MOUNT SAINT MARY'S UNIVERSITY LOS ANGELES

DEPARTMENT OF PHYSICAL THERAPY

POLICIES AND PROCEDURES

June 2019
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MSMU DPT Program Mission

Mount Saint Mary’s University provides doctoral education to a diverse student body culminating in physical therapists with sound clinical reasoning in a variety of settings who are committed to professional and personal development, social citizenship and ethical, compassionate care.

To accomplish this mission:

The Doctor of Physical Therapy Program will provide an education whose theoretical foundation is structured with the best evidence emphasizing critical thinking and professional behavior.

Instruction will be provided by well qualified, professionals with post-professional doctorates, advanced or specialist certification and expertise in their content areas.

The Doctor of Physical Therapy Program will set and maintain high standards for admissions and graduation.

Faculty will support the DPT Program Mission through activities that demonstrate and promote professional and personal development, social citizenship, personal development, ethical practice and compassionate care.
Graduate Student Rights and Responsibilities

Graduate students of Mount Saint Mary's University have the following *rights*:

1. The right not to be discriminated against on the basis of race, color, religion, sex, sexual orientation, national origin, or physical or mental disability
2. The right not to be sexually harassed
3. The right not to be subject to hazing or other inappropriate behavior
4. The right to ask questions, seek information and assistance
5. The right to be treated with consideration
6. The right to due process

Graduate students of Mount Saint Mary's University have the following *responsibilities*:

1. The responsibility to be accountable for one's own actions
2. The responsibility to hold other students accountable for their actions
3. The responsibility not to hinder any student from exercising his/her rights as a student of the university
4. The responsibility to fulfill all financial obligations to the university
5. The responsibility to abide by all city, state, and federal laws, as well as the policies and procedures of the university

If you need clarification or feel that your rights have been violated, you may obtain assistance from the Chair of your Department.

(Mount Saint Mary's University, Graduate Division Policies & Procedures, May 1994)
Graduate Learning Goals

A Mount Saint Mary’s graduate student will…

- Demonstrate competence in techniques, concepts and knowledge specific to each area of study.

- Demonstrate the ability to access, analyze, synthesize and evaluate information effectively.

- Demonstrate research skills and methods through the ability to gather, document, investigate, analyze, interpret and evaluate information.

- Disseminate and communicate information effectively in oral and written form.

- Demonstrate knowledge of the implications of a diverse society to the profession and demonstrate the skills to address the moral and ethical challenges within the profession.*

* For graduate professional programs

Student achievement of Graduate Learning Goals is conducted annually.
Introduction

Definitions:  **Policy**: a statement setting forth criteria identifying what activities will be carried out; identifies the acceptable level of practice; reflects the professional standard.  **Procedure**: defines policy implementation; identifies course(s) of action to be taken.

Presentation:  The policies of the department are presented in major subsets and are followed by the applicable procedures.

This document is a reference for students and faculty in the Doctor of Physical Therapy degree program. Policies and procedures exist as tools for students and faculty to understand the requirements of the profession, the department and the university. As a graduate professional program, the DPT curriculum also incorporates behavioral expectations of our students in the domains of attire and conduct (including but not limited to: attendance, collegial relationships, communication, professionalism and facility/equipment maintenance). These expectations are reflected in this document.

It is the responsibility of each **student and faculty member** to read, understand and abide by department policies and procedures and those outlined in Mount Saint Mary’s University handbook and the Graduate Student Handbook. Department policies and procedures supplement those of the university.

The Department Policies and Procedures may be revised by a majority vote of the **full-time** department faculty. **Part-time faculty and student** input will also be sought and considered for document revision. Revised policies and procedures become effective at the beginning of the semester following the one in which they were approved. All faculty and students will receive a copy of the revised document at the time of its adoption.

The contents of this handbook are only applicable to currently enrolled students at MSMU.

April 2015
May 1992, 2018
June 2010, 12, 16, 19
July 2003, 05, 06, 07, 08, 09, 13, 14, 15, 17
August 1993, 94, 95, 96, 97, 98, 99, 2000, 01, 02, 11
September 1991
December 2010, 12, 13, 14, 15
Grading and Academic Standards

1. Good standing in the Doctor of Physical Therapy (DPT) program is represented by achieving a minimum 3.0 grade point average during each semester and letter grades of "C" or better in each course. The student must achieve a grade of "A" or "B" in all clinical affiliations. Students are required to demonstrate competence in the didactic and clinical components of the program at all times.

2. A student may only receive one deficient grade (letter grade of "C-" or "D", or "No Credit" in a long-term clinical affiliation) during the curriculum. A letter grade of “C-“ or “D” in one course or “NC” in a long-term clinical affiliation results in suspension from the program until the course is repeated and a letter grade of “C” or higher, or “A or B”, in a clinical course, is achieved. Two letter grades of “C-“, “D” or NC, or one “F” results in dismissal/disqualification from the program. Only one repeat of any course, academic or clinical, is permitted. A grade of "No Credit" in a clinical learning experience may be grounds for suspension or dismissal from the program depending upon the nature of the unsatisfactory grade.

3. The curriculum of the Doctor of Physical Therapy degree program is based on performance outcomes expected of entry-level physical therapists. Means and methods of instruction and assessment (examinations, competency testing, reports, and research projects) are designed to foster the ability of students to develop the skills and competencies necessary for entry into practice as a competent generalist physical therapy practitioner. This includes the experiential understanding of the respective roles and functions, abilities and skills inherent to practice as a professional.

Assessment activities are collaboratively scheduled each semester, and represent the concerted effort of faculty to minimize the confluence of multiple projects and assignments. The grading criteria and schema for each assessment activity is the responsibility of primary faculty and is communicated to students prior to the assessment activity. The competency assessment criteria correspond with the level, depth, and breadth requisite for entry-level practice, and are commensurate with the intensity and credit value of the course. Multiple means of assessment are employed in order to collect sufficient data by which to measure each student's knowledge, skills, and aptitudes in specific content areas.

4. Grades and grading policies of MOUNT SAINT MARY'S UNIVERSITY (MSMU) are summarized below. Please consult the current MSMU catalog or contact the Registrar's Office on either campus for further clarification.

At the end of each term the student receives a grade in every class. All grades, with the exception of "I" and "IP", are final when reported by the instructor to the registrar at the end of the term. Once submitted, grades may not be changed unless the result of clerical error. The grade indicates results of examinations, assignments, and general scholastic standing in the entire course and becomes a part of the student's permanent university record.
Grade Point Average Table

<table>
<thead>
<tr>
<th>Grade</th>
<th>GPA</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>Superior, outstanding work</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
<td>Good work (above average, but not outstanding)</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
<td>Satisfactory work</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>Unsatisfactory, must be repeated before continuing in the DPT Program</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
<td>Unsatisfactory, academic disqualification</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
<td>Good work (above average, but not outstanding)</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>Satisfactory work</td>
</tr>
<tr>
<td>C-</td>
<td>1.7</td>
<td>Unsatisfactory, must be repeated before continuing in the DPT Program</td>
</tr>
<tr>
<td>D</td>
<td>1.0</td>
<td>Unsatisfactory, academic disqualification</td>
</tr>
<tr>
<td>F</td>
<td>0.0</td>
<td>Unsatisfactory, academic disqualification</td>
</tr>
</tbody>
</table>

**Numerical Grade System:**

A = 93 - 100 (4.0)
A- = 90 - 92.9 (3.7)
B+ = 88 - 89.9 (3.3)
B = 83 - 87.9 (3.0)
B- = 80 - 82.9 (2.7)
C+ = 78 - 79.9 (2.3)
C = 73 - 77.9 (2.0)
C- = 70 - 72.9 (1.7)
D = 60 - 69.9 (1.0)
F = 59.9 or below (0.0)
Abbreviations for Non-Graded Courses

The following are not computed in the GPA:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AU</td>
<td>Audit</td>
</tr>
<tr>
<td>CR</td>
<td>Credit given: work &quot;C&quot; or better in quality (for field experience and supervised teaching offered by the Education and Psychology Departments, &quot;CR&quot; signifies work &quot;B&quot; or better in quality)</td>
</tr>
<tr>
<td>NC</td>
<td>No credit given; work &quot;C&quot;, &quot;D&quot; or &quot;F&quot; in quality</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete; an incomplete is given only when a student:</td>
</tr>
<tr>
<td></td>
<td>1. Has fulfilled the majority of the course requirements.</td>
</tr>
<tr>
<td></td>
<td>2. Has a passing grade in the class work.</td>
</tr>
<tr>
<td></td>
<td>3. Is prevented from completing the assigned work for serious reasons.</td>
</tr>
<tr>
<td></td>
<td>4. Has consulted the instructor prior to the grading period and the instructor has determined that the student can realistically complete the work within one semester.</td>
</tr>
<tr>
<td>IP</td>
<td>In progress; deferred grading for graduate thesis, senior project undergraduate research work, or graduate supervised field experience only. When an IP is given the student shall have ONE additional semester within which to complete the course or project.</td>
</tr>
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To receive an "Incomplete" a student must submit to the Registrar's Office prior to the end of the term a petition to receive an "Incomplete" signed by the instructor.

Please note important differences between "I" and "IP".

5. All examinations (written, oral and/or practical, competency assessments, written reports, and scholarly projects), team or group activities, and independent study are required for the professional courses and constitute the basis for grading of courses. Individual faculty are responsible for maintaining grade records. The responsibility for assessing student achievement and assigning grades rests with the faculty. Only the faculty member is empowered to change a grade, unless a clerical error has been made (at which point the Department Chair/Program Director can file the correct grade with the Registrar).

6. In order to progress in the curriculum, students must demonstrate competence in the didactic and laboratory components of each course. Demonstration of competence includes passing each practical examination with a “C” or better and passing the final comprehensive examination with a “C” or better.

7. The purpose of competency testing is to ensure that students have attained adequate mastery of academic foundational content and clinical skills (competence) in each class prior to proceeding in the program. The curriculum is hierarchical in nature, with each ensuing component and semester built on the foundation of prior course work. We have an obligation to our patients and to the profession, to preserve the safety of the consuming public, and to assure that the highest quality of care is rendered by our students and graduates. We must insure that the students and graduates that we send out to the clinical arena have demonstrated competence, commitment to high standards of care, and have earned the right to be entrusted with patient management and clinical responsibilities.
8. Instructors will notify students of deficient academic standing via Notice of Academic Difficulty forms.

9. Reconciliation of an unsatisfactory grade by completion of additional examination(s), special papers, and/or clinical experience may be offered to a student at the discretion of the course instructor provided the instructor secures the advice and consent of the department full-time faculty by a majority vote.

Procedures

Demonstration of Competence

In the event that a student fails to demonstrate competence in the didactic portion of the curriculum on the final comprehensive exam, final assignment or each practical examination, an opportunity to demonstrate competence through a retake is allowed according to the following:

a. In clinically-oriented, kinesthetically-based courses, each student is required to demonstrate competence by means of laboratory practical examinations. The student must successfully complete each practical examination with a passing score ("C" or better). Should a lower grade be attained, the student may be provided ONE additional testing opportunity to demonstrate competence in that material. The original score earned by the student is retained for final grade computation.

b. In order to successfully pass a course, the student must demonstrate competence in each laboratory practical examination. In the event of examination retake resulting from inadequate performance, the student must demonstrate a passing score. Students failing to achieve this standard for each laboratory practical exam in a given course will not pass the course.

c. If a student fails to pass the comprehensive final examination or final assignment, and the computed final grade for the course is a “C” or better, the student will be provided ONE additional test opportunity (to demonstrate command of the material), in order to progress in the curriculum. If the student fails to attain a grade of "C" or better on the examination, the student will not receive a passing grade, and the student cannot progress in the curriculum.

d. If the student fails to pass a comprehensive final examination, and has not achieved a grade of “C” or better for the final computed grade in that course, the student cannot pass the course, there is no need to demonstrate competency and the student will not be progressed in the program.

e. The student must retake and pass failed practical final examinations within one week of notification, and prior to attending the clinical affiliation. The student must retake and pass written final examinations within two weeks of notification. The instructor is responsible for setting the date of the competence exam within these time frames. Students who are “out of area” may take the written examination at a local university learning/testing center, and are responsible for making those arrangements and communicating directly with the course instructor. Policies and procedures for exam review described in this document apply.

f. A maximum of three final competence retakes is allowed in the program (combination of final practical, final written and final assignment). If a student does not earn a grade of “C” or higher on a fourth final practical, final written or final assignment the student is subject to academic dismissal.
g. The first time a student fails to pass a course they are required to take an academic leave of absence from the program. The student must enroll in the deficient course in the ensuing semester that it is offered. When a student is placed on academic leave due to inadequate academic or clinical performance, s/he must file for a leave of absence through the Office of the Registrar. The student is required to return and re-enroll in the program the next time the course is offered. During suspension, the student may be required to perform remedial activities to facilitate competence and mastery of the areas of deficiency. The student has the option to register for an “Audit” in courses that were successfully completed in prior semesters to stay current with physical therapy education and practice. A student may take only ONE leave of absence, for any reason, while enrolled in the program. A leave of absence may be the result of inadequate academic or clinical performance, medical reasons, personal reasons, or the result of withdrawing from a class.

Deficient Academic Status
In addition to passing each course with a “C” or better, students must maintain a cumulative average GPA of 3.0 or better in order to remain in the program. A cumulative GPA of less than 3.0 in any given semester will result in being placed on academic probation. In order to remain in the program and be reinstated to regular academic standing, the student must achieve a 3.0 semester GPA in each of the next two semesters. A student is subject to dismissal for failure to maintain a 3.0 semester GPA during the probationary period. Students will receive notice of academic probation from the Graduate Dean and/or the Department Chair.

Deficient academic status classifications include academic probation, academic probation with suspension and dismissal with disqualification from the program. A student is placed on academic probation if the cumulative GPA falls below 3.0 in any given semester, or if in the judgment of the department faculty, academic probation is warranted by other factors.

Notification of Deficient Academic Standing
Faculty will use Institutional Notices of Academic Difficulty to notify students when their performance on a written or practical exam falls below a grade of C, or their grade in a course at any time falls below a grade of C. The faculty and student will then make arrangements to address the reasons for the notice as outlined in department policies and procedures. The Notice of Academic Difficulty Form is located in the department office and on Web Advisor. The following parties will receive copies of a notice: student, course instructor, student advisor, Department Chair and Graduate Dean as appropriate.

Grade Appeals
Grade decisions leading to academic probation, or suspension, or dismissal with disqualification, must first be appealed directly to the faculty person within five calendar days of grade notification. The appeal must be in writing and include justification for requested grade change. If the student wishes to appeal the faculty’s decision, further recourse may be sought through the University Academic Grievance process. Grade appeals are handled according to the procedures outlined in the Graduate Student Handbook.

A grievance is defined as any alleged violation, misinterpretation, or unjust application of existing academic policies and/or procedures of Mount Saint Mary’s University, Department of Physical Therapy, and the Graduate Division. It shall not be concerned with the value or propriety of any rule or regulation but only with such actions as are reviewable within university policy and regulations.

Missed Assignments
Late assignments may be made up at the discretion of the primary faculty. It is the responsibility of the student to promptly make arrangements for missed assignments, quizzes or examinations. Failure to do so will result in automatic grade reduction.
Unless a student presents a valid excuse for missing an examination, competency assessment, report, project or any other assignment, the grade on a make-up will be lowered one letter grade (10%). In the absence of adequate supporting evidence, the instructor always retains the authority to refuse to provide any make-up opportunity. This is true for both written and practical examinations.

Curriculum Design
Policy
The DPT curriculum is full-time, sequential and hierarchical in design. Each component must be completed successfully in its entirety, prior to progression to the next phase.

Procedure
If the student does not successfully complete one or more courses, the academic faculty will review the student's complete file and take action to suspend or dismiss the student from the curriculum. Suspension results if the student fails to successfully complete one course (with a grade of “C-“, “D” or “NC”). Dismissal without possibility of return occurs if the student fails to successfully pass two or more courses (with grades of “C-“, “D” or “NC”) or if the student earns a grade of “F” in one course. All courses, academic and clinical, must be successfully completed in sequence in order for the student to proceed in the curriculum.

Academic Integrity
Policy
Honesty is required in all aspects of the academic and clinical curriculum.

Trust between a physical therapist and their patients/clients is the foundation of the therapeutic relationship. The Department is responsible for assuring the public, the profession and the academic community that students in the Doctor of Physical Therapy Program adhere to the standards of ethical practice established by the profession. Thus, dishonesty in any form is not tolerated.

The academic environment is predicated on truth and integrity. Acts of dishonesty constitute a serious offense to the Mount Community, the public and the profession. The following information defines acts of academic dishonesty according to Mount Saint Mary’s University and Department Academic Policies. Acts of academic dishonesty include, but are not limited to:

1. **Cheating**: Cheating of any kind is dishonest. This includes copying other’s essays or exams; stealing exams; buying or otherwise procuring new or used exams; having someone else take an exam or write an essay for which you take credit; and any other way you might receive credit for work that is not your own. *All examinations administered by the Department are confidential communications between the student and the instructor. Unless expressly permitted by a course instructor, students may not utilize previous forms of written examinations to assist in their preparation. Written examinations that are returned to the students are provided for the specific purpose of enhancing that individual’s learning and are not to be shared with any other student.*

2. **Failing to hand in original work**: Using one essay for two different classes is also dishonest. If you have a topic, appropriate for two classes, original and separate work must be done for each class, unless approval of both instructors has been obtained. Moreover, co-writing an essay without both obtaining the instructor’s permission and acknowledging the other person’s help is dishonest.

3. **Plagiarism**: Plagiarism is an act of academic dishonesty. It is a serious academic offense. Plagiarism is using anyone else’s ideas and representing them as your own (i.e. not giving appropriate credit). Acts of plagiarism include:
• failure to document and give credit to an original source, including handouts and presentations related to coursework
• paraphrasing another person’s ideas without giving credit,
• using direct quotes without proper recognition of the source,
• using statistics, facts, or information from a source other than your own original research without giving credit

When in doubt, give credit. Submitting work (even work completed by a team or group) containing material not properly credited is a serious academic offense and a violation of the very principles of academic integrity. Every individual is ultimately responsible for ensuring the honesty and integrity of any academic or scholarly work bearing his or her name. The following are guidelines to follow to insure material developed for and used in coursework meet standards of academic integrity.

**Written and Oral Material**

a. Use AMA reference format for citing all materials (including ideas) not created by you in written content and PowerPoint presentations. This includes within text citations, citations on individual slides and a full citation on the reference page or reference slide.

b. Verbally reference sources for material used in oral presentations that are not referenced in written material.

**Video and Photographic Material**

a. If you did not create the material, always cite source of material and obtain permission from vendor.

b. If you created the video or photographic material, always obtain written consent for use of material for academic purposes for all persons in the foreground and background of the picture or video. Use the form approved by the University, Department or Healthcare Institution.

c. If using an internet site for capturing, creating or storing content make sure the site is secure and you have control over who accesses information. Also, be clear on who owns the material and who has the right to access and use it.

d. Make sure the confidentiality of all participants is maintained. There should be nothing that allows a viewer to easily identify participants. Use editing software to block or blur faces as needed.

4. **Falsification or misrepresentation:** Examples of falsification and misrepresentation include but are not limited to: falsification of lab or clinical data; clandestine collaboration with others in class presentations or laboratory experiments; alteration of University documents; alteration of instructor’s grade sheets/books, misrepresentation on admissions materials; falsification of academic records; forgery; entering computer accounts other than one’s own without prior consent of the owner, entering or deleting information in these accounts without permission and passing of work/assignments as your own when you did not do the work.

5. **Theft:** Theft or mutilation of library or media materials; computer or media equipment; Department equipment; records or other university documents (such as examinations, assignments; grade books or other course materials); or theft from any member of the academic community are all acts of academic dishonesty.

