Clinical Education Handbook

Doctor of Physical Therapy Program

Department of Applied Medicine and Rehabilitation

Approved : DPT Faculty - 3-5-14, vote 4-0-0
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The mission of the Doctor of Physical Therapy program is to provide a supportive, student-focused learning environment that encourages and educates individuals to develop into compassionate, clinically and culturally competent licensed physical therapists who are productive citizens. The physical therapy curriculum will allow opportunities for scholarship, community engagement, and professional service, in addition to in-depth learning in human movement. The program will emphasize ways in which future physical therapists can contribute to the health equity of all, including rural and/or underserved populations.

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INTRODUCTION TO CLINICAL EDUCATION PROGRAM

Clinical education gives the student an opportunity to apply the knowledge learned in the classroom to patients in the clinical setting. Experiences have been created to allow students to learn through hands---on experience and clinical reasoning, with the clinical goals of improved clinical decision making, optimal patient care and better outcomes. The clinical education component is a key element in ensuring student success post---graduation. Thus, it is crucial for students to be involved in high quality educational experiences and to work with clinical instructors who enjoy teaching and who practice evidence---based techniques.

CLINICAL EDUCATION COURSE OVERVIEW

The student will engage in four clinical experiences. After Year One, the student will have a 10---week clinical experience to begin practicing beginning skills learned in the first year. In the summer of year two the student will have a second 10---week clinical experience which will focus on more advanced clinical skills. During year three the student will complete two eight---week clinical rotations prior to graduation.

The clinical experiences will take place in four different clinical practice settings to ensure the development of a well--- rounded generalist clinician. The clinical experiences will be congruent with the Mission of the program which is to "emphasize ways in which future physical therapists can contribute to the health equity of all." It will be strongly encouraged that at least one clinical rotation occurs in a rural and/or underserved area, including the Wabash Valley. Of the remaining clinical experiences, at least one will be required to occur outside of the Wabash Valley. Differing clinical experience locations is an effort to promote a variety of interactions with patients, clinical instructors and environmental factors. Students are expected to complete at least one each of the following clinical experiences:

Acute/Sub-acute/Long Term Care Settings: A clinical experience in an inpatient acute, sub-acute or Long Term Care setting, under the direction of a licensed physical therapist. Settings may include hospitals, sub-acute rehab settings or skilled nursing facilities.

Outpatient Orthopedic Rehabilitation: A clinical experience that includes patients with orthopedic conditions. It is expected that at least 50% of the patient case load includes patients with orthopedic conditions. Settings could include private outpatient clinics and/or hospital---based outpatient physical therapy clinics.

Neurological Rehabilitation: A clinical experience in neuro-rehabilitation under the direction of a licensed physical therapist that includes adults and/or pediatrics. The settings could include

inpatient rehabilitation, outpatient day program, skilled nursing facilities, or long term care. It is expected that at least 50% of the patient case load are patients with neurological conditions.

Elective: A clinical experience that involves an area of interest for the student involving a clinical setting that is somewhat different than previous clinical experiences. Clinical experiences could include pediatrics, geriatrics, women's health, sports physical therapy, aquatics, manual therapy, work hardening, etc.

ROLES AND RESPONSIBILITIES OF ACTING MEMBERS

Program Director: The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program's academic administrator.

CORE Faculty: Those individuals appointed to and employed primarily in the program, including the program administrator (director), the Academic Coordinator of Clinical Education/Director of Clinical Education (ACCE/DCE) and other faculty who report to the program administrator. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions.

Academic Coordinator of Clinical Education/Director of Clinical Education: The core faculty member(s) responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The ACCE/DCE(s) is/are the faculty member(s) of record for the clinical education courses.

Associated Faculty: Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides, but who have primary responsibilities in programs other than the professional program.

Clinical Education Faculty: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the supervision of other professionals, where permitted by law.

ADMISSION/PROGRESSION/RETENTION/DISMISSAL POLICY

1. Admission to the DPT Program at Indiana State University is competitive, and is based on a detailed application process which can be found on the program website at: http://www.indstate.edu/amr/physical-therapy/.
2. The DPT Program at Indiana State University makes every attempt to assist and guide DPT Program students toward academic and clinical success. Students are expected to perform, at a minimum, the accepted standards for the DPT Program requirements, including but not limited to: (1) Passing of each course with

75% or greater (2) Maintaining an overall 3.0 GPA in the graduate program at all times (3) Passing of each clinical competency with 80% or greater AND passing all critical indicators (4) Performing clinical duties in a professional manner, which is safe, ethical, and legal.

3. If a student fails to perform in any one of these areas, a timely notification is made to the student by the faculty member teaching the course and/or clinical instructor and the DPT Program Director is notified of potential academic problems. Students are notified of academic "danger" areas and are given guidance toward study skills and remediation. Students are given the option of visiting with university student services and the option of receiving assistance through the Counseling and Testing Center. A meeting with the DPT Program Director and/or core faculty member may be necessary in some cases to clarify goals.

4. Students who fail to receive a passing grade for a DPT Program course will not be allowed to continue in the DPT Program. However, a student may choose to reapply to a new cohort of students for the following academic year. Students who are readmitted into the program will agree to retake all program core courses (even if they received passing grades) and provide evidence of competency in both didactic and practical competencies. This will ensure the student does not lose continuity of information and is ready to proceed to clinical education in a safe, efficient, and effective manner. Reapplication to the DPT Program does not automatically indicate reacceptance into the program. Admissions are competitive and students will be treated equally according to the admissions applicant scoring for that particular year.

PHYSICAL THERAPY PROGRAM GOALS

Graduates of the Indiana State University Doctor of Physical Therapy program will be prepared to provide competent healthcare through having the skills needed to effectively examine, evaluate, diagnose, and provide appropriate interventions for clients with all levels of physical impairments. The specific degree objectives include:

Student Goals

1. Students will practice in an ethical and legal manner utilizing effective oral and written interdisciplinary communication skills to patients and stakeholders within the profession including those in rural and underserved areas.

2. Students will demonstrate competent entry-level patient care skills and will be able to critically reason in examination, evaluation, diagnosis, prognosis and intervention while functioning as autonomous practitioners.

3. Students will promote health and wellness in their community.

4. Students will demonstrate competence in accessing evidence based literature, appraising the literature, and implementing it to enhance practice patterns.

Faculty Goals

1. Faculty will develop and implement a scholarly agenda and contribute to the body of knowledge as it relates to Physical Therapy.

2. Faculty will demonstrate continuous professional development by engaging in advanced education and credentialing, and by being involved with professional service at the community, university, state, and national levels.

3. Faculty will engage in clinical practice/community service to rural and/or underserved populations.

Program Goals

1. After successful candidacy and accreditation, program graduates will pass the licensure exam.

2. After successful candidacy and accreditation, graduates who seek employment will be employed within 6 months after graduation from the DPT Program.

3. After successful candidacy and accreditation, Graduates will work in rural and/or underserved areas upon graduation from the DPT Program.

CAPTE

Commission on Accreditation in Physical Therapy Education

The Commission on Accreditation in Physical Therapy Education (CAPTE) establishes standards and criteria that a program must adhere to in order to be eligible for accreditation. If a student feels that the program does not meet accreditation standards set by CAPTE and wishes to file a complaint, one may do so at: http://www.apta.org/CAPTE.

