1-2 days missed due to illness will be at the discretion of the student's clinical supervisor. Regardless, if a student cannot attend clinical on a given day due to illness, injury, or family emergency in addition to the Clinical Facility the DCE should be notified. If necessary, missed days can be made up at the end of the clinical experience, on weekends, or as extra hours during a regular workday. This should not be interpreted to mean that students are given, or allowed, 1-2 days off per affiliation. The University does not allow students who are participating in full-time clinical experiences to request time off for interviews, university holidays, or to attend to personal matters (excluding emergencies). Students who are observing religious holidays shall be excused from clinical on the observed holiday. The student will be responsible for the missed time and provided opportunities to make-up the hours, as previously specified.

In the event of an extended absence (3 or more days) the student, the Clinical Instructor, and the Academic Coordinator of Clinical Education will negotiate a remedial plan. Each case will be addressed on an individual basis. A written record of decisions will be distributed to all parties.
D. Emergency Policy

In the event of a medical emergency involving a University of Massachusetts Lowell, Physical Therapy Student, please follow this procedure:

1. Take necessary action to deal with the immediate emergency at your facility. 

   Please have the following information available:
   - Student name:
   - Nature of the emergency:
   - Contact person and number:
   - Name and phone number of the person to notify in case of emergency:

2. Contact the Department of Physical Therapy at the University of Massachusetts Lowell. Please make every attempt to speak with someone personally.

   Phone number: 978-934-4510

3. The secretary of the Department will connect you to the Director of Clinical Education, the Program Administrator, the Department Chairperson, or the Dean of the School of Health and Environment (in the event no other faculty member is present).

4. The University will contact the "person to notify in case of an emergency." Provide any/all pertinent information regarding the emergency including the contact person at the clinical facility.

5. Should arrangements need to be made to withdraw the student from the internship and/or conclude the experience at a later date, each case will be handled on an individual basis. A written record of the communication between parties and of any decisions made will be made available to all parties, by the University.
E. Exposure to Bloodborne Pathogens

1. Introduction

Occupational exposure to Bloodborne Pathogens, including HIV and Hepatitis B, is a risk for many health care workers. Standards for protection against infection have been legislated at the federal level by the Occupational Health and Safety Administration (OSHA). Guidelines for developing policy to protect students, faculty, and staff of schools of health professions have been published by professional associations such as the American Associations of Colleges of Nursing, the National League for Nursing and the American Medical Association’s Committee on Allied Health Education. In addition, affiliating clinical agencies are operating under guidelines issued by the Joint Commission on Accreditation of Healthcare Organizations.

These policy guidelines stress both the protection of faculty, students and staff of the school from infection, and the need to respect individual rights to confidentiality. In addition to protecting against infection, guidelines set forth by the American Association of Colleges of Nursing in 1991 state that a school policy must also incorporate procedures for “receiving, managing and counseling those who may have been exposed to HIV”. School policy should also be in compliance with policies within its parent organization, and those followed by clinical agencies with which it affiliates.

2. Conformity with University Policy

University policies, to which the School of Health and Environment (SHE) policy must conform, include:

a. The AIDS policy of the Massachusetts Commission Against Discrimination;

b. An administrative policy, re: Hepatitis B immunization provision, including a requirement for waiver of vaccination by those declining immunization put forth by Dr. Susan Goodwin’s office in September of 1992.

Both of these policies are incorporated into the University of Massachusetts Lowell, School of Health and Environment policy.

3. Conformity with Affiliated Agencies and Clinical Site Requirements

Occupational Safety and Health Administration (OSHA) guidelines require that an Exposure Control Plan be developed by each health care agency falling under federal jurisdiction. OSHA requires that a plan be written and followed by these agencies which include the following:

c. Exposure determinant/assignment of categories to employees.

d. Use of Universal Precautions.
e. Engineering/work practices.

f. Hepatitis B vaccination.

g. Post-exposure evaluation protocols and recordkeeping.

h. Training.

Methods of compliance for each component must be documented.

4. Post Exposure Evaluation and Follow Up

a. Purpose: To provide a plan of treatment for students, faculty and staff in the event of an accidental exposure to Bloodborne Pathogens.

b. Policy: The School of Health and Environment shall immediately make available a confidential medical evaluation and follow-up to a student, faculty or staff member reporting an exposure incident. It is the exposed individual’s option to participate in the follow-up program.

c. Procedure: When an exposure occurs:

i. The individual will immediately inform the source patient (if possible) that the exposure has occurred.

ii. In cases where the exposure has occurred within the University boundaries (not in an affiliating clinical agency) the individual will immediately inform the office of Student Health Services Director (Tel: 978-934-4991).

iii. If the exposure occurs in an affiliating clinical agency, the student, faculty, or staff member should also follow that agency’s guidelines for reporting and treatment. Employees are not obliged to share the details of the incident with anyone except the Personnel Officer; students need not share the details of the incident with anyone except the Director of Student Health Services.

iv. An “Incident Report” form should be completed by the exposed individual and filed by the Student Health Services Director or Personnel Officer in a manner which ensures confidentiality of the report. (The exposed individual’s signed written consent is required to release the information to any third party).
In cases where exposure occurs within an affiliating clinical agency, agency policy should guide initiation of an immediate post evaluation and follow-up procedure. In cases where exposure has occurred within the University boundaries, the University shall immediately make available a confidential medical evaluation and follow-up to the exposed employee or student, including at least the following elements:

(a) Documentation of the route(s) of the exposure and the circumstances under which the exposure incident occurred.
(b) Identification and documentation of the source individual, unless it is determined that identification is not feasible.
(c) The source individual’s blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infection. If consent is not obtained, the University Personnel Officer or Student Health Services Director shall establish that legally obtained consent cannot be obtained.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual’s known HBV or HIV status need not be repeated.

(a) Results of the source individual’s testing shall be made available to the exposed individual.
(b) Collection and testing of blood for HBV and HIV serological status shall be accomplished as soon as feasible after consent has been obtained. If consent for HIV serological testing has not been given, the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the individual elects to have the baseline sample tested, such testing shall be done as soon as possible.
(c) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, including counseling and evaluation of reported illnesses shall be offered to the individual.

When exposure occurs in an affiliating clinical agency, that agency’s policies and procedures for reporting and testing of the source patient will be followed in addition to the completion and submission of an Incidence Report to the appropriate University of Massachusetts Lowell official. School of Health and Environment policy will determine additional post exposure follow-up procedures for the exposed faculty, staff, or student.
F. Clinical Education Syllabi

1. Clinical Education Experience I

Course Syllabus

I. Title: Clinical Education Experience I (34.650)

II. Course Description:

An eight-week full time clinical experience designed to integrate basic physical therapy evaluative
and treatment procedures with an emphasis on the musculoskeletal and cardiopulmonary systems.
Students are directly supervised by qualified physical therapists in general acute facilities and
outpatient settings.