6. **Additional dishonest behaviors include:**

   a. Inter-student request for help during an examination
   b. Prolonged, repeated gazing at another student’s examination
   c. Apparent codes being transmitted between students
   d. Observable exchange of information between students
e. Possession of any unauthorized materials (e.g., crib sheets, class notes, syllabi, texts, or other material not permitted by the faculty during examinations) or accessing such material inside or outside of the classroom during the examination
f. Use or possession of electronic devices at any time during the examination period unless authorized by the course instructor

g. Changing of responses on a graded examination during the exam review time
h. Copying answers or assignments or projects with or without permission of another student unless otherwise specified by the appropriate faculty member (e.g., group projects are permitted and often utilized)
i. Reproducing an exam, exam key or parts of either during exam review in the Department Office (e.g. taking a photo, making a copy, writing down specific exam questions)
j. The act of using the work of another and presenting it as one's own (e.g., papers, class handouts, quotes or paraphrases) without acknowledging the true author
k. Providing information about exam content to another person
l. Knowingly discovering or attempting to discover the contents of an examination
m. Failure to comply with exam honor statements
n. Failure to report violations of Academic Integrity
o. Falsely claiming absence due to illness

Honor Statements
Students are required to abide by the Department and University policies and procedures for upholding integrity in all areas of the curriculum and activities related to the Department and University. Students will sign a general honor’s statement prior to matriculation in the program (Appendix H-1). In addition, students are required to abide by the University and Department Policies for Academic Integrity for all examinations, quizzes, homework assignments, projects and anything used to assess student performance in a course. Students will be required to sign honor statements on midterm and final exams. If the honor statement is not signed the exam will not be graded and a score of 0 will be assigned. (Appendix H-2)
## Possible Consequences of Violations of Academic Integrity

<table>
<thead>
<tr>
<th>Violation (not exhaustive)</th>
<th>Grade reduction at discretion of instructor with maximum reduction to 0 points for exam or assignment</th>
<th>Academic Disqualification (Dismissal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copying answers from or looking at another student’s exam/test</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Exchange of information between students</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Using any material not expressly permitted during an exam</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Continuing to write after a timed exam has ended</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Taking the exam from the room and later claiming the instructor lost it</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Changing answers after an exam has been returned</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fraudulent possession of an exam prior to test date</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Breaking into a file or office to obtain exam or other documents including student/faculty files</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Plagiarism of any kind</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Intentionally failing to uphold the ethical principles of research (i.e. informed consent, confidentiality, falsifying/omitting data, misapplication of statistical tests)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Submission of purchased term papers or projects done by others</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Submission of the same paper or other work to more than one instructor, where no prior approval has been given</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Proven violation of signed honor statement</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Two or more violations of any one item or combination of violations of Academic Integrity</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

* A reduction in assignment or exam grade may result in a Leave of Absence or Academic Disqualification depending on the final course grade.
Procedure
It is the ethical responsibility of each student and faculty member to report any suspected or blatant violation of academic integrity. The procedures to be employed in the presence of any violation of academic integrity are:

a. If a suspected violation of academic integrity is witnessed by a student, the suspected or observed behavior is to be immediately reported to the course instructor. The course instructor will address the issue with the student suspected of the violation at the time of the allegation.
b. If a suspected violation of academic integrity is witnessed by an instructor or staff member, the instructor or staff member will address the violation with the student and collect whatever material is evidence of a violation of academic integrity.
c. If the violation is cheating on an ongoing examination, the instructor will collect the exam and any material that has not been approved for use during the exam. The student will be asked to leave the examination site and wait in an adjacent area until the exam period is over or the instructor finds a suitable proctor.
d. If it is determined that a violation has not occurred then no further action is required.
e. If the student(s) admits guilt, or the instructor and student(s) agree a violation has occurred, then the instructor may set an appropriate sanction. This action and the circumstances around this action will be reported to the Department Chair.
f. If it is believed that a violation has occurred and the student(s) do not admit guilt or the instructor is unsure of the appropriate sanction then the instructor will contact the Department Chair and a Department meeting will be called within three working days.

Academic Integrity Department Meeting
The members of the DPT program that can participate in the meeting include:
1. The Department Chair or their appointed representative
2. Two full-time faculty members who do not have a conflict of interest in the given case
3. The student or students purported to have violated the academic integrity policy of the Department and University
4. The course instructor, instructors, or staff as appropriate.

The instructor(s) and student(s) will present the events surrounding the alleged violation in writing and verbally to the Department Representatives at the meeting. The faculty and Department Chair will make a recommendation for appropriate sanction for the violation. This recommendation will be conveyed by the Department Chair to the student(s), Instructor(s) and Graduate Dean.

Examination Review Policy
Doctoral education requires that students take responsibility for their learning. One way of demonstrating this is to review performance on exams to identify and understand gaps in knowledge. For the purpose of reviewing exam content, students are allowed to review their exams in the department office until the end of business on the Friday before the last week of the semester. For the purpose of disputing an exam grade, students may only do this within ten working days of receipt of the graded exams in the Department office. After this period, exam grades may no longer be disputed. While reviewing an exam, students may not reproduce or replicate the exam or exam key in any form. To do so is a violation of the academic integrity policy. While reviewing their exam in the Department office, students may not discuss any aspect of their exam with other students. Students may take notes on the concepts that were missed. Scores on all examinations will not be recalculated with the exception of mathematical errors.

Original written and practical examinations are retained by the instructor, or department, until twelve weeks after the student appeal period has terminated. The examinations constitute legal justification of an
instructor's grade. When a student requests to review a practical exam, this review must occur in the presence of the Instructor or a faculty member approved by the Instructor. Individual instructors are responsible for maintaining grade records.

Procedure
Prior to exam review the student will receive the MSMU Exam Review Form from Department Staff for each exam being reviewed. This form must be signed in order to review an exam. Notes on the exam must be taken on the exam review form. Once exam review is complete, the student will hand their notes to the Department Staff who will make a copy of them and return the original to the student.

If a student believes that a test item was incorrectly scored, the student must submit in writing why he/she believes the answer was correct. The student must use evidence from assigned readings and/or from the student’s own classroom notes (not notes taken by another student). Submission of a request to re-grade an exam must occur during the 10 day period for exam review by the end of business hours (5:00pm – PST) on the 10th day. A student who requests an item to be rescoring must expect the entire test will be rescoring, perhaps resulting in a lower overall score on the examination. In all cases, the decision of the faculty member is final and binding. (See Appendix N for Office Procedures for Examination Review and MSMU DPT Exam Review Form)

Professionalism

Policy
Students and Faculty have made a commitment to the intensive and exciting training period required by Doctor of Physical Therapy Education. This commitment begins with modeling appropriate professional behaviors at all times during the program. Professionalism in the classroom and clinic creates a positive learning and working environment that allows students and faculty to maximize the collaborative learning experience. Faculty and students are required to abide by the ethical standards of the profession and to take whatever action is appropriate to insure the integrity of the education experience and the quality of care for the consuming public. These behaviors are detailed in the APTA Code of Ethics (Appendix B) and the Professional Behaviors for the 21st Century for Physical Therapy (Appendix C). In addition to the behaviors detailed in the Appendix we offer the following guidelines for professional behaviors.

Attendance: Come to class. Knowledge and skills developed in the classroom environment cannot be found in a book. Faculty utilize class time to condense required readings so study time is focused and efficient, facilitating the development of understanding beyond the preparatory material by integrating current material with prior knowledge. Full engagement in class/laboratories and clinical education are the foundation of sound clinical reasoning skills.

Preparation: Time management is a critical component of success in the program. To make efficient use of class time it is imperative that students come to class prepared. Appropriate preparation allows students to ask questions that address areas of true confusion rather than general lack of knowledge. Students help each other learn by asking appropriate questions. Appropriate preparation includes purchasing required textbooks and completing assigned readings. Textbooks are carefully chosen by instructors to assist students in the classroom and in the clinic. Reproducing significant portions of assigned readings without obtaining permission from the resource is a violation of the Doctrine of Fair Use (Appendix K).

Promptness: Arriving on time is a courtesy to the faculty, classmates and patients as well as a benefit to the student. This includes being present and prepared when class is scheduled to begin and when returning from breaks. Promptness also extends to course assignments. Handing in assignments on time will help you stay on schedule with other commitments and will help you avoid penalties that will negatively affect your grade.
Courteousness: Graduate education is a stressful time of life. It is a wonderful opportunity to learn to be gracious and courteous to classmates, faculty, staff and patients at all times regardless of your personal circumstance. These positive attitudes and actions are appreciated by all and will be reciprocated.

Examples of discourteous classroom behaviors are lack of preparation, tardiness, and use of electronic devices for purposes not related to the class at hand, talking during lectures, interrupting lecturers excessively, preparing to leave class early, leaving class early without permission and using non-verbal behaviors which would be commonly judged as impolite.

Attire: Professional attire is required when guest lecturers are present, during clinical practical exams and at all times in the clinical environment. Lab clothes that allow for ease of movement and access to body parts for practice of the five elements of patient/client management (examination, evaluation, diagnosis, prognosis and intervention) are required for clinically oriented courses. Inappropriate attire will result in dismissal from the class or clinical facility. Dismissal from class will result in an unexcused absence; dismissal from a clinical facility will require the student make up the missed time and may jeopardize completion of the clinical experience.

Procedure
Failure to demonstrate professional behaviors at all times in the classroom and clinic will be addressed in the following manner:

1. The faculty that observes the behavior will advise the student of its inappropriateness and work with the student to develop appropriate behaviors. The faculty may ask the student to leave class if the behavior is particularly disruptive or if the pattern of inappropriate behavior persists after the initial infraction and consultation. Should the faculty member choose this course of action, this will count as an unexcused absence. The faculty will report the incident to the student’s Faculty Advisor. If unprofessional behaviors persist the course faculty will give the student a Notice of Professional Difficulty (Appendix J). A copy of this Notice will be given to the student’s Faculty Advisor and Department Chair. In addition, faculty may include professionalism as part of a course grade, although this is not necessary as professional behavior is required at all times in the curriculum.

2. If the pattern of unprofessional behaviors persists or the magnitude is sufficient to place in doubt the student’s suitability or capability for performing as a physical therapist the Department Chair will review the situation and choose one of the following courses of action:
   a. Dialogue with the student to determine the validity of the charge; if validity is established, a warning will be issued and a process will be determined by which the situation will be corrected
   b. Refer the matter to the Department Faculty for consideration and action
   c. Refer the matter to the Vice President of Student Affairs for consideration and action
   d. In the event of repeated incidents or an egregious act, the Department Chair may recommend suspension or dismissal of the student.

Class Attendance Policy
The Doctor of Physical Therapy Program is a significant investment. To maximize the return on your investment and fulfill your ultimate obligation to the public you must fully utilize all opportunities for learning. Therefore, attendance is required in all areas of the curriculum; classroom/laboratory sessions and clinical education. Attendance is critical to ensure knowledge and skill acquisition at the level
required to succeed in the program. Absences related to travel and non-program activities (including “personal days”) are not permitted and are considered unexcused absences. Unexcused absences greater than one class session will result in a drop in the final course grade of one level per unexcused absence. Refer to individual course syllabi for exceptions to this rule; i.e. there are no unexcused absences in clinical education except for official University/Department business.

An excused absence may be granted for unanticipated personal emergencies or illness; documentation may be requested. An excused absence not related to an unanticipated personal emergency or illness will only be considered if a student is representing the University or Doctor of Physical Therapy Program on official curriculum related activities. A course instructor may assign additional work related to the topic missed due to an unexcused or excused absence. Student participation in the foundational material provided by the program curriculum takes priority over participation in extracurricular activities that coincide with class time. **If a student is absent for 20% of didactic material for any reason they must take a leave of absence from the program and re-enroll in the program the next time the course(s) are offered.**

**Procedure**

**Excused absence request:** If a student anticipates missing class for official curriculum related activities, the student must complete an Excused Absence Request Form by the end of the first week of class for the semester for which the absence is being requested or as soon as the information becomes known. The form is available in Appendix G. The completed form must be submitted to the Department’s Administrative Assistant. The full-time faculty will review the request within 10 working days and inform the student of their decision in writing. If excused absence status is granted, the student must provide a copy of this form to each instructor affected by the absence. The student is entirely responsible for the completion of any and all work, assignments and/or examinations missed during the time of the excused absence.

**Unanticipated absences:** In the case of unanticipated personal emergencies or illness the student is required to contact the Department’s Administrative Assistant and the appropriate faculty via phone or email as soon as possible. The student may not inform the Department and faculty via another student but must directly convey the information. The student may be required to produce substantiating documentation (i.e. physician’s note). The student is entirely responsible for the completion of any and all work, assignments and/or examinations missed during the time of the absence.

**Learning Disabilities**

**Policy**

It is within the mission and philosophy of the Department of Physical Therapy and Doctor of Physical Therapy Program (DPT) to assist otherwise qualified students with learning disabilities in the realization of their full academic and clinical potential by providing reasonable accommodations for such learning disabilities. In order to qualify for such accommodation, however, the student must provide appropriate documentation of his/her learning disability in a timely fashion and must strictly comply with the procedures set forth below, and with any procedures of the Doheny Student Resource Center (SRC) and/or the University.

**Procedure**

In order to qualify for reasonable accommodation, the student must request accommodation through the SRC by providing the SRC with proper documentation of his/her learning disability/diagnosis, including recommended interventions/accommodations, prepared by a credentialed professional. Students suspecting a learning disability should be tested prior to enrollment in the DPT program or immediately thereafter. Students who have not been tested can obtain appropriate referral from the SRC. To receive disability accommodations for exams and quizzes arrangements must be made at least one week in advance. If a student chooses not to arrange accommodations in advance they are waiving their right to testing accommodations for that exam or quiz.
Once a student has provided documentation of his/her learning disability to the SRC, he/she must consult with the Director of the SRC to discuss reasonable methods for accommodation. The student will then receive documentation from the SRC that he/she must provide to appropriate faculty. This process must occur every semester to qualify for accommodations.

It is the student’s responsibility to provide the documentation he/she receives from the SRC directly to each faculty member from whom he/she desires accommodation – the SRC will not provide information or documentation to the faculty member. To facilitate accommodation arrangements we strongly suggest the student provide this documentation to the faculty member within the first two weeks of each semester. Students are responsible for requesting and ensuring each faculty member implements any agreed upon accommodation. Retroactive accommodation or adjustment of any kind is not available to students who fail to follow these procedures, fail to comply with these timelines, or fail to ensure implementation of the prescribed methods of accommodation. For instances of temporary accommodation, (for those conditions deemed not permanent), authorization for accommodation must be renewed each semester through the SRC.

The DPT Program is unable to ensure or provide reasonable accommodation unless the student has provided documentation from the SRC to each specific faculty member from whom accommodation is being sought.

In appropriately documented cases, every effort will be made to adapt the delivery of curriculum, including assessment requirements and processes for developing academic skills, to accommodate and meet the needs of the student with documented disabilities. At the same time, the Department honors and respects the ethical responsibility of faculty to ensure the safety and competence of our graduates as well as the safety of their patients. Adaptations to normal course requirements will not be made if to do so would compromise the essential nature of any course, or would disregard skills or knowledge deemed essential for the competent practice of the generalist physical therapist. Additionally, at no time will an accommodation be made that might compromise the safety of the consuming public.

The didactic portion of the Doctor of Physical Therapy Program includes written and practical examinations. Accommodations to this portion of the Program will vary according to mode and purpose of testing. Extra time and a distraction free environment may be provided for written exams and the written portion of practical exams, when reasonable and when appropriate documentation indicates the need for such accommodation. Extra time and a distraction free environment are not offered for practical exams that test competency for patient interactions. In addition, the Doctor of Physical Therapy Program cannot offer accommodations during clinical practicums. Finally, affiliations and internships at clinical sites cannot offer these accommodations during patient care. The University has a legal obligation to its clinical sites and the public to ensure students are adequately prepared to function in the clinic. If students are not tested in situations that mimic the clinic environment, the University cannot attest to their competence.

**Recording Class Material Policy**

The recording of course content (lecture, lab etc.) on personal devices is not allowed except in instances where this is required for accommodations approved through the Doheny Student Resource Center and with the prior knowledge of the course instructor.

If recording content is part of an accommodation the following policies apply:

a) Students are only permitted to use recorded lectures for their own personal study and are not permitted to reproduce or distribute the recording to any other party through any other medium, including email, social media and/or online posting/communication. Recordings must be secured and stored privately in case of loss or theft. Students are required to delete any recorded lecture at the end of each academic semester.
b) The student acknowledges that the University and instructor are granting the student permission to record the lecture and that any use by the student of the recording outside the permitted use may constitute a breach of copyright, academic misconduct and may result in disciplinary action by the University against the student.

c) Recordings may not be used in any way to embarrass or harm the reputation of any instructor or student whose comments or image are recorded.

Procedure
Students must present documentation from the Student Resource Center approving recording course material as an accommodation to the course instructor. Students must sign form agreeing to the policies above (Appendix O).

Course Syllabi Policy
All faculty are required to provide a course syllabus at the beginning of the semester. The syllabus may be distributed via MSMU’s eLearning platform, via email or via hardcopy during the first week of class. Course syllabi are contracts between faculty and students. Faculty members have the right to alter the syllabi to adapt to curricular needs and accommodate for events such as professional meetings, official and religious holidays etc. Faculty must inform students of any changes in a timely fashion. Students may request changes to the course schedule only when the class unanimously decides to request a change. A request to reschedule an exam cannot be made unless there are more than three exams scheduled on a given day. Faculty are under no obligation to make said changes.

Students are responsible for all content in the course syllabus. Emailed or verbal requests for information clearly outlined in the syllabus will result in a reduction in score on that assignment by one (1) percentage point. Therefore it is wise for students to become conversant in all content in course syllabi and to refer to the course syllabi prior to contacting faculty members. Questions CLARIFYING THE DETAILS of particular assignments are welcome.

Written Assignments Policy
For ease of grading and identifying the author of submitted papers, students are required to format assignments according to the DPT Assignment Style Sheet in Appendix I. Individual instructors may require alternate formats. If a format is not specified by the instructor the default format is the DPT Assignment Style Sheet. This includes formatting of electronic file names.

Procedure
If a student submits an assignment that fails to follow the format of the DPT Assignment Style Sheet or the format specified by the instructor the instructor has the option of imposing a grade penalty or declining to grade the assignment.

Technology Errors Policy
We recognize that the technology utilized by the university for classroom/clinical instruction and communication is not always operational. It is the responsibility of the student to adequately document and respond to these occurrences.

Procedure
When students experience difficulties with technology (email, CANVAS etc.) they must contact the OIT help desk to open a ticket so the department and university can track these issues. The student must provide a copy
of the OIT ticket to the faculty member if technological difficulties were the reason why an assignment was late or otherwise not completed.

**Attire Policy**

1. This is a professional program and students are judged, in part by how they dress. Professional attire is mandatory when guest lecturers are in the classroom or lab settings; when clients are present in class or lab sessions; during Patient/Client Management practical examinations; conducting research in the presence of clients/professionals; and for all clinical practicums, affiliations and internships. Professional attire includes: white lab coat, close-toed shoes; socks or hosiery; slacks or skirts; and an appropriate top. T-shirts with logos, tank tops, mini-skirts, jeans, shorts, revealing attire, and flip-flops will not be accepted. Jewelry should be kept to a minimum, watches, small earrings, and short necklaces/chains are appropriate. Avoid rings other than wedding bands, and jewelry that is excessive. Hair shall be restrained so that it does not fall into the therapist’s face or onto the patient during treatment. When choosing professional attire students must be cognizant of the fact that you will be treating patients and interacting with professionals from other cultures and generations. It is important that your choice of attire does not distract or offend patients or professionals with whom you interact.

2. In the clinical environment (including Patient/Client Management courses), jewelry is to be kept to a minimum. Visible body piercing jewelry is to be removed for clinical classes and affiliations. Tattoos must be covered by professional attire.

3. It is expected that students will maintain appropriate personal hygiene. In the clinical environment and when working with patients/clients, a fragrance free environment is expected, and students will respect this by refraining from the use of colognes/perfumes.

