



Physical Therapy Student Handbook 2023-2024

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Greetings Students,


Welcome to the next phase of your education! You have drawn one-step closer to realizing your career goals in your matriculation into Mount Union's DPT program, and we value sharing this journey with you. Prior to starting classes, you will have the opportunity to engage in onboarding sessions and an on-campus orientation day, each designed to address your questions about the program, faculty and staff, resources available to you as a student, and expectations that define your Doctor of Physical Therapy student possibilities.

The Physical Therapy Faculty and Staff of the University of Mount Union welcome you here to begin this milestone experience in your personal and professional life. We recognize our hard work and effort preparing for this program and we are committed to your success.

In order to assist you in your transition from undergraduate to graduate education, we have compiled this student handbook. Although every effort has been made to ensure the information presented is complete, accurate, and current, we recognize there may be modifications necessary from time to time. Our commitment to you is that when updates and modifications are necessary, you will always be notified and provided with the updated information. You may be asked to sign a statement of acknowledgment like the one accompanying this handbook.

Your student handbook is provided in both print and electronic versions for your convenience and reference. We highly recommend you consult this handbook when attempting to clarify program policies.

Sincerely,



Sheryl Holt, PT, MS, PhD

Chairperson, Physical Therapy Department
Director, Physical Therapy Program

The following policies and procedures are written to supplement and further expand upon those discussed in the [University of Mount Union Student Handbook](#), (Under the Student Handbook link), [Graduate Catalog](#) and University policies. Students are responsible for reading and following the policies and procedures outlined here in addition to those described in the aforementioned handbook. In the event of a conflict between the University handbook and this student handbook, policies in this handbook would prevail.

Oath of a Physical Therapist

In the presence of my colleagues, friends, families, and teachers, and as a Doctor of Physical Therapy student dedicated to providing the highest quality care and services, I solemnly pledge that I, as a physical therapist will:

- Respect the rights and dignity of all individuals who seek my services or with whom I work.
- Act in a compassionate and trustworthy manner in all aspects of my services.
- Exercise sound professional judgment while abiding by legal and ethical requirements.
- For the enhancement of patient care and the advancement of the profession, demonstrate integrity during interactions with colleagues, other health care providers, students, faculty, researchers, the public, and payers.
- Enhance my practice through lifelong acquisition and application of knowledge, skills, and professional behavior.
- Participate in efforts to meet physical therapy and health care needs of local, national, and global communities.

Thus, with this oath, I accept the duties and responsibilities that embody the physical therapy profession with hope that I will always embody the character and strong heritage of my chosen vocation.

Oath derived from *Wise, D. Professionalism in Physical Therapy: An Oath for Physical Therapists. (2014) Journal of Physical Therapy Education, 28, 1, 58-63*

STUDENT ACKNOWLEDGEMENT

I understand that it is my responsibility to read and review the material presented in this handbook. I recognize that information may change, and policies may need to be updated throughout my enrollment in the Physical Therapy Education Program at the University of Mount Union. If policies are updated during my time in the academic program, I understand that changes will be issued to and acknowledged by the students in writing. I appreciate that it is my responsibility to remain current with the policies in this handbook and the University of Mount Union Student Handbook; I know where to locate an electronic version of this document on the Desire to Learn (D2L) student cohort site and program website. Students must fulfill all the following requirements for graduation:

1. Successful completion of all required courses within the physical therapy curriculum.
2. Entry-level performance in clinical education, as defined by the CIET, curricular goals, and course objectives.
3. Submit and present faculty-approved research.
4. Always demonstrate professional behavior, consistent with industry standards, while enrolled in the program.
5. Successfully complete the faculty-approved NPTE test prep course.
6. Complete at least one faculty-approved NPTE practice exam.

Additional requirements:

- Abide by the Policies, Procedures, and Expectations outlined in the University of Mount Union Student Handbook and The Physical Therapy Student Handbook.
- Meet the program's technical standards throughout the duration of the program.
- Complete annual criminal background checks.
- Complete HIPPA Training, OSHA: Infection Control/HIV/Bloodborne Pathogens training, physical exam with up-to-date immunization records or waivers, proof of current CPR certification, and proof of personal health insurance.

Student Signature

Student Name [Printed]

Date

My signature above demonstrates my acknowledgment that I have received and read a copy of this handbook; further that I have been given an opportunity to ask questions regarding the contents of this handbook and how it applies to me.

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Accreditation Status

University

The University of Mount Union participates in external accreditation organizations and the institution is in good standing with each of its professional accrediting agencies:

Higher Learning Commission (HLC)
Ohio Department of Higher Education (ODHE)
NC-SARA

- Department of Education of the State of Ohio (contained within NCATE accreditation)
- University Senate of the United Methodist Church
- Ohio Board of Nursing (Conditional Approval)
- Ohio Board of Regents (Certificates of Authorization)
- National Association of Schools of Music
- National Association of Sport and Physical Education-North American Society for Sport Management (NASPE-NASSM)
- Commission on Accreditation of Athletic Training Education (CAATE)
- National Council for Accreditation of Teacher Education (NCATE)
- American Chemical Society (ACS)
- Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA)
- Commission on Accreditation in Physical Therapy Education (CAPTE)

DPT Program

Physical Therapy Program at the University of Mount Union is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 330-829-8191 or email DPT@mountunion.edu .

Physical Therapy Core Faculty

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University of Mount Union Mission

The mission of the University of Mount Union is to prepare students for fulfilling lives, meaningful work and responsible citizenship.

Program Mission

The mission of the Physical Therapy Program is to prepare sensitive, responsive Doctor of Physical Therapy who aptly integrate evidence, best practice, lifelong service, and advocacy for the betterment and care of their clients and society.

Program Vision

The Physical Therapy Program of the University of Mount Union will be known by our University and professional peers as providing a program of study that blends the best of traditional and problem-based learning methodologies to create a dynamic Interprofessional Patient-Centered Learning curriculum. This unique curriculum prepares graduates for a vocation as compassionate, confident, and active professional members of the healthcare team, who are capable of managing health and wellness together with the complex issues of disease.

Educational Philosophy

The physical therapy educational program at the University of Mount Union is a hybrid curriculum blending elements of traditional lecture lab and problem-based theories¹ built upon a Socratic and Andragogic methodology. This methodologic foundation is used to deliver a curriculum, which, coupled with interprofessional practice opportunities, places the patient/client at the center of all clinical decisions.

The faculty encourage students to understand themselves and their relationships to others and the world. In the merging style of Bachelard's philosophy of science and we see this awareness as helping to foster the students' ability to develop and embrace professional evolution over time.^{2,3,4} These efforts are made to produce dynamic Doctors of Physical Therapy who utilize evidence-based practices and have the courage to inspire new truths. This philosophy and associated efforts to integrate it in our program brings relevance to contemporary exemplars within the field of rehabilitative medicine.

CURRICULUM MODEL *(SEE ILLUSTRATION THAT FOLLOWS)*

To fulfill the mission, the curriculum includes interprofessional coursework and incorporates the curricular threads of wellness and rehabilitation medicine, in addition to lifespan growth and development. The curriculum is delivered over a three-year period using seven unique cogs: foundational sciences, clinical sciences, professional courses, patient/client management, discovery, physical therapy practice, and clinical education. Each cog is composed of multiple courses; the courses introduce the student to the unique skill sets, knowledge base, and professionalism that are essential elements of physical therapy practice.

Curricular Cogs

Foundation Sciences

This curricular cog represents the foundational knowledge base that a physical therapist must master and build upon to provide the most efficient and effective care for patients. The elements of this cog are: human anatomy; neuroanatomy; human movement; pharmacology; and medical foundations I, II, and III. The medical foundations courses present pathophysiology, syndromes and conditions, and medical diagnostics respectively.

Clinical Science Courses

This cog represents the four clinical preferred practice patterns used in physical therapy practice. The elements include: cardiopulmonary, integumentary, musculoskeletal, and neuromuscular courses.

Professional Courses

This curricular cog represents the qualifications, roles, and professionalism of the physical therapist and of other members of the healthcare team who interact regularly with physical therapists. The elements are divided into two distinct areas: professional development, and interprofessional practice. The professional development series covers teaching/learning theories, psychological and social development, legal/ethical & safe practice, continued competence, wellness principles and community health, personal development, and societal responsibilities. Within the interprofessional series, students work and study with other professional discipline students: physician assistants, nursing, and physicians. The series provides the student with the ability to examine and clarify their role on the healthcare team.

Patient/Client Management

The Patient/Client Management cog represents the practice settings and types of patients/client's physical therapists treat. This cog is divided into two distinct series: practice affairs, and clinical interventions & treatments. The elements of the practice affairs series cover: physical therapy delivery setting, professional roles of the physical therapist, support roles, clinical management, and the healthcare system in the United States and abroad. The elements of the clinical interventions & treatment series contain

patient case studies that range from birth to death; encompass cultural diversity; and focus on basic, intermediate, and entry level medical/rehabilitative conditions and syndromes.

Discovery

This cog represents the role that research, and evidence play in clinical practice. Students are introduced to the elements of research design, interpretation, and levels of evidentiary support. Students then have an opportunity to work through an individual or group process to put into practical application the skills they learned by completing one of three project options.

Physical Therapy Practice

This curricular cog represents the tests and measurements, and the procedural interventions that physical therapists utilize. The elements of the methods & techniques series specifically address tests and measures, and the assessment, design, and application of orthotics and prosthetics. The therapeutic interventions series specifically addresses the elements of exercise, physical agents, and motor control.

Clinical Education

Students are placed on clinical education experiences with licensed physical therapists to work with patients in various clinical settings throughout the lifespan. Emphasis on critical thinking, clinical management, and hands-on experiences serve as the mainstay of this curricular cog. Three full-time clinical education experiences are planned throughout the curriculum and integrated clinical experiences occur within the didactic courses in the curriculum.

Curricular Threads

The curricular threads are components of the curriculum that are consistently discussed, referenced, reinforced, and built upon in every cog. The curricular threads provide perspective for the physical therapist; historical and futuristic. Each thread has a past, present, and future impact on clinical practice.

Wellness

This curricular thread presents content related to both the physical and financial concepts of wellness. Physical wellness promotes the prevention of disease and dysfunction, balanced with maintaining a healthy lifestyle which includes diet, exercise, stress reduction, and behavior modification. Fiscal wellness addresses concepts related to the cost of healthcare and making sound decisions for patients, the physical therapy practice, and society at large. The ethical challenges of balancing fiscal wellness, cost and reimbursement, and physical wellness are explored.

Rehabilitation Medicine

This curricular thread focuses on the science behind the practice of physical therapy, the related interconnectedness of the International Classification of Functioning, Disability, and Health (ICF), and the mind-body connection. Advances in medicine; surgery; pharmacology; and orthotics and prosthetics are discussed in the larger context of rehabilitation.

Lifespan Growth

This curricular thread discusses content associated with the biologic and physical growth that individuals experience throughout the lifespan as well as chronology of developmental milestones. While in theory it is possible to distinguish lifespan growth from development (next curricular thread) the two concepts are often intricately linked.

Lifespan Development

This curricular thread discusses content related to the intellectual and social development of the individual over time, specifically focused on the emotional and psychosocial aspects of development. In addition, a strong sense of self includes the spiritual dimension; therefore, spiritual development is included.

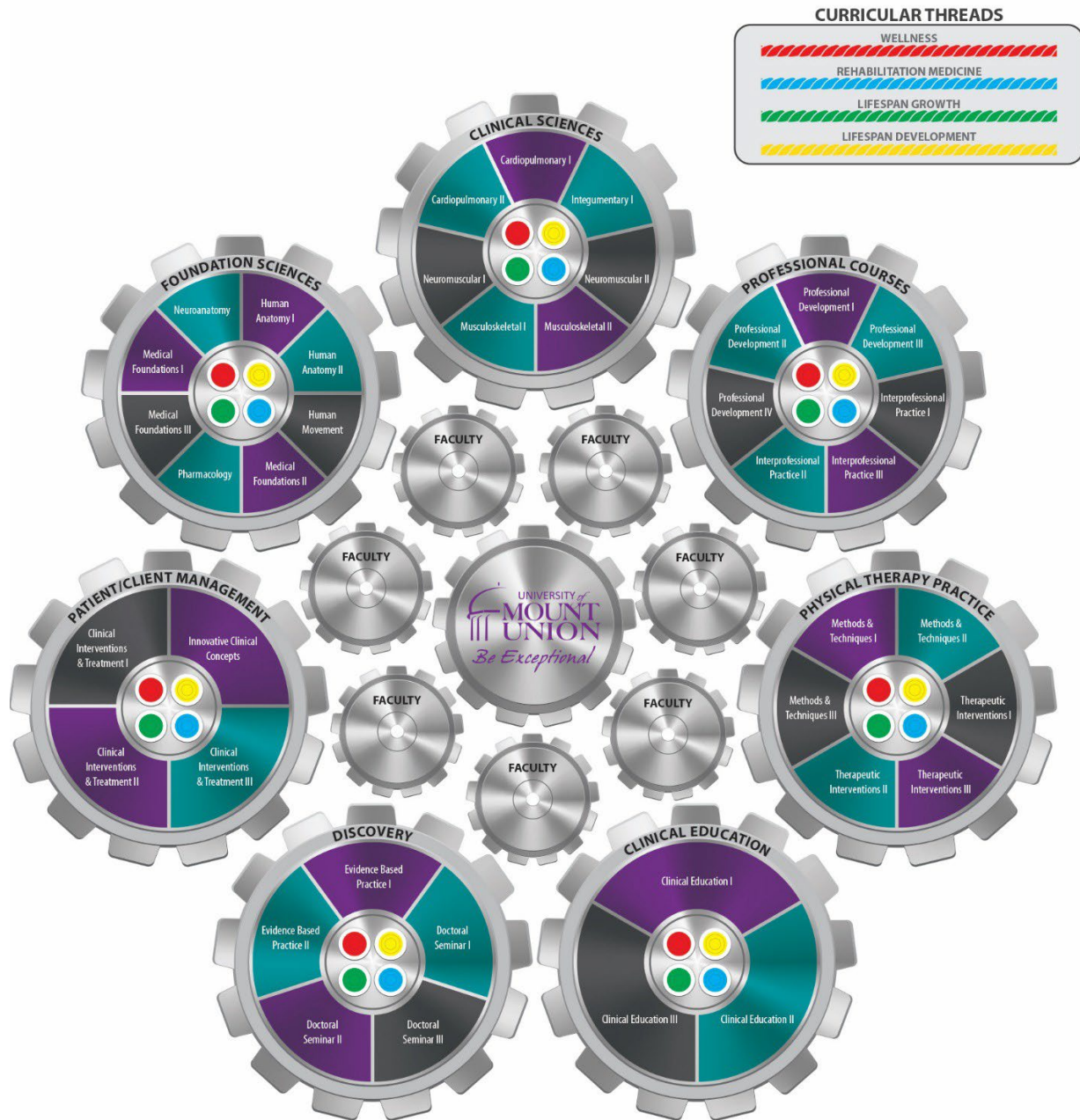
In the following depiction of the curricular model, discussed above, the rope represents the well-prepared graduate of the University of Mount Union Physical Therapy Program. The rope imagery suggests that our graduates then become the lifeline of the community in which they live and work; prepared for the future of practice, keeping the patient/client central to their work and decision making. Much like one would utilize a rope, this individual will be able to provide stability, security, and assistance with heavy lifting.

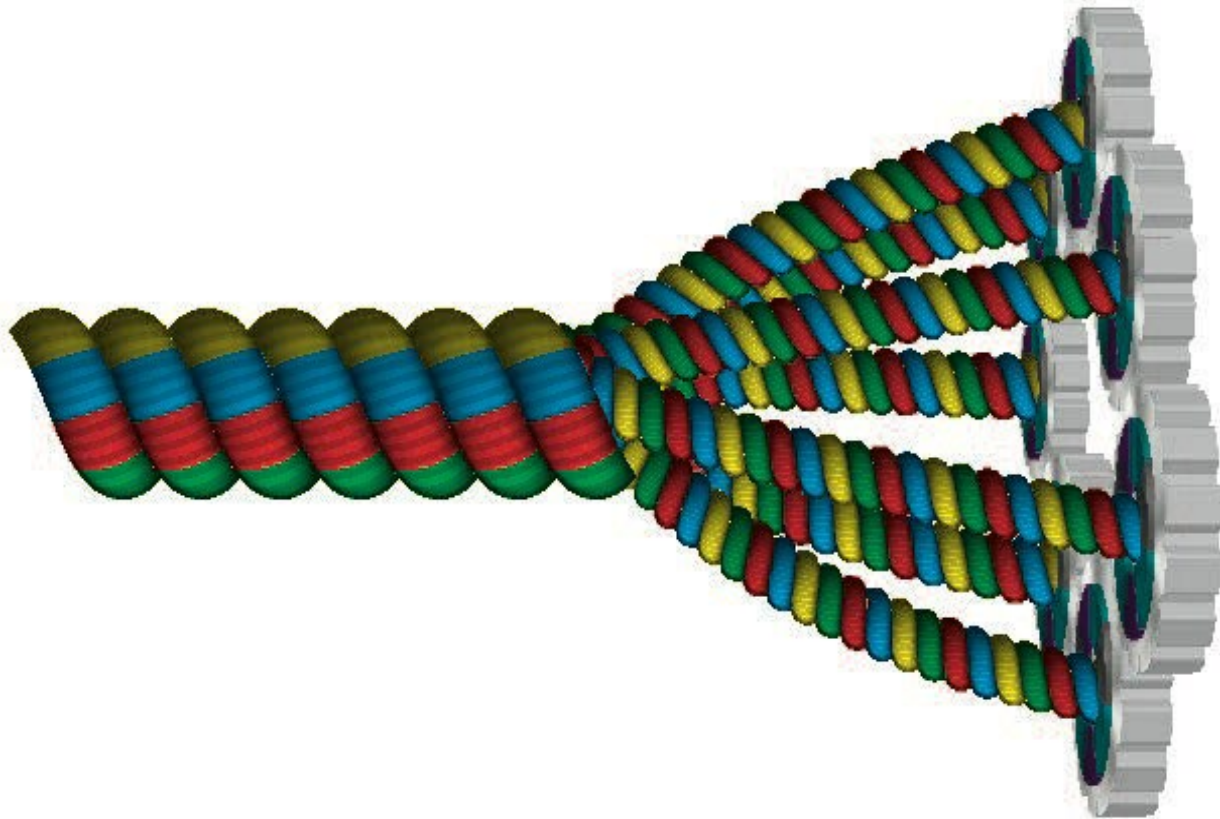
The University is at the center of the process of educating students; all resources and support are provided by the institution. As such, the institution represents the power source for the rope (graduate) making process. Faculty are hired by the university to provide instruction to students. The faculty are responsible for weaving the content together and ensuring the curriculum is being delivered in a seamless and cohesive manner. Together, the University and program faculty are the central power and driving force in the students' educational process.

References:

1. Saarinen-Rahiika H. Binkley JH. Problem-Based Learning in Physical Therapy: A Review of the Literature and Overview of the McMaster University Experience. *PTJ* 1998. 78(2). 195-207
2. Bachelard, Gaston, 1884-1962. *The New Scientific Spirit*. Boston: Beacon Press, 1984.
3. Kuhn, Thomas S. *The Structure of Scientific Revolutions*. 50th anniversary. Ian Hacking (intro.) (4th ed.). University of Chicago Press. 2012.
4. Roger, L. *The Pedagogical Philosophy of Bachelard*. *Antistasis*, 2014 4(2).

Curriculum Model Diagram





PROGRAM GOALS- PROGRAM STUDENT LEARNING OUTCOMES (PSLO'S)

PSLO 1: Students will demonstrate excellence in their entry level clinical practices of physical therapy in ways that integrate their didactic and clinical understanding and their applications of aims integral to each of our curricular cogs.

PSLO 2: Students will demonstrate effective test preparation that enables passing of the NPTE and early entry into their careers, contributing the aims identified in our current program effectiveness outcomes.

PSLO 3: Students will demonstrate integrated professional values in their written, interpersonal, and personal presentations of themselves across all vital environments in classrooms, community settings, and clinic, consistent with the aims of our program and the APTA core values.

STUDENT LEARNING OUTCOMES (SLO'S)

SLO 1: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate comprehensive integrated clinical knowledge and related skills consistent with foundational and entry-level practice of clinical science, within didactic clinical science course curriculum.

SLO 2: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate critical clinical reasoning in the routine selection and appropriate use of evidence-based practice principles, ICF applications, and selection of outcome measures. These will contribute to the development and modification of ICF conscious evidence-based PT plans of care and related interventions.

SLO 3: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate critical skills in the investigation, selection and application of evidence-based knowledge: identifying appropriate and timely resources, establishing sound reasoning in PT practices and research, disseminating their research, and showing evidence in labs and clinicals, the translation of their understandings into well applied evidence-based practices.

SLO 4: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate competency in clinical applications (basic to complex) of patient examination, evaluation, and intervention within diverse patient applications across multiple didactic settings.

SLO 5: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate competency in administration of patient outcome assessments across patient populations and clinical settings.

SLO 6: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate attitudes and behaviors that manifest cultural sensitivity, professionalism, ethical practices, and consistency with the overarching UMU and DPT missions including competency in self-assessment, professional development and lifelong learning.

SLO 7: Integrating critical thinking and clinical reasoning established through didactic, clinical, research, and other formative learning opportunities within their Mount Union education experiences, UMU DPT students will demonstrate patient advocacy, consistent with the UMU DPT mission, by taking on leadership roles that impact patient outcomes: coordinating care across disciplines and healthcare settings. Delivering patient centered care that leads to comprehensive and financially responsible outcomes.

