



Doctor of Physical Therapy

Student Handbook

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0.0 INTRODUCTION

Purpose of The Doctor of Physical Therapy Student Handbook

The Doctor of Physical Therapy (DPT) 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 DPT Program Student Handbook, the Institutional and Student Policies on Policy Tech, located on the University’s website at [Student Policies](#), and also the academic policies found in the University catalog on the University’s website at [University Catalog](#). In the case of any differences between the policies and procedures in the University’s Student Handbook and those in the DPT Student Handbook, the policies and procedures in the DPT Student Handbook will govern the Program.

0.1 UPDATING THE DPT STUDENT HANDBOOK

Changes and adjustments in the Program are normal and expected. The DPT Student Handbook is updated yearly and is otherwise subject to revision based upon feedback from multiple sources, including but not limited to, physical therapy faculty and Program Director, members of University administration, as well as external sources such as the Federation of State Boards of Physical Therapy and the Commission on Accreditation in Physical Therapy Education (CAPTE). 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 DPT Student Handbook will be provided in the form of an email announcement and/or distribution of additional/replacement pages. Additionally, the version of the DPT Student Handbook published on the Program’s website will be kept current to reflect any updates. Changes to the DPT Student Handbook are effective and enforceable immediately unless otherwise noted.

0.2 COMPLIANCE AGREEMENTS

0.2.1 INSTRUCTIONS

It is each student’s responsibility to thoroughly review the DPT Student Handbook. The Program also recommends that each student review relevant sections of the

University Catalog and the University policies on Policy Tech, as identified in the DPT Student Handbook.

The DPT Student Handbook will be sent electronically by the Program administrative assistant to all students prior to Term 1. The handbook can also be accessed via the Doctor of Physical Therapy page on the University website at the [DPT Website](#).

After reviewing the handbook, students are **required** to sign the DPT PROGRAM POLICIES AGREEMENT, which will be included at the end of the DPT Student Handbook Initial Student Feedback Form. The deadline for completing the Feedback Form is 10 days from the date the DPT Student Handbook was sent electronically; the deadline will be stated in the email correspondence. The signed Feedback form with the policies agreement will be placed in the student's file.

The DPT Student Handbook will also be reviewed during the on-campus orientation before the start of Term 1. The orientation date and time will be sent to all students electronically by the Program administrative assistant.

0.3 DPT STUDENT HANDBOOK INITIAL STUDENT FEEDBACK FORM

Instructions: After reviewing the DPT Student Handbook during orientation, you will be asked to complete the DPT Student Handbook Initial Student Feedback Form via an electronic survey. The link will be sent to you before orientation. Please keep the following questions in mind as you read the Handbook. The Physical Therapy Program values your continued feedback on the DPT Student Handbook. Students may submit further suggestions/feedback in writing to the Program Director.

Process: These questions are sent to the students in a Google Forms document by the Program's administrative assistant.

DPT Student Handbook Initial Student Feedback Form

1. The DPT Student Handbook clearly describes 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 DPT Student Handbook will help me plan (time management, finances, etc.) for my 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 DPT Student Handbook will allow me to locate information:

3 **2** **1**
Very easily **Easily** **Not easily**

Suggestions for improvement: _____

4. I think the contents of the DPT Student Handbook contain:

3 **2** **1**
Too much material **Too little material** **Just the right amount**

Suggestions for improvement: _____

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

YES _____ **NO** _____

If yes, please explain: _____

DPT Program Policies Agreement:

I _____ have received, reviewed and understand the Doctor of Physical Therapy Student Handbook. I am aware of my rights and responsibilities to the DPT program and Seton Hill University with regard to policies and procedures. I agree to abide by the policies in the DPT Student Handbook, the University Catalog, University Policies as outlined on Policy Tech, and the Seton Hill University Doctor of Physical Therapy Clinical Education Handbook.

0.4 THE CURRICULUM

0.4.1 INTRODUCTION

The hybrid curricular model was selected for this curriculum because of its capacity for combining the necessary scientific foundational components of a systems-based curriculum during the first year, with a more clinically oriented life-span approach during the second and third years, tied together with the clinical reasoning necessary in physical therapy practice presented in case-based experiences throughout the program. The faculty are tasked with creating student-centered learning strategies, focusing on patient-centered care to create highly competent clinicians that think and act critically, creatively and ethically.

This curricular model is well suited for a graduate professional program because of its emphasis on student-centered learning, which creates student responsibility for learning and fosters professional behaviors. It facilitates sharing the diverse educational and experiential backgrounds of students and faculty members. It promotes the use of a variety of learning styles and fosters creativity. The student-centered approach 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 statement of the Program, Program goals and competencies expected of graduates are provided to promote student understanding of the curriculum design.

0.4.2 MISSION STATEMENT

The Physical Therapy Program at Seton Hill University embraces patient-centered care of the whole person in the tradition of Judeo-Christian values. Therefore, Physical Therapy Program Graduates are prepared to think and act critically, creatively, and ethically as highly competent clinicians committed to transforming the world.

0.4.2.1 UNIVERSITY GRADUATE STUDY PHILOSOPHY (FROM THE UNIVERSITY CATALOG)

As a liberal arts university rooted in Judeo-Christian philosophy and in the Catholic intellectual tradition, Seton Hill is committed to the holistic development of students who are pursuing graduate education. By providing advanced study within a liberal arts context, Seton Hill University aims to contribute to the preparation of highly qualified professional women and men whose education will enable them to meet the challenges of the twenty-first century and enjoy fruitful personal and professional lives. Seton Hill believes that the preparation of persons for specialized

careers within a small, private university permits greater attention to all aspects of individual development - intellectual, social, moral, aesthetic, and physical. It hopes, in turn, that these professionals will share their knowledge and talents with those whose lives they touch.

To realize this philosophy, Seton Hill University expects every candidate for a graduate degree to achieve the following objectives:

1. Acquire the skills and intentional dispositions of a reflective practitioner in the discipline being mastered and establish a professional philosophy, which integrates theory, practice, research, and methodology.
2. Develop as an emerging innovative scholar-practitioner, observing, analyzing, critiquing, and evaluating the discipline, its current research, research methodology, and the relationship between its theory and practice.
3. Advocate as a social change agent aware of one's personal value system and its impact on professional practice, as well as one's social responsibility to the profession and society.
4. Demonstrate mastery of practical skills appropriate to the discipline, as an effective, adaptable, and creative practitioner capable of developing new knowledge in the field and applying it in innovative ways.
5. Apply a critical and reflective awareness of professional and ethical standards appropriate to the discipline.
6. Develop effective communication skills, especially written and oral skills, within a multimodal discourse.
7. Describe how a discipline develops within the context of a multi-cultural and pluralistic society and identify how to address bias, prejudice, and intentional and unintentional oppression and discrimination.

0.4.2.2 PROGRAM PHILOSOPHY, PRINCIPLES AND VALUES

The Program embraces the following philosophy, principles and values, which are derived from the above University graduate philosophy.

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 early and frequent clinical practice through clinical education experiences throughout the curriculum in a variety of settings, live simulation experiences and experiential service-learning opportunities.

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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 professional patient-centered behavior in all aspects of the Program and to be culturally competent practitioners delivering healthcare in an ethical and effective manner.
 5. The Program values the experiential learning that early clinical education experiences, live simulation, and a variety of service-learning opportunities provide.
 6. The Program values a learning-centered 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. The Program provides opportunities for the students and faculty to transform the world by providing service to the profession, the Program and the community.
 8. The Program embraces the APTA's mission statement of "Building a community that advances the profession of physical therapy to improve the health of society," with structured learning activities that require involvement in service to the profession.
 9. The Program embraces the APTA vision statement of "Transforming society by optimizing movement to improve the human experience" by including learning experiences to study the human movement system throughout the curriculum, utilizing the body as a teacher.

0.4.3 PROGRAM GOALS

Program Goals:

1. The Program will incorporate the mission and values of the Institution and the Program throughout the curriculum.
2. The Program will attract and support faculty consistent with the University and Program values.
3. The Program will support the professional development of students and graduates.

Faculty Goals:

1. Faculty will be models for leadership through community, university and/or professional service.

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2. Faculty will meet program thresholds for scholarly publication.
 3. Faculty will be effective teachers, utilizing evidence-based materials and fostering life-long learning behaviors utilizing student-centered instructional methods.