**Procedure**

Students will be dismissed from class/laboratory/clinical if not appropriately attired. This will be counted as an unexcused absence. If this occurs during a clinical the missed day must be made up.

**Conduct Policy**

1. **Collegial Relationships:** Dating between students and faculty is not acceptable and will not be tolerated. It compromises objectivity and the professional peer relationships developing through the socialization process inherent in professional education.

   Students are not to approach faculty for physical therapy treatment. Faculty will not provide physical therapy services to students currently in the program.

2. **Communications:** Cell phones/pagers are to be turned off for all class sessions and department meetings. On those rare occasions when communication by cell phone is imperative (e.g., family emergency) the student may request authorization from the faculty to access phone information (silent mode). If a return call is required the student will discretely exit for that purpose.

   Students are to maintain an MSMU email account and are expected to check it for department and university communications on a daily basis.

   Students are provided with a personal department mailbox and are expected to check it on a daily basis when on campus.
3. **Facilities Maintenance:** The classrooms are the learning laboratory for clinical practice. As such it is expected that students will maintain them as in the clinical environment. Students will clean up and pick up after themselves after each class session. While beverages and snacks are permitted in the classroom, meals are to be eaten only during class breaks or between classes.

**Procedure**

1. **Attendance:** In the event of an unanticipated emergency, the student is to notify the office administrative assistant and course instructor or DCE in the case of clinical education.

2. If late, students are to make an unobtrusive entrance and sit in the rear of the classroom.

3. **Collegial Relationships:** Students or faculty engaging in inappropriate fraternization risk dismissal from the program or teaching responsibilities. Matters of this nature shall be referred to the Vice President for Student Affairs, and the Academic Vice President/Provost for appropriate resolution.

4. **Facilities Maintenance:** The privilege (of having food and drink in the classroom) will be revoked if the facilities and conditions are not respected.

**Ethical Conduct Policy**

1. **Physical Therapy** is a health profession that embraces life, dignity, and those rights inherently due all living beings. Faculty and students of the MSMU Department of Physical Therapy are obligated to abide by the ethical standards of the profession by demonstrating the highest degree of integrity, responsiveness, and dedication in the provision of services of the highest quality.

2. Acknowledgment of, and respect for the rights of others are attributes inherent to our professional ethic. Students and faculty of the MSMU Department reflect these qualities in their interactions and practice.

3. The individual student and/or faculty member have the inherent responsibility to report violations of the ethical standards of the profession and of the policies of the Department of Physical Therapy.

4. Students and faculty are accountable for their actions and attitudes and are responsible for the consequences of their decisions and behaviors.

5. Students and faculty are expected to adhere to the APTA Code of Ethics (Appendix B) and APTA Guide for Professional Conduct (Appendix C).

**Procedure**

1. **Professional Ethical Standards:** The ethical standards adhered to by the Department are those of the American Physical Therapy Association (APTA) and the values of compassion, caring, hope, honesty, integrity, and a sincere commitment to improving the quality of life.

Faculty and students are required to abide by the ethical standards of the profession and to take whatever action is appropriate to insure the integrity of the educational experience and the quality of care for the consuming public.

Any student who is charged with an ethical violation of the standards of the profession or the university is entitled to a fair and just hearing by the appropriate authorities. A guilty verdict for a student for violating the ethical standards of the profession or University will constitute grounds for dismissal from the program.
Violations of law by any member of the faculty or the student body will involve punishment as determined by the courts. It should be noted that conviction of a felony is grounds for denial of eligibility for licensure and revocation of licensure privileges.

2. **Respect for the Rights of Others:** Incumbent on any professional, particularly those in the health professions, is the recognition of and respect for the rights of others. In the case of health care this translates to acceptance of the right of patients to accept, deny, or question the services offered. In addition, this respect takes the form of acknowledging the rights of others to make lifestyle, religious, and other areas of choice/decision for themselves and to receive the highest quality of health care regardless of lifestyle, religious affiliation, race, sex, age, or disability.

Any member of the faculty or student body demonstrating conduct inconsistent with the philosophy of the department will meet with the Department Chair to discuss the discrepancy. In the event of irreconcilable conflict the faculty member or student may be dismissed from the program.

3. **Reporting of Ethical Violations:** As members of the American Physical Therapy Association, the faculty and students are morally obligated to report violations of the Code of Ethics and the Guide for Conduct. The mechanism involves sending the complaint to the Ethics Committee of the California Physical Therapy Association, 1990 Del Paso Road, Sacramento, CA 95834. The complaint will be reviewed by the Chapter President and if there is sufficient justification, the complaint will be referred to the Judicial Committee.

The faculty and students have an obligation to report violations of the state laws to the appropriate ruling board. This is necessary to protect the consuming public from harm. In California, one may contact the Physical Therapy Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Telephone 1-916-561-8200, FAX 1-916-263-2560 or internet: www.ptbc.ca.gov

Violations of the ethics of the university should be reported to the Vice President of Student Affairs when it involves a student and to the Department Chair when it involves a member of the faculty.

4. **Accountability:** Physical Therapy is an autonomous profession in which individual physical therapists are responsible for evaluation, treatment planning, and treatment implementation for those persons who seek their services. Most states no longer require physical therapists to have a referral for service. As such, this represents the highest degree of public trust. Therefore, accountability is crucial for the integrity of the individual practitioner and the profession as a whole.

The physical therapy program at Mount Saint Mary’s University is designed to support this significant change in the approach to education. **Learning is the responsibility of the learner.** The Doctor of Physical Therapy Degree Program is structured to foster responsibility for one's actions. Faculty serve the role of facilitators for learning, mentors and professional/collegial role models.

All expectations of students are delineated in the course syllabi and are articulated by the responsible faculty members. The student is responsible for being prepared for class, attending class, and performing the assignments and assessments required. Failure to do so demonstrates a lack of responsibility and accountability and constitutes grounds for being placed on academic probation or dismissed from the program if the pattern persists or the magnitude is sufficient to place in doubt the student's suitability or capability for performing as a physical therapist.

Incidents involving lack of responsibility or disregard for accountability will be reported to the Department Chair who will review the situation and choose one of the following courses of action:
a. dialogue with the student to determine the validity of the charge; if validity is established, a warning will be issued and the student must define a process by which the situation will be corrected  
b. Refer the matter to the department faculty for consideration and action  
c. Refer the matter to the Vice President of Student Affairs for consideration and action  
d. In the event of repeated incidents the Department Chair may recommend suspension or dismissal of the student

Professional Communication Policy

1. Students are encouraged to meet and confer with members of the faculty and with their academic advisor for purposes of maintaining clear communication, compatible expectations, and other appropriate and professionally related dialogue. When miscommunications arise between any members of the department the faculty member or student who has identified a communication problem must first address it with the offending party. If this does not resolve the issue, the faculty member or student should then seek assistance from the student’s faculty advisor. If the issue remains unresolved the Department Chair and other members of the department will be involved as appropriate.

2. The Department of Physical Therapy expects collaborative, constructive feedback from all constituencies. Informal feedback is solicited, and formal requests for recommendations to improve the program and the quality of the learning experiences provided occur via university and departmental course evaluations and participation in the Department meetings and retreats.

3. It is the responsibility of the student to seek appropriate assistance in the event of personal or academic difficulties.

4. Students and faculty are expected to be actively involved in the professional community.

5. Student Class Representatives are responsible for meeting with appropriate faculty to discuss consensus concerns for specific courses.

6. Student Class Representatives and the Department Chair will meet as needed to maintain interactive dialog and to promote accuracy, currency and appropriate disbursement of departmental information.

7. Students and faculty serve on department and university committees to foster the growth and development of MSMU’s program and to promote effective communication.

8. As adult learners, students are responsible for their own learning. The program is founded on principles of andragogical learning theory including critical thinking, self-reflection, and collaborative learning. Faculty serve as facilitators and students are mentored and coached in the application of their learning. Students are responsible for acquiring and demonstrating the competence requisite for practice as generalist physical therapy practitioners.

9. E-mail is the primary mechanism for sending official communications from the Physical Therapy Department, Physical Therapy faculty and Mount Saint Mary’s University. Physical Therapy Faculty use official e-mail addresses as the official out-of-class means of communicating with students registered in their classes. Students are responsible for all information about Department and University business that is transmitted by email. Failure to read official communications sent to student’s official e-mail address does not absolve students from knowing and complying with
the content of official communications. Guidelines for professional use of email communication can be found in Appendix L. Students are expected to adhere to these guidelines for all MSMU related communication.

10. The Department of Physical Therapy highly recommends faculty and student communication be limited to official University channels (e.g., MSMU email, CANVAS). This applies to communication between faculty and students even when a faculty member is not currently teaching a student.

   a. The content of this communication should be limited to items that do not require face-to-face communication such as clarification of instructions or information related to course content, assignments, syllabus or schedule. (Discussions regarding exam/assignment grades are covered under Examination Review.) If a faculty member believes a student question would be best addressed in a face-to-face conversation the faculty should recommend the student sign-up for office hours.

   b. The Department strongly discourages communication between faculty and students via social network sites that are not officially linked to MSMU or professional organizations such as the American Physical Therapy Association or California Physical Therapy Association.

   c. It is important to remember that communication in any form should always follow the standards of the University, Department, Family Educational Rights and Privacy Act (FERPA), American Physical Therapy Association and American Health Insurance Portability and Accountability Act. Once an electronic transmission has been created and sent or shared it is permanent so make sure whatever you communicate is something you would like to share with the world.

Procedure

1. **Academic Advisors:** Academic advisors are appointed for all students. Upon matriculation into the program, students will be randomly assigned to one of the full-time faculty members for academic advisement. Faculty advisors are available to assist students with any questions or concerns that arise from the academic or clinical components of the curriculum or issues relating to the practice of physical therapy. It is the responsibility of the student to attempt to settle any conflicts or questions with individual faculty members before involving the advisor. In the event that participation by the assigned faculty advisor is a conflict of interest another full-time faculty will be assigned.

   It is the responsibility of the student to schedule an appointment with the advisor once per semester or on a more frequent basis if academic difficulties are encountered.

   If a student receives a Notice of Academic Difficulty following the first PT 401 Gross Anatomy quiz they must schedule an appointment with their academic advisor and the course faculty to discuss strategies for improving academic performance within one week of receiving the NOA.

2. **Meeting with Faculty and Academic Advisors:** Either a student or a member of the faculty may initiate advisement meetings. Meetings are scheduled via the individual faculty. The appointment system is utilized in order to ensure adequate time for discussion. Appointments are typically scheduled for 30 minutes unless otherwise specified.

   a. It is the responsibility of the student to schedule an appointment with the advisor once per semester or on a more frequent basis if academic difficulties are encountered.

   b. While student-faculty dialogue outside the classroom is strongly encouraged, it is expected that students will respect the appointment courtesy, be cognizant of the myriad of
responsibilities of faculty (course preparation, student advisement, clinical practice, research, university committees, and community service activities) and demonstrate professionalism and maturity in faculty interactions.

3. **Student Representatives:** Students are elected for each class. The role of class representatives is to serve as the link between students and faculty regarding matters of concern, and for dissemination of information to both students and faculty. The class representatives are communicators/facilitators who represent and present the views of the class as a whole and not vested interests or concerns of a vocal minority or any one individual. Class representatives are expected to uphold academic and professional requirements of the program. Should a class representative fail to fulfill these requirements as laid out in the Department Policies and Procedures, University Catalog, Graduate Student Handbook or course syllabi the student will be removed as class representative.

4. **Constructive Feedback from Students:** The Department of Physical Therapy desires constructive feedback from all students. Students evaluate each course using the Department course evaluations administered in person prior to the final course examination. Each individual instructor may request additional feedback from the students during the semester. Consensus concerns noted by students can be presented by the Student Class Representative to course faculty.

5. **Responsibility for Seeking Assistance:** The faculty is very supportive of the students and will provide assistance in academic counseling and personal counseling when appropriate. It is the student's responsibility to advise the faculty when problems (internal or external to the program) occur which may affect his/her performance in the program. If the nature of the problem is such that outside services are appropriate, the student has the responsibility to seek and secure such service. Personal counseling services are available to students through Counseling and Psychological Services at the University.

6. **Student and Faculty Professional Participation:** Students and faculty are expected and encouraged to participate in appropriate professional organizations. As available, release time and funding for participation are granted by the Department Chair. Students are encouraged to participate in national student consortia as well as local and state APTA activities. Faculty are encouraged to participate in APTA and other associations on a local, state, and national level.

7. **Class Representatives:** Role and responsibilities were discussed in other sections. The method of selection is nomination and election by each class of students in all levels of the program.

8. **Representatives Meeting with Chair:** Meetings are scheduled on a regular basis in order to maximize communication, professional involvement, and to resolve student or faculty concerns.

9. **Departmental Curriculum Committees:** The following Department Committees serve the program and their composition consists of academic and clinical faculty. Each committee reports findings and suggestions to the Department Chair.

   i. Musculoskeletal (under direction of Musculoskeletal Curriculum Coordinator with DCE)
   ii. Neuromuscular (under direction of Neuromuscular Curriculum Coordinator with DCE)
   iii. General Medicine (under direction of General Medicine Curriculum Coordinator with DCE)
   iv. Foundational Science (under direction of Foundational Science Curriculum Coordinator with DCE)
v. Inter-professional Education and Experiential Learning (under direction of Curriculum Coordinator for IPE and EL)
vi. Wellness (under the direction of the Wellness Curriculum Coordinator with DCE)

10. **Problem Solving Skills:** Because of the dramatic changes encountered in practice in the past decade and projected over the next decade, the role and function of an entry-level physical therapist is at a significantly higher professional level than even five years ago. The role of the physical therapist is that of a critically thinking problem solver and diagnostician. Thus, the curriculum is designed to facilitate the development of clinical reasoning/problem-solving skills.

Students are expected to demonstrate a high degree of independence in their learning and to engage in analytical and scientific processes necessary for the development of these skills. It is not appropriate or sufficient simply to memorize the "correct" answer. The student is expected to memorize data, synthesize information, and be able to integrate it for problem solving.

Academic and clinical faculty are responsible for presenting content, for modeling process, and for being facilitators of students' mastery of the problem solving approach for lifelong learning and patient management.

11. **E-mail Communication:** Upon admittance, all students are assigned an official University e-mail address that will be maintained on the University’s e-mail directory for at least one term after the student’s last enrollment at the University. All official department and university communications will be sent to your official university student e-mail address: student’s_account@msmu.edu. Students may forward their e-mail from the official University e-mail address to another e-mail address of the student’s choice. The Department and University are not responsible for e-mail forwarded to another email address, and students who do so, do so at their own risk.

**Research Policy**
The university requires specific procedures be followed in projects involving human subjects as outlined in Human Subjects Protection Committee Policies and Procedures.


Outside facilities may require separate procedures in projects involving human subjects who are clinically related to the facility.

Liability insurance covers research activities as long as a project has received approval by Mount Saint Mary’s University Internal Review Board.

**Laboratory and Equipment Policy**

1. Students will have access to the laboratory space and equipment for independent study and practice when the areas are not in classroom use. The labs are available daily from 8:00am until 10:00pm, except during inter-semester breaks. Students must be able to show a valid Mount Saint Mary’s Student ID in order to gain access to the classrooms on evenings and weekends.

2. DPT laboratory/classroom spaces are designed to simulate a clinical environment and are to be respected, used and maintained in a manner appropriate for a legitimate physical therapy clinic.
3. The labs are neither licensed nor insured for use treating existing conditions of students or others. Students are not licensed to apply physical therapy interventions to persons with actual injuries, diseases or pathologies unless appropriately supervised by a clinical instructor. Program labs and equipment are not to be used for the purpose of applying physical therapy interventions to an existing injury, disease, pathology or condition without the supervision of a faculty member.

While using the classrooms or labs, the safety of students, faculty, staff and program-invited guests are of the utmost concern. Guests are allowed in the classrooms or labs as practice subjects only when the program or course faculty is present. Students are to practice only on each other during non-supervised lab time.

4. Program equipment is the property of the program and Mount Saint Mary’s University or has been loaned to the program by individuals, vendors or institutions. All equipment is to stay within the lab rooms or the storage room at all times, unless approved by the appropriate faculty and signed out with administrative staff.

5. Borrowing equipment:
   - only registered students or faculty may borrow PT department equipment
   - equipment must be signed out to the borrower by administrative staff or faculty
   - borrower is responsible to use clinical equipment appropriately and safely, according to operations manuals
   - equipment is for practice and demonstration purposes ONLY. Any other purpose is not condoned by the University
   - items must be returned immediately, when due, or upon request of the University
   - equipment must be returned in same condition as borrowed (i.e., functional and clean)
   - item will be returned to its proper storage under the supervision of administrative staff or faculty
   - privileges to check out equipment will be revoked if equipment has not been returned or is returned in damaged condition or in an untimely manner
   - repair or replacement fees will be assessed by the University for lost, damaged or unreturned equipment
   - equipment which is signed out and not returned or replaced will jeopardize awarding of the student’s degree
   - only equipment authorized by course faculty may be checked out by students. Some items may be identified for faculty check out only

6. All equipment is maintained in safe operating condition to protect the safety of all students, faculty, staff and program-invited guests. Faculty, staff and students are to notify the administrative office in writing whenever equipment or furnishings are found to be hazardous, damaged or inoperable.

Procedure
1. Student will check out equipment with the Department Administrative Assistant.

2. Equipment and supplies are to remain in the laboratory rooms at all times, unless properly signed out, or during class activities under the supervision of a faculty member. Enrolled students may access equipment normally kept in the storage room through the administrative offices. Students may have access to the storage room only when the office is staffed and when faculty is on site and supervising the activity.

3. Only enrolled students or department faculty may borrow PT department equipment
4. The specific item will be signed out to borrower by administrative staff or faculty. Information required includes: borrower name, date, and item identification number or description. If sign out sheet is not available, a written note with same information may be left with administrative staff person or faculty.

5. Item must be returned to administrative staff or faculty with sign out sheet revised indicating return date and initials of university representative, and with item returned to appropriate storage location.

6. In instances where the item is not clean, borrower will retain the item to be returned in good condition within 24 hours. In instances where parts are missing, the borrower must return the identified part or pay for replacement within 24 hours. If parts are unavailable, the borrower will pay for replacement of the entire unit. If the item is not in good working condition, the borrower will pay for repair or replacement if the item cannot be repaired.

7. At the beginning of finals week, administrative staff will check the equipment or library sign out sheets/index boxes for all items not yet returned during the semester. Staff will notify all individuals with equipment or library materials checked out in their name to return the item within the week or be assessed the replacement cost. Student grades for related courses will be withheld pending return or replacement of the item.

Leave of Absence Policy
Leave of absence may be obtained for academic reasons, medical reasons or personal reasons. The student must follow University procedures with the Registrar, Financial Aid and Business Office to apply for and return from a leave of absence. While enrolled in the DPT program, students may only take one Leave of Absence for any reason.

Once a Leave of Absence has been approved, the student must return to the program in the next semester that the course(s) are offered. The curriculum is not static and significant change occurs based on input received through Curriculum Review. For a student to be appropriately prepared for ensuing components of the curriculum, it is important that the student’s preparation be obtained as closely as possible to the same time and content parameters. Because of the dynamic nature of the curriculum and the interweaving of content from semester to semester, students electing not to return within the ensuing cycle of the curriculum will forfeit their opportunity for continuance in the program. In addition to the deficient course, in the case of an academic leave of absence, or courses, in the case of a medical or personal leave of absence, a student may also be required to retake completed coursework if the course content has undergone significant revisions. This insures the student will develop the same level of competence as classmates and be prepared for the integrative, hierarchical curricular design.