PROGRAM EFFECTIVENESS OUTCOMES (PEO'S)

PEO 1: Utilizing UMU DPT comprehensive resources for learning, students will function at entry-level clinical competence prior to graduation.

PEO 2: Utilizing UMU DPT comprehensive resources for learning, students will demonstrate professional behaviors, attitudes, and actions consistent with APTA's 7 core values and UMU and DPT.

PEO 3: Utilizing UMU DPT comprehensive resources for learning, students will maintain a graduation rate $\geq 90\%$ within 150% of the expected time.

PEO 4: Utilizing UMU DPT comprehensive resources for learning, students and graduates will maintain a first-time National Physical Therapy Exam (NPTE) rate $\geq 85\%$.

PEO 5: Utilizing UMU DPT comprehensive resources for learning, students and graduates will maintain a program ultimate National Physical Therapy Exam (NPTE) rate $\geq 85\%$.

PEO 6: Utilizing UMU DPT comprehensive resources for learning, program graduates will maintain an employment rate $\geq 90\%$ one year after graduation.

PEO 7: Utilizing UMU DPT comprehensive resources for learning, support, and development, faculty and administrative staff will meet established departmental goals consistent with CAPTE, HLC, and University and Departmental missions.

CURRICULAR GOALS

The following Curricular Goals are based upon the evaluative criteria used by the Commission on Accreditation of Physical Therapy Education (CAPTE).

- 1.0 Establish culturally competent communication when engaged with faculty, staff, students, patients/clients, and other healthcare professionals, in addition to demonstrating appropriate verbal, non-verbal, and written communication. **(7D7)**
- 2.0 Incorporate an understanding of the implications of individual and cultural differences when engaged in all physical therapy roles. **(7D8)**
- 3.0 Identify, assess, and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D5, 7D34)**
- 4.0 Demonstrate appropriate professional behavior by:
 - 4.1 Demonstrating caring, compassion, respect, empathy and understanding, personal responsibility and trustworthiness in interactions with others. **(7D4, 7D10)**
 - 4.2 Adhering to the standards of practice, state and federal laws. **(7D1, 7D5, 7D25)**
 - 4.3 Practicing physical therapy in a manner congruent with the professional code of ethics and core values. **(7D4, 7D19, 7D5, 7D25)**
 - 4.4 Participating in peer and self-assessment activities. **(7D5)**

- 4.5 Reflecting on and appropriately address both positive and negative outcomes resulting from assessment activities and personal behavior. **(7D5, 7D25)**
- 4.6 Participating in clinical education activities. **(7D13)**
- 4.7 Formulating and implementing a plan for personal and professional career development. **(7D15)**
- 5.0 Complete screening activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D16)**
- 6.0 Examine movement related impairments, functional limitations, and disabilities across the lifespan by:
 - 6.1 Using the medical record, interview process, and other related sources to compile the patient history. **(7D17)**
 - 6.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems as related to movement and movement dysfunction. **(7D18)**
 - 6.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy tests and measures. **(7D10,7D11,7D19,7D20)**
 - 6.4 Selecting and implementing culturally appropriate and age-related test and measures. **(7D11,7D19,7D34)**
- 7.0 Synthesize examination data to complete the physical therapy evaluation by:
 - 7.1 Identifying impairments and functional limitations that can be minimized or alleviated through physical therapy. **(7D20)**
 - 7.2 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D20)**
- 8.0 Use Critical Thinking skills to:
 - 8.1 Interpret written or oral communications, physical therapy problems and data. **(7D7, 7D20, 7D31, 7D40)**
 - 8.2 Analyze research, concepts, arguments, situations. **(7D9, 7D10, 7D11)**
 - 8.3 Evaluate information, claims/arguments. **(7D6, 7D41, 7D42)**
 - 8.4 Construct inferences based on syllogistic reasoning and principles of logic. **(7D10, 7D11, 7D16, 7D19, 7D20, 7D22, 7D25, 7D26)**
 - 8.5 Explain ones' reasoning and conclusions. **(7D7)**
 - 8.6 Monitor, reflect on and question one's own thinking to minimize errors and enhance patient/client outcomes. **(7D10)**
 - 8.7 Participate in the design and implementation of clinical practice patterns. **(7D5)**
- 9.0 Efficiently establish a physical therapy diagnosis by:
 - 9.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan. **(7D22)**
 - 9.2 Considering the policies and procedures of the practice setting. **(7D22)**
 - 9.3 Communicating diagnostic results and clinical impressions with other practitioners as appropriate. **(7D22)**
- 10.0 Determine patient prognoses based on the results of the physical therapy examination, evaluation, and diagnostic process. **(7D23)**
- 11.0 Develop and execute a safe and effective plan of care by:

- 11.1 Collaborating with clients, families, payers and other health care professionals to establish an appropriate and culturally competent plan. **(7D5,7D7,7D24,7D28)**
- 11.2 Constructing physical therapy goals and functional outcomes that are realistic, measurable, and delineate a specific time frame for achievement. **(7D24)**
- 11.3 Complying with administrative policies and procedures for a given practice environment. **(7D41)**
- 11.4 Evaluating and modifying treatment plans and goals according to patient feedback and analysis of outcome measures. **(7D24,7D26)**
- 11.5 Maintaining a fiduciary responsibility to all patient/clients. **(7D4,7D10)**
- 12.0 Provide physical therapy intervention by:
 - 12.1 Selecting and executing appropriate therapeutic procedures to achieve defined goals. **(7D27)**
 - 12.2 Carrying out all physical therapy interventions safely. **(7D27)**
 - 12.3 Incorporating patient and family education into all treatment plans. **(7D12)**
 - 12.4 Completing effective written/electronic documentation of the physical therapy examination, evaluation, diagnosis, prognosis, interventions, and outcomes. **(7D32)**
 - 12.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D33,7D37)**
- 13.0 Appropriately utilizing outcome assessment data by:
 - 13.1 Selecting measures that are reliable and valid and consider the practice setting, individual differences, and societal influences. **(7D31)**
 - 13.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D30)**
 - 13.3 Analyzing and applying results to allow for modification of the plan of care. **(7D30,7D31)**
- 14.0 Function in the role of an administrator by:
 - 14.1 Appropriately delegating to and supervising physical therapy related services to support personnel, physical therapist assistants and family members. **(7D5,7D25,7D29)**
 - 14.2 Demonstrating a basic understanding of the history, status, and future projections for healthcare delivery in the United States. **(7D28, 7D41)**
 - 14.3 Participating in management functions such as planning, organizing, leading, controlling, and evaluating as appropriate for a given practice environment. **(7D42, 7D43)**
 - 14.4 Participating in financial management of the practice. **(7D42)**
 - 14.5 Establishing a business plan on a programmatic level for a given practice setting. **(7D42)**
 - 14.6 Participating in activities related to marketing and public relations. **(7D5,7D42)**
- 15.0 Provide and manage care in a variety of care delivery systems by:
 - 15.1 Providing physical therapy through direct access or referral based on patient or client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D34,7D35,7D39)**

- 15.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes. And plan of care. **(7D29,7D36,7D42)**
- 15.3 Interacting with patients, clients, family members other health care providers, and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient, and effective patient/client care. **(7D34,7D39)**
- 15.4 Empowering the patient/client to be an active participant in all aspects of his/her care and treatment. **(7D5)**
- 16.0 Function as an effective educator by applying concepts of teaching and learning theories in designing, implementing, and evaluating learning experiences for individuals, organizations, and communities. **(7D11)**
- 17.0 Demonstrate the ability to function in the role of consultant by providing consultation to individuals, businesses, schools, government agencies or other organizations. **(7D16,7D35,7D38,7D39)**
- 18.0 Demonstrate the ability to function in the role of researcher, evidence-based practitioner, and clinical decision maker by:
 - 18.1 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7D4,7D10,7D11)**
 - 18.2 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7D11)**
 - 18.3 Critically evaluate current literature and information sources related to physical therapy practice, research, administration, consultation, and education. **(7D11)**
 - 18.4 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7D11)**
- 19.0 Demonstrate social responsibility by:
 - 19.1 Becoming involved and demonstrating leadership in professional organizations and activities through membership and service. **(7D13)**
 - 19.2 Displaying professional behaviors as evidenced by using time and effort to meet patient or client needs, by providing *pro bono* services, and placing the patient's/client's needs above the physical therapist's needs. **(7D5,7D42)**
 - 19.3 Displaying good citizenship through health and wellness advocacy, including participation in community and human service organizations and activities. **(7D5,7D14,7D34)**
 - 19.4 Raising awareness, challenging the status quo, and facilitating best practices. **(7D14,7D40,7D41)**
 - 19.5 Participating in legislative and political processes **(7D14,7D40,7D41)**
- 20.0 Function as a self-directed lifelong learner by:
 - 20.1 Completing projects requiring selection of a topic and independent integration of information from several sources. **(7D10, 7D11)**
 - 20.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7D11, 7D15)**

20.3 Seeking out new information regarding the practice of physical therapy. **(7D9, 7D10, 7D11)**

21.0 Students will function at the level of competence required for their clinical experience according to Clinical Education Benchmarks – CIET Student Performance Expectations by their respective clinical.

21.1 PT-781: Clinical Education I

- Professional Behaviors (Section 1): *Rarely, Sometimes* (25-50% occurrence) by Final.
- Patient Management (Section 2): *Below* by Final
- Global Rating of Student Clinical Competence: 2 by Final

21.2 PT-782: Clinical Education II

- Professional Behaviors (Section 1): *Sometimes, Most of the time* (50-75% occurrence) by Final
- Patient Management (Section 2): *At that level for familiar patients* by Final
- Global Rating of Student Clinical Competence: 5 by final

21.3 PT-783: Clinical Education III

- Professional Behaviors (Section 1): *Always* (100% occurrence) by Final
- Patient Management (Section 2): *At that level for ALL patients* by Final
- Global Rating of Student Clinical Competence: 8 by final

CURRICULAR SEQUENCE

Cohort 2022 (Class of 2025)

		FALL		SPRING		SUMMER	
		First Semester-Fall 2023		Second Semester-Spring 2024		Third Semester-Summer 2024	
		S.H.		S.H.		S.H.	
		Course	Title	Credits	Course	Title	Credits
Year 1		PT-521	Neuroanatomy	4	PT-520	Human Anatomy - Merged	6
		PT-524	Medical Foundations I: Pathophysiology	3	PT-544	Interprofessional Practice I	1
		PT-540	Professional Development I	2	PT-522	Human Movement	4
		PT-550	Methods & Techniques I	3	PT-545	Interprofessional II	1
		PT-530	Evidence-Based Practice I	2	PT-551	Methods & Techniques II	1
		PT-570	Cardiopulmonary Systems I	4			3
		<i>16 weeks of class</i>		<i>18</i>	<i>16 weeks of class</i>		<i>15</i>
		<i>16 weeks of class</i>		<i>18</i>	<i>11 weeks of class</i>		<i>18</i>
		Fourth Semester-Fall 2023		Fifth Semester-Spring 2024		Sixth Semester-Summer 2024	
		S.H.		S.H.		S.H.	
		Course	Title	Credits	Course	Title	Credits
Year 2		PT-781	Clinical Education I (FIRST-8 weeks)	4	PT-641	Professional Development II	2
		PT-654 A	Therapeutic Interventions II	2	PT-633	Doctoral Seminar II	1
		PT-623	Pharmacology	3	PT-755	Therapeutic Interventions III	4
		PT-726	Medical Foundations III: Medical Diagno	3	PT-674	Musculoskeletal Systems II	4
		PT-632	Doctoral Seminar I	1	PT-675	Neuromuscular Systems I	4
		PT-652	Methods & Techniques III	3	PT-672	Integumentary	3
					PT-654 B	Therapeutic Interventions II	2
		<i>8 weeks clinical; 8 weeks class</i>		<i>16</i>	<i>16 weeks of class</i>		<i>20</i>
		<i>8 weeks clinical; 8 weeks class</i>		<i>16</i>	<i>11 weeks of class</i>		<i>18</i>
		Seventh Semester-Fall 2024		Eigth Semster-Spring 2024			
		S.H.		S.H.			
		Course	Title	Credits	Course	Title	Credits
Year 3		PT-782	Clinical Education II (FIRST-12 weeks)	6	PT-783	Clinical Education III (FIRST- 12 Weeks)	6
		PT-765	Clinical Interventions & Treatments III	5	PT-743	Professional Development IV	2*
		PT-734	Doctoral Seminar III	1			
		<i>12 weeks of clinical and class</i>		<i>12</i>	<i>12 weeks of clinical; 4 weeks of class</i>		<i>8</i>
		<i>12 weeks of clinical and class</i>		<i>12</i>	<i>32 total weeks of clinical</i>		
					Total Credit Hours		124

- PT-743-01 subject to change on credit from 2 to 1.

COURSE DESCRIPTIONS

FIRST YEAR - FIRST SEMESTER

PT-521 NEUROANATOMY

4 semester hours

Prerequisite: Admission into the Physical Therapy Program

An in-depth study of the nervous system anatomy and physiology including discussions of development, pathology, clinical syndromes, and plasticity. Emphasis is placed on application of neuroscience information to physical therapy practice. Materials will be presented in lecture/lab format with the use of cadaver, anatomical models, and human skeletal materials.

PT-524 MEDICAL FOUNDATIONS I-PATHOPHYSIOLOGY

3 semester hours

Prerequisite: Admission into the Physical Therapy Program

A study of the etiology, pathology, epidemiology, course, duration, prognosis, and clinical picture of common diseases and syndromes affecting the body systems, with emphasis on cardiovascular, pulmonary, integumentary, and muscular systems. This is the first in a series of three courses.

PT-540 PROFESSIONAL DEVELOPMENT I

2 semester hours

Prerequisite: Admission into the Physical Therapy Program

An exploration of teaching, learning theories, and learning styles are discussed. Consideration of the psychological, emotional, social, and cognitive factors on the development of the individual with impairments and dysfunctions are presented. This is the first in a series of four courses.

PT-550 METHODS AND TECHNIQUES I

3 semester hours

Prerequisite: Admission into the Physical Therapy Program

Introduces the student to examination procedures including but not limited to patient histories, decision making, and examination procedures, the systems review as they apply to the cardiopulmonary, integumentary, neuromuscular, and musculoskeletal systems. Range of motion, strength testing, basic clinical skills, and the use of universal precautions are presented. This is the first in a series of three courses. Content is presented in lecture/lab format.

PT-530 EVIDENCE-BASED PRACTICE I

2 semester hours

Prerequisite: Admission into the Physical Therapy Program

Defining what is meant by evidence-based practice in healthcare specifically within the practice of physical therapy. The course also focuses on measurement theory and applied statistics. This is the first in a series of two courses. Content is presented in lecture/lab format.

PT-570 CARDIOPULMONARY SYSTEMS I

4 semester hours

Prerequisite: Admission into the Physical Therapy Program

This course focuses on applied human physiology, nutrition, and physiology of exercise. Relationship of body systems with emphasis on metabolic, integumentary, neuromuscular, musculoskeletal, and cardiopulmonary to exercise throughout the life span. This is the first in a series of two courses.

FIRST YEAR - SECOND SEMESTER

PT-520 HUMAN ANATOMY

6 semester hours

Prerequisite: Successful Completion of Previous Semester

This course consists of an in-depth study of the musculoskeletal and peripheral nervous systems of the human body as it relates to structure and function. The major body systems are discussed. Surface anatomy is incorporated throughout the course. Materials will be presented in lecture/lab format with the use of cadaver, anatomical models, and human skeletal materials.

PT-544 INTERPROFESSIONAL PRACTICE I

1 semester hour

Prerequisite: Successful Completion of Previous Semester

Exploration and discussions focused to direct students to a greater appreciation of the topics presented in the pathophysiology course and the specific clinical value to physical therapy. This is the first in a series of three courses. Content is presented in seminar.

PT-522 HUMAN MOVEMENT

4 semester hours

Prerequisite: Successful Completion of Previous Semester

An in-depth study of human movement utilizing functional anatomy and biomechanical principles. Examines the normal sensory and motor development throughout the lifespan with recognition of abnormal development related to the musculoskeletal and peripheral nervous system relate to movement, gait, functional activities, and posture. Content is presented in lecture/lab format.

PT-632 DOCTORAL (EBP) SEMINAR I

1 semester hour

Prerequisite: Successful Completion of Previous Semester

Focus is on literature review, research design, methodology, and data collection. This is a directed study under the supervision of a graduate faculty advisor. This is the first in a series of three courses.

PT-623 PHARMACOLOGY

3 semester hours

Prerequisites: Successful Completion of Previous Semester

Discussions include categories of drugs, generic and trade names of common drugs, the use, effects and precautions for common drugs and drug-drug interactions and pharmacokinetic principles. It will also focus on how various drugs affect the patient response to activity, exercise, and other therapeutic interventions.

PT-551 METHODS AND TECHNIQUES II

3 semester hours

Prerequisite: Successful Completion of Previous Semester

Essentials of the neuromuscular exam, exam of gait, functional capacity examination, home environmental assessment, and functional outcomes assessments are discussed. Wheelchair use, patient transfers, and basic gait training with assistive devices are also presented. This is the second in a series of three courses. Content is presented in lecture/lab format.

FIRST YEAR - THIRD SEMESTER

PT-525 MEDICAL FOUNDATIONS II-CONDITIONS/SYNDROMES

3 semester hours

Prerequisite: Successful Completion of Previous Semester

A study of the etiology, pathology, epidemiology, progression, duration, prognosis, and clinical presentation of common conditions and syndromes affecting the skeletal and neuromuscular systems. Medical and surgical interventions, impairments and functional limitations for those disorders commonly seen in physical therapy are also presented. This is the second in a series of three courses.

PT-663 CLINICAL INTERVENTIONS AND TREATMENTS I

5 semester hours

Prerequisite: Successful Completion of Previous Semester

Patient/Client case studies are presented at a basic level of mastery; exploration, treatment development, on-going discussions are focused to prepare students for the various practice settings for the delivery of services. Comprehensive written examination must be passed before matriculation into the next year. This is the first in a series of three courses.

PT-663 CLINICAL INTERVENTIONS AND TREATMENTS I

5 semester hours

Prerequisite: Successful Completion of Previous Semester

Patient/Client case studies are presented at a basic level of mastery; exploration, treatment development, on-going discussions are focused to prepare students for the various practice settings for the delivery of services. Comprehensive written examination must be passed before matriculation into the next year. This is the first in a series of three courses.

PT-653 THERAPEUTIC INTERVENTIONS I

4 semester hours

Prerequisite: Successful Completion of Previous Semester

The principles of therapeutic exercise for musculoskeletal pathologies and movement dysfunctions throughout the life span are presented. This is the first in a series of three courses. Content is presented in lecture/lab format.

PT-531 EVIDENCE-BASED PRACTICE II

2 semester hours

Prerequisite: Successful Completion of Previous Semester

Discussion of the research process focuses on information searching, analysis of research literature, formation of a hypotheses, and research design. This is the second in a series of two courses.

PT-571 CARDIOPULMONARY SYSTEMS II

4 semester hours

Prerequisites: Successful Completion of Previous Semester

This course covers the screening, examination, evaluation, diagnosis, prognosis, and physical therapy intervention for conditions affecting the cardiovascular and pulmonary systems which may result in impairments and functional limitations. This is the second in a series of two courses. Content is presented in lecture/lab format.

PT-545 INTERPROFESSIONAL PRACTICE II

1 semester hour

Prerequisite: Successful Completion of Previous Semester

Discussions of the roles each member of the healthcare team has appropriate and inappropriate interactions. Exploration of professional core values related to the practice of physical therapy. This is the second in a series of three courses.

SECOND YEAR - FOURTH SEMESTER**PT-781 CLINICAL EDUCATION I**

4 semester hours

Prerequisite: Successful Completion of Previous Semester

This is a full-time eight-week clinical education experience supervised by a licensed physical therapist in a clinical setting which focuses on the basic integumentary, cardiopulmonary, and musculoskeletal diagnoses and practice patterns. This is the first in a series of three courses.

PT-654 A/B THERAPEUTIC INTERVENTIONS II

4 semester hours

Prerequisite: Successful Completion of Previous Semester

A: study of physical agents, electrotherapeutic modalities, and mechanical modalities. B: a study of how PT's physically engaged specialty populations with unique approaches and modalities that stretch our applications to fit specialty needs. Focus is on theoretical concepts, rationale for use, effects, indications, and contraindications for each agent or modality. This is the third in a series of three courses. Content is presented in lecture/lab format.

PT-726 MEDICAL FOUNDATIONS III-MEDICAL DIAGNOSTICS

3 semester hours

Prerequisite: Successful Completion of Previous Semester

Operational principles and clinical applications of contemporary medical imaging techniques. Methods of evaluation, and medical diagnostics as it relates to clinical PT practice, specifically related to differential diagnosis of all major body systems. Additionally, this course will discuss common laboratory tests and the applications of these test results to physical therapy practice. This is the third in a series of three courses.

PT-746 INTERPROFESSIONAL PRACTICE III

1 semester hour

Prerequisite: Successful Completion of Previous Semester

Exploration and discussions focused to direct students to a greater appreciation of the topics presented in the medical diagnostics course and the specific clinical value to physical therapy. This is the third in a series of three courses. Content is presented in seminar.

PT-633 DOCTORAL (EBP) SEMINAR II

1 semester hour

Prerequisite: Successful Completion of Previous Semester

Focus is on data collection, analysis, results, and discussions. This is a directed study under the supervision of a graduate faculty advisor. This is the second in a series of three courses.

