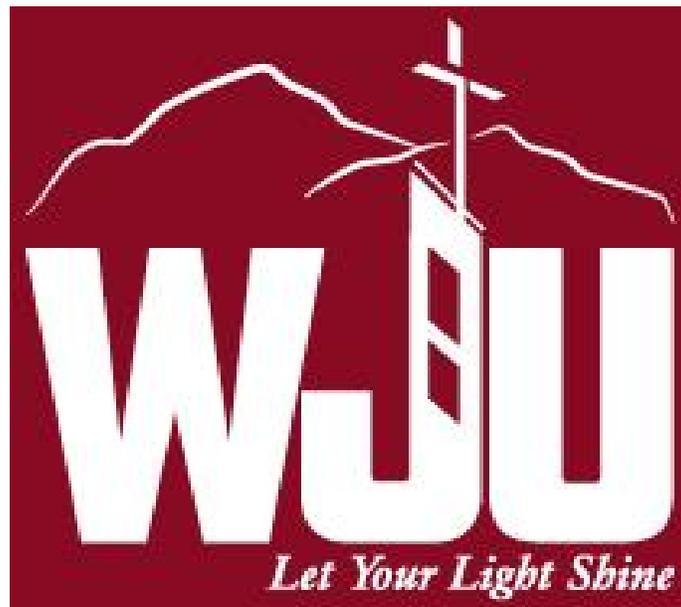


**DEPARTMENT OF PHYSICAL THERAPY
STUDENT HANDBOOK**



Revised May, 2019

TABLE OF CONTENTS

0.0	<u>Introduction</u>	6
0.1	Purpose of Physical Therapy Student Handbook	6
0.2	Updating the Physical Therapy Student Handbook	6
0.3	Compliance Agreement	7
0.3.1	Instructions	7
0.4	Physical Therapy Student Handbook Student Feedback Form	7
0.5	The Curriculum	9
0.5.1	Introduction to Problem-Based Learning	9
0.5.2	Mission and Philosophy	10
0.5.2.1	Mission Statement	10
0.5.2.2	Statement of Philosophy	10
0.5.2.3	Principles and Values of the Program	10
0.5.3	Program Goals	11
0.5.4	Competencies of Graduates	13
0.5.5	Curriculum Schedule	13
0.5.6	Course Formats	13
0.5.6.1	Clinical Science (Tutorials)	13
0.5.6.2	Basic Science	14
0.5.6.3	Physical Therapy Science	15
0.5.6.4	Professional Issues	15
0.5.6.5	Research and Evidence Based Practice	16
0.5.6.6	Integrated Seminar	16
0.5.6.7	Service Learning	16
0.5.6.8	Clinical Education	17
0.5.6.8.1	Clinical Education Sites	18
0.6	The Accreditation Process	18
0.7	Licensure Requirement	19
0.8	American Physical Therapy Association (APTA)	19
1.0	<u>The Student Member and the University</u>	20
1.1	Code of Conduct	20
1.2	Academic Integrity	20
1.3	Graduate Office	21
1.4	Disability Accommodations	22
1.5	Emergency Messages	23
1.6	Regular Use of Email	23
1.7	Change of Student Information	23

1.8	Student Lockers	24
1.9	Housing	24
1.10	Class Cancellation	24
1.11	Transfer of Credits	25
1.12	Graduation	25
1.13	Respect for Facility	26
1.14	Privacy	27
1.15	Use of Classrooms	27
1.16	Use of Tutorial Rooms	27
1.17	Extra Curricular Activities	27
1.18	Physical Therapy Club and Honor Society	28
1.19	Sexual Harassment/Assault	28
1.20	Equal Employment Opportunity Officer	29
1.21	Health Records	29
1.22	University Student Health Center	29
2.0	<u>The Student Member and the Physical Therapy Program</u>	30
2.1	General Department Information	30
2.1.1	Offices	30
2.1.2	Telephone Numbers and Policies	30
2.2	Committees	30
2.2.1	Admissions Committee	30
2.2.2	Curriculum Committee	30
2.2.3	Advisory Committee	31
2.2.4	Academic Progress Committee	31
2.2.5	Accreditation Committee	31
2.2.6	Service Learning Committee	31
2.3	Faculty Roles	32
2.4	Food and Beverages in Classrooms	33
2.5	Use of Physical Therapy Facilities	33
2.6	Attendance	33
2.7	Tardiness	34
2.8	Timeliness of Assignments	34
2.9	Announcements	34
2.10	Use of Office Facilities	34
2.11	Request for References and Transcripts	35
2.12	Use of Software in Computer Lab	35
2.13	Use of Duplication and Scanning of Documents	35
2.14	Incident Reports	35
2.15	Obtaining Informed Consent	36
2.16	Academic Regulations	36

2.16.1	Introduction	36
2.16.2	Style Manual	36
2.16.3	Maintaining Confidentiality of Student Education Records	36
2.16.4	Academic Probation	37
2.16.5	Academic Suspension	38
2.16.6	Dismissal	39
2.17	Course Remediation	39
2.18	Repeating a Course	40
2.19	Incomplete Grades	40
2.20	Withdrawal	40
2.21	Readmission to the Program	41
2.22	Learning Contracts	41
2.23	Examination Review Policy	41
2.24	Class Participation	42
2.25	Grading	42
2.26	Student Examination Formats	43
2.26.1	Multiple-Choice Questions (MCQ)	43
2.26.2	Modified Essay Questions (MEQ)	43
2.26.3	Triple Jump	43
2.26.4	Objective Structured Clinical Examination (OSCE)	44
2.26.5	Comprehensive Examinations	44
2.26.6	Checkout/Competency Assessments	48
2.26.7	Take-Home Examinations	48
2.26.8	Regulations for Passing/Failing of Exams	49
2.27	Noncompliance with Rules of Conduct	49
2.28	Appeals Procedure	51
2.28.1	Departmental Grievance Procedure	51
2.28.2	Level One	51
2.28.3	Level Two	52
2.28.4	Level Three	52
2.28.5	Withdrawal of Complaint	52
2.28.6	Hearing and Decisions	52
2.28.7	Reprisal and Retaliation	52
2.29	Faculty Advisement	52
2.30	Advancement in the Physical Therapy Curriculum	53
2.31	Student Progress Assistance	53
2.32	Permission to Participate in Clinical Education	54
2.33	Professional Behavior Expectations	54
2.33.1	Social Media	55
2.34	Physical Therapy Learning Resource Center (LRC)	56
2.35	Physical Therapy Science	57

2.35.1	Safety	57
2.35.2	Lab Dress Code	59
2.36	Classroom Dress Code	59
2.37	Professional Dress Code	60
2.38	Student Governance	60
2.39	Student Evaluation of Courses and Curriculum	60
2.40	Estimated Costs of Professional Education	61
2.41	FSBPT Examination Testing Policy	61
3.0	<u>Appendices</u>	63
3.1	Department Mission	64
3.2	APTA Vision Statement 2020	65
3.3	Curriculum Schedule	68
3.4	Essential Functions for Physical Therapy Students	71
3.5	Adult Model Permission and Release Form	72
3.6	Student Evaluation of DCE	75
3.7	Process for Graduation and Licensure	76
3.8	Federation of State Boards Mission Statement	77
3.9	Model Practice Act	78
3.10	Survey of Graduates	99

0.0 INTRODUCTION

0.1 Purpose of Physical Therapy Student Handbook

The Physical Therapy (PT) Student Handbook was prepared as a preliminary announcement of policies and procedures designed to promote understanding and mutual respect among faculty, staff, and graduate students within the physical therapy program (referred to herein as the “Program”).

Students enrolled in the Program are also subject to, and should be familiar with, the policies and procedures set forth in the University’s Student Handbook, located on the University’s website at <http://www.wju.edu/studenthandbook>. In the case of any differences between the policies and procedures in the University’s Student Handbook and those in the PT Student Handbook, the policies and procedures in the PT Student Handbook will govern the Program.

0.2 Updating the Physical Therapy Student Handbook

Change and adjustment in the Program are normal and expected. The PT Student Handbook is updated yearly and is otherwise subject to revision based upon feedback from multiple sources, including but not limited to, Department of Physical Therapy faculty and director, members of University administration, as well as external sources such as the Federation of State Boards of Physical Therapy and the program’s accreditation agency. Student input is also earnestly solicited. All feedback received is considered carefully and incorporated into the document as appropriate.

Notice of any updates to the PT Student Handbook will be provided in the form of an email announcement and/or distribution of additional/replacement pages. Additionally, the version of the PT Student Handbook published on the University’s website will be kept current to reflect any updates. Changes to the PT Student Handbook are effective and enforceable immediately unless otherwise noted.

0.3 Compliance Agreements

0.3.1 Instructions

It is each student's responsibility to thoroughly review the PT Student Handbook. The Department also recommends that each student review relevant sections of the University Student Handbook, as identified in the PT Student Handbook.

The PT Student Handbook will be sent electronically by the Department Office Manager to all students at the beginning of Term I. The Handbook can also be accessed via the Doctor of Physical Therapy page on the University web site at <https://www.wju.edu/gps/dpt/pdf/dpt-student-handbook.pdf>.

After reviewing the Handbook, students are required to sign the STUDENT HANDBOOK ACKNOWLEDGEMENT form, which the Department Office Manager will send electronically via Adobe Sign. The deadline for completing the Acknowledgement Form is 10 days from the date the Handbook was sent electronically; the deadline will be stated in the email correspondence. The signed Acknowledgement Form will be placed in the student's file.

The Handbook will also be reviewed live during the on-campus orientation before the start of Term II. The orientation date and time will be sent to all students electronically by the Department Office Manager.

0.4 Physical Therapy Student Handbook Initial Student Feedback Form

Instructions: After reviewing the PT Student Handbook during orientation, you will be asked to complete the Physical Therapy Student Handbook Initial Student Feedback Form using an electronic survey. The link will be given to you during orientation. Please keep the following questions in mind as you read the Handbook. The Department of Physical Therapy values your continued feedback on the PT Student Handbook. Students may submit further suggestions/feedback in writing to the Department Chair.

1. The PT Student Handbook describes clearly the policies and procedures designed to promote understanding and mutual respect among faculty, staff, and graduate students enrolled in the Program.

3	2	1
Very clear descriptions	Clear descriptions	Descriptions not clear

Suggestions for improvement:

2. The PT Student Handbook will help you plan (time management, finances, etc.) for your next two years.

3	2	1
Will help a great deal	Will help moderately	Will be of no help

Suggestions for improvement:

3. The organization of the PT Student Handbook allowed you to locate information:

3	2	1
Very easily found	Easily found	Difficult to find

Suggestions for improvement:

4. Do you believe that the contents of the PT Student Handbook are complete?

3	2	1
Too much material	Just right	Too little material

Suggestions for improvement:

5. Do you have any issues or concerns with the contents of the PT Student Handbook?

_____ Yes _____ No

If **yes**, please explain: Other suggestions or comments concerning the PT Student Handbook:

0.5 The Curriculum

0.5.1 Introduction to Problem-Based Learning

The problem-based learning model was selected for this curriculum because of its capacity for establishing a systematic clinical decision-making pattern, promoting development of skills in teamwork, developing student skills in critical analysis, and transmitting professional knowledge, skills and attitudes. The model stresses the process of learning as well as the content of learning.

These abilities are important to the practice of physical therapy today and will be even more important as the profession promotes Doctors of Physical Therapy as autonomous and reflective practitioners. They will guide its adaptation to the information explosion, managed care models, health care and information technologies, and other changes in health care delivery.

Problem-based learning is well suited to a graduate professional program because of its emphasis on adult learning models, student responsibility for learning, and other behaviors. It facilitates sharing the diverse educational and experiential backgrounds of students and faculty members. It promotes use of a variety of learning styles and fosters creativity. Problem-based learning is student-centered and focuses on learning rather than on teaching. Student responsibility for identifying a need for information, locating and evaluating information, and assessing the performance of themselves and others is central to this approach.

The mission and philosophy statements of the Department of Physical Therapy (the “Department”), curriculum objectives, and competencies expected of graduates are provided to promote student understanding of the curriculum design.

0.5.2 Mission and Philosophy

0.5.2.1 Mission Statement

The Department of Physical Therapy embraces educational excellence in the preparation of doctoral degree physical therapists for ethical leadership, the betterment of society, and services to others, including areas underserved by the health care system. The Department believes that creativity and innovation are demonstrated by involvement in service and research, which improves the welfare of the individuals and the society. Doctor of Physical therapy graduates are prepared to practice a holistic approach in delivering physical therapy services to diverse populations throughout the continuum of health, wellness, injury, and disease. Through the use of a unique learning style, the physical therapy graduates demonstrate exemplary professionalism, exceptional skills in problem solving, and a commitment to life-long learning.

0.5.2.2 Statement of Philosophy

The Program provides a learning environment conducive to the education of excellent problem-solving clinicians and the professional development of the faculty and students in research and intellectual inquiry. Delivery of healthcare in an ethical, efficient, and effective manner is provided to healthcare consumers, including service to the underserved locally, nationally, and internationally. This program's philosophy is integrated with the University and Department mission statements by including educational principles of the basic sciences, clinical practice, research, and professionalism.

0.5.2.3 Principles and Values of the Program:

1. Students are provided with a strong foundation for clinical practice by the inclusion of the basic sciences of anatomy, physiology, neuroscience, exercise physiology, and kinesiology.
2. Students engage in clinical practice experiences through clinical education experiences throughout the curriculum in a variety of settings.
3. Students are required to research and utilize the principles of evidence-based practice and topics related to its ethical application.
4. Students are expected to demonstrate professionalism in all aspects of the Program and to be culturally competent practitioners.

5. The Program values the problem-based learning approach as well as the variety of service learning opportunities.
6. The Program values a learning environment conducive to the education of excellent problem-solving clinicians and the professional development of the faculty and students in research and intellectual inquiry.
7. Students are encouraged to deliver healthcare in an ethical and effective manner.
8. The Program provides opportunities for the students and faculty to provide service to the underserved locally, regionally and internationally.

0.5.3 Program Goals

The Program follows the student outcomes in three domains: Cognitive, Affective, and Psychomotor.

The Department has identified the below goals for its students, faculty, and Program. These goals should be viewed as guidelines and aspirations, not as promises or guarantees.

Student Goals:

1. The students will be prepared as competent, entry level Doctors of Physical Therapy.
2. Graduates will effectively fill the positions created by the healthcare market.
3. The students will provide service to the community.

Faculty Goals:

1. The core faculty acts as role models in advancing knowledge in the profession of physical therapy through research, scholarship, and/or clinical practice.
2. The core faculty will be role models in service to others by working with the students and other professionals locally, regionally and internationally.
3. The faculty of the Program will remain true to the techniques that define the program as a problem-based learning environment.
4. All tenure track core faculty members will complete a post professional doctorate degree within 5 years of initial full-time employment.

5. All clinical track core faculty will complete a Doctor of Physical Therapy degree and have a documented area of specialization within 5 years of initial full-time employment.
6. All core faculty members will be members of the APTA and attend at least one national conference every two years.

Program Goals:

1. The Program will continually modify the curriculum to meet current standards of practice.
2. The Department will adhere to and maintain the physical therapy policy and procedure manual.
3. The departmental web page will be informative to students and provide information needed for anyone interested in applying to the Program.
4. A formal peer evaluation of all adjunct or associated faculty each semester will be completed.
5. The Program will continually upgrade technology to state-of-the-art standards.
6. The Program will educate therapists that are from the region.

Narrative:

The stated missions of both the University and the Department call for educational excellence and service to others. From the mission, the philosophy of the Department was developed. "Excellence" is accessed via the student/graduate goals that compare the cognitive, psychomotor and affective objectives of the program with the content of the Normative Model and the Guide to Physical Therapist Practice as well as the results of the national board exams and the results of the graduate and employer surveys. All of the student goals are derived directly from the Department mission statement as evidenced in Appendix 3.1: Department Mission. Faculty goals are also derived directly from the Department Mission, relating to research, service, problem based learning and professional development. The first faculty goal matches the component of research in the mission. The second faculty goal addresses the service component of the mission with the service-learning program providing opportunities for faculty to demonstrate competence in the field of physical therapy by mentoring students while they provide care for patients and solve problems both in the local and international community. The Program goals reflect the Program's mission by keeping the Department focused on educational

excellence, service, professional development and the unique learning style that the problem-based learning curriculum provides.