Medical Leave/Clearance
Students who become ill or experience an injury that may prevent them from full participation in a course must submit to the Department Chair and course instructor a report from a medical doctor or appropriately licensed individual (from the state where the student currently resides). The report should set forth any functional limitations and/or restrictions that prevent the student from fully participating in the curriculum and complying with the Technical Standards and Essential Functions set forth in the Appendix, as well as the length of time restrictions will apply. If the restrictions require the student to be absent from 20% of every course, the student must immediately take a medical leave of absence from the program and register in the courses the next semester they are offered. If the restrictions do not apply to all courses, the student must withdraw from any course in which he/she cannot adequately participate, but
he/she can complete the courses for which there are no restrictions and at the end of the semester take a medical leave of absence from the program and register in the course(s) that could not be completed the next semester they are offered. In both cases the student must be cleared by a doctor or appropriately licensed individual to return to the program.

In a situation where a student has been cleared by a medical doctor or appropriately licensed individual, but the professional judgment of a course instructor leads the instructor to believe that the student is unable to comply with the Technical Standards and Essential Functions in the Appendix, the instructor, in conjunction with the Department Chair, has the right to refuse to permit that student to re-enroll or take the course. Final discretion regarding student qualification remains with the Department Chair.

Notwithstanding the language in the Leave of Absence Policy contained in the Graduate Student Handbook, this policy governs medical leaves of absence for DPT students. Other leaves of absence for DPT students are governed by the Leave of Absence Policy in the Graduate Student Handbook.

**Procedure**

1. Leaves of absence whether for academic, medical, or personal reasons, must be approved by the Chair of the Department. The student is responsible for filing appropriate “Leave of Absence” paperwork with the Registrar, and for making appropriate arrangements with the office of Financial Assistance and the Business Office.

2. Due to the dynamic nature of the curriculum, the changing nature of health care and physical therapy education, it is important that the student’s education be continued as close as possible to the time and content parameters of the original student cohort group. For these reasons, **students may only take a leave of absence once during the course of the program**, and must re-enroll in the ensuing semester that the course(s) is offered. Failure to do so will result in dismissal from the program.

3. On return from a leave of absence, students wishing to review material from the same semester may also register to “audit” courses they have successfully completed. They must have the approval of the Department Chair and/or the primary faculty and this may be denied in cases of full or over enrollment. The faculty will establish the parameters for participation with the returning student. Returning students may be requested to limit or alter their participation in a variety of ways in order to ensure the full availability of faculty and resources for currently registered students.

**Additional Policies and Procedures**

**Policy**

1. The faculty and students are responsible for preserving the privacy, dignity, and safety of all persons including patients, patients' families, students, academic and clinical faculty, practitioners, and staff who are involved in the classroom, laboratory, clinical and research activities of the program.

The institution, the program, and each affiliating clinical center have policies describing confidentiality safeguards for records and other personal information, as well as policies and procedures on the use of human subjects in research as applicable. The program and each affiliating clinical center have guidelines on the use of human subjects in demonstration and practice for educational purposes.

2. In matters of academic grievance, the procedures established in the University Student Handbook shall be followed. It is the intent that equitable solutions be established at the lowest academic and administrative level.
3. The Department of Physical Therapy has a General Complaint policy for complaints by students or others with a legitimate relationship to the Department of Physical Therapy, that are not covered by more specific University policies or procedures, including but not limited to the Policy of Zero Tolerance for Harassment, Discrimination and Retaliation/Compliance with Title IX, the Academic Grievance Policy, the Disability Grievance Policy, and the Academic Dishonesty Policy.

Individuals or organizations that are dissatisfied with their experience or encounter with any student, faculty or staff member of the Department of Physical Therapy at Mount Saint Mary’s University are encouraged to file a complaint with the Department. Any such complaint must be submitted in writing to the Director and Chair, Department of Physical Therapy, within 14 working days (“working days” exclude academic holidays, Spring and Christmas break, and University closures) of the incident prompting the complaint. The complaint will be kept on file in the Physical Therapy Department Office under “Program Complaints” for a period of 5 years.

Complaints should be addressed to:
Director and Chair, Department of Physical Therapy
Mount Saint Mary’s University
10 Chester Place
Los Angeles, CA 90007

4. If warranted and the Institutional Grievance Procedures have been exhausted, complaints against the department may be filed with the accrediting body for physical therapist education: the Commission on Accreditation in Physical Therapy Education.

5. Emergencies such as severe weather, fires, power failures or earthquakes can disrupt scheduled classes. These may require class cancellations and rescheduling.

6. The University and Department encourage student involvement in professional activities including continuing education workshops and participation in APTA meetings at the district, state and national levels.

7. To practice as a licensed physical therapist, all graduates must complete and pass the National Physical Therapy Examination (NPTE) in addition to fulfilling requirements by the individual state in which practice will occur. All program requirements must be complete before a student can register for the National Physical Therapy Examination (NPTE). The program does not allow students to register for or take the NPTE prior to completion of program requirements.

8. The Doctor of Physical Therapy degree program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). Mount Saint Mary’s DPT graduates are eligible to sit for the National Physical Therapy Exam in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. Licenses are granted by the licensing authority in individual states and those licensing boards might require an additional exam on laws and regulations specific to that state. The Physical Therapy Board of California is the licensing authority for California and requires an exam on the laws and regulations for practice of physical therapy in California. Contact information for the licensing authorities in other jurisdictions and a licensure reference guide can be found on the Federation of State Boards of Physical Therapy website.

http://www.fsbpt.org/FreeResources/LicensingAuthoritiesContactInformation.aspx
Procedure

1. **Informed Consent**: Procedures exist for obtaining the informed consent of persons to participate in demonstrations and studies and the authorized use of audio and/or visual media (including photographs, transparencies, films, and videotapes of individuals). Procedures exist for obtaining the informed consent of students for release of background investigation or drug screening information when required by clinical affiliation sites. Appropriate safety regulations, including regulations outlining universal body substance precautions, and governing the use of equipment and the storage and use of any hazardous materials, are posted and reviewed periodically.
   
   a. All individuals involved in interviews, photographs, tape recording, videotaping, taping, television, and/or publication will sign the Department of Physical Therapy Authorization/Consent Form.
   b. All students will sign the Department of Physical Therapy Disclosure and Consent Regarding Background Verifications and Drug Screening before matriculating into the program.
   c. All students will sign the Department of Physical Therapy Physical Therapy Assessment and Intervention Techniques Consent Form before matriculating into the program.
   d. All students and faculty are to maintain confidentiality and respect for the dignity of all persons. Patient information, diagnosis, treatment and/or any information revealed during academic or clinical training is to be kept strictly confidential.

2. **Student Academic Grievance**: procedures are outlined in Student Handbook available online at:

3. **General Complaint**: The following outlines the procedure for handling a general complaint filed with the Department of Physical Therapy:

   1. When possible, the Department Chair will discuss the complaint directly with the complaining party within 14 working days of receiving the written complaint. If the complaint is against a Mount Saint Mary’s University employee or against a Mount Saint Mary’s University student, the Department Chair will consult as necessary with Mount Saint Mary’s Department of Human Resources, Graduate Dean, and/or Division of Student Affairs, respectively. The interested parties shall attempt in good faith to reach a mutually agreeable resolution of the complaint. If the matter is resolved, the Department Chair shall prepare a letter confirming resolution of the complaint; if the matter is not resolved, the Department Chair shall prepare a letter indicating that resolution was not possible. The complainant shall be provided a copy of the letter and a copy shall be maintained with the written complaint in the Physical Therapy Department Office.

   2. If the complaint is against the Department Chair or if the interested parties are not able to come to a mutually agreeable resolution of the complaint, the complaining party may submit a written complaint to the Graduate Dean. Any complaint to the Graduate Dean must be submitted within 14 working days of the incident prompting the complaint, or within 14 working days of the letter from the Department Chair, whichever is later. The Graduate Dean will also attempt to facilitate a mutually agreeable resolution of the complaint. If the interested parties cannot agree upon a resolution, the Graduate Dean will review all relevant information and documents and determine how to resolve the complaint. The decision of the Graduate Dean is final. The Graduate Dean shall prepare a letter confirming resolution of the complaint and shall provide a copy to the complainant and a copy to be maintained with the written complaint in the Physical Therapy Office.
3. All timelines set forth in this policy/procedure may be extended at the sole discretion of the Graduate Dean to ensure proper resolution.

4. The Department of Physical Therapy takes all complaints seriously and wants the opportunity to internally resolve any problems that may arise. No individual will be retaliated against or otherwise disciplined for making a complaint in good faith. If a complainant feels he/she has been retaliated against, he/she should immediately report the retaliatory conduct to the Graduate Dean.

4. **Grievances filed with CAPTE:** the procedure for filing a formal complaint with the Commission on Accreditation in Physical Therapist Education is outlined in CAPTE’s Rules of Practice and Procedure available at [www.capteonline.org](http://www.capteonline.org). You may also contact CAPTE through the education page on the APTA web site ([www.APTA.org](http://www.APTA.org)) or directly at 703-706-3245.

   Records of complaints about the program will be maintained by the program for a period of 5 years. The program abides by University policies for non-retaliation and applicable law for prohibition of retaliation following complaint submission.

5. **Institution Complaint Process:** It is expected that students will fully utilize any/all of the University’s administrative procedures to address concerns and/or complaints in as timely a manner as possible. On occasion, however, a student may believe that these administrative procedures have not adequately addressed their concerns. In those select cases, students should utilize the Institution Complaint Process at the following link: [https://www.msmu.edu/Academics/Financial-Aid/Institution-Complaint-Process.aspx](https://www.msmu.edu/Academics/Financial-Aid/Institution-Complaint-Process.aspx)

6. **Emergency Procedures:** In the event that an emergency occurs during scheduled class time students and instructors will be notified by the Chair, administrative assistant or available core faculty and class will be canceled if warranted. If the emergency occurs outside of scheduled class time students and instructors will be notified of the situation and any changes to class schedule via email.

   If there is a medical emergency involving students, faculty or staff health services will be notified immediately and 911 will be called if warranted.

   If the emergency involves a natural disaster or extreme weather conditions, students, faculty and staff will be expected to remain on campus until notified by the university designated Emergency Task Force that it is safe to travel.

7. **NPTE and Post-graduation licensure:** Once a student has completed all program requirements they will be validated to register for the National Physical Therapy Examination and make arrangements to take the exam through the Federation of State Boards of Physical Therapy (FSBPT). If an applicant or student has questions about the requirements for licensure in a particular state, the District of Columbia, Puerto Rico or the Virgin Islands they should first review the information available on the links for the licensing authorities in each of these jurisdictions found on the [Federation of State Boards of Physical Therapy website](http://www.fsbpt.org/FreeResources/LicensingAuthoritiesContactInformation.aspx). If the student or applicant has questions regarding this information they are encouraged to speak with Program Faculty.
Clinical Education

Clinical Education – Policies

1. The primary purpose of the clinical education component of the curriculum is to provide students with the opportunity for direct application and integration of classroom knowledge, skills, and attitudes in a controlled patient care environment. These components are an ACTIVE learning process.

Early integrated classroom/clinical experiences may initially be observational; however, students are expected to actively participate in these experiences using skills they have learned up to that time in the curriculum. Each full-time clinical affiliation requires the student to demonstrate competence appropriate to the level of academic preparation and experience obtained during the clinical education program. The clinical experience may also introduce new and/or more complex concepts and skills essential to practice as a generalist physical therapist.

2. The student must successfully complete all department and university academic requirements prior to participation in the affiliation components of the curriculum. Students with clinical education experiences in areas 150 to 500 miles from Los Angeles must have a minimum grade point average of 3.00. To go to a clinical site greater than 500 miles from Los Angeles, the following are required: a cumulative GPA in the program of 3.25 and departmental faculty support. The student must represent the University and the Program in a mature and professional manner.

If the student does not receive approval by the faculty, or if the student’s GPA is a 3.15 to 3.24, then the student may submit a written petition for reconsideration. The petition must contain justification for reconsideration and include a letter of recommendation from a faculty member teaching the student's clinical courses relevant to the desired clinical placement who is familiar with the student's performance. The petition and letter must be submitted to the Director of Clinical Education (DCE) and Department Chair. Petition for reconsideration does not guarantee approval.

Students who experience difficulties in early clinical educational experiences as reported by their clinical instructors or faculty members of one or more clinical courses will be required to complete subsequent long-term affiliations at facilities within 150 miles of Los Angeles.

Each clinical practicum, clinical affiliation and clinical internship is a course. The student MUST be registered for these courses with MSMU. The student will NOT be allowed to begin any clinical experience until he/she has registered for the course. Clinical courses are graded on an “A”, “B” or NC (no credit) basis. A grade of NC will require a replacement affiliation (PT489). Only one replacement affiliation is allowed.

A student may WITHDRAW from a clinical course only once in the series of clinical education courses (PT 481, 482, 483, 484, 485). Withdrawal status must have approval of the DCE and/or Department Chair. The clinical affiliation must be rescheduled and completed successfully before progressing in the program. In instances where the safety of patients has been compromised, the student will be dismissed from the clinical education facility with a grade of NC.

3. The student will demonstrate appropriate professional appearance and conduct in the clinical environment. The student will abide by the American Physical Therapy Association Code of Ethics and Guide for Professional Conduct.
4. Students must attend all days in the clinic as scheduled by the Facility. Absences are allowed in cases of illness, injury or emergency only. The student must notify the Facility and the University immediately whenever absence from the Facility is necessary. The University and the Facility have the discretion to request a physician note or other supporting documentation regarding the incident and require medical clearance, in the case of physical injury or illness, to return to clinical responsibilities.

All missed days must be made up and will be arranged with the approval of the Facility. No extensions to the long-term affiliations are allowed unless previously scheduled by the Facility or for make-up of illness/emergency absences. **Students are responsible for notifying both the clinic and DCE of all absences.**

In the event a student is injured while participating in University sanctioned activities at the facility during an affiliation, the student must report the injury to University and Facility as soon as possible. Workers’ Compensation claims must be made within 72 hours. See Appendix D for reporting procedure.

5. Clinical facilities are utilized throughout the United States. The DCE is ultimately responsible for the assignment of students at appropriate clinical facilities. Out-of-area and out-of-country long-term clinical education experiences may be available and carry additional requirements in order for a student to be considered. Students may need to relocate for an appropriate clinical experience.

6. Clinical facilities are located throughout the United States, in a variety of environments, and the student is expected to employ good judgment and prudent behavior for personal safety traveling to/from any clinical site.

7. Students are required to complete affiliations in at least one inpatient and outpatient setting within the four long-term clinical educational experiences (482, 483, 484, 485). The student must fulfill and complete all required Clinical Performance Instrument (CPI) skills by the end of the clinical education component of the curriculum.

8. Students are not to contact facilities to solicit information regarding placement for affiliations unless prior approval has been granted by the DCE. Contact includes oral, written and telecommunications.

9. Students cannot intern at a facility where he/she has work or volunteer experience > 200 hours prior to matriculation into the program, or any other relationship with the facility that would jeopardize impartial assessment of student performance by the facility.

10. Students are responsible for all onboarding, transportation and living expenses incurred during the clinical components of the curriculum. Facilities may require additional fees to set up onboarding. Additionally, relocation may be required for some or all of the clinical experiences.

11. Students are responsible for providing evidence of acceptable health status for practice and evidence of health insurance that is applicable during the clinical education experience. Clinical practice requires students and clinicians have abilities and skills in the following five areas: observation; communication; kinesthetic/motor; cognitive/conceptual (integrative and quantitative); and behavioral/social (Appendix A). In addition, common safety and health risks for physical therapists include exposure related to bloodborne pathogens, ergonomics, slips/trips/falls, equipment hazards and hazardous chemicals. See OSHA website for additional information.

12. Students are responsible for maintaining CURRENT cardiopulmonary resuscitation (CPR) certification from the American Heart Association BLS for Healthcare Providers at all times while enrolled in the program and providing documentation of CURRENT status. Students are required to carry proof of their CPR certification on their person during all clinical rotations.

13. Students are responsible for abiding by the rules, regulations, and policies of the clinical facilities in which they are assigned. Clinical affiliation sites require students to comply with the same requirements as employees. These policies may include but are not limited to safety training, facility orientation, background investigations and drug screening. Students are responsible for the fees incurred to obtain background investigations and drug screening.

14. Clinical Instructors are responsible for:
   a. Providing patients with appropriate and effective physical therapy services
   b. Assessing the student’s ability to practice safely, ethically, legally, and competently as appropriate to the student’s level of education
   c. Documenting objective and subjective data regarding student performance
   d. Discussing the assessment of student performance with the student and academic faculty in a timely manner.

15. Clinical Instructor Qualifications
   a. minimum of one year clinical experience for any long-term rotations
   b. minimum of six-months of clinical experience for a one week practicum
   c. credentialed clinical instructor status preferred
   d. clinical instructors with less than one year experience may jointly supervise students in a long-term clinical education experience when participating in a residency program

   Clinical instructor performance is assessed using the Clinical Site Visit Interview Form and Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction (PTSE).

16. If the competency standards and requirements of the course (PT 481, 482, 483, 485) are not met, the student is required to successfully complete a replacement affiliation (PT 489) before continuing in the academic program. A student is eligible to repeat only ONE clinical affiliation. If the student has already failed and repeated an academic semester, failure in a subsequent clinical semester will result in dismissal from the program. Two failed courses, including both clinical and academic, result in dismissal from the program.

Clinical Education – Procedures

1. **Primary Purpose:** Students are assigned to clinical facilities in order to develop and demonstrate acceptable skills in patient management. Observation is appropriate initially but must quickly progress to actual practice participation. Students are supervised by clinical instructors. These individuals are cognizant of the educational preparation of our students.

   The student is obligated to participate maximally in all clinical learning experiences, to report on time, and to perform the tasks assigned. The student is responsible for maintaining clear communication with the clinical instructor, including reporting any difficulties, asking questions, and seeking assistance as necessary, and communicating with MSMU as appropriate.

2. **Successful Completion:** Assessment of the student's level of performance in the clinical setting is the responsibility of the clinical instructor in conjunction with the student. The clinical instructor is obligated to provide feedback (in the form of an assessment of performance) to the student regarding
his/her performance. The clinical instructor formally documents and discusses the student's performance at minimum at midterm and upon completion of the clinical experience and communicates this information to the university. The clinical instructor will provide a statement of assessment of the student's ability to meet the facility's standard of care. The Physical Therapist Clinical Performance Instrument (CPI) evaluation tool is used to assist in the assessment of the student's performance in the clinical setting. The requirements and expectations for completion of the CPI are given to the student and the facility.

The student’s level of performance in the clinical setting is not the sole requirement for successful completion of PT 481, 482, 483, 484, and 485. Additional assignments and grading criteria are located in each course syllabus. As course instructor, the DCE determines the student’s performance on these items.

Responsibility for assigning a grade for the clinical affiliation rests within the Department of Physical Therapy at Mount Saint Mary's University. The DCE, in consultation with the Department Chair, as needed, will determine the appropriate grade. If the accuracy of the assessment is in question, Department faculty will review the student's file, the clinical records, and the findings of the Chair and DCE to determine appropriate action. A grade of "A" or "B" or "No Credit" will be awarded for the experience in question. In the event that "No Credit" is awarded, the student must repeat the entire clinical experience at a different facility prior to continuing in the program. The student is allowed to repeat a clinical experience only once, and must receive a grade of "A" or "B" to continue in the program.

The student may withdraw only one time from a clinical education experience. Withdrawal is contingent upon the approval of the DCE and the Department Chair. The student must officially withdraw from the course through the normal University procedures. The student must register for the replacement experience when appropriate and will be required to intern for the full term of the repeated affiliation. The repeated affiliation must be completed with a grade of "A" or "B" before the student may continue in the program.

3. Professional Appearance and Conduct: In general, the clinical facilities have established dress codes for staff. Students are expected to adhere to these policies during their clinical education experience in that facility.

In general, the dress codes require a certain type of attire and/or shoes. These regulations are generally based on patient and student safety, as well as professionalism. Student attire must be neat, clean, and appropriately pressed. Some facilities may provide or require that the student wear a specific uniform. Professional presentation is critical for establishing and maintaining patient, peer and collegial rapport.