Student/Graduate Goals:

1. Students will participate in service to the program, community, and profession.
2. Graduates will be highly competent clinicians committed to patient-centered care.
3. Graduates will be committed to life-long learning.

0.4.4 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 DPT Student Handbook (see section 2.16). The progress of the students is monitored by the faculty and by the Academic Progress Committee (APC) (see section 2.2.3.). Comprehensive examinations, modeled after the licensure examination, are given throughout the Program. The Clinical Internship Evaluation Tool (CIET) is utilized in each of the clinical experiences. Although the licensure examination is a measure of competency, the Program faculty believes this is the minimum standard. The faculty members strive to prepare our graduates to exceed the expectations of employers upon graduation as measured by the employment rates and graduate survey results of alumni and their employers.

0.4.5 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 semesters 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.

0.4.6 COURSE FORMATS

The curriculum is topic-based with coordination of the courses so that all courses present different aspects of the same content to the degree that it is possible. For example, the first semester has a focus on musculoskeletal physical therapy. Term 2 will focus on neuromuscular physical therapy and term 3 will be cardiopulmonary physical therapy. The second-and third-years shift focus to a lifespan approach with

pediatrics presented in term 4, advanced musculoskeletal in term 5, and geriatrics in term 7.

0.4.6.1 CLINICAL REASONING

These courses introduce students to the clinical reasoning process involved with the human movement system as it relates to the rehabilitation of common physical therapy conditions, including clinical and medical history, relevant medical tests, and differential diagnosis. Concepts include typical and atypical movement patterns, functional movement assessment and physical therapy tests and measures. Students will discuss typical movement and learn to assess deviations from the norm. In addition, a model of physical therapy patient/client management will be introduced, with a focus on skills that are essential for success in the field, such as applying research literature, communication skills (including documentation), group and team building skills, professional behaviors, critical thinking and learning skills, cultural competence, leadership, and addressing legal/ethical issues. The clinical reasoning courses utilize case-based learning for a significant portion of the material. This is augmented using flipped classroom, lectures, seminars, group discussions, simulations, and supplemental technology including recorded instructional materials available online. This mix of learning experiences will guide the students' sojourn through these courses, utilizing self-directed learning strategies focused on student-centered learning experiences.

0.4.6.2 PHYSICAL THERAPY FOUNDATIONS

These courses will introduce students to the anatomy, physiology and pathophysiology of common physical therapy conditions. Concepts will include the human movement system as it relates to the other systems, common pathologies, the relationship of posture to normal movement, and the healing and repair process as it relates to impairment.

0.4.6.3 PHYSICAL THERAPY SKILLS

These courses will introduce students to patient management and the psychomotor skills necessary for physical therapy. Concepts will include the human movement system as it relates to common physical therapy conditions, the relationship of posture to normal movement, the healing and repair process as it relates to impairment, and interventions necessary to appropriately rehabilitate patients in various healing stages. Students will learn the psychomotor skill necessary to perform examinations and provide treatments.

0.4.6.4 PROFESSIONAL RESPONSIBILITIES

These courses will introduce students to the ethics, legalities and business aspects of physical therapy practice. There will also be an emphasis on evidence-based practice, and the Capstone research project will be introduced and guided

throughout these courses. This course will also be the base for the service-learning thread in the curriculum, which will give the opportunity to provide service to the profession of physical therapy, to the Program and the community at large.

0.4.6.5 CLINICAL EDUCATION

Students will complete 3 full-time Clinical Education experiences throughout their tenure in the Program and 2 part-time Clinical Education experiences. Students are assigned to Clinical Education sites as outlined in the Clinical Education Handbook. Clinical Instructors (CIs) serve as clinical faculty while students are performing Clinical Education experiences.

CIs arrange opportunities for students to practice communication skills, client examinations, 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 offer demonstrations, serve as resource persons, and provide information.

The Clinical Education courses are graded courses. The course grade is based on: student completion of assignments and individual site requirements, completion of course specific clinical Benchmarks, review of the Clinical Internship Evaluation Tool (CIET) completed by the CIs, and information gathered from the telephone or on-site evaluation of each experience.

Please refer to each Clinical Education course syllabus for specific grading criteria. In addition, the Clinical Education Handbook is reviewed with the incoming DPT students during Term 1. It is available online in the SPT 614 Clinical Education 1 Course on the University Canvas learning management system and the Program website [DPT Program Website](#).

Clinical Education sites may require that students obtain background checks and security clearances before 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 Program. Students are expected to comply with any additional requirements or costs 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 those organizations.

The Clinical Education Handbook 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 via email announcement from the Program Director. Students are required to read the Clinical Education Handbook and sign APPENDIX

A- Clinical Education Handbook Acknowledgment Form of the Handbook during the first two weeks of the semester during Term 1.

0.4.6.5.1 Clinical Education Sites

Sites affiliated with the Program 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 various working environments typical of physical therapy practice and cover practice across the continuum of care. Clinical Education sites may be located anywhere in the United States, with some potentially outside the United States. Most affiliated clinical sites are in the general geographic vicinity of Greensburg, PA or 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.

0.5 THE ACCREDITATION PROCESS

Graduation from an accredited program is required to take the National Physical Therapy Examination (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.

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100 Alexandria, Virginia 22305-3085; phone; 703-706-3245 accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states. Seton Hill University is seeking accreditation of a new physical therapist education program from CAPTE.

Effective May 30, 2024, The Doctor of Physical Therapy Program at Seton Hill University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone:703-706-3245;email:accreditation@apta.org; website:<http://www.capteonline.org>. If needing to contact the program/institution directly, please call 724 552-4450 or email DPTProgram@setonhill.edu.

0.6 LICENSURE REQUIREMENT

If and when accreditation is granted by CAPTE, 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. Therefore, we

strongly urge students to check the specific state(s) requirements in which the student wishes 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.

0.7 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 several advantages, including low-cost student membership in the national organization and state chapters, discounted rates for attendance at many conferences and continuing education courses sponsored by APTA, and a number of high-quality publications.

Students in 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 required to abide by the APTA Code of Ethics at all times which can be found on the APTA's [website](#).

1.0 THE STUDENT MEMBER AND THE UNIVERSITY

All students are instructed to access the University Policies online at Seton Hill University Policies and the Academic policies located in the University Catalog at [Seton Hill Catalog](#). In addition, students have access to the DPT Student Handbook on the Program's [web page](#). These handbooks contain information about the services offered to students by the University and the Physical Therapy Program.

1.1 CODE OF CONDUCT

The Code of Conduct contained in the University Student Policies on PolicyTech 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 outlined in the University Student Policies, including the Code of Conduct, are applicable to Doctor of Physical Therapy students. Therefore, all Doctor of Physical Therapy students should familiarize themselves with the Code of Conduct contained in the University Student Policies.

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

1.2 ACADEMIC INTEGRITY

Students are expected to familiarize themselves with the [University's Academic Integrity Policy](#), which is located in the current academic year's Course Catalog.

Students are responsible for complying with the University's Academic Dishonesty & Integrity Policy and the Academic Integrity Policy set forth by the Program in this Handbook. Any alleged violations of either the University's policy or the Program's policy will be reviewed and adjudicated by the Program's Academic Progress Committee.

Academic integrity means giving credit where credit is due in an educational 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 scholarly 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, DPT 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 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 Integrity Policy or the Program'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. In addition, serious or repeated violations of the Academic Dishonesty & Integrity Policy may result in dismissal from the Program.

At the discretion of individual Program 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 Program sponsor this program to foster academic integrity. If a faculty member or staff member requires students to submit their written assignments through turnitin.com, students must do so.

1.3 GRADUATE OFFICE

The University staffs a Graduate and Adult Studies Office; however, after admission, all documents and files are kept and maintained by the DPT Program.

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 complies 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. If you have a disability that may require consideration by the instructor, you should contact Kimberley Bassi-Cook, the Director of Disability Services at 724-552-1607 or kbassicook@setonhill.edu as soon as possible to develop a plan of accommodation. You should schedule a meeting with your instructor so that you can be supported in an informed manner. It is not necessary to disclose to your instructor the nature of your disability. If you need accommodations for successful participation in class activities prior to your appointment at the Disability Services Office, you should offer information in writing to your instructor which includes suggestions for assistance in participating in and completing class assignments.