0.5.4 Competencies of Graduates

There are several ways in which the competency of the students and graduates is measured. The academic regulations are discussed in the PT Student Handbook (see section 2.16). The progress of the students is monitored by the faculty and by the Academic Progress Committee (see section 2.2.4). Comprehensive examinations, modeled after the licensure examination, are given throughout the Terms. The Clinical Performance Instrument (CPI) is utilized in each of the clinical experiences. Although the licensure examination is a measure of competency, the Department faculty believes this to be the minimal standard. The faculty members strive to prepare our graduates to exceed expectations of employers upon graduation as measured by the high employment rates and graduate survey results of alumni and their employers.

0.5.5 Curriculum Schedule (Appendix 3.3)

The Program attempts to follow the University calendar whenever possible. Some exceptions to this exist due to the structure of our year-round program. The Terms and breaks for physical therapy students can be found in Appendix 3.3, Curriculum Schedules. Adjustments will be made as necessary after due consideration of the impact on students. Changes will be announced to students as clearly and expeditiously as possible.

0.5.6 Course Formats

0.5.6.1 Clinical Science (Tutorials)

These sessions are central to the tutorial process. Tutorial groups include eight to ten students and a faculty tutor. This class meets for 2.5-hour sessions twice per week. Sessions focus on carefully developed client cases. The tutor assists students to manage group dynamics and to direct attention to relevant aspects of the case. In Terms II and III the tutor plays a larger role of modeling and guiding the group interaction. By Terms IV – VII, the students become the center of all interactions and the tutor input and guidance fades.

Terms II and III focus more on knowledge acquisition and application, but throughout all Terms current evidence-based literature and sources surrounding the case are utilized.

Students plan the use of their session time, including time for: organizing the session; case review; planning to obtain the needed information; and for evaluating the session. Roles (timekeeper, recorder, discussion leader, etc.) are then distributed among the group members. Students review the case and generate hypotheses regarding relationships among case elements. They attempt to formulate an examination, diagnosis, prognosis, and plan of care, thereby discovering what additional information is needed to treat the patient effectively. Hypotheses are refined during this and subsequent sessions as further study elucidates relationships. The tutor does not ordinarily provide information, but may refer students to general learning resources.

Assignment to tutorial groups will be made to provide diversity of student experiential and academic backgrounds within each group, and seldom will be subject to change within a Term. Membership of tutorial groups will be changed systematically from Term to Term. The intense interpersonal relationships among members of a tutorial group are similar to those among members of health care teams. The tutorial group provides practice in this real-life adjustment. Healthcare providers have limited opportunities to change team membership and must ordinarily learn to influence the desired changes in behavior of self or others to achieve team goals.

Student evaluations are based on session evaluation records maintained by the tutor, questions on quizzes, midterm and final examinations. A Triple Jump final examination may occur at the end of any given Term. There are performance expectations, which will be discussed in class.

0.5.6.2 Basic Science

Topics and learning objectives in Basic Science are directly related to the case assigned for concurrent tutorial sessions for that Term. A learner centered approach to learning is the format that will be used in all Basic Science courses. Class meeting times vary by Term from 2.5 to 5 hours per week. Learning resources include computerized material, models, videotapes, texts, and other print media available in the Learning Resource Center and library. Additional resources may be utilized as needed.

Students may wish to arrange to obtain additional resources from faculty or outside persons to promote learning. Membership of Basic Science groups will be changed from Term to Term.

Student evaluations are based on quizzes, midterm, and final examinations administered during specified times and finals week. Practical examinations, in the form of an Objective Structured Clinical Examination (“OSCE”), of material may be part of the final examination schedule.

0.5.6.3 Physical Therapy Science

Sessions are directed by physical therapist faculty members and focus on topics related to the tutorial case assigned for that week. This class meets for 2.5-hour sessions twice per week. Technical performance of examination, treatment, and communication skills is enriched with exploration of issues such as the validity and reliability of information derived from client evaluation procedures, costs and risks of procedures, selecting, staging and sequencing procedures, and medical record documentation. Student evaluations are based on assignments, checkouts/competency assessments, midterm and final examinations, and on an OSCE. The OSCE consists of stations with simulated cases, or skill performance, that may be manned by faculty, that relate to these cases. Safety is a pass/fail issue in these stations and will mandate a re-take if safety of the patient or therapist is compromised, and may result in a delay in advancing in the curriculum to Clinical Education experiences.

0.5.6.4 Professional Issues

In this thread of Professional Issues courses, students will discuss and understand the health care delivery systems nationally, cover legal and ethical dilemmas and implications in the healthcare arena, discuss professional issues and behaviors in healthcare, management of the clinical environment, and professional issues as a student of physical therapy in the clinical environment. Management of the Clinical Education part of the curriculum will also be covered and managed throughout this thread of courses.

Student evaluations are based on assignments, quizzes, midterm and final examinations, and on evaluations of student projects.

0.5.6.5 Research and Evidence Based Practice

In this thread of Research courses, students will be introduced to the principles of Evidence-Based Practice, the science of clinical and statistical reasoning in health care and physical therapy, and the integration of clinical reasoning and evidence-based practice. Students will develop the required skills for critical review of literature and its validation for clinical practice. Additionally, the basics of epidemiological statistics and its application in selecting appropriate diagnostic tests and treatments will be introduced. Students will also learn the methods of scientific inquiry, including research theory, design, methods, data collection and measurement, and common statistical tests in health care. Students are provided the opportunity to be involved in a real research project by selecting an existing research topic through a faculty member or develop a new project under the supervision of the faculty. Through this process students will be introduced with ethical consideration in clinical research including obtaining an IRB approval. This research thread will culminate with submission of the final product including a written research project, defense and open public platform presentation.

Students will complete a research project as a requirement for matriculation from the Program. Term V focuses on analysis and presentation of data. Term VI and VII prepare the student to present conclusions and relate findings to the current literature. The class meets for one hour weekly, with independent study under the guidance of each student's faculty research advisor.

Student evaluations are based on professional presentations and written assignments. Students are required to meet with their faculty research advisors regularly. Completion of respective portions of the research project is part of the assigned grade for this course.

0.5.6.6 Integrated Seminar

Conceptual topics are related to the tutorial case through selected examples, exercises guest speakers, and student projects.

0.5.6.7 Service Learning

Faculty and students participate in local Service Learning weekly throughout Terms II and III. Class meets weekly for 3 hours. Service

Learning is an experiential form of learning where students use skills learned in the classroom to provide a service to the community. The community benefits from the service and students benefit by practicing professional behaviors. Term IV provides an opportunity for students to participate in a regional Service Learning experience. The course is held during a multi-day retreat in Appalachia. Camp Gizmo is a regional Service Learning trip to the West Virginia School of the Deaf and Blind. International service learning occurs during Terms VI and VII. Students have the opportunity to travel with faculty and other professionals to Merida, Mexico; Izamal, Mexico; Haiti/Dominican Republic; or Chimbote, Peru.

All Service Learning courses have structured activities and are supplemented with required readings. The course is pass/fail and grades are based on attendance and participation in reflection activities.

0.5.6.8 Clinical Education

Students will complete 4 Clinical Education experiences throughout their tenure in the Program. Students are assigned to Clinical Education sites as outlined in the Clinical Education Policy and Procedure Manual. Clinical Instructors (CIs) serve as clinical faculty while students are performing Clinical Education experiences.

CIs arrange opportunities for students to practice communication skills, client evaluations, treatment planning, treatment procedures, teamwork, and professional behaviors in clinical settings. The CIs provide feedback to students and academic faculty members on student performance and self-assessment abilities. CIs serve as role models, and may occasionally provide demonstrations, serve as resource persons, and provide information.

The Clinical Education courses are graded courses. The course grade takes into account: paperwork and individual site requirements, review of the Clinical Performance Evaluation tool completed by the CIs, and from information gathered from the telephone or on-site evaluation of each experience.

Please refer to each Clinical Education course syllabus for specific grading criteria. The Clinical Education Policy and Procedure Manual is reviewed during Term II and is available online in the AUX-DPT-Clinical-Education

Blackboard course and on the Department web site at <http://www.wju.edu/gps/dpt/pdf/ce-policy-procedure-manual.pdf>.

Clinical Education sites may require that students obtain security clearances prior to entering the facility. Sites may also require testing for unlawful substances or health tests and immunizations in addition to those required by the University or Department. Students are expected to comply with any additional requirements in order to facilitate site placement. Clinical Education sites' policies are subject to implementation or change without notice, particularly during periods of change in ownership or leadership of the organizations.

The Clinical Education Policy and Procedure Manual is prepared as a source of current information. All guidelines and time frames are subject to change. Students will be informed of changes as they are made. Students are required to read the Clinical Education Policy and Procedure Manual and sign the Acknowledgment Form found in the Clinical Education course on Blackboard during Term II.

0.5.6.8.1 Clinical Education Sites

Sites affiliated with the Department provide facilities, CIs, and opportunities for students to participate in client care, clinic management, and other dimensions of physical therapy professional behaviors. The sites represent a variety of working environments typical of physical therapy practice, cover practice across the continuum of care, and may be located anywhere in the United States, with several outside the United States. Most affiliated clinical sites are in the general geographic vicinity of Wheeling, within a 5-hour drive. Students are responsible for their own means of transportation, housing and all associated costs incurred during and related to their Clinical Education experiences.

0.6 The Accreditation Process

Graduation from an accredited Program is required to take the state licensure examination in physical therapy (see Section 0.7).

The Commission on Accreditation in Physical Therapy Education ("CAPTE") is an accrediting agency that is nationally recognized by the US Department of Education and the Council for Higher Education Accreditation. CAPTE grants specialized accreditation status to qualified

entry-level education programs for physical therapists and physical therapist assistants.

CAPTE initially granted accreditation status to the Program in October 1996. Every ten years, CAPTE formally reviews the Program for renewal of accreditation status. Continued compliance with CAPTE guidelines is necessary to maintain accreditation. Compliance is determined by CAPTE through review of periodic progress reports, self-study reports, and site visits. The Program is currently accredited through 2021. Any changes that may occur in the accreditation status of the Program will be announced to students as soon as practicable. CAPTE guidelines are updated periodically; copies of current guidelines are available on the CAPTE website <http://www.capteonline.org/AccreditationHandbook/>. Any additional questions regarding accreditation status may be directed to the Director of the Program, reachable at (304) 243-2372.

0.7 Licensure Requirement

Graduates of the Program will be eligible to sit for the National Physical Therapist Examination (NPTE), successful completion of which is required by every state in the U.S. The NPTE has fixed testing dates each year. Licensure requirements vary by state. We strongly urge you to check the requirements for the specific state(s) in which you wish to practice, including contacting the applicable licensing board(s).

Licensure information and examination dates may be obtained from The Federation of State Boards of Physical Therapy website: www.fsbpt.org.

0.8 American Physical Therapy Association (APTA)

The American Physical Therapy Association (APTA) is the professional organization of physical therapists in the United States. Student members are offered a number of advantages including low-cost student membership in the national organization and state chapters, low rates for attendance at many conferences and continuing education courses sponsored by APTA, and a number of high-quality publications.

Members of the Program are required to become student members in the APTA (<http://www.apta.org>) and maintain membership throughout their tenure in the Program. Participation in APTA and state physical therapy

chapter activities is encouraged. Students are expected to abide by the APTA Code of Ethics at all times.

1.0 THE STUDENT MEMBER AND THE UNIVERSITY

All students are instructed to access the University Student Handbook online at <http://www.wju.edu/studenthandbook/>. Students will have access to the Department PT Student Handbook via Blackboard and on the Department's web page (<https://www.wju.edu/gps/dpt/pdf/dpt-student-handbook.pdf>). These handbooks contain information about the services that are offered to students by the University and the Department of Physical Therapy.

1.1 Code of Conduct:

The Code of Conduct contained in the University Student Handbook outlines the policies regulating the conduct of all students at this University. It also discusses the consequences of a violation of the Code of Conduct. The policies and procedures set forth in the University Student Handbook, including the Code of Conduct, are applicable to Department of Physical Therapy students. Therefore, all Department of Physical Therapy students should familiarize themselves with the Code of Conduct contained in the University Student Handbook.

As noted above, in the case of any differences between the policies and procedures in the University's Student Handbook and those in the PT Student Handbook, the policies and procedures in the PT Student Handbook will govern the Program.

1.2 Academic Integrity

Students are expected to familiarize themselves with the University's Academic Dishonesty & Integrity Policy, which is located in the current academic year's Course Catalog for Undergraduate Studies at the following link: <http://www.wju.edu/academics/catalogs/>. Students are responsible for complying with the both the University's Academic Dishonesty & Integrity Policy and the Academic Integrity Policy set forth by the Department in this Handbook. Any alleged violations of either the University's policy or the Department's policy will be reviewed and adjudicated by the Department's Academic Progress Committee.

Academic integrity means giving credit where credit is due in an academic setting. It is an ethical obligation of all people who perform intellectual work, including students, faculty members, and administrators, to preserve the importance of academic integrity. If the source of intellectual work is not cited correctly, then the person who uses that source has engaged in theft of intellectual property. Consistent with the University's Academic Dishonesty & Integrity Policy, PT students are expected to exhibit exemplary academic integrity and any form of academic dishonesty is prohibited.

Academic dishonesty includes but is not limited to cheating, plagiarism, or any act where a student is found to have, or to have disseminated, privileged information used for testing purposes or examination of cognitive and psychomotor abilities. The University's Academic Dishonesty & Integrity Policy provides additional examples of academic dishonesty.

The sanctions that may be imposed upon a finding of a violation of either the University's Academic Dishonesty & Integrity Policy or the Department's Academic Integrity Policy include, but are not limited to: reduction in grade or a failing grade on an examination, assignment, project or checkout; reduction in grade or a failing grade for the course in which the violation took place; and dismissal from the Program. Serious or repeated violations of the Academic Dishonesty & Integrity Policy may result in dismissal from the Program.

At the discretion of individual Department faculty, students may be required to submit their written assignments through Turnitin.com. Turnitin.com is an educational website and database that promotes the appropriate use of intellectual property. The content of students' papers submitted to Turnitin.com receives a thorough comparison to the program's database of previously submitted papers, internet sites, and published material. The University and Department sponsor this program to foster academic integrity. If a member of our faculty or staff requires students to submit their written assignments through Turnitin.com, students must do so.

1.3 Graduate Office

The University staffs a graduate office; however, the Department does not directly utilize its services. All documents and files are kept in the Office of the Department of Physical Therapy.

1.4 Essential Functions & Disability Accommodations

The Program is sensitive to the needs of individuals with disabilities and does not discriminate against qualified candidates with disabilities. The Program is in compliance with Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and the Americans with Disabilities Act of 1990, including changes made by the Americans with Disabilities Amendments Act of 2008 (the “ADA”).

The University offers students with documented disabilities individual accommodations on a case-by case basis with confidentiality in compliance with Section 504 and the ADA. In order to receive academic or physical accommodations, students with disabilities must provide current (within 3 years) and comprehensive documentation concerning the nature and extent of the disability and communicate their needs to the Disability Services Director, Donahue Hall, room 340 / 304-243-4484. Students are required to meet with the Disability Services Director to develop accommodation plans that they will present to their course instructors at the beginning of each semester. Students with disabilities that require specific housing accommodations must contact both the Director of Residence Life and the Disability Services Director.

Ultimately, all students with disabilities are responsible for their own academic achievement. They must attend classes, complete course assignments, fulfill all University requirements, and demonstrate the ability to perform the essential functions for their chosen field of study. It is up to students with disabilities to seek out available assistance on campus and to utilize individualized accommodations that promote academic success.

The Program requires that all students be able to perform the “Essential Functions of a Physical Therapy Student” (Appendix 3.4) with or without reasonable accommodation for progression in and graduation from the Program. These Essential Functions have been deemed necessary to perform optimally within the profession of Physical Therapy.

Testing accommodations granted by the Disability Services Director will be applicable to all written assignments. However, because satisfactory performances on psychomotor skill checkouts/competency assignments are used as prerequisites to participate in clinical education, testing accommodations granted by the Disability Services Director will not be

applicable to Physical Therapy Science courses on psychomotor skill checkouts/competency assessments unless the specific accommodation was requested and approved prior to placement for Clinical Education Experiences.

1.5 Emergency Messages

The University has an emergency alert service called Cardinal Alert through which voice messages, text messages, and/or emails containing emergency notifications are sent to all registered students and employees. All students must register for this service every year to receive emergency University announcements.

To avoid disruptions in classes and Clinical Education courses through use of personal cell phones, all personal emergency telephone messages for students should be directed to the Department Office Manager (304-243-7201 ext. 101) during Department office hours (8:00 a.m. – 4:30 p.m.).