Professional conduct and ethical practice are required in the clinical education environment. The primary focus in the clinical setting is the patient and as such requires an attitude of professionalism for instilling trust, confidence, and rapport. Absolute requirements for participation in the clinical experience include protection of confidentiality for patients and their records; maintenance of appropriate professional language and bearing; and an attitude of respect for the dignity of each human being.

If, after counseling, a student continues to behave unethically or to demonstrate inappropriate professional conduct, the University or the Facility may terminate the student with a grade of "No Credit".
4. **Attendance:** Students must attend all days as scheduled by the facility. The clinical experience is a major component of this program. The limited clinical time will be maximally utilized. Absences are not permitted nor will they be excused unless the student can adequately demonstrate illness or unanticipated personal emergency. The student is required to arrange to make up for days missed. The Facility or University may require documentation for the student to return to the clinic. The scheduling of vacations, personal time off, running errands, attending to appointments, and student research, etc., is inappropriate and prohibited during clinical experiences.

Tardiness is neither appropriate nor professional. If a student continues to be late following counseling, the Facility may terminate the long-term affiliation. Such termination will result in a grade of “No Credit” for that affiliation.

The student’s schedule during the clinical component is usually the same as that of the clinical instructor. Facilities utilize many work schedules, including but not limited to split shifts, four 10-hour days and job sharing. The student is expected to attend full time (at least 40 hours per week). The student is not absolutely required to intern during weekends and major holidays. The facility, however, may require the student to attend those days if alternative arrangements for supervision of the student during the week cannot be made or if the primary clinical instructor is scheduled for the weekend or holiday shifts.

With the approval of the Department of Physical Therapy, some facilities may arrange for extended long-term affiliations. These arrangements are made in advance of the actual assignment. University coverage of student professional liability and workers compensation insurance is limited to the internship dates as defined in the confirmation correspondence. Other extensions of internships will be approved by the DCE only, including cases of absence from illness or emergency.

5. **Locations of Clinical Education Experiences:** The University has a responsibility to ensure the quality of the clinical education components of its programs. The DCE maintains contact with all clinical facilities providing clinical learning experiences for students. The facilities have a responsibility to notify the University if they cannot meet expectations or provide quality experiences for the student.

In order to provide for availability of the DCE to the student and the clinical facility, the majority of clinical facilities are located in California. Out-of-the-area (defined as those locations greater than 150 miles from Los Angeles) are also utilized.

To maximize personal safety at the clinical setting, the student is expected to be aware of general surroundings and exercise good judgment and prudent behavior, and to enact the Facility’s policies and procedures. These may include requesting an escort to/from the car, or walking in groups or other recommendations designed to enhance personal safety.

To affiliate at an out-of-area facility, the student must complete a Special Request Form. Requests must be submitted to the DCE at least three full semesters prior to the scheduled clinical affiliation. Out of area requests are only allowed during the long-term clinical affiliations (PT 482, 483, 484, 485). These requests may require consideration of Federal and State laws regulating clinical placements.

For Out Of Area special requests: If MSMU has previously established relationships or contracts with facilities that provide similar experiences within reasonable geographic proximity to the location or site desired (as determined by the DCE in conjunction with the Department Chairperson), those established facilities may be contacted before establishing new site relationships.
For In Area special requests: In area requests to establish new relationships with clinical facilities will only be considered if the experiences offered by the site are significantly different from those offered by already established sites, or there are not enough placements offered to meet department need for a particular clinical rotation.

Students may assist in contacting new clinical facilities only with the approval of the DCE. Content of this contact is limited to the existence of a student affiliation program and the name of director or site coordinator of clinical education (SCCE). Students may not act as University representatives; only the Department and University have the authority to enter a contractual agreement with any facility. Violation of this policy will result in a Notice of Professional Difficulty for the first offense, loss of clinical placement for the second offense with a review of student professional behavior that might carry additional sanctions.

If requested by the DCE, the student may contact a facility only to verify the existence of a student program and NOT to recruit the facility for his/her self. The intent of this interaction is solely to give the student responsibility for initiating contact. No contact of a facility may be made without the authorization of the DCE. The student is responsible for following up with the DCE. If the student receives assignment at a facility, based on a special request, that student is required to attend that facility.

All clinical education experiences are property of the Department and not the individual student. A student cannot be guaranteed a specific clinical education experience until that moment the student enters that facility’s door. Even then, events may occur that call for cancellation of the experience during the experience (be it the action of the facility, the student, or the University). Therefore, all is not complete until the last day of the scheduled clinical education experience when all parties agree that the experience is complete. Additionally, no trading of experiences by students is permitted without the authorization of the DCE.

Standards for clinical education facilities and faculty exist and require assessment by the DCE. Contracts will not be initiated without the approval of the DCE. Existing contracts may be canceled if the facility is unable to demonstrate ongoing compliance with the standards for clinical education.

As possible, students have some choice in their assignment to a clinical facility. Students may request a specific site, based on the availability of sites procured by the Program, but are not guaranteed their choice.

If the DCE or faculty member feels that a specific facility would not be appropriate for a student, then the student will be counseled by the DCE, Department Chair, and/or faculty advisor regarding the nature of the concerns. A decision regarding the appropriateness of the facility will be made by the DCE and/or Chair using input from the concerned parties, and others in the department, as appropriate.

Students are assigned to clinical facilities by the DCE. While every effort is made to provide for geographical preference, the quality of the learning experience is the determining factor by which the student will be assigned to an appropriate facility. It should be noted that a consortium of the Southern California programs and a consortium of the Northern California programs exist, and most clinical facilities deal directly with the consortia. Thus while a facility may look like a potential site to the student, it may not be available based on the allocation of slots to the consortia. Ultimately, the geographical location for a given clinical experience is not under the control of the Program or University. It is determined by a clinical site’s ability to provide a clinical experience.
Students may not contact clinical facilities directly in an attempt to secure a student placement slot. Any violation of this procedure may result in lost assignment to that student. The student may contact the facility only after receiving written approval from the DCE. Contractual agreements must exist between the University and the clinical facility in order for educational experiences to be provided to MSMU students.

6. **Required Experiences:** The Department of Physical Therapy utilizes an evaluation tool known as the Clinical Performance Instrument (CPI) to assess the student's skills during the clinical educational experiences. An orientation and instruction session will be provided by the DCE to the students, as well as a required online orientation course. The list of specific requirements for each clinical affiliation is distributed in the syllabus for each clinical education course. Entry-level competence must be demonstrated by the completion of the final clinical internships.

The student must have experiences in at least one in-patient setting and at least one outpatient setting during PT 482, 483, 484 and 485. The settings should also include experiences with patients in a variety of age ranges and diagnoses to demonstrate competence across the lifespan and the continuum of care.

The long-term clinical education experiences are designed to occur in a single setting without "rotations". The intention is for the student to demonstrate the same levels of skill and competence as an entry-level generalist physical therapist (staff). The time required to orient to multiple areas and procedures is considered detrimental to this objective.

Specialized clinical education experiences can be secured for the final long-term clinical education experiences but follow the criteria and procedures for out of area experiences. Additional course work, approval by specific faculty members, and approval by the faculty as a whole may be required. These special experiences include but are not limited to: Sports specific orthopedic outpatient, work hardening, pain management, low level "coma stimulation", community re-entry, women’s health and specialized burn units. CPI requirements must be nearly completed and/or the facility must demonstrate the potential opportunity for fulfilling the remaining skill requirements.

7. **Prior Experience at a Long-term Clinical Education Experience:** Students are not permitted to intern at a site where a previous relationship or definitive future relationship has been established (prior or current employment, past volunteer experience, previous long-term affiliations (unless there is a site specific agreement for a structured progression), etc.), or where a family member or significant other has actual or perceived influence or relationship. It is a mission of the Department of Physical Therapy to provide a variety of new experiences for the student. It is to the benefit of the student to intern in new environments where they have a fresh perspective, and the staff have no preconceived judgments or expectations. Facilities with a financial interest in the student, or with future employment obligations are not in a position to objectively assess the student's experience, competence, or entry-level status.

8. **Financial Responsibility:** The student is responsible for any and all costs associated with clinical education including but not limited to: professional attire, transportation, living expenses, onboarding, background investigations and drug screening. The Department requires students to complete a background investigation prior to the first clinical experience, which satisfies department requirements so long as the student is continuously enrolled until graduation. Students may be required to obtain additional background investigations if a clinical facility requires more recent information. Students who take a leave of absence will be required to
complete an additional background investigation after returning to campus and prior to their next clinical rotation.

These expenses can be calculated in the financial aid package, if the student so requests. Students are responsible for resolving any and all tuition and fee expenses prior to commencing clinical affiliations. The DCE, Department Chair, or Faculty Advisor can provide guidance or referral to university resources as needed.

Very few clinical facilities provide financial remuneration or compensation for students. On rare occasions, they provide housing, meals or other living accommodations. It is the student's responsibility to examine site information on file to determine which services a facility may offer. With the ever-changing health care environment, these services are subject to change without notice.

9. **Liability Insurance and Health Requirements:** MSMU has secured professional liability insurance for students participating in department-sanctioned clinical experiences only. If the student chooses to secure additional individual professional liability insurance through a different company, proof of insurance must be provided prior to commencement of the clinical affiliation. The student must be registered for the clinical education component to be covered by the policy.

Participation in clinical education requires the completion and maintenance of evidence of acceptable health status. Evidence of acceptable health status must be on record with Physical Therapy Department/EXXAT Database prior to each clinical experience. All records of health services completed off campus must be submitted to EXXAT Database by the due date noted in written (e.g. syllabus, letters, etc.) and email communications. Any services completed on campus will not be inputted into the system by student health, students must submit all documentation to EXXAT Database. It is strongly encouraged that students maintain a personal copy of ALL health requirements. The program provides a list of dates on which the student completed their health requirements to clinical sites. Student are required to provide actual documentation if requested by sites. If the clinical site requires a site-specific form verifying requirements the DCE or Clinical Education Assistant completes the form and forwards to site.

a. Upon admission, students must provide documented proof of:
   i. Complete physical examination (CPE) within the last year
   ii. Complete Blood Count (CBC) within the last year
   iii. Urinalysis (UA) within the last year
   iv. Tdap (Tetanus, diphtheria, pertussis) vaccine within the last ten years (a TD vaccine is NOT an acceptable alternative)
   v. Two-step TB skin test (Mantoux /PPD) within the last year. If the test is positive, a chest x-ray or Quantiferon blood test is required.
   vi. Two doses of MMR, and record of positive titers for measles (rubeola), mumps and rubella.

b. Prior to any clinical assignment you must also obtain, or provide evidence of:
   i. Positive Varicella Surface Ab titer
   ii. Hepatitis B series of 3 shots and/or Positive Hepatitis B-Surface Ab Titer
   iii. Positive Rubeola Surface Ab Titer and proof of 2 MMR
   iv. Positive Rubella Surface Ab Titer and proof of 2 MMR
   v. Positive Mumps Surface Ab Titer and proof of 2 MMR
   vi. Any other health information requested by the clinical facility which is comparable to that requested of any other health professional or volunteer at the site.

c. Each student must complete the following yearly, and have on record with Health Services:
i. Complete physical examination including CBC and UA
ii. TB skin test (Mantoux/PPD). If positive, a chest X-ray or Quantiferon blood test is required. Some facilities may require a more current TB skin test, or a two-step skin test.
iii. Yearly flu vaccination or completed vaccination declination form. Declination forms are available in the physical therapy department from the clinical education assistant. Some sites require the vaccination for the students to be cleared to work with patients. If a student elects not to receive the vaccination, this may limit the sites where he or she may be assigned to affiliate.

d. All additional requirements of the specific facility to which the student is assigned. This information is on file in the Department. These requirements are subject to change on a yearly basis and with very short notice based upon changes in facility health requirements.

Annual physical examinations and a certification of acceptable health status are required prior to commencement of the clinical affiliation. Physical examinations are available through the Student Health Service on a scheduled basis. If the student does not secure a physical examination via the Student Health Service, proof of the physical examination and a certification of acceptable health status must be provided to the clinical education assistant at least twelve weeks prior to the clinical experience.

While the University requires physical therapy students to receive tuberculosis screening annually, some facilities require more frequent testing. It is the student's responsibility to receive screening adequate to the facility standard before participating in the clinical affiliation.

Vaccinations are required by many facilities. The student must have current vaccinations/titers for tetanus, diphtheria, pertussis, mumps, measles (rubeola), rubella, Varicella and Hepatitis B series. The student is also responsible for obtaining other vaccinations/titers as required for their affiliations and providing proof thereof. Financial costs are the responsibility of the student and proof of vaccinations must be provided to the clinical education assistant a minimum of twelve weeks prior to the semester of the clinical experience.

All students are required to complete a background check at the start of the program. See Appendix F for additional procedures.

A drug screen is completed only if required by the facility prior to beginning a clinical experience. See Appendix F for additional procedures. All financial costs encountered are the responsibility of the student.

10. Evidence of Health Insurance: Evidence must also be provided to the DCE 12 weeks prior to the semester of the clinical education experience. Students are required to have health insurance at all times during the program.

11. CPR Certification: At all times while enrolled in the program, the student must maintain current CPR certification from the American Heart Association BLS (Basic Life Support) for Health Care Providers and provide documentation of current CPR status. Certification courses must include a hands-on component. Students are required to carry proof of their CPR certification on their person during all clinical rotations.

12. Clinical Facilities Rules and Regulations: The rules and regulations vary from facility to facility. All faculty and students accept responsibility for compliance with the specific rules and regulations.
and/or policies and procedures of the facilities. It is the student's responsibility to become familiar with these policies and procedures including but not limited to use of patient care protocols and administrative procedures of the facility. Failure to abide by these rules and regulations and/or policies and procedures will result in discontinuance of privileges as faculty or student in said clinical facility and/or dismissal from clinical affiliation at the facility.

13. **Clinical Instructor's Assessment of Student Performance**: This item has been dealt with in other sections of this document. However, it must be emphasized that the judgment of clinical competence of the student rests with the clinical instructor. MSMU supports the professional judgment of the clinical instructor.

Clinical instructors are responsible for ensuring that evaluations of the student are appropriate to the stage of the program in which the student is enrolled (e.g., a first year student is expected to learn, develop and achieve certain skills, but not necessarily all skills for entry level practice). The clinical instructor will provide feedback in a timely manner to the student about their level of performance relative to entry-level competency, and at minimum during the midterm and final evaluation. In relation to this feedback and assessment of skills, the student shares responsibility for communicating with the clinical instructor in a timely manner. If there are any concerns regarding the student’s skill or the assessment at any time during the clinical affiliation, either the student or the clinical instructor is expected to contact the DCE.

Clinical instructors are required to provide both subjective and objective data as a basis for their evaluation of the student's performance to the DCE, including the determination of satisfactory or unsatisfactory competency performance for that specific affiliation and facility. The objectives for the clinical education experience serve as the conceptual basis for the evaluation. Requirements must also be met in the evaluation tool used by the university to assist in the assessment of the student's performance. The guiding referent for the assessment of competence is the performance expected of an entry-level therapist at that facility.

In the event that a student does not concur with the findings of the clinical instructor, an appeal may be filed with the DCE to initiate Departmental procedure. Further action takes place in accordance with the Graduate Division Grievance Policy and Procedure.
APPENDIX A

Technical Standards and Essential Functions*

Physical therapy education requires the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills, behaviors, and professional attitudes. The Doctor of Physical Therapy degree awarded by Mount Saint Mary's University at the completion of the student's education process certifies that the individual has acquired the broad base of knowledge, skills and competencies requisite for the practice of physical therapy. To this end, all courses in the curriculum must be completed successfully. The program design is hierarchical and sequential, and thus requires that the entire semester be successfully completed prior to progression to the ensuing semester.

In order to acquire the knowledge and skills for function in a broad variety of clinical situations, and to render a wide spectrum of patient care, candidates for the DPT degree must have abilities and skills in the following five areas: observation; communication; kinesthetic/motor; cognitive/conceptual (integrative and quantitative); and behavioral/social. Technological compensation can be made for some disabilities in certain of these areas, but a candidate must be able to perform in a reasonably independent manner. The use of a trained intermediary means: that the candidate's judgment is mediated by the power of selection and the observation of another and as such is unacceptable.

Observation

The candidate must be able to observe demonstrations and experiments in basic and applied sciences (including, but not limited to human anatomy and physiology, and neuroscience) as well as in the didactic physical therapy curriculum including theory and practice for normal and pathologic states. The candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the use of common sense, as well as the functional use of the senses of vision, audition, olfaction, and palpation.

Communication

A candidate must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive and accurately report nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients, their families and other health professionals. Communication incorporates not only speech, but also nonverbal communication, reading and writing. The candidate must be able to communicate effectively and efficiently, and in a timely manner with all members of the health care team in both immediate and recorded modes. The candidate must be able to receive and give feedback and criticism, handle conflict, and effectively communicate with socially and culturally diverse individuals and groups.

Kinesthetic/Motor

Candidates should have sufficient motor function for palpation, auscultation, percussion, manual positioning of body segments and other evaluative procedures used to elicit information from patients. A candidate should be able to perform basic screening and examination (physiological measures such as heart rate and respiration), diagnostic procedures (palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, balance assessment, etc.), and evaluate EKGs and X-rays. A candidate should be able to reasonably execute motor movements required to provide general treatment of patients (including transfers), and provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physical therapists are cardiopulmonary resuscitation and application of pressure to stop bleeding. Additionally, candidates must be able to perform debridement of wounds and other physical
assessment maneuvers, where such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

**Cognitive: Conceptual-Integrative and Quantitative Analysis**

These abilities include measurement, calculation reasoning, analysis, synthesis, integration and retention of complex information. Additional skills include recall of information, images and sensory feedback, assimilation of knowledge, and application of previously acquired knowledge or skills to new tasks or situations. Problem solving and clinical reasoning, the critical skills demanded of physical therapist practitioners, require all of these intellectual abilities. Problem solving includes recognition of problems by collecting and interpreting information from a variety of sources and modalities, critical analysis of problems, generating a reasonable hypothesis, making and implementing choices and decisions based on the hypothesis, developing an appropriate action plan within the time and environmental constraints of the clinical environment, and evaluation of the effectiveness of the action plan. It also requires that the candidate be able to anticipate and accommodate for changes in a patient's behavior or environment in a timely manner. In addition the candidate should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

**Behavioral/Social Attitudes**

Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the evaluation, diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. The candidate must be able to effectively self-assess, adapt to changing environments (including multimodal input and stimulation), display flexibility and learn to function in the face of uncertainties inherent in the clinical environment and problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admission and education process.

*Adapted with permission from the University of Miami School of Medicine, Division of Physical Therapy, Spring 1998*
Medical Release Form: Technical Standards, Essential Functions and Abilities for Physical Therapy Education and Practice

Physical therapy education requires that accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills, behaviors, and professional attitudes. The Doctor of Physical Therapy degree awarded by Mount Saint Mary's University at the completion of the student's education process certifies that the individual has acquired the broad base of knowledge, skills and competencies requisite for the practice of physical therapy. To this end, all courses in the curriculum must be completed successfully. The program design is hierarchical and sequential, and thus requires that the entire semester be successfully completed prior to progression to the ensuing semester.

In order to acquire the knowledge and skills for function in a broad variety of clinical situations, and to render a wide spectrum of patient care, accepted and matriculated students in the Doctor of Physical Therapy Program must have abilities and skills in the following five areas: observation; communication; kinesthetic/motor; cognitive/conceptual (integrative and quantitative); and behavioral/social. Technological compensation can be made for some disabilities in certain of these areas, but a candidate must be able to perform in a reasonably independent manner. The use of a trained intermediary, means that the candidate's judgment is mediated by the power of selection and the observation of another, and as such is unacceptable.

The Doctor of Physical Therapy Program requires that students returning from a medical leave of absence from the program or experiencing an unexpected medical/health event during the curriculum that might affect their ability to participate in the curriculum undergo an evaluation for the purpose of determining whether the student meets these technical standards, essential characteristics and abilities required of the DPT program.