III. Course Objectives

These objectives have been adapted from The American Physical Therapy Association,
Division of Education in the Clinical Performance Instrument and adapted to fit the course
sequence at the University of Massachusetts Lowell Department of Physical Therapy

At the completion of this clinical experience, the student will be able to:

1. Demonstrate professional and ethical behavior and attitude at all times.
2. Demonstrate safe, ethical and legal practice at all times.
3. Develop effective verbal and nonverbal communication with patients, peers and members of
   the health care team.
4. Establish effective relationships with patients, patients’ families and with their clinical
   instructor(s) treating them with positive regard, dignity, respect and compassion.
5. Establish and maintain effective relationships with other members of the health care team by
   reporting accurate and pertinent information and recognizing the need for appropriate
   referrals.
6. Adapt physical therapy examination, assessment and interventions that reflect respect for and
   sensitivity for individual differences and respect for diversity.
7. Manage time effectively to accurately document all physical therapy services with clarity,
   brevity and legibility, in accordance with policies of the facility.
8. Recognize basic physical therapy problems related to the musculoskeletal, cardiopulmonary
   and integumentary systems as well as those presented by architectural barriers, with
   supervision/guidance.
9. Define basic physical therapy problems related to the musculoskeletal, cardiopulmonary and
   integumentary systems with supervision/guidance.
10. Analyze basic physical therapy problems related to the musculoskeletal, cardiopulmonary
    and integumentary systems with supervision/guidance.
11. Organize available objective and subjective information and identify the need for additional
    information with supervision/guidance.
12. Select appropriate and effective physical therapy examination procedures for basic problems
    of the musculoskeletal, cardiopulmonary and integumentary systems with
    supervision/guidance.
13. Implement selected examination procedures correctly with supervision/ guidance.
14. Correctly interpret examination findings and develop a comprehensive plan of care for basic physical therapy problems related to the musculoskeletal, cardiopulmonary and integumentary systems with supervision/guidance.
15. Establish realistic and timely outcomes and goals for basic physical therapy problems of the musculoskeletal, cardiopulmonary and integumentary systems with supervision/guidance.
16. Develop a plan of care for basic musculoskeletal, cardiopulmonary or integumentary problems and effectively perform interventions including physical agents; therapeutic exercises/procedures; functional activities; assistive/adaptive devices or equipment; and aseptic technique with supervision/guidance.
17. Re-examine physical therapy problems and modify the plan of care when appropriate, with supervision/guidance.
18. Recognize when a patient has received optimal benefit from physical therapy and initiate discharge planning with supervision/guidance.
19. Recognize the organization structure of the department by identifying roles and responsibilities of personnel.
20. Effectively use support personnel and delegate care according to legal standards and ethical guidelines.
21. Demonstrate time management skills by adhering to an established patient treatment schedule, organizing time effectively and using free time productively.
22. Apply basic educational concepts to effectively teach patients and families, and to design and implement inservice programs.
23. Apply the basic principles of logic and the scientific method to all aspects of the practice of physical therapy; to read and interpret professional literature; participate in clinical research activities and critically analyze new concepts and findings provided by others.
24. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities.
25. Implements a self-directed plan for professional development and lifelong learning.

IV. General Information:

A. Time Allotment
   - 40 hours/week for 8 weeks or equivalent, as scheduled by the clinical faculty.
   - Credit Hours: 3

B. Placement
   - Summer following first academic year.

C. Prerequisites
   - Satisfactory completion of all first year PT courses.
   - Recent (within 1 calendar year) health evaluation including: Mantoux test, evidence of immunity to Rubella, Rubeola, Tetanus and Hepatitis B (or provide a waiver).
   - Current health/medical insurance.
   - Additional health documentation as required by individual facilities. (Refer to Graduate Manual – Health Status Requirements).
   - Completion of Criminal Offender Record Information (C.O.R.I.), as required by individual facilities.
D. Attendance

Attendance is mandatory during all clinical experiences. Makeup of any missed time is at the discretion of the student's Clinical Instructor, CCCE, and the DCE. Prolonged absences (3 or more days) require notification to the DCE. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).

E. Faculty

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- Clinical Instructors

F. Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

G. Evaluation Methods

1. American Physical Therapy Association Clinical Performance Instrument. The criteria contained in this document reflect standards of entry level competence in physical therapy. Student performance will be measured against these standards on each of three clinical experiences. These standards will remain constant throughout. However, as a student's academic knowledge and clinical exposure increases so do our expectations of acceptable performance. Expectations progressively increase so that performance at the conclusion of the affiliation meets entry-level.

H. Grading Criteria

- Center Coordinators of Clinical Education will receive a copy of the grading criteria established by the University of Massachusetts Lowell, Department of Physical Therapy. We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in grading the form. A copy of this criterion which reflects expectations at the end of the clinical affiliation can be found within the physical therapy graduate manual.
• All clinical experiences are ultimately graded either "S" (Satisfactory) or "U" (Unsatisfactory). The "S" or "U" grade is determined by the Department of Physical Therapy at the University and is based upon the recommendations of the DCE, CCCE, and CI as well as the information contained within the final evaluation of the student's performance (CPI).

• Any student receiving a "U" for Clinical Education Experience I:34.650, will be dismissed from the program and must appeal for re-entry.

I. In-service Presentation

Students are expected to give an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Center Coordinator to meet the needs of the department. This may be in the form of a case study or presentation on a particular diagnosis, treatment approach, or other topic approved by their Clinical Instructor. Students may not present their Graduate Research as their ONLY presentation, but are encouraged to do so IN ADDITION to their In-service presentation. The presentation will be evaluated using the New England Consortium sheet.

V. Course Requirements:

A. Satisfactory completion of all course objectives.
B. Completion of the Student's Evaluation of the Clinical Facility.

VI. Required Text:

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

VII. Dishonesty and Cheating:

All students are advised that there is a University policy regarding dishonesty and cheating. It is the student's responsibility to familiarize him/herself with these policies which are explained in the Graduate School Catalog and the Undergraduate Catalog and the Physical Therapy Student Handbook. If necessary, contact your advisor or instructors for clarification.
2. Clinical Education Experience II

Course Syllabus

I. Title: Clinical Education Experience II (34.652)

II. Course Description:

The second full time eight week clinical experience designed to promote the development of an autonomous professional through the synthesis and utilization of advanced academic theory in evaluation and treatment. Students are expected to use sound scientific rationale and a problem solving approach in all aspects of patient care. Students are allowed to explore areas of interest in a variety of settings.