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 apply to psychomotor skill simulations/competency assessments, unless the specific accommodation was requested and approved before placement for Clinical Education Experiences.

1.5 EMERGENCY MESSAGES

The University has an emergency alert system through which voice messages, text messages, and/or emails containing emergency notifications are sent to all registered students and employees. All students, faculty and staff must register for this service every year to receive emergency University announcements. [See Campus Alert System Policy.](#)

To avoid disruptions in classes and clinical education courses through the use of personal cell phones, all personal emergency telephone messages for students should be directed to the Program administrative assistant at 724-552-4450 during Program office hours (7:00 a.m. – 3:00 p.m.).

1.6 REGULAR AND APPROPRIATE USE OF EMAIL

All University students have access to a University email account. Students are expected to check their University-assigned accounts regularly (daily at least) as a means of communication with faculty and peers. Most program correspondence will be sent to each student through their University account or Canvas.

Students must comply with the University's Information Technology Policies (referenced in the University Policies, including the Acceptable Use Policy, Privacy and Security Policy, and Social Media Policy). Misuse of email in violation of the IT policies will result in the student being referred to the Academic Progress Committee for review and potential discipline.

1.7 CHANGE OF STUDENT INFORMATION

Students are responsible for promptly reporting all name changes, changes in temporary or permanent residence address, email address, and phone number(s) to the Registrar and to the DPT Program administrative assistant.

1.8 PERSONAL ITEMS

No personal items, books, cell phones, smart watches, etc., are permitted in rooms during tests. The program will provide a location for the storage of coats and personal items.

However, 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. Students are also required to secure their own housing

while on Clinical Education Experiences. The Director of Clinical Education (DCE) may assist with that process as needed.

1.10 CLASS CANCELLATION

Official cancellations of classes or campus closing announcements are broadcasted on local news outlets and the University 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. Students must notify the DCE if there is a clinic closure.

The faculty will make every effort to follow the announced course and class schedule. However, changes will occasionally be necessary to accommodate the schedules of visiting faculty or guest speakers and other emergencies, including weather and other unpredictable situations. Students may be expected to attend a Saturday or other unscheduled session within a Term for special topics presented by current faculty or 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 Program Director should be consulted for this procedure.

1.11 TRANSFER OF CREDITS

The organization and sequencing of learning objectives in the physical therapy curriculum and courses are unique to this Program. Due to the nature of the cohort program, it is unlikely that credits from other DPT programs would transfer. The program will follow the process outlined in the University Catalog, Transferring Coursework to Seton Hill University, Graduate Students. The limitations for this include a maximum of 6 credits potentially transferring, for courses taken within the previous 5 years, with the approval of the Program Director and Provost.

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. If a student has an unpaid balance, the University will not issue diplomas or transcripts.

Students must file an "Application for Graduation" with the Registrar's office by the deadline set by the University Registrar.

1.13 RESPECT FOR FACILITY

1. 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. This does not include high/low tables. All students are responsible for assisting with this task. All the lab tables will be cleaned and the linen changed by the students at the end of each class period.
2. No equipment, manuals, or supplies may be removed from the Program by students. Students are asked to monitor themselves and their peers to ensure compliance. There may be significant consequences if these restrictions are not followed. The continued availability of items for student use and maintenance of education costs at reasonable rates are important considerations. Faculty members are not authorized to give permission for students to check out items for home practice.
3. 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.
4. Food and uncovered beverages are not permitted in any classroom except during authorized occasions (e.g., official celebrations).
5. Please do not permit belt buckles, jewelry, heeled shoes, and any other potentially damaging attire or items to come in contact with vinyl coverings, Swiss balls, etc. Likewise, avoid contact between greasy hair dressings and pillows. You will be expected to monitor your clients in the clinic for these hazards.
6. Use of laboratory linens is restricted to laboratory-related exercises. These are not for personal use. Students are responsible for washing and drying linens used in the facilities provided by the DPT program. Class monitors, elected for each class, will establish the laundry scheduled.
7. All items removed from their original location, by students and used in another area, 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.
8. Key card access will allow 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 class 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, administration, 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 administrative assistant will assign classrooms. Although the program has dedicated classroom space in Bayley Hall, students can expect classes or examinations to be held in any classroom on campus.

1.16 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 may be extended to graduate students upon request. Employment, volunteering, and extracurricular activities are recognized as important life activities, but these must not interfere with academic and clinical responsibilities or performance. Information pertaining to students' participation in athletics can be obtained in the [NCAA Manual](#) and the [Seton Hill Compliance Manual](#).

1.17 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, on regional and international service-learning trips, and other professional development activities.

Students within the Program may apply for the American Council of Academic Physical Therapy (ACAPT) Honor Society in October of their final academic year. Eligibility criteria includes all of the following: (1) Ranked in top 25% of applicant's cohort and in good academic standing, (2) Student member of the American Physical Therapy Association (APTA), and (3) Student is matriculating in a member institution of the American Council of Academic Physical Therapy (ACAPT). Students with a previous record of probation, both academic and professional behaviors-related, or who have been suspended from the Program with a return in another cohort are not eligible for application. Students may apply using the following link and must complete each step in order to be considered: <https://acapt.org/resources/students/national-student-honor-society/instructions-for-applicants>. Students who are selected may purchase honors cords to be worn during the graduation ceremony.

1.18 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 not be permitted to participate in Clinical Education courses if proof of current insurance is not on file. In addition, a student will be ineligible to participate in Service Learning and will not progress in the program if this requirement is not met. This may affect academic standing and financial aid.

Each student is also expected to provide documentation of all required health information and documents before arriving on campus for Term 1. A list of required pre- entrance health forms is provided to all admitted students via the Program's orientation course presented on Canvas. The program uses an online database to manage student health records. Information is sent to each student with instructions for using the database portal and expectations regarding requirements and deadlines. Students must also abide by the [University's Student Immunization and Screening Policy](#).

Any questions regarding these requirements should be directed to the Director of Clinical Education.

1.19 UNIVERSITY STUDENT HEALTH SERVICES OFFICE

The Health Services Office 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 Services Office offers prescriptions, basic exams and testing, over-the-counter medication starter doses, allergy injections, nebulizer treatments, health counseling and referral services, assistance with obtaining off-campus x-rays and laboratory tests. Students can come to the Health Services Office for an initial assessment and,

if necessary, a referral to other local medical resources. Off-campus referrals to other medical providers will be the financial responsibility of the student.

2.0 THE STUDENT MEMBER AND THE PHYSICAL THERAPY PROGRAM

2.1 GENERAL PROGRAM INFORMATION

2.1.1 OFFICES

Faculty offices are located around a reception area in Bayley Hall and St. Joseph's Hall. Because of the high activity level of this area, everyone is requested to minimize traffic and noise in the reception area. 2.1.2 TELEPHONE NUMBERS AND POLICIES

The Program telephone number is 724-552-4450. The Program administrative assistant 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 Program. Academic faculty from other University programs, clinicians, and physical therapy graduate students may also help conduct on-site interviews of applicants.

2.2.2 ADVISORY COMMITTEE

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

2.2.3 ACADEMIC PROGRESS COMMITTEE

The Academic Progress Committee ("APC") shall consist of 3 core faculty members from the Program: the Program Director, the Director of Clinical Education, and a rotating core faculty member. 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 a review of the student's entire academic record.

2.2.4 ASSESSMENT COMMITTEE

The Committee is composed of academic core faculty members from the Program. This Committee coordinates the collection and analysis of outcome data for the program.

2.3 FACULTY ROLES

Faculty workloads include assignments as course instructors, laboratory assistants, researchers, service learning, and student resource persons. The Program Director is the academic program administrator responsible for the program's management and operations. The Director of Clinical Education is responsible for the management of the clinical education components of the curriculum. Faculty members also serve as advisors to graduate students. The faculty members are resource persons for students and other faculty on research projects, development and implementation of Program projects, and serve on Program 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 personal life of each faculty member is expected of all students. Please contact the Program 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 with any routine personal and professional issues that may arise during those times.