Observation

The candidate must be able to observe demonstrations and experiments in basic and applied sciences (including, but not limited to human anatomy and physiology, and neuroscience) as well as in the didactic physical therapy curriculum including theory and practice for normal and pathologic states. The candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the use of common sense, as well as the functional use of the senses of vision, audition, olfaction, and palpation.

Communication

A candidate must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive and accurately report nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients, their families and other health professionals. Communication incorporates not only speech, but also nonverbal communication, reading and writing. The candidate must be able to communicate effectively and efficiently, and in a timely manner with all members of the health care team in both immediate and recorded modes. The candidate must be able to receive and give feedback and criticism, handle conflict, and effectively communicate with socially and culturally diverse individuals and groups.

Kinesthetic/Motor

Candidates should have sufficient motor function for palpation, auscultation, percussion, manual positioning of body segments and other evaluative procedures used to elicit information from patients. A candidate should be able to perform basic screening and examination (physiological measures such as heart
rate and respiration), diagnostic procedures (palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, balance assessment, etc.), and evaluate EKGs and X-rays. A candidate should be able to reasonably execute motor movements required to provide general treatment of patients (including transfers), and provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physical therapists are cardiopulmonary resuscitation and application of pressure to stop bleeding. Additionally, candidates must be able to perform debridement of wounds and other physical assessment maneuvers, where such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

**Physical requirements for evaluative and treatment procedures in the classroom and clinic include but are not limited to:**

- Functional range of motion of the spine, upper and lower extremities
- The ability to apply and receive adequate force for PNF and all grades of MMT including 5/5 testing for all major muscle groups
- The ability to assist patients with physical activities including but not limited to bed mobility, transfers and ambulation from supervised to maximum assistance
- The ability to sit, stand, walk, bend squat consistently in order to safely administer manual therapy, therapeutic exercise and other treatment modalities
- The ability to transition from sitting on the floor to quadruped to half-kneel to standing to walking
- The ability to assist another individual to transition from sitting on the floor to quadruped to a half-kneel to standing to walking
- The ability to push, pull, lift or carry 0-100 pounds on an intermittent basis
- The ability to perform tasks requiring fine and gross manual dexterity for activities such as wound debridement, compression wrapping, wound dressing, and taping
- The ability to perform physical tasks related to patient evaluation, examination and assessment
- The ability to physically position oneself in a classroom for multiple 50 minute class sessions daily

**Cognitive: Conceptual-Integrative and Quantitative Analysis**

Candidates must have sufficient cognitive abilities to perform conceptual-integrative and quantitative analysis. These abilities include measurement, calculation reasoning, analysis, synthesis, integration and retention of complex information. Additional abilities include recall of information, images and sensory feedback, assimilation of knowledge, and application of previously acquired knowledge or skills to new tasks or situations. Problem solving and clinical reasoning, the critical skills demanded of physical therapist practitioners, require all of these intellectual abilities. Problem solving includes recognition of problems by collecting and interpreting information from a variety of sources and modalities, critical analysis of problems, generating a reasonable hypothesis, making and implementing choices and decisions based on the hypothesis, developing an appropriate action plan within the time and environmental constraints of the clinical environment, and evaluation of the effectiveness of the action plan. It also requires that the candidate be able to anticipate and accommodate for changes in a patient's behavior or environment in a timely manner. In addition the candidate should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.
Cognitive requirements for evaluative and treatment procedures in the classroom and clinic include but are not limited to:

- the ability to answer questions logically
- the ability to understand technically complex information
- the ability to discuss technically complex information in an open and constructive manner, accepting the possibility of multiple answers to a single question
- the ability to focus and maintain 100% arousal state for 50 minute class sessions
- the ability to recognize and determine how to remedy an unsafe treatment environment
- the ability to cognitively participate in all classroom and clinic activities

Behavioral/Social Attitudes

Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the evaluation, diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. The candidate must be able to effectively self-assess, adapt to changing environments (including multimodal input and stimulation), display flexibility and learn to function in the face of uncertainties inherent in the clinical environment and problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admission and education process.

Participation in the classroom and clinic setting require appropriate and professional interactions with others:

- the ability to communicate and interact appropriately with all patients, students and teachers

*Adapted with permission from the University of Miami School of Medicine, Division of Physical Therapy, Spring 1998*
Medical Release Form: Technical Standards, Essential Functions and Abilities for Physical Therapy Education and Practice

I, ________________________________, (print name) attest that Doctor of Physical Therapy Student, ________________________________, (print name) can perform all of the essential functions required of physical therapy education and clinical practice outlined in this document.

__________________________
Signature of licensed professional

__________________________
Title of licensed professional

__________________________
Date
One-person Lift Transfer
"These photos are published in Principles & Techniques of Patient Care, 2007, Frank Pierson and Sheryl Fairchild, Pages 197 and 199, Copyright Elsevier."
Two-person Lift Transfer
APPENDIX B
APTA Code of Ethics

EFFECTIVE JULY 1, 2010. For more information, go to http://www.apta.org/ethics

CODE OF ETHICS HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.
Principles:

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public.

(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5**: Physical therapists shall fulfill their legal and professional obligations.

(*Core Values: Professional Duty, Accountability*)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6**: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (*Core Value: Excellence*)

6A. Physical therapists shall achieve and maintain professional competence.
6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, healthcare delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7**: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (*Core Values: Integrity, Accountability*)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.
Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Values: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid over-utilization or under-utilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
APPENDIX C
Professional Behaviors for the 21st Century
2009-2010

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

Background Information
In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific Generic Abilities. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association’s Vision 2020 supporting doctors of physical therapy.

Today’s physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific Generic Abilities in relation to the changing landscape of physical therapist practice and in relation to generational differences of the “Millennial” or “Y” Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 Generic Abilities, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE’s) and Clinical Instructors (CI’s) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE’s), Academic Faculty, CCCE’s and CI’s from all regions of the United States.
This resulting document, *Professional Behaviors*, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The ‘developing level’ was changed to the ‘intermediate level’ and the title of the document has been changed from *Generic Abilities* to *Professional Behaviors*. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

**Preamble**
In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

The intent of the *Professional Behaviors* Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This *Professional Behaviors* Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each *Professional Behavior* is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the *Professional Behavior* they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the *Professional Behaviors* Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each *Professional Behavior* through self-assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool’s use, and ultimately professional growth of the learner. The *Professional Behaviors* Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.
Professional Behaviors

1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

Beginning Level:
- Raises relevant questions
- Considers all available information
- Articulates ideas
- Understands the scientific method
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- Recognizes holes in knowledge base
- Demonstrates acceptance of limited knowledge and experience

Intermediate Level:
- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

Entry Level:
- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

Post-Entry Level:
- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

   **Beginning Level:**
   - Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
   - Recognizes impact of non-verbal communication in self and others
   - Recognizes the verbal and non-verbal characteristics that portray confidence
   - Utilizes electronic communication appropriately

   **Intermediate Level:**
   - Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
   - Restates, reflects and clarifies message(s)
   - Communicates collaboratively with both individuals and groups
   - Collects necessary information from all pertinent individuals in the patient/client management process
   - Provides effective education (verbal, non-verbal, written and electronic)

   **Entry Level:**
   - Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
   - Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
   - Maintains open and constructive communication
   - Utilizes communication technology effectively and efficiently

   **Post Entry Level:**
   - Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
   - Effectively delivers messages capable of influencing patients, the community and society
   - Provides education locally, regionally and/or nationally
   - Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

   **Beginning Level:**
   - Recognizes problems
   - States problems clearly
   - Describes known solutions to problems
   - Identifies resources needed to develop solutions
   - Uses technology to search for and locate resources
   - Identifies possible solutions and probable outcomes

   **Intermediate Level:**
   - Prioritizes problems
   - Identifies contributors to problems
   - Consults with others to clarify problems
• Appropriately seeks input or guidance
• Prioritizes resources (analysis and critique of resources)
• Considers consequences of possible solutions

**Entry Level:**
• Independently locates, prioritizes and uses resources to solve problems
• Accepts responsibility for implementing solutions
• Implements solutions
• Reassesses solutions
• Evaluates outcomes
• Modifies solutions based on the outcome and current evidence
• Evaluates generalizability of current evidence to a particular problem

**Post Entry Level:**
• Weighs advantages and disadvantages of a solution to a problem
• Participates in outcome studies
• Participates in formal quality assessment in work environment
• Seeks solutions to community health-related problems
• Considers second and third order effects of solutions chosen

**4. Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

**Beginning Level:**
• Maintains professional demeanor in all interactions
• Demonstrates interest in patients as individuals
• Communicates with others in a respectful and confident manner
• Respects differences in personality, lifestyle and learning styles during interactions with all persons
• Maintains confidentiality in all interactions
• Recognizes the emotions and bias that one brings to all professional interactions

**Intermediate Level:**
• Recognizes the non-verbal communication and emotions that others bring to professional interactions
• Establishes trust
• Seeks to gain input from others
• Respects role of others
• Accommodates differences in learning styles as appropriate

**Entry Level:**
• Demonstrates active listening skills and reflects back to original concern to determine course of action
• Responds effectively to unexpected situations
• Demonstrates ability to build partnerships
• Applies conflict management strategies when dealing with challenging interactions
• Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them
Post Entry Level:
- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

Beginning Level:
- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility

Intermediate Level:
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

Entry Level:
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

6. Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

Beginning Level:
- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
• Attends professional meetings
• Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

**Intermediate Level:**
• Identifies positive professional role models within the academic and clinical settings
• Acts on moral commitment during all academic and clinical activities
• Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
• Discusses societal expectations of the profession

**Entry Level:**
• Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
• Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
• Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
• Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
• Discusses role of physical therapy within the healthcare system and in population health
• Demonstrates leadership in collaboration with both individuals and groups

**Post Entry Level:**
• Actively promotes and advocates for the profession
• Pursues leadership roles
• Supports research
• Participates in program development
• Participates in education of the community
• Demonstrates the ability to practice effectively in multiple settings
• Acts as a clinical instructor
• Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.

**Beginning Level:**
• Demonstrates active listening skills
• Assesses own performance
• Actively seeks feedback from appropriate sources
• Demonstrates receptive behavior and positive attitude toward feedback
• Incorporates specific feedback into behaviors
• Maintains two-way communication without defensiveness
Intermediate Level:
- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

Entry Level:
- Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:
- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:
- Comes prepared for the day’s activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level:
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

Entry Level:
- Uses current best evidence
- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
- Adjusts plans, schedule etc. as patient needs and circumstances dictate
• Meets productivity standards of facility while providing quality care and completing non-productive work activities

*Post Entry Level:*
• Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)
• Applies best evidence considering available resources and constraints
• Organizes and prioritizes effectively
• Prioritizes multiple demands and situations that arise on a given day
• Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

**Beginning Level:**
• Recognizes own stressors
• Recognizes distress or problems in others
• Seeks assistance as needed
• Maintains professional demeanor in all situations

**Intermediate Level:**
• Actively employs stress management techniques
• Reconciles inconsistencies in the educational process
• Maintains balance between professional and personal life
• Accepts constructive feedback and clarifies expectations
• Establishes outlets to cope with stressors

**Entry Level:**
• Demonstrates appropriate affective responses in all situations
• Responds calmly to urgent situations with reflection and debriefing as needed
• Prioritizes multiple commitments
• Reconciles inconsistencies within professional, personal and work/life environments
• Demonstrates ability to defuse potential stressors with self and others

*Post Entry Level:*
• Recognizes when problems are unsolvable
• Assists others in recognizing and managing stressors
• Demonstrates preventative approach to stress management
• Establishes support networks for self and others
• Offers solutions to the reduction of stress
• Models work/life balance through health/wellness behaviors in professional and personal life

10. **Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Beginning Level:**
• Prioritizes information needs
• Analyzes and subdivides large questions into components
• Identifies own learning needs based on previous experiences
• Welcomes and/or seeks new learning opportunities
• Seeks out professional literature
• Plans and presents an in-service, research or cases studies

Intermediate Level:
• Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
• Applies new information and re-evaluates performance
• Accepts that there may be more than one answer to a problem
• Recognizes the need to and is able to verify solutions to problems
• Reads articles critically and understands limits of application to professional practice

Entry Level:
• Respectfully questions conventional wisdom
• Formulates and re-evaluates position based on available evidence
• Demonstrates confidence in sharing new knowledge with all staff levels
• Modifies programs and treatments based on newly-learned skills and considerations
• Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:
• Acts as a mentor not only to other PT’s, but to other health professionals
• Utilizes mentors who have knowledge available to them
• Continues to seek and review relevant literature
• Works towards clinical specialty certifications
• Seeks specialty training
• Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
• Pursues participation in clinical education as an educational opportunity
APPENDIX D
PROCEDURE FOR A WORKER’S COMPENSATION INJURY

Student Clinicians

These procedures only effects on site clinical student workers with on site work incurred injuries (such as hospital, clinic and outside medical programs). MSMU campus activities are exempt.

1. If you have a work-incurred injury or illness the following procedures are required:
   A. Immediately report the injury/illness to your Supervisor and/or Program Director.
   B. Contact the DCE, clinical education assistant, or DPT Program Chairperson to assist in facilitation of the following steps.
   C. A written report must be completed by the Human Resources Staff in the HR Department. The information is provided by the injured individual or supervisor (in person or by telephone).
   D. If the student clinician is injured and unable to go to the assigned medical clinic, the following procedures should be used:
      a. Immediate notification to the Human Resources Department (310) 954-4035/4036. (If injury occurs during off work hours, telephone Human Resources Department the next morning).
      b. You may receive only initial emergency treatment by the hospital/clinic you are assigned. (Further or follow-up treatment must be authorized by the Human Resources Department).
      c. The hospital, clinic or emergency facility will need to know the Worker’s Compensation Insurance carrier. Treating medical facility should if possible call the Human Resources Department at MSMU for authorization to treat the individual. The name of the insurance company and policy number will be given at the time of treatment or on the next working day.
   E. If the student clinician is injured at the job site and able to go to MSMU assigned clinics.
      a. Immediate notification to Human Resources Department (310) 954-4035/4036.
      b. A referral slip will be provided for treatment at an authorized medical clinic.
      c. If a referral slip is not available a telephone call by Human Resources Department Staff at MSMU authorizing treatment to the assigned medical clinic will be made.

F. Clinics

CHALON CAMPUS           DOHNEY CAMPUS
Reiss Woznak Clinic  U.S. HealthWorks Medical group
1908 Santa Monica Blvd. #5  1313 West 8th Street, Suite 100
Santa Monica, CA 90404    Los Angeles, CA 90017
(310) 828-5571            (213) 401-1970
G. Forms to be completed by Supervisor/Student Clinician:

a. **Employee’s Claim for Worker’s Benefits**
   i. This form must be completed by injured clinician either before treatment or immediate following treatment. If the student clinician is not available to come to the Human Resources Department, this form can be sent to the injured worker by fax or mail. (Supervisor/Program Directors will be provided with this form).

b. **Supervisors Report of Injury/Illness.**
   i. This form will be completed by the supervisor when a student clinician is injured.

c. **Additional Documents Provided by Clinician**
   i. If any other written information is provided the injured student clinician by the treating hospital/clinic, this information must be forwarded to the Human Resources/Benefits Department.

When in doubt call MSMU Human Resources Department (310) 954-4036.
APPENDIX E
Responsibilities of Departmental Faculty

Department Chair

The Department Chair holds a tenure-track faculty appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the institution and department. These responsibilities include but are not limited to the following tasks:

1. Reading and responding to memos, letters, phone calls or emails from departmental and non-departmental faculty, students and staff and non-institutional bodies such as the American Physical Therapy Association, the Commission on Accreditation in Physical Therapy Education, Western Association of Colleges, the Physical Therapy Board of California, and the Federation of State Boards of Physical Therapy
2. Writing reports including program assessment to fulfill institutional and professional requirements for program review and accreditation
3. Ensuring that the department follows all rules and regulations of the Commission on Accreditation in Physical Therapy Education and addresses any compliance issues in a timely fashion
4. Leading and managing curriculum planning, development and assessment in conjunction with Curriculum Content Coordinators, the Director of Clinical Education, associated faculty, non-departmental faculty, administrators and students
5. Leading/attending departmental and non-departmental meetings
6. Recruiting core and associated faculty
7. Evaluating faculty and staff, developing plans for scholarly and professional development and addressing personnel issues
8. Advising students and addressing student complaints and concerns
9. Departmental budget management and planning
10. Planning use of physical space for curriculum needs and use for professional development such as Continuing Education Courses
11. Admissions:
   a. Leading department/university open houses with the Office of Graduate Admissions
   b. Reviewing completed applications
   c. Answering prospective students’ inquiries regarding admissions requirements
   d. Making admissions decisions in conjunction with core faculty
12. Teaching
13. Scholarship
14. Involvement in Community and Professional Organizations
15. Involvement in departmental and university committees
16. Sharing academic standing of individual students with DCE for purposes of clinical education placements

Director Clinical Education (DCE)

The DCE holds a faculty appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. The DCE’s primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

1. Developing, monitoring, and refining the clinical education component of the curriculum
2. Evaluating the clinical education curriculum for compliance with the standards of the Commission on Accreditation for Physical Therapy Education, American Physical Therapy Association and the Physical Therapy Board of California.
3. Facilitating quality learning experiences for students during clinical education
4. Evaluating students’ performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum
5. Educating students, clinical and academic faculty about clinical education
6. Educating students about OSHA requirements, HIPAA requirements, including patient right to know who treatment will be administered by and right to refuse treatment, in clinical education coursework prior to each clinical experience.
7. Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice
8. Maximizing available resources for the clinical education program
9. Providing documented records and assessment of all components of the clinical education curriculum
10. Utilizing clinical education assessments in planning and implementation of changes in the clinical education curriculum
11. Engaging core faculty in clinical education assessment and planning
12. Provide site and student specific feedback to core faculty to utilize in curriculum assessment, modification and planning.
13. Acting as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities.
14. Teaching in the program curriculum
15. Scholarship
16. Involvement in Community and Professional Organizations
17. Involvement in departmental and university committees

Curriculum Content Coordinators

Core Faculty and Curriculum Coordinators work closely with the Chair/Program Director to insure:
2. curricular content follows best-practice guidelines and evidence
3. curricular content prepares students to participate in clinical education
4. part-time instructors are performing at the level appropriate for Doctoral education through classroom assessments and/or meetings with Curriculum Coordinators and Chair/Program Director. Part-time faculty assessment occurs at least once every two years.
5. review and set admission standards

- **Neuromuscular Curriculum Coordinator**

The Neuromuscular Curriculum Coordinator is responsible for the neuromuscular practice and clinically related content in:
1. PT 472A Patient/Client Management: Neuromuscular I
2. PT 472B Patient/Client Management: Neuromuscular II
4. PT 466B Therapeutic Exercise II

They are also responsible for coordinating content in the following courses with the Foundational Science Curriculum Coordinator
1. PT 407 Neuroscience
2. PT 412A Pathology/Medical Sciences: Neurology
3. PT 412B Pharmacology/Diagnostic Technologies: Neurology

- **Musculoskeletal Curriculum Coordinator**

The Musculoskeletal Curriculum Coordinator is responsible for the musculoskeletal practice and clinically related content in:
1. PT 471A Patient/Client Management: Musculoskeletal I
2. PT 471B Patient/Client Management: Musculoskeletal II
3. PT 471C Patient/Client Management: Musculoskeletal Advanced

They are also responsible for coordinating content from the foundational orthopedics courses and therapeutic exercise.
1. PT 411A Pathology/Medical Science: Orthopedic
2. PT 411B Pharmacology/DX Tech: Orthopedic
3. PT 466A Therapeutic Exercise I

- **General Medicine/Geriatric Curriculum Coordinator**

The General Medicine/Geriatric Curriculum Coordinator is responsible for the content in the following courses:
1. PT 462A Health Care Procedures I
2. PT 462B Health Care Procedures II
3. PT 476 Patient/Client Management: Geriatrics
4. PT 477 Patient/Client Management: Medical Screening
5. PT 415A Integumentary System

- **Foundational Sciences Curriculum Coordinator**

The Foundational Sciences Curriculum Coordinator is responsible for the content in the following courses:
1. PT 401 Gross Anatomy
2. PT 410 Pathology General Systems
3. PT 407 Neuroscience
4. PT 406 Lifespan

They are also responsible for the coordination of the content in the following courses with the Neuromuscular Curriculum Coordinator.
5. PT 412 Pathology/Pharmacology/Diagnostic Technologies: Neurologic

- **Inter-professional Education and Experiential Learning Curriculum Coordinator**

The Inter-professional Education and Experiential Learning Curriculum Coordinator is responsible for developing and integrating IPE and Experiential Learning activities throughout the curriculum. They work closely with all other curriculum coordinators, the Department Chair, faculty and staff from other programs (e.g. Nursing, Psychology) and members of the external community.
• **Wellness Curriculum Coordinator**

The Wellness Curriculum Coordinator is responsible for developing and integrating Wellness content and activities throughout the curriculum. They work closely with all other curriculum coordinators, the Department Chair, DCE, faculty and staff from other programs (e.g. Nursing, Psychology) and members of the external community.