The curriculum of the DPT program is designed to prepare students to meet the practical expectations listed below, as dictated by CAPTE guidelines (http://www.apta.org/CAPTE):

Professional Practice Expectation: **Accountability**

CC---5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

CC---5.2 Have a fiduciary responsibility for all patient/clients.

CC---5.3 Practice in a manner consistent with the professional Code of Ethics.

CC---5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

CC---5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: **Altruism**

CC---5.6 Place patient's/client's needs above the physical therapist's needs.

CC---5.7 Incorporate *pro bono* services into practice.

Professional Practice Expectation: **Compassion/Caring**

CC---5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.

CC---5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: **Integrity**

CC---5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: **Professional Duty**

CC---5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

CC---5.12 Participate in self---assessment to improve the effectiveness of care. CC---5.13 Participate in peer assessment activities.

CC---5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.

CC---5.15 Participate in clinical education of students.

CC---5.16 Participate in professional organizations. Professional

Practice Expectation: **Communication**

CC---5.17 Expressively and receptively communicate in a *culturally competent* manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: **Cultural Competence**

CC---5.18 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: **Clinical Reasoning**

CC---5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC---5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: **Evidence---based Practice**

CC---5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC---5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC---5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC---5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC---5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: **Education**

CC---5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: **Screening**

CC---5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: **Examination**

CC---5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC---5.29 Examine patients/clients by performing systems reviews.

CC---5.30 Examine patients/clients by selecting and administering culturally appropriate and age---related tests and measures. Tests and measures include, but are not limited to, those that assess:

- Aerobic Capacity/Endurance
- Anthropometric Characteristics
- Arousal, Attention, and Cognition
- Assistive and Adaptive Devices
- Circulation (Arterial, Venous, Lymphatic)
- Cranial and Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics and Body Mechanics
- Gait, Locomotion, and Balance
- Integumentary Integrity
- Joint Integrity and Mobility
- Motor Function (Motor Control and Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development and Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self---Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
- Sensory Integrity
- Ventilation and Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: **Evaluation**

CC---5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: **Diagnosis**

CC---5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: **Prognosis**

CC---5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: **Plan of Care**

CC---5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, *culturally competent*, and patient---centered.

CC---5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client---centered.

CC---5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC---5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC---5.38 Monitor and adjust the plan of care in response to patient/client Status.

Patient/Client Management Expectation: **Intervention**

CC---5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

- Therapeutic Exercise
- Functional Training in Self---Care and Home Management
- Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
- Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Non thrust Techniques)
- Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
- Airway Clearance Techniques
- Integumentary Repair and Protection Techniques
- Electrotherapeutic Modalities
- Physical Agents and Mechanical Modalities

CC---5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC---5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC---5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC---5.43 Practice using principles of risk management.

CC---5.44 Respond effectively to patient/client and environmental emergencies in one's practice setting.

Patient/Client Management Expectation: **Outcomes Assessment**

CC---5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC---5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC---5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC---5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC---5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: **Prevention, Health Promotion, Fitness, and Wellness**

CC---5.50 Provide *culturally competent* physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC---5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC---5.52 Apply principles of prevention to defined population groups.

Practice Management Expectation: **Management of Care Delivery**

CC---5.53 Provide culturally competent first---contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

CC---5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

CC---5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

CC---5.56 Participate in the case management process.

Practice Management Expectation: **Practice Management**

CC---5.57 Direct and supervise human resources to meet patient's/client's goals and expected outcomes.

CC---5.58 Participate in financial management of the practice.

CC---5.59 Establish a business plan on a programmatic level within a practice. CC---5.60 Participate in activities related to marketing and public relations.

CC---5.61 Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: **Consultation**

CC---5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: **Social Responsibility and Advocacy**

CC---5.63 Challenge the status quo of practice to raise it to the most effective level of care. CC---5.64 Advocate for the health and wellness needs of society.

CC---5.65 Participate and show leadership in community organizations and volunteer service. CC---5.66 Influence legislative and political processes.

CLINICAL EDUCATION METHODS OF INSTRUCTION

The student will participate in experiential clinical learning under the guidance of a physical therapist preceptor and the clinical director for the physical therapy program.

SUPERVISION OF PHYSICAL THERAPY STUDENTS BY CLINICAL INSTRUCTOR

Physical Therapy students are not allowed to practice as a licensed physical therapist. Students will practice under the supervision of a licensed physical therapist. Students are not to be used as additional staff members. The clinical instructor in collaboration with the Academic Coordinator of Clinical Education (ACCE) will need to determine appropriate supervision for the student.

CONFIDENTIALITY POLICY (STUDENT RECORDS AND SENSITIVE INFORMATION)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accord with this law, all student information and records will be kept confidential within a locked file, in a locked office, in the Records Room within the Department of Applied Medicine and Rehabilitation.

STUDENT INFORMATION TO BE RELEASED TO CLINICAL SITES

Consistent with the University's Policy and the Family Educational Rights and Privacy Act (FERPA), student information regarding grades, academic standing or other confidential information will not be shared with a clinical site. However, the DPT program may disclose a student's directory information such as a student's name, address and telephone number to allow for communication between the student and the clinical site. In addition, the ACCE may choose to disclose selective information about a student's performance in order to assist the clinical site in planning and delivering an appropriate learning experience for the exceptional student.

SELECTION OF CLINICAL EDUCATION SITES

Students will select clinical sites from a formal list of clinical sites that have established contracts with ISU. The student will select multiple choices of clinical sites. From the student's choices, the ACCE will contact the facilities. If the facility is unable to confirm a student placement, the ACCE will move down the list until a facility confirms they can place a student. The ACCE is responsible for assuring that the contracts at the established sites are current and fully executed, and validating that the placement meets the quality standards for clinical education sites. The ACCE will continually work to accumulate quality education sites.

In addition to selecting from a list of established clinical sites, students will have the opportunity to select a facility that ISU does not have a contract with for one clinical experience. The student will not contact the facility but bring the contact information to the ACCE. From there, the ACCE will contact the facility. Keep in mind that it can take several months to obtain a fully executed contract, and therefore students must make this request in a timely fashion. The ACCE will determine if the clinical site is appropriate for the student. It is encouraged that students look for a facility that provides a unique and enhanced learning experience (e.g. a large teaching hospital, specialty clinic or a military hospital). Students are also encouraged to look for clinicians who have additional training or certifications, such as board certification in orthopedics, wound care and/or fellowship trained in manual therapy. The ACCE can assist the student in finding additional resources for quality clinical instructors. The student can search board certification therapists by geographical location on the APTA website as well.

There are standard requirements for clinical education experiences. Students need to keep in mind that the State Boards Exam for licensure is a comprehensive exam to ensure a general practitioner, and students should therefore choose clinical education sites which will expose them to the greatest variety of clinical settings and learning experiences.

***NOTE:** The ACCE has the final decision in determining if a clinical site is appropriate. The ACCE also reserves the right to place students outside the regular process for student placement if extenuating circumstances should arise.