Full-time faculty members and DCEs may be reached through the Program telephone number. Their names and office numbers are listed below:

- Joe Schreiber, PT, PhD, FAPTA Program Director/Assistant Professor: 724.830.1208 - Bayley 106
- Jamie Dunlap Coates, PT, DPT, Board-Certified Geriatric Clinical Specialist, Director Clinical Education/Associate Professor: 724.830.1184 - Bayley 104
- Allison Gremba, PhD, Assistant Professor: 724.830.1191 - Bayley 108
- Jamie Chichy, PT, DPT, DEd, ITPT, LSVTc, CFPS, Assistant Professor: 724.552.4320 - St. Joseph 211

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- Robin Joyce, PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy, Clinical Education Coordinator/Assistant Professor: 724.552.4460 - St. Joseph 202
 - Jennifer Brilmyer, PT, DPT, DHsc, Board-Certified Clinical Specialist in Pediatric Physical Therapy, Assistant Professor: 724. 552.4461 - St. Joseph 203
 - David Chessen, PT, DPT, DSc, MBSA, Board-Certified Clinical Specialist in Orthopedic Physical Therapy, Assistant Professor: 724-830-1176-St. Joseph 207
 - Jeanette Kochman, PT, DPT, Board-Certified Clinical Specialist in Orthopedic Physical Therapy, Assistant Professor: 724 - 552-4356-St. Joseph 204

2.4 FOOD AND BEVERAGES IN THE CLASSROOM

Eating food is prohibited in ALL of the classrooms in the Program. 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, the student must call or email the course instructor a minimum of 1 hour before the scheduled class, lab, or exam begins.

Course instructors will document all absences in Canvas. 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 only during emergency situations. "Makeup" examinations ARE NOT permitted for non-emergency situations. If a student is absent for an examination for a non-emergency situation, they will receive a 0 on that examination.

If a student is absent for any other coursework outside of examinations, make-up coursework will be provided at the discretion of the instructor ONLY for excused absences. Excused absences include attendance to national, state, and local conferences only with prior notification to faculty members at least 2 weeks in

advance, funerals with prior notification to faculty members at least 1 day in advance, or other excused absences approved by the DPT faculty.

If a student is placed under a mandated quarantine per the University, alternatives to in-class participation may be offered, if possible, but is at the discretion of the instructor. A second absence per class per term will be reported to the Program Director. In the event of an absence, the student is responsible for the material missed. More than two absences, whether excused or unexcused, 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 Handbook for details related to absences while on clinical experiences.

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, vomiting, or diarrhea, are to stay home from the clinic and report the illness to their CI as soon as they know they will be absent and at least 1 hour prior to their clinic start time. Students must be free of fever, vomiting, diarrhea for 24 hours, without the use of medication, in order to return to class/Clinical Education. If a student tests positive for Covid-19 they must isolate themselves for 24 hours, and mask indoors for the subsequent 5 days. Students must seek CI/SCCE approval prior to returning to the clinic.

2.7 TARDINESS

Punctuality to 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 (two times or more times per class per term, including clinical education experiences) will be referred to the APC. If a student is late for class or if they leave early, they will be responsible for the material covered in their absence. In the event of an unexpected occurrence that results in tardiness, the student must notify the faculty and staff by emailing the course instructor promptly. The student must also provide an expected arrival time as a part of notification. Course instructors will document all instances of tardiness in Canvas and via the Starfish alert system.

2.8 TIMELINESS OF ASSIGNMENTS

Unless otherwise noted, each assignment listed on course syllabi or in learning contracts is due at the beginning of the class period. Delays may result in deduction of points at the rate of 10% per day or portion thereof until the assignment is received. 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 Canvas regularly. Canvas notifications should remain on at all times.

2.10 USE OF OFFICE FACILITIES

Program offices, equipment and supplies are reserved for faculty and staff use. Students may not use staplers; borrow pens or paper, or use telephones, fax machines, printers, 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, stating the reason for the reference (i.e., scholarship/other honor, job application, etc.), and must include a copy of the student's current resume/CV. 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 before making a written request. All requests should be submitted at least 2 weeks prior to the due date for the reference. Faculty or staff will not be responsible for any transcript requests. Students must make separate arrangements with the Registrar for the release of official transcripts.

2.12 USE OF DUPLICATION AND SCANNING OF DOCUMENTS

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

2.13 INCIDENT REPORTS

Any student, visitor, or faculty injured or involved in an incident in the physical therapy laboratory or on other Program premises that results in trauma or injury must follow the Institutional Policy "Health and Safety: Accident Prevention and Reporting Policy" outlined in Policy Tech at the following link. <https://setonhill.policytech.com/dotNet/documents/?docid=821>.

An "Incident" is defined as "any event which is not consistent with the routine business of the University" and may be an accident or a situation that might result in an accident.

A student (unless working as a work-study student when the accident occurs), visitor, or guest who experiences an incident on campus should report it to the Campus Police Department and complete an Incident Report with Campus Police.

2.14 OBTAINING INFORMED CONSENT

Students will sign an online release form (see Appendix 3.5) for participation in educational videos or photo sessions during the enrollment process.

2.15 ACADEMIC REGULATIONS

2.15.1 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 DPT students. Students who are registered for DPT graduate courses are governed by the following regulations.

2.15.2 STYLE MANUAL

Papers and written reports of projects are to be prepared and completed following the AMA Manual of Style or the preferred style of the organization where the work is to be disseminated (conference, journal, etc).

2.15.3 MAINTENANCE AND CONFIDENTIALITY OF STUDENT EDUCATION RECORDS

The University's FERPA policy, which is applicable to the Program and Program students, can be found at [Student Educational Records Privacy](#). The University and the Program 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. Additional information on the University's policy with regard to student records, which is applicable to the Program, is available in the University Policies. Clinical Instructors and Site Coordinators of Clinical Education WILL NOT have access to academic or disciplinary records. The Clinical Education Handbook specifies performance expectations for each clinical experience.

2.15.4 ACADEMIC PROBATION

The program will follow the University policy for academic probation for graduate students as outlined in the University Catalog policy "Academic Standing-Graduate." (copied below).

To remain in good academic standing, a graduate student must not be on institutional probation. Students whose cumulative grade point average falls below 3.0 will be placed on probation, sanctioned, suspended, or dismissed. A student is allowed one probationary semester while matriculating for the degree. In addition, any student with unsatisfactory performance, as outlined in the program handbook, in any semester or the program of study may incur probationary status. Failure to raise the cumulative grade point average to 3.0 or significantly improve the level of performance may result in suspension or dismissal from the program. The progress of a student on probation is reviewed by the Graduate Academic Status Committee. Students may be dismissed from a graduate program when they have failed to maintain the program's technical standards or have violated the profession's ethical standards. All students shall have an opportunity to correct deficiencies during an appropriate period before dismissal is instituted, except in the case when the violation justifies immediate dismissal.

A student may challenge a suspension or dismissal by petitioning, in writing, the Provost. The appeal must be received in the Provost's Office within fourteen (14) calendar days following the date of the letter informing the student that they have been suspended or dismissed. The Provost will review the petition. The decision of the Provost is final.

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 the severity of the incident.

A student 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 5 where the probationary status will remain until the end of Term 7 due to a full-time Clinical Education Experience occurring during Term 6. When a student is placed on academic probation, a letter will be sent by the Program Director or Chair of the APC with notification of the probationary status and it may include a remediation plan.

2.15.5 SUSPENSION AND DISMISSAL

If the student cannot meet the requirements and expectations to remove them 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 may be placed on academic probation upon entering the DPT program for Term 1. The student must achieve a Term GPA of 3.0 or above for Term 1. If the student cannot meet this conditional requirement, they will be dismissed from the Program. The probation will be lifted after Term 1 is completed if this requirement is met.

If a student is accepted into the DPT Program and there are missing admission documents or health records by the designated due date, the student may be placed on professional behavior probation for Term 1. 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 Clinical Education and Service Learning. All missing admission documents and health records must be completed or in process by the end of Term 1, or the student may risk suspension or dismissal from the Program.

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

2.15.5.1 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 minimum 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.

2.15.5.2 Dismissal

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

- Term 1 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 the University, clinic personnel or clients;
- Conviction of a felony

The APC may recommend dismissal from the Program if the student is found responsible for violations of University or Program 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.

2.16 COURSE REMEDIATION

A remediation is defined as an item assigned by APC that would provide a student an opportunity to pass a course and/or remain in the Program. The APC will decide if remediation for professional behaviors will count as a course remediation and the student will be notified in writing.