III. Course Objectives:

These objectives have been adapted from The American Physical Therapy Association, Division of Education in the Clinical Performance Instrument and adapted to fit the course sequence at the University of Massachusetts Lowell Department of Physical Therapy. At the completion of this clinical experience the student will be able to:

1. Demonstrate professional and ethical behavior at all times.
2. Demonstrate safe, ethical and legal practice at all times.
3. Develop appropriate and effective verbal and nonverbal communication in all interactions with patients, peers and members of the health care team.
4. Establish and maintain effective relationships with patients, patient's family and with their clinical instructor(s), treating them with positive regard, dignity, respect and compassion.
5. Establish and maintain effective relationships with other members of the health care team, including initiating communication and making appropriate referrals.
6. Adapt physical therapy examination, assessment and interventions that reflect respect for and sensitivity for individual differences and respect for diversity.
7. Manage time effectively to accurately document all physical therapy services with clarity, brevity and legibility, in accordance with policies of the facility.
8. Recognize physical therapy problems including those created by architectural barriers, with guidance/supervision.
9. Define physical therapy problems with guidance/supervision.
10. Analyze physical therapy problems with guidance/supervision.
11. Organize available objective and subjective information and identify the need for additional information with guidance/supervision.
12. Select appropriate and effective physical therapy examination procedures with guidance/supervision.
13. Implement selected examination procedures correctly with guidance/supervision.
14. Correctly interpret examination findings and plan a comprehensive plan of care for physical therapy problems, including those created by architectural barriers, with guidance/ supervision.
15. Establish realistic and timely outcomes and goals with guidance/supervision.
16. Develop a plan of care for physical therapy problems by effectively applying physical agents; therapeutic exercises and procedures; developmental activities; neurophysiological treatment
techniques; functional activities; assistive/adaptive devices or equipment and aseptic technique with guidance/confirmation.

17. Effectively implement a plan of care and perform interventions safely with quality of care.
18. Re-evaluate physical therapy problems and modify the plan of care when appropriate with guidance/supervision.
19. Recognize when patient has received optimal benefit from physical therapy and initiates discharge planning with guidance/supervision.
20. Participate in programs to address primary and secondary prevention, wellness and health promotion needs of individuals, groups and communities.
21. Recognize the organizational structure of the department by identifying roles and responsibilities of personnel, identifying responsibilities to be delegated and identifying levels of supervision for supportive personnel.
22. Demonstrate administrative/management skills by scheduling own patients, treating patients simultaneously and by identifying appropriate governmental, community, educational and professional resources.
23. Apply basic educational concepts in order to teach patients and families and to design and implement community education and in-service programs.
24. Apply the basic principles of logic and the scientific method to read and interpret professional literature, participate in clinical research activities and critically analyze new concepts and findings provided by others.
25. Implement a self-directed plan for professional development and lifelong learning.

IV. General Information:

A. Time Allotment

   Clock hours - 40 hours/week for 8 weeks
   Credit hours - 3

B. Placement

   Summer following second academic year.

C. Prerequisites

   ▪ Satisfactory completion of Clinical Educational Experience I, (34.650)
   ▪ Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Rubeola, Tetanus and Hepatitis B (or provide a waiver).
   ▪ Current health/medical insurance.
   ▪ Additional health documentation as required by individual facilities. (Refer to Graduate Manual – Health Status Requirements).
   ▪ Completion of Criminal Offender Record Information (C.O.R.I.), as required by individual facilities.
D. Attendance

Attendance is mandatory during all clinical experiences. Makeup of any missed time is at the
discretion of the student's Clinical Instructor, DCE, and the DCE. Prolonged absences (3 or
more days) require notification to the DCE. Students are encouraged to notify the clinical
instructor about any potential conflicts between their religious observances and clinical
education commitments. Unexcused absences or unprofessional behavior may result in
unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance
Policy).

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- Clinical Instructors

F. Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

G. Evaluation Methods

American Physical Therapy Association: Clinical Performance Instrument. All students will be
evaluated on the CPI. The criteria contained in this document reflect standards of entry level
competence in physical therapy. Student performance will be measured against these standards
on each of their four clinical experiences. These standards will remain constant throughout.
However, as a student's academic knowledge and clinical exposure increases so do our
expectations of acceptable performance. Expectations progressively increase so that
performance at the conclusion of the affiliation meets entry-level.

H. Criteria for Grading

- Center Coordinators of Clinical Education will receive a copy of the grading criteria
  established by the University of Massachusetts Lowell, Department of Physical Therapy.
  We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in
  grading the form. Students have received a copy of this criterion which reflects expectations
  at the end of the clinical affiliation.

- All clinical experiences are ultimately graded either "S" (Satisfactory) or "U"
  (Unsatisfactory). Determination of the "S" or "U" grade is made by the Department of
  Physical Therapy at the University based on the recommendations of the ACCE, CCCEs and
CIs and on the information contained in the final evaluation of the student's performance (CPI).

- Any student receiving a "U" for Clinical Education Experience II: 34.652 will be dismissed from the program and must appeal for re-entry.

I. In-service Presentation

Students are expected to give an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Center Coordinator to meet the needs of the department. This may be in the form of a Case Study or presentation on a particular diagnosis, treatment approach or topic approved by their Clinical Instructor. Students may not present their Graduate Research as their ONLY presentation, but are encouraged to do this IN ADDITION to their In-service presentation. The presentation will be evaluated using the New England Consortium sheet.

V. Course Requirements:

- Satisfactory evaluation via CPI
- Satisfactory completion of all course objectives.
- Completion of the Student's Evaluation of the Clinical Facility.
- Weekly logging/journaling of personal clinical goals, various clinical activities, and overall progress via online webcourse.

VI. Required Texts:

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

VII. Dishonesty and Cheating:

All students are advised that there is a University policy regarding dishonesty and cheating. It is the student's responsibility to familiarize him/herself with these policies which are explained in the Graduate School Catalog and the Undergraduate Catalog and the Physical Therapy Student Handbook. If necessary, contact your advisor or instructors for clarification.
3. Clinical Education Experience III

Course Syllabus

I. Title: Clinical Education Experience III (34.653)

II. Course Description

The third full time eight-week clinical experience designed to promote socialization into the profession of physical therapy. Students are expected to function as independently as possible using the problem solving process as a basis for all clinical decision making. Communication, coordination and consultation with other members of the health care team and responsibility for total client management are emphasized.