SECOND YEAR - FIFTH SEMESTER

PT-641 PROFESSIONAL DEVELOPMENT II

2 semester hours

Prerequisite: Successful Completion of Previous Semester

Issues related to practice for the healthcare professional including safe, legal, and ethical practice, professional standards, professional organizations, and roles and responsibilities of the health professional are presented. This is the second in a series of four courses.

PT-652 METHODS AND TECHNIQUES III

3 semester hours

Prerequisite: Successful Completion of Previous Semester

This course considers the management of the individual with upper and/or lower extremity amputations. Orthotic and prosthetic management of both the orthopedic and neurologic patient's needs across the lifespan will be addressed. Examination of rehabilitation technologies: seating and wheelchair systems, augmented communication systems, assistive devices, and computer technology. This is the third in a series of three courses. Content is presented in lecture/lab format.

PT-755 THERAPEUTIC INTERVENTIONS III

4 semester hours

Prerequisite: Successful Completion of Previous Semester

An in-depth examination of motor control including the role of neural and musculoskeletal systems, sensation, perception, cognition, task, and environment in the production of human movement. Also addressed are theories of motor control, neuroplasticity, and principles of motor learning. This is the second series of three courses. Content is presented in lecture/lab format.

PT-674 MUSCULOSKELETAL SYSTEM II

4 semester hours

Prerequisites: Successful Completion of Previous Semester

This course focuses on the screening, examination, evaluation, diagnosis, prognosis, and physical therapy interventions for conditions that may cause impairments and functional limitations in the lower extremities and spine. This is the first in a series of two courses. Content is presented in lecture/lab format.

PT-675 NEUROMUSCULAR SYSTEM I

4 semester hours

Prerequisite: Successful Completion of Previous Semester

This course focuses on examination, evaluation, diagnosis, prognosis, and intervention for adults and adolescents with balance disorders, coma, and non-progressive disorders of the central nervous system. This is the first in a series of two courses. Content is presented in lecture/lab format.

PT-672 INTEGUMENTARY SYSTEM

3 semester hours

Prerequisites: Successful Completion of Previous Semester

An in-depth study of the structure, function, conditions, and pathologies that lead to disabilities of the integumentary system. Emphasis on the evaluation and treatment of the impairments, limitations, and disabilities of the integumentary system are presented. Content is presented in lecture/lab format.

SECOND YEAR - SIXTH SEMESTER

PT-742 PROFESSIONAL DEVELOPMENT III

1 semester hours

Prerequisite: Successful Completion of Previous Semester

Topics covered include wellness, health, prevention and maintenance of fitness, community health needs, community resources and community service. This is the third in a series of four courses.

PT-664 CLINICAL INTERVENTIONS AND TREATMENTS II

5 semester hours

Prerequisite: Successful Completion of Previous Semester

Patient/Client case studies are presented at an intermediate level of mastery; exploration, treatment development, on-going discussions are focused to prepare students for the various practice settings for the delivery of services. Comprehensive practical examination must be passed before matriculation into the next year. This is the second in a series of three courses.

PT-673 MUSCULOSKELETAL SYSTEM I

4 semester hours

Prerequisites: Successful Completion of Previous Semester

This course focuses on the management of the patient/client related to the musculoskeletal system. Screening, examination, evaluation, diagnosis, prognosis and physical therapy interventions for conditions, impairments, and functional limitations in the upper extremities and spine are presented. This is the second in a series of two courses. Content is presented in lecture/lab format.

PT-776 NEUROMUSCULAR SYSTEM II

4 semester hours

Prerequisite: Successful Completion of Previous Semester

Client screening, examination, evaluation, diagnosis, prognosis, and intervention are considered within the context of a variety of neurological and associated orthopedic diagnoses seen throughout the lifespan. This is the second in a series of two courses. Content is presented in lecture/lab format.

PT-710 INNOVATIVE CLINICAL CONCEPTS

3 semester hours

Prerequisite: Successful Completion of Previous Semester

An exploration of innovative approaches to clinical treatments, emerging theories or technologies, and or focus on the dynamic clinical environment for practice. Content is presented in lecture/seminar format.

THIRD YEAR - SEVENTH SEMESTER

PT-782 CLINICAL EDUCATION II

6 semester hours

Prerequisite: Successful Completion of Previous Semester

This is a full-time twelve-week clinical education experience supervised by a licensed physical therapist in a setting appropriate to allow synthesis of the neuromuscular, musculoskeletal, cardiopulmonary, and integumentary practice patterns. Experience with patient/client education and practice management may also be explored. This is the second in a series of three courses.

PT-765 CLINICAL INTERVENTIONS AND TREATMENTS III

5 semester hours

Prerequisite: Successful Completion of Previous Semester

Patient/Client case studies are presented at an entry-level of mastery; exploration, treatment development, on-going discussions are focused to prepare students for the various practice settings for the delivery of services. Comprehensive written/oral/practical examination must be passed before graduation. This is the third in a series of three courses.

PT-734 DOCTORAL (EBP) SEMINAR III

1 semester hour

Prerequisite: Successful Completion of Previous Semester

Focus is on outcomes and completion of the supervised study for formal presentation locally and/or nationally in a written or oral format. This is a directed study under the supervision of a graduate faculty advisor. This is the third in a series of three courses.

THIRD YEAR - EIGHTH SEMESTER

PT-783 CLINICAL EDUCATION III

6 semester hours

Prerequisite: Successful Completion of Previous Semester

This is a full-time twelve-week clinical education experience supervised by a licensed physical therapist in a setting selected by the student to allow synthesis of the neuromuscular, musculoskeletal, cardiopulmonary, and integumentary practice patterns. Experience with research, patient/client education, practice management, and specialization may also be explored. This is the third in a series of three courses.

PT-743 PROFESSIONAL DEVELOPMENT IV

2 semester hours

Prerequisite: Successful Completion of Previous Semester

Personal and professional assessment and development. Prepare for a life of professional practice, personal and social responsibility. This is the fourth in a series of four courses.

General Program Policies and Positions

PROGRAM ADMISSIONS

The Physical Therapy Program enrolls up to 30 students each admissions cycle. The program envisions each cohort comprised of diverse and academically qualified students. The Admissions Committee, along with the Office of Admission, assures equitable practices in setting admissions criteria by routinely monitoring the entire admissions process. Program faculty members of the Department Admissions Committee determine the academic prerequisites and materials for admissions. These may include all required courses for application, Bachelor's Degree, grade point requirements (pre-req, cum and graduate GPA), graduate record exam (GRE) scores, letters of recommendations, extra-curricular activities, focused essays, observation hours, or other objective measures.

The Department Admissions Committee works collaboratively with the Program Director to determine if there is any needed adjustment to the maximum class size of 30, based on current and projected resources. This is a multifaceted analysis in which data is used to determine if the program is meeting expected curricular and program outcomes.

TRANSFER OF GRADUATE COURSEWORK

Candidates accepted into the graduate program for the Doctor of Physical Therapy may routinely request to have up to two (2) courses of prior graduate work transferred for credit toward courses within the physical therapy curriculum. Such a request must be written and received in the Office of the Registrar of the University of Mount Union 30 days prior to planned enrollment. The request must also include an official transcript sent directly from the regionally accredited institution(s) where the credit was earned and course syllabus. The Office of the Registrar will coordinate the request with the Physical Therapy Program Director. The Program Director in collaboration with the Office of the Registrar will determine the course equivalents from those courses requested for transfer and decide of feasibility. It is the responsibility of the student to initiate the request and review of their academic record for transfer credit.

ATTENDANCE

Regular attendance in all courses and laboratory classes is required. Instructors must be notified through phone or email, if a student will be absent from class or laboratory at the start of the class. Students may have no more than two absences from classes or laboratories in a course/semester. More than two absences require a faculty review. Any formal advanced requests to be excused from scheduled classes or laboratories must be submitted in writing to the program director and approved by the program faculty prior to the anticipated absence. Emergency or unforeseen circumstances will be handled on a case-by-case basis. Ongoing issues with attendance may result in a required appearance at a PT-CPRB.

PHYSICAL THERAPY CODE OF ETHICS

Students enrolled in the Physical Therapy curriculum at the University of Mount Union must be familiar with and adhere to the [Code of Ethics for the Physical Therapist](#). Any infractions of the Code of Ethics will result in disciplinary action against the student as outlined in the *Policies and Procedure section of the Physical Therapy Student Handbook*.

PHYSICAL THERAPY PROFESSIONAL CORE VALUES

In addition to the Code of Ethics for the Physical Therapist, students must also be familiar with, and their behaviors must adhere to the [Core Values that guide the behavior of physical therapists](#). Inappropriate displays of behavior will result in disciplinary action against the student as outlined in the *Policies and Procedure section of the Physical Therapy Student Handbook*.

PROFESSIONAL ASSOCIATION MEMBERSHIP

Beginning in the first year of the program, membership in the [American Physical Therapy Association](#) is required. Membership will be initiated by the program with students, and payment will be made through the University. This process will be completed no later than the end of the first semester and will be renewed each year of the program through the University. The program faculty expect that students will have access to resources and related information provided on the association website. Many areas require membership for access to materials.

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY (FSBPT)

The FSBPT is the national organization for each state jurisdictional board. The FSBPT develops, hosts, and administers the National Physical Therapy Examination (NPTE) during fixed-date testing. Students must utilize this agency and the resources that are provided to prepare and register for the NPTE.

Students will complete at least one practice NPTE exam through an approved method as part of the completion of PT 743- Professional Development IV, as well as successfully complete an NPTE test prep course as provided by the program. As an indicator of NPTE test readiness, students will be required to meet with Academic Advisor to outline areas for further study. The Practice Exam & Assessment Tool (PEAT) is provided by the program during the last didactic semester in the curriculum. Students may wish to download a free copy of the NPTE content outline from the [FSBPT website](#) in advance of preparing to take the NPTE.

Following the successful completion of the program's indicated board preparation course, students who desire to take the NPTE early (April of last semester of program), may request to do so. The request must be approved by the Program Director.

The steps to submit for early test-taking is as follows:

1. Students must submit a request to take the NPTE early in writing to the Program Director by the end of January.
2. Students must submit a detailed study schedule/calendar and action plan by the end of January.
3. The schedule/calendar should also include no less than three practice tests, with at least two passing scores. The first of the three must be completed by mid-March.
4. The Academic PEAT is recommended to be saved for 7-10 days prior to the exam.
5. The decision to test early is not binding. In the event the student or Program Director recognizes the student is not sufficiently ready or has not submitted the appropriate information, the request can be withdrawn by either party.
6. If the student is approved, the Program Director will complete the Validation of Graduation through FSBPT and clear the student to apply for and schedule the NPTE.
7. Student must be in good academic standing.

Testing in July will require preparations outlined in PT 743- Professional Development IV.

STUDENT CONTRIBUTIONS TO PROGRAM EVALUATION

The Physical Therapy Department strives to provide a curriculum in physical therapy education that prepares students for current and future professional practice. Student participation in the evaluation of courses, resources, clinical education experiences, and program outcomes is essential. As future practitioners, evaluation will become central to every aspect of practice; students are therefore expected and obligated to participate within the program as young professionals guided by the values and ethics of the APTA.

TUITION AND FEES

Enrolled students enter the Physical Therapy Program as a cohort. The tuition is set for each cohort prior to enrollment; the tuition rate is guaranteed for the three years of study. Students will not be permitted to enroll in the next semester if tuition and fees are not current. In the unfortunate event that a student is removed from their entering cohort for any reason (e.g., academic, medical, personal, or clinically relevant issue) they may be subject to increased tuition rates upon entering the next cohort. Students are responsible for any fees related to travel, lodging, meals associated with clinical education, textbooks, supplies, and equipment associated with the professional education/training while enrolled in the Doctor of Physical Therapy program. The University provides professional liability insurance during clinical education experiences; students have the option to purchase additional professional liability insurance. Please see **Appendix A: Estimated Program Cost and Tuition**.

CRIMINAL BACKGROUND CHECK

Students must undergo an annual criminal background check which includes electronic fingerprinting for the Federal Bureau of Investigation (FBI) and the Ohio Bureau of Criminal Investigation (BCI). The results are sent confidentially to the Department of Physical Therapy to the Attention of the Director of Clinical Education (DCE). It is advised that findings of formal charges (misdemeanors/felony) be discussed with the DCE and Program Director prior to clinical experiences. Any formal charges may adversely affect the student's ability to participate in Clinical Education and or sit for the National Physical Therapy Examination (NPTE). If a formal conviction of a misdemeanor or felony is acquired during a student's tenure in the program, university policies will be applied to for student conduct.

CIVIL RIGHTS AND EQUITY POLICY AND RESOLUTION PROCESS

The Physical Therapy faculty and staff will follow the University of **Mount Union's policies and procedures related to harassment**. Any departure from a professional demeanor in the academic or clinical setting or while representing the University and/or the Physical Therapy Program resulting in the inappropriate display of such acts of intolerance and/or harassment will not be tolerated. Please refer to the [University of Mount Union Student Handbook](#), (under the Student Handbook link) for the full policy that includes definitions, types of harassment, and the University expectations as well as guidelines to determine if behaviors have violated

University values. If it is suspected that an act of Intolerance or Harassment has been committed by or against a student, please report this act to a member of the Physical Therapy Program Faculty. The Program will handle the issue in accordance with University policy.

Non-Discrimination Policy

The University of Mount Union prohibits discrimination on the basis of race, gender, gender identity or expression, sex, sexual orientation, religion, age, color, creed, national or ethnic origin, veteran status, marital or parental status, pregnancy, disability, or genetic information, in student admissions, financial aid, educational or athletic programs, or employment as now, or may hereafter be, required by University policy and federal or state law. Inquiries regarding compliance may be directed to the Human Resources Office, Beeghly Hall, (330) 829-6560.

STUDENT RIGHTS/RESPONSIBILITIES

The Physical Therapy Program supports and recognizes that students have certain rights and responsibilities for their education. The following rights of the student are recognized as among those which the University/Department of Physical Therapy has a duty to foster and protect:

1. The right to pursue educational, recreational, social, religious, and cultural activities.
2. The right to maintenance of a campus environment characterized by safety and good order.
3. The right to organize, join, and maintain membership in associations to promote reasonable and non-discriminatory University activities.
4. The equal right with others to appropriate available services of the faculty, administrative offices and counseling agencies of the University.
5. The right to fair and impartial evaluation of the student's academic work.
6. The right to have complete and accurate records kept by the University of the student's own academic performance and equally accurate records of fellow students with whom he or she is compared for grading and awarding of degrees.
7. The right to have the University maintain and protect the confidential status of the student's academic conduct and counseling records. Except under legal compulsion, information contained in such records with the exception of name, address, dates of attendance, and degrees obtained will not be released to agencies outside the University without the express consent of the student.

POLICIES & PROCEDURES

Request for Accommodations

POLICY TITLE: REQUEST FOR ACCOMMODATIONS

Policy: Students can make a request for accommodations in the classroom and clinical settings. The responsibility for initiating the process for any needed accommodation rests with the student. Requests for accommodation are not limited to the technical standards; students have the right to seek accommodation for any disability or neurodiverse conditions recognized by the Office of Student Accessibility Services.

Person(s) Responsible:

Student

Office of Student Accessibility Services

Physical Therapy Faculty

Procedure:

1. Student completes all necessary forms obtained from the [Office of Student Accessibility Services](#) to request an accommodation for classroom or clinical setting based upon demonstrated need.
2. In some instances, students may need to undergo testing or further medical assessment to determine the extent of the needed accommodations; in these circumstances, the cost for such testing or diagnostics is borne by the student.
3. The Office of Student Accessibility Services will notify the necessary faculty when a student has been approved for accommodations to be successful in the classroom or clinical setting.
4. The Physical Therapy Faculty will honor the approved accommodations.
5. The student must notify the instructor if they are opting to use their accommodations. Students may elect to use their accommodations at any time during the semester but are also not required to use them if they do not wish to do so.

Student Expectations

POLICY TITLE: DRESS CODE/ APPEARANCE

Policy: Good hygiene, neatness, self-respect, and modesty are important components of professional appearance. Students are expected to always present themselves in a professional and respectful manner, including their physical appearance. Students should use the following dress code on campus, except as permissions are otherwise granted. Please note that if a student's clinical site dress code differs from that of the UMU DPT, clinical dress code expectations supersede those generic guidelines identified below.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Procedure for Lab Attire:

1. To allow for palpation and observation of anatomical structures, lab attire should include short-sleeve shirts/tank tops and shorts. Clothing selected by the student should be appropriate for bending, lifting, and stooping.
2. In some cases, it is imperative to have access for palpation and observation. A sports bra, halter top, or comparable item of clothing may be preferred by the student for these instances.
3. Aquatic therapy experiences may require a bathing suit.
4. Well-fitting athletic shoes and socks are required to allow for safety when ambulating and transferring human subjects/patients. Sandals and open-toe shoes are not permitted in most labs, but may be permissible in the classroom.
5. Sweatshirts and sweatpants are permitted for comfort over shorts and shirts, when not active in the lab.

Procedure for Professional Attire:

1. In identified cases, (e.g., for presentations, special events, or guest speakers), it may be requested by program faculty that students dress in business professional (button-up shirt, necktie, blouse, dress slacks, blazer, jacket, business dress and/or skirt) or business casual (polo shirts, khaki and/or trousers). Business casual is typical for classroom attire and may include permissions not granted in the lab such as earrings, sandals, and seasonally appropriate attire. Students may be notified if there are concerns regarding dress code, appearance, or associated matters.

2. Clinical clothing should only be worn in the clinical setting; clinical clothing and shoes may be contaminated.
3. All students will be required to have UMU DPT Program polo shirt for some campus events or special occasions.
4. UMU Identification name badges may be required to be worn by clinical facilities as well as for special events on and off campus.
5. Jewelry which can scratch the patient, harbor germs, and interfere with clinical activities is not permitted.
6. Small rings and engagement or wedding rings are usually acceptable; however, rings with elevated stones are not recommended. Earrings or necklaces that present a significant risk to the wearer, lab partner, or patient are prohibited in the lab or clinical setting for safety. Some facilities may also prohibit certain types of jewelry, as an infection control measure.
7. Students are not permitted to wear clothing with logos that may be deemed inappropriate or offensive to others.

General Expectations on Hygiene and Cleanliness:

1. If personal protective equipment is considered imperative, the program will describe the PPE required of students and issue this in writing.
2. Smoking and the use of any tobacco products are not permitted in any buildings or on campus. Students should take steps to ensure their clothing and hair do not smell of smoke.
3. To avoid transmission of pathogens, eating is not permitted in any patient care area. Students are not permitted food and drinks during routine lab activities.
4. Students are required to wash hands before and after eating for clinical work or clinical skills practice. Per instructor discretion, students may be allowed to eat in the classroom or PT skills laboratory. This should be limited to breaks or between classes.
5. Beverages brought into classrooms must be in a spill-proof container.
6. Students are not permitted to use alcohol or other drugs while actively engaged in class, lab, or clinic, and evidence of use may result in immediate removal from class and an appearance before the PT-CPRB.
7. Appropriate hygiene is always expected of all students. The use of deodorant is recommended. Perfumes, colognes, and lotions should be used in moderation and with discretion.
8. Hair should be maintained in a professional manner that supports safe and clean clinical practice.
9. Facial hair should be clean and neatly trimmed.
10. Hands and fingernails must be clean to mitigate transmission of pathogens. In some situations, length of nails may not exceed the fingertips and will be enforced. In some clinical settings colored nail polish may be prohibited because this can hide dirt. In clinical settings, artificial fingernails are generally prohibited because they can harbor bacteria and scratch/tear sensitive skin.

Referenced:

Includes adaptations from [The Ohio State University's DPT Program Student Handbook](#); [University of North Georgia DPT Student Handbook](#);

POLICY TITLE: TECHNICAL STANDARDS

Policy: Students enrolled in the Doctor of Physical Therapy program must meet the following abilities with or without accommodation. These abilities are essential to meet the demands and responsibilities of a practicing physical therapist. Reasonable accommodation can be made for documented disabilities that permit the student to function independently and do not compromise the rigor, integrity, or professionalism of the program.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Director of Clinical Education

Procedure:

1. Upon admission to the Physical Therapy program students will receive a copy of the essential functions necessary to complete the program.
2. Students will need to review the essential functions and sign the acknowledgment form reporting they received the copy, read, and understand what is expected of them.
3. Students who may have concerns about the essential functions may schedule a meeting with the Program Director to discuss their concerns or have their questions addressed.
4. If students require accommodations to meet the essential functions they will need to be requested and approved by the [Office of Student Accessibility Services](#).

Technical Standards and Essential Functions: Physical Therapy

The Doctor of Physical Therapy Program at the University of Mount Union abides by the legal standards set by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, and the Americans with Disabilities Amendments Act of 2008. We do not discriminate against qualified individuals with disabilities. The DPT Program has established Technical Standards for its program delineating the minimum physical, cognitive, emotional, and social requirements it deems necessary to participate fully in all aspects of academic and clinical education. These essential functional requirements and technical standards must be met with or without reasonable accommodations by all students once they are accepted into the DPT program. Students who are unable to meet the following technical standards, with or without accommodations, may not be able to fulfill the program's required expectations.

Reasonable accommodations may not:

- Fundamentally alter the nature of the training program.
- Compromise the essential elements of the program.
- Cause any undue financial or administrative burden.
- Endanger the safety of patients, self, or others.

Technical Standards:

Behavioral Attributes

Students must be able to perform self-evaluation and self-learning skills assessments, incorporate the roles of a physical therapist, and comply with the ethical standards of the American Physical Therapy Association (APTA). Students ought to seek to optimize health and hygiene in addition to acknowledging and respecting the values and opinions of colleagues/patients to sustain safe and balanced interactions with others. Students need to value professionalism in physical therapy and execute treatment procedures consistent with the patient/client's needs.