Curriculum coordinators are also responsible for:

1. Communicating with other curriculum coordinators and instructors in other content areas to insure material is integrated appropriately and that all faculty are aware of the level of exposure students receive to a given content area throughout the curriculum.
2. Communicating with instructors in the Integrative Seminar Series to insure course content/structure promotes integration of prior and current material presented in the curriculum.
3. Developing evidence based related content sequenced and presented in a manner most conducive to student learning.
4. Communication of curricular needs to instructors in “feeder” courses.
5. Assessment of Curriculum
   a. Student competency based on:
      i. written and practical exams within each course
      ii. student performance during Internships
      iii. student performance during simulations
      iv. student performance providing wellness activities
6. Part-time faculty development and assessment
   a. Writing and updating job descriptions for part-time faculty and guest speakers in the curriculum
   b. Delegating content to the most qualified instructors
   c. Mentoring new and part-time faculty related to:
      i. Evidence based course content
      ii. Teaching styles and strategies
      iii. Student testing and assessment
   d. Submitting a written assessment of part-time faculty performance and faculty development plan to the department chair for inclusion in the associated faculty assessment.
7. Budget for courses including:
   a. Guest speakers
   b. Guest clinicians for practical exams and lab sessions
   c. Therapeutic equipment
   d. Instructional supplies
8. Remaining current in their area of expertise through professional development, research, practice or other appropriate activities
9. Serving the community through service learning projects and health promotion activities
10. Facilitating an interdisciplinary approach to the teaching of the content area within the department and university

**Primary, Secondary and Guest Faculty**

Primary and secondary faculty function as a team to assure quality and adequacy of content, and presentation and attainment of course objectives. The primary faculty holds ultimate responsibility for the teaching and learning processes and outcomes. The secondary faculty support primary faculty, and add breadth of content. Their role is also to ensure that students receive quality feedback in a timely
manner, as it relates to their development of kinesthetic and clinical reasoning skills. If faculty are equally qualified and choose to share primary responsibility, they will be defined as co-primary faculty.

Primary and secondary faculty are integral members of the Physical Therapy Department, and as such attend Faculty Retreats and Department Curriculum Coordinator meetings. As with full-time faculty, part-time faculty are expected to engage in on-going professional development and participate in the professional community. Assessment of primary and secondary faculty will occur at least once every two years by core faculty members. They are also included in the University online course evaluation system at the end of each semester. The results of the evaluations are shared with the respective faculty and can be used as a basis for developing a professional development plan and addressing pedagogical weaknesses. The Chair, core faculty, curriculum coordinators and experienced associated faculty will be included as appropriate in the development of associated faculty.

Guest faculty are invited to supplement regular course offerings with special content delivery or clinical expertise, and must be approved for teaching and payment by the Curriculum Coordinator or Department Chair. Guest faculty are evaluated by primary faculty for the course.

Primary faculty qualifications/credentials:

- Practicing clinician expert
- Advanced credentials: specialist certification, residency training, other forms of practice certification (e.g., NDT certification)
- Teaching experience

Primary faculty responsibilities:

- Syllabus:
  - Development, in coordination with Curriculum Content Coordinator and/or Chair
  - Organization
  - Coordination: within the course, between courses within the curriculum tract
- Ultimate responsibility for assuring that the objectives are met including:
  - Scheduling
  - Content delivery
  - Testing (and retesting when required)
  - Grading
  - Student advisement
- Regular pre-class communication with secondary faculty to ensure consonance of content delivery and communications to/with students
- Post-class feedback sessions with secondary faculty to review and plan for next session(s)
- Communication with designated Curriculum Content Coordinator and/or Chair of the department

Secondary Faculty qualifications:

- Clinical experience (2-3 years minimum) in the content area
- Interest in teaching in academic arena
- Teaching experience (clinical instructor, in-service education, continuing education, etc.)

Secondary Faculty responsibilities:

- Content delivery related to expertise and interest
- Assist in creating and grading written and practical/competency examinations
- Communication with primary faculty and preparation for each class
• Regular pre-class communication with Primary faculty to ensure consonance of content delivery and communications to/with students
• Regular communication and post-class feedback with Primary faculty

**Guest Faculty** qualifications:

• Clinical experience in the content area
• Expertise in the particular content area (may include advanced certification, residency training, etc.) about which they are presenting
• Evidence of prior teaching experience

**Teaching Assistants**
Teaching Assistants are expected to assist Primary and Secondary Faculty in the execution and planning of course content. The responsibilities for Teaching Assistants for the Department of Physical Therapy include:

**Paperwork:**
The following paperwork must be completed in the Department Office at the end of the semester for which you are a teaching assistant:

1. W-4 form
2. Check request

**Responsibilities:**
• TAs must provide their contact number to the course instructors.
• TAs must respond to communication (email/phone) from course instructors and students within 2 business days.
• TAs must uphold academic and professional standards as described by University and Department Policies.
• TAs must maintain confidentiality regarding student educational records as required by the Family Education Rights and Privacy Act.
• TAs must review all course material prior to its introduction in the classroom as detailed in the course syllabus and CANVAS in order to assist course instructors in the teaching of the material.
• TAs must provide mentorship and act as a role model for the first and second year students.
• TAs are responsible for lecturing small modules of course content as determined by the course instructors.
• TAs are responsible for assisting with practical examinations as determined by the course instructors.
• TAs are responsible for assisting students with didactic and clinical material during office hours.
• TAs must keep an office hour log to document official meetings with students.
• TAs must report any academic integrity issues with course instructors ASAP.
• TAs must maintain satisfactory academic progress in order to remain eligible for this privilege. If a TAs cumulative GPA falls below a 3.25 after assignment to a course but before the course begins you will lose your TA position.
• TAs must dress appropriately (business casual or lab clothes as appropriate).

TAs are required to sign a contract indicating they understand and agree to fulfill these responsibilities.
APPENDIX F
Consent Forms

Mount Saint Mary’s University
Department of Physical Therapy
Disclosure and Consent Regarding Background Investigation and Drug Screening

Clinical affiliations are a required component of the Mount Saint Mary’s University (“MSMU”) Department of Physical Therapy curriculum. Clinical sites may require background investigations and/or drug screenings of all students assigned to the clinical site during the clinical education portion of the curriculum. Background investigations may include:

- Social Security Number Verification;
- Criminal History Search (7 to 10 previous years);
- Employment Verification, including reason(s) for separation and eligibility for reemployment;
- Violent Sexual Offender and Predatory Registry Search;
- OIG List of Excluded Individuals/Entities;
- GSA Lists of Parties Excluded from Federal Programs
- State Exclusion list; and
- U.S. Treasury, Office of Foreign Assets Control (OFAC), list of Specially Designated Nationals (SDN).

After students are assigned to their respective clinical sites, MSMU will provide students with a copy of the clinical site’s background check and/or drug screening policies.

Students must agree to the following:

1. Should I be assigned to a clinical site that requires a background investigation and/or drug screening, I agree to follow the clinical site’s respective policies;

2. Should the clinical site require MSMU to verify that I meet the clinical site’s criminal background and drug screening requirements, I will provide MSMU with the required information and authorize MSMU to use this information to communicate student compliance with the requirements of the clinical site.
Disclosure and Consent Regarding Background Investigation and Drug Screening

MSMU will not use confidential information for any purpose other than those stated in this authorization, unless permission is granted by the student.

I have read the policy, understand it and agree to abide by its terms. This authorization will remain on file and serve as an ongoing authorization by the student.

____________________________________  __________________
Print Name                      Date

____________________________________
Signature
Mount Saint Mary’s University
Department of Physical Therapy
Consent Form
Physical Therapy Assessment and Intervention Techniques

Throughout the Doctor of Physical Therapy Program at MSMU, students are expected to take part, as a recipient and an operator, in practical procedures involved in learning physical therapy assessment and intervention techniques. These techniques include, but are not limited, to patient transfers, gait training, manual muscle testing, manual therapy techniques, therapeutic exercise and physical agents.

There are inherent risks with physical therapy assessment and intervention. Every effort will be made by course instructors to inform students of these risks. Students also have responsibilities when learning and practicing physical therapy assessment and intervention techniques.

Participants acting as models or operators for physical therapy assessment and intervention techniques must agree to the following:

1. I, _______________________________ , (print name) am in good health and am capable of participating in the techniques described here. I agree that it is my responsibility to inform the course instructor, academic advisor or Department Chair of any change in health status (i.e. illness, injury, surgery, pregnancy) that occurs after the completion of this consent form.
2. I agree that it is my responsibility to inform the operator should I experience any pain, discomfort or symptoms during any procedures.
3. I acknowledge that it is the operator’s responsibility to stop the procedure immediately should I indicate pain, discomfort or symptoms, or request that the procedure should be stopped.
4. I agree that in order to undertake some practical procedures effectively, it may be necessary to remove obstructive clothing that may otherwise prevent observation and/or examination.
5. I understand that I have the right, at any time, to withdraw from the procedure, or a part thereof, without prejudice.
6. Should any information regarding my health status be discovered during a practical procedure, it is my responsibility to seek appropriate advice.

Participants must also agree to the following while performing physical therapy assessment and intervention techniques:

1. I understand that it is my responsibility to be aware of the indications, precautions and contraindications of the assessment and intervention techniques that I am undertaking to learn.
2. I understand that it is my responsibility to be aware of the signs and symptoms of Vertebrabascal Insufficiency (VBI).
3. I understand that if I have any of the symptoms listed below, it is my responsibility to be fully aware of the documented precautions and contraindications to physical therapy intervention and assessment (including thrust and non-thrust mobilization/manipulation).

   Dizziness / vertigo / giddiness / light-headedness
   Drop attacks / loss of consciousness
   Diplopia (or other visual disturbance)
   Dysarthria (speech difficulties)
   Dysphagia (difficulty swallowing)
   Ataxia of gait (walking difficulties / incoordination of the limbs / falling to one side)
   Nausea (with possible vomiting)
   Numbness on one side of face and/or body
   Nystagmus

4. Model/operator responsibilities:
   a. Model:
      i. will need to provide continual feedback to the operator throughout each physical therapy assessment and intervention technique.
   b. Operator:
      i. will need to explain to the model the procedures of each assessment and intervention technique
      ii. will need to obtain oral consent from the model prior to the application of each and every assessment and intervention technique
      iii. will need to request continual feedback from the model throughout the procedure and evaluate the outcome

5. Cessation of Practice: In the event of the development of any untoward reaction or recognized complications either during or subsequent to the practical procedure, the procedure will be stopped and/or not repeated on that occasion. With the mutual agreement of the course coordinator or a delegated course faculty representative, such a procedure may be undertaken at a later date.

6. Each assessment and intervention technique will be introduced in a formal teaching environment. I understand that during this educational program I will be using and receiving assessment and intervention techniques under the supervision of a course faculty member.
I have read the above policy, understand it and agree to abide by it throughout my participation in the Doctor of Physical Therapy Program at MSMU. I understand that in the event of physical injury or illness resulting from these assessment and intervention techniques no monetary compensation or free medical treatment will be provided. I understand that in the event of physical injury or illness resulting from these procedures, I should seek treatment from my own health care provider.

I release Mount Saint Mary’s University, its employees, officers and agents, from any and all liability, claims, or actions of any kind that may arise by or in connection with my participation in the Doctor of Physical Therapy Program.

______________________________  ______________________________
Name of Student  Name of Department Representative

______________________________  ______________________________
Signature of Student  Signature of Department Representative

______________________________  ______________________________
Date  Date
Authorization, Consent, and Release for Interview, Press Interview, Photograph, Tape Record, Videotaping, Television, and/or Publication

[Print Name] __________________________, the undersigned, hereby authorizes Mount Saint Mary’s University (MSMU) and its faculty or students to observe, interview, photograph, tape record, videotape, and/or televise me. I also agree to allow faculty and students to observe, interview, photograph, tape record, videotape, and document physical therapy assessment and treatment sessions. The undersigned agrees that MSMC may use and permit other persons to use the negatives or prints or tape recordings or videotapes prepared from such interview and photographs for such purposes as publication in brochures, marketing materials, research and educational materials. The undersigned agrees that photographs/tape recordings/videotapings may be used for purposes including, but not limited to dissemination to students, faculty, health professionals, and members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination may be accomplished in any manner and that such use is subject only to the following limitations:

The undersigned has entered into this agreement in order to assist scientific treatment, educational, public relations, and charitable goals and hereby waives any right to compensation for such uses by MSMU. In addition, the undersigned agrees to hold MSMU harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement. By entering into this agreement, the undersigned hereby acknowledges that any interviews, photographs, tape recordings, or videotapes of me may be re-disclosed to others by the recipients of the material and that the material will no longer be protected by the Privacy Rule set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This Authorization shall expire on: ________ This Authorization may be revoked by the undersigned at any time by notice in writing to: Chair, Department of Physical Therapy, Mount Saint Mary's University, 10 Chester Place, Los Angeles, CA 90007. The revocation shall be effective to prohibit any future disclosure of the information, photographs, tape recordings or videotapes depicting me after the date of the written notice. If MSMU has disclosed the information, photographs, tape recordings or videotapes authorized by this agreement prior to any revocation date, I will hold MSMU harmless from that prior disclosure.
The terms “photograph” and “tape recording” as used in the foregoing agreement, shall mean motion picture or still photography in any format, including digital, as well as videotape, videodisc, and audio recording and any other mechanical means of recording and reproducing images and voices.

Signature: __________________________________________________

(Student/ Patient / Parent / Conservator / Guardian)

Date: ________________ Time: ________________ AM / PM

If signed by other than patient, indicate relationship: ____________________________

Signature of Witness: ________________________________________________________
APPENDIX G

Excused Absence Request Form - Classroom Attendance

Regular attendance and participation are required in all areas of the curriculum; classroom, laboratory and clinical education. Attendance is critical to ensure knowledge and skill acquisition at the level required to succeed in the program. Absences related to travel and non-program activities are not permitted and are considered unexcused absences. An excused absence will only be considered if a student is representing the University or Doctor of Physical Therapy Program on official curriculum related activities. If a student anticipates missing class for official curriculum related activities, the student must complete an Excused Absence Request Form by the end of the first week of class for the semester for which the absence is being requested or as soon as the information becomes known. Submit the form to the Department administrative assistant.

If excused status is granted, the student must provide a copy of this form to each instructor affected by the absence. The student is entirely responsible for the completion of any and all work, assignments and/or examinations missed during the time of the excused absence. Students are also responsible for meeting with faculty to clarify questions related to missed content.

Date: _________
Name: ______________________
Date of requested absence: ________________________________________________
Reason for Absence: _______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Faculty Decision

Date: ____________
☐ approved          ☐ unapproved

Comments:__________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX H-1
Mount Saint Mary’s University DPT General Honor’s Statement

Honesty is required in all aspects of the academic and clinical curriculum.

Trust between a physical therapist and their patients/clients is the foundation of the therapeutic relationship. The Department is responsible for assuring the public, the profession and the academic community that students in the Doctor of Physical Therapy Program adhere to the standards of ethical practice established by the profession. Thus, dishonesty in any form is not tolerated.

The academic environment is predicated on truth and integrity. Acts of dishonesty constitute a serious offense to the Mount Community, the public and the profession.

I agree to abide by the Department and University policies and procedures for upholding integrity in all areas of the curriculum and activities related to the Department and University.

Signature:

Print Name:________________________________________

Date:________________________
APPENDIX H-2
Mount Saint Mary’s University DPT Examination Honor’s Statement

An honor system is employed during administration of all written and practical examinations and for specified assignments that are completed outside the department. In signing your name to your work, you are indicating that you neither gave nor received assistance during the examination. All examinations administered by the department are confidential communications between the student and the instructor. Unless expressly permitted by a course instructor, students may not utilize previous forms of written examinations to assist in their preparation. Written examinations that are returned to the student are provided for the specific purpose of enhancing that individual’s learning, and are not to be shared with any other students. This includes sharing copies in any form.

The following sentence must be included on the final or first page of all written examination papers. Failure to sign will result in no credit for the examination.

In signing your name to your work, you are indicating that you neither gave nor received assistance during the examination. Your answers to all questions on this test are your own, and were generated by you without the assistance of information or material deemed improper for the test (i.e., cheat sheets, crib notes, information from other students’ test papers, and electronic devices)

Signature: ____________________________
Print Name: ____________________________
Date: _______________________________
APPENDIX I
DPT Written Assignment Style Format

Written Assignments
- 1 inch margins
- Font 11-12 pt, equivalent to Times New Roman
- 1.5 spacing
- Microsoft Word Document, PC compatible

First page
- Title of Document- centered
- Student Last name, First name- top right header, line 1
- Course instructor last name, course number- top right header, line 2
- Date- top right header, line 3

All pages after 1st page-- Last name, page number in top right header

Electronic file naming
- Last name_first initial_ assignment_course number
- E.g. Doe_J_clinical reasoning hw_471A
- Need .doc or .docx file extension
APPENDIX J
Notice of Professional Difficulty

Name: ____________________________
Student ID #: ____________________________
Course #: ____________________________
Instructor: ____________________________  Date: __________

This is to inform you that your professional behaviors are not meeting required program standards.

___ Unexcused Absence  ___ Tardiness
___ Preparation for class  ___ Attire
___ Inappropriate use of electronic devices  ___ Inappropriate verbal communication
___ Inappropriate non-verbal communication  ___ Inappropriate written communication
___ Other (please specify) ____________________________

Comments/Description of unprofessional behavior including dates:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Instructor: Please complete this form and provide a copy to the student’s academic advisor and Department Chair.
APPENDIX K
Doctrine of Fair Use

Fair Use

One of the rights accorded to the owner of copyright is the right to reproduce or to authorize others to reproduce the work in copies or phonorecords. This right is subject to certain limitations found in sections 107 through 118 of the copyright law (Title 17, U. S. Code). One of the more important limitations is the doctrine of “fair use.” The doctrine of fair use has developed through a substantial number of court decisions over the years and has been codified in section 107 of the copyright law.

Section 107 contains a list of the various purposes for which the reproduction of a particular work may be considered fair, such as criticism, comment, news reporting, teaching, scholarship, and research. Section 107 also sets out four factors to be considered in determining whether or not a particular use is fair:

1. The purpose and character of the use, including whether such use is of commercial nature or is for nonprofit educational purposes

2. The nature of the copyrighted work

3. The amount and substantiality of the portion used in relation to the copyrighted work as a whole

4. The effect of the use upon the potential market for, or value of, the copyrighted work

The distinction between fair use and infringement may be unclear and not easily defined. There is no specific number of words, lines, or notes that may safely be taken without permission. Acknowledging the source of the copyrighted material does not substitute for obtaining permission.