III. Course Objectives

At the completion of this clinical experience the student will be able to:

A. Demonstrate professional and ethical behavior and attitude at all times.
B. Demonstrate safe, ethical and legal practice at all times.
C. Develop appropriate and effective verbal and nonverbal communication in all interactions with patients, peers and members of the health care team.
D. Establish and maintain effective relationships with patients, patient's family and with their clinical instructor(s), treating them with positive regard, dignity, respect and compassion.
E. Establish and maintain effective relationships with other members of the health care team including initiating communication and making appropriate referrals.
F. Adapt physical therapy examination, assessment and interventions that reflect respect for and sensitivity for individual differences and respect for diversity.
G. Manage time effectively to accurately document all physical therapy services with clarity, brevity and legibility, in accordance with policies of the facility.
H. Employ a problem solving approach throughout all physical therapy examinations and treatments by:

1. recognizing the physical therapy problem
2. defining the physical therapy problem
3. analyzing the physical therapy problem
4. managing the physical therapy data
5. selecting appropriate and effective physical therapy examination procedures
6. implementing examination procedures
7. developing a plan of care for the physical therapy problem including establishing realistic and timely outcomes and goals
8. implementing the solution
9. evaluating the problem(s) outcome
10. determine need for further examination or consultation by another physical therapist or referral to another health care professional with entry level skill (guidance/confirmation)

I. Propose physical therapy programs to prevent disease, deformity, or injury.
J. Recognize the organizational structure of the department by identifying roles and responsibilities of personnel, delegating responsibilities where appropriate and supervising supportive personnel efficiently where appropriate.
K. Demonstrate administrative/personal management and socialization skills by participating in quality assurance; recognizing issues and problems in the health care delivery system and proposing solutions; and by utilizing and referring to appropriate governmental, community, educational and professional resources.

L. Apply basic educational concepts in order to teach patients and families and to design and implement community education and in-service programs.

M. Synthesize the basic principles of logic and scientific method to read and interpret professional literature; participate in clinical research activities and critically analyze new concepts and findings provided by others.

N. Value personal professional growth and development by assessing personal strengths and weaknesses and modifying behavior based on self-evaluation and constructive feedback.

O. Formulate a physical therapy plan of care that emphasizes primary and secondary prevention, wellness, and health promotion needs for individuals, groups, and communities.

IV. General Information

A. Time Allotment

- 40 hours/week for 8 weeks, as scheduled by the clinical faculty.
- Credit Hours: 3

B. Placement

- Third year – Fall semester

C. Prerequisites:

1. Satisfactory completion of Clinical Educational Experience II, (34.652)
2. Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Rubeola, Tetanus and Hepatitis B (or provide a waiver).
4. Additional health documentation as required by individual facilities. (Refer to Graduate Manual – Health Status Requirements).
5. Completion of Criminal Offender Record Information (C.O.R.I.), as required by individual facilities.

D. Attendance

Attendance is mandatory during all clinical experiences. Makeup of any missed time is at the discretion of the student's Clinical Instructor, CCCE, and the DCE. Prolonged absences (3 or more days) require notification to the DCE. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).
E. Faculty

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- Clinical Instructors

F. Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

G. Evaluation Methods

American Physical Therapy Association’s Clinical Performance Instrument (CPI) - criteria contained in this document reflect standards of entry level competence in physical therapy. Student performance will be measured against these standards on each of three clinical experiences. These standards will remain constant throughout. However, as a student's academic knowledge and clinical exposure increases so do our expectations of acceptable performance. Expectations progressively increase so that performance at the conclusion of the affiliation meets entry-level.

H. Grading Criteria

- Center Coordinators of Clinical Education will receive a copy of the grading criteria established by the University of Massachusetts Lowell, Department of Physical Therapy. We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in grading the form. A copy of this criterion which reflects expectations at the end of the clinical affiliation can be found within the physical therapy graduate manual.

- All clinical experiences are ultimately graded either "S" (Satisfactory) or "U" (Unsatisfactory). The "S" or "U" grade is determined by the Department of Physical Therapy at the University and is based upon the recommendations of the DCE, CCCE, and CI as well as the information contained within the final evaluation of the student's performance (CPI).

- Any student receiving a "U" for Clinical Education Experience III: 34.653, will be dismissed from the program and must appeal for re-entry.

I. In-service Presentation

Students are expected to give an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Center Coordinator to meet the needs of the department. This may be in the form of a case study or presentation on a particular
diagnosis, treatment approach, or other topic approved by their Clinical Instructor. Students may not present their Graduate Research as their ONLY presentation, but are encouraged to do so IN ADDITION to their In-service presentation. The presentation will be evaluated using the New England Consortium sheet.

V. Course Requirements

- Satisfactory completion of all course objectives
- Completion of the Student's Evaluation of the Clinical Facility.
- Weekly logging/journaling of personal clinical goals, various clinical activities, and overall experience via online web course.

VI. Required Text

- Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and/or reference material at the clinical education center.

VII. Dishonesty and Cheating

- All students are advised that there is a University policy regarding dishonesty and cheating. It is the student's responsibility to familiarize him/herself with these policies which are explained in the Graduate School Catalog and the Undergraduate Catalog and the Physical Therapy Student Handbook. If necessary, contact your advisor or instructors for clarification.
4. Clinical Education Experience IV

Syllabus

I. Title: Clinical Education Experience IV (34.654)

II. Course Description

This eight-week clinical education experience is designed as the final promotion of complete socialization and transition into the profession of physical therapy. Students are expected to function as independently as possible using problem solving processes as a basis for all clinical decision making. Communication, coordination, and consultation with other members of the health care team and responsibility for complete patient management are emphasized.

III. Course Objectives

At the completion of this clinical experience the student will be able to:

1. Consistently demonstrate professional behavior.
2. Consistently practice in an ethical, legal, and safe manner.
3. Effectively utilize appropriate verbal and nonverbal communication in all interactions with patients, peers, and other members of the health care team.
4. Establish and maintain appropriate/effective relationships with patients, patient's family members, and administrative and clinical staff.
5. Adapt physical therapy examination, assessment, and interventions that reflect respect for, and sensitivity to, individual differences.
6. Provide accurate, legible, and succinct documentation in accordance with policies of the facility for all physical therapy services rendered.
7. Utilize a problem solving methodology during all physical therapy examinations and treatments. To include, but not limited to:
   a. Recognition/definition of the physical therapy problem.
   b. Analysis of the physical therapy problem.
   c. Assessment the physical therapy data.
   d. Selection of appropriate physical therapy examination procedures and their effective implementation.
   e. Development of a physical therapy plan of care, which establishes realistic and timely outcomes, for the identified problem.
   f. Implementation of the plan of care via appropriately scheduled (frequency and duration) physical therapy interventions.
   g. Re-evaluation/assessment of treatment efficacy.
   h. Determine the need for further examination or consultation by another physical therapist or referral to another health care professional.
8. Design comprehensive physical therapy treatment programs which prevent disease, deformity, or injury.
9. Formulate physical therapy plans of care that emphasizes primary and secondary prevention, wellness, and health promotion needs for individuals, groups, and communities.
10. Recognize the organizational structure of the department, delegating responsibilities when appropriate and supervising supportive personnel accordingly, e.g. PTA.
11. Demonstrate administrative/personal management and socialization skills by participating in quality assurance; recognizing issues and problems in the health care delivery system and proposing solutions.