The APC makes course remediation recommendations to the faculty member offering the course based on a review of the student record, including academic standing and/or 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 them to enroll in the subsequent Term or to be allowed to complete a clinical experience.

A retake is defined as another opportunity to take a written examination, midterm examination, practical/simulation examination and/or final examination item at the discretion of the course instructor.

Mandatory pass items must include minimum passing GPA per term, and simulation examinations. They may also include written examinations, midterm examinations, and final examinations, which is at the discretion of each course instructor. Mandatory pass items will be clearly indicated on course syllabi at the start of the term. If a student has failed a mandatory pass item, the student is allowed to retake it as a part of their established remediation plan, the highest grade permitted is the minimal passing grade for that item. Students are permitted only two retakes throughout their tenure in the program; course remediations may count as a retake pending decision by the APC. The APC will decide if remediation for professional behaviors will count as a course remediation and the student will be notified in writing.

2.17 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 repeated 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.

2.18 INCOMPLETE GRADES

The Program will follow the University policy for incomplete grades from the University Catalog [Grading System](#).

2.19 WITHDRAWAL

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

1. Provide a written request for withdrawal to the Program Director no later than the midterm week of the requested withdrawal Term
2. Obtain the signature of the Program Director who will forward the signed request to the APC

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3. Make necessary arrangements with Financial Aid
 4. Schedule an exit interview with the Program Director
 5. APC will alert office staff to communicate withdrawal status to the University Registrar so the proper exit procedure can be followed

Verbal withdrawal or absence from class or clinic is not acceptable as an academic program withdrawal procedure. Tuition rebates and other fees (housing, meals, etc.) will be taken into consideration in accordance with University policy (see [University Catalog](#)). Students must direct questions regarding the finances related to the withdrawal with the Registrar's office and Office of Financial Services. The withdrawal policy is outlined in the University Catalog. Withdrawal from a single course is not possible for any given Term, with the exception of the terminal Clinical Education course. In these cases, the student must consult with the Program Director and submit a form with proper signatures to the Registrar. All courses are integrated and interdependent upon each other in the DPT curriculum. Withdrawal due to extenuating circumstances that fall outside the above-required timeline will be reviewed on a case- by-case basis by the APC.

2.20 READMISSION TO THE PROGRAM

Students who withdraw from the Program in good standing may apply for readmission to subsequent cohorts. 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.

2.21 PERFORMANCE IMPROVEMENT

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

2.22 EXAMINATION REVIEW POLICY

Records of examinations, assignments, and quizzes may or may not be returned to students during scheduled class periods or posted office hours 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 is prohibited and will be considered an act of academic dishonesty.

2.23 CLASS PARTICIPATION

Preparation for and contributions to the classroom experience and laboratory and seminar sessions are expected of all students. Students must bring all necessary items to class each session, i.e., pens, paper, #2 pencils for testing, laptop or other electronic device to access online educational content, lab bags etc. Faculty members may 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.

2.24 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 to calculate the total grade.

The course grading scale is:

Grade	Percentage	GPA Points 4.0
A	93% - 100%	4.0
A-	90% - 92.5%	3.7
B+	87% - 89%	3.3
B	83% - 86%	3.0
B-	80% - 82%	2.7
C+	77% - 79%	2.3
C	73% - 76%	2.0
F	<72%	0

Individual test grading is at the discretion of the instructor. Clinical Education courses are graded courses. The grading criteria are outlined on each Clinical Education course syllabus. The only grade below "C" is "F" for graduate courses.

2.25 STUDENT EXAMINATION FORMATS

Several examination formats are used depending on the type and taxonomy levels of the learning objectives being tested. Examination formats, other than those listed may also be utilized at the discretion of faculty. Students who require accommodations for examinations should establish a plan with the Disability Services Director or as soon as the need arises, in the case of new or changes to the student's health, prior to the start of the term. The student will also submit their accommodation needs in writing to the Program Director.

2.25.1 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, objectivity, and the relative ease of automated scoring. The rationale is to "select the BEST response." This involves 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 answer. This parallels instructions on licensure examinations.

2.25.2 MODIFIED ESSAY QUESTIONS (MEQ)

The objective of MEQs is to simulate a clinical decision-making scenario. Therefore, 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.

2.25.3 PRACTICAL EXAMINATIONS AND CLINICAL SIMULATIONS

These timed examinations may be used to assess psychomotor skills learned in the Physical Therapy Skills courses, Physical Therapy Foundation courses and Clinical Reasoning 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.

2.25.4 COMPREHENSIVE EXAMINATIONS

2.25.4 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 their 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.

PROCEDURE:

Students are required to take a comprehensive examination during Term 4 and again in Term 7. 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 8. 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 done on campus in a supervised setting. First-year students are expected to earn a score of at least 60% to progress in the Program and the Clinical Education 2 experience. Third-year students are expected to earn a score of at least 70% in order to progress in the program and the final Clinical Education experiences and meet the criteria for graduation. Failure to meet the minimum 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 minimum scores will be required to follow the plan of action stated below.

1. Students will be required to meet with their academic advisor to develop a plan to remediate in areas of the examination where their performance was below standards.
2. The APC will consider the student's academic record, Scorebuilders score and the students plan for remediation and make a determination about the student' status in the program. APC determinations could include additional remediation with retake of the Scorebuilders Examination, delay of progression to clinical education with additional remediation, academic suspension or dismissal. Additional Scorebuilders examination attempts may result in additional costs to the student.
 - a. Remediation of the Scorebuilders examination will not count towards a student's maximum 2 remediations throughout their tenure of the program.

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3. If the student is unsuccessful in multiple attempts to achieve the passing score for the comprehensive exam, the APC will determine the academic status of the student.

2.25.5 CHECKOUTS/COMPETENCIES

All Physical Therapy Skills 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, the 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.

2.25.6 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 stringent 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 determines grading policies. Other examination and assignment formats may be used, including short answer, essay, or video/electronic submissions. Students are permitted to use outside educational resources or peers only with direct permission from the assigning faculty member. Any evidence of use without direct permission will be considered academic dishonesty, resulting in student referral to APC.

2.25.7 REGULATIONS FOR PASSING/FAILING OF EXAMS

The passing score on all mandatory and remediation written exams is 74% or higher. Exams that fall within this category will be clearly indicated on the course syllabi at the start of the term. All simulation examinations 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 fails an attempt at remediation, the student will be referred to the APC. The APC will then proceed to evaluate the student's performance 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 as designated by the course instructor, which may include mid-term and final examinations, practical 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.

2.26 NONCOMPLIANCE WITH RULES OF ACADEMIC INTEGRITY AND CONDUCT

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

DPT 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, 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 Program 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 Program 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 Program 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. If a student accumulates more than 1 written warning in any class during any term, the student will be referred to APC for review. Written warnings may be removed from the student record only by action of the APC.
- **Step 3** - Warning of Impending Dismissal - The Program 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 the 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 decisions are permanent unless the decision is reversed through the appeals process. All records will be filed in the Program.

2.27 APPEALS PROCEDURE

(This Policy is from the University Catalog- Grievances Graduate found at [Appeals Procedure](#))

2.27.1 INFORMAL RESOLUTION

The following procedure should be followed for those instances in which a student has a concern about a faculty member:

- The student should make an appointment with the faculty member to discuss the problem and/or concern. This step must take place before any further action can occur. The only exception to a direct meeting with the faculty member is if the student feels they are in physical danger.

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- If the student has met with the faculty member and is still not satisfied, they should meet with the Program Director of the graduate program in which the student is enrolled. If appropriate, the Program Director may schedule a meeting with the student and the faculty member present to discuss the issue(s) being raised. If the faculty member involved is supervised by another Program Director, that Program Director should be invited and have the prerogative to attend this meeting as well.
 - If the concern is not resolved at the Program Director level, the student should make an appointment with the Dean. If the instructor is the Dean, the student should make an appointment with the Provost.
 - If the concern is not resolved at the school level, the student should make an appointment with the Provost. Prior to the meeting, the student will be informed that the Provost will consult with the Dean to determine how the issue has been handled to this point. Depending on the student complaint, if the issue is not resolved, the Provost may recommend that the student consider filing a formal academic grievance.
 - If the concern is not resolved after meeting with the Provost and the student has decided not to file a formal academic grievance, the decision of the Provost in these matters is final.