Communication Skills

Students must demonstrate appropriate interpersonal skills necessary for effective verbal, nonverbal and written communications for patients/clients, families, classroom interactions, and other professionals. Students must be able to receive, write, interpret, and send written and verbal communication in academic and clinical settings in routine and emergency situations. Effective communication includes but is not limited to asking questions, explaining procedures, teaching exercises/activities, and describing conditions/syndromes to peers, faculty, staff, patients/clients, and other healthcare professionals.

Intellectual-Conceptual, Integrative and Quantitative Abilities

Students must be able to collect and utilize information obtained during classroom, laboratory, and clinical assessment activities independently to formulate physical therapy diagnoses. Students should be able to apply critical thinking skills in all settings to determine behavioral, biomechanical, environmental, pathological, and physical influences on a patient's/client's function. When conducting physical therapy examinations and evaluations it will be necessary for students to maintain information to formulate, execute, reassess, and if necessary, modify treatment and intervention plans. Students should engage in the scientific inquiry process and utilize theories of teaching and learning in community settings.

Motor Skills

Students must demonstrate the necessary balance, coordination, endurance, fine and gross motor skills, strength, and ability to perform the job duties of the physical therapist in the classroom, laboratory, and clinical settings for 35-40 hours a week. Students will need to safely and efficiently guard, maneuver, position, resist, and administer exercises and activities to another individual. Students must be able to administer CPR in accordance with the American Red Cross or American Heart Association guidelines for professional rescuers. Manual dexterity, proprioception, and sensation are necessary not only for the documentation but also for palpating soft tissue structures, bony landmarks, muscle tone, and temperature changes in an individual.

Observational Skills

A student's observational skills involve hearing, somatic, and visual sensations. Students must be able to observe lectures and laboratory demonstrations, as well as recognize and interpret visual information from patients, clients, classmates, and faculty. Students need to perceive information from treatment equipment, treatment environment, and changes in the color of skin and/or body fluids. Students must be able to notice and interpret variations in auscultation/auditory evaluation for apical pulses, blood pressure, heart, joint noise, lungs, and prostheses.

Social Skills

Students must possess the emotional health and stability required for the full utilization of their intellectual abilities; for the exercise of good judgment; for the prompt completion of all responsibilities of patient care; and for the development of mature, sensitive, and effective relationships with patients/clients. Student must exhibit the ability to tolerate physically challenging environments and function effectively under stress. To prove that students can adapt to changing environments they must exhibit flexibility, compassion, integrity, motivation, interpersonal skills, and learn to function in the face of uncertainties inherent in the clinical problems of patients.

If a person believes they may require accommodation(s) in order to meet the technical standards, they may discuss their needs with the Director of Student Accessibility Services (SAS); Room 88 Hoover Price Campus Center, phone 330-823-7372, e-mail studentaccessibility@mountunion.edu. The Director of SAS will request and review documentation from a qualified licensing professional to determine eligibility for services. If eligible for *reasonable accommodations*, SAS will work collaboratively with the student and the DPT program to explore accommodation options. Accommodations that are considered reasonable accommodations at Mount Union may not always be possible for all clinical sites.

After being admitted to the program, all students be required to sign a Technical Standards certificate verifying they understand and meet these technical standards. Students must meet all the requirements for Physical Therapists as identified by the [National Center for O*NET Development and the Dictionary of Occupational Titles](#). The possession of such cannot guarantee successful completion of the physical therapy educational program.

References:

1. University of Mount Union. Physician Assistant Studies, Technical Standards.
2. The Richard Stockton College of New Jersey, School of Graduate & Continuing Studies. Physical Therapy Program, Technical Standards and Essential Functions.
3. University of New England, Westbrook College of Health Professions. Department of Physical Therapy, Essential Technical Standards.
4. National Center for O*NET Development. 29-1123.00-Physical Therapists. O*NET Online. Retrieved May 10, 2022, from [29-1123.00 - Physical Therapists \(onetonline.org\)](https://onlinetitles.org/29-1123.00-Physical-Therapists)

POLICY TITLE: PHYSICAL THERAPY CONDUCT & PERFORMANCE REVIEW BOARD

Policy: Faculty or members of the professional community identifying Mount Union students whose classroom or clinical performance or professional behavioral issues are less than desired must notify the Program Director. When students demonstrate a deficiency in academic or clinical performance and/or professional behavior, and/or misconduct including issues of academic dishonesty, the Program Director will convene the Physical Therapy Conduct & Performance Review Board (PT-CPRB) to review the matter.

Person(s) Responsible:

Student

Associate Academic Dean

Physical Therapy Faculty

Physical Therapy Program Director

University Faculty/Staff

Procedure:

1. The Physical Therapy Program Director will convene the PT-CPRB to consider the student matter at hand.
2. PT-CPRB membership consists of total of five individuals. Two to three core physical therapy faculty, two university faculty and/or one individual with identified expertise. The Program Director does not participate in PT-CPRB deliberations.
3. Board members are selected from a listing of professional programs who have agreed to serve in a volunteer capacity. Invitations to serve on the PT-CPRB are generated as needed by the Physical Therapy Program Director who determines the specifics of the issues to be discussed, reviewed, and/or deliberated.
4. Mount Union will assign the student a Process Advisor, who will provide information to the student regarding the process of the student's appearance and may attend the board meeting with the student if the student requests.
5. Other persons or parties are not permitted to accompany the student when they address the Board.
6. The PT-CPRB, after examining the information received and interviewing the student, will make a recommendation to the Physical Therapy Program Director. As the PT-CPRB finds appropriate recommendations could include but are not limited to program dismissal, probation, remedial action plans, or retaking classes.
7. The Program Director makes the final determination of the outcome and notifies the student in writing of the said outcome. Copies of letters of probation and/or program dismissal are kept on file with the program director and in the Office of Academic Affairs.
8. The student has the right to appeal the decision to the Dean of the College of Natural Health Sciences as described in the [Graduate Catalogue](#).

TITLE: PROFESSIONAL BEHAVIORS

Policy: Students are introduced to professional behaviors, [APTA Core Values](#), and [APTA Code of Ethics](#) in PT 540-Professional Development I, PT 544- Interprofessional Development I, PT 545-Interprofessional Development II, and PT 641-Professional Development II. As students' developmentally progress through the program, professional expectations also developmentally increase. This is evidenced by informal and formal assessments integrated in didactic and clinical coursework. Each student and their faculty advisor will review the student's professional growth and development with other academic needs annually, unless situations arise which dictate more frequent meetings. The descriptions of the core values and professional behaviors are attached here for student reference.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Observed violations of the standards for Academic or Professional Behavior should be presented to the involved student's advisor directly or indirectly via a student or faculty member. Once the advisor is made aware of the violation, he/she will meet with the student to assure an understanding of why the student's actions were a conduct violation and also discuss how to prevent repeat conduct issues. The advisor will attempt to work with the student regarding this matter, documenting meeting. See # 3 for unresolved issues.
2. An adjunct faculty member or clinical instructor may bring a conduct violation to the student's attention and recommend an appropriate resolution before bringing the violation before the student's advisor. Once the advisor is made aware of the violation, he/she will meet with the student to assure an understanding of why the student's actions were a conduct violation and also discuss how to prevent repeat conduct issues, with actions as above.
3. If the advisor finds that a student presents with continued unresolved conduct violations, the student matter may be presented to the full faculty. The program director may seek to resolve the issue using the PT-CPRB as an intervention.
4. A student who is concerned about a peer's conduct and has been unsuccessful in resolving the conflict by addressing the person directly, should first address his/her individual advisor. If unresolved, or if issues rise to the level of Title IX, that policy will supersede this advisement.
5. If any conduct issue is formally presented to PT-CPRB, it will determine appropriate action which may include remediation, counseling, referral, or programmatic sanctions.

Core Values

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

The core values are defined as follows:

Accountability

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

Altruism

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

Collaboration

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

Compassion and Caring

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

Duty

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

Excellence

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

Inclusion

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

Integrity

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

Social Responsibility

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

Professional Behaviors*

Professional Behaviors 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 graduate school and the PT profession. Ten Professional Behaviors were identified through a study conducted at the Physical Therapy Program at UW-Madison. The ten abilities and definitions developed are:

Professional Ability		Definition
1.	Critical Thinking	The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.
2.	Communication	The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3.	Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4.	Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5.	Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
6.	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7.	Use of Constructive Feedback	The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.

8.	Effective Use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
9.	Stress Management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team, and in work/life scenarios.
10.	Commitment to Learning	The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Originally developed by the Physical Therapy Program, University of Wisconsin-Madison*

May, W.W., Morgan, B.J., Lemke, J.D., Karst, G.M., & Stone, H.L. (1995). Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education, 9(1), 3-6. Updated 2010, to be published.

PROFESSIONAL BEHAVIORS	Beginning Level:	Intermediate Level:	Entry Level:	Post-Entry Level:
<p><u>Critical Thinking</u> The ability to:</p> <ul style="list-style-type: none"> ▪ question logically ▪ identify, generate and evaluate elements of logical argument ▪ Recognize and differentiate facts, appropriate or faulty inferences, and assumptions ▪ distinguish relevant from irrelevant information ▪ appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument ▪ to identify and determine the impact of bias on the decision-making process 	<ul style="list-style-type: none"> – Raises relevant questions – Considers all available information – Articulates ideas – Understands the scientific method – States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) – Recognizes holes in knowledge base – Demonstrates acceptance of limited knowledge and experience 	<ul style="list-style-type: none"> – Feels challenged to examine ideas – Critically analyzes the literature and applies it to patient management – Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas – Seeks alternative ideas – Formulates alternative hypotheses – Critiques hypotheses and ideas at a level consistent with knowledge base – Acknowledges presence of contradictions 	<ul style="list-style-type: none"> – Distinguishes relevant from irrelevant patient data – Readily formulates and critiques alternative hypotheses and ideas – Infers applicability of information across populations – Exhibits openness to contradictory ideas – Identifies appropriate measures and determines effectiveness and applied solutions efficiently – Justifies solutions selected 	<ul style="list-style-type: none"> – Develops new knowledge through research, professional writing and/or professional presentations – Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process – Weighs information value based on source and level of evidence – Identifies complex patterns of associations – Distinguishes when to think intuitively vs. analytically – Recognizes own biases and suspends judgmental thinking – Challenges others to think critically

<p><u>Communication</u> The ability to:</p> <ul style="list-style-type: none"> ▪ communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes 	<ul style="list-style-type: none"> – Demonstrates understanding of the English language (verbal and written): uses correct grammar accurate spelling and expression, legible handwriting – Recognizes impact of non-verbal communication in self and others – Recognizes the verbal and non-verbal characteristics that portray confidence – Utilizes electronic communication appropriately 	<ul style="list-style-type: none"> – Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences – Restates, reflects and clarifies message(s) – Communicates collaboratively with both individuals and groups – Collects necessary information from all pertinent individuals in the patient/client management process – Provides effective education (verbal, non-verbal, written, and electronic). 	<ul style="list-style-type: none"> – Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups – Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing – Maintains open and constructive communication – Utilizes communication technology effectively and efficiently 	<ul style="list-style-type: none"> – Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning – Effectively delivers messages capable of influencing patients, the community and society – Provides education locally, regionally, and/or nationally – Mediates conflict
<p><u>Problem-Solving</u> The ability to:</p> <ul style="list-style-type: none"> ▪ recognize and define problems ▪ analyze data ▪ develop and implement solutions ▪ evaluate outcomes 	<ul style="list-style-type: none"> – Recognizes problems – States problems clearly – Describes known solutions to problems – Identifies resources needed to develop solutions – Uses technology to search for and locate resources – Identifies possible solutions and probable outcomes 	<ul style="list-style-type: none"> – Prioritizes problems – Identifies contributors to problems – Consults with others to clarify problems – Appropriately seeks input or guidance – Prioritizes recourse (analysis and critique of recourse) – Considers consequences of possible solutions 	<ul style="list-style-type: none"> – Independently locates, prioritizes and uses resources to solve problems – Accepts responsibility for implementing solutions – Reassesses solutions – Evaluates outcomes – Modifies solutions based on the outcomes and current evidence – Evaluates generalizability of current evidence to a particular problem 	<ul style="list-style-type: none"> – Weighs advantages and disadvantages of solution to a problem – Participates in outcome studies – Participates in formal quality assessment in work environment – Seeks solutions to community health-related problems – Considers second, the third order effects of solutions chosen
<p><u>Interpersonal Skills</u> The ability to interact effectively and in a culturally aware manner with:</p> <ul style="list-style-type: none"> ▪ patients ▪ families ▪ colleagues ▪ other healthcare professionals ▪ the community 	<ul style="list-style-type: none"> – Maintains professional demeanor in all interactions – Demonstrates interest in patients as individuals – Communicates with others in a respectful and confident manner – Respects differences in personality, lifestyle, and 	<ul style="list-style-type: none"> – Recognizes the non-verbal communication and emotions that others bring to professional interactions – Establishes trust – Seeks to gain input from others – Respects role of others 	<ul style="list-style-type: none"> – Demonstrates active listening skills and reflects back to original concern to determine course of action – Responds effectively to unexpected situations – Demonstrates ability to build partnerships 	<ul style="list-style-type: none"> – Establishes mentor relationships – Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self

	<p>learning styles during interactions with all persons</p> <ul style="list-style-type: none"> – Maintains confidentiality in all interactions – Recognizes the emotions and bias that one brings to all professional interactions 	<ul style="list-style-type: none"> – Accommodates differences in learning styles as appropriate 	<ul style="list-style-type: none"> – Applies conflict management strategies when dealing with challenging interactions – Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	<p>and others during the interaction</p>
<p><u>Responsibility</u> The ability to:</p> <ul style="list-style-type: none"> ▪ be accountable for the outcomes of personal and professional actions ▪ follow through on commitments that encompass the profession within the scope of work, community and social responsibilities 	<ul style="list-style-type: none"> – Demonstrates punctuality – Provides a safe and secure environment for patients – Assumes responsibility for actions – Follows through on commitments – Articulates limitations and readiness to learn – Abides by all policies of academic program and clinical facility 	<ul style="list-style-type: none"> – Displays awareness of and sensitivity to diverse populations – Complete projects without prompting – Delegates tasks as needed – Collaborates with team members, patients, and families – Provides evidence-based patient care 	<ul style="list-style-type: none"> – Educates patients as consumers of health care services – Encourages patient accountability – Directs patients to other health care professionals as needed – Acts as a patient advocate – Promotes evidence-based practice in healthcare settings – Accepts responsibility for implementing solutions – Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	<ul style="list-style-type: none"> – Recognizes role as a leader – Encourages and displays leadership – Facilitates program development and modification – Promotes clinical training for students and coworkers – Monitors and adapts to changes in the healthcare system – Promotes service to the community
<p><u>Professionalism</u> The ability to:</p> <ul style="list-style-type: none"> ▪ exhibit appropriate professional conduct ▪ represent the profession effectively while promoting the growth/development of the Physical Therapy profession. 	<ul style="list-style-type: none"> – Abides by all aspects of the academic program honor code and the APTA Code of Ethics – Demonstrates awareness of state licensure regulations – Projects professional image – Attends professional meetings – Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, 	<ul style="list-style-type: none"> – Identifies positive professional role models within the academic and clinical settings – Acts on moral commitment during all academic and clinical activities – Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making 	<ul style="list-style-type: none"> – Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary – Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and 	<ul style="list-style-type: none"> – Actively promotes and advocates for the profession – Pursues leadership roles – Supports research – Participates in program development – Participates in education of the community – Demonstrates the ability to practice effectively in multiple settings – Acts as a clinical instructor – Advocates for the patient, the community and society

	families, and other healthcare providers.		<p>maintenance of patient dignity</p> <ul style="list-style-type: none"> – Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/ professional development – Utilizes evidence to guide clinical decision making and provision of patient care, following guidelines for best practices – Discusses role of physical therapy within the healthcare system and in population health – Demonstrates leadership in collaboration with both individuals and groups 	
<p><u>Use of Constructive Feedback</u></p> <p>The ability to:</p> <ul style="list-style-type: none"> ▪ seek out and identify quality sources of feedback ▪ reflect on and integrate the feedback ▪ provide meaningful feedback to others 	<ul style="list-style-type: none"> – Demonstrates active listening skills – Assesses own performance – Actively seeks feedback from appropriate sources – Demonstrates receptive behavior and positive attitude toward feedback – Incorporates specific feedback into behaviors – Maintains two-way communication without defensiveness 	<ul style="list-style-type: none"> – Critiques own performance accurately – Responds effectively to constructive feedback – Utilizes feedback when establishing professional and patient-related goals – Develops and implement a plan of action in response to feedback – Provides constructive and timely feedback 	<ul style="list-style-type: none"> – Independently engages in a continual process of self-evaluation of skills, knowledge and abilities – Seeks feedback from patients/clients and peers/mentors – Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities – Uses multiple approaches when responding to feedback – Reconciles differences with sensitivity – Modifies feedback given to patients/clients according to their learning styles 	<ul style="list-style-type: none"> – Engages in non-judgmental, constructive problem-solving discussions – Acts as conduit for feedback between multiple sources – Seeks feedback from a variety of sources to include students, supervisees, peers, supervisors, patients – Utilizes feedback when analyzing and updating professional goals

<p><u>Effective Use of Time and Resources</u> The ability to:</p> <ul style="list-style-type: none"> ▪ manage time and resources effectively to obtain the maximum possible benefit 	<ul style="list-style-type: none"> – Comes prepared for the day’s activities/responsibilities – Identifies resource limitations (i.e. information, time, experience) – Determines when and how much help/assistance is needed – Accesses current evidence in a timely manner – Verbalizes productivity standards and identifies barriers to meeting productivity standards – Self-identifies and initiates learning opportunities during unscheduled time 	<ul style="list-style-type: none"> – Utilizes effective methods of searching for evidence for practice decisions – Recognizes own resource contributions – Shares knowledge and collaborates with staff to utilize best current evidence – Discusses and implements strategies for meeting productivity standards – Identifies need for and seeks referrals to other disciplines 	<ul style="list-style-type: none"> – Uses current best evidence – Collaborates with members of the team to maximize the impact of treatment available – Has the ability to set boundaries, negotiate, compromise, and set realistic expectations – Gathers data and effectively interprets and assimilates the data to determine plan of care – Utilizes community resources in discharge planning – Adjusts plans, schedule, etc. as patient needs and circumstances dictate – Meets productivity standards of facility while providing quality care and completing non-productive work activities 	<ul style="list-style-type: none"> – Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.) – Applies best evidence considering available resources and constraints – Organizes and prioritizes effectively – Prioritizes multiple demands and situations that arise on a given day – Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care
<p><u>Stress Management</u> The ability to:</p> <ul style="list-style-type: none"> ▪ identify sources of stress in work/life scenarios ▪ to develop and implement effective coping behaviors ▪ On behalf of <ul style="list-style-type: none"> • self • patients/clients and their families • members of the healthcare team 	<ul style="list-style-type: none"> – Recognizes own stressors – Recognizes distress or problems in others – Seeks assistance as needed – Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> – Actively employs stress management techniques – Reconciles inconsistencies in the educational process – Maintains balance between professional and personal life – Accepts constructive feedback and clarifies expectations – Establishes outlets to cope with stressors 	<ul style="list-style-type: none"> – Demonstrates appropriate affective responses in all situations – Responds calmly to urgent situations with reflection and debriefing as needed – Prioritizes multiple commitments – Reconciles inconsistencies within professional, personal and work/life environments – Demonstrates ability to defuse potential stressors with self and others 	<ul style="list-style-type: none"> – Recognizes when problems are unsolvable – Assists others in recognizing and managing stressors – Demonstrates preventative approach to stress management – Establishes support networks for self and others – Offers solutions to the reduction of stress – Models work/life/balance through health/wellness behaviors in professional and personal life

<p><u>Commitment to Learning</u> The ability to self-direct learning to include:</p> <ul style="list-style-type: none"> ▪ the identification of needs and sources of learning ▪ continually seeking and applying new knowledge, behaviors, and skills 	<ul style="list-style-type: none"> – Prioritizes information needs – Analyzes and subdivides large questions into components – Identifies own learning needs based on previous experiences – Welcomes and/or seeks new learning opportunities – Seeks out professional literature – Plans and presents an in-service, research, or case studies 	<ul style="list-style-type: none"> – Researches and studies areas where own knowledge base is lacking in order to augment learning and practice – Applies new information and re-evaluates performance – Accepts that there may be more than one answer to a problem – Recognizes the need to and is able to verify solutions to problems – Reads articles critically and understands limits of application to professional practice 	<ul style="list-style-type: none"> – Respectfully questions conventional wisdom – Formulates and re-evaluates position based on available evidence – Demonstrates confidence in sharing new knowledge with all staff levels – Modifies programs and treatments based on newly-learned skills and considerations – Consults with other health professionals and physical therapists for treatment ideas 	<ul style="list-style-type: none"> – Acts as a mentor not only to other PTs, but to other health professionals – Utilizes mentors who have knowledge available to them – Continues to seek and review relevant literature – Works towards clinical specialty certifications – Seeks specialty training – Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) – Pursues participation in clinical education as an educational opportunity
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POLICY TITLE: STUDENT RETENTION

Policy: The physical therapy program is dedicated to retaining those students who have been accepted into the program and who continue to demonstrate an ability to succeed in the program. Options for students who have been identified as “at-risk” through a formal assessment or a student performance-initiated process (Starfish, Advisor or Instructor Assessment, Test and Exam Scores) include, but are not limited to:

Learning Contract: a collaborative document detailing the specific tasks, behaviors, or dispositions necessary for a student to progress or become successful.