CLINICAL CONTRACT STORAGE

All clinical contracts will be stored in the office of the Academic Coordinator of Clinical Education as well as the Clinical Coordinator Assistant's office in the Department of Applied Medicine and Rehabilitation. In addition, each clinical affiliation site will have its own folder with a copy of the contract and the Clinical Site Information Form, which will be located in the ACCE's office. The student is not allowed to take any of the information in these files outside of the ACCE's office or the secretary's office.

CLINICAL EDUCATION PROCESS

STUDENT PREPARATION FOR CLINICAL EXPERIENCES:

1. Complete OSHA, HIPPA and FERPA training.
2. Complete all prerequisite course training with a grade of "C" or better.
3. Provide proof of Health Insurance and keep it current throughout all clinical education experiences.
4. Complete and have evidence of current CPR training.
5. Complete National criminal background check.
6. Complete all required immunizations.
7. Attend Pre-Clinical Education Conference.

ADDITIONAL STUDENT PREPARATION INFORMATION:

STUDENT HEALTH INSURANCE

Students will be required to have their own health insurance prior to going out on clinical affiliations. Neither the University or the Department of Applied Medicine and Rehabilitation provide health insurance to students. It is the responsibility of each student to be covered by health insurance. Students must realize there are health risks associated with working in clinical settings with patients with disease and illness. Students on clinical rotations outside of the immediate area may not have access to Indiana State University Student Health Services.

CPR CERTIFICATION

All students will be required to be CPR certified by either the American Red Cross or the American Heart Association (CPR for healthcare providers) prior to the first clinical affiliation. The AMR will offer this certification to those students needing it; however the student will be responsible for all associated fees.

CRIMINAL BACKGROUND CHECK

All students are required to obtain a National criminal background check prior to matriculation. Students who do not pass the criminal background check due to a felony will not be allowed to continue in the DPT Program. For students with a misdemeanor, depending on the charge, a meeting by the DPT Faculty and Chair of the Department will be held to determine whether a student may continue in the program. This may be required again prior to clinical education placement.

IMMUNIZATIONS

The following immunizations are required for admission by the State of Indiana and/or

Indiana State University and various clinical sites:

- 2 MMR (Mumps, Measles, Rubella) immunizations
- Varicella
- Tetanus/Diphtheria/Pertussis
  - Td Booster within the past 2 years or
  - Tdap Booster within the past 10 years
- Tuberculin/PPD test
- Hepatitis B
- Influenza
- Meningitis Education

Failure to comply with the immunization requirements will prohibit students from participating in clinical education experience.

DRUG TESTING

Prior to matriculation into the DPT program, a 10-Panel non-dot drug screen is required. This may also be required prior to clinical education placement, or at other times as determined by the DPT Program Director and ACCE.

PHYSICAL/HEALTH HISTORY

Prior to matriculation into the DPT program, a health history and physical must be completed by the student and their healthcare provider.

PRE-CLINICAL EDUCATION PROCESS

1. Students will browse the files for a particular site where they would like to set up a clinical experience.
2. Students will browse the site contracts for *site---specific requirements* (like additional criminal background check, physical exam, etc.)
3. Students will communicate to the ACCE the choices selected for the clinical education experience.
4. Students may request to set up one clinical education experience that is not currently contracted with ISU. (No guarantees can be made)
5. The ACCE will contact the facility to execute the placement of the student
6. The ACCE will send all appropriate materials to the CI prior to the start---date of the clinical experience.
7. The student will contact the facility one---month prior to the start of the clinical placement to validate that all materials were received and inquire about any other specific instructions.
8. The student will provide the clinical site with a copy of the "Student Skills Sheet" after contacting the facility and will comply with any other prerequisite instructions.
9. The student will arrange all *housing and travel* to finalized clinical education placement sites.

ADDITIONAL STUDENT PRE-CLINICAL INFORMATION

TRAVEL AND HOUSING

Students will be responsible for finding housing accommodations for clinical experiences and for all expenses associated with housing. Students will also be responsible for all costs associated with travel expenses to and from clinical rotations. Some clinical institutions may require additional drug testing, etc. When contracts are obtained from clinical sites, the sites' specific requirements will be posted and students are responsible for any additional costs that may be incurred.

STUDENT RESPONSIBILITIES DURING CLINICAL EDUCATION PROCESS

1. Comply with all facility rules and regulations
2. Wear name tag at all times
3. Communicate to patients that you are a *physical therapy student*
4. Maintain all *HIPAA regulations*
5. Participate in clinical education assignments determined by the facility
6. Participate in clinical education assignments as assigned by the ACCE
7. Report all scheduled days to work with clinical instructor and work the CI's schedule
8. All missed days due to illness must be made up unless special circumstances approved
9. Complete all assessment forms, along with student portion of the CPI

ADDITIONAL STUDENT 'DURING CLINICAL' INFORMATION

NAME TAGS

All DPT students will be provided with name tags that they are required to wear on clinical experiences. Name tags are to ensure that the student is easily identifiable as a student to patients and other healthcare providers. It is important to know that all patients have the risk---free right to refuse to be treated by a student, and you must identify yourself as such. If the name tag is lost, a replacement name tag will be provided at the student's expense.

ATTENDANCE POLICY

Students on clinical experience must complete the required hours set by the Academic Coordinator of Clinical Education (ACCE). Absence is not allowed. If a student misses a day, they are required to report the absence to the ACCE and will be required to make up the day on a weekend or another day during the week (if the student is working four, 10 hour days). Students are required to work the schedule of the lead clinical instructor. Special circumstances are reviewed.

CONFIDENTIALITY AND PROTECTION OF DIGNITY AND RIGHTS OF PATIENTS

Students must comply with all state and federal laws associated with patient rights, privacy and protected health information and are required to keep patient information confidential when on clinical assignments. Students will not abuse patient information and will only report appropriate information when involved in assignments and case studies. Students must be granted permission to access patient records and be authorized to view images or material about a patient. Please refer to the *Health Insurance Portability and Accountability Act of 1996* (HIPAA) for more information regarding confidentiality and privacy of patient records at: http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html. In addition, students shall seek permission from their clinical instructor or the most appropriate person within the clinic's organization to use any non---protected health information or materials (patient care protocols, administrative information, etc.) for purposes outside of normal patient care responsibilities.

DRIVING POLICY

Students shall be responsible for his or her own transportation to and from class/lab and clinical rotations. During clinical rotations, students shall not be authorized to transport any client/patients of a facility by car or other vehicle. Official university rules regarding travel can be found at: http://www.indstate.edu/controller/travel.htm. Official policy regarding use of university vehicles can be found at: http://www.indstate.edu/riskman/driving.htm.

FACULTY AVAILABLE DURING CLINICALS

If there are any issues that need to be addressed, students and clinic staff can contact the following faculty/staff in the ISU DPT Program.