1.6 Regular and Appropriate Use of Email

All University students have access to a University email account (a “cardinal account”). Students are expected to check their University-assigned cardinal accounts regularly (daily at least) as a means of communication with faculty and peers. Most program correspondence will be sent to each student through his/her cardinal account or Blackboard. In the case of hard copy mail, each student has a file folder located in the student lounge where such correspondence/material will be placed

Students must comply with the University’s Information Technology Policies (<http://wju.edu/IT/policies/default.html>), including the Electronic Mail Policy. Misuse of e-mail in violation of the Electronic Mail Policy will result in the student being referred to the Academic Progress Committee for review and setting of consequences.

1.7 Change of Student Information

Students are responsible for promptly reporting all name changes and changes in temporary or permanent residence address, email address, and phone number(s) to the Registrar and to the Department of Physical Therapy Office Manager. The Student Data Update Form can be downloaded from the University website by going to the Academics tab and

selecting Academic Services and then selecting Registrar's Office. Print, complete, and copy the form for the Physical Therapy Office Manager, and send the original to Registrar's office.

1.8 Student Lockers

No personal items, books, cell phones, etc. are permitted in rooms during tests.

Each student is assigned a locker in the Department. Students are encouraged to use the lockers for safekeeping of personal articles and encouraged to place locks on their locker. Students are responsible for providing locks and are required to register the lock with the Department of Physical Therapy Office Manager. Unregistered locks are subject to removal.

The University is not responsible for the loss of personal property due to fire, theft, water damage, or any other cause.

1.9 Housing

Graduate students are responsible for making their own housing arrangements throughout the Program. There is graduate housing at the University. Please contact the Housing and Residence Life office for an application and more information. Students are also required to secure their own housing while on clinical education experiences. The Directors of Clinical Education (DCEs) may assist with that process as needed.

1.10 Class Cancellation

Official cancellations of classes or campus closing announcements are broadcasted on WTRF-TV7, WTOV-TV9, (radio) WWVA, WRKY, WKWK, WSTV, WEIR, WVNP, WOMP and on the University Cardinal Alert system. Clinical Education cancellations are announced BY THE CLINICAL FACILITY, and are NOT dependent on campus closings. Clinical Education time missed because of OFFICIAL CLOSING OF THE CLINIC is subject to "makeup" at the discretion of the DCE in consultation with the Clinical Instructor.

The faculty will make every effort to follow the announced course and class schedule. Changes will occasionally be necessary to accommodate the

schedules of tutors who have clinical responsibilities, visiting faculty, and other emergencies, including weather and other unpredictable situations. Students may be expected to attend a Saturday or Wednesday session within a Term for special topics presented by invited resource persons. Because changes in Clinical Education dates and/or requirements can occur at any time, occasional class sessions not on the original schedule may be necessary. Curricular integrity will be given priority over individual inconvenience with occasional schedule changes.

Students who are experiencing temporary life crises secondary to personal illness or other emergency situations may have the option to take a leave of absence from the Program and be re-admitted at a later date. The Academic Progress Committee and/or Department Chair should be consulted for this procedure.

1.11 Transfer of Credits

Organization and sequencing of learning objectives in the physical therapy curriculum are unique to this University. Transfer of professional courses and credit by examination to other universities is not likely. Each student file will be reviewed on an individual basis for any determinations. Students with graduate degrees in Medicine and related basic sciences may inquire about the feasibility of credit by examination in the Basic Sciences courses.

Appropriate procedures will be devised if a student and the Department chairperson agree that attempted credit by examination is reasonable.

1.12 Graduation

Satisfactory completion of all physical therapy courses, including Clinical Education, and a cumulative physical therapy grade point average of at least 3.0 are required for graduation. The Business Office must clear all bills before a diploma will be released.

Students must file an “Application for Graduation” with the Registrar’s office by the deadline set by the University Registrar. “Application for Graduation” forms are available online through Academus.

1.13 Respect for Facility

a. All furniture and supplies are to be cleaned and returned to appropriate storage areas (drying racks may be appropriate areas for damp items) at the end of regular and "open" laboratory periods. All electrical equipment (except hydrocollator unit, paraffin bath, and refrigerator) is to be unplugged with cords stowed. All students are responsible for assisting with this task. At least once a week, all the lab tables will be cleaned and the linen changed by the students. This usually takes place after the final class session of the week.

b. No equipment, manuals or supplies may be removed from the Department by students. Students are asked to monitor themselves and their peers to ensure compliance. There may be significant consequences if these restrictions are not adhered to. Continued availability of items for student use and maintenance of laboratory fees at reasonable rates are important considerations. Faculty members are not authorized to give permission for students to check out items for home practice.

c. Shoes, books, binders, etc. are not permitted on treatment surfaces of the plinths, nor propped on storage shelving where equipment and supplies could be contaminated or damaged.

d. Food and uncovered beverages are not permitted in any classroom except during authorized occasions (e.g. official celebrations).

e. Lockers should be used for storage of coats, backpacks and other personal items. Please remove all personal belongings at graduation.

f. Please do not permit belt buckles and any other potentially damaging attire or items to come in contact with vinyl coverings, Swiss balls, etc. Avoid contact between greasy hairdressings and pillows. You will be expected to monitor your clients in the clinic for these hazards.

g. Use of laboratory linens is restricted to laboratory-related exercises. These are not for personal use.

h. All items removed from their original location by students and used in another location must be returned to their original location in a timely manner. Failure to abide by this rule will result in materials/equipment

being locked in the storage room and not permitted for use by students outside of class time.

i. Key card access will allow the entry to Physical Therapy classrooms to protect the contents. This permits students to have access without having to call security for permission to work in these areas after our regular Department hours. Be sure to turn the lights off and lock the door after use.

1.14 Privacy

Observers are not ordinarily allowed in the physical therapy laboratory. Exceptions are made for physical therapy faculty members, visiting faculty, candidates for faculty positions, other University faculty and staff members who are performing peer review functions, touring prospective students, and accreditation visitors. Potential future students for the Program may be brought into the Lab for a brief orientation to the facility accompanied by a faculty member.

Students are allowed to select laboratory subjects with whom to work; however, faculty members will require students to change laboratory partners frequently for their clinical benefit in working with different genders and body types.

1.15 Use of Classrooms

In accordance with University policy, the Registrar or Physical Therapy Office Manager will assign classrooms. Students can expect classes to be held in any classroom on campus.

1.16 Use of Tutorial Rooms

Tutorial rooms are assigned for each group at the beginning of each Term. Classes are to be held in the assigned room unless permission is granted from the Department Chair or Office Manager.

1.17 Extracurricular Activities

Preparation for and participation in classes and Clinical Education are expected of all students. Students are responsible for arranging their lives to permit full participation in the educational experience. The accommodation commonly offered to undergraduate student athletes is not

extended to graduate students. Employment, volunteering, and extracurricular activities are recognized as important life activities, but these must not interfere with academic and clinical responsibilities or performance.

1.18 Physical Therapy Club and Honor Society

The PT Club is a University recognized organization of physical therapy graduate students. The purpose of the PT Club is to provide a means by which student members, having a common interest, may meet, confirm, and promote the interests of its membership. Membership is voluntary, but participation is encouraged. Members of the club participate in multiple service and fundraising opportunities each Term. The PT Club fundraising is to help student attendance at state and national conferences and on international service learning trips.

The Doctor of Physical Therapy Honor Society is a student-founded society that was developed to recognize those physical therapy students who have demonstrated exemplary achievement in multiple areas including professionalism, service, leadership and academic achievement. Students seeking induction into the Honor Society do so by submitting an application, which is reviewed against the established criteria for induction to assure minimum criteria are met, including a minimum of a 3.5 cumulative GPA and exemplary professional behaviors throughout the student's tenure in the Program. Exclusion criteria include, but are not limited to, being placed on academic probation or professional behavior probation or suspension with return to the Program with another cohort. Induction into the society is held yearly and is usually sought in a student's 6th Term. At the time of this writing, Dr. Kreger is the faculty advisor for both the PT Club and PT Honor Society.

1.19 Sexual Misconduct

The University's Policy Regarding Sexual Misconduct, Retaliation, and Intimidation (the "Sexual Misconduct Policy") and Grievance Procedures for Matters Involving Sexual Misconduct or Related Retaliation or Intimidation (the "Sexual Misconduct Grievance Procedures") apply to the Program. The Sexual Misconduct Policy, Sexual Misconduct Grievance Procedures, and more information about Title IX of the Education Amendments of 1972 are available at <https://www.wju.edu/titleix/>.

All students must complete Title IX training as required by the University. Students must complete the requirement by the University deadline in order to be permitted to continue in the Program.

1.20 Equal Employment Opportunity Officer

The University adheres to a policy providing equal opportunity to its employees and applicants for employment. For more information contact the University's Human Resource Office at 304-243-8159 or visit <https://www.wju.edu/about/hr/>.

1.21 Health Records

Proof of current, active Health Insurance coverage is required and must remain current throughout the student's tenure in the Program. A student will be ineligible to participate in Service Learning and will have 10% or more grade reduction in his/her Professional Issues course grade if the Program health requirements are not met. A student will not be permitted to participate in Clinical Education courses if proof of current insurance is not on file. This may affect academic standing and financial aid.

Each student is also expected to provide the University Student Health Center with all required health information and documents prior to arriving on campus for Term II. A list of required pre-entrance health forms can be found on the Department webpage under "Future Students Pre-Entrance Health Forms" at <https://www.wju.edu/gps/dpt/>. The Student Health Center uses the Med Proctor program to manage student health records. Information is sent to each student with instructions for using the Med Proctor program and expectations regarding requirements and deadlines.

Any questions regarding these requirements should be directed to the Student Health Center at 304-243-2275.

1.22 University Student Health Center

The Health Center provides healthcare resources internally and works as a liaison between external health care providers when needed. Services are available to students on a walk-in or appointment basis during office hours. The Health Center offers services of basic triage, minor first aids, availability of some over the counter medications, tuberculosis testing, influenza vaccination, and other low intensity services mostly at no extra

charge. Students can come to the Health Center for an initial assessment and, if necessitated, a referral to Family Medicine Center or other local medical resources. Off-campus referrals to other medical providers will be the financial responsibility of the student.

The Health Center is located in Swint Hall on the second floor in Room 210. Follow the link for more information and hours of the University Student Health Center: <http://www.wju.edu/healthcenter/>.

2.0 THE STUDENT MEMBER AND THE PHYSICAL THERAPY PROGRAM

2.1 General Department Information

2.1.1 Offices

Faculty offices are located around a reception area. Because of the high activity level of this area, everyone is requested to minimize traffic and noise in the reception area. Department of Physical Therapy students are required to check with the Department Office Manager before proceeding to any faculty office.

2.1.2 Telephone Numbers and Policies

The Department telephone number is 304-243-2432. The Department Office Manager can transfer calls to the appropriate faculty member.

2.2 Committees

2.2.1 Admissions Committee

The Physical Therapy Admissions Committee is composed of academic faculty members from the Department. Academic faculty, clinicians, and physical therapy graduate students may also help conduct on site interviews of applicants.

2.2.2 Curriculum Committee

Faculty members meet annually to review the curriculum. The Committee is composed of academic core faculty members from the Department. Reviewers ensure that each of the prescribed competencies of graduates is

systematically developed through learning objectives derived from previous Terms. Student attainment of learning objectives is checked through review of examination scores including the comprehensive examinations. The Survey of Graduates (Appendix 3.10) and an Employer Survey also contribute further information on performance of graduates.

2.2.3 Advisory Committee

An Advisory Committee, which can be composed of a combination of physical therapy clinicians from the region, consumer(s) of physical therapy, other University faculty and/or administrators, physicians, and physical therapy alumni will advise the Department Director on program issues. This committee meets annually.

2.2.4 Academic Progress Committee

The Academic Progress Committee (“APC”) shall consist of 4 faculty members. This committee formulates, interprets, and oversees compliance with the Program professional behaviors and academic regulations, including those governing probation, suspension, retention, promotion, dismissal, and readmission to graduate studies in the Program. The APC shall meet after midterms, after finals, and as needed to evaluate the academic performance and professional behaviors of students enrolled in the Program. Committee members base their decisions on review of the student's entire record.

2.2.5 Accreditation Committee

The Committee is composed of academic core faculty members from the Department. This Committee monitors compliance with CAPTE accreditation criteria.

2.2.6 Service Learning Committee

The Committee is composed of academic core faculty members from the Department. This Committee coordinates the Service Learning curriculum in the Program.

2.3 Faculty Roles

Faculty workloads include assignments as tutors, laboratory instructors and assistants, seminar leaders, researchers, service learning, and basic science resource persons. The Department Director is the academic program administrator who is responsible for the management and operations of the Department. The Directors of Clinical Education are responsible for management of the clinical education component of the curriculum. Term Coordinators are assigned for each academic Term in the Program. Faculty members also serve as advisors to graduate students. The members of the faculty are resource persons for students and other faculty on research projects, development and implementation of departmental projects, and also serve on departmental and campus committees. In addition, faculty members may also participate in research activities, clinical practice, professional association activities, consulting, and community service activities.

In addition to workload assignments, faculty members fulfill roles as spouses, parents, caregivers for aging parents, community members, members of special interest groups, consumers of goods and services and other roles unrelated to the physical therapy profession and their careers at the University. Respect for the "other life" of each faculty member is expected of all students. Please contact the Director for emergencies; please respect faculty workloads and privacy by deferring non-emergency situations for consideration at the appropriate time and place. The faculty is available during posted office hours, and will be happy to help you then with any routine personal and professional issues that may arise.

Full-time faculty members and DCEs may be reached through the departmental telephone number (304) 243-2432. Their names and office numbers are listed below:

- Carrie Abraham, PT, DPT, MPH, Clinical Associate Professor of Physical Therapy, Ignatius G23
- Noelle Adams, PT, DPT, Clinical Assistant Professor of Physical Therapy, Ignatius G07-E
- David Edwards, PT, DPT, EdD, Assistant Professor of Physical Therapy, Ignatius G18
- Krissy Grubler, PT, DPT, Clinical Associate Professor of Physical Therapy, Ignatius G24
- Mohammad Hadadzadeh, PhD, Assistant Professor of Physical Therapy, Ignatius G11

- Rhonda Haley, PT, DPT, ATC, Director of Clinical Education, Clinical Assistant Professor of Physical Therapy, Ignatius G14
- Meghann Kolb, PT, DPT, Director of Clinical Education, Clinical Assistant Professor of Physical Therapy, Ignatius G15
- Alison Kreger, PT, DPT, Clinical Associate Professor of Physical Therapy, Ignatius G10
- Allen Marangoni, PT, EdD, MMSc, RRT, Director, Professor of Physical Therapy, Ignatius G18
- Bryan Raudenbush, Ph.D, Professor of Physical Therapy, Ignatius G07-D
- Craig Ruby, PT, DEd, MPT, Associate Professor of Physical Therapy

2.4 Food and Beverages in the Classroom

Eating food is prohibited in ANY of the classrooms in the Department. Liquids are permitted, but all liquids must be in a bottle or covered container to prevent leaks and spills.

2.5 Use of Physical Therapy Facilities

The use of Physical Therapy facilities is reserved for the exclusive use of physical therapy graduate students, faculty, and staff. Visitors require prior approval from a faculty member.

2.6 Attendance

Attendance is required at all scheduled class sessions, laboratories, examinations, and Clinical Education experiences. In the event of an absence, you must call or email the Department office before the scheduled class, lab, or exam begins. There are no excused absences or schedule changes permitted during Clinical Education experiences.

The instructor will document all absences. If a student is absent for a scheduled examination, appropriate documentation (physician's note, etc.) is required in order to allow the student to make up the examination. Allowances for make-ups on scheduled exams will be at the discretion of the instructor. "Makeup" examinations ARE NOT permitted for non-emergency situations. More than one absence per Term will be reported to the Director. In the event of an absence, the student is responsible for the material missed. More than two absences per class per Term are considered excessive and will be referred to the APC. Attendance policies also apply

to Clinical Education courses. See the Clinical Education Policy and Procedure Manual for details related to absences while on clinical experiences.

2.7 Tardiness

Punctuality at all scheduled class sessions, labs, exams, and clinical experiences is expected of all students. Tardiness will not be tolerated. Students with a history of excessive tardiness (greater than three times in any Term including clinic assignments) will be referred to the APC. If a student is late for class, he/she will be responsible for the material covered in his/her absence. In the event of an unexpected occurrence that results in tardiness, the student must notify the faculty and staff by calling the Department of Physical Therapy office promptly.

Students who have contagious conditions are expected to protect clients, peers, and others from exposure to those conditions. Students with active illness, including but not limited to a fever, will be asked to leave the classroom/Clinical Education experience to protect clients, peers, faculty, or others from exposure.

2.8 Timeliness of Assignments

Each assignment listed on course syllabi or in learning contracts is due at the beginning of the class period, unless otherwise noted. Delays will result in deduction of points at the rate of 10% per day or portion thereof until the assignment is received. The Department Office Manager will place official time/date stamps on late materials and place them in faculty member's box. Materials left under office doors will be considered "received" when they are discovered.

2.9 Announcements

Announcements are posted electronically. Students are expected to check their University email daily and to check Blackboard on a regular basis.

2.10 Use of Office Facilities

Departmental offices, equipment and supplies are reserved for faculty and staff use. Students may not use staplers; borrow pens or paper, or use telephones, fax machine, computers, or other equipment. Supplies and

other items needed for classes, student projects, and presentations must be individually purchased by the student.

2.11 Requests for References and Transcripts

All requests for references must be in writing, giving the name, title and address of the person to whom the reference is addressed, naming the faculty member who is to provide the reference, and stating the reason for the reference (i.e., scholarship/other honor, job application, etc.) Each request must be signed and dated by the student requesting the reference. The faculty recommends that students discuss pending reference requests with the faculty member prior to making a written request. Faculty or staff will not be responsible for any transcript requests. Students must make separate arrangements with the Registrar for release of official transcripts.

2.12 Use of Software in the Computer Lab

The software for the Department computers is to be used only in the computer lab and only on the designated computer(s). No software is to leave the premises of the Department at any time. Software must be checked out with Department staff. When checking equipment out, the student's signature and date when the software is being signed out will be required. This signature designates that this person is the responsible party for this software. All checked out software must be returned to the Physical Therapy office by 4:00 p.m. on the same day.

2.13 Use of Duplication and Scanning of Documents

Use of applications such as Genius Scan and others are used in the Program for the duplication and scanning of hardcopy documents. A copier is not available to students.

2.14 Incident Reports

Any student, visitor, or faculty injured or involved in an incident in the physical therapy laboratory or on other Department premises that results in trauma or injury must complete a "Physical Therapy Incident Report" Form. The incident must also be documented in the "Incident Report Log." The Incident Report Log and the Physical Therapy Incident Report Forms can be requested from the Physical Therapy Department Office Manager.

Once completed, the Department Office Manager will then file these forms in the student files located in the Office Manager's office.

2.15 Obtaining Informed Consent

Students will sign a release form (see Appendix 3.5) for participation in academic videos or photo sessions. This form can be downloaded from AUX-DPT Student Handbook location on Blackboard.

2.16 Academic Regulations

2.16.1 Introduction

The academic regulations for the Doctor of Physical Therapy Degree Program differ substantially from the University's undergraduate requirements and should be reviewed carefully by PT students. Students who are registered for Physical Therapy graduate courses are governed by the following regulations.

2.16.2 Style Manual

Papers and written reports of projects are to be prepared and completed following the AMA Manual of Style.

2.16.3 Maintenance and Confidentiality of Student Education Records

The University's FERPA policy, which is applicable to Department and Program students, can be found at http://wju.edu/about/hr/policies/HR_FERPA.asp.

The University and the Department collect, use, and disclose student education records in accordance with the Family Educational Rights and Privacy Act of 1974 ("FERPA") and its implementing regulations. This section discusses basic information about FERPA and should not be considered a definitive review of the law. More information about FERPA is available at: www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html. Additional information on the University's policy with regard to student records, which is applicable to the Program, is available in the University Student Handbook.

Faculty members, designated committee members, and other University

officials will have access to student education records as necessary for performance appraisal purposes in keeping with their assigned duties. In order for a parent or guardian of a student to review the student's records, the student must consent and be present, along with a faculty member, at the time his or her parent or guardian reviews the records. Clinical Instructors and Site Coordinators of Clinical Education WILL NOT have access to academic or disciplinary records. The Clinical Education Policy and Procedure Manual specifies performance expectations for each clinical experience.

2.16.4 Academic Probation

The APC assigns probationary academic/professional behavior status to students who fall into any of the following categorical classifications:

- Students who are admitted or readmitted to the Program with less than the minimum requirements for admission (conditional acceptance*)
- Students who earn two or more grades of C during a given Term whether or not the cumulative Physical Therapy GPA falls below 3.0
- Students whose Term GPA is below 3.0 irrespective of cumulative GPA
- Students whose cumulative Physical Therapy GPA falls below 3.0 during a given Term
- Unprofessional behavior towards a faculty member, staff, fellow student, clinic personnel, or clients**

Students are expected to address faculty and staff respectfully observing rules of decorum. Any act of disrespect will be reported to the APC and will result in disciplinary action that may lead to probation, suspension, or dismissal depending upon on the severity of the incident.

A student who is placed on academic probation must bring the Term and cumulative GPA to 3.0 or above by the end of the probationary Term. The probationary Term shall not exceed one academic Term, with the exception of an instance of academic probation occurring at the end of Term III where the probationary status will remain until the end of Term V. When a student is placed on academic probation, a certified letter will be sent by the Director or Chair of the APC with notification of the probationary status and it may include a remediation plan.

If the student is unable to meet the requirements and expectations to remove him/her from academic probation, the APC will re-evaluate the student's academic standing and make a decision about the student's progress in the academic program. Suspension or dismissal from the Program may be recommended at that time.

Eligibility for financial aid may be affected by grade point averages less than 3.0 for cumulative or Term GPA or suspension from the Program.

***Conditional Acceptance:** If a student is accepted into the DPT Program with a cumulative GPA or pre-requisite GPA of less than a 3.0, the student will be placed on academic probation upon entering the DPT program for Term I and Term II. The student must achieve a Term GPA of 3.0 or above for each stated Term. If the student is unable to meet this conditional requirement, he/she will be dismissed from the Program. The probation will be lifted after Term II is completed if this requirement is met.

If a student is accepted into the DPT Program with missing admission documents or health records by the designated due date, the student will be placed on professional behavior probation for Term II. The student must meet with the APC and an action plan will be initiated. The student must meet with the APC and have all health requirements completed or in process in order to participate in Service Learning. All missing admission documents and health records must be completed or in process by the end of Term II or the student may risk suspension or dismissal from the Program.

******The determination of unprofessional behavior will be made by the APC after thorough review of the charge brought forth.

2.16.5 Academic Suspension

If a student fails to meet the established guidelines for progression through the Physical Therapy curriculum, fails to lift probationary status in the required timeframe, or fails to meet the cut score on mandatory comprehensive examinations, the APC may recommend a period of suspension from the Program to allow the student to remediate the necessary content. The student will not be permitted to attend classes or

program activities until the suspension has been lifted and the student has officially been reinstated into the Program.

2.16.6 Dismissal

The APC will dismiss a student from the Program if the student is found responsible for any of the following violations and failures to satisfy established Department academic and conduct standards:

- Term I or Term II GPA of less than a 2.75;
- Term course grade below a C;
- A Term GPA of less than 3.0 earned while on probation;
- Withdrawal from any physical therapy course;
- Failure to clear probationary status within the time allowed;
- A second instance of academic probation during the professional program;
- Any behavior that threatens the safety or rights of University or clinic personnel or clients; and
- Conviction of a felony.

The APC may dismiss a student from the Program if the student is found responsible for violations of University or Department policy, such as a major infraction of the rules of professional conduct or repeated instances of infraction of one or more of the aforementioned rules.

2.17 Course Remediation

The APC makes course remediation recommendations to the faculty member offering the course based on review of the student record including academic standing and professional behavior. Remediation may include permission to retake an examination or a learning contract may be drafted to be signed by the student and faculty advisor (as witness). Time limits will be established to remove deficiencies and bring the student back “on track” allowing him/her to enroll in the subsequent Term or to be allowed to complete a clinical experience. If the student has failed a test and is allowed to repeat it, the highest grade permitted is the minimal passing grade for that test. Students are permitted only two retakes on mandatory pass items throughout their tenure in the Program. Any additional failure of a mandatory pass item will be referred to the APC for review and action and may result in suspension in the Program or failure to progress to Clinical Education experiences.

2.18 Repeating a Course

The APC may permit a student to repeat a course in which a grade less than “C” was earned. Upon review of the student’s record, this decision will be based on the student’s academic standing. Due to the type of curricular model in the DPT Program, repetition of a course may require a halt in the student’s progress through the Program until that course is completed and may alter the student’s progression through the established DPT curriculum. The APC may also advise a student to repeat a Term when the Term or cumulative GPA does not meet minimum standards.

2.19 Incomplete Grades

Incomplete grades are assigned only for minor deficiencies in course completion and are generally associated with documentation of an illness or another temporary personal situation. The faculty must approve the documented cause of the incomplete grade. Incomplete grades must be removed in accordance with the learning contract that will be drafted as a result of the issuance of the “I” grade. Otherwise, the "I" grade will become an "F" (failure). Procedures and timelines for removing "I" grades are outlined in the University undergraduate course catalog. Incomplete grades can also affect the release of financial aid funds to the student.

2.20 Withdrawal

If a student needs to withdraw from the academic program, he/she must complete all required steps as outlined below for both the Department and the University:

- a. Provide a written request for withdrawal to the academic advisor no later than the midterm week of the requested withdrawal Term.
- b. Obtain the signature of the faculty advisor who will forward the signed request to the APC
- c. Make necessary arrangements with Financial Aid
- d. Schedule an exit interview with the Department Director
- e. APC will alert office staff to communicate withdrawal status to the appropriate university department.

Verbal withdrawal or absence from class or clinic is not acceptable as an academic program withdrawal procedure. Tuition rebates as well as other

fees (housing, meals, etc.) will be taken into consideration in accordance with University policy (see Graduate Catalog). Students must direct questions regarding the finances related to the withdrawal with the Registrar's office and the Business office. The withdrawal policy is outlined in the Graduate Catalog. Withdrawal from a single course is not possible for any given Term with the exception of the terminal Clinical Education courses. All courses are integrated and interdependent of each other in the DPT curriculum. Withdrawal from extenuating circumstances that fall outside of the above-required timeline will be reviewed on a case-by-case basis by the APC.

2.21 Readmission to the Program

Students who withdraw from the Program in good standing may apply for readmission to subsequent classes. Readmission requires approval of the APC. The following factors will be taken into consideration by the APC: length of time of the separation from the Program (ordinarily no more than one year), availability of openings for students in subsequent classes, and evidence of readiness for that student to resume graduate study.

If the student is dismissed from the DPT Program, the student has the option to reapply. However, the decision for acceptance or denial of acceptance by the APC will depend on the circumstances for dismissal and the documentation in the student's academic record. If a student is readmitted, the student will need to register for and complete all courses in the Term. This may or may not include the Clinical Education courses. In that case, the decision by the APC will be contingent on consultation with the DCE and related documentation.

2.22 Learning Contracts

Learning contracts are negotiated between the student, the faculty member or advisor, and/or the APC. These are used for independent projects for remediation purposes.

2.23 Examination Review Policy

Records of MEQs (modified essay question exams), MCQs (multiple choice question exams), and quizzes may or may not be returned to students during scheduled class periods for general review and clarification of grading; this is up to the discretion of the course instructor. If the class

reviews tests, they must be returned to the instructor for posting of grades, etc. Removal and/or copying of exams by students are prohibited and will be considered an act of academic dishonesty.

2.24 Class Participation

Preparation for and contributions to the tutorial process, as well as laboratory and seminar sessions are expected of all students. Students are required to bring all necessary items to class each session i.e. pens, paper, #2 pencils for testing and course evaluations, etc. Faculty members will document any deficiencies for each session. Deductions for non-participation or disruptive behavior (including tardiness) may result in grade reductions of up to 10% (or up to 2% per class period) of the total points contributing to the course grade. The student's records of class attendance and participation are kept and may be used in APC decision-making. Students will be asked to sign a release (consent) form (Appendix 3.5) for participation in academic related video or photography projects.

2.25 Grading

The course grade attached to each assignment, examination, or other graded activity is documented in the course syllabus and on the examinations. Deductions for late submission of assignments and other announced penalties will be used in the calculation of the total grade. Grades are based on raw scores. Departmental and University policy prohibits the curving of grades.

The course grading scale is:

<u>Grade</u>	<u>Percentage</u>	<u>GPA points</u>
A	94-100	4.0
A-	90-93	3.7
B+	87-89	3.3
B	84-86	3.0
B-	80-83	2.7
C+	77-79	2.3
C	74-76	2.0
F	<74	0

Individual test grading is at the discretion of the instructor. Clinical Education courses are graded courses. The graded criteria are outlined on

each Clinical Education course syllabus. The only grade below "C" is "F" for graduate courses.

Final grades will be available on Academus 5 working days after the Term has ended with the exception of the Clinical Education courses. Academus is the official record for a student's cumulative GPA. Grades on Academus are released by the Registrar's office based upon the University calendar, not the Department calendar.

2.26 Student Examination Formats

Several examination formats are used depending on the type and taxonomy levels of the learning objectives being tested. Students should be aware that all final examinations are comprehensive covering the entire Term. Examination formats, other than those listed, may also be utilized at the discretion of faculty.

2.26.1 Multiple Choice Questions (MCQ)

Multiple choice examinations are used to familiarize students with the examination format used in licensure examinations, for their ability to measure cognitive content, for their objectivity, and for the relative ease of automated scoring. The rationale is to "select the BEST response." This involves an in-depth analysis and correlation between the question stem and distractors on the part of the student. Students are encouraged to read all the responses before selecting the correct response. This parallels instructions on licensure examinations.

2.26.2 Modified Essay Questions (MEQ)

The objective of MEQs is to simulate a clinical decision-making scenario. It is a timed exercise. When a problem is presented followed by a relevant question in a timed MEQ, the response must be completed within the allotted time and referring to previous questions or pages are not permitted.

2.26.3 Triple Jump

This timed examination may be used as a final examination for the Clinical Science and Physical Therapy Science courses. This format simulates the clinical reasoning process and assesses the student's ability to identify,

locate and interpret relevant information efficiently. The use of and format may vary depending upon the semester.

2.26.4 Objective Structured Clinical/Comprehensive Examination (OSCE)

This is a timed station examination that begins with a specific station initially and progresses on a timed signal to the next in the sequence of stations. Some stations consist of a tagged model, graphic, medical visualization, or other device and a question or request for identification or explanation. Other stations include a paper case or a simulated patient and a trained observer. Students are asked to demonstrate an examination, evaluation, communication technique, or treatment procedure appropriate to the paper case and to explain the rationale for the procedure. Other stations might include paper cases and procedural questions. The number of stations may be reduced to one clinical case in more advanced Terms.

2.26.5 Comprehensive Examinations

The faculty strives to prepare students for success on the National Physical Therapy Examination (NPTE) upon graduation. Success is ultimately the responsibility of the student, requiring diligent preparation during his/her education at the University and upon graduation. Although preparation through the use of practice examinations cannot guarantee success on the NPTE, the faculty believe that exposure to practice examinations similar in testing style and content to the NPTE allows students the opportunity for self-evaluation on performance, test taking strategies, strengths, weaknesses, and gaps in knowledge.

Students are required to take a comprehensive examination during Term III on the 1st Friday of April and again in Term VII. The Program will utilize the Scorebuilders PT EXAM: Online Advantage for these tests. We will also utilize the Federation of State Boards of Physical Therapy (FSBPT) Practice Exam and Assessment Tool (PEAT) at the conclusion of the Board Review course during Term VIII. Scores can assist students with preparation for the national licensure examination. The scores will also be used for professional program evaluation.

The Scorebuilders examination format is multiple-choice questions and the testing is usually done on campus in a supervised setting. First year students are expected to earn a score of at least 60% in order to progress in the Program and to the Clinical Education I experience. Second year students

are expected to earn a score of at least 70% in order to progress in the program and to the two final Clinical Education experiences and meet the criteria for graduation. Failure to meet the cut score expectations may result in suspension from the Program or an inability to progress to Clinical Education experiences.

Students who do not achieve the designated cut scores will be required to follow the plan of action stated below.

Comprehensive examination during Term III: Cut score expectation is 60%.

1. Students who earn a cut score of 60% or greater on the 1st attempt will be permitted to progress to Clinical Education I.

2. Students who earn a cut score of 55% - 59.5% on the 1st attempt must remediate gaps in knowledge with an action plan. Those students will be referred to the APC for a full student file review. Following the full file review, taking into consideration academic standing, instance(s) of academic probation, number of retakes used in the Program, or other academic performance concerns, the APC will recommend an action plan which may include any of the following.

- a. Remediation only with permission to participate in Clinical Education I without a retake of the comprehensive examination;
- b. Remediation with retake of the comprehensive examination prior to the start of Clinical Education I;
- c. Inability to progress with cohort in the Program including inability to participate Clinical Education I;
- d. Suspension; or
- e. Dismissal from the Program.

Note: Students are responsible for all costs related to retakes of comprehensive examinations.

Students that earn a cut score of 55% - 59.5% on the 1st attempt who are required to complete a remediation assignment and retake a comprehensive examination prior to the start of Clinical Education I, will be granted a 2nd attempt at the examination with the expectation of achieving a cut score of 60% or greater in order to progress to Clinical Education I.

Students who achieve a cut score of 60% or greater on the 2nd attempt of the comprehensive examination prior to the start of the Clinical Education I experience will be permitted to participate in Clinical Education I on time and with their cohort.

Students who do not meet the cut score of 60% or greater on the 2nd attempt will be required to complete further remediation with a 3rd attempt of a comprehensive examination 4 weeks from the 2nd attempt and will not be permitted to participate in Clinical Education I on time and with their cohort.

3. Students who pass the 3rd attempt comprehensive examination with a cut score of 60% or greater will be permitted to continue with their cohort to Term V. The Clinical Education I experience will follow the Clinical Education IV experience at a time the DCE can arrange the experience, secure a clinical site, and establish a start date.

4. Students who do not pass the examination after 3 attempts will be referred to the APC. The APC will complete a full student file review and may recommend suspension with the option to repeat Terms II and/or III with the next cohort or dismissal from the Program. All additional expenses are the responsibility of the student.

5. Students who achieve a cut score below 55% on the 1st attempt must remediate gaps in knowledge with a plan of action. Students must retake the comprehensive examination with a 2nd attempt prior to the start of the Clinical Education I experience. Students must achieve a cut score of 60% or greater for permission to participate in Clinical Education I. Failure to meet the cut score with the 2nd attempt will result in failure to progress to the Clinical Education I experience. The APC will complete a full student file review which will result in one or more of the following:

- a. Further remediation;
- b. Permission for a 3rd attempt of a comprehensive examination;
- c. Suspension from the Program with the option to repeat Terms II and/or III with the next cohort; or
- d. Dismissal from the Program

All additional expenses are the responsibility of the student.

Comprehensive examination during Term VII: Cut score expectation is 70%.

1. Students who achieve a cut score of 70% or greater on the 1st attempt will be permitted to progress to Clinical Education III.
2. Students who do not earn a cut score of 70% or greater on the 1st attempt must remediate gaps in knowledge with a plan of action. Students may also choose to investigate, pay for, and take another Board Review course of your choosing.
3. Students must retake a comprehensive examination and meet the cut score of 70% in order to progress in the Program.
4. Students must retake the comprehensive examination with a 2nd attempt by the end of the week prior to the start of Clinical Education III.
5. Students must meet the cut score of 70% or greater on the 2nd attempt to be permitted to attend Clinical Education III.
6. Students who do not achieve the cut score of 70% or greater on the 2nd attempt must remediate gaps in knowledge with a plan of action. Students will be required to retake the comprehensive examination with a 3rd attempt 4 weeks from the 2nd attempt and must pass the comprehensive examination at the cut score of 70% in order to progress to CE IV and participate in the online Board Review course in Term VIII, and for the DCE to initiate the process of securing a clinical placement for the Clinical Education III experience. The Clinical Education III experience will begin following the completion of Clinical Education IV and as the DCE can arrange a start date.
7. Students who do not meet the cut score of 70% or greater on the 3rd attempt will not be permitted to attend Clinical Education IV nor participate in the online Board Review course with their cohort. All attempts to reschedule the Clinical Education experiences will be placed on hold at that time until successful passage of the comprehensive examination at the established cut score. Students will be required to complete further remediation at that point with another retake of a comprehensive examination, a 4th attempt, 8 weeks later.

8. Students who pass the 4th attempt at the comprehensive examination will be permitted to progress to the Clinical Education experiences. The courses will follow at a time the DCE can arrange start dates for both Clinical Education III and Clinical Education IV. These courses must be each completed in entirety during an academic semester. Neither Clinical Education III nor Clinical Education IV will be permitted to carry past the end date of any academic Term. Students will be required to take the PT Final Exam Live Online Review Course as an Independent Study course at their expense.

9. Students who do not achieve the cut score of 70% or greater on the 4th attempt may be dismissed from the Program or offered suspension with the option to repeat Terms V, VI, VII and VIII with the next cohort. All additional expenses are the responsibility of the student.

2.26.6 Checkouts/Competencies

All Physical Therapy Science laboratory courses include a specified list of skills for formal checkout/competency. All skills checkouts/competencies must be scored “pass,” or as indicated on the course syllabus, in order to achieve a passing grade for that course and progress to Clinical Education experiences. This may involve group assignments, peer-reviewed performance of skills, and/or direct observation of student performance by faculty members. This format is used for skills such as joint mobilization and measuring vital signs. Skills required for checkout/competency are posted on course syllabi, and are timed exercises. If the checkout/competency is designated as a mandatory pass item on the course syllabus, failure to pass the checkout/competency will count as a retake. Students are permitted only 2 retakes throughout their tenure in the Program.

2.26.7 Take-Home Examinations

Assessment of higher levels of cognitive learning (synthesis and evaluation) is sometimes accomplished with take-home examinations to permit time for reflection. Although less stringently timed than in-class exercises, take-home examinations must be returned prior to the deadline to avoid late-entry penalties. The faculty member who makes this assignment announces scoring.

Other examination and assignment formats including short answer, essay, or video/electronic submissions may be used.

2.26.8 Regulations for Passing/Failing of Exams

The passing score on all mandatory and remediation written exams is 74% or higher. All OSCEs and laboratory checkouts/competencies must be passed with a score of 80% or higher unless a pass/fail item. Remediation for failing an examination is at the discretion of the faculty member teaching the course.

If a student fails a mandatory pass examination and further fails an attempt at remediation, the student will be referred to the APC. The APC will then proceed to evaluate the performance of the student and examine all issues that may have led to this failure. Finally, a plan of action will be drafted for the student. A hearing may be held at the discretion of the members of the APC.

A student may retake an examination or project for which a mandatory passing score is required on only 2 instances during the professional program. Major examinations (mid-term and final examinations), OSCE examinations, and designated checkout/competency assessments are the items that will count against the 2 allowed retakes. Any failure beyond the 2 allowances will be referred to the APC and may result in suspension or dismissal from the DPT program.

2.27 Noncompliance with Rules of Academic Integrity and Conduct

Consistent with the University's Code of Conduct, the Department (and the University) shall have jurisdiction over student behavior that occurs on University/Department premises, at University- or Department-sponsored events, and at off-campus locations when the conduct adversely affects the University community and/or the pursuit of the Department's or University's objectives as determined by University and Department officials. If conduct that occurs off campus is determined to fall under the jurisdiction of the University/Department, it will be handled according to the policies and procedures outlined in the University's Student Handbook and this Handbook.

PT students are reminded that they are responsible for their own conduct from the time of matriculation through the actual awarding of a degree

regardless of whether their conduct occurs on or off-campus, before classes begin or after classes end, or during the academic year or during breaks between terms of actual enrollment (even if the conduct is not discovered until after a degree is awarded).

Note: dismissal from the Program for a violation of the University's Academic Dishonesty & Integrity Policy, the University's Code of Conduct, or any other University or program policy that results or could have resulted in harm to self or others, involved falsification of records, or that was part of a series or pattern of unprofessional behaviors, may be deemed necessary and appropriate without use of the stepwise procedures outlined below.

A stepwise progression of warnings is outlined below for behaviors that violate University or program policy, referred to herein as an "offense." Depending on the seriousness of the offense, any step may be used first. Repeat instances of the same offense or a pattern of multiple rule violations MUST progress to the next step in the sequence.

Step 1 - Verbal Warning - Any departmental faculty member or Clinical Instructor may issue an oral warning with written documentation in the student record. Oral warnings will be labeled as such, and the student will be informed that a record entry is being made. Oral warnings are distinguished from ordinary instructions or corrective comments used by faculty members during classes and laboratories. Oral warning documentation may be deleted by the person issuing the warning or by the Department Director after a reasonable period of time IF the offense is not repeated and no formal disciplinary action has been taken for other problems. Single-episode verbal warning notes will be removed from the student's record at graduation time and will not be considered in writing references.

Step 2 – Written Warning - Any Department faculty member or Clinical Instructor may issue a written warning with a copy to the student and a copy to the student's record. The written warning will describe the objectionable behavior, any corrective action to be offered by the faculty member and the action to be taken by the student. Written warnings may be removed from the student record only by action of the APC.

Step 3 - Warning of Impending Dismissal - The Department Director may issue a written “Warning of Impending Dismissal” with a copy to the student and a copy to the student record. This level of warning will include all Step 2 information and a time frame for completion of remedial action. This warning may be removed from the student record only by action of the APC.

Step 4 – Dismissal – If a student is charged with a serious behavior infraction, or has a history of recurrent behavioral problems that have not improved over time despite previous warnings, the APC may dismiss the student from the Program. Once a decision for dismissal is made, the student has the option of appealing to the APC. Dismissal records are permanent unless the decision is reversed through the appeals process. All records will be filed in the Department.

2.28 Appeals Procedure

2.28.1 Departmental Grievance Procedure

The appeals process below governs all appeals by Department of Physical Therapy students. Students are required to follow designated appeals procedures, including the sequence specified below.

Complaints about a faculty member, course, examination, or entry on the student behavior record should be pursued as follows:

2.28.2 Level One

A. Student(s) should present the complaint orally to the faculty member involved within 10 days of the original or most recent occurrence. If the complaint is not resolved within 10 working days, complainant(s) have five additional working days to proceed to Level One B.

B. Grievant(s) may present the complaint in writing, including supporting evidence, to the Department Director. If the complaint is not resolved within 10 working days, complainants have 5 additional working days to proceed to Level Two.

2.28.3 Level Two

The complaint should be presented in writing to the Chief Academic Officer. If the complaint is not resolved in 10 working days, complainant(s) may proceed to Level Three within 5 additional working days.

2.28.4 Level Three

The complaint should be presented in writing to the President. Complaints about a Departmental committee action or decision should be pursued as above substituting that committee for the faculty member in Level One A.

Complaints about a Departmental policy or procedure should be pursued as above, substituting the Department Director for the faculty or committee on Level One A.

2.28.5 Withdrawal of Complaint

The complaint may be withdrawn by the grievant(s) at any level without prejudice.

2.28.6 Hearing and Decisions

All written complaints (not resolved at Level One A) include opportunities for the parties to be heard. The Department Director may designate a Grievance Committee to conduct the hearings. The Chief Academic Officer may also refer the matter to appropriate University committees. All decisions will be in writing and will include supporting reasons with copies furnished in a reasonable time to all parties of interest.

2.28.7 Reprisal and Retaliation

No reprisal or retaliation is permitted against any party of legitimate interest or any legitimate participant in the prescribed grievance procedure as a result of participation.

2.29 Faculty Advisement

Faculty advisors are physical therapists that are full-time or part-time members of the faculty, assigned when students enter the graduate program.

Assignments may be changed at the discretion of the Department Director. It is recommended that students meet with their advisors every other week during Term II. Following Term II, it is recommended that students make appointments to meet with advisors at the beginning of each Term and after midterm grades are available each Term to review progress and grades. Additional meetings may be scheduled as necessary at the discretion of the student or the advisor. Posted office hours should be observed to the extent possible. Faculty members other than the assigned advisor are also available during their posted office hours to assist students with personal and professional issues that may arise.

2.30 Advancement in the Physical Therapy Curriculum

Advancement to the next academic Term or the Clinical Education phase of any Term requires faculty permission based on completion and satisfactory academic progress in all coursework, an acceptable record of professional behavior, and successfully achieving the cut score or higher on comprehensive examinations.

2.31 Student Progress Assistance

The following process is instituted to identify and assist students who may be having difficulty with the graduate school process or specific material. The responsibility rests on the student to identify areas of struggle; however, faculty may also begin this process.

- The student, the advisor, or the course instructor will identify a student who is struggling academically.
- The student will meet first with the instructor to clarify the issues and identify the source of the struggle, be it poor understanding of a particular concept, insufficient background in an area, or a problem with study or examination techniques.
- The student will meet with the faculty advisor to discuss the issues, and then meet weekly as needed.
- The student will be assigned an Academic Resource Center advisor if appropriate.
- The student will be scheduled for a brief remediation with the appropriate faculty member when necessary.

2.32 Permission to Participate in Clinical Education

Participation in Clinical Education is restricted to students whose academic progress is satisfactory as defined above, who have performed satisfactorily on any comprehensive examination preceding the Clinical Education period, who have completed in a timely manner all records and arrangements for Clinical Education posted in the Clinical Education section of this handbook and the Clinical Education Policy and Procedure Manual, who meet the health requirements for the University and the clinical site, and who have demonstrated the personal attributes necessary for professional practice as healthcare providers. Evidence of unsatisfactory personal and professional attributes may include, but is not limited to dismissal from a clinic site for violation of clinic rules, serious safety infractions, violence, abusive behavior, theft, dishonesty, falsification of documents, substance abuse, conviction of a felony, or other behavior that could threaten the well-being of peers or clients or would lead to withdrawal of a physical therapy license. The APC will meet prior to Clinical Education I, II and III to discuss the readiness of students to participate in Clinical Education courses. Students' grade point averages, comprehensive examinations scores, OSCEs and professional behavior via faculty input will be considered in the decision to allow students to progress to Clinical Education. Title IX requirements must be completed by the dates mandated by the University. Students will not be permitted to participate in any Service Learning experiences or Clinical Education courses if this mandate is not completed by the University's published deadline.

2.33 Professional Behavior Expectations

Professionals, including health care practitioners, earn the trust and respect of their clients and the general public by demonstrating high levels of self-discipline rather than following detailed, imposed rules of behavior. Students are expected to demonstrate professionalism by:

- a. Conducting themselves courteously and professionally on campus and in Clinical Education settings.
- b. Showing respect for others including patients, peers, clinical and academic faculty members, and other resource persons on campus and in the community. Faculty permission is required prior to student contact with community resource persons. Faculty members are available during posted office hours to

serve as advisors and resource persons. Making appointments to see faculty members is the routine procedure except in cases of emergency.

- c. Showing respect for facilities and equipment on campus and in Clinical Education settings. This means sitting in chairs with all four-chair legs and both of the student's legs in contact with the floor, no sitting with feet on tables!
- d. Presenting an appropriate personal appearance in classrooms, laboratories and Clinical Education settings and at public meetings where their identity as physical therapy students is apparent (i.e., Service Learning or APTA meetings). The general guidelines for personal appearance are outlined under "dress code."
- e. Abide by all departmental and clinical site policies and procedures.
- f. Uphold social media best practices and professional behaviors refraining from posting sensitive/protected information about the University, Program, profession, faculty, staff, clinical faculty, clinical partners, and clients.

Students are expected to adhere to standards of behavior described in the "Code of Ethics" and the "Guide for Professional Conduct" as stated in the Guide to Physical Therapist Practice, 3rd Edition.

Student behavior is documented on Clinical Education records and in narrative reports written by departmental faculty members. Official records kept by other University offices may also be considered. APC considers records of professional behavior for decision-making.

2.33.1 Social Media

Social media networks may be beneficial for sharing of knowledge and information; however, inappropriate use of these networks may violate the right to confidentiality and privacy. Use of social media networks may also cross the professional boundary with patients, clinical sites, and the University. The Department has adopted the following guidelines regarding the use of Social Media networks:

1. All students must abide by the APTA Code of Ethics and Core Values when using Social Media networks.

2. Students must recognize their ethical and legal obligation to maintain patient privacy and confidentiality at all times.
3. Students must not post or share any patient information or images on any Social Media network.
4. Students should never post derogatory or offensive comments regarding any patient, clinical site/clinical faculty, or the University, program, or University personnel.
5. Students should maintain professional boundaries at all times and shall avoid electronic communication with past or present patients.
6. Students should bring any content that could harm a patient's privacy, rights, or welfare to the attention of the faculty.
7. Students are strictly forbidden from transmitting any patient-related image electronically or written comments that may identify clinical sites or patients on any Social Media network.

Any violation of the guidelines listed above regarding Social Media networks may lead to disciplinary action including course failure, suspension, or dismissal from the Program. Depending on the circumstance, students may be held personally liable resulting in civil or criminal penalties, fines, or jail time in accordance with all state and federal laws.

2.34 Physical Therapy Learning Resource Center (LRC)

The LRC was designed to facilitate group study of Basic Sciences and selected physical therapy topics. Course syllabi specify learning objectives for each week. Resources are generally designed for use by students. Students may not disturb a class session in progress by entering the LRC for use of its resources or for use of the printers.

Materials tagged for identification, explanation, etc. for the Basic Sciences portions of OSCE station examinations will be drawn from materials available for student study in the LRC or available online or in selected texts.

Responsibilities and Consequences: All materials housed in the LRC are not to leave the LRC. Students and faculty are responsible for replacing all material in its proper location. Placing items in an inappropriate place is equivalent to taking the material off site. Violations of this responsibility will not be tolerated. The faculty reserves the right to periodically check personal bags when deemed necessary. A person caught in violation of this

policy will lose privileges to the LRC. If any further infractions occur, that student will be dismissed from the Program.

2.35 Physical Therapy Science

The Physical Therapy Science (PTS) laboratory is used for PTS courses and is available for independent and group study on a scheduled basis outside of class time. Equipment and supplies represent typical clinical items; all are "working" models and are maintained in condition suitable for their intended laboratory applications.

Any student, visitor, or faculty injured or involved in an incident in the Physical Therapy laboratory that results in trauma or injury must complete a "Physical Therapy Lab Incident Report". The involved individual must then enter the incident into the "Incident Report Log." The Incident Report Log and the Physical Therapy Incident Report Forms are found in the PT office. Incident reports are reviewed periodically. Any trends are identified and corrective action is taken. The completed Incident Report Form must be filed with the Physical Therapy Office Manager.

The laboratory is equipped to permit students to practice skills in a realistic setting. The following guidelines are designed to promote safety, to facilitate practice of appropriate clinical behaviors, and to make learning as efficient and pleasant as possible.

2.35.1 Safety

- Electrical items undergo at least annual safety inspection by a qualified biomedical engineer. Other equipment is subjected to regular visual and performance inspections. Students are asked to report any malfunctions immediately and to tag suspected items "out of order" to promote safety.
- Lotions, gels, adhesives and other topical agents are selected to be as non-irritating as possible to normal skin. Students are asked to use and store these agents properly to minimize contamination, drying, or premature aging.
- Injectables, dressings, IV solutions, and other "sterile" supplies are intended for practice on mannequins and intact skin. These items may be out of date, but otherwise not contaminated or unsafe for the intended laboratory use.

- Laboratory facilities are not to be used to treat students or others for ANY condition except with faculty authorization, and then only in the presence of a licensed physical therapist. This is a liability issue. Student liability insurance covers only "authorized" clinical placements; the laboratory is authorized only in the presence of a physical therapist that is teaching a laboratory class.
- "Wheelies" are to be practiced only in wheelchairs with appropriate anti-tip bars. Any violation of this is interpreted as a very serious safety violation subject to disciplinary action.
- Students should wear appropriate (clinical) footwear in the laboratory to ensure safety.
- Horseplay, distracting behavior, or other unsafe practices are not appropriate in the laboratory. Faculty members may ask students whose behavior is unsafe or disruptive to depart the premises.
- Universal precautions are to be practiced in the laboratory. Appropriate protective gear is readily available and authorized for use to clean any body fluids that may contaminate equipment or supplies.
- Chemicals used for cleaning are in original containers with full labels. OSHA regulations for posting hazardous chemicals are followed.
- Unusual occurrences are to be reported to the laboratory instructor immediately; completion of a written "unusual occurrence" report will be necessary, just as it is in clinical situations. Personnel in the Student Health Center should attend to any personal injury.
- All safety precautions exercised in clinical situations are to be strictly observed during laboratory practice. This includes routine inquiries regarding possible pregnancy, allergies and all other contraindications or precautions for a given procedure. Laboratory subjects are cautioned to be knowledgeable about precautions and to be proactive about protecting themselves.
- Laboratory practice on subjects is restricted to consenting members of the same class or more advanced physical therapy students. This safety precaution is posted because less advanced students, family members, friends, etc., are not knowledgeable about precautions.

- Traffic areas should be kept free of equipment, supplies, personal belongings, spills, and other traffic hazards.

2.35.2 Lab Dress Code

In addition to the classroom dress code, the following code is in force for the laboratory environment. Students are required to wear shirts and shorts. Women should wear a halter top/bathing suit top leaving the midriff bare underneath their shirt. Sports bras are NOT acceptable as it restricts examination of the thoracic spine. Hair and attire should not obstruct the face or otherwise interfere with the safety and comfort of the laboratory partner or with skill performance and acquisition. Hairstyles should be clean and well kept. Facial hair must be clean and well-trimmed. Hats are prohibited in all classrooms including the laboratory. Nails must be clean and well-trimmed so as to not interfere with skill performance and acquisition. Body piercings must be removed prior to each laboratory session. Other jewelry may also need to be removed if interfering with the performance skill being learned. Footwear is required in all classrooms including the laboratory. Safe footwear (enclosed toe/heel and nonskid soles) is important during laboratory sessions as well as clinic situations to protect the student and his/her laboratory partner or client. Flip flops/athletic slides are not appropriate laboratory footwear. Sunglasses are not appropriate to wear in any classroom setting, including laboratory classes.

2.36 Classroom Dress Code

Students are required to present themselves in a neat, clean and well-groomed manner at all times. Footwear is mandatory; flip-flops/athletic slides are prohibited. Students are expected to use good taste in selecting their attire for class, avoiding extreme styles, necklines, hemlines and sheer fabrics. Jewelry should be conservative. Heavy perfumes and/or aftershave should be avoided.

Women should wear dress slacks or skirts (knee length or longer) and either a collared shirt or other professional style blouse with appropriate coverage (no midriff skin or cleavage showing) and sleeve length (at the level of the bicep or longer).

Men should wear dress slacks and collared shirts with sleeve lengths at the level of the bicep or longer. Hairstyles should be clean and well kept.

Facial hair must be clean and well-trimmed. Hats and sunglasses are prohibited in all classrooms including the laboratory.

Sweatshirts and “hoodies” are not considered professional dress and are prohibited in all classrooms including the laboratory.

2.37 Professional Dress Code

A professional appearance for the announced presence of guest faculty, official visitors, and all student presentations is required. For men, this means enclosed heel and toe shoes, socks, slacks, dress shirt, tie and an otherwise clean and well-groomed appearance. For women, this means enclosed heel and toe shoes, hose or socks, slacks or skirts of appropriate length (at or below knee), dress shirt or blouse with conservative neckline. Sleeveless attire is not appropriate professional dress. Hats and sunglasses are not acceptable. If body piercings are present, the student will need to make the judgment on how the presence of the piercing will affect the delivery and reception of the presentation.

2.38 Student Governance

Each class is expected to develop a class organization with elected officers and bylaws that promote democratic participation in the business of the class. Participation is required of all students in the class. The purposes of class organization are to provide a vehicle for obtaining student input into decisions affecting the class, elect class representatives to participate in functions such as interviewing faculty applicants, staff and student applicants, and organize student activities such as birthday and other celebrations, condolences, and peer support activities. Each class elects one class representative. This election is held yearly in September.

2.39 Student Evaluation of Courses and Curriculum

The students evaluate each course in the Program using the University Faculty Evaluation Forms. Please see the Office Manager for a copy of this form. The Clinical Education courses will be evaluated through an independent course evaluation form. The student’s input is also sought in evaluating the DCE (Appendix 3.6) and the Director of the Program (see Appendix 3.6).

Students are encouraged to give ongoing feedback to the curriculum and the process. Faculty meetings are open one time per month for student representatives to voice any concerns.

2.40 Estimated Costs of Professional Education

The University sets full and partial Term tuition rates (the “fixed rate”) for the students enrolled in the Department, subject to an exception for students who do not maintain continuous enrollment. This fixed rate refers only to tuition and not to any fees or room/board charges or to costs associated with Clinical Education. Full Term tuition will be charged for all Terms except Term I, which is charged at the partial Term tuition rate. Partial Term tuition will also be charged for didactic or Clinical Education experiences that must be repeated or which occur outside of the typical curricular calendar, for reasons outside of a medical withdraw. Repeat of a didactic or Clinical Education course due to failure will result in the student being charged partial Term tuition for that course. Tuition and fees are posted on the University Web site: http://wju.edu/finaid/pdf/2018-2019_gpstuition.pdf.

Clinical Education costs are particularly difficult to estimate. Students should not expect to complete any or all Clinical Education experiences in any given geographic area. Exigencies of clinic staffing and other factors occasionally require that changes be made in student assignments immediately prior to beginning and occasionally even during a clinical placement.

A student who does not maintain continuous enrollment or who is required to repeat a Term due to academic difficulty will forfeit the fixed rate. The student will be charged the tuition rate designated for the class in which re-enrollment occurs.

2.41 FSBPT Examination Testing Policy

The University and students have shared interests in the quality of the educational environment [both class and clinical] so that program graduates will develop the core competencies that will enable them to become highly competent, qualified practitioners.

Competency and preparedness are achieved through successful completion of coursework and clinical work with the expectation that each student’s

primary focus will be devoted to coursework and clinical requirements. Divided attention may compromise the individual student's education, the educational experience of other students, the patient care in the clinical setting, and clinical placement opportunities.

Standardized licensure testing requires substantial preparation specific to the test format and content. To assure that students attain the maximum benefits of their clinical work and that the University's clinical partners continue to receive high performing students with an uncompromised focus on their clinical experience, it is expected that preparation for standardized testing occur after graduation. The Department does not grant early testing permission or certify a student's progress toward graduation for early testing purposes. This policy provides uniformity and level playing for all program graduates for scheduling testing and pursuing job opportunities.

3.0 APPENDICES

3.1 Department Mission

3.2 APTA Vision Statement for the Physical Therapy Profession

3.3 Curriculum Schedule

3.4 Essential Functions for Physical Therapy Students

3.5 Classroom Photography/Audio/Video Release

3.6 Student Evaluation of the DCE

3.7 Process for Graduation and Licensure

3.8 Federation of State Boards of Physical Therapy Mission Statement

3.9 Model Practice Act

3.10 Survey of Graduates

Appendix 3.1

Department Mission

Mission Statement: Department of Physical Therapy

The Department of Physical Therapy at Wheeling Jesuit University (WJU) embraces the Jesuit tradition of educational excellence in the preparation of doctoral level therapists for professional and ethical leadership, the betterment of society, and services to others, including areas underserved by the health care system. The Department faculty members are involved in advancing knowledge in the field of physical therapy through research and/or clinical practice.

WJU physical therapy graduates are prepared to practice a holistic approach in delivering physical therapy services to diverse populations throughout the continuum of health, wellness, injury and disease. Through the use of a unique learning style, WJU physical therapy graduates demonstrate exemplary professionalism, exceptional skills and problem solving, and the ability to access and utilize knowledge, reflective of a commitment to life-long learning

Appendix 3.2

APTA Vision Statement

Adopted by APTA's House of Delegates (House) in 2013, APTA's **Vision Statement for the Physical Therapy Profession** is supported by **Guiding Principles to Achieve the Vision**, which demonstrate how the profession and society will look when the vision is achieved. APTA's strategic plan helps the association work toward this vision.

APTA Vision Statement for the Physical Therapy Profession

Transforming society by optimizing movement to improve the human experience.

Guiding Principles to Achieve the Vision

Movement is a key to optimal living and quality of life for all people that extend beyond health to every person's ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The principles are described as follows:

Identity. The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education,

and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

Collaboration. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

Value. Value has been defined as “the health outcomes achieved per dollar spent.”¹ To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.² Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs

will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expediently put these discoveries and other new information into the hands and minds of clinicians and educators.

Consumer-centricity. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

Access/Equity. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

Advocacy. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

References

1. Porter ME, Teisberg EO. Redefining health care: creating value-based competition on results. Boston: Harvard Business School Press, 2006.
2. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: Institute of Medicine of the National Academies, 2001.

Appendix 3.3 - Curriculum Schedules

AY 2017 - Class of 2019																																																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	#	#	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
																				Term I (6 weeks) May 15 - June 23																				Term II (16 weeks) August 21 - December 8											
Service Learning Elective Requirement Options:																				Basic Science I																				Basic Science II										B R E A K	
*Service Learning III - Regional																				Clinical Science I																				Clinical Science II											
**Service Learning IV - International/Mexico																				Physical Therapy																				Physical Therapy Science II											
*** Service Learning IV - International/Haiti or Peru																				Science I																				Professional Issues II											
																				Professional Issues I																				Integrated Seminar I											
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															Term III (17 weeks) January 8 - May 4										Term IV (13 weeks) May 14 - August 10										Term V (16 weeks) August 20 - December 7																
B Basic Science III															B Clin Ed I (8 weeks)										RTS I										B Basic Science IV										B R E A K						
R Clinical Science III															R May 14 - July 6										(Independent Study)										R Clinical Science IV																
E Physical Therapy Science III															E										*										E Physical Therapy Science IV																
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															Clin Ed II (8 weeks)										May 13 - July 5										CAPSTONE										B R E A K						
															March 11 - Mar 3										Basic Science V										Clin Ed III (10 weeks)												Online Elective Requirement September 30- November 22 (Pinning Ceremony December ?, 2019 at 5:00 pm, Class Photo at 4:15 pm)				
															January 14 - March 8										Clinical Science V										July 22 - September 27														September 30 - December 6		
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Clin Ed Stream II																											Clin Ed Stream III																									
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R January 13 - March 6																	R Basic Science V										A July 20 - September 25																									
* Basic Science V																	* Clinical Science V										* Clin Ed IV (10 weeks)																									
* PT Science V																	* Clinical Science VI										* September 28 - December 4																									
* Professional Issues V																	* PT Science VI										* Online Elective Requirement																									
* Integrated Seminar IV																	* Professional Issues VI										* September 28- November 20																									
* RTS III																	* Integrated Seminar V										* Pinning Ceremony December 6,																									
* Clin Ed Stream IV																	* RTS IV										* 2020 at 5:00 pm																									
(Easter Break- Apr. 9-13)																	(No classes 7/4)										* Class Photo at 4:15 pm																									
3/2/18																																																				

Appendix 3.4
Doctor of Physical Therapy
Essential Functions for Physical Therapy Students

The following functions are required to perform as a Physical Therapy professional. Special accommodations, as guided by the American Disability Act, can be utilized to fulfill these functions when appropriate.

- Utilize appropriate verbal, nonverbal and written communication with patient, families, and others.
- Practice in a safe, ethical, and legal manner.
- Demonstrate ability to apply universal precautions.
- Safely, reliably, and efficiently perform appropriate physical therapy procedures used to assess the function of the movement system.
- Perform treatment procedures in a manner that is appropriate to the patient's status and desired goals.
- Develop and document a plan of care for a patient with movement dysfunction.
- Recognize the psychosocial impact of dysfunction and disability and integrate the needs of the patient and family into the plan of care.
- Demonstrate responsibility for lifelong professional growth and development.

Taken from:

Ingram, D. (1997). Opinions of physical therapy education program directors on essential functions. Physical Therapy, 77(1), p 37-45.

Appendix 3.5

Wheeling Jesuit University Department of Physical Therapy Adult Model Permission And Release Form

WHEELING JESUIT UNIVERSITY INFORMATION TECHNOLOGY SERVICES ADULT MODEL PERMISSION AND RELEASE RIGHTS TO USE QUOTATIONS, WRITINGS, GRAPHIC MATERIALS, VOICE, PHOTOGRAPHS, NAME, AND IMAGE, and RELEASE FROM RESPONSIBILITIES FOR PHYSICAL INJURIES

Project: _____ Date: _____

MODEL NAME: _____, hereinafter referred to as
"Model" and also hereinafter referred to as "I."

PERMISSION BEING GRANTED: "I," on behalf of myself the "MODEL," grant
WHEELING JESUIT UNIVERSITY INC. and its various departments and
programs, hereinafter, collectively called, "YOU," or "WJU," the perpetual and
worldwide rights to use my name, image, voice, mannerisms, and likenesses, and
any other representative reproduction or facsimile thereof, hereinafter called
"IMAGE", as well as any QUOTATIONS, WRITINGS, OR GRAPHIC
MATERIALS created by me in whole or in part, which are, hereinafter, called
"PERSONAL MATERIALS," for _____ hereinafter called "PROJECT,"
under the following terms: WHAT YOU MAY USE AND HOW: "WJU" may use
my "IMAGE" and "PERSONAL MATERIALS" embodied on film, photographs,
audio recordings, videotape, and other digital, electronic, or magnetic media, and
in conjunction with any copyrighted material or media, and IN ANY
ADVERTISING, AND FOR ANY OTHER USE ASSOCIATED WITH THIS
"PROJECT".

SCOPE OF RIGHTS GRANTED: "I," on behalf of myself as the "MODEL," grant
"WJU" absolute and irrevocable permission to use, adapt, modify, and transmit for
any form of public display, the my "IMAGE" and / or "PERSONAL
MATERIALS," in whole or in part, individually, and in conjunction with any other
materials for illustration, promotion, art, advertising, and trade, and any other
purpose associated with this "PROJECT."

I GRANT YOU BROAD ADDITIONAL RIGHTS TO SELL, USE, ASSIGN,
ETC.: "WJU" may sell, assign, license, or otherwise transfer all rights granted to it

herein. This authorization and release shall also extend to the benefit of all successors, licensees, and assignees of "WJU," as well as to the person(s), if any, for whom it produced the film, photographs, audio recordings, videotape, and other digital, electronic, or magnetic media for this "PROJECT."

OWNERSHIP OF WORKS: "I" on behalf of myself as the "MODEL," understand, acknowledge, and agree that "WJU" shall have the sole and exclusive worldwide rights to all work(s) that uses, is based upon, or otherwise incorporates my "IMAGE" and "PERSONAL MATERIALS" in any media and in any manner, resulting from this "PROJECT."

I RELEASE "YOU" FROM CLAIMS: "I" on behalf of myself as the "MODEL," hereby release and discharge "WJU" from any and all claims and demands arising out of, or in connection with, the use of my "IMAGE" and "PERSONAL MATERIALS" in any use associated with this "PROJECT," including, but not limited to, advertising, film, photographs, audio recordings, videotape, and/or other digital, electronic or magnetic media, including, but not limited to, any and all claims for libel or invasion of privacy. I also release "WJU" from ANY CLAIMS DUE TO PHYSICAL INJURY that may arise from or during the filming, recording or other activities required during the project or during any future representation of my "IMAGE" and "PERSONAL MATERIALS".

"WJU" SHALL HAVE SOLE DISCRETION: "I," on behalf of myself as the "MODEL," relinquish any right I may have to examine or approve the completed product, or products, or advertising, or printed matter that may be used in connection with the permission and releases granted, and release you from any liability for blurring, distortion, alterations, or optical illusion, or use in composite form, whether intentional or otherwise, than may occur in processing, or at any time, as well as in any publication thereof.

I MAKE CERTAIN WARRANTIES: "I" warrant and represent that I have the authority to grant the foregoing permission and release, that I am under no legal disability, and that I am at least 18 years of age. Intending to be bound, and for valuable consideration, I have signed this document on the date next to my name.

My name may be used anywhere with my 'IMAGE' or 'PERSONAL MATERIALS' for this 'PROJECT'."

SIGNATURE OF MODEL:

Date: _____ Phone: _____

Address:

*Questions should be forwarded to: Director of Communications, Wheeling Jesuit
University 316 Washington Avenue, Wheeling, WV 26003
Phone 304.243.8160 • Fax 304.243.8179

Last updated 5/13/2019 JC

Appendix 3.6
DCE Faculty Evaluation Questions (for Clinical Education Courses)

Process: These questions are sent to the students in a Google Forms document by the Office Manager.

Students are educated on the procedure of using the lottery system in assigning sites for the clinical education experiences through the Clinical Education Stream courses and in the Policy and Procedure Manual.

The DCE oversees the student clinical education paperwork and the clinical experience records and works with the students to collect and update clinical site information. (Note: Available and accurate site information is dependent on the site providing updated information. This information is requested by the University every March and with each experience assignment.)

Relevant information, APTA items, and required forms for this clinical education experience are available to the student through the AUX DPT – Clinical Education Blackboard course or provided by the DCE.

The clinical education course objectives are clearly outlined in the syllabus and students have learning activities for each objective through Blackboard assignments and the clinical experience.

What strengths does the DCE exhibit in this course?

What changes, if any, should the DCE make in this course?

Does the DCE reflect well on the University and/or its mission? Why or why not?

Do you have any additional comments not addressed above?

Appendix 3.7

Process for Graduation and Licensure

On the semester prior to graduation, there are three steps that all candidates for the degree must complete:

Step One: Make sure that all bills are paid. Students must make an appointment with the Business Office. Pending debts may result in denial of graduation privileges.

Step Two: Make sure that transcripts are updated and that there are no curricular requirements missing. Students must make an appointment with the Office of the University Registrar. Students are advised to avoid last minute problems by regularly monitoring compliance with curricular requirements.

Step Three: Make sure that the necessary forms are completed in the process for applying for the state licensure examination.

Appendix 3.8

Federation of State Boards of Physical Therapy

The mission of the Federation of State Boards of Physical Therapy is to protect the public by providing service and leadership that promote safe and competent physical therapy practice.

Our Federation promotes and assists the licensing jurisdictions to protect the health, safety and welfare of the public by identifying and promoting desirable and reasonable uniformity in physical therapy regulatory standards and practices. We recommend consistent regulatory practices through the Model Practice Act for Physical Therapy address foreign education equivalency, and collect and disseminate information relevant to the regulation of physical therapy through our State Licensure Reference Guide.

We develop, maintain, and administer the National Physical Therapy Examinations for Physical Therapists and Physical Therapist Assistants. We continually research and use the best examination methodology available. We provide the online examination services to jurisdictions and candidates.

We also provide educational programs for our Member Boards and other bodies interested in the effective licensure, regulation, and enforcement in the practice of healthcare professions.

Available at <http://www.fsbpt.org/index.asp> Accessed August 1, 2006

Appendix 3.9 Model Practice Act

Introductory Notes

- This is the Federation of State Boards of Physical Therapy’s model physical therapy practice act.
- The numerical paragraph references used with each paragraph are only for organizational purposes within this model act. Each state should use a numbering system that conforms to its own statutory classification system.
- Bracketed areas in the model language throughout the Model Practice Act indicate optional language each state should adapt to its own needs. For example, the use of [act] in this model is a drafting option for statutory references such as “chapter,” “act,” “section” or “law” used commonly in practice acts. Each state should use the term applicable to its statutes. The optional [certificate] and [certificate holder] apply if physical therapist assistants are certified by a state. However, if physical therapist assistants are licensed by a state this particular bracket option would not apply. Other bracketed options are explained in the context of the paragraphs where they appear or in commentary.
- Several other documents are referenced throughout the Model Practice Act. A few of these are included in the Appendix. Others may be referenced on websites of the Federation of State Boards of Physical Therapy or the American Physical Therapy Association.

Physical Therapy Practice Act

Article 1: General Provisions

1.01 Legislative Intent

This [act] is enacted for the purpose of protecting the public health, safety and welfare, and provides for state administrative control, supervision, licensure and regulation of the practice of physical therapy. It is the legislature’s intent that only individuals who meet and maintain prescribed standards of competence and conduct may engage in the practice of physical therapy as authorized by this [act]. This [act] shall be liberally construed to promote the public interest and to accomplish the purpose stated herein.

1.02 Definitions

For purposes of this [act], the following terms have the meanings set forth below, unless the context requires otherwise.

A. “Board” means the [specify the state] board of physical therapy.

B. “Physical therapy” means the care and services provided by or under the direction and supervision of a physical therapist that is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].

C. “Physical therapist” means a person who is licensed pursuant to this [act] to practice physical therapy. The term “physiotherapist” shall be synonymous with “physical therapist” pursuant to this [act].

D. “Practice of physical therapy” means:

1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.

2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.

3. Reducing the risk of injury, impairment, functional limitation and disability, including the promotion and maintenance of fitness, health and wellness in populations of all ages.

4. Engaging in administration, consultation, education and research.

E. “Physical therapist assistant” means a person who is [certified/licensed] pursuant to this act and who assists the physical therapist in selected components of the physical therapy treatment intervention.

F. “Physical therapy aide” means a person trained under the direction of a physical therapist who performs designated and supervised routine tasks related to physical therapy services.

G. “Restricted license” for a physical therapist means a license on which the board places restrictions and/or conditions as to scope of practice, place of practice, supervision of practice, duration of licensed status, or type or condition of patient or client to whom the licensee may provide services.

H. “Restricted [certificate/license]” for a physical therapist assistant means a [certificate/license] on which the board has placed any restrictions.

I. “On-site supervision” means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised, and maintains continued involvement in appropriate aspects of each treatment session in which a physical therapist assistant or physical therapy aide is involved in components of care.

J. “Testing” means standard methods and techniques used to gather data about the patient, including electro diagnostic and electrophysiological tests and measures.

K. “Consultation by means of telecommunication” means that a physical therapist renders professional or expert opinion or advice to another physical therapist or health care provider via telecommunications or computer technology from a distant location. It includes the review or transfer of patient records or related information by means of audio, video or data communications.

L. “Jurisdiction of the United States” means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any American territory.

M. “Examination” means a national examination approved by the board for the licensure of a physical therapist or the [certification/licensure] of a physical therapist assistant.

Article 2: Board of Physical Therapy

2.01 Board of Physical Therapy

A. The board of physical therapy shall consist of [five] members appointed by the governor. [Three] members shall be physical therapists who are residents of this state, possess unrestricted licenses to practice physical therapy in this state and have been practicing in this state for no less than five years before their appointments. The governor shall also appoint [two] public members who shall be residents of this state and who are not affiliated with, nor have a financial interest in, any health care profession and who have an interest in consumer rights.

B. Board members serve staggered four-year terms. Board members shall serve no more than two successive four-year terms or for more than ten consecutive years. By approval of the majority of the board, the service of a member may be extended at the completion of a four-year term until a new member is appointed or the current member is reappointed.

C. If requested by the board, the governor may remove any member of the board for misconduct, incompetence or neglect of duty.

D. Board members are eligible for reimbursement of expenses pursuant to [cite applicable statute relating to reimbursement] to cover necessary expenses for attending each board meeting or for representing the board in an official board-approved activity.

E. A board member who acts within the scope of board duties, without malice and in the reasonable belief that the member's action is warranted by law, is immune from civil liability.

2.02 Powers and Duties of the Board

The board shall:

1. Evaluate the qualifications of applicants for licensure [and certification].
2. Provide for the examination of physical therapists and physical therapist assistants.

3. Issue licenses [or certificates] to persons who meet the qualifications of this [act].
4. Regulate the practice of physical therapy by interpreting and enforcing this [act].
5. Issue advisory opinions upon request regarding this [act].
6. Adopt and revise rules consistent with this [act]. Such rules, when lawfully adopted, shall have the effect of law.
7. Meet at least once each quarter in compliance with the open meeting requirements of [cite applicable statute]. A majority of board members shall constitute a quorum for the transaction of business. The board shall keep an official record of its meetings.
8. Establish mechanisms for assessing the continuing professional competence of physical therapists to practice physical therapy.
9. Establish and collect fees for sustaining the necessary operation and expenses of the board.
10. Elect officers from its members necessary for the operations and obligations of the board. Terms of office shall be one year.
11. Provide for the timely orientation and training of new professional and public appointees to the board regarding board licensing and disciplinary procedures, this [act], and board rules, policies and procedures.
12. Maintain a current list of all persons regulated under this [act]. This information includes the person's name, current business and residential address, email address, telephone numbers, and license [or certificate] number.
13. Provide information to the public regarding the complaint process.
14. Employ necessary personnel to carry out the administrative work of the board. Board personnel are eligible to receive compensation pursuant to [cite specific statute].

15. Enter into contracts for services necessary for enforcement of this [act].

16. Report final disciplinary action taken against a licensee [or certificate holder] to a national disciplinary database recognized by the board or as required by law.

17. Report information of alleged unlawful conduct by licensees [or certificate holders], unlicensed individuals, other health care providers and entities to the appropriate county, state or federal authority.

18. Publish, at least annually, final disciplinary action taken against a licensee [or certificate holder].

19. Publish, at least annually, board rulings, opinions, and interpretations of statutes or rules in order to guide persons regulated pursuant to this [act].

20. Participate in or conduct performance audits.

2.03 Disposition of Funds

No model language is offered under this section heading. See Commentary for further information.

Article 3: Examination and Licensure

3.01 Examination

A. The board shall provide for examinations within the state.

B. The physical therapist examination shall be a national examination that tests entry-level competence related to physical therapy theory, examination and evaluation, diagnosis, prognosis, treatment intervention, prevention and consultation.

C. The physical therapist assistant examination shall test for requisite knowledge and skills in the technical application of physical therapy services.

D. If the board determines that an applicant has engaged, or has attempted to engage, in conduct that subverts or undermines the integrity of the

examination process, the board may disqualify the applicant from taking or retaking the examination for a specified period of time.

3.02 Qualifications for Licensure [and Certification]

A. An applicant for a license as a physical therapist shall:

1. Complete the application process including payment of fees.
2. Submit proof of graduation from a professional physical therapy education program accredited by a national accreditation agency approved by the board.
3. Pass the examination approved by the board.
4. Meet the requirements established by board rule if applicable.

B. An applicant for a license as a physical therapist who has been educated outside of the United States shall:

1. Complete the application process including payment of fees.
2. Provide satisfactory evidence that the applicant's education is substantially equivalent to the education of physical therapists educated in an accredited entry-level program as determined by the board. Graduation outside the United States from a professional education program accredited by the same accrediting agency that the board approves for programs within the United States constitutes evidence of substantial equivalency. In all other instances, "substantially equivalent" means that an applicant for licensure educated outside of the United States shall have:
 - a. Graduated from a physical therapist education program that prepares the applicant to engage without restriction in the practice of physical therapy
 - b. Provided written proof that the applicant's school of physical therapy is recognized by its own ministry of education
 - c. Undergone a credentials evaluation as directed by the board that determines that the candidate has met uniform criteria for educational requirements as further established by rule; and

- d. Completed any additional education as required by the board
3. Pass the board-approved English proficiency examinations if the applicant's native language is not English.
4. Pass the examination approved by the board.
5. Meet the requirements established by board rule if applicable.

C. An applicant for [certification/licensure] as a physical therapist assistant shall:

1. Complete the application process including payment of fees.
2. Submit proof of graduation from a physical therapist assistant education program accredited by a national accreditation agency approved by the board.
3. Pass the examination approved by the board.
4. Meet the requirements established by board rule if applicable.

3.03 Licensure [and Certification] by Endorsement

The board shall issue a license to a physical therapist who has a current unrestricted license from another jurisdiction of the United States if that person met all qualifications prescribed in [Qualifications for Licensure [and Certification], Article 3.02] at the time of the applicant's initial licensure.

3.04 Exemptions from Licensure [or Certification]

A. This [act] does not restrict a person licensed under any other law of this state from engaging in the profession or practice for which that person is licensed if that person does not represent, imply or claim that he/she is a physical therapist or a provider of physical therapy.

B. The following persons are exempt from the licensure requirements of this [act] when engaged in the following activities:

1. A person in an entry-level professional education program approved by the board who is satisfying supervised clinical education requirements

related to the person's physical therapist education while under on-site supervision of a physical therapist.

2. A physical therapist who is practicing in the United States Armed Services, United States Public Health Service or Veterans Administration pursuant to federal regulations for state licensure of health care providers.

3. A physical therapist who is licensed in another jurisdiction of the United States or credentialed to practice physical therapy in another country if that person is teaching, demonstrating or providing physical therapy Language services in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year.

4. A physical therapist who is licensed in another jurisdiction of the United States if that person is providing consultation by means of telecommunication, as defined in [Definitions, Article 1.02], to a physical therapist licensed under this [act].

5. A physical therapist who is licensed in a jurisdiction of the United States or credentialed in another country, if that person by contract or employment is providing physical therapy to individuals affiliated with or employed by established athletic teams, athletic organizations or performing arts companies temporarily practicing, competing or performing in the state for no more than 60 days in a calendar year.

6. A physical therapist who is licensed in a jurisdiction of the United States and who enters this state to provide physical therapy during a declared local, state or national disaster or emergency. This exemption applies for no longer than 60 days following the declaration of the emergency. In order to be eligible for this exemption the physical therapist shall notify the board of their intent to practice.

7. A physical therapist licensed in a jurisdiction of the United States who is forced to leave his/her residence or place of employment due to a declared local, state or national disaster or emergency and due to such displacement seeks to practice physical therapy. This exemption applies for no more than 60 days following the declaration of the emergency. In order to be eligible for this exemption the physical therapist shall notify the board of their intent to practice.

C. A physical therapist assistant who is [certified/licensed] in a jurisdiction of the United States and is assisting a physical therapist engaged specifically in activities related to [subparagraphs (B) 2, 3, 5, 6 and 7 of this section] is exempt from the requirement of [certification/licensure] under this [act].

3.05 License [or Certificate] Renewal

A. A physical therapist applying for renewal of the license shall:

1. Complete a renewal application including payment of fees.
2. Submit evidence of continuing competence.

B. A physical therapist assistant applying for renewal of the license [certificate] shall complete a renewal application including payment of fees.

3.06 Changes of Name, Address or Telephone Number

Each licensee [and certificate holder] is responsible for reporting a name change and changes in business and home address, email address and telephone numbers to the board within 30 days.

3.07 Reinstatement of License [or Certificate]

A. The board may reinstate a lapsed license [or certificate] upon completion of a reinstatement application including payment of fees.

B. If a physical therapist's license has lapsed for two or more renewal periods, that person shall fulfill all requirements of [3.07.A] and demonstrate to the board's satisfaction competence to practice physical therapy by one or more of the following as determined by the board:

1. Practice for a specified time under a restricted license
2. Complete prescribed remedial courses
3. Pass examinations approved by the board
4. Provide proof of licensed practice in another jurisdiction

C. The board may reinstate a revoked license [or certificate] upon completion of the requirements in [3.07 A] and evidence of satisfactory completion of all requirements for reinstatement that were stipulated in a consent order at the time of revocation. The board may further require evidence of a physical therapists' competence to practice physical therapy through one or more of the activities specified in [3.07.B].

[3.08 Fees]

This is optional statute language for states requiring maximum fee ceilings within their statutes. The board shall establish and collect fees not to exceed:

1. _____ dollars for an application for an original license [or certificate]. This fee is nonrefundable.
2. _____ dollars for a certificate of renewal of a license [or certificate].
3. _____ dollars for an application for reinstatement of a license [or certificate].
4. _____ dollars for each duplicate license [or certificate].

Article 4: Regulation of Physical Therapy

4.01 Ethical Practice

A physical therapist shall adhere to the recognized standards of ethics of the physical therapy profession as established by rule.

4.02 Use of Titles and Terms; Restrictions; Classification of Violation

A. A physical therapist shall use the letters "PT" immediately following his or her name to designate licensure under this [act].

B. A person or business entity, its employees, agents or representatives shall not use in connection with that person's name or the name or activity of the business, the words "physical therapy," "physical therapist," "physiotherapy," "physiotherapist," "registered physical therapist," "doctor of physical therapy," the letters "PT," "DPT," "LPT," "RPT," or any other words, abbreviations or insignia indicating or implying directly or indirectly that physical therapy is provided or supplied, unless such services are

provided by or under the direction of a physical therapist licensed pursuant to this [act]. A person or business entity shall not advertise or otherwise promote another person as being a “physical therapist” or “physiotherapist” unless the individual so advertised or promoted is licensed as a physical therapist under this act. A person or business entity that offers, provides, or bills any other person for services shall not characterize those services as “physical therapy” or “physiotherapy” unless the individual performing those services is a person licensed as a physical therapist under this [act].

C. A physical therapist assistant shall use the letters “PTA” immediately following his or her name to designate [certification/licensure] under this [act].

D. A person shall not use the title “physical therapist assistant,” the letters “PTA,” or any other words, abbreviations or insignia in connection with that person’s name to indicate or imply, directly or indirectly, that the person is a physical therapist assistant unless that person is [certified/licensed] as a physical therapist assistant pursuant to this [act].

E. A person or business entity that violates paragraphs (B) or (D) of this section is guilty of a [cite specific legal sanction]. The board shall have authority to impose a civil penalty, in an amount not to exceed [specify number of dollars] per violation, against any person or business entity that violates paragraphs (B) or (D). In addition, the board may seek an injunction against conduct in violation of paragraphs (B) or (D) in any court of competent jurisdiction. For purposes of this [act], the board, in seeking an injunction, need only show that the defendant violated paragraphs (B) and (D) of this section to establish irreparable injury or a likelihood of a continuation of the violation.

4.03 Patient Care Management

A. A physical therapist is responsible for managing all aspects of the physical therapy care of each patient. A physical therapist shall provide:

1. The initial evaluation and documentation of each patient;
2. Periodic reevaluation and documentation of each patient;
3. The documented discharge of the patient, including the patient’s response to treatment intervention at the time of discharge.

B. A physical therapist shall assure the qualifications of all physical therapist assistants and physical therapy aides under his or her direction and supervision.

C. For each patient on each date of service, a physical therapist shall provide all of the treatment intervention that requires the expertise of a physical therapist and shall determine the use of physical therapist assistants or physical therapy aides that provide for the delivery of care that is safe, effective and efficient.

1. A physical therapist assistant shall work under a physical therapist's supervision. A physical therapist assistant may document the care he/she provides.

2. A physical therapist may use physical therapy aides for designated routine tasks. A physical therapy aide shall work under the on-site supervision of a physical therapist that is continuously on-site and present in the facility. This supervision may extend to off-site supervision of the aide only when the physical therapy aide is accompanying and working directly with a physical therapist assistant with a specific patient or when performing non-patient related tasks.

D. A physical therapist's responsibility for patient care management shall include accurate documentation and billing of the services provided.

4.04 Grounds for Denial of a License [and Certificate]; Disciplinary Action

The following are grounds for denial of a license [and certificate] or disciplinary action:

1. Violating any provision of this [act], board rules or a written order of the board.

2. Obtaining or attempting to obtain a license [or certificate] by fraud or misrepresentation.

3. Attempting to engage in conduct that subverts or undermines the integrity of the examination or the examination process including, but not limited to, utilizing in any manner recalled or memorized examination questions from or with any person or entity, failing to comply with all test center security

procedures, communicating or attempting to communicate with other examinees during the test, or copying or sharing examination questions or portions of questions.

4. Practicing or offering to practice beyond the scope of the practice of physical therapy.

5. Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.

6. Failing to adhere to the recognized standards of ethics of the physical therapy profession as established by rule.

7. Failing to complete continuing competence requirements as established by rule.

8. Failing to maintain adequate patient records. For the purposes of this paragraph, “adequate patient records” means legible records that contain at minimum sufficient information to identify the patient, an evaluation of objective findings, a diagnosis, a plan of care, a treatment record and a discharge plan.

9. Failing to supervise physical therapist assistants or physical therapy aides in accordance with this [act] and board rules.

10. Failing to report to the board, where there is direct knowledge, any unprofessional, incompetent or illegal acts that appear to be in violation of this [act] or any rules established by the board.

11. Engaging in sexual misconduct. For the purpose of this paragraph sexual misconduct includes:

a. Engaging in or soliciting sexual relationships, whether consensual or non-consensual, while a physical therapist or physical therapist assistant/ patient relationship exists.

b. Making sexual advances, requesting sexual favors or engaging in other verbal conduct or physical contact of a sexual nature with patients or clients.

c. Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.

12. Having had a license [or certificate] revoked or suspended, other disciplinary action taken, or an application for licensure [or certification] refused, revoked or suspended by the proper authorities of another state, territory or country.

13. Having been convicted of or pled guilty to a felony in the courts of this state or any other state, territory or country. Conviction, as used in this paragraph, shall include a deferred conviction, deferred prosecution, deferred sentence, finding or verdict of guilt, an admission of guilt, an Alfred plea, or a plea of nolo contendere.

14. Aiding and abetting the unlicensed practice of physical therapy.

15. Participating in physical therapy services in which the referral source has a financial interest dependent upon the revenue generated by the services.

16. Directly or indirectly requesting, receiving or participating in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or profiting by means of a credit or other valuable consideration such as an unearned commission, discount or gratuity in connection with the furnishing of physical therapy services. This does not prohibit the members of any regularly and properly organized business entity recognized by law comprising physical therapists from dividing fees received for professional services among themselves as they determine necessary.

17. Promoting any unnecessary device, treatment intervention or service resulting in the financial gain of the practitioner or of a third party.

18. Providing treatment intervention unwarranted by the condition of the patient or continuing treatment beyond the point of reasonable benefit.

19. Participating in under-utilization or over-utilization of physical therapy services for personal or institutional financial gain.

20. Charging fraudulent fees for services performed or not performed.

21. Making misleading, deceptive, untrue or fraudulent representations in violation of this [act] or in the practice of the profession.
22. Practicing as a physical therapist or working as a physical therapist assistant when physical or mental abilities are impaired by the use of controlled substances or other habit-forming drugs, chemicals or alcohol, or by other causes.
23. Practicing physical therapy with a mental or physical condition that impairs the ability of the licensee to practice with skill and safety.
24. Practicing after having been adjudged mentally incompetent by a court of competent jurisdiction.
25. Interfering with an investigation or disciplinary proceeding by failure to cooperate, by willful misrepresentation of facts, or by the use of threats or harassment against any patient or witness to prevent that patient or witness from providing evidence in a disciplinary proceeding or any legal action.
26. Failing to maintain patient confidentiality without documented authorization of the patient or unless otherwise required by law. All records used or resulting from a consultation by means of telecommunications, as defined in [Definitions, Article 1.02], are part of a patient's records and are subject to applicable confidentiality requirements.

4.05 Investigative Powers; Emergency Action; Hearing Officers

A. To enforce this [act], the board is authorized to:

1. Receive complaints filed against licensees [or certificate holders] and conduct a timely investigation.
2. Conduct an investigation at any time and on its own initiative without receipt of a written complaint if the board has reason to believe that there may be a violation of this [act].
3. Issue subpoenas to compel the attendance of any witness or the production of any documentation relative to a case.

4. Take emergency action ordering the summary suspension of a license [or certificate] or the restriction of a physical therapist's practice or a physical therapist assistant's employment pending proceedings by the board.

5. Appoint hearing officers authorized to conduct hearings. Hearing officers shall prepare and submit to the board findings of fact, conclusions of law and a recommendation for Board action that shall be reviewed and voted on by the board.

6. Require a physical therapist to be examined in order to determine his or her mental or physical ability to practice physical therapy.

B. If the board finds that the information received in a complaint or an investigation does not merit disciplinary action against a licensee [or certificate holder] it may take the following actions:

1. Dismiss the complaint.

2. Issue an advisory letter to the licensee [or certificate holder]. An advisory letter is non-disciplinary and notifies a licensee [or certificate holder] that, while there is not evidence to merit disciplinary action, the board believes that the licensee [or certificate holder] should become educated about the requirements of this [act] and board rules.

4.06 Hearings

(No model statute language is offered under this section heading. See Commentary for additional information.)

4.07 Disciplinary Actions; Penalties

Upon proof that any grounds prescribed in section [Grounds for Denial of a License [and Certificate]; Disciplinary Action, Article 4.04], have been violated, the board may take the following disciplinary actions singly or in combination.

1. Issue a censure.

2. Restrict a license [or certificate]. The board may require a licensee [or certificate holder] to report regularly to the board on matters related to the grounds for the restricted license [or certificate].

3. Suspend a license [or certificate] for a period prescribed by the board.
4. Revoke a license [or certificate].
5. Refuse to issue or renew a license [or certificate].
6. Impose a civil penalty of at least _____ but not more than _____. (Include minimum and maximum dollar amounts of civil penalties.)
7. Accept a voluntary surrendering of a license [or certificate] based on an order of consent from the board.

4.08 Procedural Due Process

Actions of the board shall be taken subject to the right of notice, opportunity to be heard and the right of appeal in accordance with [specify the state] law relating to administrative law and procedure.

4.09 Unlawful Practice; Classification; Civil Penalties; Injunctive Relief

A. It is unlawful for any person or business entity, its employees, agents or representatives not licensed as a physical therapist under this [act] to engage in the practice of physical therapy. Any person who violates this paragraph [(A) or Use of Titles and Terms; Restrictions; Classification of Violation, Article 4.02], is guilty of [cite specific criminal sanction, e.g., class 1 misdemeanor] and subject to any other remedies specified in this [act].

B. The board may investigate any person or business entity to the extent necessary to determine whether the person or business entity is engaged in the unlawful practice of physical therapy. If an investigation indicates that a person or business entity may be practicing physical therapy unlawfully, the board shall inform the person or the business entity of the alleged violation. The board may refer the matter for prosecution regardless of whether the person or business entity ceases the unlawful practice of physical therapy.

C. The board may apply to any court of competent jurisdiction for an order enjoining any person or business entity from committing any violation of this [act]. Injunction proceedings under this paragraph shall be in addition to, and not in lieu of, all penalties and other remedies prescribed in this [act].

D. If a person or business entity knowingly violates this [act] or board rules, fraudulently uses or permits the use of a license [or certificate] number, or knowingly aids or requires another person to violate this [act] or board rules, the board may impose upon such person a civil penalty of not more than [dollar amount of penalty] for the first violation and not more than [dollar amount of penalty] for each subsequent violation.
[Optional Statute]

E. The board shall transmit all monies it collects from civil penalties pursuant to this [act] to the [specify the disposition of these funds if different from other funds].

4.10 Reporting Violations; Immunity

A. A person, including but not limited to a licensee [or certificate holder], corporation, insurance company, health care organization or health care facility and state or local governmental agencies, shall report to the board any conviction or determination by an agency or court that a licensee [or certificate holder] has committed an act that constitutes a violation of [Grounds for Denial of a License [and Certificate]; Disciplinary Action, Article 4.04].

B. A person is immune from civil liability, whether direct or derivative, for reporting to the board in good faith and participating in the board's investigation and subsequent disciplinary process, if applicable.

C. The board shall not disclose the identity of a person who provides information unless such information is essential to proceedings conducted pursuant to [Investigative Powers; Emergency Action; Hearing Officers; and Hearings, Articles 4.05 and 4.06], or unless required by a court of law.

4.11 Substance Abuse Recovery Program

The board may permit a licensee [or certificate holder] to actively participate in a board-approved substance abuse recovery program if:

1. The board has evidence that the licensee [or certificate holder] is impaired.

2. The licensee [or certificate holder] enters into a written agreement with the board for a restricted license [or certificate] and complies with all the terms of the agreement, including making satisfactory progress in the Program and adhering to any limitations on his or her practice or employment imposed by the board to protect the public. Failure to enter into such an agreement shall activate an immediate investigation and disciplinary proceeding by the board.

3. As part of the agreement established between the licensee [or certificate holder] and the board, the licensee [or certificate holder] signs a waiver allowing the substance abuse program to release information to the board if the licensee [or certificate holder] does not comply with the requirements of this section or is unable to practice or work with reasonable skill or safety.

4.12 Rights of Consumers

A. The public shall have access to the following information:

1. A list of licensees [and certificate holders] that includes place of employment, address and telephone number of record, license [or certificate] number, date of license [or certificate] expiration and status of license [or certificate].

2. A list of final disciplinary actions taken by the board.

3. The address, website, email and phone number of the board.

B. Each licensee [and certificate holder] shall display a copy of his or her license [or certificate] in a location accessible to public view or produce a copy immediately upon request.

C. Each licensee [and certificate holder] shall provide the public with information on how to file a complaint with the board against a licensee [or certificate holder].

D. Any person may submit a complaint regarding any licensee, [certificate holder] or any other person potentially in violation of this [act]. Confidentiality shall be maintained subject to law.

E. The home address, email address and home telephone numbers of physical therapists and physical therapist assistants are not public records

and shall be kept confidential by the board unless they are the only addresses and telephone numbers of record.

F. A patient has freedom of choice in selection of services and products.

G. Information relating to the physical therapist-patient relationship is confidential and shall not be communicated to a third party who is not involved in that patient's care without the written authorization of the patient. The physical therapist-patient privilege does not extend to cases in which the physical therapist has a duty to report information as required by law.

H. The board shall keep all information relating to the receipt and investigation of complaints filed against licensees [or certificate holders] confidential until the information is disclosed in the course of the investigation or any subsequent proceeding or until disclosure is required by law. Patient records, including clinical records, files, any other report or oral statement relating to diagnostic findings or treatment of patients, any information from which a patient or his family might be identified, or information received and records or reports kept by the board as a result of an investigation made pursuant to this [act] shall not be available to the public and shall be kept confidential by the board.

Appendix 3.10
Physical Therapy Department
Graduate Survey - Class of 2017

The following survey is being utilized by the Doctor of Physical Therapy program and the Commission on Accreditation in Physical Therapy Education. This survey is to assess the preparation of the students who graduate from its program. **Please do not include your name on this survey.**

Demographic Information: Please respond as accurately as possible.

1. How many months after graduating from the Doctor of Physical Therapy program did you first become employed as a physical therapist? If not, employed, is this by choice?
2. Where are you employed (City/State)?
3. Have you passed the PT Board exam? ____yes ____no
4. With reference to your first practice location following graduation, in what setting do you work? – i.e. outpatient, acute, etc.
5. Please place an X in front of the activities in which you have participated since graduating from the Doctor of Physical Therapy Program:

- _____ attended a local/state physical therapy or health-related meeting
- _____ attended a national physical therapy or health-related meeting
- _____ contributed at a local or national physical therapy or other health-related meeting
- _____ authored or contributed to a published article, book, or chapter of a book
- _____ participated in a community-based educational program
- _____ completed continuing education course(s)
- _____ provided service

6. When I graduated from the Doctor of Physical Therapy program, my preparation:

_____ 1 = was below an expected level of competence

_____ 2 = was at an expected level of competence

_____ 3 = was above an expected level of competence

7. In evaluation and treatment of patients, what areas do you feel were lacking and what areas were above average?

8. What would you say were the strongest and weakest components of the Doctor of Physical Therapy program at this University?