The procedure described above is different from a formal academic grievance. A formal academic grievance is filed when the student believes they have been dealt with unfairly in an academic matter, commonly related to unfair grading practice.

2.27.2 FORMAL ACADEMIC GRIEVANCE

If any student feels they have cause for grievance in academic matters (commonly related to grading practices), the student may request in writing that the Provost initiate the student grievance procedure. The student must explain their grounds for grievance, and this request must be made no later than ten working days after grades are posted for the course. The Provost will discuss the matter with the involved faculty and the student. The Provost facilitates the creation of an ad hoc Grievance Board, convening this Board no later than the second week of the semester following the complaint. This board will consist of two faculty members and two students, agreed upon by both parties, and a fifth member from the University community, chosen by the previously mentioned four. If the faculty involved have not named two faculty members for this board within two weeks, the Provost will appoint them. The Grievance Board will act in an advisory capacity to the Provost. The Grievance Board must make a recommendation within two weeks of their initial meeting. The decision of the Provost is final in these matters.

2.27.3 WITHDRAWAL OF COMPLAINT

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

2.27.4 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.

2.28 FACULTY ADVISEMENT

Faculty advisors 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 Program Director. It is required that students meet with their advisors at least 3 times during Term 1. Following Term 1, 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.

2.29 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 minimum score or higher on comprehensive examinations.

2.30 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 a poor understanding of a particular concept, insufficient background in an area, or a problem with study or examination techniques.

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- The student will meet with the faculty advisor to discuss the issues and then meet weekly as needed.
 - The student will be referred to the Academic Achievement Center if appropriate.
 - The student will be scheduled for a brief remediation with the appropriate faculty member when necessary.

2.31 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 Handbook, 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 each clinical education course to discuss the readiness of students to participate in clinical education courses. Students' grade point averages, comprehensive examination scores, practical examinations scores and professional behavior via faculty input will be considered in the decision to allow students to progress to Clinical Education.

In order to progress to clinical education, the student must be in good academic standing in the program (not on probation and have a term and cumulative GPA of 3.0 or greater), have successfully passed all practical examinations including simulations with a score of at least 80% and have met the professional behavior expectations noted above. The student must score 60% or greater on the first comprehensive exam to progress to Clinical Education 3 and 70% on the second comprehensive exam to progress to Clinical Education 5. If a student is determined not to be ready to progress to clinical education, the APC will consult with the core faculty and the student to determine a plan to remediate any deficiencies.

The curriculum contains practice expectations with benchmarks that must be achieved for progression in the courses and in the program. These expectations were developed from the Core Competencies and are listed in the course syllabi and in this handbook.

2.32 PROFESSIONAL BEHAVIOR EXPECTATIONS

Healthcare 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:

1. Conducting themselves courteously and professionally on campus, in the community, and in Clinical Education settings.
2. 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.
3. 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, not sitting with feet on tables or laying on tables unless engaged in skill practice.
4. 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 the "dress code."
5. Abide by all Program and clinical site policies and procedures.
6. 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, Third Edition. Student behavior is documented on Clinical Education records and in narrative reports written by Program faculty members. Official records kept by other University offices may also be considered. The APC considers records of professional behavior for decision-making.

2.32.1 SOCIAL MEDIA

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

In addition to the University's Social Media Policy, all students must abide by the APTA Code of Ethics and Core Values when using social media networks.

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

2.33 PHYSICAL THERAPY CLASSROOM

The DPT Classroom was designed to facilitate group study of Clinical Reasoning and Foundational 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 classroom for the use of its resources.

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

and Consequences: All materials housed in the classroom are not to leave the classroom. 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 classroom. If any further infractions occur, that student could be dismissed from the Program.

2.34 PHYSICAL THERAPY SKILLS

The Physical Therapy Skills (PTS) course laboratories are used for PTS courses. They are available for independent and group study on a scheduled basis outside of class time 24 hours per day/7 days per week while the University is in session via key card access. Equipment and supplies represent typical clinical items; all are "working" models and are maintained in a 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 follow the reporting procedures outlined in section 2.13 of this manual.

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

2.34.1 SAFETY

- Electrical items undergo at least an annual safety inspection. Other equipment is subjected to regular visual and performance inspections. Students are asked to report any malfunctions immediately, tag suspected items "out of order," and remove the equipment from use 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 outdated 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 and referral to APC.
- Students should wear appropriate (clinical) footwear in the laboratory to ensure safety. Such footwear should be closed-toed, fit properly, and have anti-skid soles unless otherwise directed by faculty members.
- 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 personal protective equipment (PPE) is readily available. Disinfectant wipes are present in all laboratories and classrooms for use in cleaning up 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, more advanced physical therapy students or consenting community volunteers. Any community volunteer must complete a volunteer consent form prior to practice activities. Traffic areas should be kept free of equipment, supplies, personal belongings, spills, and other traffic hazards.

2.34.2 LAB DRESS CODE

The following code is in force for the laboratory environment. Students are required to wear shirts and shorts. Students are required to wear clothing that appropriately exposes areas to be examined or treated. 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 and facial hair must adhere to standard precautions and safety requirements and/or policies and procedures outlined by clinical education sites. 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. Acrylic nails are not advised as they may risk injury to the subject, result in difficulty performing lab tasks by the student, and may harbor more bacteria than natural nails. 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 their laboratory partner or client unless otherwise directed by faculty member for exposure purposes.

Flip flops/athletic slides are not appropriate laboratory footwear. Hats and sunglasses are prohibited unless you obtain written permission from the instructor via email before class to accommodate a specific need.

2.35 CLASSROOM DRESS CODE

Students are required to present themselves in a clean, well-groomed manner at all times. Footwear is mandatory; flip-flops/athletic slides are prohibited. Hats and sunglasses are prohibited unless you obtain written permission from the instructor via email before class to accommodate a specific need.

Students may wear comfortable street clothes, including sweatpants, T-shirts, sweatshirts/hoodies, and jeans (no ripped jeans permitted). Students should avoid extreme styles, necklines, hemlines and sheer fabrics. Students should avoid midriff skin or cleavage showing. Jewelry should be conservative.

Students are required to maintain a professional appearance. Hair should be clean and well combed or arranged. Hair length must not interfere with the performance of duties or present a safety hazard, such as during lab.

2.36 PROFESSIONAL DRESS CODE

A professional appearance for the announced presence of guest faculty, official visitors, and all student presentations is required. This means enclosed heel and toe shoes, socks, slacks, dress shirt, tie and an otherwise clean and well-groomed appearance. It also means enclosed heel and toe shoes, hose or socks, slacks or

skirts of appropriate length (at or below the knee), dress shirt or blouse with a 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.

2.37 STUDENT GOVERNANCE

Each class is expected to develop a class organization with elected officers as a part of the PT Club that promotes democratic participation in the business of the class. Participation is not required of all students in the class. The purpose of the class organization is 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.

2.38 STUDENT EVALUATION OF COURSES AND CURRICULUM

The students evaluate each course in the Program using the University Faculty Evaluation Online Forms. The Clinical Education courses will be evaluated as described in the SHU Clinical Education Handbook. The student's input is also sought in evaluating the DCE (Appendix 3.6). Students are encouraged to give ongoing feedback on the curriculum and the process. Faculty meetings are open one time per month for student representatives to voice any concerns.

2.39 ESTIMATED COSTS OF PROFESSIONAL EDUCATION

The University sets full and partial Term tuition rates (the "fixed rate") for the students enrolled in the Program, subject to an exception for students who do not maintain continuous enrollment. Tuition does not include any fees or room/board charges, or costs associated with Clinical Education. Full Term tuition will be charged for all Terms except Term 6, which is charged at the partial Term tuition rate. Partial Term tuition will also be charged for didactic or Clinical Education experiences which must be repeated or occur outside of the typical curricular calendar for reasons outside of a medical withdrawal. The 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 Website: [DPT Tuition](#).

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.

2.40 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 occurs after graduation. The Program does not grant early testing permission or certify a student's progress toward graduation for early testing purposes. This policy provides uniformity for all program graduates for scheduling testing and pursuing job opportunities.