Stasia Tapley, PT, DPT: Director of Clinical Education. 812-237-2860 stasia.tapley@indstate.edu
Kathryn Warfel: Administrative Ass't for Clinical Coordination, 812-237-4952 kathryn.warfel.@indstate.edu
Brittney Storms, DPT, MBA: 812-237-8784 or 765-425-5484 brittney.millspaughstorms@indstate.edu

POST-CLINICAL EDUCATION PROCESS

1. Return the CPI and all appropriate materials to the ACCE
2. Attend debriefing session
3. Participate in class meeting with upcoming classmates who will be selecting clinical sites, as required

GRADING ON CLINICALS

The student will be assessed by the Clinical Instructor utilizing the CPI assessment tool. The student will have a mid---term evaluation and a final evaluation. The ACCE will assign a letter grade to the clinical experience based upon satisfactory progress on the CPI and completion of other course requirements as outlined in the course syllabus.

DPT PROGRAM TIME OFF/LEAVE OF ABSENCE POLICY

The student may petition the PT core faculty for time off or a temporary leave of absence from the program. Decisions will be made on a case by case basis, and will be limited to extraordinary circumstances such as health, legal or family situations that interfere with the student's successful completion of the program. Students will submit a formal written request to the Program Director, and approval will require a majority vote of the core faculty.

STUDENT GRIEVANCE POLICY

If a student should have a complaint about the Program or dissatisfaction with the Program, it must be brought to the attention of the DPT Program Director. The Director will examine the complaint and work with the appropriate personnel to resolve the complaint and/or issue. The Program Director will keep a formal record of complaints, including the nature of the complaint and the resolution procedure for each complaint. If the complaint cannot be adequately resolved by the Program Director, or if the complaint is about the program director, it will be reported to the Chair of the Department of Applied Medicine and Rehabilitation or to the Dean of the College of Health and Human Services, if needed. All records of complaints will be kept for a minimum of five years and will be used for program assessment and planning. A suggestion or complaint may also be informally made by filing the "DPT Program Complaint/Suggestion Form" which is located in the secretary's office and may be reviewed by the Program Director and considered by Core Faculty for future action.

Students are encouraged to review the official College of Health and Human Services Student Grievance Policy at the following link for more information:
http://www.indstate.edu/health/sites/health.indstate.edu/files/student-grievance-procedures.pdf

PT Faculty and students should adhere to the APTA Code of Ethics found here:
http://www.apta.org/uploadedfiles/aptaorg/about_us/policies/hod/ethics/codeofethics.pdf

REMEDIATION

If a student is having difficulty completing the requirements of the clinical experience, additional clinical experiences may be required for the student in a setting that allows them to meet their requirements. The ACCE is responsible for determining if a student is in need of additional clinical hours. If a student is showing weakness in a certain area on the CPI, another clinical experience may be required. If a student fails a clinical rotation, the student will be required to complete a comparable clinical experience. The additional clinical experience may need to be completed after graduation and may result in the student not being able to attend graduation. The ACCE and student will set goals and parameters of the specific clinical experience for remediation. The clinical instructor, for this clinical, will be given a copy of the CPI that was failed and will specifically work to improve the student's skills which are in need of improvement.

EVALUATION OF THE CLINICAL EDUCATION PROGRAM

To ensure that the clinical education program is meeting the Mission and goals of the program, there will be a formal process to review the program.

- CCCE's will complete a CSIF in conjunction with formalizing the contract process
- Students will provide their CI with a skill sheet checklist prior to their clinical affiliation
- Students will complete the student portion of the CPI
- Students will give the ACCE informal feedback at mid---term (phone or on---site)
- ACCE will perform a Clinical Experience Interview with the CI at mid---term
- Students will complete the APTA Student Evaluation of the ACCE after each clinical
- Students will complete and turn in the Clinical Course Evaluation Form after each clinical experience.
- Students will complete a self---assessment of their progress with the Generic Abilities
- CI's or CCCE's will complete assessments of the ACCE
- Patient surveys may be given during the course of the clinical affiliation

DOCTOR OF PHYSICAL THERAPY PROGRAM
INDIANA STATE UNIVERSITY
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION

COMMUNICATION POLICY

Policy: Timely communication among clinical faculty, academic faculty, and students regarding information about the program and student clinical performance.

Purpose: Timely communication among clinical faculty, academic faculty, and students is essential in the delivery of an effective, efficient, and proficient Physical Therapist Education Program.

Procedure: 1. Annual Program Update to Clinical Faculty

An annual program update will be provided for all clinical sites between February and March of each year. The *Annual Program Update to Clinical Faculty* will be provided with the *Student Placement Form*. This update will contain the changes that have occurred within the Program over the last year.

The *Annual Program Update to Clinical Faculty* will include, but is not limited to:

A. Curriculum changes

B. Program Review and Accreditation

C. New clinical sites

D. Academic and clinical faculty news

E. Student successes

Notification to the students regarding these changes will be made through the *Doctor of Physical Therapy Program Student Handbook and Clinical Education Handbook*, course syllabi, or signed and dated acknowledgements of receiving such notice.

2. Changes within a Clinical Course

If Changes are made to a clinical course and are implemented prior to the beginning of a new DPT cohort, the information regarding these changes will be sent to the clinical sites (scheduled to provide clinical education to a student). Notification of student placement will be provided at least one

month prior to the start of the clinical education experience or when the change is implemented if it occurs following the start of the clinical course.

Notification to the students regarding these changes will be made through the course syllabus or signed and dated acknowledgements of receiving such notice.

All notifications will be incorporated in the *Annual Program Update to Clinical Faculty* and, if applicable, the next edition of the *Doctor of Physical Therapy Program Student Handbook and Clinical Education Handbook*.

3. Immediate notification to clinical faculty

When "breaking news" regarding the clinical education of the Doctor of Physical Therapy Program's students is received, a broadcast memo, fax or e-mail will be provided to the clinical sites and students affected.

All notifications will be incorporated in the *Annual Program Update to Clinical Faculty* and, if applicable, the next edition of the *Doctor of Physical Therapy Program Academic and Clinical Education Handbook*.

DOCTOR OF PHYSICAL THERAPY PROGRAM
INDIANA STATE UNIVERSITY
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION

UNIVERSITY LIABILITY INSURANCE

Liability Insurance - Indiana State University provides students in the Doctor of Physical Therapy Program with liability insurance in the amount of $1,000,000 per incident/$3,000,000 aggregate to cover their own actions while working within the scope of their learning experience. The Doctor of Physical Therapy program sends a certificate of liability insurance to all affiliating clinical centers when initiating contracts, and provides updates at the beginning of each calendar year. Students are protected by the liability policy for the time they are enrolled in a clinical course.

DOCTOR OF PHYSICAL THERAPY
PROGRAM INDIANA STATE UNIVERSITY
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION

DRESS CODE AND GROOMING POLICY DURING CLINICAL EDUCATION

Procedure:
General Appearance:

1. Earrings will be confined to the ear lobe. No dangling earrings will be worn. No more than two (2) earrings per ear may be worn and no other visible body piercing is allowed. This includes body piercings visible through clothing. Examples of body piercing include, but are not limited to, the eyelid, nose and tongue.

2. Hair longer than shoulder length will be tied back in a neat manner.

3. Use of fragrances should be avoided.

4. Personal hygiene should be attended to prior to arriving in the clinical site.

5. Nails must be short and well-manicured. Nail color should be neat and have a professional appearance.

6. Artificial nails, nail extensions, nail tips, etc. are not permitted as they may harbor harmful pathogens.

7. Tattoos should be covered if at all possible. Students will refer to clinical site policies for further information.

8. The wearing of jewelry is discouraged. Patient safety, as well as potential loss of jewelry are both concerns.

Name Tag:

A Physical Therapist Student Name Tag or one approved by the clinical site must be worn and visible at all times.