Leave of Absence: a stop-out option initiated by the student and agreed to by the physical therapy core faculty for a predetermined timeframe.

Remediation: a collaborative process initiated by the course instructor to provide an opportunity for the student to demonstrate competence; may be documented by a learning contract if related to an entire course or content area.

We also encourage proactive use of resources such as Peer Tutoring, Referral to Student Support Services, Center for Student Success, and work with course instructors and lab assistants. When student retention is challenged, it may be necessary to convene a board to discuss the student issues and needs. (See PT-CPRB).

Person(s) Responsible:

Student
Physical Therapy Faculty Advisor
Physical Therapy Faculty
Physical Therapy Program Director

Procedure:

Refer to specifics for each retention option outlined above.

POLICY TITLE: STUDENT NOTICES

Policy: The physical therapy program is dedicated to retaining those students who have been accepted into the program and are successfully completing the requirements of the program. On occasion, it is necessary to issue a formal notice to a student that their performance is less than adequate. These actions are listed in ascending order of severity; however, they are not a progressive nor comprehensive list of possible communications.

Warning: a formal written letter from the Program Director to the student identifying a behavior, disposition, or performance that is unacceptable; the identified area must change, or additional notices will be served with possible consequences.

Probation: a formal written letter from the Program Director, based on recommendations from a PT-CPRB to the student identifying a timeframe for modifying their academic performance or behavior; may occur prior to a more severe notice.

Dismissal: unenrollment of a student from the physical therapy educational program determined by PT-CPRB in collaboration with the Program Director.

Person(s) Responsible:

Student

Physical Therapy Faculty Advisor

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Student displays a behavior that is considered unacceptable for maintaining professionalism, a safe environment for learning, continued progression in the physical therapy program, or other instances that have been identified in the Physical Therapy Student Handbook.
2. Any member of the physical therapy faculty can initiate a request for a letter of warning. The Program Director will meet with the student to discuss the letter of warning. This letter will be issued under the Program Director's signature and become part of the student's academic advising file. A second letter of warning will require appearance before the PT-CPRB.
3. Notices of probation and/or dismissal are determined in accordance with the Physical Therapy Conduct & Performance Review Board policy. Probation and/or dismissal may affect student loan status.
4. Students may appeal a decision to be placed on probation or dismissed from the program with the Program Director first, and if in disagreement with that decision, with the Dean of CNHS, in accordance with the Physical Therapy Conduct & Performance Review Board policy. Copies of probation or dismissal letters are filed with the Office of the Registrar.
5. Any student dismissed from the program has the right to reapply for admission.

POLICY TITLE: STUDENT EXAM REMEDIATION

Policy: At any time, students who receive a grade below 80% on an exam in the physical therapy curriculum will be asked by the instructor to remediate to demonstrate adequate mastery of the course objectives.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Faculty Advisor

Physical Therapy Program Director

Procedure:

1. Physical Therapy Faculty monitor student performance within their assigned courses.
2. Faculty will require students scoring below 80% on an exam to remediate the exam material.
3. Faculty determine the type of remediation needed for the student to demonstrate an appropriate level of mastery with the material.
4. Successful, timely remediation is a requirement to complete the course.
5. Successful remediation does not negate earned grade; original test grades will be used for calculating course grades.
6. Incomplete or unsatisfactory remediations, as determined by the instructor, may result in failure of the exam or assignment remediated.

First-Year Examples of Student Remediation:

- Retake an exam by providing rationale for responses previously missed
- Instructor asks student to defend responses orally
- Retake a practical examination

Second-Year Examples of Student Remediation:

- Take a secondary examination for competence
- Retake an exam, providing rationale for all responses in each question
- Pass an oral examination
- Retake a practical examination

Third-year Examples of Remediation:

- Resubmission of course materials or research requirements
- Satisfactory resubmission of final research project
- Permission not granted to take the NPTE as an early test take.

POLICY TITLE: STUDENT LEARNING CONTRACT

Policy: The Student Learning Contract is a collaborative document utilized to assist a student in developing professional behaviors, meeting required objectives, or remediating clinical performance. The document outlines those expectations the faculty member(s) will meet and the expectations the student will meet to accomplish a fully executed agreement. The timeframe and consequences for failure to complete the agreement are also identified within the document.

Person(s) Responsible:

Physical Therapy Faculty Advisor

Physical Therapy Faculty

Student

Physical Therapy Program Director

Director of Clinical Education

Procedure:

1. Initiated by any member of the core physical therapy faculty with a currently enrolled student.
2. Identification, through a collaborative process, of specific behaviors, skills, or dispositions that are lacking.
3. Identification of expectations and/or measurable outcomes that must be demonstrated as part of the agreement.
4. Identification of the specific time frame for completion.
5. Explicit consequences are provided for failure to meet the agreed-upon expectations/outcomes.
6. In addition to the aforementioned items, each contract must contain the following:
 - a) Student name
 - b) Date of initial meeting
 - c) Date of execution
 - d) Signature of involved parties
 - e) Deadline for meeting the objectives
7. The student's Physical Therapy Faculty Advisor or DCE is responsible for monitoring the student's progress toward completion
8. The Learning Contract will be shared with the Program Director and stored in the Student's Academic File.

POLICY TITLE: LEAVE OF ABSENCE

Policy: This is a stop-out option available to students who are in good academic standing. A leave of absence (LOA) is granted for a one-year period such that the student making the request can re-enter the curricular sequence with the next cohort in the same semester they exited. A student may consider this option for multiple reasons (health, family, military leave, financial strain, etc.). Requests are initiated by the student and considered by the core physical therapy faculty.

Person(s) Responsible:

Student

Physical Therapy Program Director

Procedure:

1. Student composes a letter of intent to take a LOA and presents it to the Program Director.
2. The Program Director presents the letter and any supporting materials to the full physical therapy faculty.
3. Student must notify the Program Director in writing 60 days prior to the semester they expect or intend to re-enter.
4. In the event the student does not notify the Program Director of intent or chooses to not re-enter with the next cohort, the student will be dismissed from the program.
5. LOA may affect student loan status.

POLICY TITLE: GRADING

Policy: The physical therapy program utilizes a standardized grading scale to identify student achievement. The physical therapy faculty will utilize the following scale for recording final course grades for all didactic courses.

A	93-100	(4.00)	B-	80-82	(2.67)
A-	90-92	(3.67)	C+	77-79	(2.33)
B+	87-89	(3.33)	C	70-76	(2.00)
B	83-86	(3.00)	F	≤ 69	(0.00)

Doctoral Seminar and Clinical Education Courses (PT 632, PT 633, PT 734, PT 781, PT 782, PT 783) will use the following grade scale:

S	Satisfactory Completion	U	Unsatisfactory Completion
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Other temporary grades used in the program:

I	Incomplete	IP	In-Progress
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Person(s) Responsible:

Student

Physical Therapy Faculty

Program Director

Procedure:

1. Faculty will use the above scale for reporting final course grades for students in didactic and clinical courses.
2. Students must maintain a cumulative grade point average of 3.0 as defined above to remain in good academic standing within the physical therapy program.
3. Students earning a score less than 80% on an exam will receive remediation. The type and extent of remediation is determined by the instructor of record.
4. Grades of S/U are used for Clinical Education and Doctoral Seminar courses.
5. Grades of "IP" are typically used in Doctoral Seminar courses, until student research is completed. The "IP" will be followed by an S/U as the final grade for the course.
6. Grades of 'I' must be requested by the student to the instructor of record. Grades of "I" are utilized only for circumstances beyond the student's control.

POLICY TITLE: ACADEMIC STANDING

Policy: Graduate students enrolled in the physical therapy curriculum must maintain a minimum grade point average (GPA) of 3.0 on a 4.0 scale. More than two grades of “C” or lower may not be applied toward graduation if a student’s GPA drops below 3.0. More than two grades of “C” or lower throughout the program may trigger a Physical Therapy Performance and Conduct review board which will determine whether the student is able to succeed in the program. Grades of “F” are not acceptable for graduate work. It is the student’s responsibility to comply with this policy.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Faculty Advisor

Director of Clinical Education

Physical Therapy Program Director

Procedure:

Earned grades of “C”

1. Student earns one grade of “C”; student will receive an informal written notice from the Physical Therapy Program Director.
2. Student earns two grades of “C”; student will receive a formal written notice from the Physical Therapy Program Director, alerting the student of risks of dropping below a 3.0.
3. Student earns a third grade of “C”; Physical Therapy Program Director initiates the dismissal process in accordance with the Physical Therapy Conduct & Performance Review Board policy.

GPA less than required

1. Student’s cumulative GPA falls below required 3.0 level.
2. A student may be placed on probation with requirement to bring GPA up within 1-2 semesters.
3. Student may be reviewed by the PT-CPRB for potential dismissal from the program if the GPA cannot be brought up to 3.0 within 1-2 semesters.
4. In accordance with the Physical Therapy Conduct & Performance Review Board policy, the Physical Therapy Program Director initiates the review for potential dismissal process.

Earned grade of “F”

1. Student earns a grade of “F” in any course.
2. Physical Therapy Program Director initiates the process for dismissal in accordance with the Physical Therapy Conduct & Performance Review Board policy.

Unacceptable Clinical Performance and/or Doctoral Seminar Courses

1. Student earns a grade of unsatisfactory (U) on any clinical experience or PT 632, PT 633, and PT 734, the doctoral seminar research sequence may be grounds for dismissal from the Program and will require the student appear before the Physical Therapy Conduct & Performance Review Board (PT-CPRB).

POLICY TITLE: ACADEMIC MISCONDUCT

Policy: The Physical Therapy Program does not tolerate academic dishonesty. We believe that admittance into and successful completion of a Physical Therapy Program demands ethical, professional, and intellectual performance always. Forms of academic misconduct include but are not limited to: receiving credit for any work that is not one's own; offering information to another student during an exam that is intended to be completed individually; receiving information from another student during an exam that is intended to be completed individually; using crib notes, class notes, textbooks or previous exams during an exam when the use of these has not been authorized by the instructor; not following faculty instructions regarding the exam; and/or any unapproved action intended to or which does provide an unfair advantage in a testing situation.

In addition, plagiarism, which is defined as using someone else's work without giving proper credit, or selling, lending, or giving away to any unauthorized person any questions of, or answers to a quiz or exam not publicly available will result in adverse actions taken against the student(s).

All students will be provided with appropriate proctoring of testing. This may include being proctored through the university's Testing Center, which is preferred. In the case that the testing center is unable to accommodate, a member of the faculty or staff may proctor the testing.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. When a faculty member has substantiated reason to believe a student is guilty of academic misconduct, the faculty member must first notify the student(s) involved.
2. Once the student and faculty member have discussed the actions in question, and the concern is duly substantiated, the Physical Therapy Program Director will be notified.
3. After consultation with the faculty member and student regarding the matter, the program director may support a variety of consequences for the student, including but not limited to a warning notice, granting the student an "F" in the course.
4. Any repeated offenses of academic dishonesty are especially taken seriously and will generally result in an F for an entire course. In this case, the Physical Therapy Program Director initiates the review for dismissal process in accordance with the Physical Therapy Conduct & Performance Review Board policy.
5. A student may appeal the final decisions by the program.

POLICY TITLE: PRIVACY AND CONFIDENTIALITY OF ACADEMIC RECORDS

Policy: The Department of Physical Therapy takes the custody of student records seriously. Disclosure of student information is limited to directory information unless specific requests for information are provided and authorized by the student.

Similarly, the use of patient/client health information is used only after obtaining the appropriate release for use as identified by the individual owner of such information. The Department adheres to all FERPA and HIPAA requirements.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Physical Therapy Administrative Personnel

Director of Clinical Education

Procedure:

1. Students may request to view their academic records.
2. The Physical Therapy Faculty and Program Director will follow the University of Mount Union procedures outlined in the Graduate Catalog to address the student's request.
3. Schools must have written permission from the eligible student to release any information from a student's education record.
4. Student records will be destroyed per the [University's Records Destruction Policy](#).

POLICY TITLE: STUDENT SAFETY/PATIENT-SIMULATORS

Policy: The program is committed to maintaining a safe environment for teaching and learning. Throughout the program, students will need to serve as patient-simulators and as physical therapists during lab skill development and assessment. The purpose of this is for students to learn, practice, and develop the necessary skills for clinical practice. For these reasons, the following procedures have been put into place.

Person(s) Responsible:

Students

Physical Therapy Faculty

Adjunct, Guest speakers, Lab Assistants

Physical Therapy Program Director

Procedure:

1. When serving as a physical therapist or as a patient-simulator, students with a new or recent physical limitation or condition (e.g. pregnancy, under a physician's care, acute or chronic injury) can put themselves and/or classmates at additional risk. All such risks for sustaining an injury must be reported to the instructor of record for the course or lab.
2. Faculty and/or instructors who have learned of such a condition or limitation must exercise caution when/if allowing students to participate in activities that may place the student or others at risk.
3. Students knowingly failing to self-report or failing to follow the modified instructions and directions of the faculty instructor will be reviewed by the PT-CPRB for violations of professional behaviors.

POLICY TITLE: LABORATORY PRACTICAL EXAM PERFORMANCE

Policy: Attaining an acceptable level of performance on practical examinations is necessary for students to progress within a course, to the next semester, or from the didactic to the clinical components of the curriculum. Acceptable performance on practical examination in clinical science courses is an earned mark of 80% or above and no essential safety errors.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

Unacceptable score without an essential safety error

1. Student earns a score of less than 80% on a practical examination without essential safety error.
2. Student will be required to effectively remediate and re-take the unsuccessful components within the practical examination at the discretion of the primary course faculty member to achieve the equivalent of 80% or above.
3. In order to successfully complete the course with a passing grade, the student will be required to remediate and re-take the exam according to the faculty's designated timeframe.
4. Students are allowed one opportunity to remediate and re-take the practical exam.
5. Students who are not able to successfully pass a remedial practical with an equivalency at 80% or above, will be required to appear before the PT CPRB.

Unacceptable score with a safety error

1. Student earns a score of less than 80% on a practical examination including a safety error.
2. Except in a no-fault practical (as defined per course syllabus), an essential safety error leads to a failing grade for the exam; a student who has committed an essential safety error will be reviewed by the Physical Therapy Conduct Performance Review Board for potential dismissal from the program.
3. Physical Therapy Program Director initiates the review for potential dismissal process in accordance with the Physical Therapy Conduct & Performance Review Board policy.

Acceptable score with a safety error

1. Student earns a score greater than 80% on a practical examination with an essential safety error.
2. Failing grade for the practical will be issued; student will be reviewed by the PT-CPRB for potential dismissal from the program.
3. Physical Therapy Program Director initiates the review for potential dismissal process in accordance with the Physical Therapy Conduct & Performance Review Board policy.

POLICY TITLE: SAFETY ERRORS

Policy: Any action or lack of action that places a patient or student at risk for injury is considered a safety error.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Student commits an essential safety error* on a practical examination in a major category. Starred* areas are considered essential within the context of most case scenario.
2. Failing grade for course may be issued after review of the case; if the safety error is egregious, the student will be reviewed by the Physical Therapy Conduct Performance Review Board for potential dismissal from the program.
3. Physical Therapy Program Director reviews any situations that advise potential dismissal process in accordance with the Physical Therapy Conduct & Performance Review Board policy.
4. Determination of student status is assessed by the Program Director and communicated to the student.

Essential safety practices define competent Physical Therapists. Laboratory safety errors can include, but are not limited to:

- Review medical chart/coordinate care with other medical professionals prior to initiating patient care
 - Perform screen of systems via chart review when available
 - Safely Recognize significant contraindications relative to a given case scenario*
 - Wash hands, don appropriate PPE
- Cognitive check of patient
 - Verify that an at-risk patient has the cognitive and physical capacity to safely participate in the prescribed task*
 - Check for and adhere to valid medical/surgical/behavioral precautions
- Physical Checks of patient and environment
 - Check/verify patient identity*
 - Apply gait belt properly to patient*
 - Manage/Check lines (catheter, nasal cannula, IV, etc.) prior to moving a patient
 - Identify and/or correctly apply Universal Precautions
 - Assess/apply properly fitting and appropriate footwear for a mobility task.

- Guard patient safely in sit or stand*
 - Scan Environment which places patient at risk
- Practice safe transfer skills
 - Properly manage equipment/environment to ensure safe and successful transfers*
 - Ascertain the patient's baseline status (telemetry, vitals, and demonstrated knowledge of expected changes with activity)
- Safety in action (see bullet three)
 - Demonstrate or verbalize safe clinical reasoning/strategy for managing unfolding risk
 - Recognize when to ask for assistance which places the patient at risk
 - Appropriately select, apply, or discontinue interventions*
 - Demonstrate and apply safety procedures associated with common codes used in medical facilities

POLICY TITLE: STUDENT READINESS FOR CLINICAL EDUCATION

Policy: The program faculty are committed to providing a curriculum that ensures students are prepared for clinical education experiences. This includes essential didactic success as well as clinical reasoning. Prior to clinic, students must have a 3.0 or above in all clinical course work or an acceptable action plan in place. Students must also complete all practical examinations without significant essential safety errors. This may impact readiness for clinical at the discretion of the DCE and Program Director.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Faculty have identified essential safety skills that must be completed without error during every practical examination. Faculty members may elect to incorporate these essential safety skills in their course's lab practical. UMU DPT list of essential safety skills should be reviewed by all students in each course with clinically based skills lab.
2. If a student fails a practical or lab exam due to an essential safety error, the student will be required to appear before the Physical Therapy Conduct and Performance Review Board (PT-CPRB). The PT-CPRB may elect to allow the student to remediate the practical examination or to consider other actions depending on the situation and patterns of student issues.

POLICY TITLE: COURSE GRADE CHALLENGE

Policy: Students receiving a course grade they believe is inaccurate have the right to seek resolution, and if resolution is not possible, to appeal a recorded grade.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Student must notify the course instructor of record that they believe an error in calculation or transcription may have occurred in reporting the final course grade.
 - Notice may be electronic using the University of Mount Union email system, within two weeks of received grade.
 - Notice may be written and sent via US mail or private carrier to the attention of the course instructor of record, postmarked within two weeks of received grade.
2. The student and the faculty member will attempt to resolve the issue.
3. In the event a reasonable solution is unable to be reached, the student may appeal the course grade to the Physical Therapy Program Director. The appeal should be submitted in written form within one week of the previous outcome.
4. The Physical Therapy Program Director will convene the PT-CPRB to review the appeal. Students have the right to file the appeal within 30 days of the start of the following semester in which the grade in question was received.

POLICY TITLE: GENERAL APPEAL PROCESS

Policy: Students have a right to appeal any sanctions taken-imposed by the program against them. Information presented is restricted to the specific sanction for which the student is appealing. Extraneous information not specific to the identified adverse action will not be considered.

Person(s) Responsible:

Student

Dean of College of Natural and Health Sciences

Procedure:

1. Student submits a written appeal to the Dean of College of Natural and Health Science in accordance with the [Graduate Catalog](#).
2. The Dean will evaluate the appeal and provide a written response. The appeal decision is final.

Student Health Services

POLICY TITLE: REQUIRED HEALTH INFORMATION

Policy: It is necessary for students enrolled in the physical therapy program to complete all required documentation verifying completion of a physical, immunizations, titers, and acknowledgment of health insurance. The following procedures address areas other than those dealt with under the Clinical Education Section of this handbook, although may include overlap of some documents.

Person(s) Responsible:

Student

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Students will be required to submit a UMU Health Record Form per University requirements upon entry to the DPT program and university.
2. Forms are discussed and disseminated to the cohort at New Student Orientation.
3. Students are expected to complete this step prior to first day of classes in the Fall semester, per program instructions.
4. Areas that cover clinical education, will be utilized for both university and clinical requirements.
5. Students who fail to complete this record may be subject to delay of start or failure to continue in the program.

Additional Information:

Exposure to Potential Health Risks

Students should be aware they may be exposed to a variety of potential health risks throughout the educational program and clinical practice.

1. Students should exercise regular hand-washing techniques to decrease the risk of exposure to bacteria and viruses in clinical laboratory sessions.
2. Students must follow the hand washing and other disinfecting practices of the clinical facility during the clinical experiences.

Pregnancy

1. Students who are pregnant or become pregnant while in the program must notify the Program Director and the Office of Student Accessibility Services.
2. Students who are pregnant must provide a letter from their physician approving continuance in the program and/or outlining any limitations or need for accommodations.

3. Many procedures used in physical therapy are contraindicated during pregnancy. It is the student's responsibility to notify instructors of the pregnancy so proper precautions may be taken. Also be advised that pregnancy may limit some activities on clinical education experiences and clinical facilities may reserve the right to refuse to take pregnant students. Please see the Clinical Education Section for the policy and procedures to follow when pregnancy occurs during clinical education experiences.

Illnesses or Surgeries

Students who are absent due to an injury, an illness requiring a doctor's care, or surgery will be required to obtain a medical release to return to classes and continue participation in the program. Students must notify the Physical Therapy Program Director if they will be absent two or more sequential days. Students will be required to make up any missed work per course syllabi. Any limitations due to physical or mental illness may require the student to register with the Office of Student Accessibility Services.

Safety Regulations

POLICY TITLE: CAMPUS SAFETY AND EMERGENCY SERVICES

Policy: Every effort is made to provide a safe teaching and learning environment for students, faculty, and staff. There may be occasions when, despite the best efforts of all involved in the program, emergencies arise. Please follow the policy below during such an unfortunate event.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Physical Therapy Administrative Personnel

Procedure:

1. Individuals involved in an emergency should remain calm.
2. Assess the extent of the situation (e.g. smoke, fire, trauma, injuries).
3. Dial 911
4. After calling 911, dial Campus Security at (330) 428-1344 or dial S-A-F-E from campus phones to report the situation. Campus Security will direct emergency services and assist as necessary.