12. Determine the need for, and efficiently conduct, referrals to appropriate governmental, community, educational, and professional resources.

13. Effectively educate patients, family, care givers, staff, students, and other health care professionals using relevant and effective teaching methods.

14. Synthesize the basic principles of logic and scientific method to read and interpret professional literature; participate in clinical research activities and critically analyze new concepts and findings provided by others.

15. Value personal professional growth and development by assessing personal strengths and weaknesses and modifying behavior based on self-evaluation and constructive feedback.

IV. General Information

A. Time Allotment

- 40 hours/week for 8 weeks, as scheduled by the clinical faculty.
- Credit Hours: 3

B. Placement

- Third year – Spring semester

C. Prerequisites:

- Satisfactory completion of Clinical Educational Experience III, (34.653)
- Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Tetanus, and Hepatitis B (or waiver).
- Current health/medical insurance.
- Additional health documentation as required by individual facilities. (Refer to Graduate Manual – Health Status Requirements).
- Completion of Criminal Offender Record Information (C.O.R.I.), as required by individual clinical facilities.

D. Attendance

Attendance is mandatory during all clinical experiences. Makeup of any missed time is at the discretion of the student’s Clinical Instructor, CCCE, and the DCE. Prolonged absences (3 or more days) require notification to the DCE. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).
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F. Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

G. Evaluation Methods

1. American Physical Therapy Association Clinical Performance Instrument
   The criteria contained in this document reflect standards of entry level competence in physical therapy. Student performance will be measured against these standards on each of the four clinical experiences. These standards will remain constant throughout. However, as a student's academic knowledge and clinical exposure increases so do our expectations of acceptable performance. Expectations progressively increase so that performance at the conclusion of the affiliation meets that of an entry-level clinician.

   a. (Weekly) Submit a weekly posting and reply to at least one of your classmate’s postings. Weekly submissions should be formatted as outlined in the syllabus and/or as listed in the web instructions. Late (>24H) and/or missing posts will result in a 1-point* deduction.

   b. Using the principles of Evidenced Based Practice, submit information (Evidence) which supports or contradicts the efficacy of a (one) treatment you conducted or observed in your current clinic. Failure to submit by the completion of week 6 will result in 5-point* deduction.

* Points will be subtracted from CPI item 2, “Demonstrates professional behavior in all situations.” (Red Flag area)* Anyone with a question regarding the grading policy for CPI item 2, or any other CPI item, should be refer to the Department of Physical Therapy, Graduate Student Manual, Appendix R.
H. Grading Criteria

- Center Coordinators of Clinical Education will receive a copy of the grading criteria established by the University of Massachusetts Lowell, Department of Physical Therapy. We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in grading the form. A copy of this criterion which reflects expectations at the end of the clinical affiliation can be found within the physical therapy graduate manual.

- All clinical experiences are ultimately graded either "S" (Satisfactory) or "U" (Unsatisfactory). The "S" or "U" grade is determined by the Department of Physical Therapy at the University and is based upon the recommendations of the D.C.E., C.C.C.E., and C.I. as well as the information contained within the final evaluation of the student's performance (CPI).

- Any student receiving a "U" for Clinical Education Experience IV: 34.654, will be dismissed from the program and must appeal for re-entry.

I. In-service Presentation

Students are expected to give an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Center Coordinator to meet the needs of the department. This may be in the form of a case study or presentation on a particular diagnosis, treatment approach, or other topic approved by their Clinical Instructor. Students may not present their Graduate Research as their ONLY presentation, but are encouraged to do so IN ADDITION to their In-service presentation. The presentation will be evaluated using the New England Consortium sheet.

V. Course Requirements:

- Satisfactory completion of all course objectives
- Completion of the Student's Evaluation of the Clinical Facility.

VI. Required Text:

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

VII. Dishonesty and Cheating:

All students are advised that there is a University policy regarding dishonesty and cheating. It is the student's responsibility to familiarize him/herself with these policies which are explained in the Graduate School Catalog and the Undergraduate Catalog and the Physical Therapy Student Handbook. If necessary, contact your advisor or instructors for clarification.
5. Clinical Education Fieldwork Experience I

Syllabus

I. **Title:** Clinical Education Fieldwork Experience I (34.618)

II. **Course Description:**

A one week, full time, clinical experience designed to initiate the integration of academic and clinical learning. Students are encouraged to explore areas of interest in a variety of settings.

III. **Course Objectives**

At the completion of this clinical experience, the student will be able to:

1. Consistently demonstrate professional behavior.
2. Demonstrate clinical practice in an ethical, legal, and safe manner.
3. Demonstrate appropriate and effective interpersonal and communication skills with patients and clinical staff.
4. Demonstrate working knowledge of the problem solving process and begin to develop skills in practical application.
5. Display appropriate patient treatment/care skills.
6. Select appropriate modality, convey clinical rationale, and demonstrate proper therapeutic application.
7. Exhibit good time management skills by effectively utilizing time productively and efficiently.
8. Demonstrate an ability to reflect on didactic and clinic experiences in writing.

IV. **General Information:**

A. **Time Allotment**

- 40 hours/week for 1 week, as scheduled by the clinical faculty.
- Credit Hours: 1 credit associated with Clinical Education I Seminar (34.615).

B. **Placement**

- First year – spring semester. Generally the week prior to spring break.

C. **Prerequisites**

1. Satisfactory completion of previous PT courses.
2. Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Tetanus, and Hepatitis B (or waiver).
4. Additional health documentation as required by individual facilities. (Refer to Graduate Manual – Health Status Requirements).
5. Completion of Criminal Offender Record Information (C.O.R.I.), as required by individual facilities.

D. Attendance

Attendance is mandatory during all clinical experiences. Makeup of any missed time is at the discretion of the student's Clinical Instructor, CCCE, and the DCE. If a student cannot attend clinical on a given day due to illness, injury, or family emergency in addition to the Clinical Facility the DCE must be notified. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).

E. Faculty

- DCE: Keith W. Hallbourg
  Voice: 978-934-4402
  Office: Weed Hall, Room 102
  Email: Keith_Hallbourg@uml.edu
- Department of Physical Therapy Faculty
- Center Coordinators of Clinical Education
- Clinical Instructors

F. Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- Reflective Writing

G. Evaluation Methods

- Clinical Education Fieldwork Performance Evaluation (Refer to Graduate Manual – Appendix N).

