Course Change Request

Indiana University

Check Appropriate Boxes: Undergraduate credit □ Graduate credit □ Professional credit □

1. School/Division: School of Health and Rehabilitation Sciences
2. Academic Subject Code: AMPT
3. Current Course Number: P699
4. Current Credit Hours: 1
5. Current Title: Independent Study: Clinical Education Elective
6. Effective Semester/Year for changes listed below: FALL 2010
7. Instructor: Valerie Strunk, MS,PT

Type of Change Requested (Check appropriate boxes and indicate changes)

☑ 8. Change course number to: P699 (must be cleared with University Enrollment Services)
   Change to: Clinical Education Elective

   Recommended abbreviation (optional)

☐ 10. Current credit hours fixed at: ____________________ or variable from: ____________________ to ____________________

   Change to credit hours fixed at: ____________________ or variable from: ____________________ to ____________________

☐ 11. Current lecture contact hours fixed at: ____________________ or variable from: ____________________ to ____________________

   Change to lecture contact hours fixed at: ____________________ or variable from: ____________________ to ____________________

☐ 12. Current non-lecture contact hours fixed at: ____________________ or variable from: ____________________ to ____________________

   Change to non-lecture contact hours fixed at: ____________________ or variable from: ____________________ to ____________________

☐ 13. Is this course currently graded with S-F (only) grades? Yes __________ No __________

   Change to S-F (only) grading? Yes __________ No __________

☐ 14. Does this course presently have variable title approval? Yes __________ No __________

   Is variable title approval being requested? Yes __________ No __________

☐ 15. Is this course being discontinued? For all campuses __________ or for this campus only __________

☐ 16. Current course description:
   Clinical education experience in a student-requested focused content area which provides students the opportunity to apply theory and skills in physical therapy examination and intervention with patients in specialized clinical PT practice areas.
   Change course description to (not to exceed 50 words)

☐ 17. Justification for change:
   Course is currently an indep study course and needs to stand alone.
   (Use additional paper if necessary)

☐ 18. Are the necessary reading materials currently available in the appropriate library? Not applicable

☐ 19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: __________________________ Date 2/25/10
Department Chairman/Division Director

Dean of Graduate School (when required)

Approved by: __________________________ Date 2/26/10
Dean

Chancellor/Vice-President

University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

슬기 업스 725
University Enrollment Services Final-White; Chancellor/Vice-President-Blue; School/Division-Yellow
Department/Division-Pink; University Enrollment Services Advance-White
### Indiana University
**School of Health and Rehabilitation Sciences**  
**Department of Physical Therapy**  
**AHPT P699 Clinical Education Elective**  
**Fall Session III**

**Course Description:** Clinical education experience in a student-requested focused content area which provides students the opportunity to apply theory and skills in physical therapy examination and intervention with patients in specialized clinical PT practice areas.

**Credit Hours:** 1

**Scheduled Meeting Time and Location:** Individually assigned clinical sites. Specific affiliation schedule to be determined after consultation with assigned Clinical Instructor and agreed upon in writing by CI and student and provided to DCE. Clinic days should ideally be scheduled between September 10 and December 10.

**Contact Hours:** At least 16

**Instructor:** Valerie Strunk, PT, MS,  
Director of Clinical Education (DCE)  
Clinical Instructors assigned for each student by DCE and facility Center Coordinator of Clinical Education (CCCE).

**Phone:** 317-278-1879

**E-Mail:** vstrunk@iupui.edu

**Mailing Address:** Physical Therapy Department  
1140 W Michigan  
Coleman 326  
Indianapolis IN 46202-5119

**Office Hours:** Office hours will be announced at the beginning of the course and posted in Oncourse.

**Additional Readings:** As assigned by Clinical Instructor.

**Prerequisite Courses:** Successful completion of all didactic coursework in Semesters 1-6 in the professional program curriculum.
Course Objectives: Upon completion of this course the student should be able to:
1) Effectively examine, assess, and design interventions with CI guidance for simple patients within a selected area of clinical specialty.
2) Demonstrate appropriate clinical decision-making skills, including reasoning, judgment, and reflective practice.
3) Demonstrate appropriate performance at all times in the 5 foundational elements of clinical practice, including Safety, Professional Behavior, Accountability, Communication, and Clinical Reasoning.
4) Describe how this specialty practice exposure affected your understanding of the impact that PT has in relation to this patient population and individual student goals upon becoming an entry level PT.

HIPAA: Recently enacted HIPAA regulations place stringent requirements on practitioners to protect the privacy of patients. When completing assignments that include patient-related information, students must comply with the following guidelines:

1. Maintain confidentiality concerning all patient information.
2. Change the names of patients, referring providers, and facilities to preserve anonymity.
3. Restrict the use and/or disclosure of information, even though permitted, to the minimum necessary to accomplish the intended educational purpose.

Teaching Methods: Clinical observation and direct patient care as appropriate under the supervision of a licensed Physical Therapist clinical instructor.

Learning Activities: Patient care and selected activities as determined by clinical instructor.

Grading Policy: Satisfactory/Fail

Grading Scale: Individual course objectives will be met to achieve a satisfactory grade; final grade determination rests with the DCE. Sources of information used to determine a satisfactory grade will include, but may not be limited to:
1. A review of CI feedback and reflection
2. A review of student feedback and reflection
3. Additional written documentation from the CI or CCCE as available
4. Additional verbal information from the CI, CCCE, and/or student

Cheating and Plagiarism Faculty and students have rights and responsibilities for learning, teaching, and scholarship within the entire university community. Academic functions are characterized by reasoned discourse, intellectual honesty, mutual respect, and openness to constructive change. Individuals must remain active in avoiding violation of academic ethics.
Expectations: Student will comply with all policies as stated in the including clinic policies and procedures Clinical Education Handbook

Specific Accommodations: If you need special accommodations in order to meet any of the requirements of this course, please see the instructor prior to being assigned to the clinical rotation. Requests, which arise during the semester, will require documentation that the basis for the accommodation is of recent origin. Students will be able to complete course requirements that are missed because of a religious observance if prearranged.

Tentative Schedule: To be determined by clinical instructor in consultation with the student. There should be at least 16 hours of on-site clinical exposure at some point during the semester, scheduled as convenient and agreed upon by the CI and student. This may be acquired in a couple of full day blocks, or in a semester-long series of smaller chunks of time, as long as clinical exposure provided involves the requested clinical practice specialty, and is agreeable to all parties. Contact hours in excess of the 16 required as desired by the student and agreed upon by the CI are permissible.

Items to be submitted for successful completion

- Tentative schedule and outline of general goals for the experience agreed upon by CI/student due in writing to DCE no later than September 10. Due date extensions for this assignment will be granted by DCE if requested in writing by student prior to September 10.
- Completion of 2 reflective writing assignments by the student, as follows (see assignments section of Oncourse):
  1. Preliminary reflection due to DCE and CI prior to the first day at the clinical site
  2. Post reflection due to CI and DCE by December 10.
- Completed feedback forms by CI outlining strengths and areas of improvement for student due by December 10. (See assignments section of Oncourse).