In addition, Blue Light Phones are located strategically across campus for emergencies. Students need only to push a button on these phones to alert the Alliance Police Department and Campus Safety and Security of an emergency. It is important to speak clearly and state the nature of the problem and its location. Please note these phones are only to be used in cases of an actual emergency as they connect directly to the Alliance Police Department.

POLICY TITLE: STANDARD (UNIVERSAL) PRECAUTIONS

Policy: The term *Standard Precautions* is used to discuss the acceptable methods for handling, managing, and disposing of items contaminated by bodily fluid or infectious substances. The accepted nomenclature in the healthcare environment is *Universal Precautions*.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Physical Therapy Administrative Personnel

Procedure:

1. Students will be provided instruction within the curriculum to identify and manage the situations and circumstances in which Universal Precautions are required.
2. Students will also be made aware of the personal protection equipment available for use in situations and circumstances where Universal Precautions are required.
3. Students will adhere to Universal Precautions as are necessary to protect themselves and others in the physical therapy program.
4. All faculty and students must comply with basic infection control guidelines in the laboratory setting:
 1. Wash hands thoroughly with soap and water before and after each contact; the use of a hand sanitizing agent is acceptable.
 2. A disinfectant and Universal Precautions should be used for contact with blood or body fluids.
 3. Contaminated materials are to be placed and kept in an appropriately identified and covered receptacle.
 4. Equipment and materials should be cleaned and disinfected at the end of each use.

POLICY TITLE: HAZARDOUS MATERIALS

Policy: The Physical Therapy Program retains chemical products for: purposes of disinfecting equipment and surfaces; products used as a medium to provide therapeutic modalities; and products used to cleanse and/or disinfect wounds as part of providing basic first aid. Each of the chemical solutions and products has a material safety data sheet (MSDS). The program will retain and make available the MSDS for inspection upon request.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Administrative Personnel

Procedure:

1. MSDS will be obtained for all chemical items used to clean, disinfect, or serve as a medium for therapeutic modalities.
2. The original copies of the MSDS will be kept in the Department Office in a binder accessible by the Administrative Personnel and/or program faculty.
3. Copies of the MSDS will be kept in the Overflow Laboratory (Gallaher #323) and Teaching Laboratories (Gallaher #320, #322).
4. In the event of an accidental exposure or contact with surfaces or areas for which the solution is not intended by the manufacturer, the MSDS will be consulted for the recommended removal method and/or treatment.
5. Follow-up of any accidental exposure will entail a written incident report to the Program Director and notification of emergency services if necessary. Completed incident reports will be kept in the Program Director's office.

In the case of leaks or spills:

1. Evacuate to a safe distance if necessary.
2. Consult MSDS manual located in the Department Office, Equipment Storage Room, or Teaching Laboratories.
3. Evacuate to a safe distance if necessary.
4. Call 330-428-1344 (campus security). Give description and location of material.
5. Remain at a safe distance until Security arrives, preventing access to the area.
6. Security will contact the manager in charge of the area to determine if an emergency exists.
7. Seek medical attention if necessary.
8. Do not return to the area until given clearance by Security.

POLICY TITLE: HEALTH RISKS

Policy: Due to the nature of clinical practice, a student of physical therapy has the potential risk for personal injury, and/or exposure to infectious agents and hazardous materials, even prior to clinical experiences. The program is committed to making sure that all students are aware of these risks and receive standardized training related to these concerns.

Person(s) Responsible:

Student

Physical Therapy Faculty

Procedure:

1. Students will follow all required health information standards of the university and Physical Therapy program [see Policy Title: Required Health Information], including but not limited to documentation of annual physical examinations and required immunizations and titers.
2. Prior to beginning a clinical experience, the designated Physical Therapy Faculty will provide basic education and access to training on Occupational Safety and Health Administration (OSHA), Standard Precautions and Blood Borne Pathogens.

Facilities and Equipment

POLICY TITLE: USE OF CLASSROOM AND LABORATORY SPACES

Policy: Access to classroom and laboratory space in the Physical Therapy Department after hours is available for additional study. Students have a resource & study lounge located on the third floor of Gallaher Hall; additional space can be obtained by using the classroom and laboratory spaces located on the third floor only.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. A wireless card reader is located in the Classrooms/Laboratories (# 320, #322, and #324) of Gallaher Hall, the Student Resource and Study Lounge (#321), and the classroom (#010) of Gallaher Hall to allow 24-hour access, except during restricted hours.
2. These card readers are activated with the University Student ID card (Purple Plus Card).
3. Access is only granted to currently enrolled physical therapy students, these rooms have entry and exit logs which are maintained by the University Information Technology Office. Unauthorized access is prohibited.
4. Physical Therapy Faculty may hold supervised open laboratory hours at times not otherwise scheduled for regular classroom or laboratory sessions. These times are provided for students to practice skills and use of the equipment on which they have received training.
5. Identified equipment will be made available for student use during unsupervised hours.
6. Students using these spaces after hours must follow all posted safety information.
7. Students must report any unsafe or suspicious activities to campus security at (330) 428-1344.
8. In an emergency, students should contact first responders (Call 911) and campus security as described in the Emergency Services section of this handbook.
9. Students must report any missing or damaged equipment to the Physical Therapy Director on the next business day following identification of the damaged or missing equipment.
10. Student safety is everyone's responsibility; access to individuals that are not current Physical Therapy Students is prohibited.

POLICY TITLE: STUDENT RESOURCE & STUDY LOUNGE

Policy: A dedicated space has been established for students enrolled in the physical therapy program. This space is available to students 24 hours a day. Use of this area is established and reserved for the use of program students only.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Students may access the Resource & Study Lounge (room #321) using the card reader.
2. A limited selection of texts, models, videos, or/and other resource materials are available for student use in the Resource & Study Lounge. Use of these items are limited to the Resource & Study Lounge. No materials should be removed from this space, except for classroom use approved by faculty.
3. Students will be assigned one locker for use during the first and second year of the program. Students are responsible for cleaning out their locker before the end of the third year in the program.
4. Students are required to label equipment as "Out of Order" and report any damaged equipment to the Physical Therapy Director no later than next business day following identification of the damaged equipment. The preferred method of contact is through email.
5. In the case a student believes a piece of equipment is missing, please contact the Program Director immediately through email.

POLICY TITLE: USE AND MAINTENANCE OF EQUIPMENT

Policy: The safety of students, faculty, and staff is important. Every piece of equipment owned by the program will undergo a regular schedule of maintenance and calibration as identified by the manufacturer.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Students must report any malfunctioning equipment to the course instructor or Program Director immediately.
2. Malfunctioning equipment will be pulled from use and tagged for repair.
3. The Program Director or designee will coordinate with an external Biomedical Equipment Vendor to have all electrical equipment safety checked and/or repaired annually.
4. The report of the Biomedical Equipment Vendor will be kept in the Department Office and is available for inspection by any member of the University community upon request provided the review occurs in the department offices.
5. Equipment will be replaced as the need to do so is identified either by malfunction or end of utility.
6. Any equipment approved for use outside of the classroom/laboratory space must be signed-out on the Equipment Sign-Out Log located in the Overflow Laboratory (#323).

Patient Cases

POLICY TITLE: PROTECTED INFORMATION (PATIENT CASES)

Policy: The use of patient and client information is a valuable tool in the teaching and learning process. It is necessary for the personal identifiable information related to the patient/client to be safeguarded. This is the responsibility of the individual obtaining and reporting such information. The following procedures have been adopted to protect the personal identifiable information of those individuals used for case study presentation(s).

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Any patient or client selected for use as a case study must complete the Consent Form, a copy of the form follows this policy.
2. The faculty member or student must discuss with the patient/client each instance for which utilization of their information or image will be utilized.
3. It is the responsibility of the faculty member or student obtaining the consent to ensure that all questions from the patient/client have been addressed before requesting the final signature and date on the consent form.
4. Regardless of the type of information obtained or the consent given by the patient/client no personal identifiable information will be disclosed in conjunction with the use of the information.
5. Examples of such personal identifiable information include but are not limited to: name, birthdate, health record numbers, account numbers, or social security numbers.
6. Consent Forms and protected information will be stored in the program's password-protected hard drive or within a locked file cabinet/office within the program's office space.
7. Any deviation from this policy may result in disciplinary action(s) for either the faculty or the student.
8. Federal regulations require research records to be retained for at least 3 years after the completion of the research (45 CFR 46). **See Appendix B: Consent Form.**

POLICY TITLE: PATIENT/CLIENT ADMINISTRATIVE INFORMATION

Policy: Patient/Client Administrative Information relates to the specific billing codes, account management materials and documentation that are utilized by a clinical facility providing physical therapy services. It is necessary for the personal identifiable information related to the specific patient/client to be safeguarded. This is the responsibility of the individual obtaining and reporting such information.

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Any patient or client whose information is selected for instructional use in the clinical practice of administrative management must complete the Consent Form. See copy of the form which preceded this policy.
2. The faculty member or student must discuss with the patient/client each instance for which their information will be utilized.
3. It is the responsibility of the faculty member or student obtaining the consent to ensure that all questions from the patient/client have been addressed before requesting the final signature and date on the document.
4. Regardless of the type of information obtained or consent given by the patient/client, no personal identifiable information will be disclosed in conjunction with the use of the information.
5. Examples of such personal identifiable information include but are not limited to: name, birthdate, diagnosis, health record numbers, account numbers, or social security numbers.
6. Protected information will be stored in the program's password-protected hard drive or within a locked file cabinet/office within the program's office space.
7. Any deviation from this policy may result in disciplinary action(s) for either the faculty or the student.

POLICY TITLE: IMAGING INFORMATION (PATIENT CASES)

Policy: The use of imaging information may include voice recordings, plain film images, MRI, CT, PET-CT, or ultrasound images. The following procedures have been adopted to protect the personal identifiable information of those individuals used for case study presentation(s).

Person(s) Responsible:

Students

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Any patient/client, whose image has been selected for use as a case study must complete the Consent Form.
2. The faculty member or student must discuss with the patient/client, each instance in which their image will be utilized.
3. It is the responsibility of the faculty member or student obtaining the consent to ensure that all questions from the patient/client have been addressed before requesting the final signature and date on the consent form.
4. Regardless of the type of information obtained or the consent given by the patient/client, no personal identifiable information will be disclosed in conjunction with the use of the image.
5. Examples of such personal identifiable information include but are not limited to: name, birthdate, health record numbers, account numbers, or social security numbers.
6. Protected information will be stored in the program's password-protected hard drive or within a locked file cabinet/office within the program's office space.
7. Any deviation from this policy may result in disciplinary action(s) for either the faculty or the student.

Complaint Process

POLICY TITLE: FILING A FORMAL COMPLAINT-STUDENT

Policy: The Physical Therapy Faculty and Staff recognize and accept a student's right to file a complaint/grievance against a member of the Department of Physical Therapy. All complaints/grievances must be submitted in written form and contain substantiating evidence. No attempt will be made to infringe upon this individual right. All complaints/grievances are taken seriously and as such will necessitate appropriate investigation prior to resolution.

Person(s) Responsible:

Students

Physical Therapy Faculty & Staff

Adjunct Faculty and Lab Assistants

Physical Therapy Program Director

Procedure:

1. All complaints will be treated confidentially to the extent allowable until investigated. The investigation of a complaint/grievance negates the possibility of maintaining confidentiality; however, the complaint is only known to the parties involved and not openly discussed in any public forum.
2. Any complaint or grievance received by the Physical Therapy Faculty and/or Staff will be redirected to the Program Director.
3. The Program Director will determine the nature of the complaint/grievance and seek the appropriate course of resolution.
4. The Department Chairperson/Program Director may work with the Dean of College of Health and Natural Sciences and Department of Human Resources at the University of Mount Union to resolve personnel issues.
5. See below for course/laboratory complaints.

Course/Laboratory Complaints

1. Students must attempt to resolve complaints/grievances related to PT program member within a course or laboratory setting with the PT program member directly.
2. If resolution is not possible to the satisfaction of both parties, students may seek the intervention of the Physical Therapy Program Director.
3. In the event that a satisfactory resolution is still not possible, the Program Director may refer the matter to the Dean of the College of Health and Natural Sciences for final resolution.

POLICY TITLE: RECEIPT OF A COMPLAINT- COMMUNITY MEMBER

Policy: The Physical Therapy Program will be responsive to substantiated concerns raised about students, faculty, and program policies/practices by outside constituencies outside of the university such as clinical education facilities and the public. Every attempt will be made to resolve such issues through appropriate discussion, education, and action.

Person(s) Responsible:

Outside constituents

Physical Therapy Faculty

Physical Therapy Program Director

Procedure:

1. Anyone receiving a concern or complaint should refer that issue to the Physical Therapy Program Director. In instances in which the Program Director is the source of the concern or complaint, issues should be referred to the Dean of College of Health and Natural Sciences.
2. The Program Director or Dean will conduct a reasonable investigation to gain a full understanding of the issue at hand.
3. Issues not directly involving the Physical Therapy Program will be referred to the appropriate area Department Chairperson, Director, or Dean.
4. Attempts will be made to resolve the concern through discussion, mediation, education, and/or other appropriate action.
5. Those issues which cannot be resolved through the above processes shall be referred to the Dean of the College of Natural and Health Sciences.
6. The Physical Therapy Program Director will maintain documentation of such concerns or complaints and their resolution.
7. Persons who wish to make a complaint may do so through the information provided on the program's website.

POLICY TITLE: REGISTERING A COMPLAINT WITH CAPTE

Policy: The Physical Therapy Program makes every effort to meet the expectations of the specialty accreditor, Commission on Accreditation in Physical Therapy Education (CAPTE); however, even given our best efforts, complaints may arise. We acknowledge the rights of students and others to file a complaint with CAPTE.

Person(s) Responsible:

Students
Physical Therapy Consumers
Physical Therapy Clinical Facilities
Physical Therapy Faculty
Physical Therapy Program Director

Procedure:

1. Any individual wishing to file a complaint with CAPTE regarding what appears to be the Physical Therapy Program's inability to meet an evaluative criterion may do so by following the directions presented on [CAPTE's Complaints Webpage](#).
2. If a member of the physical therapy faculty is approached by a student, consumer, or clinical facility staff member regarding the desire to file a complaint with CAPTE; assistance will be provided to direct that party to the above website.
3. Upon receipt of a complaint from CAPTE, the Physical Therapy Program Director will make every attempt to investigate the complaint, reach compliance, and report findings back to CAPTE.

CLINICAL EDUCATION EXPERIENCE

Introduction to Clinical Education

Clinical education is an integral part of the physical therapy curriculum. Clinical education experiences allow students to develop and refine clinical reasoning skills as they learn to apply knowledge gained in the classroom to real life management of patient cases. It is exciting to watch the foundations and principles established in coursework come to life as patients improve and progress with physical therapy treatment interventions.

Students are representatives of the University of Mount Union and of the Physical Therapy Program at all times while on a clinical education experience. The handbook will be updated periodically to ensure the information included reflects best practices. Therefore, it is the student's responsibility to access and review the handbook online prior to beginning each clinical experience to ensure compliance with Clinical Education Policies and Procedures.

General Policies for Clinical Education Experiences

AVOIDANCE OF CONFLICT OF INTEREST

In order to ensure fair evaluation of student clinical performance, students are not allowed to seek placement at a clinical site in which they have previously been employed in the department of physical therapy. Students will not be assigned to clinical sites where an immediate family member or personal acquaintance is employed.

CIVIL RIGHTS AND EQUITY POLICY AND RESOLUTION PROCESS

Please refer to the [University of Mount Union Student Handbook policy "Civil Rights and Equity Policy and Resolution Process"](#) (Under the student handbook link), for the full policy that includes definitions, types of harassment, and the University expectations as well as guidelines to determine if behaviors have violated University values.

REPORTING DISCRIMINATION

Please refer to the [University of Mount Union Student Handbook policy "Reporting Discrimination"](#) (Under the student handbook link), for the steps to follow to report discrimination, harassment, and/or retaliation.

ROLES AND RESPONSIBILITIES

Director of Clinical Education/Academic Coordinator of Clinical Education (DCE/ACCE):

The DCE/ACCE is an individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, maintaining current information on clinical education sites, and assessing overall outcomes of the clinical education program.

Site Coordinator of Clinical Education (SCCE):

SCCEs are individuals at the clinical site who administer, manage, and coordinate clinical instructor assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of clinicians to serve as clinical instructors, supervises experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs. He or she may or may not be a physical therapist.

Clinical Instructor (CI):

The CI is an individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. This individual is responsible for carrying out clinical learning experiences and assessing students' performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. A Clinical Instructor (CI) must be a licensed physical therapist with at least one year of clinical experience who has demonstrated clinical competence.

Student:

A learning worker who participates in clinical education to practice what he or she has learned in the classroom.

References:

1. Guidelines and Self-Assessment for Clinical Education – 2004 Revision, American Physical Therapy Association.
2. Guidelines for Clinical Instructors, American Physical Therapy Association
3. Physical Therapy Credentialed Clinical Instructor Program Manual, American Physical Therapy Association
4. Reference Manual for CCCEs, American Physical Therapy Association

Policies and Procedures for Clinical Education

POLICY TITLE: CLINICAL EDUCATION PHILOSOPHY

Clinical education experiences are designed to be a progression from an introduction to basic clinical skills in the initial clinical experience to entry-level clinician standards by the end of the final rotation. As such, the initial clinical education experience in *PT-781: Clinical Education I*, place students where they will gain clinical experience and perform at a basic level with physical therapy diagnoses across the lifespan and can practice the skills required for the physical therapy examination. Within *PT-782: Clinical Education II*, students will be able to perform at an intermediate level with exposure to physical therapy diagnoses across the lifespan. Students will be expected to become competent in performing all aspects of the physical therapy evaluation and in designing and implementing a plan of care. The final clinical education experience, *PT-783: Clinical Education III*, will allow the students to gain experience in practice management/supervisory roles and to work with entry-level physical therapy diagnoses, complex cases, and multiple co-morbidities. Students will be expected to complete clinical education experiences in a variety of clinical settings. Clinical sites should be committed to student education, and should allocate the appropriate time, staff, and space within the facility to foster a productive learning environment.

POLICY TITLE: CLINICAL SITE SELECTION

Policy: The DPT program at the University of Mount Union is dedicated to forming partnerships with clinical facilities that are committed to student education. We expect our clinical sites to allocate the appropriate time, staff, and space within the facility to foster a productive learning environment for our students during their clinical affiliations. The Director of Clinical Education (DCE) strives to provide students with an ample selection of clinical sites that provide quality physical therapy services grounded in evidence-based principles that represent a variety of professional practice settings and patient populations across the lifespan of human development. Additionally, the DCE will ensure clinical opportunities will be reflective of diseases and conditions commonly seen in a variety of physical therapy settings. Experiences will also include involvement in inter-professional practice opportunities and direction/supervision of PTAs and other PT personnel.

Site selection criteria also includes the site's ability to provide clinical experience in treating the diagnoses commonly seen in physical therapy practice, and the ability to train students at beginner, intermediate, and/or entry-level stages of physical therapy preparation.

Clinical sites must be able to provide students with a full-time clinical education experience for the duration of the requested clinical affiliation. Sites must be able to assign students to work with a qualified clinical instructor who: 1) has completed an accredited physical therapy program or one deemed substantially equivalent (doctorate preferred), 2) maintains a current and unrestricted physical therapy license in the state in which they practice, 3) has at least one year in physical therapy practice with demonstrated current competence and ability to supervise students in their clinical encounters and experiences, and 4) has the desire to participate in the education of physical therapy students.

Establishment of new clinical education sites focuses primarily on the local region, to develop strong relationships with clinical educators in the area and to ensure that our students will be able to access the sites. Sites outside the local area have been identified based on their ability to provide quality clinical education experiences that will expand the breadth and depth of opportunities available to our students.

Person(s) Responsible:

Physical Therapy Program Director
Director of Clinical Education (DCE)
Physical Therapy Faculty
Site Coordinator of Clinical Education (SCCE)
Clinical Instructor (CI)
Physical Therapy Administrative Personnel
Student

Procedure:

1. The Director of Clinical Education (DCE) will make initial contact with all clinical sites, to ensure they are compatible with the University's mission and vision, are committed to providing excellent physical therapy services, and demonstrate dedication to student learning. The DCE will work with the Site Coordinator of Clinical Education (SCCE) to establish a clinical affiliation agreement. Established sites will comprehensively provide student access to experiences in a variety of practice settings, across the lifespan, and with exposure to basic, intermediate, and medically complex/entry-level physical therapy diagnoses.
2. If students are interested in a clinical site not currently affiliated with the University of Mount Union DPT Program, they may submit the facility contact information to the DCE by the end of the third semester of the program for possible placement in Clinical Education II or III. Establishing an affiliation agreement with a site can take months, and in some cases, up to a year to complete. Submission of a site of interest is not a guarantee that the University will ultimately pursue an agreement, or that the student will be placed at the site for a future clinical experience.
3. Students fill out clinical facility and clinical instructor evaluations after each clinical education experience. The DCE periodically reviews clinical site evaluations and performs site visits to ensure an ongoing ability to meet Program needs. The Program will maintain up-to-date clinical site information forms.
4. All clinical sites affiliated with the University of Mount Union DPT Program are expected to carry out the Program's established student learning objectives for the assigned student's clinical education experience, and to evaluate student clinical performance as outlined in the course syllabus. The DCE will provide any necessary training or tools to assist the clinical staff in this process.
5. If there are concerns about the clinical facility's ability to provide the student with quality clinical education experiences or to meet the student learning objectives, the DCE will work with the SCCE to resolve these concerns. The DCE may decide to place a facility on hold while conflicts are being resolved (and so will not send requests for student placement) and may ultimately decide to discontinue the clinical education experience if deemed necessary.

POLICY TITLE: CLINICAL SITE ASSIGNMENT

Policy: The Director of Clinical Education (DCE) is the primary contact between the clinical facility and the University and is responsible for scheduling student clinical education experiences. Student assignment to clinical sites is based on the ability of a site to meet the student's learning objectives for the designated affiliation, the availability of clinical instructors at the clinical site, and the need for students to gain experience with a variety of clinical diagnoses in multiple clinical settings. Consideration will be given to student requests for clinical placement, specialty settings and/or experiences, and geographic location; however, this may not always be possible. Students will be required to complete one out-of-area clinical experience.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Physical Therapy Administrative Personnel

Procedure:

1. The DCE submits an annual student clinical placement request to Site Coordinators of Clinical Education (SCCE) at clinical sites that have established affiliation agreements with the program. This takes place approximately one year in advance of the scheduled clinical experiences (consistent with the nationally agreed-upon placement date).
2. Upon receipt of all clinical site responses, the DCE reviews possible placements for the following year to ensure the available sites will meet the needs of the Clinical Education Experience.
3. A list of sites will be made available for the students to review. Students will be asked to submit a list of five preferred sites; to rank the choices in order of preference. Student preference lists will be taken into consideration but cannot be guaranteed.
4. Students will be required to complete one of the three clinical education experiences out of area. Out-of-area is defined as greater than one hour from campus.
5. The DCE will assign students to clinical sites for the designated Clinical Education Experience. Every effort will be made to ensure fairness in the site assignment process, and to place the student at a site compatible with the student's needs.
6. Site selection is final, unless the clinical facility is unable to meet the student's needs due to an unexpected change in staffing or other unforeseen difficulty in its ability to provide an adequate learning environment for the student. In the event a clinical site must cancel a scheduled rotation, the DCE will work to secure an alternate placement for the student. As this will be based on the number and types of sites available to the student with less notice, the student may not be guaranteed a similar experience to the one that has been cancelled. Every effort will be made to ensure the alternate placement will meet the student's curricular needs.

7. Once the student has been assigned to a clinical education experience, the DCE will notify the SCCE of the finalized placement, and provide the student's name, dates of scheduled rotation, and type of setting as mutually agreed upon.
8. Students will be directed by the DCE to contact the assigned clinical site prior to the scheduled rotation to introduce themselves to the SCCE and Clinical Instructor (CI), to ensure they are aware of and able to meet any additional site requirements, to familiarize themselves with site policies and procedures, and to discuss their learning objectives for the clinical education experience.
9. Clinical education experiences are not paid positions. Students are not to expect any type of payment for any services provided at the clinical site. Furthermore, students should not expect any financial assistance from the University or the clinical site in the provision of housing, transportation, or meals during a clinical education experience.

First Come First Serve Placements: First come first serve slots are offered by clinical affiliates to programs on a first come first serve basis. To secure the slot, the program that responds with a student name to the clinical affiliate will be awarded the slot if it is still available. Some clinical affiliates have submission requirements such as an interview and/or resume. If in the event these items are not required, it becomes the responsibility of the school to submit a student name based on but not limited to the following merits:

- Academic performance and readiness for the demands of the facility and/or setting
- Record of professional behaviors
- Experience/service in clinical setting of interest
- Faculty recommendation
- Up to date medical requirements
- Timely response to first come first serve notification from clinical education team

The DCE will assign students, in consideration of the above qualifying factors, to clinical sites for the designated Clinical Education Experience. Timely response to the notification of a first come first serve opportunity is not the only deciding criteria and will ultimately be made at the discretion of the DCE. Every effort will be made to ensure fairness in the site assignment process, and to place the student at a site compatible with the student's needs.

The individual assigned through a first come first serve process will be required to sign a form indicating his/her willingness to forgo the traditional Wishlist process. Site selection is final, unless the clinical facility is unable to meet the student's needs due to an unexpected change in staffing or other unforeseen difficulty in its ability to provide an adequate learning environment for the student. In the event a clinical site must cancel a scheduled rotation, the DCE will work to secure an alternate placement for the student. As this will be based on the number and types of sites available to the student with less notice, the student may not be guaranteed a similar experience to the one that has been cancelled. Every effort will be made to ensure the alternate placement will meet the student's curricular needs.

POLICY TITLE: SITE REQUIRED DOCUMENTS FOR CLINICAL EDUCATION EXPERIENCE

Policy: Clinical sites have mandatory requirements for participation in clinical education experiences. These requirements are made known to the program and are made available to the student prior to the beginning of the clinical education experience. The Director of Clinical Education (DCE) works with students throughout the academic year to ensure that they have all the requirements in place that are routinely required by most clinical sites, as well as university requirements. It is ultimately the responsibility of the student to ensure that all site requirements are known and met prior to the beginning of the clinical education experience.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Physical Therapy Administrative Personnel

Procedure:

1. The DCE works with students in the first year of the program to educate and assist in meeting the standard clinical site requirements.
2. The DCE updates clinical site information and requirements within the clinical education files as the program is made aware of them. These requirements are made available to the students online in the clinical education software system under the clinical site.
3. In the semester prior to the clinical education experience, students are instructed by the DCE to contact their clinical site to inquire about mandatory requirements. If the site has additional requirements other than those the student has already completed, it is the student's responsibility to fulfill those requirements thirty days prior to the start of the clinical education experience. The student is also to notify the DCE of these requirements for future reference.
4. If a student does not have all documents that are required by the clinical site submitted to and approved by the program's DCE thirty days prior to the beginning of a clinical education experience, they may not be permitted to proceed to the clinical.
5. Student must acknowledge, through clinical education software, the accuracy of the information provided as well as the willingness to release information to clinical sites.
6. Any student who does not meet the mandatory requirements for clinical education experiences (as described in item 3 and 4 above) may receive a Written Warning or be required to appear before the Physical Therapy Conduct & Performance Review Board (PT-CPRB) for failure to demonstrate adequate professional behavior consistent with the program's expectations.

POLICY TITLE: ATTENDANCE/CALL OFF PROCEDURE

Policy: Students are expected to always demonstrate professional behavior and in every clinical setting. Punctuality and daily attendance are considered part of professionalism. Students are expected to participate in clinical education experiences on a full-time basis per week, and to follow the work schedule of the assigned Clinical Instructor (CI). Absences are only acceptable in the event of illness, injury, or family emergency and must be reported and approved according to procedure. Excessive tardiness or unexcused absences may result in removal from the clinical, a failing grade for the clinical education experience, an action plan and learning contract and possible appearance before the Physical Therapy Performance and Conduct Review Board.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator for Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. Students are expected to follow the schedule of the assigned Clinical Instructor(s) and facility. Work schedules may vary significantly from site to site, and among therapists within a site. Work schedules may include weekends, evenings, and/or holidays.
2. Students are expected to be punctual. Students ought to arrive 15 minutes prior to their scheduled shifts to prepare for patient care.
3. In the event that a student will be late or needs to call off for the day, the student must contact the DCE and the CI as soon as possible.
4. Excessive tardiness, leaving work early without CI permission, or unexcused absences will not be tolerated. The DCE will be contacted by the CI or SCCE to have the student removed from the clinical experience.
5. The DCE must be notified for all absences. Students are allowed one absence due to illness during a clinical experience. Students are expected to make up time for any additional absences. Students may be asked to have a physician's note available for any absences due to illness more than two days.
6. All requests for personal days off (e.g. religious observance, family event, professional conferences, etc.) must be approved by the DCE in advance and with the cooperation of the SCCE.

Attending Professional Development Functions While on Clinical Education Experiences

7. The program encourages participation in professional development functions. Should a student wish to attend a professional conference (Student Conclave, CSM, or national or state conference), a request must be submitted and approved by the DCE prior to the beginning of the clinical experience. Any missed clinic hours must be made up.

POLICY TITLE: USE OF PERSONAL TECHNOLOGY/SOCIAL MEDIA

Policy: Students are to follow the clinical site policies regarding cell phone use and social media. However, the following guidelines apply to all University of Mount Union DPT students at any clinical site:

1. Cell phone use is not permitted in the clinical environment. If cell phone use is permitted by the clinical facility, it is to be used only during breaks, and must be used discreetly away from the patient care environment. Cell phones must be silenced or turned off and put away with personal belongings during patient care times.
2. Students are not to access social media websites at work from any electronic device.
3. Students are never to refer to specific clinical facility staff, workplace issue, or patient care issue in any way, on any social media site. This is a violation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the clinical affiliation agreement contract.
4. Students who violate this policy may be required to appear before the PT-CPRB for professional conduct review.
5. In addition, students violating this policy may face Federal and/or State fines and jail time.

POLICY TITLE: ACADEMIC INFORMATION

Policy: Since clinical sites are operating as an extension of the University in implementing the clinical education curriculum, they are held to the same standards for maintaining the confidentiality of student academic information as required by the Family Educational Rights and Privacy Act (FERPA). Disclosure of student information is limited to that information, which is found in the University student directory, unless specific requests for information are provided and authorized by signature of the student.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Physical Therapy Administrative Personnel

Procedure:

1. Information related to a student's clinical or academic performance is confidential and is protected under FERPA. This includes any records created for or during the student's clinical experience at a clinical site. These rights are outlined in the [University Student Handbook](#).
2. The student's academic information is not to be shared with outside parties, including past or future clinical sites.
3. The clinical site is encouraged to develop and/or maintain its own policy and procedure related to maintaining the confidentiality of student academic information.
4. Once a student's clinical education experience has been completed, any student information related to that clinical experience will be transferred to the University. No student information is to be maintained at the clinical site once the rotation is completed.

POLICY TITLE: GRADING OF CLINICAL EDUCATION EXPERIENCE

Policy: All clinical education experiences will be graded as Satisfactory/Unsatisfactory. The Director of Clinical Education (DCE) assigns the final grade for each clinical education experience. Students must meet all clinical education requirements, policies, and guidelines in addition to meeting course objectives and clinical performance criteria to receive a grade of Satisfactory. The intention for grading of Clinical Education courses is to provide the student with formative vs. summative feedback. Instrumental to student success is early and frequent communication between the Clinical Instructor (CI) and student, and early identification of problems to the DCE. Student clinical performance will be evaluated by the CI and the student's self-assessment using the Clinical Internship Evaluation Tool (CIET). The student is expected to show progression of all performance criteria across the span of the clinical education experience. Students will also be evaluated based on their demonstration of ethical and professional behaviors, as well as the quality of work on additional assignments outlined in the course syllabi specific to each Clinical Education course.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. The student and the Clinical Instructor each fill out the CIET at both midterm and final at completion of *PT-781 Clinical Education I*, *PT-782 Clinical Education II* and *PT-783 Clinical Education III*. They will then meet formally to review their scores and comments together. The student and CI must each sign off on the other's form to indicate that they have discussed the evaluations.
2. Completed CIETs are then available online for the DCE to review. The DCE determines whether the CIET indicates the student has met the standards for successful completion of the clinical experience. Expectations for each clinical experience are outlined in the course syllabus. The DCE initiates communication with the CI and student regarding any criteria that show unsatisfactory performance or significant discrepancy between CI and student ratings.
3. Students are expected to successfully complete all course assignments on time, including the student evaluation of clinical instruction and clinical experience, any additional required forms, and clinical projects (e.g. case study, in-service, research review, etc.).
4. The DCE or other designated faculty member will perform either a site visit or telephone call near the midpoint of the student's clinical education experience. The purpose of this contact is to ensure that the clinical education experience is meeting both the CI and student's expectations, to discuss learning opportunities, and to identify and

address any problems that may have arisen. Early identification of any concerns from either the CI or the student is integral to the student's ultimate success.

Benchmarks for Satisfactory Completion of the Clinical Experience (See Appendix: C)

PT-781: Clinical Education I

- Professional Behaviors (Section 1): *Rarely, Sometimes* (25-50% occurrence) by Final
- Patient Management (Section 2): *Below* by Final
- Global Rating of Student Clinical Competence: 2 by Final

PT-782: Clinical Education II

- Professional Behaviors (Section 1): *Sometimes, Most of the time* (50-75% occurrence) by Final
- Patient Management (Section 2): *At that level for familiar patients* by Final
- Global Rating of Student Clinical Competence: 5 by final

PT-783: Clinical Education III

- Professional Behaviors (Section 1): *Always* (100% occurrence) by Final
- Patient Management (Section 2): *At that level for ALL patients* by Final
- Global Rating of Student Clinical Competence: 8 by final

Unsatisfactory

A grade of unsatisfactory on any clinical experience may be grounds for dismissal from the Program and will require that the student appear before the Physical Therapy Conduct & Performance Review Board (PT-CPRB) as outlined in the

Incomplete

A grade of incomplete may be issued for a clinical experience only in exceptional circumstances limited to illness, injury, or family emergency situations. Requests must be submitted to the DCE and PT Program Director for approval.

Remediation

If student performance is less than satisfactory at any time during the clinical experience, the DCE should be notified immediately. The DCE may determine that the student needs to remediate the clinical experience. To remediate the clinical experience a learning contract may be established [**See Policy Titles: Student Retention, Student Learning Contract, and/or Student Remediation policies**]. Remediating a clinical experience may require removing the student from the current clinical facility and placing them at an alternate facility.

To meet the expectations and required hours the student may need to attend and complete additional hours during semester breaks, evenings, or weekends. In certain instances, the need to repeat the entire clinical experience at its next offering is possible. Any of the above arrangements may result in a grade of 'In-progress' (IP) until the student is able to meet the standards for satisfactory performance. The goals/outcomes and timeline for successful remediation is provided in the learning contract.

POLICY TITLE: DISMISSAL FROM A CLINICAL EDUCATION EXPERIENCE

Policy: Dismissal from a clinical education experience for any reason will result in an appearance before the Physical Therapy Conduct & Performance Review Board (PT-CPRB).

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Physical Therapy Program Director

Procedure:

1. If a student is dismissed from a clinical education experience for any reason, the DCE must be notified immediately by the student, SCCE, and/or CI.
2. The DCE will notify the Physical Therapy Program Director of the dismissal.
3. Once notified, the Physical Therapy Program Director will convene the Physical Therapy Conduct & Performance Review Board (PT-CPRB) to review the matter.

POLICY TITLE: CRIMINAL BACKGROUND CHECKS

Policy: The Department of Physical Therapy requires that students undergo annual Federal Bureau of Investigation (FBI) and Ohio Bureau of Criminal Investigation (BCI) criminal background checks, which includes electronic finger printing. Some clinical facilities may require additional testing, specific to the requirements of their site.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Physical Therapy Administrative Personnel

Procedure:

1. Students will be required to undergo annual FBI and BCI criminal background checks during the duration of time in the Physical Therapy program. The Director of Clinical Education (DCE) will provide information to assist the student in obtaining the background check. The program will pay for one (1) background check per year, per student.
2. Results are sent to the Department of Physical Therapy to upload into clinical education software.
3. It is the responsibility of the student to report formal charges (misdemeanors/felony) and to seek counsel with the DCE, Program Director and other related campus services, given such results may adversely affect the student's ability to participate in Clinical Education. The final decision related to clinical participation will reside with the clinical facility.
4. If a student has formal misdemeanor or felony charges on a background, the DCE will make three attempts to place the student in a clinical experience.
5. All results of the Criminal Background Check will be made available to a clinical facility upon request. Each clinical site may have its own standards as to what constitutes an acceptable FBI/BCI background check report; students are required to comply with all standards of the assigned clinical site.
6. If a misdemeanor or felony prohibits participation in clinical experiences, it may result in dismissal from the program due to an inability to complete required clinical coursework.
7. During the site selection process, the DCE will attempt to notify students of sites that require additional testing, to the best of the DCE's knowledge, as these requirements are subject to change. It is the student's responsibility to know and meet the current requirements of their assigned clinical site prior to beginning a clinical experience.

POLICY TITLE: PERSONAL HEALTH INSURANCE

Policy: Each student is required to obtain, maintain, and provide proof of existing healthcare coverage throughout his or her time in the physical therapy program. Any gap in healthcare coverage will impact a student's ability to secure healthcare coverage. Inability to demonstrate ongoing health insurance coverage will jeopardize a student's ability to participate in clinical education and/or progress in the program. A violation of this policy will constitute an immediate and permanent removal from the program.

Person/s Responsible:

Students

Director of Clinical Education (DCE)

Procedure:

1. Each student must show proof of personal health insurance coverage prior to entering the physical therapy program. In the event the student is on a parent's plan, a letter of dependency is required to show proof of insurance.
2. Each student will update proof of coverage as new cards are issued or as any changes in coverage occur. Students will be asked to review the proof of this coverage each December to ensure accuracy.
3. If a student anticipates the need for a major change in healthcare coverage due to a qualifying life event (e.g. marriage, aging out of a parent's policy), the student must plan well in advance to ensure that there is no gap in health insurance coverage. The student will need to inform the DCE of the plan and the progress toward securing the new coverage.
4. Since it may take time to get a new health insurance plan in place, students may need to secure temporary health insurance to cover any gaps.

POLICY TITLE: DRUG TESTING

Policy: The University of Mount Union Physical Therapy Program does not require that students complete Drug Testing as a requirement for clinical education experiences or program matriculation. The Director of Clinical Education (DCE) or other Physical Therapy Faculty will inform students of sites with this additional requirement during the site selection process. The student is responsible for obtaining these updated tests to be placed at these sites.

POLICY TITLE: PATIENT/CLIENT RIGHTS

Policy: Patients/Clients are the center of physical therapy clinical practice. As such it is paramount that every interaction, encounter, and exchange be conducted in accordance with legal and ethical standards, moreover with human dignity and respect. Students will adhere to and respect all aspects of Patient/Client Rights throughout the clinical education experience.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Physical Therapy Faculty

Site Coordinator for Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. The Physical Therapy Faculty will provide education and training in HIPAA (the federal Health Insurance Portability and Accountability Act of 1996) prior to clinical education experiences. Students are required to successfully complete all required training to ensure the protection of patient confidentiality.
2. Students are required to complete any facility training requirements related to HIPAA and patient/client rights and confidentiality.
3. All patients have the right to refuse care provided by the physical therapy student, at any time, for any reason, without adverse effects on services offered to them. The CI should obtain permission from a patient for a student physical therapist to be involved in his/her care. The student must disclose his/her status as a PT student, and provide the patient with the name of the supervising PT.
4. Students will not use any images of the patient or any materials that could in any way identify patients or their family members without obtaining the patient's written consent. Students should not initiate conversations about such consent without first discussing with a CI and/or PT supervisor. The student should follow all facility policies and procedures related to patient rights and patient confidentiality.

POLICY TITLE: STANDARD PRECAUTIONS

Policy: During clinical education experiences, students may be exposed to items contaminated by bodily fluids or infectious substances. [According to Centers for Disease Control and Prevention \(CDC\) Guidelines](#), Standard Precautions are the minimum infection prevention practices that should be adopted for all patient care, in any setting where healthcare is provided.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Physical Therapy Faculty

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. Students are required to review the CDC website educational materials related to standard precautions (<http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-gl-standared-precautions.html>) prior to beginning a clinical education experience.
2. The Physical Therapy Faculty will provide education and training in Standard Precautions and Blood Borne Pathogens prior to clinical education experiences. Successful completion of all required training to prevent and control the spread of infection is required of every student.
3. Students must also identify and successfully complete any additional training required by the clinical site on or before the first day of a clinical education experience.
4. It is the student's responsibility to understand and comply with all policies and procedures of their assigned clinical site. Students need to be aware of the facility's standard policies and procedures for infection control, the location and use of personal protective equipment (gloves, gowns, masks), and cleaning of potentially contaminated equipment and surfaces involved in patient care. Students will comply with proper respiratory hygiene/cough etiquette standards.
6. Students will safely use proper disinfecting materials for surface cleaning of items and equipment contaminated during patient care, as outlined in the facility's policies and procedures.
7. Students are expected to immediately report any incidents of accidental exposure to an infectious agent to the CI and to comply with all facility procedures following such exposure. Students should maintain a copy of all completed incident reports and submit a copy to the DCE.

POLICY TITLE: HAZARDOUS MATERIALS

Policy: Students may be exposed to hazardous materials and/or hazardous waste during a clinical education experience. A hazardous material is any item or agent (biological, chemical, physical) which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors. Chemical hazards and toxic substances pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity). Students will comply with all facility guidelines for identification and safe use of hazardous materials encountered in the clinical workplace environment.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator for Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. In order to ensure chemical safety in the workplace, information about the identities and hazards of the chemicals must be available and understandable to workers. OSHA's Hazard Communication Standard (HCS) requires the development and dissemination of such information.
2. The clinical facility is required to maintain a Material Safety Data Sheet (MSDS) record on every product used in the facility, which contains all necessary information for working with or handling the substance in a safe manner.
3. The facility will provide the students with access to any necessary training or materials related to the identification and safe handling of hazardous materials that may be encountered at the clinical site, including access to policies and procedures and MSDS records.
4. Students are responsible for locating and consulting the MSDS records of the assigned clinical site as needed, especially with regard to cleaning agents and waste management procedures routinely used in the patient care environment.

POLICY TITLE: HEALTH RISKS

Policy: Due to the nature of clinical practice, a student on a clinical experience has the potential risk for personal injury, and of exposure to infectious agents and hazardous materials. The program is committed to making sure that all students are aware of these risks and receive standardized training related to these concerns.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Physical Therapy Faculty

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. Students will be in compliance with all **required health information** standards of the Physical Therapy program [**See Policy Title: Required Health Information**], including but not limited to documentation of annual physical examinations and required immunizations and titers.
2. Prior to beginning a clinical experience, the DCE and/or designated Physical Therapy Faculty will provide basic education and access to training on Standard Precautions and Blood Borne Pathogens.
3. Some sites require specific or additional training. It is the student's responsibility to contact the site at least three months prior to the assigned rotation to ensure adequate time to complete any additional medical testing and/or facility Occupational Safety and Health Administration (OSHA) training, including but not limited to infection control, hazardous materials, security, and incident reporting, before beginning the clinical experience.

POLICY TITLE: DRESS CODE/APPEARANCE DURING CLINICAL EDUCATION EXPERIENCES

Policy: Students are expected to present themselves in a professional manner at all times during a clinical education experience. Good hygiene, neatness, and modesty are important components of professional appearance. Students will follow the dress code policies of the assigned facility. If the assigned site does not have specific dress code requirements, students are expected to follow the program guidelines listed below. Students will receive one warning related to unacceptable appearance; any additional occurrences are grounds for dismissal from the clinical.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. Clothing is to be neat and clean at all times.
2. Students are required to wear a University of Mount Union and/or facility nametag at all times with the designation of "Student Physical Therapist".
3. Unless the facility dress code specifies otherwise, students are to wear traditional business casual clothing. Polo or button-down shirts with neutral color slacks are preferred. Women may wear skirts or dresses if they are at least knee length. Socks and undergarments must be worn at all times. Students are not permitted to wear shorts, capri pants, leggings, sweatpants or sweatshirts, jeans, sleeveless shirts, t-shirts, shirts with logos or sayings, or revealing clothing.
4. Clothing is to provide adequate coverage of chest, armpits, midriff, and legs above the knees during all body positions routine to patient care; undergarments must never be visible. Clothing will not be clingy or see-through. Students will avoid deep cut necklines and low-riding waistbands.
5. Socks or stockings are mandatory. Bare legs are not permitted. Shoes must have closed toes, low heels, and non-skid soles. Shoes must be kept clean. Shoes with ties must be tied. Work boots and sandals are not permitted. Athletic shoes are only permitted if the facility allows them.
6. Hair is to be neat, clean, and should not obstruct vision. Long hair should be pulled back. Facial hair must be neat and trimmed. Students should avoid any extreme fads of hairstyle/color that might be considered offensive to patients.
7. Jewelry should be limited to watches, wedding bands, and non-dangling earrings for patient and personal safety.
8. Tattoos must be covered, and body piercings and gauges (other than conservative earrings) removed during clinical practice.

9. Fingernails are to be kept neat and trimmed short. Nail polish and artificial fingernails are not permitted during clinical experiences for sanitary reasons.
10. Students should avoid using strongly scented perfume, cologne, lotions, soap, or hair products.
11. Any questions or concerns related to dress code or appearance guidelines should be directed to the DCE prior to the beginning of the clinical experience.

Managing Emergencies During Clinical Education

POLICY TITLE: EMERGENCY PREPAREDNESS

Policy: Students are required to be familiar with the assigned clinical site's emergency response procedures at the start of every clinical experience. Students must be made aware of the expectations of responding to emergency codes and actively participating in preparedness drills.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. The student and the SCCE or CI should review the clinical site's policy and procedure manual on or before the first day of a clinical experience. The student should understand his or her role in responding to emergency codes and participating in emergency preparedness procedures.
2. The student should participate as instructed by the facility in all training sessions and emergency preparedness drills.

POLICY TITLE: EMERGENCY SITUATIONS

Policy: Students ought to respond to emergency situations that arise during a clinical education experience related to patient care in accordance with the clinical facility's established policies and procedures.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. Any incident witnessed by or involving the student should be immediately reported to the CI by the student. The student will proceed to notify the SCCE and DCE as soon as possible but no later than 24 hours after the incident has occurred.
2. Should a patient become unresponsive or unconscious while working with a student, the student will know how to call an emergency code and/or obtain emergency assistance in accordance with the facility's policies and procedures.
3. Should a patient fall or sustain an injury while working with a student, the student will understand how to react to the situation to ensure the patient's immediate safety, how to follow facility procedures for obtaining necessary medical assessment and/or intervention, and for immediately notifying all appropriate parties.
4. The student, in conjunction with the CI, will complete any required paperwork/incident report documents. The student should keep a copy of the incident report for submission to the DCE within 24 hours of the incident. If a copy of the incident report is not available, the DCE will provide a blank incident reporting form for the student to complete within the same 24-hour timeframe. The purpose of this reporting is to have a record of the incident should any future legal action be taken. Students should complete this report as soon as possible after an incident so that the details are easily recalled.

POLICY TITLE: EMERGENCY CARE

Policy: Each student is personally responsible for all medical costs associated with any personal injuries incurred during a clinical experience. It is the clinical facility's responsibility to ensure that a student has access to first aid and/or emergency medical care should an injury or exposure to an infectious agent or hazardous material occur on site.

Person(s) Responsible:

Student

Director of Clinical Education (DCE)

Site Coordinator of Clinical Education (SCCE)

Clinical Instructor (CI)

Procedure:

1. Each student is required to show proof of personal major medical health insurance coverage, which includes hospitalization, to the SCCE at the beginning of a clinical education experience.
2. Should a student become injured, acutely ill, or experience exposure to an infectious agent or hazardous material during a clinical experience, the clinical facility should administer first aid or emergency care to a student as it would for any employee.
3. Students are responsible for all related costs of medical care administered during a clinical experience.
4. Students should comply with all requirements of the facility in the event of injury or exposure to communicable disease or hazardous material, including immediately reporting any incident to the CI, SCCE, and DCE and completing an incident report.
5. The student should keep a copy of the incident report for submission to the DCE within 24 hours of the incident. If a copy of the incident report is not available, the DCE will provide a blank incident reporting form for the student to complete within the same 24-hour timeframe.
6. When applicable, physician clearance must be obtained to return to clinical duties; a copy of this physician clearance must be submitted to the SCCE and DCE prior to returning to work.
7. The student is responsible for alerting the CI/SCCE of any existing medical conditions or potential medical problems, as well as any action that may be necessary because of an existing condition.

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RESEARCH AND DISCOVERY

Doctoral Seminar Course Series (PT 632, 633, and 734)

Students must enroll and successfully pass each course in the series to complete the requirements for the Doctor of Physical Therapy degree. Students do have the opportunity to choose one of three formats to meet the expectations; Faculty Led Research, Case Report, or Systematic Review. Students are expected to meet the expectations of the faculty advisor supervising their scholarly project, which will be described in the course syllabus.

Course Workload:

This course series is designed to facilitate the completion of the student's capstone research project. As such, the workload required to complete a quality report is substantial.

Grading Scale:

The syllabus and learning contract describe the expectations for the project. To achieve full credit for each course the student must complete all portions of the work described. All work must be well written and delivered in an electronic format. To receive full credit for revisions to previous work the student must complete all of the instructor's requests on the timeline agreed to by the student and instructor. The unique nature of each project makes a universal rubric impractical. Grading is at the discretion of the instructor. For best results, please communicate closely with your instructor regarding his or her expectations as the course progresses. Different professors may have minor differences regarding timelines, length, and quality. It is important that you understand YOUR professor's expectations.

Research Forum:

The final requirements for completion include presentation at the Physical Therapy Research Forum and a final report submitted error free to your advisor for retention by the Department of Physical Therapy.

I. FACULTY LED RESEARCH OPTION

Description:

This is an option for a group of four to five students who wish to work with a member of the Faculty on a research project which may include any research method, once faculty member offers the research as a student project opportunity, including case studies or systematic reviews.

Research courses are described below. The exact content of these courses may vary somewhat according to the needs and demands of the student and the instructor. Please see your course syllabus for specific objectives. The content of each course should generally flow as follows:

Doctoral Seminar I:

- Introduction to faculty led research project
- Identification and approval of project
- Writing and submission of IRB and consent forms
- Review of AMA or APA style
- Begin writing the literature review section

Doctoral Seminar II:

- Writing of introduction
- Completion of literature review section
- Begin writing methods, outcomes, and other sections as appropriate
- Writing of the abstract and submission of work to national or state conference (optional)

Doctoral Seminar III:

- Writing of outcomes, discussion, conclusions, appendices, title page, and abstract
- Formatting and ordering of posters or other preparation for research forum and/or state and/or national conference(s)
- Presentation at Department of Physical Therapy Research Forum and/or the University of Mount Union Scholar Day; completion/submission of final report

** Please note, data collection and processing may occur in any or all of the courses depending on the research project, research timeline, and instructor expectations.*

AMA OR APA STYLE AND MANUSCRIPT GUIDELINES:

Faculty Advisors and students should determine possible venues for dissemination of the research project results in advance and select a professional manual of style and reference. The most commonly used in professional writing are the American Medical Association Manual of Style and the American Psychological Association Style Guide. Whichever option selected will require significant work and time for both the student(s) and the faculty advisor. The project ought to represent a meaningful contribution to the profession of physical therapy. Proper presentation of your paper will ensure the widest possible dissemination and ease of readership. Therefore, certain standards **must** be met for acceptance and approval by your advisor and The University of Mount Union Physical Therapy Faculty.

Organization of the Report:

The following sections should be included in your paper, in the order indicated below.

1. Title Page
2. Abstract
3. Introduction
4. Literature Review
5. Methods
6. Results
7. Discussion
8. Conclusions
9. References
10. Appendices (as needed)

Font Style and Size:

Calibri at 12-point font size is recommended to ensure ease of readership.

References:

All references/citations must be in a professional style format; only the AMA or APA are acceptable formats. A style manual for AMA or APA Style Referencing is recommended. It is assumed that the majority of your references will come from peer-reviewed journals. Textbooks, non-peer-reviewed articles, and internet references may be used, but your advisor reserves the right to limit your use of these sources as he or she deems necessary.

Appendices:

The use of appendices is encouraged for inclusion of items that are not suited for figures, tables, or text, but that are essential for the reader to fully understand the project. Examples of items that may be suitable to include in an appendix include: copies of functional assessments used, exercise protocols, exercise logs, copies of surveys used, large tables/graphs, photos, etc. For questions on what should be included within the text versus what may be placed in an appendix, consult the AMA Manual of Style as well as your advisor. Refer to the Manual of Style for appendix labeling and formatting.

Length/Content Requirements:

Because each project is unique and describes different types and lengths of protocols, it is difficult to set a minimum requirement for length. Papers should be long enough to fully describe the project, including methods and results, as well as to fully discuss the outcomes, significance, and clinical implications of the project. Introductions should briefly describe the research project, give a brief background of the study, and include description of the research problem, research questions, and research hypotheses. Literature reviews should include critical reviews and appraisals of interventions, protocols, tests and measures, similar cases/research studies, etc. that are related to or are used in the specific project. Validation of common measures used during treatment such as: manual muscle testing, goniometry, electromyography, functional tests and measures, tests for sensation, exercise type, modality use, outcome measures, etc., must be included. The faculty advisor will help guide the student(s) regarding what elements need to be addressed in the literature reviews. Completed papers average approximately 40 pages (not including title page, abstract, references or appendices), but a particular project may dictate a longer or slightly shorter final report. The faculty advisor makes the final decision regarding whether or not the final paper adequately describes the project and is of sufficient length to meet the standards for a doctoral level project.

RESEARCH FORUM REQUIREMENTS

The Physical Therapy Research Forum is not only a celebration of student accomplishments but also an opportunity to provide continuing competence credits to the local physical therapy community. This event offers faculty and students a venue to present summaries of scholarly activities. The event is structured similar to a regional or national professional meeting highlighting the importance of evidence-based, clinically relevant research and exploration of best practices in the development of the field of Physical Therapy.

The annual event typically offers two modes of dissemination for participants; a poster session and a formal presentation. Details will be provided in Doctoral Seminar courses.

Guidelines for Poster Presentations

The poster format of research communication, while reaching a more limited audience than oral presentations, allows for more in-depth discussion of the research between the presenter and the conference participant. The primary considerations for poster design are to attract the reader's attention and to present the research in a clear and concise manner. Following are some general recommendations for the design of a research poster.

Poster presentation sizes may vary based on the venue where the presentation occurs. The expectations for the Research Forum are for posters that are 36"x48" and utilize one of the University of Mount Union poster templates. The component parts of the typical poster may vary with the type of research, but generally include:

Title: The title should be a short (12 words or less) phrase that is descriptive of the project and catches the viewer's interest. The title runs the length of the top of the poster.

Byline: Located directly under the title, the byline lists the author(s) of the research and their affiliation(s).

Abstract: This is generally found at the top left-hand side of the poster.

Introduction: This section should be a brief discussion of the research problem/question, significance, and the purpose of the study.

Methods: This section briefly reviews the characteristics of subjects, test design and procedures, materials, equipment, and methods used in the study.

Results: This section briefly describes the measured changes in the study variables. Tables or charts are often a clear method to display results in a complete and concise manner.

Discussion and Conclusions: The discussion/conclusion section is a brief interpretation of the study findings and should relate back to the purpose statement identified in the Introduction.

References / Acknowledgements: This section should list any literature referred to in the text of the poster. It may also include a list of support entities (people, institutions, funding sources) for the research.

Adapted from: Jenkins, S., C. Price, L. Straker. The Researching Therapist. New York: Churchill Livingstone; 2002:178-184.

Guidelines for Platform Presentations

The presentation time is 10 minutes and an additional 5 minutes for questions/answers; students should accompany the presentation with slides (e.g. PowerPoint, Prezi, etc.). The platform presentation format should completely and concisely summarize the research using graphic images that are clear, informative, and easy to read.

The component parts of the typical platform presentation may vary with the type of research, but generally include:

Title Slide: The title slide includes a short (12 words or less) title that is descriptive of the project, the author(s) name(s), and the institution(s) affiliated with the research.

Introduction: This section should be a brief discussion of the research problem/question, significance, and the purpose of the study.

Methods: This section briefly reviews the characteristics of subjects, test design and procedures, materials, equipment and methods used in the study.

Results: This section briefly describes the measured changes in the study variables. Tables or charts are often a clear method to display results in a complete and concise manner. When using tables or figures, make sure all labels, figure keys, and data are easy to read and are properly formatted.

Discussion and Conclusions: The discussion/conclusion section is a brief interpretation of the study findings and should relate back to the purpose statement identified in the Introduction.

References / Acknowledgements: This section should list any literature referred to in the presentation, and list support entities (people, institutions, funding sources) for the research.

Adapted from: Domholdt, E. Physical Therapy Research: Principles and Applications. 2nd Edition Philadelphia: WB Saunders; 2000:441-443.

INSTITUTIONAL REVIEW BOARD INFORMATION AND PROCESS

The University of Mount Union has established an Institutional Review Board (IRB) to review all research involving human and animal subjects. All human and animal subject research conducted at the University must be reviewed and be approved by the IRB prior to the start of the research.

The National Research Act Public Law 99-156, the Food and Drug Administration regulations published at 21 CFR 50 and 56, Health and Human Subjects regulations published at 45 CFR 46, The Health Research Extension Act of 1985, and the National Commission for the Protection of Human Subject of Biomedical and Behavioral Research provide guidelines for research with human subjects to ensure their protection in the design and conduct of research.

Based on these federal regulations, it is the responsibility of the investigator to refer his or her project to the IRB for review whenever human and animal subjects are being considered for research, even if the investigator does not consider the subjects to be at risk. The IRB will have the responsibility for determining what does or does not meet the criteria for exemption, expedited review, or full review.

Students and faculty should review IRB policies to determine the appropriate form(s) that are required.

References:

Domholdt, E. *Physical Therapy Research: Principles and Applications, 3rd Ed.* Philadelphia, PA: W.B. Saunders Co.; 2003.

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McEwen, I. *Writing Case Reports: A How to Manual for Clinicians.* Alexandria, VA: American Physical Therapy Association; 2001.

Coates, M. Writing for Publication: case reports. *J Hum Lact.* 1992; 8:23-6.

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Iles, RL, Piepho, RW. Presenting and publishing case reports. *J Clin Pharmacol.* 1996; 36: 573-9.

McCarthy, LH, Reilly, KEH. How to write a case report. *Fam Med.* 2000; 32:190-5.

McEwen, IR. Editor's Note: case reports: slices of real life to compliment evidence. *Phys Ther.* 2004; 84: 126-7.

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Wright, SM, Kouroukis, C. Capturing zebras: what to do with a reportable case. *CMAJ.* 2000; 163: 429-431.

APPENDIX: A

Estimated DPT Program Cost Sheet

2022 Entering Cohort (Tuition is fixed per cohort for the duration of the 34-Month PT Program)

	Semester 1 FALL	Semester 2 SPRING	Semester 3 SUMMER	Semester 4 FALL	Semester 5 SPRING	Semester 6 SUMMER	Semester 7 FALL	Semester 8 SPRING	Total Cost
Tuition	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$13,900	\$111,200
Tech Fee	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$800
*Program Fee	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$1,000
Parking Fee (Per academic year)	\$100			\$100			\$100		\$300
Graduation Fee (Fall prior to graduation)							\$100		\$100
Total Cost	\$14,225	\$14,125	\$14,125	\$14,225	\$14,125	\$14,125	\$14,325	\$14,125	\$113,400

***Program Fee Includes:** BCI/FBI Background Checks, Student Medical/Lab Kits, NEOMED Badge, white lab coat, NPTE preparation materials and course registration, APTA/OPTA Membership, and EXXACT Clinical Software.

Additional Program Costs:

- Costs for clinical travel, uniform, housing, physical, health requirements, drug tests and immunizations
- CPR certification
- Cost associated with licensing and NPTE testing
- Student Housing
- Textbooks
- Travel associated with program events or conferences

APPENDIX: B
Consent Form

UNIVERSITY OF MOUNT UNION
DEPARTMENT OF PHYSICAL THERAPY

Consent Form

I, _____, hereby grant permission for the University of Mount Union Physical Therapy Program instructor/student to obtain and use for educational purposes the information I have identified below by my initials.

Type of Information

_____ Medical/Physical history

_____ Treatment interventions

_____ Digital/Film images/recordings

_____ Audio/Video tape recordings

_____ Evaluation documentation

_____ other _____

Permissions

_____ I grant permission for educational use of the above information/images.

_____ I do not grant permission for educational use of the above information/images.

_____ I grant permission for commercial use of the above information/images.

_____ I do not grant permission for commercial use of the above information/images.

_____ I understand that I am able to withdraw my participation at any time.

Acknowledgements

_____ The intended use of such information/recordings has been explained to me and I have been made aware of any associated risks and/or benefits.

_____ I understand that I will not receive compensation in any form, monetary or material, for granting permission to obtain and use the above indicated information/images.

_____ I further acknowledge that I will not make claims against the University of Mount Union and/or its designee for use of the above information/images.

If the preceding information is to be used in conjunction with a specific class project the supervising instructor and or physical therapist(s) must complete this section and provide a copy of the completed form to the participant. *[Students must also attach the following: statement of the assignment purpose, description of assignment and how information is to be used, what is expected of the participant, potential risks and benefits associated with participation.]*

Course Name and Number: _____

Academic Term Offered: _____

Project or Activity Title: _____

Academic Instructor Contact Information:

Supervising Therapist Contact Information

(Name)

(Name)

University of Mount Union

University of Mount Union

(Email)

(Email)

() _____
(Phone)

() _____
(Phone)

Signatures:

Instructor's Signature Date

Supervising Physical Therapist's Signature Date

Student's Signature Date

Participant/Legal Guardian Signature Date

APPENDIX: C
Clinical Education Benchmarks
CIET Student Performance Expectations

PT-781: Clinical Education I

- Professional Behaviors (Section 1): *Rarely, Sometimes* (25-50% occurrence) by Final.
- Patient Management (Section 2): *Below* by Final
- Global Rating of Student Clinical Competence: 2 by Final

PT-782: Clinical Education II

- Professional Behaviors (Section 1): *Sometimes, Most of the time* (50-75% occurrence) by Final
- Patient Management (Section 2): *At that level for familiar patients* by Final
- Global Rating of Student Clinical Competence: 5 by final

PT-783: Clinical Education III

- Professional Behaviors (Section 1): *Always* (100% occurrence) by Final
- Patient Management (Section 2): *At that level for ALL patients* by Final
- Global Rating of Student Clinical Competence: 8 by final

Professional Behaviors (Section 1) Guidelines:

The frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely, Sometimes* (50% occurrence), *Most of the time, or Always* (100% occurrence).

Patient Management (Section 2) Guidelines:

1. Well Below: Student requires Guidance from their clinical instructor to complete an item for all patients.
2. Below: Student requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.
3. At That Level for Familiar Patients: Student is independently managing patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.
4. At That Level for all Patients: Student is independently managing both patients with a familiar presentation and patients with a complex presentation. Student can carry an

appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

5. **Above:** Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

Global Rating Scale Guidelines:

On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Place an X in the box which best describes the student.



***Well below
a competent
clinician***

***At the level
of a competent
clinician***

***Well above
a competent
clinician***

References:

1. Guide to Physical Therapist Practice. 2nd ed. *Phys Ther.* 2001;81:9–746.
 2. Sackett DL, Haynes RB, Tugwell P, Guyatt GH, eds. *Clinical Epidemiology: A Basic Science for Clinical Medicine.* 2nd ed. Philadelphia, Pa: Lippincott Williams & Wilkins Publishers; 1991.
- 8.