H. Grading Criteria

- Students must receive an overall Satisfactory evaluation.
- Grades for Clinical Education Fieldwork Experiences are Satisfactory (S) or Unsatisfactory (U).
- Any student receiving a "U" for Clinical Education Fieldwork Experience I: 34.618, will be placed on academic probation.
V. **Course Requirements:**

- Satisfactory completion of all course objectives
- Completion of the Student's Evaluation of the Clinical Facility

VI. **Required Text:**

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

VII. **Dishonesty and Cheating:**

All students are advised that there is a University policy regarding dishonesty and cheating. It is the student's responsibility to familiarize him/herself with these policies which are explained in the *Graduate School Catalog* and the *Undergraduate Catalog* and the *Physical Therapy Student Handbook*. If necessary, contact your advisor or instructors for clarification.
6. Clinical Education Fieldwork Experience II

Syllabus

I. **Title:** Clinical Education Fieldwork Experience II (34.644)

II. **Course Description:**

A two week, full time, clinical experience designed to integrate academic and clinical learning. Students are encouraged to explore areas of interest in a variety of settings.

III. **Course Objectives**

At the completion of this clinical experience, the student will be able to:

1. Consistently demonstrate professional behavior.
2. Demonstrate clinical practice in an ethical, legal, and safe manner.
3. Demonstrate effective interpersonal and communication skills with patients and clinical staff.
4. Demonstrate working knowledge of the problem solving process and begin to develop skills in practical application.
5. Exhibit good time management skills by effectively utilizing time productively and efficiently.
6. Demonstrate an ability to reflect on didactic and clinic experiences in writing.

IV. **General Information:**

A. **Time Allotment**

   - 40 hours/week for 2 weeks, as scheduled by the clinical faculty.
   - Credit Hours: 1

B. **Placement**

   - Second year - spring semester. Final week of winter break and the first week of scheduled University classes.

C. **Prerequisites**

   - Satisfactory completion of previous PT courses and clinical education experiences.
   - Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Tetanus, and Hepatitis B (or waiver).
   - Current health/medical insurance.
   - Additional health documentation as required by individual facilities. (Refer to Graduate Manual – Health Status Requirements).
   - Completion of Criminal Offender Record Information (C.O.R.I.), as required by individual facilities.
D. **Attendance**

Attendance is mandatory during all clinical experiences. Makeup of any missed time is at the discretion of the student's Clinical Instructor, CCCE, and the DCE. Prolonged absences (3 or more days) require notification to the DCE. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).

E. **Faculty**

- DCE: Keith Hallbourg  
  Voice: 978-934-4402  
  Office: Weed Hall, Room 200  
  Email: Keith_Hallbourg@uml.edu
- Department of Physical Therapy Faculty
- Center Coordinators of Clinical Education
- Clinical Instructors

F. **Teaching Methods**

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- Reflective Writing

G. **Evaluation Methods**

- Clinical Education Fieldwork Performance Evaluation (Refer to Graduate Manual – Appendix N).

H. **Grading Criteria**

- Students must receive an overall Satisfactory evaluation.
- Grades for Clinical Education Fieldwork Experiences are Satisfactory (S) or Unsatisfactory (U).
- Any student receiving a "U" for Clinical Education Fieldwork Experience II: 34.644, will be placed on academic probation.

V. **Course Requirements:**

- Satisfactory completion of all course objectives
- Completion of the Student's Evaluation of the Clinical Facility

VI. **Required Text:**

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.
VII. **Dishonesty and Cheating:**

All students are advised that there is a University policy regarding dishonesty and cheating. It is the student's responsibility to familiarize him/herself with these policies which are explained in the *Graduate School Catalog* and the *Undergraduate Catalog and the Physical Therapy Student Handbook*. If necessary, contact your advisor or instructors for clarification.

**G. Student Data Form**

The Student Data Form serves three main purposes. First, it is a means of notifying the Clinical Education Center concerning student emergency, medical, and liability insurance information. Second, it provides the student a means of describing their learning style as well as indicate their personal exposure and competence in a variety of clinical content areas. Lastly, it provides the Clinical Instructor(s) with a detailed account of the students perceived strengths and weaknesses, prior to their arrival. A completed student data form will be provided prior to each extended (8-week) clinical experience.

**H. Resolving Problems in the Clinical Setting**

Occasionally disputes occur in the clinical setting, most frequently from miscommunication. The two primary ways of documenting, any disputes/issues are the Anecdotal Record and the Critical Incident Report. These forms become appropriate when informal discussions have failed to resolve an issue. Both documents may be viewed by the DCE while conducting the regularly scheduled, or additional, clinical site visit, and may or may not be a part of the permanent evaluation. Neither report is meant to be punitive, but rather serve as a tool to help resolve differences.

In extreme cases, if the (CI) clinical instructor(s), CCCE, and/or DCE feel the student is not making progress, particularly in the area of any of the five (5) Red Flag items of the Clinical Performance Instrument (CPI Items 1-4, 7), the student may be removed from the clinical experience prior to its scheduled completion. Students who feel in jeopardy of failing must take responsibility to contact the DCE to discuss their performance.

If a student is removed from a Clinical Education Experience they will receive an Unsatisfactory “U” grade for the course. Consistent with any/all academic course in which a DPT student receives a failing grade, the student is dismissed from the program and must petition the faculty, in writing, for reinstatement in the program. After reviewing a petition, the faculty will establish the guidelines by which the student may be reinstated. The faculty reserves the right to terminate a student’s status in the program if they believe the situation warrants such action.
1. The Anecdotal Record

The Clinical instructor records the facts of “what happened”, offering no judgment.

For example:

Student’s Name: __PT Student____________

Evaluator/ Observer: ___Clinical Instructor_____

Setting: (Place, persons involved, atmosphere, etc.) The student has made an appointment with the patient, who frequently was uncooperative. When the student returned, the patient was still on the phone and made no move to end the conversation.

Student Action or Behavior: The student demonstrated appropriate and assertive intervention to set limits on the patient’s behavior. Assertiveness has been a challenge for this student, and this is a good example of an appropriate application of the skill.

Student Signature                      Evaluator’s Signature

Student Comments: It is difficult to feel like I am being rude, but I can see the importance of setting limits on the patient’s behavior.
Anecdotal Record

Student’s Name:

Evaluator/ Observer:

Setting:

Student Action or Behavior:

Student’s Signature  Evaluator’s Signature

Student’s Comments:
2. The Critical Incident Report

This critical incident report differs from the anecdotal record in that no interpretation of the incident is involved; however, the consequence of the behavior is clearly stated.