Attire: As a general rule the student will follow the stated guidelines of the clinical site.

1. Lab jackets may be a requirement of the clinical site.
2. Slacks worn with a professional shirt are recommended while in the clinical site. No jeans are allowed. No "Classic" T-Shirts or T-Shirts with logo's or insignia for commercial companies are allowed.

3. Tank tops or sleeveless shirts are not allowed.
4. Scrubs may be worn if approved by clinical site.
5. Clothing should be modest. At no time during the course of patient treatment should any of the following be visible: bare midriff, excessive cleavage or natal cleft.
6. Wearing dresses or skirts is discouraged as these may interfere with the ability to provide appropriate treatment or assistance to assigned patients.
7. No leggings, stretch pants, capris or sweatpants are allowed.

Shoes:

Shoes must have a closed toe and at least a strap closure on the heel. The heel should be no higher than 1.5 inches. Socks or hose must be worn at all times. Tennis shoes should not be worn (unless approved by the clinical site.)

If the clinical site has a dress code that is more restrictive or specific than the Doctor of Physical Therapy Program's policy, the student is expected to abide by the clinical site's dress code policy.

Prior to attending each clinical facility, the student will contact the site regarding dress code requirements.

DOCTOR OF PHYSICAL THERAPY PROGRAM
INDIANA STATE UNIVERSITY

POLICY REGARDING PREGNANCY

According to the National Institute for Occupational Safety and Health (NIOSH) and the National Council of Radiation Protection (NCRP), control measures should be taken to avoid or reduce reproductive hazards in the pregnant female.

The following table lists chemical and other disease-causing (infectious) agents that have been shown to have harmful effect on pregnant women.

Agent	Observed Effects	Preventive Measures
Ionizing radiation	miscarriage, birth defects, low birth weight, developmental disorders	wrap-around apron, or front and back protection utilized
Strenuous physical labor	miscarriage late in pregnancy, premature delivery	decreased prolonged standing and heavy lifting
Cytomegalovirus (CMV)	birth defects, low birth weight, developmental disorders	good hygienic practices such as handwashing, gloves, gown, mask
Human parvovirus B (Fifth Disease)	Miscarriage	Good hygienic practices such as handwashing, gloves, gown, mask
Rubella (German Measles)	Birth defects, low birth weight	Vaccination before pregnancy if no prior immunity
Varicella - zoster virus (Chicken pox)	Birth defects, low birth weight	Vaccination before pregnancy if no prior immunity
Tuberculosis	Congenital syndrome	Annual testing, good hygienic practices such as handwashing, gloves, gown, mask
Aerosolized pentamidine	Unknown	Good hygienic practices such as mask
Ribavirin (Virazole)	Unknown	Good hygienic practices such as handwashing, gloves, gown, mask

Pregnant females **with immunity through vaccinations or earlier exposures are not generally at risk** from diseases such as cytomegalovirus (CMV), hepatitis B, human parvovirus B19 (fifth disease), Rubella (German measles), or Varicella-zoster virus (chicken pox). But pregnant workers without prior immunity should avoid contact with infected children or adults.

The pregnant Physical Therapist student should also use good hygiene practices such as frequent handwashing to prevent the spread of infectious diseases among other healthcare workers. In addition, universal precautions should be followed.

Based on the above information, the following guidelines will be utilized for students in the Doctor of Physical Therapy program:

> Upon confirmation of pregnancy, the student initiates the first step of declaring her pregnancy by voluntarily notifying the Program Director AND ACCE in writing. In the absence of the voluntary written disclosure, a student cannot be considered pregnant. Program policies will then be reviewed to provide the student with a complete understanding of her status in the program.

The pregnant Physical Therapist student has the following options concerning clinical education:

1. Continue clinical education without modification or interruption. The student accepts full responsibility for her own actions and the health of her baby. She relieves Indiana State University, its faculty, and the clinical site of any responsibilities in case of adverse effects.

2. Take a leave of absence from the clinical assignments during her pregnancy. The student and faculty will determine if an incomplete may be given for the course or if the student should withdraw from the clinical course. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the ACCE prior to returning to clinical affiliations. Graduation dates could be affected.

3. Take a leave of absence from the program. If the student notifies the Program Director of her desire to return, she will be reinstated in the program. Depending on the semester of leave, reinstatement would be after completion of pregnancy leave at the appropriate semester of the next academic year. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the Program Director/ACCE prior to returning to clinical. Graduation dates could be affected.

Notification of the student’s option must be furnished to the Program Director/ACCE prior to clinical placement. The declared pregnant student must follow the established program policies and meet the same clinical educational criteria as all other students prior to graduation.

NOTICE TO ALL FEMALE STUDENTS

Formal, voluntary notification is the only means by which the clinical facility and Indiana State University's Doctor of Physical Therapy program can ensure the policies are followed. In the absence of the voluntary written disclosure, a student cannot be considered pregnant and be given the established guidelines to follow at the clinical site. Written notification should be furnished to the Program Director. Notification of the pregnancy will be communicated to the appropriate personnel at the clinical site.

NOTIFICATION OF PREGNANCY

I,_____, am declaring that I am pregnant.

(Print name)

I became pregnant in_____,_____; _____
(month) (year) (estimated due date)

I choose the following option concerning my pregnancy:

(please circle option)

1 - continue without modification

2 - leave of absence from clinic only

3 - leave of absence from the program

_____ _____

STUDENT SIGNATURE DATE

_____ _____

FACULTY SIGNATURE DATE

The Effects of Workplace Hazards on Female Reproductive Health, Jan. 9, 2003. http://www.cdc.gov/niosh/99-104.html

Guidelines for Vaccinating Pregnant Women, U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Jan. 9, 2003. http://www.immunize.org/genr.d/preguid.htm

DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION
INDIANA STATE UNIVERSITY

SUBSTANCE ABUSE POLICY

University Policy: Code of Student Conduct (p.11)

The Indiana State University Code of Student Conduct, approved by the Board of Trustees, provides a procedure and rules by which a student will be afforded due process in the matter of alleged violations of university standards, rules and requirements governing academic and social conduct of students. Possession of alcohol and controlled substances on University property or in conjunction with University sponsored activities, except as expressly permitted by state law and University policies, is prohibited [See Student Conduct Code, 9: Violation D].

Directed Practice or Clinical Education is a University sponsored activity activated by student enrollment. A student shall be subject to disciplinary action or sanction upon violation of listed conduct proscriptions.

DPT Program Policy

Physical Therapy education requires directed practice or clinical education in a variety of health care settings. Health care facilities may be located within Terre Haute, within Indiana or outside the state of Indiana. The Student Conduct Code remains in force regardless of student location.

DPT Programs follow a Code of Ethics, which requires every provider [as well as students] to maintain a competent level of practice. As students involved in clinical education are in direct contact with patients, it is the policy of the DPT Program and Applied Medicine and Rehabilitation Department that students performing in clinical education be unimpaired by the consumption of alcohol or controlled substance. Students, who are found to be under the influence of drugs or alcohol, are subject to disciplinary action up to termination from the academic program in which they are enrolled.