The 1961 Report of the Register of Copyrights on the General Revision of the U.S. Copyright Law cites examples of activities that courts have regarded as fair use: “quotation of excerpts in a review or criticism for purposes of illustration or comment; quotation of short passages in a scholarly or technical work, for illustration or clarification of the author’s observations; use in a parody of some of the content of the work parodied; summary of an address or article, with brief quotations, in a news report; reproduction by a library of a portion of a work to replace part of a damaged copy; reproduction by a teacher or student of a small part of a work to illustrate a lesson; reproduction of a work in legislative or judicial proceedings or reports; incidental and fortuitous reproduction, in a newsreel or broadcast, of a work located in the scene of an event being reported.”
Copyright protects the particular way authors have expressed themselves. It does not extend to any ideas, systems, or factual information conveyed in a work.

The safest course is always to get permission from the copyright owner before using copyrighted material. The Copyright Office cannot give this permission.

When it is impracticable to obtain permission, use of copyrighted material should be avoided unless the doctrine of fair use would clearly apply to the situation. The Copyright Office can neither determine if a certain use may be considered fair nor advise on possible copyright violations. If there is any doubt, it is advisable to consult an attorney.
Email Etiquette Tips

Throughout your academic career, you’ll use email and online tools to communicate with campus faculty and staff. You may need clarification on assignments, policies, and procedures. In addition, you may want to solicit feedback on projects, to schedule an appointment for office hours, or to turn in assignments.

While it may be challenging to alternate from different methods of communication – ranging from sending emails to texting – one needs to communicate in a professional tone.

Keep in mind that it is not too soon to make a professional impression. Your professors and advisors could become sources for letters of recommendation for graduate school and references for jobs after graduation.

Below are 9 tips to use when sending email:

1. Use your MSMU email address – While you may use and check your personal email address more frequently, it is best to communicate with faculty, staff, administration and external sources on MSMU business using your MSMU email address. This will identify you quickly as a MSMU student.

2. Indicate a subject – Professors receive a high volume of daily messages from students and colleagues. To help your message get noticed and increase your chances for a response, indicate a clear subject. For example, a subject could read, “Re: reflection paper due May 1, 2013” or “Schedule appointment next week to review thesis outline”. A clear, specific subject line will enable your professors to more easily sort through and respond in a timely manner.

3. Include your name, class title, and section – Many professors teach multiple classes simultaneously. That means they could have 60 students in a term. It’s difficult for them to remember each student by name and section. Therefore, when contacting them, remind them of your full name, class title, and section (Steve Anderson, Econ 121, Tuesday, 9am). You may indicate this immediately in the body of the email, so they can more easily place you.

4. Be clear and concise – Faculty are there to help you and hundreds of other students. When sending messages, get to the point quickly and clearly. Include only information
that is relevant. While you want to be polite, it’s not necessary to engage them in a discussion about their weekend or work day.

5. Proofread – Everyone makes grammar and punctuation errors. However, those mistakes in written form can completely change or skew the tone of your intended message. Re-read your message to make sure it’s correctly written. Don’t rely on spell check. If grammar and punctuation are problematic for you, have a friend read over your message before sending it.

6. Use proper/polite salutations and closings – Professors differ on how they prefer to be addressed (Dr. Smith, Professor Smith, Jim). However, most seem to agree that the initial contact should be formal and that “Dear Professor” is acceptable. Use this formality unless and until you are told otherwise.

7. Plan ahead and be patient – Keep in mind that many professors teach multiple sections which could add up to dozens of students. In addition to teaching, they have other responsibilities such as researching and serving on campus committees. They go out of town and have personal responsibilities, too. Give them a reasonable amount of time to respond to you. That can vary, but 2-4 days is a good guideline. Plan ahead, so you’re not faced with needing a question answered immediately.

8. Email vs. face-to-face – For some issues or questions, a face-to-face conversation is best. Questions that will require an extended explanation or discussions that can get emotionally charged should be addressed in person.

9. Use proper English grammar, spelling, and punctuation – Communicating with professors is different from talking with friends and peers. You’re expected to use complete sentences with correct spelling and punctuation, so you can be easily understood by the reader.
# APPENDIX M

## Student Initial and Annual Health Requirements

The list below applies to all new/entering DPT students and current DPT students. Students must submit copies of all immunizations, lab reports, and health paperwork from personal physician directly to the DPT Clinical Education Department via EXXAT.

<table>
<thead>
<tr>
<th>Required Immunization or Test</th>
<th>Explanation</th>
<th>Important Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Physical Examination – PE</td>
<td><strong>Required:</strong> before entrance into program &amp; annually for clinical rotations Includes: vital signs, height, weight &amp; vision screening.</td>
<td>This is completed by your personal health care provider If you do not have a health care provider; please contact Student Health to schedule an appointment</td>
</tr>
<tr>
<td>□ Tdap – Tetanus, Diphtheria, and Pertussis</td>
<td><strong>Required before entrance into program:</strong> Tdap (Tetanus, Diphtheria, and Pertussis) before entrance into program Tdap must be less than 10 years old. If last dose was TD, you must get Tdap Booster.</td>
<td><strong>Do Not get TD instead of Tdap as an alternative</strong> Student may get Tdap at Student Health or at personal health care provider’s office</td>
</tr>
</tbody>
</table>
| □ Two Doses of MMR AND □ Titers for Measles, Mumps, & Rubella) | **Required:** before entrance into program  
Android: Two Doses of MMR  
AND  
Android: Titers for Measles, Mumps, & Rubella
POSITIVE Titer needed If results are NEGATIVE you will need to receive a booster shot then re-titer  
Normally given in childhood  
*Please note – first dose cannot be given earlier than on the 1st birthday* | This only needs to be completed once, not yearly.  
Titers (blood tests) will have to be drawn to determine immunity |
| □ MMR Vaccine or Titers for: Measles, Mumps, and Rubella) | Required: before entrance into program & annually for clinical rotations | Proof of completion of CBC lab results must be turned in via EXXAT for Clinical Ed. Office Review |
| □ Complete Blood Count – CBC | Required: before entrance into program & annually for clinical rotations | |

---

*Note: All students must submit copies of all immunizations, lab reports, and health paperwork from a personal physician directly to the DPT Clinical Education Department via EXXAT.*
<table>
<thead>
<tr>
<th>Required Immunization or Test</th>
<th>Explanation</th>
<th>Important Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinalysis – UA</td>
<td>Required: before entrance into program &amp; annually for clinical rotations</td>
<td>Proof of completion of UA lab results must be turned in via EXXAT for Clinical Ed. Office Review</td>
</tr>
<tr>
<td></td>
<td>Entry to Program: Two PPDs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 1st PPD shot (48-72 hours after injection)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 2nd PPD shot (1wk – 3wks after initial shot or within one year of PPD Step 1 &amp; prior to starting the DPT Program)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annually for Program:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Once a year for clinicals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ More if a clinical site requests an update</td>
<td></td>
</tr>
<tr>
<td>PPD – TB Skin Test</td>
<td>Required: before entrance into program &amp; annually for clinical rotations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Entry to Program: Two PPDs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 1st PPD shot (48-72 hours after injection)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 2nd PPD shot (1wk – 3wks after initial shot or within one year of PPD Step 1 &amp; prior to starting the DPT Program)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annually for Program:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Once a year for clinicals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ More if a clinical site requests an update</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine Sequence &amp; Titer</td>
<td>Required: before entrance into program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccine 3-Shot Sequence:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Vaccine Shot One</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Vaccine Shot Two (30 days after shot One)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Vaccine Shot Three (6 months after shot Two)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Titer (blood test): completed after HEP B series to confirm immunity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Titer must be POSITIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ For negative titers after completion of your 3 shot series, follow recommendations from your healthcare provider for further instructions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive PPD results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Chest X-ray must be completed with negative results</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ 2nd PPD should not be repeated if 1st PPD is positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ X-Ray valid for 3 years, unless clinical site requires a new X-ray.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Students should complete yearly TB questionnaire through health provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Students may also complete the QuantiFERON-TB Gold blood test, but only if they have proof of a positive TB/PPD test.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All PPDs (2-Step and Annual) can be completed in Student Health or with personal health care provider</td>
<td></td>
</tr>
<tr>
<td>Requirement/Requirement/Requirement/Requirement/Requirement</td>
<td>Vaccination Details</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Varicella Vaccine &amp; Titer (VZV IgGEIA) – Chickenpox</td>
<td>Required: before entrance into program&lt;br&gt;Titer (Blood Test)&lt;br&gt;☐ Must be POSTIVE&lt;br&gt;☐ Negative Test Requires 2-Shot Vaccine Series&lt;br&gt;2-Shot Vaccine Series&lt;br&gt;☐ Two Shots must be Completed&lt;br&gt;☐ 2nd Shot must be completed six months after 1st shot&lt;br&gt;☐ Titer must be completed after 2-Shot Series</td>
<td>Historical Proof of disease is NOT accepted&lt;br&gt;Titers must be positive to show immunity</td>
</tr>
<tr>
<td>Hepatitis A Vaccine</td>
<td>Not Required, but Recommended&lt;br&gt;☐ 2-Shot Series</td>
<td>Check with healthcare professional for vaccine information &amp; series information</td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td>Not Required, but Recommended</td>
<td>Clinical sites may decline to accept students or require them to wear a mask at all times in patient care areas if student declines annual flu vaccine</td>
</tr>
<tr>
<td>CPR Certification</td>
<td>Required: before entrance into program &amp; current at all times during the program &amp; enrollment at MSMU&lt;br&gt;AMERICAN HEART ASSOC ONLY</td>
<td>MSMU only accepts CPR Certification from:&lt;br&gt;☐ American Heart Association (ONLY) BLS for Healthcare Providers</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Required: before entrance into program &amp; current at all times during the program &amp; enrollment at MSMU</td>
<td>MSMU offers student health insurance or students can obtain their own private health insurance&lt;br&gt;&lt;br&gt;*The Clinical Ed. Department does not deal with MSMU health insurance – students need to contact Bursars Office to Opt-In or Op-Out of insurance</td>
</tr>
</tbody>
</table>

**Important Information**

- Titer – is a blood test
- Vaccine – is an injection
- CBC – Complete Blood Count, is a blood test
- PPD – is an injection and skin test
  - Positive PPD requires an X-ray or QuantiFERON blood test
X-ray cannot be older than three years

Requirements Needed for Entrance into Program

- P.E. Physical Examination
- UA – Urinalysis (lab results)
- CBC – Complete Blood Count (lab results)
- Two Step PPD (see information above)
  - Step One: injection and reading
  - Step Two: (1 week after Step One: injection and reading)
- Hepatitis B Series and Positive Titer (lab results)
- MMR Series (2 injections) and Positive Titer for Measles, Mumps, Rubella (lab results)
- Positive Varicella Titer or Two-Shot Vaccine Series with Positive Titer (lab results)
- Tdap Vaccine (Not TD)
- Initial Health History form
- Copy of CPR Card
- Copy of Health Insurance
- Copy of Immunization Records

Requirements Updated Annually for Clinical Rotations

- P.E. Physical Examination
- UA – Urinalysis (labs results)
- CBC – Complete Blood Count (labs results)
- Annual PPD (TB Shot)
- Current CPR Card
- Current Health Insurance Card
- Additional requirements upon request from clinical site

DPT Department Contact for Immunization and Health Requirements
Stephanie Saito, PT, DPT, OCS, DCE
Director of Clinical Education
ssaito@msmu.edu
Phone: 213.477.2602

All DPT Student Immunization and Health Requirements will need to be submitted to EXXAT & Approved by DPT Department contact person prior to first day of first semester. DO NOT send information to Student Health – NO FAXES OR EMAILS WILL BE ACCEPTED
### Immunization Record for DPT Students

(All Information is Confidential & Physician Signature Required)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Student ID#:</th>
<th>Doheny Campus DPT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Zip:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Cell #:</th>
</tr>
</thead>
</table>

### Immunization Record (check boxes if completed)

- □ MMR Dose #1
- □ MMR Dose #2
- □ Proof of Immunity with IgG titers for Measles, Mumps, and Rubella (Lab Report must be attached)

- □ Date of Mumps Titer
- □ Date of Rubella Titer
- □ Date of Measles (Rubeola) Titer

- □ Tdap Vaccine Date:  
  *Per CDC guideline, do not give TD. Tdap is Required*

#### PPD/TB Two-Step Sequence (student must complete two PPD/TB tests to be cleared)

<table>
<thead>
<tr>
<th>1st PPD/TB Shot:</th>
<th>1st PPD/TB Shot Read:</th>
<th>Providers Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot#:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd PPD/TB Shot:</th>
<th>2nd PPD/TB Shot Read:</th>
<th>Providers Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Positive PPD:   | Chest X-ray Date:     | Result: |
| (Attach results)| quantiFERON Blood Date: | □ NEG □ POS |

- □ HEP B Series | □ Shot #1: | □ Shot #2: | □ Shot #3

- □ HEP B Surface Antibody Titer Quantitative Date:  
  *Result: □ NEGATIVE □ POSITIVE*

**Note: Please Attach Result, If Titer is NEGATIVE – Please consult Physician starting HEP B Series**

- □ Varicella Surface Antibody IgG Titer Date:  
  *Result: □ NEGATIVE □ POSITIVE*

**Note: Please Attach Result, If Negative – Please consult Physician on Varicella Series**

- □ Varicella Series (Complete if Titer is NEGATIVE)  
  *Dose#1:  Dose#2:*

- □ HEP A Titer (Recommended) Date:  
  *HEP A Series Dates  Dose #1:  Dose #2:*

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Provider Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

Please make personal copies of all immunization records before submitting.

Clinical Ed. Contact: Stephanie Saito, PT, DPT, OCS, DPT  ■ 213.477.2602  ■ ssaito@msmu.edu  
10 Chester Place  ■ Los Angeles  ■ California  ■ 90007
**School Physical Exam Form**

*Section One: to be completed by student*

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Gender: □ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
<td>Student ID#:</td>
</tr>
<tr>
<td>Campus: Doheny LA GRAD DPT Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td>Cell#:</td>
<td></td>
</tr>
</tbody>
</table>

*Section Two: to be completed by Healthcare Provider*

<table>
<thead>
<tr>
<th>Medications:</th>
<th>Allergies:</th>
</tr>
</thead>
</table>

**Vital Signs**

<table>
<thead>
<tr>
<th>Temp:</th>
<th>Blood Pressure:</th>
<th>Pulse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resp. Rate:</td>
<td>Weight:</td>
<td>Height:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision</th>
<th>Uncorrected Right</th>
<th>Uncorrected Left</th>
<th>Corrected Right</th>
<th>Corrected Left</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Required</th>
<th>Within Normal Limits</th>
<th>Observations/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head &amp; ENT</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Neck &amp; Nodes</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS (Please use Immunization Record Form):**

- □ HEP B Titer
- □ HEB B Series
- □ Varicella Titer
- □ Meningococcal
- □ MMR Series
- □ Mumps
- □ Rubella
- □ Rubeola (Measles)
- □ Tdap
- □ Varivax
- □ PPD Step 1 & 2
- □ Chest X-ray

**ANNUAL Requirements:**

- □ Annual UA
- □ Annual CBC
- □ Annual PPD/TN (use PPD Form)
- □ Annual Flu Vaccine (proof)

**Assessment:**

- □ CLEARED FOR CLINICAL

<table>
<thead>
<tr>
<th>Providers Name:</th>
<th>Providers Signature</th>
<th>Phone:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Submit to MSMU Department of Physical Therapy ■ Stephanie Saito, PT DPT, OCS, DCE ■ 213.477.2602 ■ ssaito@msmu.edu

10 Chester Place ■ Los Angeles ■ California ■ 90007
Annual PPD Form

DPT students must complete an Annual PPD test. If you are completing this test with your primary care provider, please use this form. If you are completing this test on campus at Student Health please do not use this form.

Section One: to be completed by student

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Gender: □ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
<td>Student ID#:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus: Doheny LA GRAD DPT Student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Cell#:</th>
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<tr>
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</tbody>
</table>

Section Two: to be completed by Medical Provider

<table>
<thead>
<tr>
<th>PPD Injection Date:</th>
<th>Providers Signature:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lot #:</th>
<th>Provider’s Name:</th>
<th>Provider’s Signature:</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PPD Read Date:</th>
<th>Providers Signature:</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPD Results: □ Negative □ Induration______mm □ Positive □ &gt; 10mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ NEG □ POS □ NEG □ POS (please attach result)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive PPD: □ Chest X-ray Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ quantiFERON Blood Date:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ NEG □ POS (please attach result)</td>
</tr>
</tbody>
</table>

Submit to MSMU Department of Physical Therapy. ▼ Stephanie Saito, PT, DPT, OCS, DCE ▼ 213.477.2602 ▼ ssaito@msmu.edu 10 Chester Place ▼ Los Angeles ▼ California ▼ 90007
APPENDIX N
Office Procedures for Exam Review

Examination Review
Doctoral education requires that students take responsibility for their learning. One way of demonstrating this is to review performance on exams to identify and understand gaps in knowledge. Students may review their examinations in the DPT Department Office until the Friday before finals week. (Office hours for reviewing exams will be posted each semester)

Policies and Procedures
Reviewing written exams in DPT Office:
• Students may not discuss, share or show their exam scores or answers to fellow students
• Students may take notes on key words or concepts/themes missed on exam
• Students may not write/type questions or answers verbatim from the exam
• Students may not reproduce or replicate the exam or exam key in any form
  o No electronic devices: laptops, cell phones, tablets
  o No pictures
• Students may only review exams in the DPT Department Office with staff or faculty
• Exam review hours will be posted in the DPT news board and main office
• Maximum of 5 students in the office reviewing exams

Reviewing practical exams in DPT Office:
• Students may only review their practical exams in the DPT Department Office
  o Students must first set an appointment with Administrative Assistant to review practical exams
  o A faculty/instructor or staff must be present in the office while a student is reviewing their exams
• Students may take notes on their performance, but may not record from their cellphones or other electronic devices
• No more than 2 students in the office reviewing practical exams

Disputing exam errors or calculations:
• Students must e-mail faculty/instructor(s) with written explanation why he/she is disputing answers, questions, or calculation errors on their exam
  o The student must use evidence from assigned reading and/or from the student’s own classroom notes (not notes taken by another student).
• Students have 10 working days, from the time the exam results are made available to dispute any errors/calculations on exams
• After 10 working days students cannot dispute any exam answers or scores
• Students may review exams after 10 days, but no changes will be made to exam grades
  o Rescoring Examinations:
    ▪ A student who requests an item to be rescored must expect the entire test will be rescored, perhaps resulting in a lower overall score on the examination.
    ▪ In all cases, the decision of the faculty member is final and binding.
• Review your Policies and Procedures
MSMU DPT EXAM Review Form

Student Name:
Course:
Exam (circle): Midterm Final Quiz
Date:

I understand that while reviewing an exam,
1. I **may not** reproduce or replicate the exam or exam key in any form. This includes writing down any single question and/or answer verbatim. To do so is a violation of the academic integrity policy.
2. I may not discuss any aspect of this exam with other students.
3. I may only take notes on the concepts that were missed.
4. I will use this sheet to take notes on concepts missed.
5. I will not leave the office with these notes until Department Staff has replicated this form.

For additional information please review the Examination Review section of the Department of Physical Therapy Policies and Procedures.

____________________________________  __________________
Print Name                         Date

____________________________________
Signature
APPENDIX O
Student Agreement for Recording Class Material

The recording of course content (lecture, lab etc.) on personal devices is not allowed except in instances where this is required for accommodations approved through the University Learning Resource Center and with the prior knowledge of the course instructor. Students must present documentation from the Learning Resource Center approving recording course material as an accommodation to the course instructor.

When recording content is part of an accommodation the following policies apply:
(a) Students are only permitted to use recorded lectures for their own personal study and are not permitted to reproduce or distribute the recording to any other party through any other medium, including email, social media and/or online posting/communication. Recordings must be secured and stored privately in case of loss or theft. Students are required to delete any recorded lecture at the end of each academic semester.
(b) The University and instructor are granting the student permission to record the lecture and that any use by the student of the recording outside the permitted use may constitute a breach of copyright, academic misconduct and may result in disciplinary action by the University against the student.
(c) Recordings may not be used in any way to embarrass or harm the reputation of any instructor or student whose comments or image are recorded.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

_____________________________  _______________
Signature of Student         Date