For example:

Student’s Name: ___PT Student__________
Evaluator/ Observer: ___Clinical Instructor______

<table>
<thead>
<tr>
<th>Date</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/25</td>
<td>Student is on Cardiopulmonary rotation. Knows appropriate rationale, but has repeatedly failed to review chart carefully for all pertinent information regarding the patient’s medical history.</td>
<td>Student fails to record appropriate information.</td>
<td>Could result in failure to observe proper precautions which could endanger the patient.</td>
</tr>
</tbody>
</table>

Student’s Signature: 
Evaluator’s Signature:

*An electronic version of the Critical Incident Report is available on the PT CPI Web site: https://www.ptcpiweb.org*
Critical Incident Report

Student’s name:
Evaluator/Observer:

<table>
<thead>
<tr>
<th>Date</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

Student’s Signature:
Evaluator’s Signature:

*An electronic version of the Critical Incident Report is available on the PT CPI Web site: https://www.ptcpiweb.org
I. Grading Policy/ Evaluation of Clinical Performance

In spring 2009, along with most DPT programs, the University of Massachusetts Lowell, Department of Physical Therapy adopted the APTA new electronic Clinical Performance Instrument (CPI Web) for evaluation of all entry-level physical therapy students during clinical education. The 18 criteria contained within this revised document reflect standards of entry level competence in physical therapy. Students’ performance will be measured against these standards during each of the four extended (8-week) clinical education experiences. That is to say, the document remains unchanged over the four clinical education experiences. However, while the student progresses through their four sequential clinical experiences so do the program’s expectations of acceptable clinical performance. Please note, by grading performance against entry-level competence, it is unrealistic to expect a student will achieve all Entry-Level Performance scores on their first clinical education experiences.

Clinical Performance Instrument criteria 1-4 and 7 are considered “Red Flag” items. Regardless of clinical education experience, students are expected to achieve scores which more rapidly approach Entry-Level Performance for these items.

The items considered essential criteria “Red Flag” are:

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. (CPI Item 7) Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

1. Completion of the Evaluation Form

Under normal circumstances, the Clinical Performance Instrument is now completed electronically via the CPI Web site: https://www.ptcpiweb.org However, if a circumstance exists which precludes a clinical site in general or a clinical instructor in particular from accessing the CPI Web, the DCE should be notified. In this case, a paper copy of the revised (18 item) CPI will be provided.

As was the case with the previous CPI, the document should be completed by the Clinical Instructor(s) and student twice during each clinical education experience; once at midterm and again as a final assessment. In general, these summative evaluations are intended to formally document feedback the student has already received. Any major discrepancies in the student’s and clinical instructor’s perception of clinical performance should be discussed thoroughly.
In order to gain access to utilize CPI Web you must first complete the mandated training on the newly revised CPI through the APTA Learning Center. You do not have to be an APTA member to access the training. The training includes five PowerPoint modules and a test. After passing the test ($\geq 70\%$), you will be allowed access to login to PT CPI Web. You only have to complete the new CPI training once.

To access the PT CPI Launch page where you can register for the course, please go to the following website and use the password listed below: http://www.apta.org/am/aptaapps/restricted/ptcpi/index.cfm

Password: ptcpiweb08

Additionally, there is an instructional guide on how to register for the APTA training, as well as other resources to assist you with using PT CPI Web located in the Online Resource Center at: http://www.ptcpidocuments.academicmanagement.com

2. Problem Identification

Once a problem or question regarding the student’s performance has been identified, we ask that the Clinical Instructor discuss the issue with the student and Center Coordinator of Clinical Education. Should the issue fail to be resolved quickly a call to the DCE is both appropriate and expected. The DCE will make it a priority to visit the clinic to assist with resolution of the problem. In extreme cases, if the clinical instructor(s), Center Coordinator of Clinical Education, and Director of Clinical Education feel the student is not making progress, particularly in the area of the five Red Flag items of the CPI, the student may be removed from the clinical experience prior to completion.

If a student is removed from a clinical education experience they will receive a grade of "U" (Unsatisfactory) for the course. Any student receiving a "U" for a Clinical Education Experience will be dismissed from the program and must file an appeal for reinstatement. Students who feel they are in danger of failing must take the initiative and responsibility to contact the DCE to discuss their performance.
### 3. Grading Rubric – Clinical Performance Instrument

Included here is a current copy (revised 6/09) of the expected levels of performance for each of the four extended (8-week) Clinical Education Experiences.

<table>
<thead>
<tr>
<th>Clinical Performance Criteria</th>
<th>Performance Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items 1 – 4 &amp; 7 are considered red flag items and are considered foundational elements in clinical practice.</td>
<td>Clin Ed Exp I: ≥ Intermediate</td>
</tr>
<tr>
<td>1. Practices in a safe manner that minimizes the risk to patient, self, and others.</td>
<td>Clin Ed Exp II: ≥ Advanced</td>
</tr>
<tr>
<td>2. Demonstrates professional behavior in all situations.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>4. Communicates in ways that are congruent with situational needs.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>5. Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.</td>
<td>Clin Ed Exp IV: ≥ Entry level</td>
</tr>
<tr>
<td>7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>8. Determines with each patient encounter the patient’s need for further examination or consultation* by a physical therapist* or referral to another health care professional.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>9. Performs a physical therapy patient examination using evidenced-based* tests and measures.</td>
<td>≥ Intermediate</td>
</tr>
<tr>
<td>10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.</td>
<td>≥ Intermediate</td>
</tr>
<tr>
<td>11. Determines a diagnosis* and prognosis* that guides future patient management.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>13. Performs physical therapy interventions* in a competent manner.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.</td>
<td>≥ Advanced Beginner</td>
</tr>
<tr>
<td>18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.</td>
<td>≥ Advanced Beginner</td>
</tr>
</tbody>
</table>

At the University of Massachusetts Lowell, as well as other academic institutions, these performance ratings are collectively converted to either an "S" (Satisfactory) or "U" (Unsatisfactory) for course grading purposes. Determination of the "S" or "U" grade is made by the Director of Clinical Education. The grade is based upon the recommendations of the Clinical Instructor, CCCE, faculty site visitor, and the information contained within the final evaluation of the student's Clinical Performance Instrument (CPI). Particular attention is paid to the narrative comments which support the Performance Indicator Ratings of the Final CI Evaluation. To reiterate, any student receiving a "U" following any Clinical Education Experience will be dismissed from the program and must appeal for reinstatement.

**J. Course Voucher Policy**

The University of Massachusetts Lowell, School of Health and Environment, will notify the Center Coordinator of Clinical Education at the completion of each extended (8-week) clinical education experience that one course voucher has been awarded. One voucher is granted for each student supervised at the facility. The Center Coordinator of Clinical Education must request, in writing, for the voucher to be released on their behalf. The voucher is intended for the remission of in-state tuition for a three-credit course at the University of Massachusetts Lowell. The voucher does not cover registration costs or fees. The voucher may be designated by the CCCE to another facility employee at his/her discretion. Regardless, the voucher must be redeemed within one year from date of issue.

For more information regarding Undergraduate and/or Graduate courses, or Continuing Education courses visit the following links:

University of Massachusetts Lowell

- Home Page: http://www.uml.edu/
- Continuing Studies & Corporate Education: http://continuinged.uml.edu/
K. CORI Check Policy

In 1996, the Massachusetts House and Senate passed the Criminal Offender Record Information (CORI) Act. According to the CORI Act, Massachusetts General Laws, chapter 6, sections 167-178, agencies have the right to require a criminal record check on any student affiliating at their institution. Many clinical education facilities require a CORI check prior to accepting prospective students. This applies to the extended (8-week) Clinical Education Experiences, as well as the relatively brief (1-2 week) Clinical Education Fieldwork Experiences.

At the time of orientation, each accepted Doctor of Physical Therapy (DPT) student is compelled to submit information for a CORI report. If/when a student is assigned to a facility which requires a CORI report, a department generated attestation form will be provided on the prospective student’s behalf. If the most recent CORI report is outside the normal time frame of acceptable reports for a given clinical facility, a new CORI report will be obtained and an updated attestation form will be generated accordingly.

All confidential information will be kept by the appropriately designated person (CORI Agents) at the University of Massachusetts Lowell. If a given student’s CORI report is deemed unacceptable for clinical placement, by the university’s CORI board, the prospective clinical site will be notified.
L. New England Consortium of Academic Coordinators of Clinical Education
(NEC-ACCE)

1. Mission

The New England Consortium of Academic Coordinators of Clinical Education http://www.necacce.org was established in 1985. Currently, the consortium is comprised of the DCEs/ACCEs from all 16 entry-level physical therapy programs within New England. The consortium is a non-profit, incorporated May, 1987. Consortium members maintain a strong commitment to the mission and goals of the Consortium and view participation in the Consortium as integral to their roles as ACCEs.

2. Events

The New England Consortium of Academic Coordinators of Clinical Education meets formally twice per year (autumn & spring). A representative from the Physical Therapy Assistant Consortium of New England is invited to each business meeting with a reciprocal invitation extended to a member of the New England Consortium. Thus, both Consortia are kept informed of each others efforts and of items that are of mutual concern. There are no dues for membership in the New England Consortium. However, a fee is assessed to each school annually and held in escrow to support the Clinical Faculty Institutes.

The Consortium provides clinical education in three formats, The Clinical Faculty Institute, Center Coordinator of Clinical Education Training, and Clinical Instructor Training.

a. Clinical Faculty Institute

The Clinical Faculty Institute (CFI) is offered once or twice annually. Attendance is complimentary to participating clinical sites. We consider it an expression of our appreciation for the dedication and devotion our clinical education centers have shown to the education of future physical therapists. Multiple clinicians from any clinical site are welcome to attend. For future topics and associated dates, please refer to the consortium website.

b. Clinical Instructor Training and Continuing Education

The consortium provides Clinical Instructor Training and Continuing Education. The two current programs are the American Physical Therapy Association Clinical Instructor Education and Credentialing Program and Center Coordinator of Clinical Education Training Program.

i. Clinical Instructor Education and Credentialing Program

The program is recognized by the American Physical Therapy Association (APTA) as the Clinical Instructor Education and Credentialing Program (CIECP) and is sponsored by the New England Consortium of ACCEs.
The program was developed through a grant funded by the APTA under the direction of principle investigator Michael J. Emery, Ed.D, PT and with co-investigators Nancy Peatman, PT, M.ED and Lynn Ford, MSPT, M.ED and with materials used by the New England Consortium of Academic Coordinators of Clinical Education, Inc. The program comprises sixteen (16) hours of instruction for Clinical Instructor Education and Credentialing.

The program addresses issues of planning and preparing for physical therapy students during their clinical education experiences; developing learning experiences and supporting on-going learning through questioning and effective feedback. Skills of evaluation are discussed, as well as the brief look at legal implications for clinical educators, including issues presented by ADA legislation.

The “Assessment Center” provides each participant with the opportunity to apply information from the program in simulated situations. Successful completion of each station in the Assessment Center results in the awarding of APTA CI Credentialing. It is essential for each participant to attend all sessions of the Course and Assessment Center in its entirety.

The course and Assessment Center will be useful for both new and experienced physical therapist and physical therapist assistant educators involved with clinical education. While the information presented covers the basic skills for clinical instructors, the interactive tasks and large and small group discussions will be of benefit even to experienced educators. The Consortium offers this course at a reduced rate from that which is charged by other Certified Trainers. This course is offered several times throughout the year in both full day and weekly formats.

iii Center Coordinator of Clinical Education Training Program

This one day workshop is designed to provide Center Coordinators of Clinical Education (CCCEs), or those designated with that role and responsibility, with the tools and information essential to planning, implementing, and managing a clinical education program. It is open to both novice and experienced CCCEs. It is hoped that through an open exchange, experiences will be shared, possible solutions to common problems will be offered, and principles and guidelines for managing a clinical education program will be discussed. The format of this program includes lecture and small group sessions. In addition to the topics outlined, there will be opportunities for participants to discuss additional topics that you feel are of importance.

3. Mailing Dates

The New England Consortium of Academic Coordinators of Clinical Education supports the standard mailing date recommended by the Clinical Education Special Interest Group of the APTA's Education Section.
All Consortium schools mail their student request forms, for the next calendar year only, on March 1st, with an expected return date of April 30. Individual forms vary depending on the academic institution.

**M. Adjunct Clinical Faculty**

1. **Definition**

An individual whose primary focus and priority is the rendering of clinical education services to University of Massachusetts Lowell Physical Therapy students. The entitled is granted an appointment by the University as an Adjunct Clinical Faculty. The work of the appointee involves clinical and professional aspects that compliment the physical therapy curriculum and work of the regular faculty. The purpose of such an appointment is to recognize the continuing contributions of individuals to the clinical education of the students in the physical therapy program.

2. **Eligibility Requirements**

- Licensed Physical Therapist.
- Academic qualifications congruent with the minimal expectation (Masters Degree) for adjunct faculty status at the University of Massachusetts Lowell.
- CCCE of a contracted clinical education facility which has offered two, or more, extended clinical education experiences to University of Massachusetts Lowell physical therapy students in the preceding calendar year.

3. **Benefits**

- University identification card.
- Library privileges, to include on-line remote access of library databases.
- Campus recreation center access.
- Faculty/staff parking.
- No monetary reimbursement

4. **Application Process**

Submit current resume’ or CV to Dr. Sean Collins, Chair, Physical Therapy Department, 3 Solomont Way, Suite 5, Lowell, Massachusetts 01854. Please provide both home and clinical facility contact information.

* Individuals who meet the eligibility requirements are encouraged to apply.