3.0 APPENDICES

APPENDIX 3.1 PROGRAM MISSION

Mission Statement: Physical Therapy Program

The Physical Therapy Program at Seton Hill University embraces patient-centered care of the whole person in the tradition of Judeo-Christian values. Physical Therapy Program Graduates are prepared to think and act critically, creatively, and ethically as highly competent clinicians committed to transforming the world.

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 demonstrates 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 also meant 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, the physical therapy profession's services 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 consumer's technological savviness and extend the physical therapist's reach beyond traditional patient/client-therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, anticipate the changing way adults learn, and 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 SCHEDULE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	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
2024 Class of 2027																																																			
Class of 2027 Curriculum Grid																																Fall 1 (16 weeks) August 26 - December 12 NO CLASSES - Labor Day - September 2 NO CLASSES - Extended Weekend - October 7 & 8 APTA MovePA Conference - Nov. 1-3 Educational Leadership Conference - October 18-20 NO CLASSES -Thanksgiving Break-November 27-Dec. 1																BREAK DEC 13 THRU JAN 5			
																																Physical Therapy Foundations 1 Clinical Reasoning 1 Physical Therapy Skills 1 Professional Responsibilities 1																			
2025 Class of 2027																																																			
Spring 2 (16 weeks) January 6 - April 25 NO CLASSES - Martin Luther King Day - January 20 Combined Sections Meeting - Feb 13-16 NO CLASSES - Spring Break - March 10-14 NO CLASSES - Easter Break - April 17-21																Summer 3 (16 weeks) April 24 - August 16 CLASSES - Memorial Day - May 26																NO B R E A K	Fall 4 (16 weeks) August 25 - December 12 NO CLASSES - Labor Day - September 1 NO CLASSES - Extended Weekend - October 6 & 7 APTA MovePA Conference - TBD Educational Leadership Conference - October TBD NO CLASSES-Thanksgiving Break-November 26-30																BREAK Dec 13 thru Jan 4		
Physical Therapy Foundations 2 Clinical Reasoning 2 Physical Therapy Skills 2 Professional Responsibilities 2 Clinical Education 1 - Part-Time (8 hrs per week in clinic)																Apr 28- June 20 Physical Therapy Foundations 3 Clinical Reasoning 3 Physical Therapy Skills 3 Professional Responsibilities 3								June 23 - August 15 Clinical Education 2 Full-Time (8 weeks) (40 hours per week in clinic)									Physical Therapy Foundations 4 Clinical Reasoning 4 Physical Therapy Skills 4 Professional Responsibilities 4 Clinical Education 3 - Part-Time (8 hrs per week in clinic)																		
2026 Class of 2027																																																			
Spring 5 (16 weeks) January 5 - April 24 NO CLASSES - Martin Luther King Day - January 19 Combined Sections Meeting - Feb 12-14 NO CLASSES - Spring Break - March 1-8 NO CLASSES - Easter Break - April 2-5																Summer 6 (8 weeks) April 28 - June 20																Break (8 weeks) June 22 thru August 23 Service Learning Trip(s)	Fall 7 (16 Weeks) August 24 - December 11 NO CLASSES - Labor Day - September 7. NO CLASSES - Extended Weekend - October 5 & 6 APTA MovePA Conference - October TBD Educational Leadership Conference - October TBD NO CLASSES - Thanksgiving Break - Nov 25-29																BREAK DEC 12 THRU JAN 3		
Physical Therapy Foundations 5 Clinical Reasoning 5 Physical Therapy Skills 5 Professional Responsibilities 5																Clinical Education 4 Full-Time (8 weeks) (40 hours per week in clinic)																	Physical Therapy Foundations 6 Clinical Reasoning 6 Physical Therapy Skills 6 Professional Responsibilities 6																		
2027 Class of 2027																																																			
Spring 8 (16 weeks) January 5 - April 24 NO CLASSES - Martin Luther King Day - January 18 Combined Sections Meeting - Feb 4-6 NO CLASSES - Spring Break - TBD NO CLASSES - Easter Break - March 24-28																																Schedule Subject to Change																			
January 4 - April 17 (15 weeks) Clinical Education 5 - Full-Time (40 hours per week in clinic)																																																			
April 20 - April 24 (1 week) Professional Responsibilities 7																																																			

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, may be utilized to fulfill these functions when appropriate.

-
1. Utilize appropriate verbal, nonverbal and written communication with patients, families, and others.
 - a. Sample behaviors:
 - i. Produce documents that are well organized, accurate, and concise (e.g., care plans, evaluations, progress notes and discharge notes).
 - ii. Communicate in a manner that is tactful, appropriate and is understood.
 - iii. Adjust the level of communication appropriate to the recipient's level of understanding, age and disability, taking into account psychosocial, cultural, and emotional factors.
 - iv. Read body language, tone, expressions, and/or word choice of others in order to recognize the effect of their communication and modify as needed to achieve positive/productive interaction.
 - v. Maintain appropriate professional/client relationships (example, recognizes and respects patient/client physical and emotional boundaries).
 - vi. Respond positively to suggestions for improving performance.
 - vii. Seek assistance/collaboration/consultation from colleagues, supervisors and other professionals and staff when necessary.
 - viii. Demonstrate flexibility in unexpected or unusual circumstances.
 - ix. Present materials/tasks in an appropriate format (description, demonstration, written instructions).
 - x. Give feedback appropriately.
 - xi. Provide opportunities for practice and active involvement of recipients in the learning process.
 - xii. Demonstrate proficient technology skills with basic software (e.g., email, electronic health record, word processing and spreadsheets).

-
2. Demonstrate the core values of professionalism in physical therapy: accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility.
 - a. Sample behaviors:
 - i. Adhere to applicable federal and state laws (for example, Pennsylvania State Practice Act and PA Chapter 40-PT Rules and Regulations).
 - ii. Practice in a manner consistent with the professional Code of Ethics.
 - iii. Adhere to program and clinic departmental standards for personal hygiene and professional appearance (for example, clothing appropriate for lab participation and clinical education experiences).
 - iv. Participate and show leadership in community organizations and volunteer services.
 - v. Take the initiative to advocate for patients regarding community services or payers.
 - vi. Plan and implement strategies for continuous self-assessment and personal and professional growth.
 3. Safely, reliably, and efficiently perform and interpret appropriate physical therapy examination procedures used to assess the function of the movement system.
 - a. Sample behaviors:
 - i. Review and evaluate a client's written medical history.
 - ii. Perform client interviews.
 - iii. Perform a systems review.
 - iv. Select and administer culturally appropriate and age-related tests and measures.
 - v. Modify evaluation procedures according to client's age, disability, mental status, level of cooperation and medical status.

-
- vi. Accurately synthesize and analyze evaluative findings and medical history to identify client problems.
 - vii. Use appropriate terminology to describe a problem/diagnosis.
4. Develop a plan of care for a patient with movement dysfunction, including primary, secondary and tertiary interventions.
- a. Sample behaviors:
 - i. Identify and modify realistic, measurable, time-specific, functional goals in collaboration with client/caregiver.
 - ii. Recognize and adjust for familial, cultural, socioeconomic, psychological, and cognitive factors that will influence goal attainment.
 - iii. Collaborate effectively with other professionals and with clients/caregivers in establishing the plan of care.
 - iv. Establish an appropriate plan for reevaluation/discharge/follow-up care (i.e., equipment needs, community resources, instructions to caregivers, home program).
5. Perform treatment procedures in a manner that is appropriate to the patient's status and desired goals.
- a. Sample behaviors:
 - i. Manage more than one client at a time.
 - ii. Effectively explain the intervention rationale to clients/caregivers.
 - iii. Accurately assess changes in clients' physical, emotional and cognitive status (e.g., observe and evaluate patient reaction to pain).
 - iv. Provide physical therapy interventions including, but not limited to: therapeutic exercise, functional training, manual therapy, bio-physical agents and electrotherapeutic modalities, and cardiopulmonary resuscitation.
 - v. Adjust the plan of care as needed based on patient feedback or status change.