Procedure

1. Reasonable suspicion to believe a student is under the influence of alcohol or controlled substance may exist when:
   a) a controlled substance or alcoholic or cereal malt beverage is in the possession of the student, on his/her person or under her/his control. Under his/her control includes, but it not limited to the student's locker, automobile, book bag, duffel bag; or,

   b) appearance of impairment, including, but not limited to: Increased drowsiness, decreased motor coordination, changes in pupil size, excitation, euphoria, alcohol odor on the breath, intoxicated behavior without alcohol odor, increased or repeated errors, decreased concentration, memory problems, notable change in verbal communication (stuttering, loud, incoherent, slurred, etc.) or written communication, frequent or unexplained disappearances, irrational or aggressive behavior(verbal or physical) and/or

disorientation.

2. The contact person (clinical instructor, clinical supervisor, etc.) shall:

a) evaluate whether possession or behavior change(s) constitute reasonable suspicion that a student is under the influence of controlled substance(s) or alcohol;

b) document the conditions giving rise to the reasonable suspicion and shall, with at least one witness, obtain from the student a listing of all medications, prescription and over- the-counter, the student is taking;

c) contact the appropriate administrator at the health facility and the Doctor of Physical Therapy Program Director to report the matter;

d) relieve the student from performing duties at the facility;

e) present, in the company of at least one witness, the student with consent/refusal form for laboratory testing of student's urine and/or blood samples; and

f) in the event student consents to testing, arrange for the collection of the appropriate urine and/or blood sample. If student assignment is at a hospital, appropriate testing will be done there. If not, the student should be driven to a facility that can provide testing. The student is responsible for any costs associated with testing. Laboratory testing may include, but is not limited to, any or all of the following tests:

g) Blood alcohol

Urine drug screen for street/illegal drugs:

amphetamines/methamphetamines,

cocaine,

class opiates,

phencyclidine (PCP),

marijuana,

class barbiturates, and

class benzodiazepines.

Urine drug screen for prescription drugs

3. The student, once relieved from performance of his/her duties, executing the consent/refusal form, and, if consent is given, giving samples, shall be provided transportation to his/her residence.

4. In the event test results are negative, the student may return to his/her health care assignment after consultation with The DPT Program Director. If the results are positive, the matter will be reported to the DPT Program Director and the Chair of Applied Medicine and Rehabilitation for appropriate action.

For more information see DPT handbook page 58 or go to: http://www.indstate.edu/sjp/docs/code.pdf.

DOCTOR OF PHYSICAL THERAPY PROGRAM
CONSENT/REFUSAL FORM FOR DRUG AND ALCOHOL TESTING
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION
INDIANA STATE UNIVERSITY

I,_____, SS#_____, hereby consent to provide a urine and/or blood sample for the purpose of testing for the presence of controlled substance [unlawful drugs and prescription drugs] at a designated laboratory. I understand that I am responsible for payment of said laboratory testing. I authorize release of the test results to the DPT Program Director at INDIANA STATE University. Test results may be released to other parties as applicable, such as the Chairperson of Allied Health. Call prior to faxing the report to INDIANA STATE University, Department of Applied Medicine and Rehabilitation 812-237-3615. I understand that refusing to provide a sample(s), tampering with samples or providing false information on a specimen's chain of custody form, may constitute grounds for termination in the DPT program. I understand that failure to pass the drug/alcohol test may result in disciplinary action up to and including termination.

Laboratory testing includes the following tests:

_____

_____

Student Signature: _____

Clinical Instructor/Supervisor Signature: _____

Witness Signature: _____

Date and Time: _____

REFUSAL FOR DRUG AND ALCOHOL TESTING

I,_____, SS# _____,

do not consent to provide a urine and/or blood sample for the purpose of reasonable cause testing. I understand that refusal to participate in testing may result in my termination in the PT program.

Student Signature: _____

Clinical Instructor/Supervisor Signature: _____

Witness Signature: _____

Date and Time: _____

INDIANA STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION

HEPATITIS B VACCINE REQUIREMENT

All health care workers who come in contact with body fluids such as blood, semen, vaginal secretions, saliva, or body fluids containing blood are considered to be at high risk for contracting hepatitis. Students enrolled in Doctor of Physical Therapy Programs are therefore considered at high risk.

Since you are considered at high risk for exposure to HBV (Hepatitis B virus), we REQUIRE that you receive the vaccine to immunize you against the virus. The vaccine is given in a series of three doses over a six month period. The cost of the vaccine is approximately $82 per dose. This vaccine is available at the Student Health Center at Indiana State University and the local health clinic as well as physician's offices for a fee. You are responsible for the cost of the vaccine; however, some insurance companies will cover the cost of the vaccine.

There are certain groups of students (including physical therapist students) that are more at risk for exposure to Hepatitis B than usual. These students will require a titer to determine if the vaccines have been effective. This is done through a blood test 6-8 weeks after the last Hepatitis B shot.

The Occupational Safety and Health Administration (OSHA) recognizes only the employer and employee in its policies and guidelines. Students are not considered employees. As such, students are not covered under the OSHA policy by either Indiana State University or the facility providing clinical education. A student having exposure of blood borne pathogens must seek medical follow-up through their private physician or county health clinic. It is up to the individual student to follow body-substance isolation procedures and to protect themselves via vaccination.

You must have a valid medical reason to refuse the hepatitis B vaccine.

INDIANA STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION

Hepatitis Information Sheet

Hepatitis Infection

Hepatitis is an inflammation of the liver. The form of viral hepatitis, formerly called "serum hepatitis," is caused by the Hepatitis B virus (HBV). This form of viral hepatitis, which is the major cause of acute and chronic hepatitis, cirrhosis and primary hepatocellular carcinoma, is transmitted by intimate exposure to infectious blood or serum derived fluids, semen, vaginal secretions, or saliva. In the workplace, exposure is parenteral, or by contact with mucous membranes or non-intact skin, most commonly by needle stick or sharps accident, or by contamination of unapparent breaks in the skin. Also, contaminated fomites play a role in HBV transmission. Approximately 0.2-0.9% of adults in the U.S., and greater than 1% of hospitalized patients, are infectious for Hepatitis B.

Hepatitis B infection is the major infectious occupational hazard to healthcare workers, causing approximately 12,000 infections, 3,000 cases of acute clinical illness, 600 hospitalizations, 1,000 chronic carriers, and 200 deaths annually. Without pre or post-exposure prophylaxis, 6-30% of non-immune healthcare workers who sustain an exposure from an infectious source develop Hepatitis B infection. The use of Hepatitis B vaccine and other appropriate environmental controls can prevent almost all occupational infections.

The Vaccine

Hepatitis B vaccine (recombinant) is a non-infectious, recombinant DNA Hepatitis B vaccine produced in yeast cells. The yeast derived vaccines contain no human plasma so there is absolutely no possibility that they can cause HIV infection. This was a concern, without merit, with the previous vaccine derived by inactivated antigen from the plasma of chronic HBV carriers. The vaccine is given in a series of three (3) doses over a six (6) month period. The vaccine induces protective antibody levels in 85-97% of healthy adults completing the series.

Side-Effects

No serious side effects have been noted; however, it is possible that with expanded use, rare adverse reactions may become noted. In studies, 22% noted soreness at the site and 14% noted fatigue. Fewer persons experienced fever, joint pain, local reaction, rash, headache or dizziness.

Contraindications

*The vaccine is contraindicated if you have a hypersensitivity to yeast or any other components of the vaccine.

*Immunocompromised persons, e.g., hemodialysis patients, those receiving immunosuppressive drugs, or those with HIV infection, may not develop protective antibody levels with the course recommended for healthcare workers and would need special monitoring.

*Product literature states that it is not known whether the vaccine causes fetal harm and should only be given to a pregnant woman if clearly needed and caution should be used during administration to nursing mothers.

The Center for Disease Control states that since HBV infection in a pregnant woman may result in severe disease for the mother and newborn, and since the vaccine contains only non-infectious HBsAg particles, hence there should be no risk to the fetus, that neither pregnancy nor lactation should be considered a contraindication.
The American Public Health Association states, "Pregnancy is not a definitive contraindication for receiving the inactivated vaccine."

Deferrals

*Those with known hypersensitivity to yeast

*Those known to be immune to Hepatitis B

*Those with history of immunosuppressive disorders

*Those receiving hemodialysis

*Those who are HIV positive, must bring written specific authorization from their attending physician stating they will be closely monitored and additional doses of the vaccine will be given by the physician if necessary

*Pregnant women must have written consent from their obstetricians

*Lactating women must have written consent from their pediatricians

As with any vaccine, persons with any febrile illness (temperature 100^{o}F or greater) or active infection should postpone immunization until symptoms clear.

Signs and Symptoms of HBV

The most commonly identified signs and symptoms of HBV are:

* Anorexia

* Abdominal discomfort

* Nausea and vomiting

* Arthralgia and rash

* Mild fever

* Jaundice

HEPATITIS B VACCINATION FORM

I have received information concerning the Hepatitis B virus and the Hepatitis B vaccine. I understand the benefits and risks involved with receiving the vaccine. I understand the risks associated with contracting the disease while caring for clients during my clinical courses.

_____ _____

Student Signature Date

Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to beginning a clinical.

HEPATITIS B VACCINATION

___ I will obtain the vaccine at my own expense and show documentation after each phase is completed.

___ I have received the Hepatitis B vaccine and attached documentation.

Student Signature _____Date: _____

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. School officials have required that I be vaccinated with Hepatitis B vaccine at my own expense. However, I have a valid medical reason to decline the Hepatitis B vaccine at this time. I have attached my medical excuse signed by my physician. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I further understand that neither Indiana State University, the Department of Applied Medicine and Rehabilitation nor the Doctor of Physical Therapy Programs, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B virus.

_____

Student Printed Name

_____ _____

Student Signature Date

_____

Witness Printed Name

_____ _____

Witness Signature Date

Indiana State University
Doctor of Physical Therapy Program

PERTUSSIS VACCINATION POLICY

Pertussis

Pertussis, or whooping cough, is an acute infectious disease caused by the bacterium Bordetella pertussis. Outbreaks of pertussis were first described in the 16th century, and the organism was first isolated in 1906.

In the 20th century, pertussis was one of the most common childhood diseases and a major cause of childhood mortality in the United States. Before the availability of pertussis vaccine in the 1940s, more than 200,000 cases of pertussis were reported annually. Since widespread use of the vaccine began, incidence has decreased more than 80% compared with the prevaccine era. Pertussis remains a major health problem among children in developing countries, with an estimated 285,000 deaths resulting from the disease in 2001.

Reported cases of pertussis -- once a common childhood illness -- dropped dramatically after routine childhood immunization was introduced in the 1940s. However, reports of pertussis in the U.S. have been rising since the mid-1970s. There were approximately 10,000 cases in 2003 -- the highest number of reported cases in more than 35 years. Pertussis, significantly under-reported and under- recognized, is a common cause of prolonged cough-related illness in adolescents and adults. In fact, in a clinical study involving 442 adolescents and adults who had a cough-related illness for more than seven days, approximately 20 percent of these patients had laboratory-documented pertussis.

Bordetella Pertussis

B. pertussis is a small, aerobic gram-negative rod. It is fastidious and requires special media for isolation. B. pertussis produces multiple antigenic and biologically active products, including pertussis toxin, filamentous hemagglutinin, agglutinogens, adenylate cyclase, pertactin, and tracheal cytotoxin. These products are responsible for the clinical features of pertussis disease, and an immune response to one or more produces immunity to subsequent clinical illness. Recent evidence suggests that immunity from B. pertussis infection is not permanent.

Pathogenesis

Pertussis is primarily a toxin-mediated disease. The bacteria attach to the respiratory cilia, produce toxins that paralyze the cilia, and cause inflammation of the respiratory tract, which interferes with the clearing of pulmonary secretions. Pertussis antigens appear to allow the organism to evade host defenses, in that lymphocytosis is promoted but chemotaxis is impaired. Until recently it was thought that B. pertussis did not invade the tissues. However, recent studies have shown the bacteria to be present in alveolar macrophages.

Clinical Features

The incubation period of pertussis is commonly 7-10 days, with a range of 4-21 days, and rarely may be as long as 42 days. Insidious onset of coryza (runny nose), sneezing, low-grade fever, and a mild occasional cough, similar to the common cold. The cough gradually becomes more severe, and after 1-2 weeks, the second, or paroxysmal stage, begins.

It is during the paroxysmal stage that the diagnosis of pertussis is usually suspected. Characteristically, the patient has bursts, or paroxysms, of numerous rapid coughs, apparently due to difficulty expelling thick mucus from the tracheobronchial tree. At the end of the paroxysm, a long inspiratory effort is usually accompanied by a characteristic high-pitched whoop. During such an attack, the patient may become cyanotic (turn blue). Children and young infants, especially, appear very ill and distressed. Vomiting and exhaustion commonly follow the episode. The patient usually appears normal between attacks.

Paroxysmal attacks occur more frequently at night, with an average of 15 attacks per 24 hours. During the first 1 or 2 weeks of this stage, the attacks increase in frequency, remain at the same level for 2 to 3 weeks, and then gradually decrease. The paroxysmal stage usually lasts 1 to 6 weeks but may persist for up to 10 weeks. Infants younger than 6 months of age may not have the strength to have a whoop, but they do have paroxysms of coughing.

In the convalescent stage, recovery is gradual. The cough becomes less paroxysmal and disappears in 2 to 3 weeks. However, paroxysms often recur with subsequent respiratory infections for many months after the onset of pertussis. Fever is generally minimal throughout the course of the illness.

Older persons (i.e., adolescents and adults) and those partially protected by the vaccine may become infected with B. pertussis but often have milder disease. Pertussis infection in these persons may be asymptomatic, or present as illness ranging from a mild cough illness to classic pertussis with persistent cough (i.e., lasting more than 7 days). Inspiratory whoop is uncommon. Adolescents and adults have accounted for more than half of reported pertussis cases in recent years.

Even though the disease may be milder in older persons, those who are infected may transmit the disease to other susceptible persons, including unimmunized or under immunized infants. Older persons are often found to have the first case in a household with multiple pertussis cases.

For more detailed information visit
http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/pert.pdf

Medical Management

The medical management of pertussis cases is primarily supportive, although antibiotics are of some value. Erythromycin is the drug of choice. This therapy eradicates the organism from secretions, thereby decreasing communicability and, if initiated early, may modify the course of the illness. An antibiotic

effective against pertussis (such as azithromycin, erythromycin or

trimethoprim sulfamethoxazole) should be administered to all close contacts of persons with pertussis, regardless of age and vaccination status.

Vaccination

This vaccination is ***required*** by Indiana State University's Medical Directors and allied health faculty, unless there is a medically valid reason.

There are different types of vaccine available. Tdap is the recommended choice (for adults) as indicated in the following which is a recommendation from the CDC's Advisory Committee on Immunization Practices (ACIP) reported in October 2005.

During spring of 2005, two Tetanus Toxoid and Reduced Diphtheria Toxoid and Acellular Pertussis vaccines adsorbed (Tdap) formulated for adolescents and adults were licensed in the United States (BOOSTRIX®, GlaxoSmithKline Biologicals, Rixensart, Belgium and ADACEL, Sanofi Pasteur, Toronto, Ontario, Canada). ACIP voted to recommend a single dose of Tdap for adolescents aged 11- 18 years in June 2005 and adults aged 19-64 years in October 2005.

Contraindications and Precautions to Vaccination

Tdap (aka BOOSTRIX®)

Tdap is contraindicated for persons with a history of a severe allergic reaction to a vaccine component or following a prior dose of vaccine. Tdap is also contraindicated for persons with a history of encephalopathy not due to another identifiable cause occurring within 7 days after administration of a pertussis-containing vaccine. Precautions to Tdap include a history of Guillian- Barre' syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine, and a progressive neurologic disorder (such as uncontrolled epilepsy or progressive encephalopathy) until the condition has stabilized. Persons with a history of a severe local reaction (Arthus reaction) following a prior dose of a tetanus and/or diphtheria toxoid containing vaccine should generally not receive Tdap or Td vaccination until at least 10 years have elapsed after the last Td-containing vaccine.

How long before the vaccine will protect you? Approximately one (1) week after you receive the vaccine your immune system most likely will have developed enough antibodies to protect you.

**Information in this publication was collected from the Centers for Disease Control and Prevention website.

Where Can You Receive the Vaccination?

You may check with your attending physician and make arrangements to receive the vaccine through their office. The usual cost is $35-$50

INDIANA STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION
PERTUSSIS VACCINATION/DECLINATION FORM

I have received the information concerning the Pertussis bacteria and the Pertussis vaccination. I understand the benefits and risks involved with receiving the vaccines. I understand the risks associated with contracting the disease while caring for clients during my clinical courses.

_____
Student Signature Date

Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to entry in the clinical experience.

PERTUSSIS VACCINATION

_____ I will obtain the vaccine at my own expense and show documentation when completed.

_____ I have received the Pertussis vaccine and attached documentation.

PERTUSSIS VACCINATION DECLINATION

I understand that due to my occupational exposure to potentially infectious materials, I may be at risk of acquiring Pertussis infection. School officials have required that I be vaccinated with Pertussis Vaccine at my own expense. However, I decline the Pertussis Vaccination at this time due to medically valid reasons. I have attached my medical excuse signed by my physician. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, which for some may result in serious illness. Additionally, documented exposure/contact with a patient with pertussis may result in missed clinical days which would have to made up (exposed individuals should be treated for 7-14 days with appropriate antibiotics and if symptomatic may not return to the clinic setting for 5 days).

I further understand, that neither Indiana State University, its Doctor of Physical Therapy Program, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Pertussis or become exposed to the Pertussis bacteria.

_____
Student Printed Name Student SS#

_____
Student Signature Date

Witness Printed Name _____Witness Signature__ _____Date_____

DOCTOR OF PHYSICAL THERAPY PROGRAM
Indiana State University
Department of Applied Medicine and Rehabilitation

HEALTH INSURANCE COVERAGE POLICY

By signing this agreement, I, _____, understand that it is the policy of the Doctor of Physical Therapy Program to obtain and maintain health insurance throughout the Doctor of Physical Therapy Program, including all academic semesters and clinical rotations. I agree to obtain health insurance and provide a copy of the insurance card and policy number by November 1st of the year 20____.

Furthermore, I understand that the program may request documentation of health insurance coverage at any time during my education in the DPT Program at Indiana State University and failure to do so is considered grounds for dismissal from the Doctor of Physical Therapy Program. I will notify the Program Director/ACCE should any changes in health insurance coverage occur.

Health Insurance Company _____

Policy Number _____

Name of Policy Holder_____

Student Signature _____ Date _____

Witness _____ Date _____

APPENDIX A

DOCTOR OF PHYSICAL THERAPY TUITION COSTS

	IN-STATE*	OUT-OF-STATE*
YEAR ONE (Credit Hours: 40)		
Summer-Spring	$14,920	$29,320
YEAR TWO (Credit Hours: 33)		
Summer-Spring	$12,309	$24,189
YEAR THREE (Credit Hours: 27)		
Summer-Spring	$10,071	$19,791
TOTAL TUITION COST:	$37,300	$73,330

*These costs **do NOT** include textbooks or fees.

**The University Board of Trustees reserves the right to change fees at any time in the future. The right to correct errors is also reserved.

For additional information on University fees and program fees, please visit:

Office of the Bursar: http://www.indstate.edu/bursar/academicfees.htm
Miscellaneous Fees: http://www.indstate.edu/bursar/miscfees.htm
DPT, Other Expenses: http://indstate.edu/pt/pdfs/dpt---additional---costs---table.pdf

APPENDIX B

DOCTOR OF PHYSICAL THERAPY ADDITIONAL PROGRAM COSTS

Additional Costs*			
ISU DPT Program			
Type	***Amount***	***Time Frame***	***Renewal***
CPR Certification	$60.00	Before First Clinical	As Required
Background Check	$20.00	At Matriculation	Annually
Program Fee	$1,000.00	Due with tuition	Each Semester
APTA Dues**	$80.00	First Semester	Annually
Vaccines	$300.00	At Matriculation	As Required

**Additional costs may be incurred depending on clinical site requirements (such as drug testing, updated TB test, additional liability insurance, etc.).*

*** APTA membership and Indiana Physical Therapy Association membership is required for a semester 1 course, and annual renewal is strongly recommended*

Doctor of Physical Therapy Program

Clinical Education Student Handbook

Department of Applied Medicine and Rehabilitation

STUDENT HANDBOOK AGREEMENT

I have personally read, understand, and agree to the guidelines explained in Indiana State University's Doctor of Physical Therapy Clinical Education Handbook. While enrolled in this program, I agree to cooperate with the University, Program and course policies. I agree that I am capable of performing the requirements of the Clinical Education Program. I also fully understand that by not following the policies, I risk possible expulsion from the Program and potentially the University.

_____

Print Name **Date**

_____

Sign Name **Date**

** Please detach signed form and return to Program ACCE.*