-
- vi. Appropriately direct portions of the plan of care based upon the needs of the patient/client, legal requirements, and the provider's capabilities.
 6. Recognize the psychosocial impact of dysfunction and disability and integrate the needs of the patient and family into the plan of care.
 - a. Sample behaviors:
 - i. Identify potential health problems; recognize signs and symptoms.
 - ii. Identify the need for physical therapy evaluation; assess patient movement; evaluate patient abilities based on observation.
 - iii. Recognize problems that may require other professional attention in addition to or instead of treatment by a physical therapist.
 - iv. Use analysis from individual outcome measures to modify the plan of care.
 - v. Accurately determine when to discontinue physical therapy interventions.
 - vi. Incorporate patient and family goals into the plan of care.
 7. Demonstrate responsibility for lifelong professional growth and development.
 - a. Sample behaviors:
 - i. Utilize information technology to access sources of information to support clinical decisions.
 - ii. Read and interpret professional literature.
 - iii. Critically apply concepts and findings of research to clinical practice where appropriate.
 - iv. Articulate rationale for selecting/avoiding particular tests, measures, or interventions.

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

APPENDIX 3.5 CLASSROOM PHOTOGRAPHY/AUDIO/VIDEO RELEASE

Seton Hill University Adult Model Permission and Release Form is provided online to students during the enrollment process.

APPENDIX 3.6 ACCE/DCE PERFORMANCE ASSESSMENT STUDENT SURVEY (FOR CLINICAL EDUCATION COURSES)

ACCE/DCE PERFORMANCE ASSESSMENT

STUDENT SURVEY

May 2010

American Physical Therapy Association
 Department of Physical Therapy Education
 1111 North Fairfax Street
 Alexandria, Virginia 22314



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STUDENT ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

- Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
- Academic Program
- For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
- For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
- What will be your highest earned physical therapy degree when you complete your program?
 Associate Masters DPT (Professional)
- Evaluator Role PT Student (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

- 1 = Rarely/never exhibits behavior
- 2 = Sometimes exhibits behavior
- 3 = Usually exhibits behavior

- 4 = Always exhibits behavior
- 5 = Is exceptional in exhibiting the behavior
- IE = Insufficient evidence to rate behavior

2

3 = Usually exhibits behavior

IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only **ONE** response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. facilitating student reflection upon clinical education experiences. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. conferring with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills create and sustain an effective clinical education program by

- 1. providing timely communication. 1 2 3 4 5 IE
- 2. soliciting comments, feedback, and concerns 1 2 3 4 5 IE
- 3. highlighting key academic program policy and procedures for clinical education. 1 2 3 4 5 IE
- 4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. 1 2 3 4 5 IE
- 5. conducting clinical site visits/contacts. 1 2 3 4 5 IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

- 1. fostering an atmosphere of mutual respect in clinical education. 1 2 3 4 5 IE
- 2. displaying a positive attitude. 1 2 3 4 5 IE
- 3. being approachable. 1 2 3 4 5 IE
- 4. being accessible.
listening actively. 1 2 3 4 5 IE
- 5. demonstrating effective time management. 1 2 3 4 5 IE
- 6. demonstrating effective organizational skills. 1 2 3 4 5 IE
- 7. demonstrating interpersonal skills that foster quality relationships. 1 2 3 4 5 IE
- 8. demonstrating effective conflict resolution skills. 1 2 3 4 5 IE
- 9. responding to unexpected situations using productive problem-solving skills. 1 2 3 4 5 IE
- 10. displaying expertise in clinical education. 1 2 3 4 5 IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

Contact Information: e-mail:

Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

APPENDIX 3.7 PROCESS FOR GRADUATION

A formal application for a degree or certificate must be submitted to the Registrar before the beginning of the last semester of study and not later than March 15 or the Friday before if March 15 falls on a weekend (for expected May or June graduation), June 15 or the Friday before if June 15 falls on a weekend (for expected August graduation), or October 15 or the Friday before if October 15 falls on a weekend (for expected December or January graduation). A student may apply for graduation if:

1. The necessary credit hours for the degree are completed or registered for during the semester of graduation,
2. A minimum cumulative grade point average of 3.0 in all graduate courses has been achieved,
3. All final examinations are completed one week prior to the end of the semester of graduation, and
4. All capstone, thesis work, and final projects are completed at least three weeks prior to the end of the semester of graduation. To be awarded the diploma or certificate at the graduation ceremony, any student whose program of study requires a thesis must submit the thesis to Reeves Library by the end of the workday on the day on which graduating students' grades are due in any semester. Diplomas for students who submit the thesis after that day will be mailed within two weeks of the day on which they submit the thesis to the library.
5. Each student will, in the semester in which they expect to graduate, (1) be enrolled at Seton Hill University for that semester or (2) be officially on an approved leave of absence from Seton Hill for the semester.

APPENDIX 3.8 FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

Mission and Vision

Promoting Safety and Competence

FSBPT strives to live by a clearly defined mission and vision. Our mission conveys the direction of our organization and our vision inspires us to achieve a common purpose.

Our Mission: To protect the public by providing service and leadership that promote safe and competent physical therapy practice.

Our Vision: To achieve a high level of public protection through a strong foundation of laws and regulatory standards in physical therapy, effective tools and systems to assess entry-level and continuing competence and public and professional awareness of resources for public protection.

Available at <https://www.fsbpt.org/About-Us/Mission-Vision> Accessed March 6, 2020

APPENDIX 3.9 MODEL PRACTICE ACT

The model practice act is available on the FSBPT website at <https://www.fsbpt.org/portals/0/documents/free-resources/ModelPracticeAct.pdf>

Physical therapists in Pennsylvania are required to abide by the laws outlined in the Pennsylvania Practice act found at [/https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Documents/Applications%20and%20Forms/Non-Application%20Documents/PTM%20-%20Physical%20Therapy%20Practice%20Act.pdf](https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Documents/Applications%20and%20Forms/Non-Application%20Documents/PTM%20-%20Physical%20Therapy%20Practice%20Act.pdf)

APPENDIX 3.10 SURVEY OF GRADUATES

Doctor of Physical Therapy Program Graduate Survey

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

Doctor of Physical Therapy Program Graduate Survey

Date: _____ Graduation Year

Instructions: Please rate your overall learning experience within the DPT Program at Seton Hill University by thoughtfully considering and scoring **ALL** of the following statements. Further clarify your disagree or strongly disagree responses by giving feedback in the comments section below.

Statement:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The classroom and laboratory spaces are adequate to meet the educational and research needs of the DPT Program's students. (2B4: Program resources: space)				
2. The additional space (studying areas, student lounge, etc.) is adequate to meet the educational and research needs of the DPT Program's students. (2B4: Program resources: space)				
3. The equipment, technology, and materials available to the Program are adequate to meet the educational and research needs of the DPT Program. (2B4: Program resources: equipment, technology & materials)				
4. The resources of SHU's institutional library are adequate to support the educational and research goals of the Program. (2B4: Program resources: library and learning resources)				
5. SHU's associated learning resources (i.e. Academic Achievement Center) are adequate to support the educational and research goals of the program. (2B4: Program resources: library and learning resources)				
6. The availability of SHU's student services (counseling services, academic services, disability services, and financial aid services) is adequately communicated to students and meets student needs. (2B4: Program resources: student services)				
7. SHU's student services meet my needs as a student. (2B4: Program resources: student services)				
8. The Program's support staff is adequate to meet the needs of the students. (2B4 staff)				
9. The DPT Program's prerequisite courses adequately prepare its students for their doctoral coursework. (2B1)				
10. The DPT Program applies the policies and procedures outlined in the program handbooks/supplements consistently and equitably. (2B5)				
11. The DPT admissions processes met needs as an applicant. (2B1)				
12. The curriculum is consistent with the Program and University mission. (P1C)				
13. The program provided support for my professional development. (P3B)				
14. The DPT faculty members are role models for leadership. (F1B)				
15. The DPT faculty utilize evidence-based learning materials. (F3C)				
16. The DPT faculty foster life-long learning strategies. (F3C)				

17. The DPT program prepared me to adhere to legal and ethical standards including federal, state and institutional regulations related to patient care and fiscal management. (S2B)				
18. The DPT program prepared me to participate in professional organizations. (S3A)				
19. The DPT program prepared me to examine patients by obtaining a history and performing systems review, selecting and administering tests and measures, and evaluating data from the examination to make clinical judgements. (S2B)				
20. The DPT program prepared me to determine a PT diagnosis, monitor patient progress, and prepare a plan of care. (S2B)				
21. The DPT program prepared me to participate in all aspects of physical therapy practice management. (S2B)				

Please comment on any previous response:

Additional Comments: