Effective August 24, 2015

Rueckert-Hartman College for Health Professions

School of Physical Therapy
Department of Professional Studies

Peter Claver Hall, Suite 403
3333 Regis Blvd.
Denver, CO 80221

Class of 2018
Student Handbook

Regis University is accredited by the North Central Association of Colleges and Secondary Schools.

The School of Physical Therapy at Regis University received initial full accreditation from the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA) on October 31, 1996, and was re-accredited on April 29, 2011 for a period until June, 2021.

Questions with regard to accreditation guidelines and/or the process to report a complaint about the program and status may be directed to:
  Commission on Accreditation in Physical Therapy Education
  American Physical Therapy Association
  1111 N. Fairfax Street
  Alexandria, VA 22314
  706-684-2782
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We welcome you to Regis University and look forward to sharing in the excitement and challenges to come in the next three years.

The *School of Physical Therapy Student Handbook* has been developed for the purpose of assisting students in understanding and interpreting the Doctor of Physical Therapy program policies and procedures. This handbook is not exhaustive and is intended to be a general guide only. It is subject to change.

Each physical therapy student is personally responsible for knowing the information in the *Regis University Student Handbook*, *Regis University Bulletin*, the *School of Physical Therapy Student Handbook*, and other appropriate documents. Regis University assumes that graduate students are self-directed and concerned with lifelong goals and will accept and act on this responsibility.

Failure to read and understand the policies and procedures contained in this handbook and failure to contact an advisor in the School does not relieve the student of this responsibility. A faculty advisor is available to clarify policies and to assist students through their graduate career in Physical Therapy.
## School & University Phone Numbers

All prefixes are area code (303)
From a campus telephone, dial last four numbers.

| School of Physical Therapy Main Office: Peter Claver Hall (PCH) Suite 403 | 458-4340 |
| School of Physical Therapy FAX | 964-5474 |

<table>
<thead>
<tr>
<th>Faculty/Staff</th>
<th>Email</th>
<th>Room</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mark Reinking, Dean</td>
<td><a href="mailto:mreinking@regis.edu">mreinking@regis.edu</a></td>
<td>403</td>
<td>964-6471</td>
</tr>
<tr>
<td>Dr. Timothy Noteboom – Assistant Dean; Chair Student Affairs Committee</td>
<td><a href="mailto:jnoteboo@regis.edu">jnoteboo@regis.edu</a></td>
<td>403</td>
<td>458-4268</td>
</tr>
</tbody>
</table>

### Faculty

| Dr. Wendy Anemaet | wanemaet@regis.edu | 403 | 458-4984 |
| Dr. Michael Bade | mbade@regis.edu | 423 | 458-4985 |
| Dr. Clifford Barnes – Chair, Exercise Science | cbarnes@regis.edu | 423 | 458-1881 |
| Dr. Mary Christenson | mchriste@regis.edu | 403 | 964-5058 |
| Dr. Alice Davis | amdavis@regis.edu | 403 | 964-5482 |
| Dr. Heidi Eigsti | heigsti@regis.edu | 403 | 458-4910 |
| Dr. Cheryl Footer - Director, Post-Professional Studies | cfooter@regis.edu | 423 | 964-5057 |
| Dr. Ira Gorman | igorman@regis.edu | 403 | 458-4986 |
| Dr. Amy Hammerich | ahammeri@regis.edu | 403 | 964-5796 |
| Dr. Larisa Hoffman | lhoffman@regis.edu | 423 | 964-5203 |
| Dr. Christian Little | clittle@regis.edu | 423 | 964-6047 |
| Dr. Andrew Littmann | alittmann@regis.edu | 423 | 964-6492 |
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| Dr. Amy Rich | arich002@regis.edu | 403 | 458-4932 |
| Dr. Marcia B. Smith | mbsmith@regis.edu | 423 | 964-5306 |
| Dr. Shalene Thomas | sthomas@regis.edu | 403 | |

### Staff

| Ms. Meghan Moravits | mmoravits@regis.edu | 403 | 964-5720 |
| Ms. Marybeth Tscherpel | mtscherp@regis.edu | 403 | 458-4983 |
| Ms. Faun Lee | llee002@regis.edu | 423 | 458-5776 |
| Ms. Julanne Petersen | jpetersen001@regis.edu | 423 | 458-4340 |

### University Phone Numbers (303)

| Campus Safety | 458-4122 |
| Coors Fitness Center | 458-3563 |
| Dayton Memorial Library | 458-4030 |
| Follett Bookstore | 458-4150 |
| Information Technology Services (ITS) | 458-4050 |
| Media Services | 458-4265 |
| Enrollment Services | 458-4105 |
| Switchboard, Main Campus (0-on campus) | 458-4321 |
| Weather Line | 458-1818 |
## Academic Calendar

For DPT students in the Class of 2018:

### Fall Semester, 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 1</td>
<td>Fall tuition due</td>
</tr>
<tr>
<td>August 24</td>
<td>New student orientation</td>
</tr>
<tr>
<td>August 25</td>
<td>Classes begin for Class of 2018</td>
</tr>
<tr>
<td>September 7</td>
<td>Labor Day (no classes)</td>
</tr>
<tr>
<td>September 1</td>
<td>End Add/Drop period</td>
</tr>
<tr>
<td>September 17</td>
<td>Mass of the Holy Spirit (11:00 am class will not meet)</td>
</tr>
<tr>
<td>October</td>
<td>Classes begin for Class of 2016</td>
</tr>
<tr>
<td>November 1</td>
<td>End Withdrawal Period</td>
</tr>
<tr>
<td>November 2</td>
<td>Registration for Spring Semester</td>
</tr>
<tr>
<td>November 25-29</td>
<td>Thanksgiving Holiday (no classes)</td>
</tr>
<tr>
<td>December 7-11</td>
<td>Final Exam week</td>
</tr>
<tr>
<td>December 13</td>
<td>End Fall Semester</td>
</tr>
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### Spring Semester, 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>January 1</td>
<td>Tuition Due</td>
</tr>
<tr>
<td>January 11</td>
<td>Classes begin</td>
</tr>
<tr>
<td>January 18</td>
<td>Martin Luther King Day (no classes)</td>
</tr>
<tr>
<td>January 19</td>
<td>End Add/Drop period</td>
</tr>
<tr>
<td>February 17-20</td>
<td>Combined Sections Meeting APTA (no classes)- Anaheim, CA</td>
</tr>
<tr>
<td>February 27-March 6</td>
<td>Spring Break (no classes)</td>
</tr>
<tr>
<td>March 20</td>
<td>End Withdrawal period</td>
</tr>
<tr>
<td>March 27</td>
<td>Registration for Summer Semester</td>
</tr>
<tr>
<td>March 25-27</td>
<td>Easter Break (no classes)</td>
</tr>
<tr>
<td>April 25-29</td>
<td>Final Exam week</td>
</tr>
<tr>
<td>May 1</td>
<td>End Spring Semester</td>
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### Summer Semester, 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>May 1</td>
<td>Tuition Due</td>
</tr>
<tr>
<td>May 2-6</td>
<td>Semester Break (no classes)</td>
</tr>
<tr>
<td>May 9</td>
<td>Classes begin</td>
</tr>
<tr>
<td>May 9</td>
<td>End Add/Drop period</td>
</tr>
<tr>
<td>June 8-11</td>
<td>Annual Conference APTA (no classes)- Nashville, TN</td>
</tr>
<tr>
<td>May 30</td>
<td>Registration for Fall Semester</td>
</tr>
<tr>
<td>July 4</td>
<td>Independence Day (no classes)</td>
</tr>
<tr>
<td>July 10</td>
<td>End Withdrawal period</td>
</tr>
<tr>
<td>July 25-29</td>
<td>Final Exam week</td>
</tr>
<tr>
<td>July 31</td>
<td>End Summer Semester</td>
</tr>
<tr>
<td>August 1-August 20</td>
<td>Summer Break (no classes)</td>
</tr>
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I. INTRODUCTION TO REGIS UNIVERSITY

HISTORY OF REGIS UNIVERSITY

In 1540, Ignatius Loyola founded the Society of Jesus, a community of companions and scholars known as the Jesuits, resolved to serve their fellow men. The guiding principle of the Society was that its members would meet the needs of their age and form leaders who would carry forth in their personal and professional lives a mission of service to others, a tradition of academic excellence, and service to the community. In 1877, Jesuit missionaries from Naples, Italy carried this tradition to America when they established a college, Las Vegas College, on the edge of the New Mexico desert. In 1884, that college was moved to Morrison, Colorado and renamed College of the Sacred Heart. Because the site was too remote, four years later the college moved again to its present location in northwest Denver, where eventually it was named Regis College. On July 1, 1991 the Board of Trustees changed the name Regis College to Regis University to reflect the growth in educational offerings as well as the addition of new campus sites. On September 25, 2012 John P. Fitzgibbons, SJ was inaugurated as the 24th President of Regis University.

Regis is one of 28 Jesuit colleges and universities (eight have DPT education programs) nationwide. Regis’ mission is to provide high quality, value-centered education and community service. It is inspired by the Jesuit tradition that challenges the University to seek excellence in the continuing tasks of higher education; to nurture the life of the mind and the pursuit of truth; to provide an environment suited to effective teaching and learning; to apply knowledge to human needs and problems in accord with the highest Judeo-Christian principles; and to search for better values, greater truth, and a more just existence.

“How ought we to live?”

The University mission challenges faculty, students, and graduates to answer this fundamental question through service learning, academic excellence and spiritual development. As a consequence of Ignatius Loyola’s vision, particularly as reflected in his Spiritual Exercises, we encourage all members of the Regis community to learn proficiently, think logically and critically, identify and choose personal standards of values, and be socially responsible. We further encourage the development of skills and leadership abilities necessary for distinguished professional work and contributions to the improvement and transformation of society.

Regis University Graduate Education Philosophy Statement

Graduate programs at Regis University embody the University’s mission of educating men and women to take leadership roles and to make a positive impact in a changing society. Graduate education at Regis is learner-centered. Learners and faculty are full partners in an educational relationship that emphasizes academic excellence, active collegial participation in the educational process, practical application of theory, ethical processes and decisions, and a commitment to lifelong learning. Regis University graduate programs emphasize:

* Academic Excellence – Graduate programs are committed to academic excellence: the disciplined search for knowledge and the joy of discovery and understanding. We expect each graduate student to achieve mastery in a discipline, including the ability to integrate and extend knowledge to contexts outside the classroom and to effectively translate theory into practice.

* Leadership – Graduate programs develop leaders in the service of others. In this context, leaders are communicators with vision who analyze problems, find and implement solutions, and structure and facilitate processes to make a positive impact on society.

* Ethics – Ethical decision making and behavior are fundamental components of graduate programs at Regis. Ethics guides individuals to make a conscious effort to integrate and broaden the considerations surrounding their decisions; and to examine carefully the consequences and implications beyond personal and organizational self-interests.

* Social Justice – Graduate programs strive to nurture a life of service for the common good, to cultivate respect for human diversity, and to strengthen a special concern for the poor, the marginalized, and the oppressed. By emphasizing social justice, we reinforce our commitment to be active and productive members in society and to work for change to protect the disenfranchised.
Global Awareness – Graduate programs are committed to preparing learners to live, work, and lead in an increasingly interconnected global society. We strive to celebrate diversity, value the uniqueness of the individual, and instill a passion for justice for all people.

RUECKERT-HARMAN COLLEGE FOR HEALTH PROFESSIONS: MISSION AND GOALS

Within Regis University, the Rueckert-Hartman College for Health Professions (Loretto Heights School of Nursing, School of Physical Therapy, School of Pharmacy, Division of Health Services Administration and Division of Healthcare Ethics and Department of Marriage and Family Counseling) embraces the following vision, mission, values and goals.

The College vision is to be nationally recognized for delivering innovative programs that prepare socially responsible, capable leaders for the advancement of health care.

Mission
The College mission is to educate men and women as leaders committed to excellence within the health care professions.

Values
Rueckert-Hartman College for Health Professions hold the following core values:

- Integrity – Honesty, fairness, respect for individual worth
- Quality – Excellence, ability, reputation
- Initiative – Purpose, innovation, life-long learning
- Commitment – Justice, engagement, community
- Service – Spirituality, compassion, caring
- Leadership – Inspiration, collaboration, accomplishment

Goals
Goals of the Rueckert-Hartman College for Health Professions are to:

- Prepare professionals able to practice effectively in the changing health care environment
- Encourage exploration of ethical issues, spiritual dimensions, and cultural differences.
- Provide educational opportunities that facilitate learning, critical thinking, and effective communication
- Promote a student-centered learning environment that respects the unique needs of the individual
- Cultivate the development of leadership skills in service of others
- Collaborate with the broader community to meet current and anticipated health care needs
- Foster respect for human diversity

A Brief History of Regis University School of Physical Therapy
The School of Physical Therapy matriculated its first class of 27 students in January 1995, and these students graduated in December 1996 with a Master of Science Degree in Physical Therapy. A mere five years after the master’s degree had been established, faculty re-designed the curriculum to launch the Doctor of Physical Therapy (DPT) degree. The class that entered in 2001 was the first class, not only at Regis University, but in the State of Colorado, to enroll in a program offering this degree. Regis University was the twenty-second program in the nation to offer the DPT degree. Today, the School has 21 doctorally-prepared ranked faculty, aided by over 40 affiliate faculty members who assist with lab and tutorial instruction. In addition, clinical scholars, along with clinical educators and instructors, provide clinical instruction to students during clinical rotations. In 2002, Regis University began offering a transition DPT degree, primarily using an online approach, to allow licensed physical therapy clinicians to earn the DPT degree in a non-traditional format. The final class to graduate using this option was in 2014. Since 2004, the School of Physical Therapy has offered an APTA-credentialed fellowship in Manual Therapy. In 2010 the School established an on-campus clinic, RegisCares, as a site of faculty practice to meet the needs of faculty, students and staff of Regis University and in 2013 the university began offering an undergraduate major in Health and Exercise Science (HES), administered by the School. In April, 2011 the Doctor of Physical Therapy Program (Department of Professional Studies) was re-accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) for a period of 10 years.

From the original class of 27 in 1995, there are now more than 400 students across all School Programs (DPT, fellowship, and HES). In just 20 years, the vision of a School that is one of the preeminent programs in the United States with leaders in physical therapist practice, research, education, and service has come to fruition.
SCHOOL OF PHYSICAL THERAPY

Mission Statement
The School of Physical Therapy is dedicated to providing value-centered education within the Jesuit Catholic tradition. The professional education is extensive in depth and breadth and promotes current best practice across settings. The program is designed to prepare graduates as leaders in the profession who bridge theory and practice in a dynamic health care environment. Special attention is placed on developing an appreciation of the uniqueness of the individual and recognition of how this uniqueness influences health and wellness of diverse populations. Emphasis is placed on developing advocates for the public welfare and common good by changing self-centeredness and other values that compromise a sense of community. Graduates are challenged to integrate Jesuit values with future personal and professional pursuits. Graduates practice autonomously, ethically, and legally as primary care providers. As professionals, graduates are decision-makers and critical thinkers who have a clear understanding of the value of life long learning and contributing to the body of knowledge of physical therapy.

Philosophy
The faculty of the School of Physical Therapy believe that physical therapists must be prepared to meet the challenges of an every changing health care environment, be it integrating new technologies, new interventions or organizations and cost-containment approaches. To do so physical therapists must integrate knowledge from the sciences and humanities to develop, enhance, maintain, and restore movement function, prevent dysfunction, and optimize health and wellness. Key components in the initial study of physical therapy include: 1) a grounding in the sciences fundamental to physical therapy; 2) an appreciation of the means through which both theory and application are developed; 3) an ability to apply theoretical concepts in practical situations; 4) a development of the roles and responsibilities of the professional; 5) an understanding of the diversity in terms of development, cultural background, and health care needs; 6) a responsibility to contribute to the common good and to the service of others.

A physical therapist (PT) is an applied scientist who manages patient care, advances knowledge within the profession, prepares future professionals, and interacts collegially with other health care providers. Each PT has an obligation to use unique skills and knowledge for the purpose that serves the community at large. Other responsibilities include fairness in all transactions, informing health care practitioners and the public of the availability and potential value of physical therapy and providing learning opportunities for future members of the profession.

The professional learning environment incorporates: 1) the student as a future professional; 2) human resources, particularly educators, health care clients, and other students; 3) environments in which the student applies professional skills and behaviors; 4) material resources such as space, equipment, and sources of information; and 5) the organizational structure which all components interact. An optimal environment is one in which each of the components has identifiable characteristics but functions collaboratively.

All participants in the learning environment support the mission and values of the University, the College, the School and the profession. The goal of the School of Physical Therapy is to admit and develop students who are:

• Resourceful
• Culturally competent
• Accepting of intellectual differences
• Intellectually curious
• Effective communicators
• Challenged by ambiguity
• Willing to clarify impact of personal values
• Responsible for self-directed learning
• Able to use self-assessment in the learning process

Physical therapy educators include all personnel who are directly involved in facilitating learning in academic, service, and other settings. As learners, educators must demonstrate the same characteristics as students. In addition, educators model or exemplify professional behavior and facilitate the development of these attributes in students. For these reasons, educators are involved in activities that support and facilitate teaching effectiveness, scholarship, clinical practice, and service.
Clients and patients participate voluntarily in the learning environment through their willingness to allow their health care problems and needs to become an opportunity for learning. Students and educators respect the voluntary aspect of this involvement.

Resources, including a range of technology, are needed to explore and test theories and concepts. Material resources are necessary to permit exploration and testing of theories and concepts, and their applications are readily accessible to learners, educators, and clients. Resources represent the range of technology available to and used by the physical therapist and clients.

The organizational structure supports and enhances the attributes and contributions of students and educators. The structure places emphasis on the development of rational judgment capabilities, the transition from knowledge to application, the performance of professional skills coupled with supervisory capability for technical skills, and an ability to generalize knowledge and skills from specific experiences to a variety of situations. Courses serve not only as separate fields of study, but also as mechanisms for integrating information throughout the curriculum. The organizational structure also supports independent learning through the use of:

- Concept unifying problems
- Student-directed learning facilitated by faculty
- Development of individual plans for learning
- Multiple alternatives for the acquisition and demonstration of competence

The graduate physical therapist is prepared to practice in primary care, communicate with a variety of audiences, and contribute to the advancement of the profession. The graduate will be prepared to serve as a leader while collaborating in a dynamic health care environment. The graduate will be expected to be a lifelong learner committed to community service and an advocate for the public welfare.

**Goals**
The School of Physical Therapy goals, derived from this philosophy, are to:

1. Provide an educational environment in which principles that are fundamental to Jesuit tradition are integrated with ethical professional practice.
2. Admit and educate students who are willing to clarify the impact of their personal values and support the mission and objectives of the University, the College, and the School.
3. Attract and support educators who excel in teaching, contribute to their profession, model professional behavior, and support students.
4. Prepare graduates who achieve desired educational outcomes of the Program.
5. Develop graduates with the knowledge, skills, and attitudes to act creatively in a constantly changing health care environment.
6. Develop leaders who assume multiple roles that have positive impact on society and the profession.
7. Promote graduates who are committed to a life of service that contributes to the common good.
8. Inspire life-long learners who integrate experience and knowledge in their appreciation of the individual within diverse cultures and societies.

**Educational Outcomes**
The graduate of the School of Physical Therapy will be able to:

1. Practice physical therapy legally and ethically in accordance with the standards of the American Physical Therapy Association “Code of Ethics for the Physical Therapist” and “Standards of Practice for Physical Therapy” and The Guide to Physical Therapist Practice.
2. Use professional judgment to establish a diagnosis, prognosis, and intervention scheme that integrates critical thinking and evidence-based practice.
3. Engage in self-directed practice that promotes health, wellness, and restoration of function while serving as a primary care provider, consultant, and collaborative team member.
4. Communicate professional concepts to diverse audiences using oral, written, and non-verbal strategies.
5. Educate consumers, health care providers, and future physical therapists about physical therapy practice.
6. Delegate selective components of physical therapy practice to technical assistants.
7. Participate in scholarly activities incorporating contemporary technology for the advancement of the profession and the welfare of society.
8. Serve as leaders who assume multiple roles that have a positive impact on society and the profession.
9. Incorporate the essentials of business management in the delivery of physical therapy services (personnel, fiscal, marketing, organizational structure, technological support, and risk management).
10. Commit to a life of learning, service, and the promotion of social justice.

II. ADMISSIONS

Non-Discrimination
In accordance with its Jesuit Catholic mission, Regis University is committed to maintaining an inclusive atmosphere in which the civil rights of every individual are recognized and respected. Regis University complies with all local, state, and federal nondiscrimination laws and regulation. Regis University does not unlawfully discriminate on the basis of age, race, national origin/ancestry, color, gender, religion/creed, or handicap/disability.

Admission Criteria
All applicants applying to the Doctor of Physical Therapy professional (entry level) program must have completed and submitted their application through the Physical Therapist Centralized Application Service (PTCAS) [PTCAS c/o Liaison International, 311 Arsenal St., Suite 15, Watertown MA 02471; http://www.ptcas.org] and a supplemental application to the RHCHP Office of Admissions & Student Operations.
As a student admitted to Regis University in the School of Physical Therapy, you have met the following criteria:

• Completion of a baccalaureate (BA or BS) prior to matriculation with a major in a field other than physical therapy from an accredited institution of higher education. No academic major is given priority during the selection process.
• Completion of prerequisite coursework with a minimum grade of a “B-” or above in each of the following:

  **Prerequisite Courses**

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive and Inferential Statistics</td>
<td>3 SH</td>
</tr>
<tr>
<td>Biology (lecture and lab)</td>
<td>8 SH</td>
</tr>
<tr>
<td>Human Anatomy (lecture and lab)</td>
<td>4 SH</td>
</tr>
<tr>
<td>Human Physiology (lecture and lab)</td>
<td>4 SH</td>
</tr>
<tr>
<td>General Chemistry (lectures and labs)</td>
<td>8 SH</td>
</tr>
<tr>
<td>General Physics (lectures and labs)</td>
<td>8 SH</td>
</tr>
<tr>
<td>Behavioral Science (Abnormal and Developmental Psychology recommended)</td>
<td>6 SH</td>
</tr>
</tbody>
</table>

• Demonstration of an undergraduate cumulative GPA of 3.000 (on a 4.000 scale) preferred.
• Demonstration of familiarity with the profession of physical therapy.
• Evidence of potential for success in graduate education.
• Evidence of potential for success as a professional in the field of physical therapy.

**Physical Therapy Experience**
Students should have obtained a broad exposure to the various roles and responsibilities of the practicing physical therapist and have a general understanding of the future direction of Physical Therapy as a profession.

**Admission on Probation**
Students who show promise for the program, but do not meet all of the criteria identified above may be admitted on a probationary basis.

The number of probationary students in any admitting class are limited by the Faculty Planning Committee to no more than three students of the total group.
Under probationary status, the student must maintain a minimum cumulative GPA of 3.000 and a minimum of “C+” in each course for the first 16 semester hours of 700 level Physical Therapy (PT) graduate course work at Regis University. Successful completion of the first 16 semester hours of 700 level PT graduate course work at Regis University with a cumulative GPA of 3.000 and a minimum of “C+” in each course results in a change in academic status to good standing.

Probationary students who do not achieve a minimum cumulative GPA of 3.000 and a minimum of “C+” in each course for the first 16 semester hours of 700 level PT graduate course work are suspended from the PT program. Suspensions may be appealed to the Director.

Failure to successfully pass an exam on medical terminology (77% or greater on one of two attempts) administered in the first two weeks of classes will also result in suspension from the PT program for a student admitted on probation.

**Conditional Admission**
Students who may not have fully completed pre-requisite coursework at the time of admission may be accepted into the program pending successful completion of these courses with a grade of “B” or higher. Students must submit official transcripts demonstrating that the conditional requirements have been met prior to the first day of classes.

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**III. ADDITIONAL PROGRAM ADMISSION REQUIREMENTS**

**Drug Screening and Criminal Background Check Policy**
It has become common practice for agencies and/or field placement sites to have policies requiring screening and/or criminal background checks for employees, volunteers, and students who are assigned to the facility. Regis University complies with these requirements in placing students at such facilities or agencies. As a condition for enrollment and continued matriculation in academic programs involving external placements, clinical rotations, internships, or service learning experiences, students are required to submit to drug screening tests and to participate in a criminal background prior to matriculation. Further checks will be at the discretion of Regis University or the agency sponsoring the field placement or internship.

Regis University will assist students in understanding and complying with the requirements. However, the responsibility for providing such information and the associated costs rests with the student and not with the University. Failure to submit to such testing or to provide such information as required as a condition for admission and clinical placement or internship may result in disqualification from further study at the University. Similarly, results from drug screen tests or criminal background check may result in disciplinary action on the part of the University, including but not limited to disqualification from further study at the University.

In concert with Regis University’s drug free community policy and the physical therapist’s obligation for safe and responsible patient care, students currently enrolled in the School of Physical Therapy may be asked to comply with a For-Cause and/or Random Drug Screen.

Consequences of drug or irresponsible alcohol use may include suspension and/or dismissal from the program as determined by the department director in consultation with the School dean. Students who have a positive drug screen will have that positive drug test information shared with the Student Affairs Committee and/or the RHCHP Office of Admissions and Student Operations.

**For-Cause Drug Screen**
A for-cause drug screen may be requested of a student, by a representative from a clinical agency, service learning site, field experience venue, or the School of Physical Therapy.

The individual initiating the For-Cause Drug Screen action will notify the student’s department director immediately. The director may have the student removed from the learning environment immediately. In order to continue the learning experience, the student will be expected to complete testing immediately upon the request.

1. Drug screening will occur at a location and by a procedure determined by the School.
2. While Regis University will assist the student in understanding the requirements for testing, the responsibility for providing information requested of them, and for the associated costs of testing and reporting rests with the student and not with Regis University.

3. The student must comply with “chain of custody” procedures for the specimen instituted by the agency obtaining and/or testing the specimen.

4. The student must provide all documentation and signatures requested by the agency obtaining and/or testing the specimen, Department Director and/or SPT Dean.

5. The student may be excluded from class, lab, and/or clinical while full results are pending.

6. The student will be held responsible for the cost of class, lab, and/or clinical make up.

7. Failure to submit to testing, comply with testing procedures, or provide information required as a condition of a clinical placement, internship, service learning, classroom, field, or other learning experience may result in the student’s dismissal from the agency and/or suspension and/or dismissal from the School.

Random Drug Screen
A random drug screen may be initiated for a student in Regis University DPT program at any time. The Student Affairs Committee is responsible for overseeing the Random Drug Screening process. The director, chair of Clinical Education or dean may initiate a Random Drug Screen for any PT student at any time. Student(s) will be selected using an accepted randomizing procedure.

The selected student(s):
1. Will be notified by a faculty or faculty administrator.
2. Will receive explicit written instructions for the testing procedure including timeframe, facility location, and follow-up.
3. May address questions and/or concerns about the process to the School faculty or faculty administrator who may provide clarification or who may defer to the chair of the Student Affairs Committee.
4. May not request any variation in the testing procedure once the notification has been received by the student; nor may the School faculty or faculty administrator sanction a variation.
5. If a student tests positive, the student may be removed from any and/or all learning environments until confirmatory testing is completed.

6. The cost of the random drug screen and reporting costs rest with the School.

7. Failure to submit to testing, comply with testing procedures, or provide information required may result in the student’s suspension and/or dismissal from the School.

Cardiopulmonary Resuscitation (CPR)
All student are required to obtain and maintain current Health Care Provider CPR certification throughout the duration of the program. Proof of such certification must be in each student file no later than the end of the first semester. If the CPR certification expires prior to completion of the program, the student must recertify and submit documentation of completion. Students are not permitted to participate in classroom or clinical experiences without current CPR certification.

Computer Requirements
Students are required to have a computer and an iPad.

Necessary computer skills include proficiency in several computer applications, including Microsoft Word, Excel, PowerPoint, and Outlook. Students are also expected to be comfortable navigating web pages using common Internet browsers, attaching documents to e-mails, and participating in online discussion groups as required by specific courses within the program. Prior knowledge in SPSS statistical software is highly recommended.

Computer requirements that coordinate with learning management systems used by the program include:

| Operating system     | Windows 2003, XP, Vista or 7  
|                      | Mac OS X 10.7 or higher        
| Video                | SVGA monitor                   
|                      | Minimum resolution of 1024 x 768 or greater 
| Internet speed       | Broadband internet connection (cable, DSL) 
| Javascript & Cookies | Enabled                        
| Software             | PC: MS Office 2007 or 2010     

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Neither the University nor the school provides formal support for personal computers or iPads. Students are responsible for maintaining a functioning computer.

Since nearly all public spaces on the Regis campus have wireless internet access, any device with wireless connectivity allows students to access internet resources needed for the program, such as library databases, course resources that have audio and video supplements, and specialized databases such as pharmacology databases. All student, faculty, and staff electronic communication occurs through an issued RegisNET e-mail account. Class notes, routine school communication, and class scheduling are examples of critical information that students will access daily through the RegisNET account.

**Technical Standards**

Technical Standards delineate the observational, cognitive, affective, and psychomotor skills essential to complete the program and perform as a competent practitioner of physical therapy.

*If a student cannot demonstrate the following skills and abilities (Essential Functions), the student must request an appropriate accommodation.* The University will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship such as those that cause a significant expense, difficulty or are unduly disruptive to the educational process.

**Essential Functions**

Title III of the Americans with Disabilities Act (ADA) provides comprehensive civil right protections for “qualified individuals with disabilities.” An “individual with a disability” is a person who:
- Has a physical or mental impairment that substantially limits a “major life activity”, or
- Has a record of such an impairment, or
- Is regarded as having such an impairment

The ADA Handbook published by the Equal Employment Opportunity Commission and the Department of Justice states:
“Examples of physical or mental impairments include, but are not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy, muscular dystrophy, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Homosexuality and bisexuality are not physical or mental impairments under the ADA.”

“Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Individuals who are currently engaged in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal drug use.

“Qualified” individuals are defined as follows:
- A “qualified” individual with a disability is one who meets the essential eligibility requirements for the program or activity offered.
- The “essential eligibility requirements” will depend on the type of service or activity involved.

Please refer to Appendix N for a detail of the essential functions.

**Health Insurance**

The University requires that all full time pre-licensure physical therapy students be covered by some form of health insurance. Hospitalization, dental care, and personal visits to or by a physician are the responsibility of the student and his/her parents/guardian.

As a condition of enrollment, all graduate PT students must maintain and submit proof of health insurance coverage that includes effective date and renewal date to the Program Assistant for Clinical Education at the beginning of each academic year.

<table>
<thead>
<tr>
<th>Must support iOS 7.x and have at least 16 GB of memory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mac: MS Office 2008 or 2011</td>
</tr>
<tr>
<td>Anti-virus software with definitions update (McAfee, Norton or Trend Micro preferred)</td>
</tr>
<tr>
<td>Adobe Acrobat Reader 9 (most recent version)</td>
</tr>
<tr>
<td>Flash Player/OnLive app for iPad</td>
</tr>
</tbody>
</table>

iPad tablet
This requirement can be met by enrolling in the University-sponsored student health insurance plan or by presenting proof to the School of coverage by an alternative health insurance plan. Personal health insurance covers illness and injury in classroom and lab situations as well as any off campus injuries/illnesses. As required by Colorado state law, the Regis University Worker’s Compensation insurance policy covers all students who are injured during a clinical education experience.

Immunizations
Students are required to have evidence of a physical examination and proof of immunization prior to beginning the first semester enrollment at Regis. Required immunizations include tuberculosis vaccination; measles, mumps, rubella (MMR; 2); polio; diphtheria, pertussis, tetanus (DPT), influenza; and completion of the first of the three hepatitis B vaccines. The second is given one month after the first and the third hepatitis vaccine is given six months after the second and can be received while students are enrolled. Vaccinations are at the student’s expense.

Students who fail to submit documentation of the required immunizations will not be permitted to participate in classroom activities, including clinical rotations.

Additional exams and or immunizations may be required depending on clinical placement. These immunizations are at the student’s expense. Students failing to submit documentation of such exams or immunizations will not be permitted to participate in clinical education placements.

IV. CURRICULUM

Structure
Over the course of approximately 3 calendar years (8 consecutive semesters), the curriculum is structured to provide both access to information and the opportunity to engage in and develop skills in cognitive, psychomotor, and affective domains. The central concept of the curriculum is movement theory, presented through a systems approach across the life span. The curriculum provides a strong foundation in the sciences supporting physical therapy intervention and the rationales linking theory and application to clinical practice.

Embracing the concept of “adult learning,” where instructors serve as facilitators of learning and thinking, and not solely as dispensers of knowledge, the study of structured problems and issues in small group tutorial sessions throughout the curriculum enhances integration of information from current and previous courses. Integration is further supported through the use of unified sets of course objectives which express common concepts in related courses. Objective sets (found in each course syllabus) have been developed for courses in the following areas:

- Foundation Sciences
- Applied Sciences
- PT Management
- Professional Issues
- Research Series
- Clinical Education

The objective sets are written to address content, level of expected competence in relation to the content, and the environment in which the expected competence will be demonstrated. See the “Course Listing Categorized by Set Objectives Focus” table that follows. Achievement of objectives are evaluated using a variety of methods throughout the curriculum, culminating with a comprehensive examination.
# School of Physical Therapy

## Course Listing Categorized by Set Objective (Semester)

<table>
<thead>
<tr>
<th><strong>Foundation Sciences</strong></th>
<th><strong>Applied Sciences</strong></th>
<th><strong>Physical Therapy Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 701 Human Anatomy/Histology (I)</td>
<td>DPT 708 Management Applications of Physiology: MAP I (I)</td>
<td>DPT 732 Management Applications of Physiology: MAP II (II)</td>
</tr>
<tr>
<td>DPT 703 Biomechanics/Kinesiology-Extremities (I)</td>
<td>DPT 710 A &amp; B Pharmacology (II, IV)</td>
<td>DPT 734 Musculoskeletal Management I (III)</td>
</tr>
<tr>
<td>DPT 776 Critical Inquiry (I)</td>
<td>DPT 730 PT Examination (II)</td>
<td>DPT 736 Neurological Management I (IV)</td>
</tr>
<tr>
<td>DPT 704 Neuroscience (II)</td>
<td>DPT 719 Exercise Foundations (III)</td>
<td>DPT 735 Musculoskeletal Management III (V)</td>
</tr>
<tr>
<td>DPT 705 Biomechanics/Kinesiology-Spine (II)</td>
<td>DPT 715 Health Care Policy (III)</td>
<td>DPT 737 Neurological Management II (V)</td>
</tr>
<tr>
<td>DPT 706 Movement Science (II)</td>
<td>DPT 712 Diagnostic Imaging and Procedures (IV)</td>
<td>DPT 738 Management Applications of Physiology: MAP III (V)</td>
</tr>
<tr>
<td>DPT 707 Kinesiology II (III)</td>
<td>DPT 731 Differential Diagnosis (VI)</td>
<td>DPT 740 PT Management across the lifespan</td>
</tr>
<tr>
<td>HCE 709 Health Care Ethics for Physical Therapists (V)/IHCE 709 Interprofessional Health Care Ethics</td>
<td>DPT 739 Exercise Application (VI)</td>
<td></td>
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<tr>
<td>DPT 716 Business Management (VII)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Professional Issues</strong></th>
<th><strong>Research Series</strong></th>
<th><strong>Clinical Education</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 770 Professional Issues/Case Management I (I)</td>
<td>DPT 790 EBP I (III)</td>
<td>DPT 750 Clinical Education I (IV)</td>
</tr>
<tr>
<td>DPT 714 Psychosocial Aspects of Health Care (III)</td>
<td>DPT 791 EBP II (V)</td>
<td>DPT 751 Clinical Education II (VI)</td>
</tr>
<tr>
<td>DPT 771 Professional Issues/Case Management II (III)</td>
<td>DPT 792 EBP III (VII)</td>
<td>DPT 752 Clinical Education III (VIII)</td>
</tr>
<tr>
<td>DPT 772 Professional Issues/Case &amp; Practice Management III (IV)</td>
<td>DPT 793 EBP IV (VIII)</td>
<td>DPT 753 Clinical Education IV (VIII)</td>
</tr>
<tr>
<td>DPT 773 Professional Issues/Case Management IV (V)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT 774 Professional Issues/Case Management V (VI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT 775 Professional Issues/Case Management VI (VII)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT 799 Comprehensive Exam (VII)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT 796 PT Capstone (VIII)</td>
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<td></td>
</tr>
</tbody>
</table>

Class of 2018 Student Handbook
Longitudinal Threads
In addition to integration of information through the set objectives, several longitudinal threads exist throughout the curriculum. Longitudinal threads allow the student to develop in each topic area over the course of the 3 years in the program. These threads are:

- Critical Inquiry
- Writing Across the Curriculum
- Teaching/Learning
- Mission, Service Learning, and Leadership

The purpose of the critical inquiry thread is to develop graduates who have knowledge and skills in the scientific inquiry process to effectively incorporate these critical skills in daily clinical decisions at both the individual and group level upon graduation. Early in the curriculum, assignments are devoted to understanding the scientific research literature. As an understanding of the scientific method is developed, assignments begin to focus on critiquing literature and assessing the level of the evidence for clinical care decisions. Later in the curriculum, students actively gather and record observations of clinical tests and measures that allow them to analyze and synthesize data. The outcome of this thread is to produce graduates who can use technology to gather information, evaluate critical clinical questions, critically analyze reports of research, articulate ethical and legal constraints for research, participate in planning and conducting a clinical investigation and/or clinical practice monitoring program, apply descriptive and inferential statistical methods for data analysis and disseminate the results of clinically applicable investigations. This thread ultimately prepares students to integrate the application of evidence into daily clinical practice decisions.

The purpose of the writing across the curriculum thread is to develop graduates who have writing skills to effectively fulfill professional communication needs. To meet this challenge, graduates of the program must be able to share their knowledge in writing to communicate with a wide variety of audiences including patients, the general public, physical therapists, other health care professionals, reimbursement agents, and researchers. The sequence will progress through the following types of writing: PERSONAL, EXPOSITORY (PROFESSIONAL/ INTERPROFESSIONAL), PERSUASIVE/ADVOCACY, AND SCIENTIFIC/ RESEARCH. Successful development of writing skills is illustrated by evidence of written communication while on clinical rotations and the overall written presentation of a portfolio capstone project. Writing skills culminate in the completion of a research paper in the scientific style.

The purpose of the teaching/learning thread is to develop graduates who can effectively communicate with a wide variety of audiences using a format that is congruent with the situational needs. Early in the curriculum, students have the opportunity to identify and compare different teaching and learning styles and practice various methods of oral communication. Continuing throughout the curriculum, the students participate in a number of group and individual interactions that support and develop information delivery. The outcome of this thread is to produce graduates who use a variety of educational strategies, identify and prioritize educational needs of an audience, recognize the limits of an educator, and engage in self-directed learning activities.

The purpose of the mission and service is to cultivate an understanding of personal and professional responsibilities that embody the School of Physical Therapy Mission and the Regis University Mission which flow from the Jesuit Mission. Students are expected to follow the Ignatius Spirit in the “Examen of conscious” when making professional and personal decisions. All people are part of the same world community and, as such, deserve equal respect and access to the goods of society. The outcome of this thread is to produce graduates who show evidence of leadership and who plan to continue life-long contributions to the profession, the community, and society. The leadership thread is aimed at producing graduates who positively influence outcomes through their contributions to the clinical community, the profession, the community and society. Integrating leadership skills begins during the didactic program and continues in the clinical setting to offer the student the opportunity to lead in a distinct and different way. Ultimately, the leadership thread develops the ability to lead, collaborate, and influence change in behaviors, opinions, values and goals. For a detailed description of the longitudinal threads, see Appendix T.

Program Description
The professional (entry-level) program is 110 semester hours of full-time study over three calendar years. Typically, classes are held on a five-day week format on the Lowell Campus in north Denver. Students begin each August and upon successful completion of all requirements, graduate eight semesters later with a Doctor of Physical Therapy (DPT) degree. This degree prepares students to be autonomous general practitioners equipped with the necessary tools to practice physical therapy in the 21st century. Graduation requirements include completion of a research project and an electronic portfolio capstone project. In addition, students are eligible to take the physical therapy licensure examination in any U.S. jurisdiction.
With an evidenced-based practice perspective, graduates apply the most current medical literature to daily clinical decisions. This model enables students to successfully link theory and application to clinical practice. Numerous faculty facilitated, small group activities are also included in the curriculum. For example, clinical cases and issues are explored in small group tutorials offered in the Professional Issues series of the curriculum. These tutorials serve to extend and integrate material discussed in other courses and foster students’ ability to access and apply information. Tutorials also stress development of communication, teaching skills, and ongoing personal assessment.

During clinical experiences, students integrate knowledge gained from courses to refine their skills in examination, evaluation, diagnosis, prognosis, intervention, outcomes, and communication with diverse populations. Participation in clinical rotations within the program necessitates travel to various sites outside the Denver area and across the country. All expenses incurred at all clinical rotations are the responsibility of the student. Students are required to participate in a minimum of one rural experience and one out of state experience to facilitate an appreciation of various practice settings. Currently, the School is affiliated with more than 400 clinical sites throughout the country, as well as select international experiences. During any one rotation students are given choices within a select subset of these sites.

The curriculum is designed in a core curriculum format with each student taking all courses within the designated time line. The Curriculum design along with the academic/clinical schedule are described in the following schemes:

**Elective Courses**
Two elective courses allow students to pursue an area of study in a seminar format. Typically address areas of patient/client and professional management. Because electives have limited course enrollments (n=16), placement is achieved by use of randomized system, matching student preferences that have been submitted electronically to courses offered.

**Evaluations by Students**

**Course Evaluations**
Students are required to evaluate courses at the conclusion of the course/semester. Evaluations are used to assist with course and overall curriculum development and review. Evaluations are computerized and submitted anonymously. Results are automatically tabulated and results are emailed to faculty upon closure of the evaluation period.

**Faculty Evaluations**
At the conclusion of each semester’s courses, faculty evaluations are conducted using a computerized format. Evaluations are used to assist with faculty development and review and are conducted on a rotating, pre-scheduled basis. Evaluations are submitted anonymously. The results of faculty evaluations are shared electronically linked to each faculty evaluated following the closure of the evaluation period.

**Incident Report**
If a student is injured in clinical laboratory or in the simulation laboratory, Campus Safety must be called (303-458-4122) in order to file and submit an incident report to Auxiliary and Business Services for risk management assessment. Student injuries in the classroom or labs are not covered by worker’s compensation.

**Independent Skills Lab**
Independent Skills Labs (ISL) are scheduled, typically weekly, each semester to allow students to practice with peers in order to attain lab/course expectations for evaluation and intervention skills. Faculty/affiliate faculty representing courses scheduled in that semester are available in ISL for questions, clarification and support of student learning according to course coordinator’s discretion.

Scheduled independent skills labs are also used for activities such as competency skills check-offs, assigned self-directed learning activities, research projects, and rescheduled class meetings.

**Portfolio**
A portfolio is a compilation of materials and evidence, termed artifacts, that confirm learning experiences across the curriculum. This tool illustrates growth in the learning process and relates this growth, typically through reflection, to stated educational outcomes. Components of the student portfolio in the School of Physical Therapy will also be used as part of a personal professional development plan presented in DPT 796 Physical Therapy Capstone.
The goals of the portfolio are to:

- Foster thoughtful reflections on planned career development
- Develop a professional role commensurate with a doctoring profession
- Provide evidence of the application of knowledge

Additional expectation details are included in Appendix v. Each student’s portfolio is housed electronically.
<table>
<thead>
<tr>
<th>Year</th>
<th>SEMESTER I (Fall)</th>
<th>SEM HRS</th>
<th>COURSE</th>
<th>SEM HRS</th>
<th>COURSE</th>
<th>SEM HRS</th>
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<tr>
<td>I</td>
<td>DPT 701 Human Anatomy and Histology</td>
<td>6</td>
<td>DPT 704 Neuroscience</td>
<td>4</td>
<td>DPT 707 Kinesiology II</td>
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<td></td>
<td>DPT 703 Biomechanics/Kinesiology-Extremities</td>
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<td>DPT 705 Biomechanics/Kinesiology-Spine</td>
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<td>DPT 714 Psychosocial Aspects of Healthcare</td>
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<td></td>
<td>DPT 708 Management Applications of Physiology: MAP I</td>
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<td>DPT 706 Movement Science</td>
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<td>DPT 719 Exercise Foundations</td>
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<td>DPT 710A Pharmacology</td>
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<td>DPT 733 Musculoskeletal Management I</td>
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<td>DPT 730 PT Examination</td>
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<th>Year</th>
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<th>SEM HRS</th>
<th>COURSE</th>
<th>SEM HRS</th>
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<td>DPT 735 Musculoskeletal Management III</td>
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<td>DPT 715 Health Care Policy</td>
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<td>DPT 712 Diagnostic Imaging and Procedures</td>
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<td>DPT 737 Neurological Management II</td>
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<td>DPT 731 Differential Diagnosis</td>
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<td>DPT 791 EBP II</td>
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<td>HCE 709 Heath Care Ethics for Physical Therapists/HCE 709 Interdisciplinary Ethics</td>
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Academic – Clinical Sequence

YEAR 1
Fall Semester = 16 weeks
Spring Semester = 16 weeks
Summer Semester = 13 weeks

YEAR 2
Fall Semester = 16 weeks
Spring Semester = 16 weeks
Summer Semester = 13 weeks

YEAR 3
Fall Semester = 16 weeks
Spring Semester = 16 weeks
Summer Semester = 13 weeks

Course Sequence
Clinical Experience (CE)
Break
Course Descriptions
Total semester hours (SH) are designated for each course.

DPT 701. HUMAN ANATOMY AND HISTOLOGY (6). Examines normal gross anatomy and histology across the lifespan. Explores relationships of the musculoskeletal, nervous, integumentary, and cardiopulmonary systems at the cellular, tissue, organ, and system level. Neuromusculoskeletal embryology is included. Co-requisite: DPT 770. NOTE: Laboratory includes cadaver dissection.

DPT 703. BIOMECHANICS/KINESIOLOGY-EXTREMITIES (3). Investigates structure and function of bone, cartilage, connective tissue and skeletal muscle during human movement. Kinematic, kinetic and muscle function relationships of single and multi-axis joints of the extremities are explored. Laboratory includes principles and methods of evaluation for muscle and joint function for the upper and lower extremities. Co-requisite: DPT 770

DPT 704. NEUROSCIENCE (4). Studies the structure/function of the nervous system across the lifespan. Includes cellular, systemic, and clinical pathology discussions of peripheral and central neural components. Examines sensations, perceptions, cognition, and muscle control as well as introduces pathology and basic examinations of these systems. Prerequisite(s): DPT 701; DPT 708. NOTE: Laboratory included.

DPT 705. BIOMECHANICS/KINESIOLOGY-SPINE (2). Investigates structure and function of bone, cartilage, connective tissue and skeletal muscle during human movement. Kinematic, kinetic and muscle function relationships of single and multi-axis joints of the TMJ joint and spine are explored. Laboratory includes principles and methods of evaluation for muscle and joint function for the TMJ and spine. Co-requisite: DPT 730. Prerequisite(s): DPT 701; DPT 703.

DPT 706. MOVEMENT SCIENCE (2). Investigates the theoretical principles of motor learning and motor control. Analysis of the motor behavior approach to movement science and clinical intervention is discussed. Co-requisite: DPT 704. Note: Laboratory included.

DPT 707. KINESIOLOGY II (4). Analyzes neural recruitment of muscle, kinematic and kinetic characteristics of multi-joint movement patterns in the extremities across the lifespan. Balance, upper extremity function, transitional movements and gait are addressed. Co-requisite: DPT 733 and DPT 771. Prerequisite(s): DPT 705, DPT 706; 730. NOTE: Laboratory included.

DPT 708. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP I (3). Studies physiologic principles necessary for physical activity, physiologic changes and adaptations that occur with exercise and the associated effects of physical activity on health and wellness across the lifespan. Addresses measurement of fitness and development of training programs to improve physical fitness. Co-requisite: DPT 770. NOTE: Laboratory included.


DPT 710B. PHARMACOLOGY (1). Continuation of DPT 710a. Co-requisite: DPT 734; DPT 736.

DPT 712. DIAGNOSTIC IMAGING AND PROCEDURES (2). Introduces the foundations and principles of diagnostic imaging and procedures used in clinical management to include radiographic imaging, MRI and electrophysiologic studies. Rationales and guidelines for examination selection are discussed. Performs nerve conduction and needle EMG studies. Examines basic interpretation of diagnostic imaging as well as interpretation of EMG and nerve conduction studies. Co-requisite: DPT 750; DPT 772. Prerequisite(s): DPT 704. Note: Laboratory included.

DPT 714 PSYCHOSOCIAL ASPECTS OF HEALTH CARE (3). Explores responses to illness and disability as influenced by psychological, psychiatric, social, cultural, ethnic and lifespan factors. Examine psychological behavior models including adherence, prevention, and behavioral modification. Incorporate above principles into physical therapy management. Co-requisite: DPT 771. Pre-requisite(s): DPT 730; DPT 732.

DPT 715. HEALTH CARE POLICY (2). Explores major forms of health care delivery and how they interact with physical therapy services. Investigates practice settings, organizational structures, reimbursement mechanisms, and the impact of managed care from a fiscal, quality, and legal perspective. Co-requisite: DPT 751; DPT 774. Prerequisite(s): DPT 773; HCE 709.
DPT 716. BUSINESS MANAGEMENT (2). Introduces principles of strategic planning, market analysis, personnel, fiscal, and total quality management through development of a business plan. Applies legal boundaries and ethical guidelines related to service provision issues. Co-requisite: DPT 752; DPT 775. Prerequisite(s): HCE 709; DPT 715.

DPT 719. EXERCISE FOUNDATIONS (1). Investigates principles of therapeutic exercise in relationship to clinical interventions. Integrates individual exercise prescription for optimal health across the lifespan. Focuses on basic principles for identification, intervention, modification and progression of therapeutic exercises. Laboratory included.

DPT 730. PHYSICAL THERAPY EXAMINATION (3). Introduces physical therapy examination, evaluation, and diagnosis within a clinical decision making framework referencing the Guide to Physical Therapist Practice. Prerequisite(s): DPT 701, DPT 703; DPT 708. NOTE: Laboratory included.

DPT 731. DIFFERENTIAL DIAGNOSIS (2). Advances differential diagnosis skills with emphasis on patients/clients with complex presentations. Explores the clinical decision making role of a primary care practitioner by performing a thorough systems review to differentiate dysfunction within the scope of PT practice from those that indicate referral to other practitioners. Co-requisite: DPT 752; DPT 775. Prerequisite(s): DPT 735, DPT 737; DPT 738. NOTE: Laboratory included.

DPT 732. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP II (4). Studies physiology and pathophysiology of the cardiovascular and pulmonary systems across the lifespan. Incorporates physiologic principles in the physical therapy management of patients with cardiovascular and pulmonary conditions. Co-requisite: DPT 710. Prerequisite(s): DPT 701; DPT 708. NOTE: Laboratory included.

DPT 733. MUSCULOSKELETAL MANAGEMENT I (3). Initiates the examination, evaluation and intervention strategies for individuals with musculoskeletal problems of the lower extremities. Discusses interventions such as therapeutic exercise, manual therapy, physical agents and electrotherapeutic modalities. Co-requisites: DPT 707 and DPT 771. Prerequisite(s): DPT 703, DPT 710, DPT 730; DPT 732. NOTE: Laboratory included...

DPT 734. MUSCULOSKELETAL MANAGEMENT II (4). Studies advanced principles of prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcomes as they relate to patients with musculoskeletal dysfunction of the thoracic, lumbar, pelvic, regions across the lifespan. Topics include: Women’s Health. Co-requisites: DPT 712, DPT 750; DPT 772. Prerequisite(s): DPT 733. Fee required. NOTE: Laboratory included.

DPT 735. MUSCULOSKELETAL MANAGEMENT III (4). Studies advanced principles of prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcomes as they relate to musculoskeletal dysfunction of the upper extremity, cervical, and TMJ across the lifespan. Co-requisite: DPT 773. Prerequisite(s): DPT 734; DPT 750. NOTE: Laboratory included.

DPT 736. NEUROLOGICAL MANAGEMENT I (3). Studies the intervention for individuals with neurological dysfunction based upon neurophysiological and pathokinesiological mechanisms resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes application and integration of theoretical constructs, evidence-based practice, examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes. Co-requisite: DPT 712, DPT 750 and DPT 772. Prerequisite(s): DPT 704, DPT 706, DPT 707, DPT 710, DPT 730; DPT 732. NOTE: Laboratory included.

DPT 737. NEUROLOGICAL MANAGEMENT II (5). Continues the study of interventions for individuals across a lifespan with neurological dysfunction based upon neurophysiological and pathokinesiological mechanisms resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes evidence-based clinical decision making for examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes. Co-requisite: DPT 773. Prerequisite(s): DPT 736; DPT 750. NOTE: Laboratory included.

DPT 738. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP III (5). Studies physiology and pathophysiology of the gastrointestinal, renal, endocrine, immune and integumentary systems across the lifespan. Incorporates identification of signs and symptoms associated with disease. Discusses management of patients with conditions, affecting these systems or a combination of systems. Co-requisite: DPT 773. Prerequisite(s): DPT 707, DPT 712, DPT 732; DPT 750. NOTE: Laboratory included.

DPT 739 EXERCISE APPLICATION (2). Integrates individual exercise interventions for optimal health across the lifespan. Focuses on the identification, intervention, and progression of therapeutic exercises for patients in various phases of rehabilitation. Co-Requisite: DPT 731, DPT 751; DPT 774. Prerequisite(s): DPT 735, DPT 737; DPT 738. Note: Laboratory included.
DPT 740. PT MANAGEMENT ACROSS THE LIFESPAN (2). Studies advanced principles of prevention, examination, evaluation, diagnosis, prognosis, intervention and outcomes for special populations/and select interventions such as ergonomics, prosthetics and orthotics. Co-requisites: DPT 716, DPT 799.

DPT 750. CLINICAL EDUCATION I (2). Focuses on examination, evaluation, and intervention techniques in a clinical setting. Utilizes written and oral interpersonal communication skills with patients/clients, family, and other staff. Emphasizes professional socialization, self-assessment, and critical thinking. Co-requisite: DPT 712, DPT 734, DPT 736; DPT 772. Prerequisite(s): DPT 732. Pass/No Pass only.

DPT 751. CLINICAL EDUCATION II (4). Emphasizes application of comprehensive prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcome strategies for clients with cardiopulmonary, musculoskeletal, and/or neuromuscular problems in a clinical setting. Requires refinement of interpersonal communication skills, role delineation, and professional behaviors. Co-requisite: DPT 715, DPT 731, DPT 739; DPT 774. Prerequisite(s): DPT 735, DPT 737, DPT 738; DPT 750. Pass/No Pass only

DPT 752. CLINICAL EDUCATION III (5). Focuses on the integration and application of all previous course and clinical work in relationship to the development, enhancement, and restoration of movement function, the prevention of movement dysfunction, and non-patient care opportunities. Co-requisite: DPT 716, DPT 775; DPT 792. Prerequisite(s): DPT 751. NOTE: DPT 752; DPT 753 are a 24-week combined clinical experience. Length and timing of clinical placements at any one facility may vary. Pass/No Pass only

DPT 753. CLINICAL EDUCATION IV (6). Continues the focus of DPT 752. In addition to the refinement of critical thinking and clinical decision making, emphasizes the autonomous practice and professional socialization in the clinical setting. Non-patient care opportunities will also be included. Co-requisite: DPT 793; DPT 796. Prerequisite(s): DPT 752. NOTE: DPT 752; DPT 753 are a 24-week combined clinical experience. Time may be divided into a number of clinical placements of varied lengths and practice settings. Pass/No Pass only

DPT 760E-W. INDEPENDENT STUDY IN PHYSICAL THERAPY (1-6). Advanced study in specific topic of interest in the areas of practice, research, or education developed by contract and conducted under the supervision of a faculty member. This is an optional course that is offered with the permission of the faculty. Prerequisite(s): Graduate standing and permission of instructor required.


DPT 771. PROFESSIONAL ISSUES/CASE MANAGEMENT II (2). Introduces health care delivery systems, regulation of and legal requirements for clinical practice and documentation and the role of physical therapist and physical therapist assistant. Uses evidence from the literature and other available sources to discuss clinical situations in small group tutorials with faculty facilitation. These tutorials use problem-based learning concepts. Expands application of communication and teaching/learning theory. Co-requisite: DPT 707, DPT 714, DPT 773; DPT 790. Prerequisite(s): DPT 704, DPT 710, DPT 730, DPT 732; DPT 770. NOTE: Laboratory and service learning included.

DPT 772. PROFESSIONAL ISSUES/CASE & PRACTICE MANAGEMENT III (2
Expands concepts of problem-based learning using patient scenarios. Discusses aspects of diversity, scope of practice, and professionalism in the clinical setting. During clinical experiences students will collect data through observation and guided interviews to gain an understanding of: differences between management and leadership roles and styles; payment processes and financial implications for providing services in health care. Laboratory and service learning included. Co-requisite: DPT 712, DPT 734, DPT 736; DPT 750. Prerequisite(s): DPT 771. NOTE: Laboratory and service learning included.

DPT 773. PROFESSIONAL ISSUES/CASE MANAGEMENT IV (1). Continues problem-based learning using patient scenarios to expand the application of communication and teaching/learning theory and the role of a doctoring profession. Jesuit mission, evaluating strategies for competency-based education, conflict resolution and clinical negotiation skills are integrated into the tutorials. Co-requisite: DPT 735, DPT 737, DPT 738; DPT 791. Prerequisite(s): DPT 772. NOTE: Laboratory and service learning included.

DPT 774. PROFESSIONAL ISSUES/CASE MANAGEMENT V (1). Addresses patient issues related to musculoskeletal, neuromuscular, and complex case management. Resume and interview skills are discussed. Reflection, during case
presentations, on the opportunity to be change-agents in the PT profession for the DPT and the use of EBP will be performed. Co-requisite: DPT 715, DPT 731, DPT 739; DPT 751. Prerequisite(s): DPT 773. NOTE: Laboratory and service learning included.

DPT 775. PROFESSIONAL ISSUES/CASE MANAGEMENT VI (1). Continues problem-based learning using patient scenarios to further develop evidence-based clinical decision making skills. Methods to refine communication skills are explored. Co-requisite: DPT 716, DPT 752, DPT 780E-W, DPT 781E-W; DPT 792. Prerequisite(s): DPT 774. NOTE: Laboratory and service learning included.

DPT 776. CRITICAL INQUIRY (3). Explores research methodologies used in health care research. Examines descriptive and inferential statistics, and evidence-based practice principles. Addresses literature searches and evidence-based analysis of research reports, with a focus on treatment effectiveness studies. Co-requisite: DPT 770.

DPT 780E-W. TOPICS IN PHYSICAL THERAPY I (1). Advances study in topics of interest related to physical therapy practice. Co-requisite: DPT 752; DPT 775. Prerequisite(s): DPT 735, DPT 737, DPT 738; DPT 751.

DPT 781E-W. TOPICS IN PHYSICAL THERAPY II (1). Advances study in topics of interest related to physical therapy practice. Co-requisite: DPT 752; DPT 775. Prerequisite(s): DPT 735, DPT 737, DPT 738; DPT 751.

DPT 790. EVIDENCE BASED PRACTICE I (2). Introduces clinical research and analysis of practice projects. Reviews ethical constraints and obligations of research. Introduces survey research methods and seeking research funding. Addresses critical analysis of research reports, with a focus on diagnostic literature. Co-requisite: DPT 771. Prerequisite(s): DPT 776.

DPT 791. EVIDENCE BASED PRACTICE II (1). All students examine data, perform statistical analyses. Analysis of Practice groups present results in publishable format. Clinical Research groups collect data, submit Introduction/Methods in publication format, and outline anticipated Results/Tables/Figures. Critically analyze the prognostic literature. Co-requisite: DPT 773. Prerequisite(s): DPT 750; DPT 790.

DPT 792. EVIDENCE BASED PRACTICE III (1). Analysis of Practice groups examine data to date, present results in publishable format. Clinical Research groups write Results, Discussion, Conclusion sections in publication format. All submit abstracts, perform critical analysis of systematic reviews / meta-analyses. Co-requisite: DPT 752; DPT 775. Prerequisite(s): DPT 751; DPT 791.

DPT 793. EVIDENCE BASED PRACTICE IV (1). Analysis of Practice groups continue to acquire data during clinical rotations, submit final written manuscripts, perform poster / platform presentation. Clinical research groups submit final manuscripts, perform final platform / poster presentations. Co-requisite: DPT 753. Prerequisite(s): 792.

DPT 796. CAPSTONE (1). Focuses on the culmination of the student’s clinical and professional development based on the portfolio presentation. Clinical education reflections and curricular review are also included in the capstone. Co-requisite: DPT 753; DPT 793. Prerequisite(s): DPT 716, DPT 735, DPT 737, DPT 738, DPT 739, DPT 775, DPT 799; HCE 709.

DPT 799. COMPREHENSIVE EXAM (0). Administered following the completion of all academic requirements of the curriculum with the exception of completing clinical case reports, other clinical education requirements and capstone course. Serves as the component of the capstone experience that measures success of curricular outcomes and prepares the student for the licensure examination. Pass/No Pass only.

HCE 709/IHCE709. HEALTH CARE ETHICS FOR PHYSICAL THERAPISTS (3). Examines ethical issues and moral reasoning processes in health care. Philosophical and faith-based foundations including Catholic moral tradition, sociocultural influences, professional codes, organizational and personal ethical norms are explored. Ethical issues are examined with emphasis on leadership and the practice of physical therapy. Students will analyze ethical dilemmas and evaluate ethical practice using ethical theory, moral argument, and case studies. A required course in the Doctor of Physical Therapy program. Offered on campus. Co-requisite: DPT 773.

Registration
The School’s Administrative Assistant will process all students’ registration every semester.

Add/Drop
Students follow the add/drop policy dates (see Academic Calendar) published by the University Registrar for semester-long courses. Requests to drop one or more course(s) requires the signature of the Director. Students who drop a course must
understand that this jeopardizes their ability to progress in the program because prerequisite courses exist that have been identified in Course Descriptions (pages 12-16). Dropping a course will require updating the student’s degree plan.

Course Overload
A student may participate in independent study as a course overload for any term with the permission of the faculty of record, the faculty advisor, and the director of the program.

Course Withdrawal
Students may withdraw from one or more course(s) beginning the first business day following the add/drop deadline through 75% of the academic session (See Academic Calendar and University Bulletin). A request for course withdrawal requires the signature of the Director. If a student withdraws from a course, a grade of “W” is posted on the transcript. This grade is not calculated in the grade point average (GPA). Tuition refunds are calculated on a sliding scale. Additional information regarding refund policies is available from Enrollment Services.

Withdrawal from a course after the withdrawal period has expired requires the signatures of the Director and the Dean and must be substantiated by a letter from a licensed health care practitioner.

Course withdrawal jeopardizes a student’s progression in the program, and will require updating the degree plan to comply with the needed extension to complete remaining coursework.

V. ACADEMIC PROGRESSION AND BEHAVIORAL CONDUCT

Grading System
a. The School of Physical Therapy grading system for graduate programs is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Point</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
<td>93-100</td>
<td>Outstanding scholarship</td>
</tr>
<tr>
<td>A-</td>
<td>3.67</td>
<td>90-92</td>
<td>Outstanding scholarship</td>
</tr>
<tr>
<td>A+</td>
<td>3.33</td>
<td>87-89</td>
<td>Superior Work</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
<td>83-86</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>B-</td>
<td>2.67</td>
<td>80-82</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>C+</td>
<td>2.33</td>
<td>77-79</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
<td>73-76</td>
<td>Unsatisfactory (remediation)</td>
</tr>
<tr>
<td>C-</td>
<td>1.67</td>
<td>70-72</td>
<td>Unsatisfactory (remediation)</td>
</tr>
<tr>
<td>D+</td>
<td>1.33</td>
<td>67-69</td>
<td>Unsatisfactory (suspension)</td>
</tr>
<tr>
<td>D</td>
<td>1.00</td>
<td>63-66</td>
<td>Unsatisfactory (suspension)</td>
</tr>
<tr>
<td>D-</td>
<td>0.67</td>
<td>60-62</td>
<td>Unsatisfactory (suspension)</td>
</tr>
<tr>
<td>F</td>
<td>0.00</td>
<td>Below 60</td>
<td>Failure (no credit; suspension)</td>
</tr>
<tr>
<td>Z</td>
<td>0.00</td>
<td></td>
<td>Failure by absence (no credit)</td>
</tr>
</tbody>
</table>

Pass
Successful completion of course (credit awarded)

Fail
Failure of course (no credit followed by suspension)

(W) Withdrawal - Withdrawal may occur from the day following the end of the published add/drop period through the published withdrawal period (see Academic Calendar).

(I/F) Incomplete - An incomplete grade is submitted by the instructor and recorded on the student’s transcript as “I/F”.
No alternate grade other than “I/F” is permitted within the program for graded courses. When the final grade is posted, the “I/F” is removed and the earned grade is recorded on the transcript (e.g. “A”, “B”, “C”).

(I/N) Incomplete - In Clinical Education courses, DPT 799 Comprehensive Exam, and DPT 796 Physical Therapy Capstone or other courses in the program taken on a pass/no pass basis, the instructor will submit an “I/N” indicating an incomplete. When the course requirements have been met, the “I/N” is removed and replaced by a Pass.

(Y) Instructor did not submit grades by the deadline.
b. Grade of Pass/No Pass - Pass/No Pass grading is required for PT clinical education courses, the comprehensive examination and the Physical Therapy Capstone.

Grades of Incomplete
1. A grade of “I/F” denotes that the required work for the course is incomplete. A student must arrange with the course coordinator to receive a grade of incomplete prior to the last day of class. The form in Appendix 5 may be used for this request. This form is signed by the student, instructor, and academic advisor. The length of time to complete work is negotiated with the instructor. In any event, the work must be completed by the end of the semester following the semester in which the incomplete grade was assigned or prior to clinical assignment whichever is first unless otherwise approved by the director. A grade of “F” becomes the permanent grade if no final grade is submitted within the incomplete deadline or a no pass for other courses on a pass/fail basis.
2. Students on probationary status may not receive an “I/F” without the written permission of the director.
3. A grade of “I/N” denotes that further work is required in a pass/fail course. A student must arrange with the course coordinator the requirements needed to complete the course. Upon successful completion of the course, the student will receive a ‘pass’.

Appeal of Disputed Course Grades
All grade appeals must be initiated within the first four weeks of the semester or term following receipt of the grade that is being challenged.

The following procedure is to be followed if students wish to protest a grade received in a course.
1. The student first contacts the instructor and reviews the issues. If the grade remains in dispute the student should follow step 2.
2. The student contacts the program director in writing protesting the disputed grade. The program director arranges for the chair of Student Affairs Committee to call a meeting in which either step “a” or step “b” will be followed, depending upon the circumstances.
   a. If the grade in dispute does not affect the student’s ability to progress in the program (i.e. grades of 77% or better), the following procedure applies:
      Both the student and the instructor submit written statements explaining the issue to the chair of Student Affairs. The chair of Student Affairs reviews all the documentation submitted to determine the validity of the challenge. The chair of Student Affairs contacts the student and instructor to schedule an appointment, if necessary. The chair may choose to seek additional information from other sources, if indicated by the circumstances. The chair of makes a decision about the disputed grade and conveys that decision in writing to the student and instructor. If either party wishes to contest the chair of Student Affairs decision, the dissatisfied party may appeal the decision within two weeks of receipt of the decision or solution. The director of Professional Studies will serve as an ex officio member of the committee.
      Note: If the instructor of record is the chair of Student Affairs, a designee will be appointed.
      In the School of Physical Therapy, the appeal is made to the school dean. The School of Physical Therapy dean reviews the proceedings to date, obtains any new information deemed necessary, and makes the final determination. The School of Physical Therapy dean notifies all parties in writing of the final decision. The decision of the School of Physical Therapy dean is final.
   b. If the grade in dispute prevents the student from progressing in the program (grades of 76% or lower), the following procedure applies:
      The chair of Student Affairs arranges for a committee of three faculty members to review the case. The student and the instructor each appoint one of the three committee members. The third committee member is chosen by the chair of Student Affairs. The department director participates as an ex-officio member of the committee. The committee reviews evidence in any manner the committee deems equitable. (Usually a written statement from each party that the other party can review and respond to in writing.) Oral presentations to the committee are sometimes useful. Care should be taken lest either of the parties be intimidated through the oral procedure. Note: The size of the committee may vary slightly based on the situation. In all cases, the student will have the opportunity to select a committee member to participate.
      Following a review of the evidence and other relevant information by the committee, a recommendation is made to the School of Physical Therapy dean. The School of Physical Therapy dean reviews the proceedings to date, obtains any new information deemed appropriate and makes a final determination. The School of Physical
Clinical education rotation. It should again be noted that failure to participate in a clinical education experience may limit a student’s ability to progress through the remainder of the curriculum. (Since courses are offered once a year, this may necessitate stepping out until the next academic year.) Students should refer to Program Progression (above) for consequences. If the initial remediation is not successful, one more remediation activity is permitted as long as time remains within the originally designated remediation contract date. If remediation attempts continue beyond the contract date (in cases of subsequent clinical rotations) or the semester ends, this will necessitate stepping out until the next academic year. If the remediation is not successful, the student is considered to have an un-remediated “C” or “C-” and is suspended from the program.

Academic Probation
When a student’s cumulative grade point average falls below 3.00, the student is placed on academic probation. A student is allowed a maximum of two probation semesters during the length of the program. The school’s expectation is that the student
will make every effort to raise his/her cumulative GPA to 3.00 in the first probationary semester in order to return to good academic standing. If it is not possible for a student on probation to raise the cumulative GPA to 3.00, the student will be suspended. See section on Academic Suspension. A student on academic probation is not allowed to participate in clinical education rotations. Academic Probation is noted on the permanent academic record (transcript).

A student who has been placed on academic probation must meet with the Program Director within the first two weeks of the semester in which the probation begins to provide an oral assessment of why academic difficulties occurred and develop a plan for resolving these difficulties. Following this meeting, a student must meet with their academic advisor within the next two weeks of the semester. Course coordinators for all courses in which the student is enrolled while on probation will be advised of each student who is on academic probation. Students not meeting this requirement will be requested to withdraw from the Program.

Academic Suspension
A student is suspended from the Doctor of Physical Therapy program if he/she fails to complete necessary remediation to a satisfactory level in the subsequent semester of receiving a "C" or "C-". A student who receives a grade lower than a "C-" in a course is suspended from the program. In addition, if a student’s cumulative grade point average is less than 3.00 for more than two semesters, he/she is suspended from the program. A student who fails a clinical rotation will be reviewed for suspension from the program.

Academic Suspension renders the student ineligible to participate in PT academic activities including academic course work (the student may not attend lectures/labs), clinical course work, and project course work for the remaining sequence of course offerings with their respective class.

The student may apply for consideration of readmission to the program for the next academic year. Academic Suspension is noted on the Official Academic Transcript.

An appeal of suspension must be submitted in writing to the director within thirty (30) working days of the date on which the student was placed on suspension. This time is measured from the date on the letter of notification of suspension.

A student who is suspended must surrender the Regis University identification card and key cards to the department’s administrative assistant.

Academic Dismissal
Academic Dismissal is action taken by the School that renders a student ineligible to return to Regis University for any program of study. For this action to be taken, a student must have been suspended for academic reasons, been readmitted to the PT program on academic probation, and subsequently failed to achieve the required cumulative GPA of 3.00. Academic Dismissal is recorded on the permanent academic record (transcript). A student may appeal academic dismissal by following the procedures outlined below.

Appeal Procedure: Academic Suspension/Dismissal
Upon being notified in writing of suspension or dismissal, students who wish to appeal the decision should do the following:

1. Write a letter of appeal to the School of Physical Therapy dean (cc’ing the director) within the deadline stated on the letter of notification. This letter of appeal should include:
   a. The student’s honest and straight-forward assessment of how the academic problems came about.
   b. Why the student failed to achieve the required grade point average. Were there, for example, any extenuating circumstances beyond the student’s control?
   c. Why the student should not be suspended from the program or dismissed from the University.
   d. Some indication that the student is ready to continue serious academic work.
   e. The names of the student’s advisor or faculty members from whom supporting statements may be solicited by the student.

2. Collect supporting statements from advisor, faculty members, or external medical provider as appropriate who are willing to support the appeal and submit these statements with letter of appeal by the designated deadline. The school dean is interested in any pertinent information that has genuine bearing on the matter. The focus is on why the student failed to reach his/her academic goals and why the student should be allowed to continue studies at Regis University.
The school dean reviews all materials submitted by the student and, if appropriate, forwards them to the Student Affairs Committee of the School of Physical Therapy which will meet and render a decision. The school dean notifies the student in writing of the decision regarding the student’s appeal.

**Final Appeal Procedure - Suspension**

All decisions regarding a student’s suspension or dismissal may be appealed in writing to the Academic Dean of the Rueckert-Hartman College for Health Professions. The Academic Dean may require a personal interview with the student before a decision is reached. The decision of the Academic Dean is final.

**Petition For Readmission Of Academic Suspension/Dismissal**

Following suspension, a student who wishes to petition for consideration of readmission to the program in the following year must complete a three-phase process.

1. The student must meet with the chair of Student Affairs, the director, and faculty advisor to discuss and formulate a guidance plan to address academic and behavioral needs. In addition, the student may be requested to meet with course coordinators to assist with providing academic guidance in this process.
2. The student must follow the written guidance plan formulated by Student Affairs during the period of the suspension.
3. The student will complete a letter to formally petition for readmission. This letter, detailing the students actions and outlining plans that were completed to correct his/her previous academic difficulties must be submitted to the director and chair of Student Affairs at least two months prior to the beginning of the semester for which the student is requesting readmission.

The student must arrange to provide the Student Affairs Committee with all supporting documents (transcripts of credit earned elsewhere since attending the University, letters of recommendation, letters of expert judgment, etc.) related to the requirements established.

Members of the Student Affairs Committee will review the student’s application for readmission and render a decision based on the merits of the reasons that the student gives in support of possibilities that better work can be expected in the future. Requests for readmission are considered on a case-by-case basis. Readmission will be approved when prospects for better academic performance can be demonstrated. Readmission is not based solely on the passage of time since the date of suspension.

Although a student wishing to return after academic suspension must prepare a written letter requesting readmission, a student may be asked to support his/her application through a personal appearance before the Student Affairs Committee. Students must be prepared to clarify or extend written information during a scheduled meeting with the Student Affairs Committee.

**Note:** A student will not be allowed to reenter the program for at least one semester to allow that student to become more clearly aware of educational goals and view past progress from a different perspective. The Student Affairs Committee may require enrollment in independent study or testing to verify retention of material previously completed in the school.

A student readmitted after suspension re-enters the program on probation, ineligible for remediation or further probationary semesters. **Readmission may also include independent study course enrollment, completion of competency exams to ensure retention of previously completed material, while taking new coursework.**

Readmission is granted in very limited circumstances when an applicant has clearly demonstrated that he/she can and is likely to continue to perform academic work that meets acceptable program standards.

**Academic Withdrawal**

A student who chooses to withdraw from the program must give formal written notice of this decision to the director of the program. In addition, a withdrawal form ([http://www.regis.edu/~/media/Files/University/Records%20and%20Registration/TotalWithdrawal. LeaveofAbsence.ashx](http://www.regis.edu/~/media/Files/University/Records%20and%20Registration/TotalWithdrawal. LeaveofAbsence.ashx)) must be completed by the student and signed by the director. In addition, a student must surrender the Regis University identification card and any other Regis University property to the department’s administrative assistant. Any student who withdraws may be readmitted to the program without reapplication and review if:

1. The student was in good academic standing (GPA is 3.0 or better) before withdrawing.
2. The student returns to the program within one calendar year of withdrawing.
Students who meet these criteria must submit a written request for readmission to the director at least two months prior to the beginning of the semester for which readmission is requested. Students may be required to pass a competency exam verifying retention of previous course material or enroll in independent study course(s) to update information. If the stated conditions are not met, the student must apply and be accepted for readmission to the program. Initial acceptance into the program does not guarantee re-admittance.

**Academic Integrity**

Academic integrity is essential to the education process and faculty take a serious view of violations of academic integrity. Academic dishonesty in all forms violates the basic principles of integrity and impedes learning. Students are responsible for conducting themselves in an academically honest manner. Individual students and faculty are responsible for identifying instances of academic dishonesty. Violations of academic integrity will be reported and procedures identified in the Disciplinary Status and Penalty process will be followed. Faculty presume that all work submitted for a grade has been done by the student working alone, unless sources or outside assistance have been allowed; if this is the case these sources and assistance must be acknowledged and cited. When collaboration is permitted (i.e., group work), students must comply with the rules set forth by the faculty coordinator and course syllabus. If a student is unsure whether collaboration is permitted, it is the responsibility of the student to seek clarity from the course coordinator. If the faculty has not verbalized or written specific instructions that allow for collaboration, the student will assume the assignment is an individual assignment. This needs to be confirmed for each course. It cannot be assumed that permission is implied past a single assignment within a single course. Ignorance of the regulations does not constitute a valid defense if the student is charged with any violation of academic integrity.

**Academic Honor Code**

Students and faculty of RHCHP are committed to the highest standards of academic integrity and assume full personal and professional responsibility for maintaining those standards. All members of the RHCHP community exhibit the qualities of honesty, loyalty and trustworthiness in all academic activities, holding themselves and each other accountable for the integrity of the learning community.

**Violations of Academic Integrity**

Violations of academic integrity are taken very seriously and include cheating, plagiarism, fabrication, collusion and other forms of academic misconduct. All violations will be reported with appropriate sanctions applied. Refer to [http://tinyurl.com/3rh64n](http://tinyurl.com/3rh64n) for the RHCHP Academic Integrity Policy (Appendix B). The RHCHP Academic Honor Code applies to any student in a RHCHP course, regardless of the student’s home college or program, and will be enforced according to the policies and procedures of the RHCHP. All students must complete the Academic Integrity Tutorial.

It is the responsibility of each student to review all aspects of the course syllabus and agree to adhere to the Rueckert-Hartman College for Health Professions Academic Honor Code. In doing so, the student acknowledges that the work represented in all examinations and other assignments is his or her own and that he or she has neither given nor received unauthorized information. Furthermore, the student agrees not to divulge the contents of any examination or assignment to another student in this or ensuing semesters. Students may be asked to sign the honor pledge prior to submitting quizzes and exams, either written or practical. “I have adhered to the Honor Code of Regis University. During this exam today, and in ensuing semesters I will not divulge the contents of this exam to another student. I have neither given, nor received unauthorized information for this examination.” The RHCHP Academic Integrity Incident Form (Appendix C) shall be used to report violations of this policy.

NOTE: All faculty have access to plagiarism detection software, which can be used with or without the student’s knowledge in any RHCHP course.

**Unprofessional Conduct/ Behavioral Misconduct**

Student conduct regulations afford individual students maximum personal freedom, while protecting the rights and freedoms of others and maintaining the educational process. Personal freedom necessitates good judgment, a sense of self-discipline, and respect for the rights and privileges of others.

All Rueckert-Hartman College for Health Professions students are bound by the provisions of the *Regis University Student Handbook*, the *Regis University Bulletin*, and the *School of Physical Therapy Student Handbook*, including, but not limited to, the Standards of Conduct and general University policies and regulations. Copies of the Regis University Student Handbook may be accessed online at [http://www.regis.edu/~/media/Files/University/Student%20Life/Student-Handbook/StudentHandbookFINALJanuary2014.aspx](http://www.regis.edu/~/media/Files/University/Student%20Life/Student-Handbook/StudentHandbookFINALJanuary2014.aspx) or obtained in the Office of Student Life located in the Student Center.
Incidents of unsafe behavior or unprofessional conduct in a clinical or academic setting are also grounds for disciplinary action, including, but not limited to suspension or expulsion from the program. The Academic Dean of the Rueckert-Hartman College for Health Professions shall have sole discretion for determining which procedure shall be used and for determining which provisions apply in individual cases.

Examples of unprofessional conduct or unsafe behavior include but are not limited to:

- A pattern of unsafe clinical performance.
- Inadequate development of professional behaviors (Appendix VI).
- Any action of omission or commission that results in serious injury or harm to another.
- Disrespectful, abusive or dishonest interaction with patients, families, staff, faculty or peers.
- Violation of a client’s right to confidentiality.
- Performance of a criminal act.
- Abuse of drugs or illegal use or possession of controlled substances. Note: because use of marijuana remains a Federal offense, use of this substance remains illegal for every student in the program.
- Failure of a for-cause or random drug screen and/or failure to comply with a request for a for-cause or random screen.
- Failure to follow the policies and procedures of the clinical agency.
- Academic dishonesty.
- Manipulation, alteration, removal or destruction of other student/faculty/University/clinical faculty/staff materials and/or equipment.
- Unauthorized use of Regis University or clinical agency equipment inclusive of computer accounts, records, and files.
- Violations of the professional standards of conduct and ethics of the profession the student is preparing to enter.
- Other prohibited conduct as defined by Regis University, the Rueckert-Hartman College for Health Professions and the school, department, or program.
- Other conduct or behavior that is unprofessional or unsafe as determined by the discretion of the School or Department.
- And other actions that constitute prohibited conduct identified in the Regis University Student Handbook (p. 11) http://www.regis.edu/~media/Files/University/Student%20Life/Student-Handbook/StudentHandbookFINALJanuary2014.ashx

**Behavioral Misconduct – Review of Violations**

The faculty member and/or responsible supervisor (clinical instructor) making the initial judgment that a situation of unsafe behavior or unprofessional conduct in an academic or clinical setting exists shall inform the student of the charges against him/her and notify the director and chair, if applicable. If in the judgment of the faculty member and/or responsible supervisor the nature of the conduct or behavior warrants, the student may be removed from the classroom or clinical area until the review process has been completed.

Once the action has been reported the student must meet with the director of the program who will determine, via preliminary review of the facts of the case, whether sufficient evidence exists to warrant a hearing, whether review is required, or whether the student will receive a written warning that subsequent violations must not occur. If the level of the behavior and the evidence is sufficient to proceed, the assistant dean of the School will be notified to call a meeting of the Student Affairs Committee for a hearing with the student to review the charges.

If the student fails to appear at the hearing and the failure of appearance is not excused by the department director/chair, the charges shall be deemed to be unchallenged and the student shall be deemed to have waived the right to a hearing. In such cases the department director may proceed to apply such sanctions as deemed appropriate, notifying the school dean of the action.

Prior to a hearing student will be provided with written copies of relevant reports regarding the circumstances and facts of the case to be used at the hearing. The student may make use of another student, faculty or staff member as an advocate during the hearing. Advocates are used to support the student during a hearing. They can not present evidence or substitute for the student’s role in offering evidence or questions. The School reserves the right to bar individuals from participating as advocates who have failed to observe the standards of conduct, who have failed to assist and advise the student properly on the process, The assistant dean has sole discretion for making this determination.
Committee members participating will have the right to require the presence and testimony of witnesses relevant to the case, and can interview involved parties, including the student, about the facts of the case. The student shall have the right to hear any testimony related to the case that may adversely affect his/her and to question persons giving such testimony. The student is allowed to present witnesses on his/her behalf.

In deliberating the outcome, the Student Affairs Committee will make its decision on facts based on preponderance of evidence available for their review, including but not limited to, testimony from witnesses, written statements and other relevant information. In conflicting testimony or statements, the committee will determine as they see fit which version of events is more credible. The Student Affairs Committee will render a decision: the sanction imposed will be sent to the student by the assistant dean. Actions taken may range from: warning, probation, suspension or expulsion for behavioral misconduct.

**Behavioral Misconduct – Disciplinary Management**

Following the hearing, the student affairs committee shall make a determination of the facts of the case and recommend sanctions if appropriate. Sanction options include, but are not limited to:

- **warning**
  - An official sanction given in writing to notify the student of his/her misconduct, warning that subsequent violations must not occur.

- **failure of a course**
  - An official sanction that will render the student to be suspended from the School.

- **disciplinary probation**
  - An official sanction that places a student in a status such than any subsequent misconduct during the period of probation will result in additional discipline, including suspension or expulsion. The period of probation is determined by the Student Affairs Committee conducting the disciplinary hearing.

- **disciplinary suspension**
  - An official sanction that prohibits the student from attending or participating in any University activities for a designated time period, typically to include the remainder of the semester in which the offense occurred. A written request to return to the School on expiration of the suspension must be presented to the director at least two months prior to the time the student wishes to re-enroll.

- **disciplinary expulsion from the program**
  - An official sanction permanently prohibiting the student from attending the University. Notifications appear on the student’s transcript for five (5) years. Following that period, a student may petition the University to have this notation removed from the transcript.

Notification of the results of the review by the chair of Student Affairs Committee shall be provided in writing by regular mail to the student’s last known address as identified in the records of the University and to the school dean.

**Appeal Process for Discipline for Behavioral Misconduct**

Appeals of the behavioral misconduct decision may be made in writing to the dean of the School of Physical Therapy within five business days of receipt of the letter from the assistant dean. Such an appeal will be considered only on the basis that the process was not followed, testimony was false and that actions prevented a fair and thorough review of the facts of the case or that a committee member had a conflict of interest that prevented him/her from considering the case in a fair and impartial manner.

The dean’s actions to the student’s appeal may be to set aside the decision, or to uphold the committee’s decision. If the dean upholds the decision, the student has one further appeal to the Academic Dean of RHCHP who serves as the final Hearing Officer. This second appeal must be in writing within 3 business days of the student’s receipt of the dean’s written notification. In cases involving recommendations of suspension or expulsion from the University, the Academic Dean may also wish to review the case personally with the student, any witnesses, or other appropriate parties prior to making a decision. Under normal circumstances, imposition of sanctions will be deferred pending the review of the appeal request. (NOTE: Regis University’s Dean of Students will be automatically notified of all suspensions or dismissals.)

**ProfessionalBehaviors**

In addition to a core of cognitive knowledge and psychomotor skills, educators and practicing professions have recognized that a repertoire of behaviors is required for success in any given profession (Assessment at Alverno, 1979). The identified repertoire
of behaviors that constitute professional behaviors reflect the values of any given profession and, at the same time, cross disciplinary lines (May et al, 1991).

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 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 the divided into developmental levels, with each level containing descriptive criteria. Each developmental level builds on the previous level.

It is critical that students, academic and clinical faculty, use the Professional Behaviors tool in the context of physical therapy, not life experiences. For example, a learner may possess strong communication skills in the context of student life, but that learner may be in the processes of developing physical therapy communication skills needed to be successful as a professional in a greater health care context. One does not necessarily translate to the other.

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, learners should demonstrate, and be able to provide examples of the majority of the criteria in order to move from one level to the next. Behavioral criteria are examples one might demonstrate, but the list is not exhaustive. The Professional Behaviors tool allows the learner to build and strengthen skills in the affective domain to augment the cognitive and psychomotor domains. See specific criteria in Appendix V.

Progress in exhibiting professional behaviors is one factor used to evaluate overall student performance throughout the curriculum and may influence clinical placement. In semesters two, four, six, and eight, students must complete a self-assessment evaluation of their progress toward achieving entry level criteria in the behaviors. In semester two, submission for this self-assessment will be in combination with a designated student journal. Professional behaviors will be submitted electronically to the student’s advisors named Drop Box in the Doctor of Physical Therapy folder housed on the Learning Management System. Each professional behavior is expected to be exhibited at professional entry-level by the completion of semester eight in order to receive a faculty recommendation for the Doctor of Physical Therapy degree. Unsuccessful progress in exhibiting professional behaviors results in the student not graduating from the program. Refer to degree award section of the Student Handbook and the section on Academic Integrity, Disciplinary Status and Penalty.

Students and faculty will use the electronic form to provide interactive comments and assessment related to professional behaviors. During semesters II, IV, VI, and VIII each student will complete a self-evaluation of all professional behaviors (Appendix X) using the form found in D2L Doctor of Physical Therapy folder. This evaluation will be completed by the student and placed in his/her faculty advisor’s Professional Behavior’s Drop Box. The form is reviewed by the student’s faculty advisor who will provide written feedback, based on faculty observations and comments. Following the completion of the written assessment, each student will meet with their faculty advisor to discuss their current and ensuing progress toward achievement of entry-level professionalism. When a student is not making sufficient progress in their professional behavior, faculty will follow action steps to address the needed changes (Appendix W).

GRADUATION AND COMMENCEMENT

Degree Award

Students graduate the semester that all requirements are met and documentation of such is received by the Office of the Registrar. Incomplete grades and late application for graduation may delay graduation to a subsequent semester.

Graduation Application

Graduation applications are due several months prior to graduation. A schedule of graduation dates, commencement dates, and due dates for graduation applications can be found on the Regis website: Graduation & Commencement (http://www.regis.edu/About-Regis-University/University-Offices-and-Services/Academic-Records-and-Registration/Graduation-and-Commencement.aspx). Select the Graduation and Certificates tab for instruction for completing the form. The application is completed online, printed, and signed before submission to the Registrar’s office. The application may either be faxed (303-964-5536) or emailed as an attachment to the address identified on the form.

Financial Clearance

Diplomas, transcripts, and licensure release information are not released if any financial indebtedness to Regis University exists. Students must clear their student account and arrange an exit interview in the Student Accounts Department prior to
graduation. Information regarding payment of charges is located in the Tuition, Fees, Room and Board charges in the General Information section of the University Bulletin.

Commencement Activities
Commencement is the ceremony marking graduation. Attendance at commencement exercises is encouraged. Each student’s intent to participate in commencement occurs through notification of the Office of the Registrar by filing the “Application for Graduation”. Graduate students are allowed to march in commencement if they are within six (6) semester hours of completing their degree requirements. Graduates are listed in the commencement program for the commencement in which they march. In most cases, graduate students in Physical Therapy participate in the May commencement ceremonies since students complete all degree requirements at the end of the spring semester.

Graduation With Honors
Graduate students who have completed the degree requirements for the doctor of physical therapy degree with a cumulative grade point average of 3.850 or better in 700-level courses are awarded graduate honors. The diploma and Regis University transcript include an honors designation for honors graduate.

Transcripts and Degree Posting
Transcripts may be requested using the online service through the National Student Clearinghouse. Transcript costs are identified on the website (http://www.regis.edu/About-Regis-University/University-Offices-and-Services/Academic-Records-and-Registration/Transcript%20Request.aspx). In addition transcripts may be ordered in person by going to the 4th floor of Main Hall. A photo ID is required and the student should allow time for the request to be processed.

Transcripts that include posting of the DPT degree, are required by state licensing agencies. Students who have submitted the form online must print a copy of the request for submission to the program director who will verify the request to licensing agencies in US jurisdictions.

Return of University Identification
Prior to graduation, during clearance from Regis University, each student must surrender the Regis University identification card to the department’s Administrative Assistant. Failure to surrender the items will result in a the assessment of a financial penalty.

VI. ACADEMIC POLICIES

Absence Request form (Appendix A)
Students submit this form one month in advance of a planned absence to identify the courses and course coordinators for classes that will be missed. The director will call a meeting to discuss the requested leave. Following the discussion, the director will notify the student whether the absence is granted as an excused absence or whether the absence will be unexcused. There may be penalties according to the syllabus for the session, tutorial, or lab missed, and the faculty member may require additional assignments/activities. Two or more excused absences per semester or one or more unexcused absence in consecutive semesters is considered excessive and evidence of nonprofessional behavior, and may result in disciplinary action, up to and including dismissal. Unexcused absences are not grounds for receiving an incomplete in academic/didactic or clinical courses.

Academic Advising
A faculty advisor is assigned to all Doctor of Physical Therapy students. This advisor will assist students to successfully progress through the program. Faculty advisors have years of experience helping students of all backgrounds and ages to self-assess and to assist you in your personal and professional growth.

Students are required to meet with their advisors a minimum of once a semester to facilitate an ongoing dialogue and develop professional behaviors, complete portfolio requirements, and address graduation criteria throughout their studies. During the initial meeting (before October 15th of the student’s first semester), the student and advisor will meet to electronically sign a Degree Plan that outlines all graduate course work and requirements that must be completed for graduation. The advisor will
Because this is a professional curriculum, the faculty believe that certain standards differ from non-professional graduate programs. Attendance is one of these differences. Attendance is required at all class sessions unless faculty have specifically stated otherwise in the syllabus. **You are at the beginning of your professional career. As in the workplace, attendance is mandatory and absences require notification as well as an explanation.**

During each semester, the expectation is that physical therapy classes will be scheduled typically Monday through Friday from 8:00 am to 5:00 pm; interprofessional courses may be held in the late afternoon, evening, or on weekends. Absences during these hours diminish student’s learning opportunities. Students are expected to also attend additional co-curricular events as presented in the course syllabus.

**Examples of participation, a type of professional behavior, include:** arrives on time for class/lab/tutorial participation, preparation prior to class is evidenced by deeper discussion of content, demonstrates consistent attention, changes lab partners, asks questions, leads discussions when asked, volunteers for demonstrations. Faculty encourage participation so that students attain learning objectives. Missing labs/tutorial sessions where participation is critical and assignments are designed to promote a specific task/skill is not acceptable. Consequences for failure to meet these expectations are provided in the course syllabus.

**Access To Classroom and Laboratories**
The School of Physical Therapy office is open from 8:00 A.M. to 5:00 P.M. Monday through Friday. Students are encouraged to use the classrooms and laboratories on campus during these hours whenever possible. Students have access to the clinical lab and the cadaver lab until 9:45 P.M. for independent study. These labs are available to students on weekdays and weekends, unless posted otherwise. From time-to-time the clinical laboratory is unavailable on weekends to allow for other university classroom activities. The clinical, cadaver, and research labs are accessed with a card code assigned to students at the beginning of the program and encoded on the student’s ID. Loss of the student’s ID with the code or failure to return the ID at the end of the program results in a $35.00 fine. Students should report loss of an ID to allow access coding to be inactivated.

PT classrooms and labs are expected to be maintained in a clean, organized manner and ready for use by the next class after use by a student group or class. The Clinical lab (PCH 409) is expected to be returned to the posted setup after use with three chairs and one rolling stool and one step stool at each High/low table. High/Low tables must be returned to desk level, and flat with casters locked. Linen should be put away in hampers or the storage closet and all equipment is to be returned to storage areas either in the lab or in designated storage areas. During lab and ISL personal belongings such as books, notes, water bottles, plastic food storage containers, and clothing should be removed from on or under tables and placed in the student’s locker. The sliding folding dividers must be collapsed and fully hidden in the compartments.

**Appointments With Faculty**
Faculty are eager to support students outside of scheduled class hours and establish regular office hours on a regular basis for this purpose. Office hours are outlined in each course syllabus and posted on each faculty member’s door. Additional office hours may be needed during registration, examination periods, and prior to beginning clinical rotations. If for some reason you would like to meet with a faculty member outside these hours, you must make an appointment.

The School’s administrative coordinator and administrative assistant also have access to the director’s calendar to schedule meetings. Students should be aware that faculty are also involved in institutional committee work, clinical work, research, and other professional and community responsibilities during hours when they are not teaching. Therefore, students are encouraged to use posted office hours whenever possible.

**Assessment**
As stated in the admission guidelines, adherence to the Code of Ethics for the Physical Therapist (Appendix D) and Standards of Practice for Physical Therapy (Appendix F) as described by the American Physical Therapy Association shall be a continuing part of assessment of all students in all courses and activities relating to or pertaining to the program.

**Attendance and Participation**
Because this is a professional curriculum, the faculty believe that certain standards differ from non-professional graduate programs. Attendance is one of these differences. Attendance is required at all class sessions unless faculty have specifically stated otherwise in the syllabus. **You are at the beginning of your professional career. As in the workplace, attendance is mandatory and absences require notification as well as an explanation.**

During each semester, the expectation is that physical therapy classes will be scheduled typically Monday through Friday from 8:00 am to 5:00 pm; interprofessional courses may be held in the late afternoon, evening, or on weekends. Absences during these hours diminish student’s learning opportunities. Students are expected to also attend additional co-curricular events as presented in the course syllabus.
syllabus, with each instructor establishing attendance/participation criteria. By missing class, course coordinators have the prerogative to reduce grades through class participation options. Students receive semester schedules prior to the beginning of each semester. Students should make every effort to modify schedule conflicts to avoid absence from class. For example, students should change an early plane flight to a later one to allow attendance at class. If however, conflicts cannot be avoided for a planned activity, the program director must be notified at least one month in advance by completing the Absence Request form (Appendix A).

Absences from clinical rotations must be reported directly to the Director of Clinical Education (DCE) by sending an email notification to mtscherpel@regis.edu. A phone contact to the clinic where the student is assigned is also required. If an absence is unavoidable during a clinical assignment, the clinical facility must be notified first and the School second. In the case of a medical or significant family emergency that results in an extended period of absence from any course, it is the student’s responsibility to set an appointment either in person or via email to meet with the Director and course coordinators to develop a plan to make up missed class time and assignments. The final decision to allow make up of class assignments rests with the course coordinator.

In the case of illness, each student is personally responsible for calling or emailing the School office to notify the instructor of the absence as a professional courtesy. This absence does not relieve the student of the responsibility for discussed materials of assignments. Many courses incorporate small group dialogue and grades are affected if students do not actively participate or if they come to class unprepared to discuss expected materials. Absences of more than 3 consecutive days must be substantiated by a written letter from a licensed health care practitioner.

Classroom Etiquette
Laptops/tablets and cell phones are prohibited during test times unless the course coordinator permits their use. Cell Phones: Cell phones will be turned off or placed on ‘silent mode’ when classes are in session. Laptop/Tablet Usage in Class/lab: While laptops/tablets have the ability to facilitate problem solving and active learning in the classroom, there are also disadvantages to their use that disengages students from the learning experience (ie, checking email, making online purchases, etc). Within the classrooms/lab, students are expected to use their laptops/tablets as a learning tool. Students should:

• Only use laptops for taking notes and other specific classroom activities as assigned by the instructor in the course.
• Engage in class activity as actively as they would any other class. This includes making eye contact, paying attention, and staying on task.
• When guest lecturers are present, only use of laptops/tablets may occur when permitted by the course instructor.

Class Cancellations (Due To Inclement Weather)
In the event of inclement weather (ie, blizzard, tornado), students should call the University Weather line (303-458-1818) or check insite.regis.edu for closure information. In addition Regis University has established the RU Alert Emergency Notification system. Members of the Regis community are encouraged to sign up for RU Alert system, which will notify and give directions to students, faculty and staff upon the University’s confirmation of a significant emergency, dangerous situation, or campus closure. In the event of such emergency, notification may be sent through RU Alert via text messages and email announcements. To sign up for RU Alert go to: https://www.getrave.com/login/regis

The decision on whether or not to close the University rests with the respective deans of each school through coordination with the Associate Vice President for University Relations or his/her representative. Once a decision is made to close the University, students can watch Channels 2, 4, 7, 9, and 31 and listen to Denver radio stations 850 AM KOA, 98.5 FM KYGO, 101.1 FM KOSI, and 99.5 FM KKHK and Fort Collins radio stations 850 AM KOA, 98.5 KYGO, and 1410 AM KCOL.

• Regis University's severe weather policies have been established to ensure student safety on campus.
• Regis University determines evening class cancellations by 3 p.m. and morning class cancellations by 4:30 a.m. Regis will announce any campus cancellations shortly after via RU Alert
• If a campus closing is announced, all classes, offices, events and programs are considered closed and cancelled unless otherwise stated
• The Main Cafe will remain open for students residing on campus
• During weather delays, campuses will not host classes, events, programs until the official opening time stated in the alert
• In the event of severe weather warnings (dangerous thunderstorms or tornado warnings), the following procedures are to be followed in all Regis University facilities.
• Remain in the building. Occupants should not attempt to vacate the premise, drive, or seek shelter in cars

Class Cancellations/Schedule Changes
In case of illness or unplanned absence of a faculty member, the faculty member contacts the School office. The office assists the faculty member in notifying students in the class of the cancellation if a substitute is not available and the cancellation is during regular office hours. If possible, the instructor attempts to reschedule the class at a later date in the semester. Faculty with known schedule absences make prior arrangements for a substitute or reschedules the class with prior notice to all the students. The director is notified of all class cancellations/schedule changes. While faculty attempt to maintain a predetermined class schedule, there inevitably are changes in order to accommodate a guest lecture or ensure clinic accessibility possibly during evening hours. Every attempt is made to inform students of class schedule changes in advance. Students should also make every attempt to be flexible with their scheduling to enable participation in these special classes. Lack of attendance does not alleviate student responsibility for the material.

Communication & Citations
The student will be communicating through numerous formats, including oral, written, and electronic methods throughout the curriculum. Etiquette for all communications, including e-mail, should follow similar rules and expectations including correct grammar, clarity in expression of ideas, and appropriate presentation of the writer as a developing professional. The student is expected to evaluate the impact of this communication prior to transmission or presentation of the information. In the absence of specific guidelines in a course syllabus formatting of all scholarly work/papers should following the AMA Guide. For specific guidelines on the proper citations, please consult the following text:

Dayton Memorial library has an online quick reference handout for citations (http://lgdata.s3-website-us-east-1.amazonaws.com/docs/762/670839/lib.handouts.AMAcitationstyle.pdf).

Credit Hour Policy
The DPT curriculum is designed to be within 20-28 average actual contact hours per week. In accordance with RHCHP graduate practices, the curriculum design also follows an accelerated adult learning model. The credit hour policy ensures that student contact time is standardized throughout the curriculum.

**Contact Hours-Actual Contact Hours**
- A 50 minute lecture equals 1 contact hour
- A 2 hour and 50 minute lab equals 1 contact hour
- 10-12 Clinical Education hours equals 1 contact hour

**Semester Hour- Contact Hour**
- 1 SH course=12 contact hours per semester

**Exception:** In the first semester hours, 1 SH course= 15 contact hours per semester to facilitate the transition from traditional undergraduate format to graduate format that fosters increased independent learning.

Degree Plan
The degree plan outlines the courses and graduation requirements that follow the Regis University Bulletin and specific program policies that are in effect the first day of class. Should any conflict between the Regis University Bulletin and the School Student Handbook appear, the parties agree that the School Student Handbook provisions in effect at the time of this signing will prevail. The degree plan will be reviewed during orientation. This electronic form is housed in the School’s records, and at the student’s request, will be emailed to him/her. If a Degree Plan is not signed prior to the Semester I deadline, a ‘hold’ will be placed on the student’s account by the Office of Admissions, prohibiting future registration. Notification will be sent to each student whose registration has been restricted. The hold will restrict registration until a signed degree plan is completed, at which time the hold will be removed and registration will be allowed. See Appendix M.

Dress Code
As future health care professionals, graduate students in physical therapy are expected to dress in a manner that exemplifies professionalism during class, during on campus activities, and in clinical situations. Personal appearance is the first statement you make about yourself and your profession to patients, other health professionals and the public. When considering dress, select attire appropriate for the setting as well as the activity. Many dress standards, although presently fashionable, are not
appropriate professional attire. In general, clothing should allow freedom of movement (allow sitting, squatting, bending and all other movements with modesty), not require attention to maintaining propriety, should maintain modesty, and ensure a safe working environment.

**Inappropriate dress includes:**

- Torso exposed by clothing that exposes the body when bending.
- Excessively short skirts or shorts
- Excessively tight or loose shorts, slacks and/or shirts
- Low cut tops that expose bras or breasts/cleavage; bra straps cannot be exposed.
- Sleeveless shirts for men
- Facial jewelry/(lips, tongue, nose, eyebrow). Facial jewelry worn for bona fide religious purposes is permissible, One to two conservative earrings (posts, small hoops) are permitted in each ear.
- Extreme hair styles or unnatural hair colors
- Caps, beanies, hats and hoodies worn during lecture/lab
- Offensive body odor or poor personal hygiene
- Acrylic nails or nail length that interferes with the duties of a physical therapist, or harms the skin of a student or patient/client.
- Tattoos/ visible body art
- Going bare-foot
- Flip-flops

**On Campus Dress Code (classroom, guest speakers, campus activities, field trips and other campus buildings/facilities)**
The on campus dress code is to ensure that students maintain professional attire during non-lab classroom activities as well as other campus activities or visits to other academic buildings. In addition to the inappropriate dress described above, *jeans and denim materials are not permitted.* Students are allowed to wear dress shorts (i.e., the seams are not exposed such as in jeans-style pants) that are knee length and loose fitting. *No running shorts are permitted.* Plain t-shirts without printing on the front or back are permitted. Students are allowed to wear open toe shoes and sandals, but not flip-flops. Sneakers/running shoes are permitted if they are clean and do not have excessive wear.

The class, as a project to support a cause, may request an alteration in dress code. The request must be submitted in writing with the cause and rationale for participation to the director at least two weeks in advance of the date of the requested dress code change. All changes in dress code must be approved by the director.

**Lab Dress code:**
Students often necessary to expose upper and lower extremities, the head, neck, thorax, and abdomen, and back for laboratory activities. Therefore, appropriate for lab attire is required. Students are expected to dress according to the type of lab activity that is scheduled in the course syllabus.

**Dry lab attire:** Lab attire is designed to allow students the opportunity to perform clinical examination and intervention skills on each other and to permit appropriate mobility and exposure of body parts while preserving modesty through appropriate draping techniques. Body piercing should not interfere with the student’s ability to attain positions or perform and receive techniques as required in the lab.

Typical attire:

- Men: Gym shorts, t-shirt, appropriate shoes for lab activity
- Women: Gym shorts halter top, sports or jogging bra or bathing suit top, t-shirt, appropriate shoes for lab activity.

The lab activities dress code applies in the clinical lab space only and is inappropriate attire for other academic locations beyond the School of Physical Therapy on campus. Because the lab may be cool at times, students may want to have a pair of ‘sweats’ or ‘hospital scrubs’ available for comfort and ease of changing during lab.

**Wet Lab Attire:** Wet labs occur in DPT 701 Human Anatomy and Histology, DPT 704 Neuroscience, and DPT 738 Management Applications of Physiology: MAP III. In these particular labs, cadaver or non-human tissue will be dissected. In order to protect each student from blood-borne pathogens and/or hazardous chemicals, the following attire is required:

- Gown/lab coat, gloves, closed-toe shoes, and eye protection. Casual clothes should be worn beneath the lab coat.
  During cadaver dissection, students and faculty must double-glove.
A faculty member who sees a student in violation of the dress code policy will address the student and notify the director of the infraction via email. A student may receive an ‘on the fly’ comment from faculty regarding dress code infractions. Continued infractions of the dress code policy will result in a discussion with the director and may place the student in academic jeopardy regarding professional behavior.

**Clinical Dress Code:**
Client consideration and professional image are of utmost importance in any clinical situation. The following describes our clinical dress unless a clinical environment specifically requires something different.

- Regis nametag is required.
- **Men:** Shirt and tie, dress pants that permit safe handling of clients while maintaining professional modesty.
- **Women:** Dresses, suits, skirts, dress pants that permit safe handling of clients while maintaining professional modesty. Women must wear bras and neck lines should not be inappropriately low.
- **Men and women:** Socks (men) and socks/stockings (women) and closed-toe shoes are required. Jewelry, including body piercing, should be kept to a minimum and must not interfere with the ability to communicate and safely and effectively treat clients/patients. No lip, tongue, nose or eyebrow piercing will be allowed. Because of scientific reports linking higher numbers of gram-negative microorganisms and fungi cultured from the fingertips of personnel wearing artificial nails leading to an increased incidence of healthcare acquired infections, direct patient caregivers may not wear artificial nails. Natural nails must be kept short (no more than ¼” past the tip of the finger) and may not be pierced. It is recommended that nails be left unpolished.

**Conferences/Professional Meetings (including state chapter meetings)**
Professional image is of utmost importance when representing our institution at the state, national, or international level. The following describes our expectations of professional conference/meeting dress and is expected unless changes are specifically approved by Regis faculty.

- **Men:** Shirt and tie, dress pants. Sport coats or suits are optional.
- **Women:** Dresses, suits, skirts, dress pants. Business suits are recommended (either pant suits or suits with skirts), dresses are optional. Women must wear bras and necklines should not be inappropriately low cut. Jewelry, including body piercing, should be kept to a minimum.

**E-mail**
Students must establish an email address and account in the Regis University system, RegisNET. This is the official form of electronic communication for the University. You will be accountable for any information relayed via your RegisNET account. Faculty and staff must communicate with you through this email account. The University may send correspondence exclusively through email regarding important matters including, but not limited to: financial aid, policy announcements, meeting and event notifications, and academic information.

Students should check their Regis e-mail daily as faculty/staff use this system for general communication, updates, and class information on a routine basis.

*If a student changes his/her name during the program, the student is required to change his/her e-mail account with the University to avoid confusion* ([http://www.regis.edu/~/media/Files/University/Records%20and%20Registration/Change%20of%20Name.ashx](http://www.regis.edu/~/media/Files/University/Records%20and%20Registration/Change%20of%20Name.ashx)).

Once a student has changed his/her name, he/she is required to complete the form and return it to the Registrar’s office located on the 4th Floor of Main Hall. A few days later the student needs to stop by the ITS Help Desk on the 1st Floor of Carroll Hall and fill out a form requesting that the e-mail account change to reflect the new name change. Once the name change has been made, the student is responsible for notifying the administrative assistant in the School of Physical Therapy to insure that all School distribution strings and paperwork are changed to reflect the new name change. Information on accessing the Regis e-mail account through the student’s home computer can be found in Appendix O.

**Exams**

**Competency Skills**
Competency skills are included in various courses for the purpose of ensuring that the student is competent in patient/client management skills prior to clinical experiences. Competency skills emphasize psychomotor skills, rationale for the application of the skill, patient and therapist safety, and are identified as essential for the particular course of study.
Competency skills shall constitute no more than 25% of a course grade. If a student fails a competency skill because of safety-related issues or fails to achieve at least 70% for the skill, he/she is permitted to retake the skill check a second time, and may earn no higher than the equivalent of 80% that will be averaged into the course grade according to the course syllabus. The student will have a **maximum of TWO attempts to pass each competency skill. Students not passing a skill on the first attempt because of safety-related issues or fails to achieve at least 70% for the skill MUST seek additional help** (available from the course coordinator or through special arrangements during Independent Skill Labs (ISL) and practice the skill prior to arranging to re-take the skill. *If a student FAILS TO PASS the skill on the second attempt because of safety-related issues or fails to achieve at least 70% for the skill, the student WILL RECEIVE A FAILING GRADE FOR THE COURSE. A failing grade results in the student being placed on academic suspension.* Students should refer to policies stated in the progression and retention section of this Handbook for clarification. Skills in some cases may be components of a skill set (i.e. manual muscle testing, goniometry, joint mobilization/ manipulation). In these instances, sampling of individual muscles, joints, and/or tasks within a body region may be used to test these skills. It is the student’s responsibility to be proficient in all skills presented in the individual courses. Results of the competency skills exams will be returned to students within 7 days and/or prior to additional skills testing.

**Comprehensive Examination**

A requirement of graduation as stated on the degree plan is successful completion of a comprehensive examination (DPT 799) administered in Semester VII prior to the clinical education experience (DPT 752). The comprehensive exam reflects curricular material presented during enrollment in semesters 1-VI. An overall score of 77% is required for successful completion of the comprehensive examination. **Students may not participate in the final set of clinical rotations unless they have passed the comprehensive exam.**

If a student is unsuccessful in passing the comprehensive examination, a re-evaluation process begins after students are notified of their grade. The first re-evaluation examination must be completed one week before the beginning of DPT 752 Clinical Education III in semester VII. If a student is unsuccessful in passing the re-evaluation examination, one additional attempt is allowed. In order to complete the additional attempt, a student must enroll for independent study hours in Semester VIII and postpone clinical education rotation. All content areas are retested on re-evaluation examinations and the passing score remains at 77%. Conferring of a degree does not take place until all requirements have been met. If the student is unsuccessful in passing the examination in these 3 attempts, the student will not graduate from the program.

**Practical Exams**

Practical examinations are included in management courses. The purpose of practical examinations is to ensure that the student is safe and competent in examination, evaluation, diagnosis, prognosis, and intervention skills prior to moving on to clinical experiences.

**Practical exams shall constitute no more than 30% of a course grade.** The practical examination is a percentage of the overall course grade as stated in the evaluative criteria of the syllabus. Grading of the practical examination is based on selected essential criteria as designed by course faculty. Faculty will grade practical exams according to rubrics developed to fit each course containing a practical exam. Practical examinations are most often presented as multiple station case based format facilitating the case management review processes. For this reason, practical examinations test a combination of cognitive, psychomotor, and affective skills. In addition, safety will always be judged as a pass-fail performance **but will not be included in the practical examination grade. The student must perform in a safe manner that minimizes risk to the patient, self, and others.** Failure to demonstrate safety during any attempt of the practical exam will necessitate retaking the entire practical exam. If following the first attempt the student has not earned at least a 77% for the practical examination, they will be required to develop a remediation plan with the course coordinator prior to a second attempt. In order to pass the second practical examination the student must achieve a 77%. A second retake of the practical examination must be completed by the end of finals week. The student will not be permitted to begin a clinical experience until they have satisfactorily completed the remediation plan and pass the practical examination. Results of the practical exam will be returned to students within seven days or 14 days if the exam has a written component.

**Written Examinations**

Written examinations (tests and quizzes) shall constitute a minimum of 50% of the course grade as outlined in the course syllabus

**Students are required to take all exams and quizzes at the scheduled time. This includes finals week which extends through Friday at 5:00 pm. Do NOT make holiday or other plans that require you to leave before 5:00 pm.** The only exceptions to this
policy are for medically documented illness or extenuating circumstances of an extraordinary nature or to meet ADA requirements. In such cases, students are responsible for discussing the situation with the director who will speak with faculty involved first before completing an exam change request form, inclusive of rationale for request. See Appendix P. The Director will approve or deny an alternate test time. This decision will be forwarded to the faculty member and the test will be scheduled at faculty member’s convenience. Makeup exams cover the same objectives and provide the student with similar options for demonstrating competence as the original examination. However an alternate exam format is typical.

During testing sessions, students are expected to remain in the classroom until turning in their examination. If a student needs to leave the exam room he/she should leave his/her exam with the exam proctor and collect it upon return. Because exams require a quiet environment for most students, we ask that distractions be kept to a minimum. This includes, but is not limited to leaving the area to converse with classmates following an exam. Seating is arranged in order to provide maximum spacing between students in the classroom. With the exception of a writing instrument and any previously designated approved materials/instruments, all reading materials, electronic devices including smartphones, backpacks, etc., must be placed in a designated location within the classroom or left in the student’s locker. During testing sessions, faculty will not answer questions during an exam.

Exam Results
Results of exams are provided within seven days of the exam unless the exam includes essay or short answer responses. In these cases, students should expect exam results within 14 days. Extenuating obligations of the faculty may extend this time frame; however, in this case, the instructor will notify students of the situation. Students have the option to a proctored review of exams, however, exams will not be returned to students. In any situation, students will receive feedback on an exam (test score) prior to taking a second exam in the same course. Exam scores are not posted, but are returned in a confidential manner using electronic means or student mailboxes. Student mailboxes are considered confidential to each individual student.

Family Leave Policy
Students who are pregnant, the partner of a pregnant woman, or the parents of a child to be adopted, are eligible for a limited period of excused absence if those students follow the appropriate procedures. Students may request additional excused absences before or after delivery for maternal or child medical reasons by providing documentation from a physician. Allowable periods of excused absences are as follows:

- Pregnant women are allowed up to 10 working days of excused absence immediately following delivery to allow for medical recovery and initial adjustments to changes in the family environment.
- The partner of a pregnant woman is allowed up to 5 working days of excused absence immediately following delivery to allow for initial adjustments to changes in the family environment.
- Female and male partners are allowed up to 5 working days of excused absence immediately following the adoption of a child to allow for initial adjustments to changes in the family environment.
- Students may also apply for a modified schedule or for a leave of absence if the time periods outlined in this policy are not sufficient to meet their needs.

Students must notify the director and faculty advisor of a pregnancy or adoption at least 6 weeks prior to beginning of the semester of the expected delivery or adoption. To be included in this notification is the expected date of delivery or adoption, the requested dates for the excused absence, and anticipated plans to complete coursework (classroom or clinical rotation). All missed coursework and evaluations must be completed by the student to the course coordinator’s satisfaction prior to the end of the semester if the student is to continue to progress in the curriculum. Students are expected to learn material missed in courses, but may ask for guidance from faculty.

Absences from clinical rotation experiences can be made up, but may result in a delay in the student’s progression or graduation date.

Family Educational Rights and Privacy Act (FERPA)
The Family Educational Rights and Privacy Act of 1974) states that only directory information may be released without written authorization from the student (http://www.regis.edu/~media/Files/University/Records%20and%20Registration/FERPA_web.ashx). The law regulates the use and disclosure of personal information in educational records and permits a student to know what material is maintained in those records. FERPA is designed to protect the privacy associated with educational records, to establish the rights of students to inspect and review their educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. The student should contact the Office of the Registrar for further clarification of this act.
Refer to Unofficial Grades for additional policies that reference FERPA guidelines (http://www.regis.edu/About-Regis-University/University-Officers-and-Services/Academic-Records-and-Registration/FERPA.aspx). The School of Physical Therapy adheres to this act with the guidance of the Registrar.

Grade Reports
Official Grade Reports
Final grade reports are accessed through WebAdvisor. In order to get a final grade report mailed, a student must request a copy through WebAdvisor. WebAdvisor has a first time tutorial link that will walk students through how to obtain a user name and password. The website for this tutorial is https://webadvisor.regis.edu/datatel/openweb/newuser.html. Questions regarding WebAdvisor should be directed to the ITS Help Desk at 303-458-4050.

Unofficial Notification of Grades
Unofficial notification of grades is done at the discretion of each course coordinator. Students who receive grades lower than a C+ are contacted by the course coordinator prior to submission of grades to the Office of the Registrar.

The School of Physical Therapy at Regis University conforms to fair information practice and is compliant with the Family Educational Rights and Privacy Act (FERPA). At the discretion of the course coordinator and in accordance with this act, each student will be given the opportunity to obtain course grades, examination grades, and other materials via alternate non-secured methods to expedite notification. The alternate method must be designated in the student learning contract that is signed by the student and submitted to the course coordinator at the beginning of the semester. Regis University recognizes RegisNet email accounts as the official method of delivery of secure information and will only use this domain for official notification beyond use of WebAdvisor.

Health and Safety
A student whose physical well-being becomes impaired or whose health status changes (including pregnancy) must notify the director and course coordinators immediately upon confirmation. Continuation in the program is dependent on the following:

- Student presents a written statement from a qualified healthcare practitioner confirming the student’s ability to continue participation in the program.
- Appropriate clinical sites can be found for the student.
- The director and chair of clinical education believe, in their best judgment, that the student’s performance will not be a physical safety hazard to assigned patients.
- The School is able to make reasonable accommodations for the student.
- Due to contact with clients both in the classroom and clinical setting, students who are ill for more than two consecutive days must provide a medical release from a qualified health care provider for readmission to class or the clinical setting.

Learning Contracts for Courses
A learning contract is included for each course in an online folder labeled Essential Documents for that course. The learning contract defines the faculty proposed evaluative activities for each course. Students may propose alternative measures of evaluation that best meets their personal learning styles or special needs assuming that the proposed measures evaluate the designated set objectives detailed in the evaluative activities description of the course syllabus. Proposed modifications to a learning contract must be approved by the course coordinator. Each proposed change in the learning contract must be discussed with the course coordinator prior to it is finalized and submitted online to the course coordinator prior to the first evaluative activity. Failure to meet this deadline means that the students will participate in the evaluation activities as defined in the syllabus.

Lab Release - Student’s Consent To Participate
Due to the nature of this professional program, students are expected to practice and serve as subjects for PT evaluation and intervention techniques and participate in other laboratory experiences throughout the program. Demonstration of a variety of clinical practices are required in the classroom to demonstrate student competence prior to clinical rotations. The Consent to Participate form is posted online in a folder for each course containing a lab,. The folder is labeled “Essential Documents” Each student is required to make any physical limitation that may limit his/her ability to participate in lab activities known to Course Coordinator prior to the first lab session using the course form, and placing it in the appropriate course dropbox. Students who have not submitted the required form (containing name and Regis ID number) prior to the first lab session. Students will not be
permitted to participate in lab until the form has been submitted. The copy of the completed form with the electronic signature will be housed with the student’s electronic file. Students have the right to refuse occasional participation for documented medical or personal reasons.

In cases where a student sustains an injury, becomes pregnant, or has a change in health status during the course of the semester, he/she must disclose the injury/health condition and its consequences to the course coordinator as soon as possible. The student must submit a letter completed by his or her healthcare practitioner to determine the level of restriction in class participation.

If an injury occurs during school related activities, the student must notify the course coordinator immediately. These consent forms are discussed in each appropriate course. See Appendix L.

Medical Leave of Absence (MLOA)
A student may experience physical or psychological conditions that significant impair his/her ability to participate fully, successfully, and safely in the program. In such cases, the student may decide that time away from the University for recovery will help restore functioning to a level that will allow full participation. The University wants student to receive appropriate care not only for their well-being, but also for the well being of the greater community with whom the student interacts.

When a student initiates a MLOA, the program will establish criteria regarding the student’s eligibility to return to the program. The criteria include, but are not limited to, compelling evidence that the condition that precipitated the need for the MLOA has been sufficiently treated to the point where it no longer adversely affects the student’s functioning.

The MLOA request may be made at any time during the semester, but must be completed no later than the last day of classes in a semester. The director, Student Affairs Chair, and Dean of the school will make the final determination whether the MLOA will be granted. A formal letter for return to school must be submitted at least two months prior to the semester for which enrollment is requested. The director, Student Affairs chair, and Dean will determine whether the student has satisfied the conditions and is permitted to return. Should a student require more than two semesters to recover, he/she must reapply for admission.

The granting of a MLOA does not in any way excuse the student from the usual academic standards and processes set forth in the student handbook. Only students free of academic suspension, dismissal or expulsion due to academic or behavioral conduct are eligible to return.

Office Staff Policies
The School administrative staff are a valued and an integral part of the School. They are support staff to the full and part time faculty and as such maintain heavy workloads. Students should not request to use administrative staff phones, computers, or other equipment. Phones for student use are located in designated areas and classrooms/labs for local calls only. Copiers are located in the library, student center, PCH, and Loyola Hall.

Organizations
American Physical Therapy Association
Faculty and students must maintain membership in the American Physical Therapy Association (APTA). Applications for membership are available online on the APTA website at http://www.apta.org. Supporting the professional association is a critical way to network with professional colleagues, demonstrate professional responsibility and contribute to the growth of the profession of physical therapy. Graduates are encouraged to actively participate in the APTA at the local, state, and national level throughout their professional career. Sections of the APTA are the special interest and clinical interest groups in which membership is optional. The Student Assembly is a component to which students are automatically assigned due to their membership class when joining the APTA.

The Colorado Chapter of the American Physical Therapy Association (http://coloradophysicaltherapists.org) is the component of the Association to which the student is assigned based on the location of the school. The Colorado Chapter provides many benefits to its members such as continuing education programs, professional representation in legislative and reimbursement issues, and opportunities to meet and work with other physical therapists in professional events outside of clinical activities. Students are eligible and encouraged to participate in the chapter as members of chapter committees as well as the student special interest group (SIG).
As a graduation requisite related to professional behavior, each student is required to verify attendance at national and state professional meetings/conferences. Students must attend a total of four (4) professional meetings over the course of their enrollment, according to the following guidelines:

- One national APTA conference during the duration of the program. This national conference can be either the APTA Combined Sections Meeting (CSM) or the APTA Annual Conference.
- Three state professional meetings (one per year), according to these guidelines
  - One Colorado Chapter APTA meeting (fall symposium or spring convention including educational programming as well as chapter business meeting) during the duration of the program.
  - Two additional professional meetings or conferences from the following list:
    - APTA: additional Colorado state conferences APTA or chapter conferences, held in another state (during clinical rotation in the third year)
    - APTA Colorado Chapter-APTA Board of Directors Meeting (winter quarterly board meeting in its entirety, held at Regis)
    - APTA House of Delegates Meeting (typically held yearly in June immediately prior to Annual Conference)
    - APTA National Student Conclave (typically held in October)
    - APTA Annual Conference or Combined Sections Meeting (CSM) beyond the one required.
    - APTA Section conference (Ex: Private Practice Session, Pediatric Section, etc).
    - Documented attendance (letter from chair of licensing board documenting attendance) at licensing board session in Colorado or another state combined with student’s written reflection of the meeting.
    - Documented membership in Colorado Chapter APTA committee: Governmental Affairs or Professional Development (attendance and participation for a minimum of 3 meetings per year documented by the committee chair or designee)

Student expenses related to participation in state conferences and a national conference during the program are included in estimated school expenses for financial aid purposes. Students are required to submit documentation of attendance to the School’s administrative assistant for each conference attended. Failure to meet this obligation will delay a student’s graduation.

**Alpha Sigma Nu**

Alpha Sigma Nu is the national honor society of Jesuit colleges and universities in the United States. Election to membership in Alpha Sigma Nu is based on scholarship, service, and an understanding of and loyalty to, the Jesuit educational tradition. Selection to Alpha Sigma Nu is one of the highest honors that can be given to a Jesuit campus.

Membership applications and deadlines are published each semester, with most applicants submitting materials in their final semester of enrollment. Students with a 3.5 or better grade point average are eligible to apply to Alpha Sigma Nu. Assessment is based on:

- GPA,
- written essay, and
- two letters of recommendation
OSHA Training

The Occupational Safety and Health Administration (OSHA) has established guidelines regarding universal precautions and blood borne pathogens. Each student is expected to receive OSHA training each year prior to participating in clinical rotations. Training will be conducted within the School of Physical Therapy at Regis University during an Independent Skills Lab time (see semester schedules for details). It is the responsibility of the student to attend the scheduled lecture and to follow the recommended guidelines.

Policy on Treating Students-Faculty Clinic

Student health is of the utmost importance to the School of Physical Therapy. Students should seek help promptly for any condition that arises during enrollment. Because the State of Colorado statute licensing physical therapists (CRS 12-41) allows individuals to directly access a physical therapist, students often turn to Regis University physical therapist faculty for their care. It is the policy of the school that faculty may provide a referral to a practitioner in the on-campus faculty-run clinic, RegisCares. However, the school believes that an ongoing intervention for subacute, chronic, or relapsing conditions has the potential to present a conflict for faculty treating a student and referral to another practitioner will be the preferred course of action following an examination and intervention to decrease the acuity of the condition. Students utilizing the services of a physical therapist at RegisCares will have charges submitted to their insurance company and be responsible for any cost-sharing (co-pays/deductibles) that are required.

Responsible Use of School Equipment

Regis University School of Physical Therapy resources, particularly laboratory equipment used outside of laboratory or ISLs, is to allow students to study using the equipment. Students should report malfunctioning equipment to a faculty member immediately to prevent injury to another person using the equipment, and so that it can be repaired.

Concern and respect for others working near-by, includes faculty and students on the floors beneath the lab classroom.

The School of Physical Therapy maintains a supply of clinical equipment in our skills lab and storage area for the expressed purpose of having equipment available for classroom demonstration and student practice. This requires that the equipment be available in the classroom for faculty demonstration. Occasionally equipment can be made available for loan to students who may need equipment (crutches, canes) for a class project or research project. Faculty may also need to borrow equipment for research or clinical projects and should follow the similar procedure.

A sign out sheet is kept in the storage closet. Any equipment that is taken out for loan must be signed out by a faculty member and kept out no longer than 3 days unless specific arrangements are made with the lab coordinator. Upon return all equipment must also be signed back in by a faculty member and returned to the location it is usually stored. Returning equipment to the lab without a faculty or signing it in, either at the request of a faculty member or other staff, is not considered proper return of the equipment and it will be considered delinquent or missing.

Responsible Use of Technology Resources

Regis University technology resources are to be used to advance the University’s mission of education, scholarship, and service. Students may use these resources for purposes related to their studies or research or other University-sanctioned activities. The University encourages the use of technology resources for these primary activities. Concern and respect for others working in the labs should be of utmost importance to insure all students have an equal opportunity to utilize this valuable resource. Students should be sensitive to limit verbal interactions if others need quiet concentration time. For the complete policy on responsible Use of University Technology Resources, please refer to Appendix Z.

Service Learning

In keeping with the Jesuit tradition The Center for Service Learning in the Rueckert-Hartman College for Health Professions (RHCHP) at Regis University serves as a resource for faculty and students to connect academic/didactic course objectives with community-based learning opportunities. Service learning is integrated into the core curriculum to promote an understanding of personal responsibilities and appreciation for the diversity of our global community. Our goal is that students will not only gain an understanding of their ability to impact the community and make a recognizable difference, but also to recognize their responsibility to use their gifts and talents to contribute to a more just world. Students reflect on how they respond to the needs of others, the impact this has on thought and subsequent actions needed to change existing conditions.
Students participating in Service Learning must complete the project as outlined in Mission and Service Learning thread including specifics required by the Service Learning Department (Appendix T). Many sites offer orientation sessions that vary in length.

Social Media
Social media is a form of communication that needs to be handled professionally and responsibly. Because this is an amplified and permanent form of communication, it should be treated with greater vigilance.

1. The School of Physical Therapy adheres to the Regis University Responsible Use of Technology policy (http://academic.regis.edu/cias/securitydocs/Responsible_Use_of_University_Technology_Resources.pdf) as well as the social media policy (http://www.regis.edu/About-Regis-University/Policies-and-Procedures/Social-Media-Policy.aspx).

2. The School of Physical Therapy has adopted the standards as set forth by the APTA House of Delegates Social Media Policy: (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/StandrdsOfConductUseOfSocialMediaHODP06-12-17-16.pdf)
   - Students shall consider whether to interact with faculty/staff (and patients) on social media or create separate personal and professional social media profiles.
     - Note that if connections (friends, links, contacts) are established on social media sites between faculty/staff and students, that communication becomes a part of a student’s professional representation of Regis University
   - Students shall not misrepresent when they are speaking for themselves or Regis University, other organizations, institutions, clinical sites or employers
   - If an individual identifies content posted to social media by a colleague that appears unprofessional, s/he has a responsibility to bring that to the attention of the individual that has posted the content so that s/he can remove it or take other appropriate action
   - Students engaging in social media activities shall demonstrate appropriate conduct in accordance with the APTA Code of Ethics for the Physical Therapist, Regis University Mission and, and the School of Physical Therapy professional behaviors of conduct.

3. Violations of this policy will be handled in a similar manner as other professional behavioral issues.
   a. Refer to Appendix W of the student handbook, which addresses professional behavior conduct.

Student Concerns and Questions Regarding Policy
The School staff can answer general questions about School policy; however, they are not the appropriate people to direct complaints or questions regarding specific courses or academic policies. Business of this nature should be directed first to the individual faculty member, and if an acceptable solution cannot be made with the faculty member, the student should contact his/her assigned faculty advisor. If a satisfactory resolution is not made, the student is welcome to address his/her concerns to the director. Student representatives elected by the student body can also participate in relaying student concerns to appropriate faculty members, committees, or director.

Student-Faculty Conflicts
In the case of any perceived conflict with an instructor or faculty advisor other than disagreement concerning a grade, students should use the following procedure:

- Discuss conflict with the faculty member within three (3) working days of conflict.
- If discussion with the relevant faculty member is not possible for whatever reason or does not result in satisfactory resolution of the conflict, the student should contact and discuss the conflict with their assigned faculty advisor.
- If a satisfactory resolution cannot be made, the student may submit a written summary of his/her concerns to the director within three (3) working days of this discussion with the relevant faculty member.
- The director will arrange mediation discussions with the involved student and faculty member within five (5) working days of receiving the request from the student.
- In the absence of a mediated resolution to the perceived conflict, the issue may be referred to the Academic Dean of the Rueckert-Hartman College for Health Professions.
**Student Locker Rooms**

Lockers are made available for student use in storing school supplies and personal items. Students will be assigned a locker for use each academic year. First year students are assigned a locker near the anatomy lab; after returning from their clinical rotation in semester IV, students will be assigned a locker in the locker room across from the PT Clinical Lab (PCH 409). Lockers are located in a secure area accessed by a code on the student’s ID to protect the stowed backpacks, jackets, and other items in the locker during lab sessions. This provides a lab room that permits safe movement of faculty and students without endangering people. Each student may have only one locker. Students provide their own locks on the locker.

Student’s use of a locker does not diminish the school’s ownership or control of the locker. The school retains the right to inspect the locker and its contents to insure that the locker is being used in accordance with its intended purpose, and to eliminate hazards, maintain sanitary conditions, attempt to locate lost or stolen materials, or any other material forbidden by school rules. No perishable items are to be stored long term in a locker. Students are not permitted to affix stickers, photos, pictures to the interior or exterior of the locker. **Students should report any damage or needed repairs to the administrative assistant for the School of Physical Therapy.**

All lockers must be vacated at the end of each semester. Lockers not cleaned out by the end of each semester will be opened, the lock will be cut, and contents destroyed. The school is not responsible for lost or missing items, either before or after a locker is cleared.

**Student Participation in Governance**

Students select representatives to serve on various committees including the Rueckert-Hartman College for Health Professions Academic Council, School of Physical Therapy discussions on Curriculum, Admissions, Faculty Recruitment, and Outcomes. In addition, student input is solicited in either task forces or on an informal basis through the student government process. The governance process is further defined in PT 770 Professional Issues I and in **Student Bylaws in this Handbook.**

**Student Professional Liability Insurance**

Students carry student professional liability insurance through the group University policy. This insurance premium is assessed as a student fee and is renewed on an annual basis. This policy covers students during all approved student clinical experiences while in the program. The policy also requires appropriate student supervision while in the clinical setting. Students must not take on responsibility which is above their capacity in any student experience. Certain clinical situations require proof of such insurance. The student can request verification of insurance from the Administrative Assistant for Clinical Education.

**Technology Resources**

Students are required to have a computer and iPad tablet. The University has several computer labs on campus that students may access while on campus, but since DPT students live off campus, home access is required, as well. Students are expected to have broadband (cable or DSL) internet access from their home and while on clinical rotations so that they can access multimedia files through the University system. Computer and iPad costs were estimated for financial aid purposes (hardware approximately $1,747). For PC users, be aware that the Regis ITS does not support the Windows Vista Operating System. For iPad users an app **Onlive Desktop** can be downloaded for free to run flash programs. Students will receive essential apps from the program during orientation sessions in the first week.

Technical specifications of your computer include: 1.66GHz Intel processor, 1 GB memory, DVD-RW, built-in wireless adapter, USB ports, and an external Flash drive. Microsoft Office software should include: Word, Excel, Power Point, and Outlook. The best option seems to be Microsoft Office Standard,. You will also need reference software called Zotero available without charge on-line (www.zotero.org). Students in the PT Program are increasing the use of Smartphones to access course schedules, their Regis email account, listen to podcasts, and other educational activities.

Students RegisNET accounts must have been set up no later than June 30, 2014 and once established, students are held accountable for any information relayed via that RegisNET account effective July 1, 2014. Faculty/staff will communicate with students only through this email account.

Beginning with orientation, and over the course of the first few weeks of the program, faculty will hold information sessions that address iPad educational technology uses and applications within the Physical Therapy program.
VII. AWARDS

There are several Awards and Scholarships that students may be eligible to apply or be nominated for during their time at Regis. Awards/Scholarships change frequently in their requirements and are not offered every year. For the most up-to-date information, contact a faculty representative from the Regis School of Physical Therapy Awards Committee and/or refer to the listing under D2L (Doctor of Physical Therapy Ongoing Course) which is updated on an annual basis. The major awards and their (brief) requirements are listed below:

AWARDS INTERNAL to the REGIS COMMUNITY

**Excellence in Leadership Award (Regis University, School of Physical Therapy)**

Awarded to a graduating student, conferred at convocation

At least three of the following criteria in the area of Leadership must be met to receive this award.

The student must have:

- Demonstrated a sustained commitment to actively promoting the profession of physical therapy and serving the community that has noticeably exceeded the level of commitment of one’s peers.
- Demonstrated leadership of others in exploring behaviors, values and motivation for change while promoting positive change within groups.
- Actively sought out opportunities to foster their own leadership development, as well as contributing to the development of leadership in others.
- Displayed awareness and sensitivity to diverse populations while fostering collaboration and building relationships.

**Excellence in Service Award (Regis University, School of Physical Therapy)**

Awarded to a graduating student, conferred at convocation

At least four of the following criteria in the area of Service must be met to receive this award.

The student must have:

- Participated in service projects beyond that required by the School of Physical Therapy
- Demonstrated a sustained commitment to service that has noticeably exceeded the level of commitment of one’s peers. This could include a deep commitment to direct or indirect service or philanthropic projects, advocacy efforts, awareness building, etc.
- Embraced the role of advocacy, service, and social justice in the physical therapy profession and greater community
- Demonstrated sensitivity to the needs of diverse populations
- Made a positive impact through innovation and vision to serve a patient, the community, and/or the physical therapy profession
- Demonstrated evidence of commitment to a future life of service for the common good, respect for human diversity, and a special concern for the poor, the marginalized, and the oppressed
- Displayed commitment to be an active and productive member in society and to work for structural change to protect the disenfranchised.
- Advocated for the public welfare and the common good by integrating Jesuit values as a student with evidence of plans to incorporate these values in future personal and professional pursuits.

**Noel Cunningham Service Award (RHCHP)**

Awarded to a graduating student, conferred at convocation

In order to receive the award, students must meet the following criteria:

- Must be a graduating student
- GPA should be 3.0 or higher

The student must meet two of three of the following criteria:

- The student has demonstrated a "sustained" commitment to service that has noticeably exceeded the level of commitment of one’s peers. This could include a deep commitment to direct or indirect service or philanthropic projects, advocacy efforts, awareness building, etc.
• Demonstrated leadership and initiative to challenge other students, faculty, staff and community members to get involved
• Created collaborative initiatives that help build capacity and sustainability of community organizations

**Clinical Achievement in Physical Therapy Award (School of Physical Therapy)**
Nomination by clinical instructors, awarded to a graduating student, conferred at convocation
The purpose of this award is to recognize a graduating physical therapy student who exemplifies excellence in clinical achievement consistent with the mission of Regis University and Department of Physical Therapy.
The selection of the recipient of this award is based upon demonstrated excellence in the following areas:
• Clinical management skills (evaluation/intervention/judgment)
• Interpersonal skills (communication/teaching ability/team player/reliable/flexible)
• Cognitive skills (problem solving/critical thinking)
• Maturity (self assessment/accept and give constructive feedback/stress management)
• Leadership (assertive-resourceful/directed)
• Professionalism (commitment to learning/potential for contribution to the profession)
The nominated student is one who above all other classmates has shown exemplary clinical skills and attitude.

**Student Research Award (School of Physical Therapy)**
awarded to a graduating student research group
The selection of the recipient group(s) of this award is based upon the following criteria:
• Research project should be one of high quality, which should include thorough understanding of research question, creative solution to the question, appropriate design, etc.
• Emphasis is placed on student’s ability to work independently as a group
• Display quality writing skills in the proposal and manuscript phases of the project
• Quality presentation of research results
• GPA is not a consideration for this award

**Notarianni Family Scholarship in Memory of Elissa A. Notarianni (Notarianni Family and SoPT)**
Awarded to a first year student (application based, deadline June)
Requirements for Application:
• Applicant must be in good academic standing upon completion of his/her first semester with a minimum grade point average of 3.25.
• Applicant must have a demonstrated financial need.
• Applicant must have submitted a FAFSA to the Federal Processor prior to March 5th of the current year.
• Applicant must include a cover letter requesting consideration for the scholarship.
• Applicant must submit a three-page essay that:
  ▪ Describes the importance of basic sciences in the practice of physical therapy discussing the role of the basic sciences in the applicant’s personal and professional development at Regis University.
  ▪ Includes a personal introduction of the applicant, sharing his/her family background, current dependents, and financial need.
  ▪ Describes the potential impact to his/her education, should the scholarship be awarded.

**AWARDS EXTERNAL to the REGIS COMMUNITY**

**Pauline Cerasoli “ACE” Award for Academic and Clinical Excellence - Outstanding PT Student (Colorado Chapter of the APTA)**
Awarded to a 3rd year student at Colorado Chapter Spring Conference (by nomination, application deadline January)
Criteria: APTA/Colorado Chapter Student member, Student currently enrolled in or graduated in last 6 months from accredited PT education program; Based on
• Academic and Clinical Excellence
• Community and Professional Involvement
• Effective Interpersonal Skills
• Leadership Ability
• Committed to Personal Achievement (Perseverance)
• Potential to Contribute to the PT Profession

**Mary McMillan Scholarship Award (Foundation for Physical Therapy, APTA)**  
Awarded to a 3rd year student ([www.apta.org/honorsawards](http://www.apta.org/honorsawards)) (1 nomination per University, deadline December 1)  
Student within one year of graduation. The intent of the award is to recognize those students who exhibit superior scholastic ability and potential for future professional contribution. Awards are made on a competitive basis. Recipients will be selected on the basis of the following criteria:

• superior scholastic performance,
• past productivity,
• evidence of potential contribution to physical therapy and
• service to the American Physical Therapy Association.

**Minority Scholarship Award (APTA)**  
Awarded to a 3rd year student ([www.apta.org/honorsawards](http://www.apta.org/honorsawards)) (application based, deadline December 1)  
The applicant must be a US citizen or legal permanent resident and a member of one of the following racial/ethnic minority groups: African-American or Black, Asian, Native Hawaiian or other Pacific Islander, American Indian/Alaska Native and Hispanic/Latino.

• In the year this award is to be given, the student must be enrolled in the final academic year of an accredited or developing professional physical therapist education program. The student must complete all degree requirements (clinical and didactic) and/or be eligible to graduate within the next 12-month period.
• The student must show evidence of contributions in the areas of minority affairs and services and high scholastic achievement.
• The student must possess potential for superior achievements in the profession of physical therapy as well as professional excellence as a physical therapist.

**Outstanding Physical Therapy Student Award (Orthopedics Section of the APTA)**  
([www.apta.org/honorsawards](http://www.apta.org/honorsawards)) (nomination based, deadline November 1)

• The student shall excel in academic performance in both the professional and prerequisite phases of their educational program
• The student shall excel in academic performance in both the professional and prerequisite phases of their educational program
• The student shall demonstrate exceptional nonacademic achievements, representing initiative, leadership, and creativity.

VIII. GENERAL POLICIES & SERVICES

**Change of Address**  
Students are expected to inform the School of any change in their name, current or permanent address or telephone number. A current address is where a student can be contacted immediately. A permanent address is what a student considers his/her primary residence, although the student may not be residing there while attending Regis University. Each student must notify the University Registrar’s office as well as the administrative assistant of a change in name or a change of address.

[http://www.regis.edu/~/media/Files/University/Records%20and%20Registration/change%20of%20address.ashx](http://www.regis.edu/~/media/Files/University/Records%20and%20Registration/change%20of%20address.ashx)

**Compliance With Exposure Control, Hazardous Communication, and Fire Evacuation**  
Students are expected to follow appropriate Hazardous Material Communication and Infection Control Policies as appropriate to the environment whether it be classroom, laboratory, or clinical setting. Specific policies and procedures are introduced at student orientation, discussed in courses throughout the program, and reviewed in clinical affiliations.
Students are expected to follow all fire and Evacuation Policies as stated in Appendix Q. Please note evacuation meeting places for appropriate buildings on campus.

Employment
Graduate education is expected to be rigorous. Employment is discouraged; however, if you choose to work, remember that this does not excuse you from class participation and responsibilities. Some students may choose to work as an aide or technician prior to graduation. If you choose to do this, be sure to adhere to the following policies:

1. Students may only perform duties for the job description for which they are hired and no more, even if they have had the academic background. Be sure to read and understand the job description.
2. Students must not evaluate or develop treatment plans for patients, or carry out any treatment plans without the direct onsite supervision of a licensed physical therapist.
3. Students must not fill in for therapist absences.
4. Physical Therapy students cannot be designated as a Physical Therapist Assistant no matter how far along they are in the program.
5. Regis University liability insurance (required for clinical rotations) does not cover students in situations of employment during enrollment. Be sure the employer has adequate coverage.

These policies are written to protect your future professional career as a physical therapist. Do not allow yourself to be placed in a position of accepting more responsibility than you ethically and legally can take. Failure to adhere to these policies could constitute a breech in ethical or legal conduct which could result in your actions being reported to the Department of Regulatory Agency of the State of Colorado.

Financial Aid
Financial aid is limited for graduate students, however the University Office of Financial Aid is available to assist students in identifying potential grant and loan sources. Application deadlines for such materials typically follow a traditional fall/spring calendar. Be sure to obtain sufficient information from the Office of Financial Aid to thoroughly understand these important deadlines. Students can contact the Office of Financial Aid directly at (303) 458-4066.

Sexual Harassment Policy Statement
The overriding factor in sexual harassment is that the behavior is uninvited and unwanted. Sexual harassment is not accepted social or courting behavior. In one extreme form, sexual harassment occurs when a person in a position of influence or control uses authority or power to coerce sexual relations or to punish refusal. Sexual harassment, however, is not limited by the gender of either party, nor by superior-subordinate relationships.

A hostile environment may occur even if the harassment is not targeted specifically at the individual. For example, if a group of students regularly directs sexual comments toward a particular student, a hostile environment may be created not only for the targeted student, but also for those who witness the illegal conduct.

Sexually harassing behaviors may include, but are not limited to, the following:

- Coerced sexual relations.
- Physical assault, including rape.
- Unwelcome sexual flirtation, advances or propositions.
- Inappropriate personal questions.
- Verbal remarks of a sexual nature, whether to an individual or directed to a group.
- Sexually explicit or sexually offensive jokes.
- Graphic or degrading verbal or written comments about an individual or the individual’s appearance.
- Public display of sexually explicit, offensive or demeaning photographs.
- Written or electronic transmissions with sexually explicit or sexually offensive content.
- Requiring a person to wear sexually revealing clothing when not relevant to the educational or work experience.
- Any suggestive or unwelcome physical contact.
- Demanding sexual favors accompanied by promises, hints or threats concerning one’s employment or educational status or opportunities.
- Introducing clearly inappropriate or generally offensive sexual content into a classroom discussion.
- Stalking
Ms. Lorna Dwyer has been designated by the University to handle inquiries regarding the Regis University Non-discrimination and Sexual Misconduct Policy and Title IX. Any questions or concerns regarding possible sexual harassment should be directed Ms. Dwyer using the following contact information:

Lorna Dwyer
EO and Title IX Coordinator
Regis University
3333 Regis Boulevard
West Hall K4-107B
Denver, CO 80221-1099
303.458.4906
ldwyer@regis.edu

Support Services

**Bookstore**
The Follett Bookstore on campus has textbooks and supplies needed for the program. Bookstore hours vary depending on the semester. For specific information on hours and supplies call (303) 458-4150. Students who decide for any reason to drop a class may return their textbooks to the bookstore and receive a full refund for the purchase price of the books if:

1. The books are returned within two weeks of the first meeting of the class being dropped.
2. The books have not been marked or written in.
3. The student brings a drop slip showing that the class was officially dropped.

**Disability Services**
Regis University is committed to ensuring equal opportunity for students with disabilities to succeed, by providing equal access to Regis Programs and services through the Office of Disability Services (ODS).

**Eligibility:**
To ensure the provision of reasonable and appropriate services at Regis University, students with disabilities must identify themselves in a timely manner to the Office of Disability Services (ODS), Room 118B, Life Directions Center (303-458-4941; disability@regis.edu) in order to be eligible for the requested accommodation(s). Current and comprehensive documentation must be on file with ODS prior to approval of the accommodation.

The director will review disability documentation with the student, teach self-advocacy skills, discuss appropriate accommodations for each class, and then complete a form letter listing suggested accommodations for the student to share with instructors. Please refer to the Office of Disability Services web site (http://www.regis.edu/disability) for additional information. The law requires granting of accommodations that are reasonable, do not cause an undue burden, and do not fundamentally alter the course content and/or procedures. Since the faculty know the essential course requirements and academic standards, she/he will be a part of the final decision-making process regarding the specific accommodations allowed.

The law requires granting of accommodations that are reasonable, do not cause an undue burden, and do not fundamentally alter the course content and/or procedures. Since the instructor is the one who knows the essential course requirements and academic standards, he/she will be part of the final decision-making process regarding specific accommodations allowed.

Students may self-disclose and request academic adjustments any time during the term. However, it is recommended that they do so as soon as possible because accommodations are not provided retroactively and adequate lead time is required.

**Examples of Services, Accommodations, Auxiliary Aid Services:**
Evaluation of documentation, self-advocacy training, test taking and learning strategies assistance, referrals to local specialists for disability assessment.

**Accommodations:**
Sign language/oral interpreters, real time captioners, note-takers, readers, scribes, extended test-taking time, distraction-free test taking environment.

**Assistive Technology:**
Closed circuit television (CCTV), reading machine, four track tape recorders, books on tape, FM listening system, telecommunications device for the deaf (TDD), accessible computer station with voice recognition, screen reading and magnification software, AlphaSmart note-taking keyboards.

**Grievance:**
If a student believes that an action of the ODS regarding a request for an accommodation violates his/her rights under the law, s/he may appeal the matter through the following procedures:

- A complaint should be submitted in writing containing the name, title and address of the complainant, and a brief description of the allegations of discrimination. The complaint should be addressed to: Dean of Students, Student Life, Regis University, 3333 Regis Blvd, Denver CO 80221.
- A complaint should be filed promptly, within thirty (30) days of the alleged discrimination. An investigation, if appropriate, shall be conducted following receipt of the discrimination complaint. This process involves information but thorough investigations, affording all interested parties, including the complainant and the person(s) against whom the allegation(s) of discrimination have been made, and their respective representatives, and opportunity to submit information and documentation regarding the complaint allegations.

Upon completion of the investigation, a written determination will be delivered to the complainant, typically within forty-five (45) workdays of the receipt of the complaint. The complainant can request a reconsideration of the complaint if dissatisfied with the results of the investigation. A written request for reconsideration shall be made within seven (7) workdays of the complainant’s receipt of the written determination and shall be submitted to : Dean of Students, Student Life, Regis University, 3333 Regis Blvd, Denver, CO 80221 for further discussion. If the complainant is dissatisfied with further investigation by the Director, he/she shall have the right to take the complaint to the Executive Assistant to the President, Office of the President, Regis University, Main Hall, Room 201, 3333 Regis University, Denver, Co 80221.

Retaliation against a person who files a complaint of discrimination, participates in an investigation, or proposes a discriminatory education practice or policy is prohibited under University policy, and by state and federal law. If the grievance cannot be resolved within Regis University, the complainant shall be informed of the right to file the complaint with the appropriate state or federal agency.

Students also have the right to file Title 3 disability discrimination complaints with the U.S. Department of Justice, Disability Rights Section, Civil Rights Division, P.O. Box 66738, Washington, D.C. 200035-6738, or with the U.S. Department of Education, Office for Civil Rights, 1244 Speer Blvd., Suite 300, Denver, CO 80204.

**Enrollment Services**
Enrollment Services is located on the 4th floor in Main Hall on the Lowell Campus. A team of representatives from the Office of Financial Aid, Office of the Registrar, and Office of Student Accounts will assist walk-in and phone customers weekdays from 8:30 AM to 6:30 PM with questions and transactions related to financial aid, billing, payment plans, and basic registrar functions. Instead of visiting three separate offices, one stop should suffice for most Enrollment Services customer needs. More in-depth services will continue to be available through appointments with specialists in each area.

**Campus Security Office**
The Campus Security Office provides a safe and secure environment for the entire Regis community. A staff of full-time security officers works in teams of two on all shifts to provide a 24-hour/day coverage, seven days a week, including holidays. Campus Security works with students, faculty, and staff to promote awareness and support of safety and security issues. Campus Security provides vehicle and foot patrol, responds to all incidents and emergency situations, and provides an escort service and from parking areas. It also provides assistance for community events and activities on campus, maintains continuous phone and radio contact with the officers in the field, provides parking enforcement, and makes presentations to the community on security and safety issues.

*The Campus Security Office is located in Main Hall 129. The 24-hour/day telephone number to Campus Security is (303) 458-4122.*

**Career Services**
Consistent with the Life Directions Mission, Career Services provides an avenue for students to investigate physical therapy practice opportunities. Career Services conducts individual advising sessions and seminars on relevant topics such as resume writing, interviewing skills, and networking skills. Current career information is available in the Life Directions Resource Library.
**Fitness Program**
The purpose of the Fitness Program is to assist the students, faculty, and staff of Regis University in their endeavors to improve their physical health. Specifically, the program focuses on exercise and proper nutrition while recognizing that physical health is but one facet of total wellness. Services are available to all Regis students at no charge. The Fitness Program offers students:

- A place to work out: the 6,000 square foot fitness facility housed within the Life Directions Center contains aerobic and strength-training equipment-including both free weights and variable resistance machines. The fitness area is open seven days per week.
- Exercise guidance and fitness goal-setting: Student staff offer orientations to training principles and equipment usage, teach exercise classes, and provide introductory fitness testing and counseling services.
- Nutritional guidance and goal-setting for proper nutrition or weight management-the Fitness Program offers nutritional analysis, nutrition classes/videos, educational materials, and one-to-one consultation.
- Special events and educational opportunities-exercise incentive, campaigns with prizes, guest lectures, and demonstrations, Healthy Heart Week, and blood cholesterol screening are some of the services offered.

**Food Service**
Regis has contracted with a food service company, Bon Appétite, for all meals served in the cafeteria and snack bar. The cafeteria and snack bar are located in the Student Center and Peter Claver Hall (PCH).

**Health Services/Office of Counseling and Personal Development**
As part of the Life Direction’s Program, basic medical and psychological health services are available to Physical Therapy students through the University Health Services and Office of Counseling and Personal Development located in the Coors Life Direction Center. Charges for such services will be directly billed to the student’s insurance. The University will supplement insurance reimbursement for payment in full for basic exams and follow-up. In the event a student can not produce a copy of their health insurance, fees at the time of service are expected. Lab fees and prescription drugs will be the responsibility of the student at the time of service. The Health Services Center can also refer students to providers outside the University for healthcare needs beyond the scope of the center. All fees incurred by these referrals will be the responsibility of the student. For further information please contact the Health Services Center directly at 303-458-3558.

**Intramural Athletics**
Many Regis students participate in a wide variety of intramural activities. Regis offers team sports such as men’s and women’s flag football, coed volleyball, men’s basketball, coed floor hockey, coed bowling, ultimate Frisbee, and men’s, women’s and coed softball. The intramural program also includes several tournaments such as doubles volleyball, tennis, and 3-on-3 basketball.

**Library Services**
The Dayton Memorial University Library is available to students for resource access and independent study. The regular Fall and Spring semester library hours are: Monday-Thursday, 8 a.m.-11 p.m.; Friday-Saturday, 8 a.m.-9 p.m.; Sunday, 2 p.m.-11 p.m. Holiday and summer semester hours vary. Access to library electronic resources is available online:

http://www.regis.edu/library.

**Media Support Services**
The school, as well as the library, is equipped with an assortment of media support for teaching and independent study options. Media services are available during library hours, seven days a week. Use of this equipment is free of cost to the students. Students are expected to pay nominal fees for supplies used in developing teaching or other presentation materials.

**Parking**
Rates for parking on campus are $400.00 for an academic year (must purchase pass in August). A single-day parking pass is $5.00 per day with the parking pass purchased at a pay station located in the parking lot. Even with the purchase of a parking pass, a parking space is not guaranteed. Parking spaces on campus are limited. Parking is enforced Monday through Friday, 6:00 am until 1:00 am.

Please go the Office of Parking and Transportation website (link below) for further information:

http://www.regis.edu/About-Regis-University/University-Offices-and-Services/Auxiliary-Business/Parking.aspx
Parking tickets and fines are issued for the following parking violations: Parking in fire lanes, restricted areas, handicapped areas, roadways, loading docks, outside of marked spaces and other areas so designated including visitor parking spaces. All parking citations must be paid within 14 days. Citations not paid within 14 days will be assessed a late fee of 50% of the citations base value. Vehicles with 4 or more citations are subject to impoundment per the Towing Policy.

Printing
Regis University regulates use of computer and printing facilities for use by students, with priority given to those doing academic work. The university has instituted this policy to encourage responsible and conservation-minded printing for students to support their academic learning. DPT students receive a printing allowance of 1,500 pages per semester using campus computers. ITS software monitors student printing after students have logged into the print system using the RegisNet account information. At the end of each semester, unused printing pages expire. Students should inform ITS personnel (X-4050) when mechanical printing errors occur so that these pages can be re-instated into the student’s account; unintentional printing errors are not eligible for credit consideration.

Printing is also available at Dayton Memorial Library. Each page is 10 cents (double-sided for 20 cents). Re-usable print cards may be purchased in $5 and $10 denominations at the Circulation Desk, and may be recharged in $1 increments. Coin-operated photocopiers are also available for use at 15 cents a page.

University Ministry
University Ministry serves the entire University community. In the Jesuit tradition, University Ministry provides opportunities and activities that enable members of the community to respond to the invitation of St. Ignatius Loyola to find God in all things. To encourage students to integrate mind, body, and spirit, University Ministry offers Sunday and weekday liturgical services, weekend retreats and days of reflection, spiritual direction and advising, Christian Life Community gatherings, scripture study, special University community celebrations, reflection on justice issues and service opportunities. University Ministry is located in the Student Center, Room 200.

The University Ministry has established a physical therapy student liaison position. The student selected for this position receives a semester stipend. The liaison supports general University Ministry programs and helps this school access the spiritual needs and interest of the students.

Student ID Cards
All students are issued an Identification Card (aka Regis ID). Cards are issued through the Registrar’s office. The card is required for library services, for participation in the food service program, building access, access to restricted classrooms, and when requested by other proper authorities. These cards are not transferable. Lost cards should be replaced by going to room 223, second floor, Student Center. The Office of Student Accounts will assess a fee to the student a for lost card. The student ID card will provide each student access to the anatomy lab, resource room, PCH 409, class-restricted locker rooms, and research lab as appropriate.

Student ID cards must be surrendered to the School of Physical Therapy Administrative Assistant during graduation checkout. Lost cards must be reported to the Administrative Assistant who can inactive access to locked rooms. Lost cards will be replaced by the Administrative Assistant for a $35.00 charge.

Transportation
Students need access to a car for clinical experiences. Automobile transportation may be required for clinical experiences as part of a nonclinical course. Students may also choose to use various forms of public transportation to clinical experiences out of the immediate Denver area. These expenses are at an additional expense to the student.
IX. CLINICAL EDUCATION POLICIES

THE CLINICAL ROTATION SELECTION PROCESS

Description of Clinical Rotation Types and Experiences

Each student will complete four clinical rotations unless the last rotation is a 6 month, combined CE (clinical education) III/IV experience. Students will complete a minimum of one rural and one out of state rotation. During CE II, III and IV or combined CE III/IV, students must complete rotations in one inpatient and one outpatient clinical setting. General guidelines for IP/OP settings follow, but consultation with your clinical advisor is expected to confirm requirements have been met. CE I experiences do not fulfill setting requirements but can fulfill the out of state and/or rural requirements. CE I objectives will be based on general patient care exposure.

- **Inpatient Settings:** Typically located in hospitals, acute rehab, sub-acute rehab, skilled nursing facilities (SNF), and home health settings. Teamwork and multidisciplinary practice are expected.
- **Outpatient Settings:** Patients that are generally medically stable are typically seen in outpatient facilities.

Participation in clinical rotations within the program necessitates travel to sites outside the Denver area and across the country. All expenses incurred at all clinical rotations will be the responsibility of the student. Some experiences may provide experience in more than one clinical concentration area (e.g., inpatient and outpatient), but each experience can only fulfill the requirement in one clinical concentration area based on the majority of the patient population seen by the student. Students will be provided advice from their clinical advisor to ensure requirements for clinical concentration areas have been satisfied prior to making selections for final clinical rotations. Some clinical sites have additional requirements. Students who wish to select sites with additional requirements in Acadaware must first meet with their clinical advisor to seek consultation and permission to select and/or apply for a particular site.

Rural and Out of State Expectations

All students are expected to also complete at least one rural and one out of state rotation. Please note, it is possible that students will need to complete more than one rural and/or out of state rotation depending on site availability and desired clinical concentration area for any given rotation.

**Rural**

Rural experiences are those that meet specific guidelines established by this School, which are based on the US Census Bureau and the patient population served by the facility. Rural areas are defined by this School as being those that contain a population of 80,000 people or less and are more than 30 miles from a metropolitan area with a population of more than 80,000.

**Out of State**

Students are expected to participate in at least one out of state experience to facilitate an appreciation of various practice settings. Costs associated with out of state clinical rotations will be the student’s responsibility.

Alternative experiences of 1 to 4 weeks, including those in international venues, will not satisfy this requirement. In some rare instances a student may have a hardship situation that necessitates a request to receive a waiver of the out of state and rural expectation. Students in this situation must first speak to their clinical advisor. Waiver requests must be submitted in writing to the Clinical Education Team. The department’s decision to grant hardship requests will be based on the issues presented and on the fact that students are given adequate time to prepare relationally, financially, emotionally, mentally, and strategically in order to participate for out of state rotations. Hardship waivers will not be granted for issues relating to lack of planning, preparation, or desire to be out of state.

**Alternative Experiences**

As part of completing DPT 752 (Clinical Education III) and DPT 753 (Clinical Education IV), students may participate in one alternative experience that ranges in duration from 1 to 4 weeks. Examples of these alternative experiences include but are not limited to: travel to Ethiopia, Nicaragua, or Peru to provide physical therapy under the supervision of a Clinical Instructor in those countries, observation in a pediatric gait lab, shadowing an orthotist, internship at the APTA National headquarters in Alexandria, VA, or observation/patient care in a niche practice of physical therapy (e.g., oncology, cardiac rehabilitation, women’s health, pediatrics, veterinary care, hippotherapy, etc.). In order to assure that all students who desire to participate in alternative experiences have the opportunity to do so, requests for a second alternative experience will be addressed once all
primary requests have been confirmed. Students interested in international clinical experiences such as Nicaragua, Ethiopia or Peru must go through an interview/application process and are selected by clinical and academic faculty. The students selected will work with their clinical advisor to select sites that will accommodate an international experience.

Restrictions on Clinical Placements
In order to facilitate diversity and variety of experience, and to avoid challenges related to changing roles within a facility (e.g., previously worked as a tech, ATC, etc), students are not allowed to select a clinical experience at a facility where they have previously worked or where they have volunteered more than 240 hours. Students will also not be allowed to participate in a clinical experience where they have a current or previous personal relationship with their Clinical Instructor.

New Site Requests
Students who wish to participate in a clinical rotation at a clinical facility that does not currently affiliate with Regis University must talk to their clinical advisor before initiating any contact with the clinical site. Students must also complete a Student Request of New Site Development Form. After the discussion with the clinical advisor, the student may be guided to visit the site to determine further interest. Students should not discuss specifics of clinical affiliations or contractual agreements with sites when/if they visit the site and should not take action to contact a site to arrange their own clinical rotations. The Clinical Education Team must approve all requests for new sites before action is taken by the Clinical Education Team to pursue a clinical agreement with a new site.

All requests for new sites should be submitted to and discussed with the Clinical Education Team at least 6 months prior to the start of the requested affiliation. Receipt of a new site request does not guarantee that the Clinical Education Team will agree to pursue the clinical site. Decisions regarding the establishment of new sites will be handled on an individual basis based on the type of clinical experience, needs of the student, needs of the physical therapy program, and potential for accommodating students in the future. The following guidelines should be considered by students requesting sites as they are the criteria used by the Clinical Education Team in determining whether or not to pursue a clinical agreement with a new site:

1. The clinical site philosophy for patient care and clinical education are compatible with those of the Regis University, School of Physical Therapy program.
2. Clinical site ownership must abide by legal boundaries and APTA policies. For example, a physician cannot own the clinical site.
3. The Clinical Faculty provide an active, stimulating environment appropriate for the learning needs of students, and are open to current research and discussion of the best evidence available.
4. Roles of physical therapy personnel within the clinic are clearly defined and distinguished from one another according to state and federal laws and regulatory agencies.
5. Physical therapy staff is adequate in number to provide an educational program for students.
6. Physical therapy Clinical Instructors have a minimum of one year of clinical experience and demonstrate a willingness to work with students.
7. The clinical site encourages CCCE and CI training and development. It is preferred that the CI has attended the APTA credentialing course.

Computer-assisted Matching Procedures
Acadaware is a computer assisted matching program that the School of Physical Therapy uses to assist in the placement of students for clinical rotations. After researching the sites offered for a specific rotation and talking with their clinical advisor, students enter their top 10 choices of clinical sites for each rotation.

• Dependent on a number of factors relative to sites available for any rotation and the number of students requesting the same site, not all students may be matched during the Acadaware selection process. If this occurs, the non-matched students may: (1) select a clinical site still available from the available list or (2) pursue a new clinical site to Regis (per policy).
• Some clinical experiences require students to apply and possibly interview for these experiences, students selected for these clinical experiences will be assigned to that site and will not participate in the Acadaware process for that rotation
• Students who have set up a new clinical site with the approval of the Clinical Education Team Chair will be assigned that site and will not participate in the Acadaware process for that rotation. The new site will then become part of the clinical education site database and will go into future Acadaware offerings. Students who request new sites for a specific rotation will be expected to commit to utilize the clinical experience.
• Students who are off the traditional rotation sequence either due to academic or personal reasons will be placed into a clinical environment by their clinical advisor. The clinical advisor will collaborate with the clinical facility and the student to clarify learning objectives.
• If a Student with disabilities requires significant accommodations as determined by Regis University Office of Disability Services (ODS), the clinical advisor in collaboration with the student and ODS will place the student in a site that will provide necessary accommodations.
• Once the Acadaware run has been completed, all Acadaware selections and clinical assignments are final. Students may not switch sites formally (e.g., by making a request via the clinical advisor) or informally (e.g., with another student) once Acadaware selections and site assignments have been finalized.
• If a student experience is cancelled by a clinical facility, the student will be given a list of available sites. The student will select their top 3 choices for the clinical advisor to call and confirm availability. If the student’s clinical education requirements cannot be met with the list of available sites, the clinical advisor will contact other Regis clinical sites to request a student clinical experience.

CLINICAL EDUCATION COURSE POLICIES

Compliance
Students must file a report with RHCHP Compliance Office prior to admission. In addition, each student is responsible for maintaining a copy of their health status report, immunization record, proof of insurance that he/she will have available, should documentation of compliance be required by a clinical site.

Drug Screening and Criminal Background Check
It is becoming common practice for agencies and/or field placement sites to have policies requiring screening and/or criminal background checks for their employees, volunteers, and for students who are assigned to the facility. Regis University will comply with these requirements in placing students at such facilities or agencies. As a condition for enrollment and continued matriculation in academic programs involving external placements, clinical rotations, internships, or service learning experiences, students are required to submit to drug screening tests and to participate in a criminal background prior to matriculation. This will be at the discretion of Regis University or the agency sponsoring the field placement or internship.

Regis University will assist students in understanding and complying with the requirements. However, the responsibility for providing such information and their associated costs rests with the student and not with Regis University. Failure to submit to such testing or to provide such information as required as a condition for admission and clinical placement or internship may result in disqualification from further study at the University. Similarly, results from the drug screening tests or criminal background check may result in disciplinary action on the part of the University, including, but not limited to disqualification from further studies at the University.

Clinical Attendance
Students are expected to follow the schedule of their Clinical Instructor including weekends and/or holidays. Any clinical absence may jeopardize a student’s ability to successfully meet clinical objectives as well as inconvenience the clinical site. If a student will be absent from the clinic during any portion of a clinical rotation, for any reason, they must first discuss the absence with their clinical advisor, receive pre-approval, and discuss arrangements to make up missed days. In the case of emergencies or illness, both the clinical site/CI and Regis clinical advisor must be contacted immediately. Clinical and academic faculty reserve the right to require students to make up any missed clinical times. Students required to make up a clinical absence(s) are required to do so based on clinical faculty availability and convenience.

If a student would like to attend an American Physical Therapy Association sponsored meeting (e.g., Annual Meeting or Combined Sections Meeting), a State Chapter meeting, National Student Conclave, or any other type of conference or continuing education event, they must first receive permission from their clinical advisor and must then seek permission of the clinical facility’s Coordinator of Clinical Education (CCCE) and Clinical Instructor(s) before making travel arrangements. Students should always be prepared to make up any missed clinical days. Students must also be aware that some clinical facilities may not approve days off for these types of events and plan accordingly.
Clinical Site Policies and Procedures
Students are expected to understand and follow policies and procedures of each clinical setting to which they are assigned at all times. The student will respect the patient’s right to refuse physical therapy services rendered by the student. Students are to be familiar with the practice act of the state where the affiliation occurs.

HIPAA (the Health Insurance Portability and Accountability Act of 1996) requires that all providers of health care be trained in privacy and security procedures under this Act. In preparation for the first clinical rotation, students will be required to participate in a HIPAA education program. A post education test must be passed with a grade of 80% or higher before students can participate in their clinical experience. Students are expected to inquire about and follow any HIPAA policies specific to their clinical site. Students are expected to maintain patient confidentiality and to practice according to sound professional and ethical principles.

Safety: Students are expected to follow appropriate Hazardous Material Communication and Infection Control Policies as appropriate to the environment whether it is classroom, laboratory, or clinical setting.

Incident Reports: Students are required to report immediately any errors of omission or commission (incidents) involving a patient to the Clinical Instructor. If required, an incident report must be filled out according to facility policy. The clinical advisor should be called immediately and a Regis University incident report must also be completed. A copy of any facility incident report and the original university incident report must be sent to the clinical advisor within 24 hours.

Medicare A and Medicare B Guidelines for student supervision: In order for a PT facility to bill Medicare for physical therapy treatments there are strict guidelines in regards to supervision of student physical therapists. Please refer to the APTA website and D2L for specific material regarding Medicare guidelines involving student physical therapists.

Trigger Point Dry Needling: Students are able to participate in trigger point dry needling (TPDN) interventions on patients under the direct supervision of their clinical instructor (CI) in specific state jurisdictions which allow licensed physical therapists to perform this intervention based on their state practice act. The decision to allow students to participate in this intervention technique is at the discretion of those CIs. Students that are on clinical rotation in the State of Colorado can only observe their CI in performance of TPDN interventions and cannot perform TPDN interventions on patients due to the fact that the PT Rules (State of Colorado (4CCR 732-1.211) state to be deemed competent to perform dry needling, a physical therapist must: 1) have practiced for at least two years as a licensed physical therapist and 2) have successfully completed a dry needling course of study that consists of a minimum of 46 hours of dry needling training.

Student Injury: Any student injury should be reported immediately to the Clinical Faculty member and the clinical advisor and addressed according to the Regis University Workers Compensation policy.

Physical Abuse: According to most state laws, students should report any suspected physical abuse of children or elders of patients/clients to their CI.

Sexual Abuse: All students should report to their clinical advisor immediately if they feel they are a victim of sexual harassment of any kind. (see Sexual Harassment Policy)

GENERAL PRINCIPLES OF STUDENT EVALUATION
Student clinical performance evaluation should be used as a mechanism for determining strengths and weaknesses of the student, as well as assessing the effectiveness of the academic and clinical phases of the curriculum. Rating should be made:
• on the basis of systematic and specific observations of the student’s behavior
• on the basis of the typical frequency of performance rather than on isolated instances
• as summary of regular feedback given to the student throughout the clinical rotation
• on the basis of performance as judged by the stated objectives and the criteria given for each item performed.
Regis Clinical Education I Student Assessment Tool
The Regis Clinical Education I Student Assessment Tool will be utilized during DPT 750 CE I to assess and guide student learning.

Clinical Performance Instrument (CPI)
The School of Physical Therapy at Regis University has adopted the APTA Clinical Performance Instrument (CPI) Web to evaluate the student’s performance in the clinic for DPT 751 CE I, DPT 752 CE II and DPT 753 CE III. The CI/CCCE is expected to document the student's performance using the PT CPI Web at Midterm and Final. The student and the CI/CCCE are expected to complete the documentation of the CPI separately and then discuss the student’s performance together.

Clinical Performance Instrument (CPI) Performance Expectations
All clinical experiences, which include DPT 750 (CE I), DPT 751 (CE II), DPT 752 (CE III) and DPT 753 (CE IV), will be graded on a Pass/Fail basis. The expectations for satisfactory performance on the CEI Student Assessment Tool and Clinical Performance Instrument (CPI) are specifically outlined in each clinical education syllabus.

Ratings will be reviewed by the clinical advisor to ensure that each student performs at a minimal acceptable level. The performance criteria used by the clinical advisor to determine a Pass/Fail grade will be based on the final assessment given by the Clinical Instructor.

Summary of Assignment Expectations to Complete a Clinical Rotation
In order to complete clinical education course requirements and to receive a passing grade for any clinical course, submit all documents and assignments as described in the course syllabus. An Incomplete (I/N) will be given until all of the above assignments are completed and submitted to the Clinical Education Administrator Coordinator.

Consequences of Less than Satisfactory Performance
If student performance is not satisfactory during the clinical experience, the clinical advisor and course coordinator will conduct a review process to determine eligibility to pass the clinical experience or if additional remediation is required. The course coordinator has the final decision for the grade issued in any clinical experience.

Students receiving less than the specified criteria outlined above will receive a I/Failure and be placed on probation for the clinical experience. If eligible for remediation, the student will be required to complete additional time in the clinical environment by registering for additional course credits. The clinical advisor and department director will determine the location, type and length of additional remediation activities. All requirements must be completed by the end of the semester following the semester in which the incomplete grade was assigned.

Remediation of Clinical Experiences
The opportunity to remediate an incomplete clinical experience will be the decision of the clinical advisor based on input from the Dean, Director, CI, CCCE and the student. All records including the Clinical Performance Instrument (CPI), critical incident reports, and anecdotal records will be considered. The decision must have the support of the School Director. Students who are remediating a clinical experience will be placed in a facility chosen by the clinical advisor.

Students who fail a clinical experience for reasons explained in the Disciplinary Review Process section of this manual will not be permitted to remediate and will not be able to continue in the program. Handling a failed clinical experience will follow the same procedures as a failed grade as defined in the University Bulletin.
X. STUDENT GOVERNANCE BYLAWS

STUDENT GOVERNANCE BYLAWS
REGIS UNIVERSITY SCHOOL OF PHYSICAL THERAPY
DEPARTMENT OF PROFESSIONAL STUDIES

ARTICLE I: Name and Mission
We, the students of the Department of Professional Studies at Regis University have united to form the Student Class Government in order to: foster support and a sense of community; to provide a mechanism for input of ideas and wishes of the student body related to the learning environment; to act as a liaison between the student body, administration, faculty, and community; and to aid in the promotion of the physical therapy profession. The Student Class Government is a way to initiate and implement policies governing our activities through strong leadership.

ARTICLE II: Membership
Every student enrolled in a class in the Department of Professional Studies shall be eligible to elect members to his/her respective Student Class Government.

ARTICLE III: Elected Officials
1. The officers of each class shall be the President, Vice-President, Secretary, and Treasurer. These individuals constitute the executive committee.

2. Elected student representatives in the Department of Professional Studies include those related to established departmental committees and teams, including but not limited to the DPT team, Clinical Education team, and others as established.

3. Other elected student offices include those to other departments and organizations: Admissions Committee Representative, Academic Council Student Representative, American Physical Therapy Association Representative, Marquette Challenge Committee Assistant Chair/Co-Chair, Fun Run Class Representative, Regis University Campus Ministry Liaison, and Service Learning Steering Committee Representative.

4. Students nominated to serve on University committees will also serve as a representative to the student government.

5. The Student Class Government also includes the Faculty Advisor who is appointed from the departmental faculty by the School of Physical Therapy.

SECTION I: DUTIES AND POWERS
The Student Class Government shall have the power to initiate and enact any and all legislation necessary for decisions that affect School of Physical Therapy students only; to call for elections; to oversee and manage student affairs as is necessary and proper; and have the final vote on removal of an officer in the Student Class Government as per Article IV, Section V. Any adopted motion affecting students outside the School of Physical Therapy may be submitted as a recommendation to the Department Director.

SECTION II: DUTIES OF THE OFFICERS OF THE STUDENT CLASS GOVERNMENT
1. President
The President shall conduct all meetings of the Class Government and shall be the official spokesperson for the class. The President shall serve as the primary liaison between the Student Class Government and the student body, and between the Student Class Government and the Director of the Department of Professional Studies. The President shall assist with the succeeding class elections and shall present a graduation speech to the class at Convocation. Following graduation, he/she shall assist department with alumni contact information and events, and serve as an alumni representative of the class. The President shall also represent the class in the Graduate Student Council.

2. Vice-President
The Vice-President shall assist the President in all duties and assume them in the President’s absence. He/she shall assume responsibility for maintaining internal relations among Class Government members and facilitate productivity at all Class Government meetings by focusing discussions. The Vice President shall serve as chairperson on task forces or special committees developed by Student Class Government, or as requested by the Faculty Advisor to the Student Class Government. The Vice President shall assist with succeeding class elections. Following graduation, he/she shall assist with alumni events and assist the school with alumni contact information, and serve as an alumni representative of the class.
3. Treasurer:
The Treasurer shall be responsible for managing the funds allocated to the student body by the Department and any funds collected through fund-raising events. The Treasurer shall serve as a Marquette Challenge Committee member and beginning in semester IV, he/she shall serve as Treasurer to the Marquette Challenge Committee. The Treasurer shall be responsible for accessing funds in accordance to the decisions made by the Student Class Government and/or student body. He/she shall maintain accurate and complete records of financial transactions and make these available to the student body upon request. He/she shall be a source for understanding the financial system at Regis University in regards to purchase orders, check requests, deposits, etc. He/she shall be actively engaged in attempting to increase funds for the benefit of the student body. He/she shall assume duties of Secretary in the Secretary’s temporary absence. The Treasurer will have access to two university student accounts:
   A. The School will deposit a fixed sum of money in the class account each academic year. These monies are to be used for professional development activities (attendance at CSM, Annual Conference, etc for members of the class).
   B. In addition, each class may have a separate account that contains monies raised for class specific activities. When such monies are generated in fund-raising (ex: bake sale, clothing order for the class, a portion of the money must be given back to support a service project selected by the class. (ex: wounded warriors, monetary support to a child in a third world country).

4. Secretary:
The Secretary shall be responsible for taking, recording, and distributing minutes to members of the Class Executive Board, the Faculty Advisor, and the Director of Professional Studies from each Student Class Government meeting within 10 days. The Secretary shall compile and distribute agendas for future meetings and shall act as the auditor of the financial records of the Student Class Government and shall review these records on at least an annual basis. The Secretary shall serve on special committees and task forces, as developed by the Student Class Government or as requested by the Faculty Advisor to the Student Class Government.

   1. All officers shall participate in all Class Government meetings as active voting members, and serve as liaisons between the Student Class Government and the student body for the class.

SECTION III. DUTIES OF REPRESENTATIVES and CHAIRS OF THE STUDENT CLASS GOVERNMENT: ELECTED OR APPOINTED.

1. DPT Team Representative:
The DPT Team Representative serves as the liaison between the Student Class Government and student body and is responsible for gathering and formulating the opinions of the student body concerning the curriculum, as well as outcomes evaluation in order to foster solutions brought forward to the committee. The representative participates in as a non-voting member.

2. Clinical Education Team Representative:
The Clinical Education Team Representative shall be responsible for fostering communication, and gathering and formulating the opinions of the student body concerning areas for clinical education. The Clinical Education Team Representative shall serve as a liaison to inform Student Class Government and student body of pertinent Clinical Education information. He/she shall meet with the Clinical Education Chair or with the Clinical Education Team at least once a semester.

3. Admissions Representative:
The Admissions Representative shall participate in Admission’s Department meetings as scheduled. He/she shall assist the Department Admissions Counselor in coordinating student body participation in the admissions process and provide support for prospective candidates. He/she shall coordinate the Student Mentoring Process in further support of prospective Students. He/she shall inform Student Class Government and student body of pertinent Admissions Committee information.

4. Academic Council Student Representative:
The Academic Council Student Representative shall represent the students of the School of Physical Therapy, Department of Professional Studies, at Academic Council meetings and participate in any school-wide recommendations and decision-making. Specifically, he/she seeks student body input on School of Physical Therapy issues brought forward to Academic Council prior to meetings. He/she shall inform Student Class Government and student body of pertinent Academic Council information. He/she shall serve as liaison between Student Class Government and student body. He/she shall participate in
all Academic Council Committee meetings as a non-voting member, which occur on a monthly basis and may necessitate department-approved class absence.

5. APTA Representative:
The APTA Student Representative shall attend quarterly APTA Colorado Chapter Board of Directors meetings. He/she shall participate in the National Student Conclave and should attend national meetings when reasonably feasible as the Regis University School of Physical Therapy representative or a proxy may serve as needed. He/she shall be involved in the local APTA Chapter to represent Regis University Department of Physical Therapy and foster active APTA participation among the student body. He/she shall inform Student Class Government and student body of APTA issues and events. He/she shall serve as resource for student interest in APTA issues.

6. Marquette Challenge Committee Chair/Co-Chair:
The Marquette Challenge in a nationwide fundraiser for The Foundation for Physical Therapy. The mission of this organization is “to fund research that supports the development of evidence-based physical therapist practice; enhance the quality of physical therapist services for patients and clients; increase the number of physical therapy researchers; and secure a donor base to support the Foundation’s efforts.”

The APTA Marquette Challenge Committee Chair shall conduct all Marquette Challenge committee meetings outside student government meetings. He/she shall conduct all administrative efforts and orchestrate participation from his/her class. The Chair assumes the role of Consultant during Semester VII and VIII once they have departed for his/her third clinical affiliation. The outgoing Chair shall maintain communication throughout his/her clinical rotations and shall serve as a consultant to insure a smooth transition of leadership.

The Marquette Challenge Committee Co-Chair will assist the Chair in all duties and assume them in the chair’s absence. He/she shall facilitate productivity at all Marquette Challenge meetings by focusing discussions. He/She shall assist with administration of fundraising efforts and orchestrate participation from his/her class. The Assistant Chair assumes the role of Chair during week 7 of Semester IV.

7. Fun Run Class Representative:
The Fun Run is the official annual department outreach service project and is intended to simultaneously promote National Physical Therapy Month. The Fun Run Class Representative shall assume a leadership role on the Fun Run Committee and is responsible to secure volunteers for preparation and participation in necessary activities.

8. Regis University Campus Ministry Liaison:
The Regis University Campus Ministry Liaison is an appointed position by Campus Ministry and shall serve as an active non-voting member to the Student Government. The liaison shall act as a liaison to promote and facilitate mission related activities among the class and student government. Appointment to this position does not preclude a student from serving in a second elected position.

9. Service Learning Steering Committee Representative:
The Service Learning Steering Committee is a formal body of the Rueckert-Hartman College for Health Professions (RHCHP) that serves to guide the RHSHP Center for Service Learning in its efforts to engage faculty and students in meaningful community-based learning activities while building healthy relationships in the community. The Service Learning Steering Committee Representative will participate in the committee meetings as scheduled. He/she will represent the students of the School of Physical Therapy and participate in any college-wide recommendations and decision-making.

10. Diversity Advisory Committee (DAC):
The Diversity Advisory Committee representative shall represent students in the Rueckert-Hartman College of Health Professions, including physical therapy, nursing, pharmacy and health services administration at DAC meetings and participate in any University-wide recommendations and decision-making. The DAC oversees issues of diversity, inclusion and equity at Regis University. The DAC physical therapy representative will be appointed for a period of two years out of a four year cycle and will rotate with the other RHCHP Schools and Departments. This representative will see input from student leadership from all RHCHP disciplines and will be responsible for sharing all relevant information with the student governance of these disciplines to allow distribution to the student body. He/She will participate in all DAC meetings which are held on a monthly basis (and may necessitate department-approved absence from class), as a non-voting member.
11. Interprofessional Committee Representative:
The Interprofessional Committee representative is an appointed position. The person identified will have a sense of professional needs among all student professional groups in RHCHP and will have good organizational skills. The representative works under the direction of the Interprofessional Committee to develop interprofessional activities for students in RHCHP.

12. Media Representative:
The individual provides up-to-date reports concerning individual and class activities, including photos, for posting on school-related websites. All information will be vetted through central School of Physical Therapy administration. Monitors social medial tools, trends and applications and applies that knowledge to increasing use of social media.

13. All elected Representatives and Chairs serve as liaisons between the Class Student Government, their respective teams, committees or organizations, and the student body, and shall participate as active voting members of the Student Class Government and the student body.

14. Opportunities for other representation may arise in College and University boards/organizations where class members may be nominated and appointed to serve.

15. Faculty Advisor:
The Faculty Advisor shall serve as a liaison among the faculty, administration, and student body. He/she will also serve as an advocate and consultant for students, and serve as a reference for Departmental Policies & Procedures. He/she shall facilitate ongoing communication between faculty and student body through the oversight of the class on-line discussion board. He/she shall act as the primary faculty representative to on-line class communications. He/she shall respond to student driven policy requests before the policy is voted on by members of the Student Class Government and/or student body. He/she shall inform Student Class Government and student body of pertinent faculty meeting information. He/she shall participate in Student Class Government meetings. He/she shall have a vote only in the case of a tie between active voting members of the Student Class Government during student body and/or Student Class Government votes. In the case of the removal of an elected individual from office the Faculty Advisor shall cast one (1) vote.

16. Executive Board
The Executive Committee and the elected and appointed representatives shall serve as the Executive Board for the Class.

SECTION IV: ABSENCES
A Student Class Government member shall be allowed two excused absences during the year. A Student Class Government member with more than two absences will automatically be removed from his/her position on the Student Class Government.

An excused absence occurs when an officer or representative informs another Student Class Government member of his/her anticipated absence. The absent Student Class Government member may seek proxy representation from the Student Class Government to provide representation at the meeting, if permitted by the team, committee or organization. Reasons for excused absence include illness, family emergency or extenuating circumstances as approved by the members of the Student Class Government.
ARTICLE IV: Committees and Task Forces

SECTION 1: STANDING COMMITTEES
As a function of the Student Class Government, two committees within each Class will be formed to facilitate productivity and efficiency. These committees are the Fund Raising Committee and the Graduation Committee. The duties of these committees are to promote, plan, and execute fund raising events/programs and to organize, plan, and produce the graduation party, respectively. The Chair of either of these Committees shall be open for election, and both will directly be responsible to the President and/or Vice-President.

SECTION II: TASK FORCES
The Student Class Government may create Task Forces to facilitate effective work and completion of tasks. A Task Force is disbanded upon completion of its charge has been addressed by the student body.

ARTICLE V: Meetings
The Student Class Government will meet at least once per semester, or as called by any member of the Physical Therapy class or Faculty Advisor.

SECTION I: QUORUM
A majority of the enrolled student body constitutes a quorum in the Student Class Government unless otherwise specified.

SECTION II: VOTING
A motion will be considered approved by a majority of the Student Class Government members voting unless otherwise specified. Each student shall have one vote.

ARTICLE VI: Elections

SECTION I: ELECTION OF OFFICERS
The election of officers for the Department of Physical Therapy Student Class Government shall be held by November 10th of the first year and by October 15th of the second year. Candidates shall be selected through a volunteer/nomination procedure. Students may volunteer or be nominated for up to three positions and may accept or decline the nominations. Once the candidate pool is established, those individuals included in the pool must submit a written, one-page, double-spaced explanation of their reasons/qualifications for the position. Incumbents may run again for a second term.

SECTION II: TERMS OF OFFICE
The terms of office for all elected positions will be
A. For year one 12 months
B. For year two 18 months

SECTION III: ELECTION PROCEDURES
A. Nominations: Nominations/volunteering for the Student Class Government shall be made in writing and submitted to the President and Vice-President of the preceding class. One week is allowed to volunteer and write a one page position statement. This is due one week before the election. A student is considered nominated when he/she has accepted the nomination.
   The General Election in Semester I will be presented, monitored, facilitated, and run by the President and Vice-President of the preceding class. These duties and responsibilities include, but are not limited to presentation of the Bylaws, explanation and description of elected offices, setting of dates for the election process, collecting intent to run, nominations, and position platforms, producing and distributing ballots, collection of completed ballots, and tallying of votes for all elected positions.
B. Voting for elected representatives and officers shall be by electronic online secret ballot.
   Candidates receiving a plurality of votes cast for each position in the General Election shall be declared elected. In the case of a tie-vote, a run-off election will be held between the two candidates. The candidate receiving a majority of votes cast will be declared elected. When there is only one candidate for a position, that person will be elected by acclamation.

SECTION IV: REMOVAL OR RESIGNATION FROM REPRESENTATION
A Student Class Government member may be removed from their position by a three-fifths vote of the Student Class Government and Faculty Advisor after discussion of relevant circumstances. The process is an executive process, and voting will be done by the Class President, Vice-President, Secretary, Treasurer, and Faculty Advisor only. An explanation with cause will be provided to the respective Student Class Government member and a copy made available to the Department Director and Faculty Advisor. Should the removal process involve a member of the executive committee, a special election, coordinated by the Faculty Advisor, following election procedures, shall be held to elect a replacement. Should a member of the Student Class Government resign from their position, a special election coordinated by the Faculty Advisor, following election procedures, shall be held to elect a replacement.

**ARTICLE VII: Parliamentary Authority**

*Robert’s Rules of Order Newly Revised*, also known as Robert’s Rules, will be used as a guideline in the conductance of all Student Class Government meetings.

**SECTION I: AMENDING/REPEALING THE BYLAWS**

1. Amendments
   
   Updating or amending the Regis University School of Physical Therapy Bylaws shall occur annually prior to enrollment of a class.

2. Repealing
   
   The repeal of the Bylaws of the Student Governance must be presented and seconded by a voting member of the Student Class Government. The repeal must have a first reading at a Student Class Government meeting and may be voted on at the following Student Class Government meeting. A three-fourth majority of the Student Class Government is required to pass a repeal of this student government.

**ARTICLE VIII: CLOTHING SALES**

1. Official School of Physical Therapy clothing sales will be conducted by the second year class ONLY during the fall and spring semesters of the second year (semesters IV, V, & VI). The elected Class Officers will appoint individuals to conduct the clothing sale as well as assist the first class in organizing the clothing sale that will take place in their second year of the program.

*Original Bylaws written 10/95*
*Amended 10/04, 9/06, 9/07, 7/08;, 6/09, 6/10, 6/11, 6/12, 6/13*
## XI. Appendices

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Appendix A:
Absence Request Form

Name: ___________________________ Date: ___________________

Reason for request of absence:

Date(s) of requested absence:

Course(s) to be missed (include each lecture and lab separately):

<table>
<thead>
<tr>
<th>Course Number &amp; Title</th>
<th>Semester</th>
<th>Course Coordinator</th>
<th>Coordinator Initials</th>
<th>Assignments Missed (session/lab)</th>
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Students who request absence from class, laboratory, tutorial and/or field experience must complete this form at least one month prior to the planned activity and submit it to the director who will then meet with faculty identified on the form to determine whether the absence will be granted as excused or unexcused. Students who request absences are subject to the same requirements as other students who are in attendance, but those who receive an excused absence are not at a “penalty” to the instructor (i.e., must arrange for switch in lab and/or lab partner, must secure materials from a classmate, etc.). Students cannot request special accommodations for testing in written, practical, or comprehensive examinations., unless they have a documented disability through the Office of Disability Services.

NOTE: The student with an unexcused absence may be required to complete extra assignments or special requirements to make up for missed sessions, at the discretion of the course coordinator, including return to campus even if during Spring, Fall or Summer break. In addition, students who receive an unexcused absence and miss, laboratory, or field work may be subject to loss of grade points, as outlined in individual course syllabi.

______________________________________________  ______________________
Program Director                                  Date
Appendix B:
Academic Integrity Policy- Rueckert-Hartman College for Health Profession
http://www.regis.edu/~media/Files/University/Academic/Academic%20Integrity%20Policies/RHCHPAcademicIntegrityPolicy ashx

Introduction
The term integrity is derived from the Latin integritas, meaning the quality of being whole, sound and unimpaired or unbroken. Academic integrity is built upon the values and virtues of honesty, loyalty and trustworthiness. A failure to observe these basic values undermines the very foundations and bonds of a learning community and impairs the most basic goals of education. As members of the RHCHP community, our collective academic integrity is a prerequisite for the pursuit of knowledge and excellence in professional practice. In particular, the Jesuit principles that underlie the Regis University mission and core philosophy, with their call to ethical inquiry and care of the whole person, demand students commit to academic integrity in all aspects of their professional education and development. Likewise, faculty and all RHCHP employees must demonstrate and model the same high standards with respect to being responsible for one’s own academic work, participating with good faith in academic discussions, and acknowledging the work of others.

In order to establish and foster a community in which academic dishonesty and misconduct are socially and professionally unacceptable, all students and faculty are expected to adhere to the RHCHP Academic Honor Code. The Honor Code is intended to support the shared responsibility of faculty and students in maintaining an academic environment in which the values of truth and justice prevail in all activities related to learning, teaching, research, scholarship and professional practice.

Academic Honor Code
Students and faculty of RHCHP are committed to the highest standards of academic integrity and assume full personal and professional responsibility for maintaining those standards. All members of the RHCHP community exhibit the qualities of honesty, loyalty and trustworthiness in all academic and clinical activities, holding themselves and each other accountable for the integrity of the learning community. The RHCHP Academic Honor Code applies to any student in a RHCHP course, regardless of the student’s home college or program, and will be enforced according to the policies and procedures of the RHCHP.

Definitions
Violations of academic integrity are taken very seriously and include, but are not limited to, the following.

Cheating:
A form of dishonesty by which the person misrepresents his or her mastery of the course content or clinical experience. Cheating applies to examinations, labs, written assignments, clinical experiences, online discussions and any other form of student assessment. Examples of cheating include:

- Copying from the work of another student.
- Having a tutor or other reviewer make extensive content revisions or completing a portion of your assignment.
- Misrepresenting your contribution to a group project.
- Using unauthorized materials such as a textbook, prepared notes, study aids or an electronic device during an examination.
- Unauthorized access to or use of someone else’s computer account or computer files to complete an assignment.
- Possessing or obtaining an examination without the instructor’s authority or prior knowledge.
- Submission of an assignment purchased from a commercial entity (e.g., term papers).
- Unauthorized preprogramming of and/or access to electronic devices.

Plagiarism:
A form of dishonesty by which the person misrepresents someone else’s words, ideas, phrases, sentences or data as his or her own or otherwise fails to properly acknowledge the source of such material through complete and accurate citations and reference lists. Examples of plagiarism include:

- Directly quoting another person’s words without the use of quotation marks and/or acknowledging the source.
- Paraphrasing, or restating, another person’s ideas, opinions or theories without acknowledging the source.
- Using facts, statistics or other material taken from a source without acknowledging the source.
- Using words or the work of others, including images, taken from the Internet without acknowledging the source.
- Failing to properly cite an original source when using a secondary source.
Fabrication:
A form of dishonesty by which the person deliberately invents or falsifies information or research findings with the intent to deceive. Examples of fabrication include:
- Citing information not taken from the source indicated.
- Citing a source that does not exist.
- Intentionally distorting the meaning or applicability of data.
- Listing sources in a bibliography or reference list that were not used in the project.
- Inventing or falsifying data or source information in experiments, research projects or other academic assignments.
- Listing hours worked or activities performed during a clinical or service learning experience that did not occur.
- Misrepresenting one’s contribution to scholarly research and/or publication.
- Misrepresenting or falsifying a resume or curriculum vitae

Collusion:
A form of dishonesty involving two or more persons acting in a manner intended to misrepresent individual effort, learning and/or contributions to course assignments. Examples of collusion include:
- Allowing another student to copy from your work.
- Completing an assignment for another student.
- Allowing another student to complete an assignment for you.
- Unauthorized sharing of examination questions and/or answers before or after an examination.
- Unauthorized collaboration with another person during an examination or other assignment.
- Allowing one or more members of a group project to accept credit for the assignment if they did not participate or contribute.

Other Examples of Academic Misconduct
- Posting another person’s work on the Internet without that person’s permission.
- Unauthorized or inappropriate access to use of another’s computer account, access codes or electronic file.
- Misrepresentation to avoid academic work by fabricating an otherwise justifiable excuse such as illness, injury, accident, personal emergency, etc. in order to avoid or delay timely submission of academic work or the taking of an examination, or to request an incomplete or administrative drop in the course.
- Submitting the same written work to fulfill the requirements of more than one course without the explicit permission of the instructors.
- Coercing any other person to engage in academic dishonesty or misconduct.
- Aiding any other person engaged in academic dishonesty or misconduct.
- Changing, altering, falsifying or being accessory to the changing, altering or falsifying of a grade report or form, or entering any University office, building or accessing a computer for that purpose.
- Denying access to scholarly resources or otherwise deliberately impeding the progress of another student or scholar. Violations include, but are not limited to giving other students false or misleading information; making library materials unavailable through stealing or defacement; deliberately misplacing or destroying reserve materials or altering and/or destroying someone else’s computer files.

Responsibility
Achieving an atmosphere of mutual trust in which all members believe their right to learn is unimpeded by dishonest behavior is a responsibility shared by administration, faculty and students.

It is the responsibility of each individual student, faculty and other RHCHP employees to be able to recognize and refrain from any violation of academic integrity and to report observed violations. Numerous web-based resources addressing academic integrity are available.

It is the responsibility of each student to review all aspects of the course syllabus and agree to adhere to the Rueckert-Hartman College for Health Professions Academic Honor Code. In doing so, the student acknowledges that the work represented in all examinations and other assignments is his or her own and that he or she has neither given nor received unauthorized information. Furthermore, the student agrees not to divulge the contents of any examination or assignment to another student in this or ensuing semesters. Questions regarding academic integrity should be directed to the course instructor.
In addition, it is the responsibility of faculty and administration to foster and encourage honesty and a sense of fairness by creating and enforcing appropriate policies and systems. Administration provides the necessary resources as well as proper support for faculty when confronting violations of academic integrity.

The highest priority is to educate and encourage the development of appropriate academic and professional values and behaviors within individuals while also preserving the integrity of the learning community as a whole. All instances of academic dishonesty or misconduct will be reported and handled according to the Sanctions section of this policy. The Academic Integrity Board provides oversight of the Academic Integrity Policy.

Academic Integrity Board
The purpose of the Academic Integrity Board (AIB) in RHCHP is to implement, support, and monitor the Academic Integrity Policy. The AIB performs the following functions:

- Provides consultation to academic departments, schools and individual faculty to help determine sanctions and maintain consistency in violation levels and sanctions.
- Responds to independent concerns expressed by students and faculty regarding academic integrity.
- Renders decisions on appeals for violations of the policy.
- Reviews all notifications of violations of the Academic Integrity Policy, maintains a database of violations, and audits and reports such violations to the RHCHP Academic Council on an annual basis.
- Recommends revisions to this and related policies and procedures as needed.
- Collaborates on the creation and maintenance of educational resources for students and faculty related to academic integrity.

The AIB is comprised of:

- RHCHP Academic Dean (non-voting member)
- Five RHCHP faculty (one for each academic department/school) with the minimum rank of assistant professor (voting members). Voting members may serve a two or three year term as needed to ensure continuity. Terms are renewable.
- A chair is appointed from the five faculty members by the Academic Council. The Chair serves a minimum three year renewable term.
- Additionally, when an appeal is filed, an ad hoc faculty representative is appointed from the department where the infraction occurred (non-voting member).

The AIB will meet quarterly and as needed. All decisions rendered by the Board will be final with no additional opportunities for appeal of the violation of academic integrity. Regis University Legal Counsel may be consulted as necessary.

Sanctions for Violations of Academic Integrity
The sanction process is intended to ensure compliance with the academic standards of integrity contained in this policy. The level of sanction depends on a number of factors including the severity of the violation, whether this is a first offense and willingness of the student or faculty member to accept responsibility.

Student Violations
Sanctions for violation of the RHCHP Academic Integrity Policy by a student may include a reduced or failing grade for the assignment, course failure, academic probation or suspension, and/or academic dismissal from the program, school and/or College. Receipt of a failing grade in the course, academic probation or academic suspension may be indicated on the permanent transcript with the designated code. Egregious violations may result in a recommendation for academic expulsion from the University. All instances of academic dishonesty will result in notification of the student’s academic advisor, documentation in the student’s advising file, and a report filed with the AIB and entered in the permanent AIB database for RHCHP.

Level One Sanctions
Level One violations of the RHCHP Academic Integrity Policy predominantly include an initial minor violation of plagiarism and/or violations for which there are considered to be mitigating circumstances. Level One sanctions minimally include notification of the student’s advisor with a note in the student’s advising file, and appropriate reduction in the grade for the assignment up to and including failure, and remedial action as directed by the instructor.
**Level Two Sanctions**
Level Two violations of the RHCHP Academic Integrity Policy include all substantive violations of the policy not listed as a Level One violation and are considered very serious. Level Two sanctions, at a minimum, include failure of the assignment and potentially include failure of the course and/or academic probation.

**Level Three Sanctions**
Level Three violations of the RHCHP Academic Integrity Policy are considered to be the most serious and egregious and will result in the highest level of sanction including academic probation, academic suspension, or permanent academic dismissal from the program, school and/or College. All Level Three violations result in a mandatory AIB consultation. Level Three violations may include, but are not limited to:

- Using unauthorized materials such as a textbook, prepared notes, study aids or an electronic device during an examination.
- Possessing or obtaining an examination without the instructor’s authority or prior knowledge.
- Submission of an assignment purchased from a commercial entity (e.g., term papers).
- Inventing or falsifying data or source information in experiments, research projects or other academic assignments.
- Listing hours worked or activities performed during a clinical or service learning experience that did not occur.
- Posting another person’s work on the Internet without that person’s permission.
- Unauthorized or inappropriate access to use of another’s computer account, access codes or electronic file.
- Misrepresentation to avoid academic work by fabricating an otherwise justifiable excuse such as illness, injury, accident, personal emergency, etc. in order to avoid or delay timely submission of academic work or the taking of an examination, or to request an incomplete or administrative drop in the course.
- Changing, altering, falsifying or being accessory to the changing, altering or falsifying of a grade report or form, or entering any University office, building or accessing a computer for that purpose.
- Multiple violations of any portion of the policy.

**Faculty Violations**
Sanctions for violations of the RHCHP Academic Integrity Policy by a member of the RHCHP faculty are outlined in the RHCHP Faculty Handbook.

**Non-Faculty Employee Violations**
Violations of the RHCHP academic integrity policy by a non-faculty employee, e.g., a program assistant or work study providing unauthorized access to exam materials to one or more students, will be handled by the appropriate Dean in consultation with the Department of Human Resources. Sanctions are determined in accordance with human resource policy. Any appeal or grievance by a non-faculty employee is handled according to human resource policies and procedures.

**Procedure**
**Student Violations**
1. The faculty member identifies an infraction of the Academic Integrity Policy and notifies the appropriate supervisor and the following steps are completed:
   a. The faculty checks with AIB for any prior violations by that student and prior actions taken. Repeat violations automatically increase the level of sanction.
   b. The level of violation is determined by the faculty and appropriate supervisor.

2. If the violation is Level 1 or Level 2
   a. The faculty and/or supervisor may consult with a member of the AIB regarding the investigation or determination of sanction by notifying the Chair of the AIB. Consultation requests will normally be responded to within one business day.
   b. The faculty, and student when applicable, follows any specific requirements for investigation and determination of academic sanctions, including time frames specified in the applicable student handbook.
   c. The faculty informs the student of the violation and sanction in writing.
   d. The faculty completes and submits the Notification of Academic Integrity Policy Violation to the AIB.
   e. A copy of the Notification of Academic Integrity Policy Violation, student/faculty correspondence and other documentation relevant to the incident and or investigation is placed in the student’s advising file.
3. If the violation is Level 3 or otherwise egregious in nature
   a. The Chair of the AIB is notified and a consultation is initiated (Level 3 violations are automatically referred to AIB). Consultations are generally initiated within one business day.
   b. The student may be removed from the online or ground-based class pending the investigation. The faculty, and student when applicable, follows any specific requirements for investigation and determination of academic sanctions, including time frames specified in the applicable student handbook.
   c. The student is notified, in writing, of the violation and sanction by the faculty and/or the program director/dean with a copy to the student’s advising file.
   d. The faculty completes and submits the Notification of Academic Integrity Policy Violation to AIB.
   e. A copy of the Notification of Academic Integrity Policy Violation, student/faculty correspondence and other documentation relevant to the incident and or investigation is placed in the student’s advising file.
   f. The case is referred to the VP of Academic Affairs if academic expulsion is recommended.

4. In the event of course failure, academic suspension or academic probation in which the transcript code for violation of academic integrity is requested, the University Registrar is notified.

Faculty Violations
Suspected violations of the RHCHP Academic Integrity Policy by a member of the RHCHP faculty are investigated according to policies and procedures set forth in the RHCHP Faculty Handbook.

Appeals of Academic Integrity Sanctions

Student Appeals
The student may appeal the accusation itself, the level of sanction assigned, and/or the specific sanction applied to the AIB by submitting a written request to the Chair of the AIB. The written request for appeal must include the student’s reason and rationale for the appeal. The decision of the AIB is final. NOTE: The AIB appeal process is limited to consideration of the specific violation(s) of academic integrity. Other aspects of student academic performance or related violations of the Student Code of Conduct must be handled according to the normal processes outlined in the University Bulletin and the relevant student handbook.

1. The student submits a written request for appeal to the Chair of the AIB within one week of receiving notification of the sanction.
2. All relevant documentation is submitted by the faculty and student to AIB for consideration.
3. The AIB reviews all documentation and conducts further investigation if warranted. The appeal panel renders a decision, generally within three working days.
4. The AIB notifies the student, faculty and dean or director of decision in writing.
   a. Student appeal is denied, sanction is upheld
   b. Student appeal is successful, sanction is modified or reversed
5. The School or Department completes any further notification to the Registrar and/or School/Department procedures related to imposition of the sanction, e.g., probation or dismissal.

Faculty Appeals
Faculty appeals are handled according to the policy and procedure set forth in the RHCHP Faculty Handbook.

Academic Integrity Database
The AIB is responsible for the creation and maintenance of a database containing all documented instances of a violation of academic integrity. The purpose of the database is to:

• Document a pattern of repeat violations for individuals.
• Provide data for annual reports that identify trends, assess the level of compliance with the policy, and support modifications to the policy or its associated policies and procedures.
• Identify the need for further education or resources.

The Notification of Academic Integrity Policy Violation to AIB is submitted to the Chair of the AIB within 14 days of an incident involving a violation of academic integrity. All violations are entered into the database, which is maintained the Office of the Academic Dean of RHCHP.
Addendum
Approved Language for Use in All RHCHP Syllabi

Academic Honor Code
Students and faculty of RHCHP are committed to the highest standards of academic integrity and assume full personal and professional responsibility for maintaining those standards. All members of the RHCHP community exhibit the qualities of honesty, loyalty and trustworthiness in all academic activities, holding themselves and each other accountable for the integrity of the learning community.

Violations of Academic Integrity
Violations of academic integrity are taken very seriously and include cheating, plagiarism, fabrication, collusion and other forms of academic misconduct. All violations will be reported with appropriate sanctions applied. Refer to the [program specific] Handbook or this link for the RHCHP Academic Integrity Policy. The RHCHP Academic Honor Code applies to any student in a RHCHP course, regardless of the student’s home college or program, and will be enforced according to the policies and procedures of the RHCHP.

It is the responsibility of each student to review all aspects of the course syllabus and agree to adhere to the Rueckert-Hartman College for Health Professions Academic Honor Code. In doing so, the student acknowledges that the work represented in all examinations and other assignments is his or her own and that he or she has neither given nor received unauthorized information. Furthermore, the student agrees not to divulge the contents of any examination or assignment to another student in this or ensuing semesters.

NOTE: All faculty have access to plagiarism detection software, which can be used with or without the student’s knowledge in any RHCHP course.

Approved by RHCHP Academic Council/9-8-2010
### Appendix C:
Academic Integrity Incident Report Form

#### RHCHP ACADEMIC INTEGRITY INCIDENT REPORT

This form is completed by the faculty member who identifies a violation of the Academic Integrity Policy of RHCHP. It is the responsibility of each individual student, faculty, and other RHCHP employees to be able to recognize and refrain from any violation of academic integrity and to report observed violations.

<table>
<thead>
<tr>
<th>Date</th>
<th>Faculty Name</th>
<th>Ext</th>
<th>Dept/School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate course number where incident occurred

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Student's School</th>
<th><strong>Select RHCHP School</strong></th>
<th>Date of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TYPE OF VIOLATION/INCIDENT

- [ ] Cheating
- [ ] Fabrication
- [ ] Collusion
- [ ] Plagiarism
- [ ] Other

#### Summary of Incident

- [ ] Level One Sanction: Level One violations include an initial minor violation of plagiarism and/ or violations for which there are considered to be no mitigating circumstances. Minimally, the sanctions include notification of the student's advisor with a note on the student's advising file, and appropriate reduction in the grade for the assignment up to and including failure of the assignment, and remedial action as directed by the instructor.

- [ ] Level Two Sanction: Level Two violations include all substantive violations of the policy not listed as a Level One violation and are considered very serious. Level Two sanctions, at a minimum, include failure of the assignment and potentially include failure of the course and/or academic probation.

- [ ] Level Three Sanction: Level Three violations are considered to be the most serious and egregious and will result in the highest level of sanction including academic probation, academic suspension, or permanent academic dismissal from the program, school, and/or college. All Level Three violations result in mandatory Academic Integrity Board (AIB) consultation.

#### Faculty Signature

- [ ] Date

Information below this line is to be completed by the Academic Integrity Board Chair

<table>
<thead>
<tr>
<th>Academic Integrity Board (AIB) Action &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No Further Action</td>
</tr>
<tr>
<td>[ ] Appeal</td>
</tr>
<tr>
<td>[ ] Registrar Notification</td>
</tr>
</tbody>
</table>

#### Board Chair Signature

- [ ] Date
Appendix D:
APTA Code of Ethics for the Physical Therapist

HOD 506-09-07-12 [Amended HOD 506-00-12-23; HOD 06-91-05-05; HOD 68-11-17;
HOD 68-06-11-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-78-30-10; 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 health care 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 health care 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, health care 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 Value: 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 overutilization or underutilization 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 E:
**APTA - Core Values**

<table>
<thead>
<tr>
<th>Core Value</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapists, including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
</tr>
<tr>
<td>Altruism</td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest.</td>
</tr>
<tr>
<td>Compassing/Caring</td>
<td>Compassion is the desire to identify with sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
</tr>
<tr>
<td>Excellence</td>
<td>Excellence is physical therapist’s practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness; fairness; doing what you say you will do, and ‘speaking forth’ about why you do what you do.</td>
</tr>
<tr>
<td>Professional Duty</td>
<td>Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES BOD P05-04-02-03** (Endorsement: HOD P05-04-02-03)

[http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf#search=%22core%20values%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf#search=%22core%20values%22)
Appendix F:
APTA Criteria for Standards of Practice for Physical Therapy

BOD S03-06-16-38
[Amended HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial HOD 06-80-04-04; HOD 06-80-03-03] [Standard]
[Amended BOD S03-05-14-38; BOD 03-04-19-44; BOD 03-00-22-53; BOD 11-99-20-53; BOD 0399-15-45; BOD 02-97-03-05; BOD 03-95-22-58; BOD 11-94-30-100; BOD 03-93-21-58; BOD 0391-31-79; BOD 03-89-28-88; Initial BOD 11-85-13-56] [Standard]

The Standards of Practice for Physical Therapy are promulgated by APTA’s House of Delegates; Criteria for the Standards are promulgated by APTA’s Board of Directors. Criteria are italicized beneath the Standards to which they apply.

Preamble
The physical therapy profession’s commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following Standards of Practice for Physical Therapy. These Standards are the profession’s statement of conditions and performances that are essential for provision of high quality professional service to society, and provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations
   A. Ethical Considerations
      The physical therapist practices according to the Code of Ethics of the American Physical Therapy Association. The physical therapist assistant complies with the Standards of Ethical Conduct for the Physical Therapist Assistant of the American Physical Therapy Association.
   
   B. Legal Considerations
      The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy. The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the assistant.

II. Administration of the Physical Therapy Service
   A. Statement of Mission, Purposes, and Goals
      The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.
      The statement of mission, purposes, and goals:
      • Defines the scope and limitations of the physical therapy service.
      • Identifies the goals and objectives of the service.
      • Is reviewed annually.
   
   B. Organizational Plan
      The physical therapy service has a written organizational plan.
      The organizational plan:
      • Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization.
      • Ensures that the service is directed by a physical therapist.
      • Defines supervisory structures within the service.
      • Reflects current personnel functions.

C. Policies and Procedures
   The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the Association’s positions, standards, guidelines, policies, procedures, and Code of Ethics.
   The written policies and procedures:
   • Are reviewed regularly and revised as necessary.
   • Meet the requirements of federal and state law and external agencies.
• Apply to, but are not limited to:
  • Care of patients/clients, including guidelines
  • Clinical education
  • Clinical research
  • Collaboration
  • Collection of patient data
  • Competency assessment
  • Criteria for access to care
  • Criteria for initiation and continuation of care
  • Criteria for referral to other appropriate health care providers
  • Criteria for termination of care
  • Documentation
  • Environmental safety
  • Equipment maintenance
  • Fiscal management
  • Handoff communication/therapist of record
  • Improvement of quality of care and performance of services
  • Infection control
  • Job/position descriptions
  • Medical emergencies
  • Personnel-related policies
  • Rights of patients/clients
  • Staff orientation

D. Administration

A physical therapist is responsible for the direction of the physical therapy service. The physical therapist responsible for the direction of the physical therapy service:
  • Ensures compliance with local, state, and federal requirements.
  • Ensures that services are consistent with the mission, purposes, and goals of the physical therapy service.
  • Ensures that services are provided in accordance with established policies and procedures.
  • Ensures that the process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and meets the needs of the patients/clients.
  • Reviews and updates policies and procedures.
  • Provides for training of physical therapy support personnel that ensures continued competence for their job description.
  • Provides for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals.

E. Fiscal Management

The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel participates in planning for, and allocation of, resources. Fiscal planning and management of the service is based on sound accounting principles.

The fiscal management plan:
  • Includes a budget that provides for optimal use of resources.
  • Ensures accurate recording and reporting of financial information.
  • Ensures compliance with legal requirements.
  • Allows for cost-effective utilization of resources.
  • Uses a fee schedule that is consistent with the cost of physical therapy services and that is within customary norms of fairness and reasonableness.
• Considers option of providing pro bono services.

F. Improvement of Quality of Care and Performance
The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.
The improvement plan:
• Provides evidence of ongoing review and evaluation of the physical therapy service.
• Provides a mechanism for documenting improvement in quality of care and performance.
• Is consistent with requirements of external agencies, as applicable.

G. Staffing
The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.
The physical therapy service:
• Meets all legal requirements regarding licensure and certification of appropriate personnel.
• Ensures that the level of expertise within the service is appropriate to the needs of the patients/clients served.
• Provides appropriate professional and support personnel to meet the needs of the patient/client population.

H. Staff Development
The physical therapy service has a written plan that provides for appropriate and ongoing staff development.
The staff development plan:
• Includes self-assessment, individual goal setting, and organizational needs in directing continuing education and learning activities.
• Includes strategies for lifelong learning and professional and career development.
• Includes mechanisms to foster mentorship activities.
• Includes knowledge of clinical research methods and analysis.

I. Physical Setting
The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.
The physical setting:
• Meets all applicable legal requirements for health and safety.
• Meets space needs appropriate for the number and type of patients/clients served.
The equipment:
• Meets all applicable legal requirements for health and safety.
• Is inspected routinely.

J. Collaboration
The physical therapy service collaborates with all disciplines as appropriate.
The collaboration when appropriate:
• Uses a team approach to the care of patients/clients.
• Provides instruction of patients/clients and families.
• Ensures professional development and continuing education.

III. Patient/Client Management
A. Patient/Client Collaboration
Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision-making that exists throughout the provision of services.

B. Initial Examination/Evaluation/Diagnosis/Prognosis
The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.
The physical therapist examination:
- Is documented, dated, and appropriately authenticated by the physical therapist who performed it.
- Identifies the physical therapy needs of the patient/client.
- Incorporates appropriate tests and measures to facilitate outcome measurement.
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care.
- May result in recommendations for additional services to meet the needs of the patient/client.

C. Plan of Care
The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments in body structures and function, activity limitations, and participation restrictions. The physical therapist involves the patient/client and appropriate others in the planning, implementation, and assessment of the plan of care. The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.

The plan of care:
- Is based on the examination, evaluation, diagnosis, and prognosis.
- Identifies goals and outcomes.
- Describes the proposed intervention, including frequency and duration.
- Includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan of care.

D. Intervention
The physical therapist provides, or directs and supervises, the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.

The intervention:
- Is based on the examination, evaluation, diagnosis, prognosis, and plan of care.
- Is provided under the ongoing direction and supervision of the physical therapist.
- Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist assistant.
- Is altered in accordance with changes in response or status.
- Is provided at a level that is consistent with current physical therapy practice.
- Is interdisciplinary when necessary to meet the needs of the patient/client.
- Documentation of the intervention is consistent with the Guidelines: Physical Therapy Documentation of Patient/Client Management.
- Is dated and appropriately authenticated by the physical therapist or, when permissible by law, by the physical therapist assistant.

E. Reexamination
The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.

The physical therapist reexamination:
- Is documented, dated, and appropriately authenticated by the physical therapist who performs it.
- Includes modifications to the plan of care.

F. Discharge/Discontinuation of Intervention
The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved. The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

Discharge documentation:
- Includes the status of the patient/client at discharge and the goals and outcomes attained.
- Is dated and appropriately authenticated by the physical therapist who performed the discharge.
- Includes, when a patient/client is discharged prior to attainment of goals and outcomes, the status of the patient/client and the rationale for discontinuation.
G. Communication/Coordination/Documentation
The physical therapist communicates, coordinates and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, interventions, response to interventions, changes in patient/client status relative to the interventions, reexamination, and discharge/discontinuation of intervention and other patient/client management activities.

Physical therapist documentation:
- Is dated and appropriately authenticated by the physical therapist who performed the examination and established the plan of care.
- Is dated and appropriately authenticated by the physical therapist who performed the intervention or, when allowable by law or regulations, by the physical therapist assistant who performed specific components of the intervention as selected by the supervising physical therapist.
- Is dated and appropriately authenticated by the physical therapist who performed the reexamination, and includes modifications to the plan of care.
- Is dated and appropriately authenticated by the physical therapist who performed the discharge, and includes the status of the patient/client and the goals and outcomes achieved.
- Includes, when a patient/client is discharged prior to achievement of goals and outcomes, the status of the patient/client and the rationale for discontinuation.
- As appropriate, records patient data using a method that allows collective analysis.

IV. Education
The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development. The physical therapist, and the physical therapist assistant under the direction and supervision of the physical therapist, participate in the education of students. The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy. The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

The physical therapist:
- Educates and provides consultation to consumers and the general public regarding the roles of the physical therapist, the physical therapist assistant, and other support personnel.

V. Research
The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

The physical therapist:
- Ensures that their knowledge of research literature related to practice is current.
- Ensures that the rights of research subjects are protected, and the integrity of research is maintained.
- Participates in the research process as appropriate to individual education, experience, and expertise.
- Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about the outcomes of physical therapist practice.

VI. Community Responsibility
The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

The physical therapist:
- Participates in community and community agency activities.
- Educates the public, including prevention, education, and health promotion.
- Helps formulate public policy.
- Provides pro bono physical therapy services.
Appendix G:
Family Education Rights and Privacy Act Form

Regis University Interactive Form

http://www.regis.edu/~media/Files/University/Records%20and%20Registration/Release_of_Education_Records.ashx

Complete the form online by placing your curser in the first field and tabbing or using your mouse to move to other fields.

After completing the form, print it, and sign it. Then fax or mail it to Enrollment Services using the number or address indicated on the form.

In addition, prior to graduation, each student will identify faculty they are requested to serve as references. These individuals will be identified on a departmental form that will be signed and submitted by the student. Individuals not identified on this form will only be able to provide the following information found in the Regis Directory:

- Name, address, telephone number, email address, dates of attendance, class level.
- Previous institution(s) attended, major/ minor field of study, awards, honors, degree(s) conferred.
- Past and present participation in officially recognized sports and activities, physical factors of athletes (height and weight), date and place of birth.

Faculty identified on the DPT FERPA form permit individuals to provide professional references for current and future employment.
Appendix H:
Clinical Education - Incident Report/ Accident Form

NOT WORKERS COMPENSATION

Date & Time of Incident   Date:____________________  Time:____________________

STUDENT INFORMATION

Name ___________________________  Home Phone # ______________  Work Phone # ______________

Clinic Name: ___________________________

Description of Incident (Who, What, Where, When, Why)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

ACTION TAKEN TO PREVENT FUTURE OCCURRENCE:

____________________________________________________________________________________

____________________________________________________________________________________

Completed by_________________________  Date ______________

Signature ________________________________________________________________
## Appendix I:
## Clinical Education - List of Out of Area Occupational Medical Providers

### Alaska
Anchorage, AK – Hillside Family and Occupational Medicine
9220 Lake Otis Pkwy # 9, Anchorage, AK
5.9 mi S - (907) 344-0200

### Arizona
Globe, AZ – Cobre Valley Community Hospital.

### Colorado
Basalt, CO – Occ Health
406 Hyland Park Dr # F, Glenwood Springs, CO
19 mi NW - (970) 945-4315

Delta, CO – Health Options Program
2004 N 12th St, Grand Junction, CO
35 mi NW - (970) 256-6490

Durango, CO – Mercy Medical Center
375 E Park Ave, Durango, CO
0.6 mi NE - (970) 247-4311

Fruit, CO – St Mary’s Hospital and Regional Medical Center: Occupational Health Center
1100 Patterson Rd, Grand Junction, CO
10 mi SE - (970) 244-2001

Greeley, CO – Ft. Collins Concentra
2620 E. Prospect, Suite 160, Ft. Collins, CO., 80525
P: 970.221.5811, F: 970.221.5817

Pueblo, CO – Emericcare
N. Elizabeth at Hwy. 50 West, 4117 N. Elizabeth St.
P – 719.545.0788, F – 719.545.0787
For non-emergency situation use the South Concentra Clinic in Colorado Springs, 20 min. drive, to 2322 South Academy Blvd., 719.390.1727

Sterling, CO – McDonald Physical Therapy & Sports Medicine Center
427 W Main St, Sterling, CO
0.6 mi W - (970) 522-7743

Wray, CO – McDonald Physical therapy & Sports Medicine Center
7th & Main, Wray, CO
0.1 mi SE - (970) 332-3471

### Florida
Tallahassee, FL – Patients First Medical Center
1690 N Monroe St, Tallahassee, FL
1.7 mi N - (850) 385-2222

### Illinois
Zion, IL – Concentra Medical Center –
1147 Warwick Way, Suite 2

### Missouri
Osage Beach, MO – St Mary’s Health Center
3525 Country Club Dr, Jefferson City, MO
36 mi NE - (573) 634-4133

### Nebraska
Blair, NE – Memorial Hospital for Dodge County
450 E 23rd St, Fremont, NE
20 mi W - (402) 721-1610

### New Mexico
Raton, NM – TMA
31017 Old Sopris Rd, Trinidad, CO
16 mi NW - (719) 845-1900

### Oregon
Canby, OR – Adventist Medical Center: Occupational medicine Clinic
10201 SE Main St # 29, Portland, OR
19 mi N - (503) 251-6363

### Utah
St. George, UT – IHC Workmed Clinic
577 S River Rd, Saint George, UT
1.5 mi E - (435) 688-6220

### Washington
Aberdeen, WA – Grays Harbor Community Hospital or Westcare Clinic
3000 Limited LN NW, Olympia, WA
42 mi E - (360) 357-9392

Anacortes, WA – Licensed Occupational Therapy
1017 20th St, Anacortes, WA
0.5 mi S - (360) 293-4502

Graham, WA – US Healthworks Medical Clinic: Puyallup
3850 Meridian St S # 10, Puyallup, WA
7.0 mi N - (253) 840-1840
Silverdale, WA – Occupational Medicine Associates of Kitsap
10513 Silverdale Way NW, Silverdale, WA
0.9 mi N - (360) 692-1848

Raton, NM – TMA
31017 Old Sopris Rd, Trinidad, CO
16 mi NW - (719) 845-1900

Wisconsin
Racine, WI 53406
Location Hours: 8:30am – 5:30pm (Mon – Fri)
P: 262.886.3997 F: 262.886.1273
After Hours Phone: 262.886.3997

Wyoming
Cheyenne, WY – Healthreach
2030 Bluegrass Cir, Cheyenne, WY
2.1 mi NE - (307) 635-3500
Appendix J:  
Clinical Education - Student Request of New Site Development Form

Students who are interested in clinical sites not already on our site list must talk to their Clinical Education Contact before initiating any contact with the clinical site and complete the “Student Request of New Site Development Form.” Decisions regarding the establishment of new sites will be based on student and Physical Therapy School needs. After the discussion with the clinical advisor, the student must visit the site to determine further interest and match. All student requests for establishment of new sites need to be made at least six months before the clinical rotation. New site requests will be handled on an individual basis based on the type of clinical experience, needs of the physical therapy program and potential for accommodating students in the future.

Please provide the following information and return to your Clinical Education Advisor or Clinical Education Team Chair:

Your name: ______________________________________________________________

Facility name: __________________________________________________________

Facility address: _________________________________________________________

Contact person: _________________________________________________________

Phone number: _________________________________________________________

Email: __________________________________________________________________

Type of clinical rotation: ________________________________________________

Specific dates for the requested clinical rotation: ____________________________

Reason for request of this site for clinical education development:

_______________________________________________________________________

Other opportunities available at the facility:

_______________________________________________________________________

Student Signature: ___________________________ Date: ________________
Appendix K  
Clinical Education - Workers’ Compensation Procedures and Acknowledgment Form – Regis University

If you should sustain a work-related injury/illness the following is applicable. In the event of a 'life-threatening' injury/illness, medical treatment should be obtained from the most convenient and appropriate medical provider available.

PROCEDURE:

- You must report the injury immediately to your supervisor/instructor/designated department individual, or in the case of work-study, the work-study’s assigned supervisor.
- You should seek medical treatment from the designated medical provider, as outlined below.
- An Employer’s First Report of Injur (form in Human Resources; HR) MUST be completed and SIGNED by:
  - Injury of Employee: Employee’s supervisor
  - Injury of Work Study: Work Study’s assigned Supervisor
  - Injury Intern: designated individual in SPS Faculty, MLS
  - Injury of Service Learning Study: designated individual in degree program
  - Injury of students in health-related clinical experience:
    - Physical Therapy: Designated individual in Physical Therapy Department
    - Nursing: Designated individual in Nursing Department
    - Health Services Administration: designated individual in HSA
- Employer’s First Report of Injury must be forwarded to HR within twenty-four (24) hours of injury.
- If a provider needs authorization to treat, have them contact Rebecca Porter, HR Benefits Administrator, at 303-964-5201, or Michelle Boot, HR Benefits Administrator, at 303-458-1869.
- Instruct providers at time of treatment that all claims are to be filed with Pinnacol Assurance at 7501 E Lowry Blvd, Denver, CO 80230-7006, Phone – (303) 361-4000 / Fax – (303) 361-5000 www.pinnacol.com

DESIGNATED MEDICAL PROVIDERS – The Colorado Workers’ Compensation statute allows Regis University to designate the medical provider. If you do not receive medical treatment as outlined below, you may be financially responsible for the care received.

Employee/Work Study

- If you work on a Regis University campus, you MUST seek medical treatment and follow up care from a designated provider. All Colorado employees have access to Concentra Medical Centers. In addition to this facility, effective January 1, 2008, Regis University employees that work in Colorado have an option to choose between two different providers. Employees who work in the Denver metropolitan area also have access to Exempla Healthcare or OccMed Colorado LLC. If you are a Loveland employee you have access to WorkWell Occupational Medicine and those who work in the Colorado Springs area may also seek treatment from Memorial Health System Occupational Health Network.
- Facility location information is available in HR or the Denver phone directory.
- If you work at a Regis University site outside of the Denver metropolitan area, you should contact HR or seek medical treatment from the most appropriate medical provider available.

Interns/Students in health-related clinical experience

- If you are assigned to a facility that provides appropriate medical treatment, you should receive treatment initially from that facility. A follow up appointment MUST be made next business day at Concentra Medical Center or other designated facility.
- If you are assigned to a facility that does not provide appropriate medical treatment you MUST be seen at a Concentra Medical Center or other designated facility.

I have read and understand the above document.

<table>
<thead>
<tr>
<th>Employee Name (print)</th>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Class of 2018 Student Handbook
Designated Workers’ Compensation Medical Providers – Colorado Only

Below is the list of Regis University’s designated medical providers to be used for workers’ compensation medical and therapy services. Please select a provider by checking the box of the providers designated for your campus location. **Should you receive after hours, urgent or emergency department care first, you must select one of the providers designated for your campus location for whatever follow-up care is necessary.**

**Preferred Initial Provider _ Check the box**

- [ ] Concentra Medical Centers* (see attached Designated Health Care Provider Disclosure form) – **ALL CAMPUS LOCATIONS**
- [ ] HealthONE Clinic Services, LLC* (see attached Designated Health Care Provider Disclosure form) – **DENVER METRO CAMPUSES**
- [ ] WorkWell Occupational Medicaine* (see attached Designated Health Care Provider Disclosure form) – **LONGMONT/FORT COLLINS CAMPUSES**
- [ ] Memorial Health System Occupational Health Network* (see attached Designated Health Care Provider Disclosure form) – **COLORADO SPRINGS CAMPUS**
  - All clinics clinical advisorspt walk-in patients

**Your authorized representative for Regis University is:**
Contact Human Resources - Regis University: Rebecca Porter, HR Benefits Administrator, at 303-964-5201, or Michelle Boot, HR Benefits Administrator, at 303-458-1869

**After you have selected your provider and completed this form, immediately fax or hand-deliver a copy of this form to your authorized representative.**

Regis University maintains workers’ compensation insurance through
Liberty Mutual Insurance Group 10770 East Briarwood, Suite 200 PO Box 3539 Englewood, CO 80112-3539 (303) 708-8260

_I have selected the provider checked above for medical and/or therapy treatment relating to a work-related injury that occurred on_______________________________ (date)._ 

**Employee Name (print):** ____________________________________________

**Employee Signature:** ____________________________ **Date:** ________________
Appendix L: 
Clinical Laboratory Participant Release

This release is to be completed by the first class at the beginning of each course. Students need to fill out this electronic copy and send back to the Administrative Assistant AND also place it in the Course drop box for ANGEL™ which will be turned into the course coordinator The Administrative Assistant will place the electronic form in the student’s permanent advising file.

It is the responsibility of the student to inform the instructor of any changes which may alter the student’s capability to participate in designated laboratories.

I am participating of my own free will in clinical laboratories entitled I agree to wear lab attire as described in syllabus.

I acknowledge that the Regis University School of Physical Therapy is organizing the above laboratory solely for my personal benefit. I also acknowledge that the laboratory may include

   Faculty post criteria for lab participation in this space for the specific course.

I further acknowledge that I have no knowledge of any personal physical condition that prevents my full participation in these labs and/or said clinical evaluation and treatment techniques except.

   Students, enter none, if there are no exceptions, otherwise provide explanation in this box.

I also acknowledge that I understand that no techniques taught in the above-mentioned laboratory performed on me by the instructor or any other participants are outside my personal control. I agree that at any time, I have the right to terminate any clinical technique or laboratory participation involving me for any reason that as I judge may be injurious in any manner to my person. I further agree to terminate any procedure if pain, discomfort, or any adverse sensation is experienced.

I acknowledge that other participants may practice techniques on myself as I might practice techniques on other participants for the purpose of increasing personal clinical knowledge and I willingly accept the risk of injury in return for the personal benefits received. I hereby release Regis University, the instructor, and other participants from any claim I might have for any resulting injury to me.

The undersigned is a competent adult of at least 18 years of age and has read, understood and consents to all of the terms of this Release and acknowledges that an electronic signature or consent to this Release expressed in any manner shall be as valid and binding on the undersigned as would the undersigned's physical signature on a paper document. As further consideration for being permitted to participate in the learning activities in the Lab, the undersigned agrees to indemnify and forever hold Regis University and all of its faculty, staff, students, employees, agents, schools, colleges and departments (collectively, "Regis") harmless from any liability arising out of the access of the undersigned to and use of the Lab and its equipment by the undersigned and others with respect to any harm or injuries to the undersigned or others which are due to any cause whatsoever, including without limitation the negligence or intentional conduct of Regis or other persons, to conditions existing in or around the Lab or elsewhere on the Lab's premises or otherwise.

   Enter full name (electronic signature):
   Regis ID:
   Date:
Appendix M:
Degree Plan-School of Physical Therapy

This degree plan, following the Regis University Bulletin and specific program policies, goes into effect on the first day of classes. Should any conflict between the Regis University Bulletin and the School Student Handbook appear, the parties agree that the School Student Handbook provisions in effect at the time of this signing will prevail. The University reserves the right to correct clerical errors.

Specific degree requirements are listed on this form. In the event a required course is no longer offered by the University, the University will select a replacement course.

It is agreed that this plan shall terminate when the student receives his/her degree. Further, this plan and Regis’ commitment to award the degree shall expire if the student has not completed all degree requirements within four (4) years from the date of the matriculation.

Graduation Requirements:

Students must meet the following criteria to be awarded the Doctor of Physical Therapy degree:

• Satisfactory completion of required academic and clinical course work
• Cumulative GPA of 3.000 and a minimum of “C+” in each course unless a “C” or “C-” grade is successfully remediated
• Satisfactory completion of a research project
• Satisfactory completion of a comprehensive examination
• Satisfactory completion of a capstone project
• Successful progression in professional behaviors, including required membership in and attendance at APTA activities.
• Recommendation for the degree by the faculty of the School of Physical Therapy.

It is the student’s responsibility to read and understand all policies and requirements of the School and the University. It is also the student’s responsibility to ensure that personal records of course work applicable to the degree are correct and complete.

Regis ID Number: Enter ID here

Student Signature

Enter name here

Date: Enter date here

Faculty Advisor Signature

Enter name here

Date: Enter date here

This degree plan expires: Enter date here

TO BE COMPLETED IMMEDIATELY PRIOR TO GRADUATION
This is to confirm that the above named student has completed the course work identified in this degree plan and is eligible for graduation.

Enter name here

Faculty Advisor Signature

Date: Enter date here
Appendix N:
Essential Functions

Essential Functions
Applicants admitted to the physical therapist education program must demonstrate the ability to perform, or learn to perform, the essential functions/skills listed in this document. Regis University must ensure that patients/clients are not placed in jeopardy by students with impaired intellectual/cognitive, physical or emotional functions. The essential skills listed in this document can be accomplished through direct student response, the use of prosthetic or orthotic devices, or through personal assistance (e.g., readers, signers, note-takers). Upon admission a student who discloses a properly certified disability will receive reasonable accommodation, but must be able to perform the essential functions of the program and meet the standards described. Reasonable accommodations must be arranged through Disability Services, as noted in the Course Syllabus “Equal Access to Classes and Learning Accommodations”.

Observational Skills
Students require the functional use of vision, hearing and somatic sensations. A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues. The student must be able to observe a patient accurately, observe digital and waveform readings, and other graphic images to determine a patient’s/client’s condition. Examples in which these observational skills are required include, but are not limited to: palpation of peripheral pulses, bony landmarks and ligamentous structures: visual and tactile examination of areas of inflammation: visual and tactile assessment of the presence and degree of edema: and observation of the patient/client during interview and history taking.

Communication Skills
Students must be able to communicate in many forms; these include: verbal and non-verbal language, reading, writing and computer literacy (including keyboarding skills). Students must be able to communicate in English in oral and written form with faculty and peers in classroom and laboratory settings. Students must be able to communicate effectively and sensitively with patients/clients and caregivers, maintain written records, elicit information regarding mood and activities, as well as perceive non-verbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information for safe and effective care.

Psychomotor Skills
Students, in the classroom, must have the ability to sit, stand, and/or walk, for up to 10 hours daily. In the clinical setting, students must have the ability to sit, stand or walk for at least eight hours daily—modified according to the schedule of the specific facility to which a student is assigned (which may be up to 12 hours per day). Students must possess sufficient motor function to elicit information from the patient/client examination, by palpation, auscultation, percussing, and other examination maneuvers, including reliably reading meters, dials, and printouts. Students must be able to execute movements (including grasp (gross to fine), twist, bend, stoop and/or squat) required to provide general and therapeutic care, such as positioning, lifting, or moving immobile and/or bariatric patients; gait training using therapeutic aids and orthotics; positioning and performing manual therapy/manipulation techniques; performing non-surgical wound debridement; and placing electromyographic electrodes. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision. Students must have the ability to respond quickly to emergency situations.

Cognitive Skills
Students must demonstrate the ability to receive, comprehend, recall and interpret, measure, calculate, reproduce and use; to reason, analyze, integrate and synthesize information across the cognitive, psychomotor and affective domains in order to solve problems, evaluate work, and generate new ways of processing or categorizing similar information in a timely fashion as listed in course objectives. In addition, students must be able to comprehend the three-dimensional relationships and to understand spatial relationships of structures. Each person must possess the emotional health required to fully use his/her intellectual abilities, exercise good judgment, prompt and safe completion of all responsibilities related to patients and caregivers. Examples in which cognitive skills are essential include: performance of a physical therapy evaluation, including extracting and analyzing physiological, biomechanical, behavioral, and environmental factors in a timely manner; use of examination data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified; and the reassessment and revision of plans as needed for effective and efficient management of physical therapy problems in a timely manner. All of these must be consistent within the acceptable norms of clinical settings.
Behavioral and Social Attributes

Students must possess the psychological ability required for the utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of responsibilities inherent to the diagnosis and care of patients/clients, and for the development of mature, sensitive, and effective relationships with patients. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to tolerate and adapt to a changing, unfamiliar (and perhaps, uncomfortable) environments, display flexibility, respect individual differences, and learn to function in the face of ambiguities inherent in the clinical problems of patients/clients. As a component of their education, students must demonstrate ethical behavior. Examples include recognizing and appropriately reacting to one’s own immediate emotional responses to situations while maintaining a professional demeanor.
Appendix O:
E-Mail: Accessing at Home

If students elect to access their Regis e-mail account through their home computer, they must have a modern web browser (i.e. Internet Explorer 4. x or greater, Netscape 4. x or greater, etc), and will need to maintain service through an internet service provider that is compatible with the Regis system. Additional information on internet connectivity may be found in the Minimum Technology Recommendation. To access the Regis e-mail system from home, the student needs to enter the following address:

insite.regis.edu (in2.regis.edu )

The student then needs to enter the username and password. After entering the information the student must wait 24 to 48 hours for access to start the first time.
Appendix P:
Exam Change Request Form

When medically documented illnesses or extenuating circumstances of extraordinary nature occurs, a student must complete this exam change request form and submit it to the course coordinator. The course coordinator will discuss this request with the Director and return this form to the student. The Director’s decision regarding this request is final.

Course Title: ____________________________________________

Date/Time/Exam: ____________________________________________

Faculty: ____________________________________________

Student Name: ____________________________ Date ____________

Reason for requesting to reschedule exam: ____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Approval: Yes ________ No ________

Director Signature: ____________________________ Date ____________

Faculty Signature ____________________________ Date ____________
Appendix Q:
Fire Drill Alarms & Evacuation Policy

FIRE DRILLS, EVACUATIONS, AND FIRES

Policy: Our policy is to coordinate and conduct regularly scheduled fire drills to ensure safe evacuation of facility occupants.


Purpose: Promote safety and awareness for employees in the event of a fire or other emergency.

Scope: The Campus Safety Office is responsible for implementing the following procedures. Faculty are responsible for reviewing fire evacuation procedures with every assigned class at the beginning of each semester and assuring that their classrooms and learning facilities are safely and efficiently evacuated. Administrators are responsible for annually reviewing fire evacuation procedures with employees, and assuring that their administrative areas are safely and efficiently evacuated. With new employees, administrators are required to immediately review the aforementioned procedure.

Attachments: Regis University Campus Safety Office fire drill or evacuation report.

Procedures:
1. Frequency of Fire Drills
   1.1 Conduct fire drills once each semester every academic year by activating facility fire alarm systems.
   1.2 Any fire alarm activated due to one of the following causes that results in evacuation of the facility, is considered a fire drill for the purpose of meeting the fire drill frequency requirements. Possible causes include:
      • Planned event
      • Actual fire, smoke, or other emergency
      • Malfunction
      • Malicious act requiring evacuation
      • Accident
   1.3 No one has the right to assume that a fire alarm is false.

2. Planning and Conducting Fire Drills
   2.1 Campus Safety will submit a fire drill plan to Risk Management for prior approval.
   2.2 Once the plan is approved, provide advance notification of the planned fire drill’s time and location to the fire and police departments or other appropriate civil authorities in your local area.
   2.3 Conduct the planned fire drill.
   2.4 After any fire drill, complete the fire drill report form (Attachment No. One) and retain the form in your files. The school, or area, in which the fire alarm occurs needs to file the report. If administration or faculty notice problems with the evacuation procedure, please file your own report to Campus Safety.

3. Evacuating Facilities
   3.1 Whenever circumstances require evacuation of facilities, use the fire alarm system to clear the facility of occupants. Do not use the fire alarm system in the event of a bomb threat. For bomb threats, evacuate the facility by verbal and visual means.
   3.2 When a fire alarm sounds in a classroom or learning facility, faculty or administration responsible for that area evacuate the occupants. When fire alarms sound in residence halls, the Director of Residence Life, or designate, is responsible for evacuating that area of occupants.
   3.3 Faculty, staff and employees are responsible for assisting an individual requiring special help to evacuate a building. If further assistance is required, someone should remain with the individual while another person seeks the additional assistance.
   3.4 Faculty and administrators, and/or designates, accomplish evacuation by:
      a. Consulting the room or area evacuation plan to locate the nearest designated exit door leading to the facility’s exterior.
      b. Turning off lights and electrical equipment.
      c. Closing windows and doors.
      d. Moving quickly, in an orderly fashion without running, to the nearest exit door. Do not use elevators. Use only stairwells.
      e. Keeping conversation to a minimum so that every evacuee can hear and understand your instructions.
4. Re-entering Facilities
   4.1 Do not re-enter facilities until the Campus Safety staff or other authority gives and “all clear” signal. For fire alarms, the all clear signal is three short rings.

5. Responding to Fire Outbreak
   5.1 Every employee is responsible for knowing the location of the nearest fire alarm pull box, fire extinguisher, and exit for their work area or class room.
   5.2 In the event of a fire immediately activate the nearest fire alarm pull box by pulling down on the handle. This action automatically signals the internal alarm system and has a continuous horn sound.
   5.3 Immediately contact the Campus Safety office at x4122. If the fire is fully enveloped, immediately dial 9-911.

6. Using Fire Extinguishers
   6.1 After the fire alarm has sounded, if the fire is small and/or isolated, use the wall-mound fire extinguishers. Do not use water on any fire.

2. Responding to Equipment Explosion or Chemical Spill
   7.1 Call the Campus Safety office and contact Jack Isenhart or his representative. If not available, call the Vice President of Student Life. If evacuation of the building is necessary, and it is safe to do so, activate the fire alarm by pulling down on the handle of the nearest fire alarm pull box.

3. Evacuating a Vehicle
   8.1 Some vehicles may be selected for emergency transportation. Please cooperate if yours is chosen.
   8.2 If instructed to do so, and if the road is usable, exit the campus by driving with caution and courtesy. Follow the directions of the Campus Safety staff or other authorities. If the road is not usable, leave your vehicle in the parking lot and evacuate on foot.
   8.3 Do not put your vehicle in a position blocking the way of others.

9. Preventing Fires and Explosions
   9.1 Prevent fire or explosion by observing the following rules:
      a. Do not smoke, ignite matches or lighters in prohibited areas near fuel tanks, or in the presence of flammable substances.
      b. Never use flammable liquids or sprays near open flames, electrical panels, or switches.
      c. Know the location of the fire fighting equipment and fire alarm pull boxes. Know when and how to use them.
      d. Do not block exits, fire fighting equipment, electrical panel boxes, or switches.
      e. Properly store combustibles.
      f. Do not overload electrical outlets. Use extension cords with approved electrical breakers/surge protectors.
      g. Do not leave operating space heaters, coffee makers, or other appliances with exposed heating elements unattended.
Evaluation Placement:

Carroll Hall

Peter Claver Hall

Loyola Hall

Pomponio Science Hall
Appendix R:
Grading - Cumulative GPA Calculation Guideline

Multiply credit hours by grade points:

Using a 4.0 grading system, the following grade points apply:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>2.67</td>
</tr>
<tr>
<td>C+</td>
<td>2.33</td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
</tr>
<tr>
<td>C-</td>
<td>1.67</td>
</tr>
<tr>
<td>D+</td>
<td>1.33</td>
</tr>
<tr>
<td>D</td>
<td>1.00</td>
</tr>
<tr>
<td>D-</td>
<td>.67</td>
</tr>
</tbody>
</table>

Example:

701 Anatomy     A (4.00) x 6 cr = 24 grade points
702 Physiology  B (3.00) x 3 cr = 9 grade points
9 cr            = 33 grade points

Grade points are divided by credits = GPA
33 divided by 9 = 3.666 cum GPA

Note: P/NP courses are not counted into the cum GPA calculations
Appendix S:
Incomplete Grade Request

REQUEST FOR GRADE OF INCOMPLETE
Rueckert-Hartman College for Health Professions

(To be completed by the instructor for each incomplete grade)

The Rueckert-Hartman College for Health Professions, in accordance with Regis University policy as stated in the University Bulletin, will allow students to request a grade of Incomplete due to extraordinary circumstances. A grade of Incomplete must be request in writing and approved by the instructor. The time frame for submission of the late assignment(s) must be negotiated with the instructor and must not exceed the end of the first full semester after the semester in which the grade of incomplete is assigned, or before the next clinical rotation, whichever occurs first. The student must notify their academic advisor if an incomplete is requested regardless of the school in which the course is taken. Extensions beyond the maximum allowable time period are valid without the written permission of the School Director or Academic Dean. For further requirements please see your respective program’s Student Handbook. If a student has granted one or more grades of incomplete in a given academic period, any request for a grade of incomplete in any way subsequent academic period must be authorized by the student’s academic advisor prior to a written request for Incomplete to the instructor(s).

STUDENT __________________________ ID#
ADDRESS __________________________________ PHONE __________________
COURSE (prefix & number) __________________________ COURSE SECTION: ___________
COURSE TITLE _________________________________________ TERM ______________ YEAR ________
INSTRUCTOR __________________________________ PHONE __________________

1. Circumstances justifying incomplete grade (include percent of work complete and grade to date):

2. Work to be completed by student (attachment as appropriate): ______

3. Deadline for submission of student work to instructor: ______

4. Other incomplete grades, as identified by the student, being requested or already on transcript:
   1. ______  2. ______  3. ______

Instructor must submit a grade change from prior to the end of the semester when work is due.

I understand that if I do not complete the above requirements in the time agreed upon my grade for this course will become a/an _____________________.

Student Signature __________________________________________ Date __________________________
Instructor Signature _________________________________________ Date _________________________
Advisor Signature ___________________________________________ Date ___________________________
### Appendix T
Longitudinal Threads:

**The Critical Inquiry Thread in the Curriculum - Assignments & Grading Rubrics**

The purpose of the critical inquiry thread is to develop graduates who have knowledge and skills in the scientific inquiry process to effectively incorporate these critical skills in daily clinical decisions at both the individual and group level upon graduation. Early in the curriculum, assignments are devoted to understanding the scientific research literature. As an understanding of the scientific method is developed, assignments begin to focus on critiquing literature and assessing the level of the evidence for clinical care decisions. Later in the curriculum, students actively gather and record observations of clinical tests and measures that allow them to analyze and synthesize data. Continued integration of data through clinical investigations and experiences allows each student to generate a question that addresses outcomes related to a specific area of clinical practice. The final question and its associated data gathering and analysis culminate in the submission of a concise focused paper and a public oral presentation. The outcome of this thread is to produce graduates who can use technology to gather information, evaluate critical clinical questions, critically analyze reports of research, articulate ethical and legal constraints for research, participate in planning and conducting a clinical investigation and/or clinical practice monitoring program, apply descriptive and inferential statistical methods for data analysis and disseminate the results of clinically applicable investigations. By linking the care individuals receive to the outcomes they experience, students develop as reflective evidence based clinicians. This thread ultimately prepares students to integrate the application of evidence into daily clinical practice decisions.

<table>
<thead>
<tr>
<th>Semester I:</th>
<th>Course: DPT 776 Critical Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will critically appraise and catalogue medical literature.</td>
</tr>
<tr>
<td>Assignment:</td>
<td>Article Critique (Individual)</td>
</tr>
<tr>
<td>Competencies:</td>
<td>Identify critical components of the research article including: basic research design, introduction, methods, results, conclusion, and ethical and legal constraints using article critique worksheet</td>
</tr>
<tr>
<td>Assignment:</td>
<td>Reference library development (Individual)</td>
</tr>
<tr>
<td>Competencies:</td>
<td>Develop an electronic reference library, given a collection of literature</td>
</tr>
<tr>
<td></td>
<td>Delineate levels of evidence within this select library</td>
</tr>
<tr>
<td></td>
<td>Organize personal library in a manner that is conducive of efficient and effective data retrieval within a future clinical environment</td>
</tr>
<tr>
<td></td>
<td>Use AMA format</td>
</tr>
<tr>
<td>Course:</td>
<td>DPT 708 Management Applications of Physiology: MAP I</td>
</tr>
<tr>
<td>Objective:</td>
<td>The student will use the scientific method to plan laboratory experiments, write up lab reports, and reflect on their experiences.</td>
</tr>
<tr>
<td>Assignment:</td>
<td>Written Laboratory Reports (Group)</td>
</tr>
<tr>
<td>Competencies:</td>
<td>Use current literature to evaluate lab activity</td>
</tr>
<tr>
<td></td>
<td>Describe previous research that supports lab activity</td>
</tr>
<tr>
<td></td>
<td>Develop a hypothesis for lab activity</td>
</tr>
<tr>
<td></td>
<td>Describe methodology for lab activity</td>
</tr>
<tr>
<td></td>
<td>Report intra/inter-rater reliability of the lab activity</td>
</tr>
<tr>
<td></td>
<td>Reflect on the value of the exercise when making clinical decisions</td>
</tr>
<tr>
<td></td>
<td>Use AMA format</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester II:</th>
<th>Course: DPT 704 Neuroscience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will develop skills of exploring literature to investigate the relationship between basic science and function questions pertinent to PT practice as is typical in introduction sections of a research proposal.</td>
</tr>
<tr>
<td>Assignment:</td>
<td>Literature Review of multiple articles (Individual)</td>
</tr>
<tr>
<td>Competencies:</td>
<td>Search for basic science research and review articles</td>
</tr>
<tr>
<td></td>
<td>Critique each article</td>
</tr>
</tbody>
</table>
Relate article findings (compare and contrast)
Develop common theme/s consistent with the clinical problem
Interpret results of each article to develop a convincing argument/story

Course: DPT 732 MAP II
Objective: The student will perform effective data searches to answer relevant clinical questions.
Assignment: Evidence in Action Project I
Competencies: Perform a literature search to identify a minimum of 2 articles that will contribute to answering a given clinical question
Define levels of evidence of articles
Critique articles using structured format criteria as defined in Semester I- DPT 776 article critique project
Analyze contributions and values of each article to the question at hand

Semester III:
Course: DPT 790 EBP I
Objective: The student will analyze diagnostic studies.
Assignment: Diagnostic article critique (Individual)
Competencies: Complete diagnostic worksheet
Demonstrate skill in calculating and/or assessing, sensitivity, specificity and likelihood ratios

Objective: The student will contribute to the development of a proposal for clinical research or analysis of practice.
Assignment: Research proposal (Group)
Competencies: Use previous skills in literature searches to collect literature related to research/clinical question
Describe background literature
Identify topic areas for study
Develop hypotheses clearly
Design study to answer selected question
Contribute to development of methodology
Describe general analyses strategies
Develop a detailed timeline for individual group activities that will guide inquiry process for the upcoming year
Use AMA format
Write IRB project
Write Informed Consent

Course: DPT 733 Musculoskeletal I
Objective: The student will develop a clinical question, search to find relevant resources, and provide an answer to the clinical question that facilitates clinical decision-making.
Assignment: Evidence to Action Project II (Group)
Competencies: Develop a clinical question
Conduct a literature search to answer the clinical question
Critique validity, reliability, sensitivity, and specificity of a diagnostic or intervention study using standardized critique format
Use information from the literature to answer a clinical question

Semester IV:
Course: Research activity continuation of DPT 790
Objective: The student will begin data collection or preliminary analysis of data collected while on Clinical Education I dependent on group project assignment.
Assignment: Specific to group project
Competencies: Complete specific activities as detailed by timeline and research advisor
Submit grant application to support project
Refine timeline as appropriate
Initiate data collection or preliminary analysis

Course: DPT 734 MM II
Objective: The student will develop a plan of care through the use of clinical scenarios for the purpose of making evidence based clinical decisions.
Assignment: Evidence to Action project III (Group)
Competencies:
- Write a clinical question given a clinical scenario
- Collect multiple sources of evidence on a selected clinical question
- Design a plan of care based on the reviewed evidence
- Write a critical appraisal of a topic in question using a standardized format
- Describe the rationale for a plan of care based on the review of evidence
- Consider unique characteristics of the patient (culture, education, socio-economic etc) in the proposed care plan
- Explains rationale for plan of care in patient language

Semester V: Course: DPT 738 MAP III
Objective: The student will modify a plan of care through the use of clinical scenarios using the best available evidence.
Assignment: Evidence to Action project IV (Group)
Competencies:
- Write a clinical question given a clinical scenario
- Collect multiple sources of evidence on a stated clinical question
- Write a critical appraisal of the topic in question using a standardized format
- Justify the rationale for a plan of care modification based on the review of evidence
- Consider unique characteristics of the patient (culture, education, socio-economic etc) in the proposed care plan
- Include prognostic factors in determining time frames for anticipated outcomes
- Includes prognostic factors in determining time frames for plan of care and anticipated outcomes

Course: DPT 791 EBP II
Objective: The student will analyze prognostic studies in a manner that will lead to effective clinical decisions.
Assignment: Prognosis (preferred) article critique (Individual)
Competencies:
- Complete prognosis worksheet
- Interpret statistics appropriate for prognostic studies

Objective: The student will continue to develop clinical research skills through active participation in the research process
Assignment: Specific to group project
Competencies:
- Perform and interpret statistical analyses
- Develop a conceptual view from data analysis for presentation
- Portray data graphically
- Initiate the development of an appropriate format for a results section
- Use AMA format
- Use Reference manager software and SPSS software packages
- Continue data collection
- Begin data analysis

Semester VI: Course: Research activity continuation of DPT 791
Objective: The student will continue to develop clinical research skills through active participation in the research process.
Assignment: Specific to group project
Competencies:
- Collect data
Additional competencies by group

Semester VII:  
Course: DPT 792 EBP III  
Objective: The student will analyze systematic reviews in a manner that will lead to effective clinical decisions.  
Assignment: Systematic review critique (individual)  
Competencies: 
- Differentiate a review of literature on a topic from a systematic review/meta-analysis  
- Interpret statistics that are appropriate for a systematic review

Objective: The student will continue to develop clinical research skills through active participation in the research process.  
Assignment: Specific to group project  
Competencies: 
- Interpret statistical analyses  
- Draft manuscript: introduction, methods, results, discussion, conclusion, abstract.  
- Use AMA format & Reference manager software  
- Additional competencies by group

IPA: develop and refine PICO questions  
Select and apply appropriate MDS form for selected PICO question

Course: DPT 752 Clinical Education III  
Objective: To assess individual analysis of practice IPA  
Assignment: Completion of MDS forms for IPA  
Competencies: Assessment of completed MDS forms.  
Evaluate personal clinical outcomes on a minimum of 5 patients within a diagnostic category using a reliable and valid outcome instrument.  
Review literature related to instrument of interest  
Select appropriate tool for a subset of patients  
Evaluate if personal outcomes are clinically meaningful  
Justify clinical meaningfulness (using literature)  
Submit a written or oral report of the application

Semester VIII:  
Course: DPT 793 EBP IV  
Objective: The student will present clinical research findings via a written manuscript and in a public presentation (poster or platform).  
Assignment: Poster or Platform presentation: Specific to group project  
Competencies: 
- Use AMA format and reference manager software  
- Additional competencies by group  
- Prepare for presentation  
- Final manuscript

Course: DPT 796 Capstone  
Objective: The student will apply tools learned within the critical inquiry thread to evaluate personal clinical outcomes on a daily basis.  
Assignment: Individual Analysis of Practice electronic poster included within Capstone (Individual)
### Critical Inquiry Thread

Semester I: DPT 776 Critical Inquiry

Article Critique Assignment

<table>
<thead>
<tr>
<th>Component</th>
<th>Tip</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Purpose Stated clearly?</td>
<td>Yes</td>
<td>Usually stated briefly in abstract and in greater detail in introduction. May be phrased as a question or hypothesis. A clear statement helps you determine if topic is important, relevant and of interest to you. Consider how the study can be applied to PT and/or your own situation. If it is not useful or applicable, to another article. What is the purpose of this study? Describe the justification of the need for this study.</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Literature Relevant background presented? | Yes | A review of the literature should provide background for the study by synthesizing relevant information such as previous research and gaps in current knowledge, along with the clinical importance of the topic. |
| No | |

| Design | RCT | There are many different research designs. RCT: randomized controlled trial/randomized clinical trial has at least 2 different groups of subjects: 1='control' receives no treatment or standard practice; the other='experimental' receives treatment of interest. |
| Cohort | | Were the groups randomized? How? Random assignment of subjects to groups reduces bias as much as possible by spreading confounding variables evenly among groups. Concealed assignment eliminates conscious or unconscious |
| Case-control | | |
| Cross-sectional | | |
| Single Subject | | |
| Case Study | | |

Describe the study design. Was the design appropriate for the question (for current knowledge level, ethical issues, etc)
### Sample

**N=**

**Described in detail?**

- **Yes**
- **No**

**Size justified?**

- **Yes**
- **No**

**Important characteristics of the sample include:**
- Who makes up the sample: age, gender, duration of disorder, functional status
- How many were involved; were groups the same size?
- How sampling was done: volunteer, by referral, etc?
- Were inclusion & exclusion criteria described?
- If there was more than 1 group, were groups similar on important (confounding) factors?

Was the sample described in sufficient detail for you to have a clear picture of who was involved?

Was the sample size justified? Did authors state how they arrived at the number they chose? Often justification is based on who is available or was statistical justification supplied (this is rare)

### Outcome Measures

**Reliable measures used?**

- **Yes**
- **No**

**Valid measures for study?**

- **Yes**
- **No**

**These are the variable of interest to the researcher. They should be clearly described. Note whether outcomes were measure before and/or after treatment, and whether short-term and/or long-term effects were considered.**

List measures used and important information for your future reference. Are these sound, well-established and well-known measures or ones developed by researchers for the study?

Specify the frequency of outcome measurements (ie, pre, post, follow-up)

Outcome measures evaluated (impairments, functional). List measures used

### Intervention

**Described in detail?**

- **Yes**
- **No**

**Sufficient information should be supplied for you to replicate it. Consider these elements:**
- Who delivered treatment: 1 or more people, were they trained?

Provide a short description of the intervention.
<table>
<thead>
<tr>
<th>Results</th>
<th>How often treatment applied: was it sufficient to have an impact? Was frequency the same for different groups? Setting: clinic, home, etc</th>
<th>Did any contamination occur (what would happen if some subjects in the control group received some treatment inadvertently?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported in terms of statistical significance?</td>
<td>Most authors report results in terms of statistical significance to prove they are worthy of attention. If results were not significant examine the reasons: was the sample size too small to show a difference, or were too many outcome measures used for the number of subjects in the study?</td>
<td>What were the results? Were they statistically significant (p&lt;.05)? If not statistically significant, was the sample large enough to show a difference? Were multiple outcomes taken into account for the analysis? Did author’s report CI’s, if not, please calculate!!</td>
</tr>
<tr>
<td>Was analysis appropriate for design? Y</td>
<td>Yes</td>
<td>What was the clinical importance of the results? Were differences between groups clinically meaningful?</td>
</tr>
<tr>
<td>N</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Clinical importance reported? Y</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Were drop-outs reported? Y</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Conclusions/Discussion**

<table>
<thead>
<tr>
<th>Appropriate for study and results?</th>
<th>This section should outline clear conclusions from the results. Only a RCT using sound outcome measures can state results are conclusive that treatment A is more effective than B because other designs have methodological limitations/biases. In these types of studies, authors may only conclude that the results</th>
<th>What did the study conclude? What are the implications of these results for PT and your practice? What were the main limitations or biases in the study?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
showed a difference in this study for these subjects. Discussion should include how results may influence clinical practice: do they offer useful and relevant information? Do they warrant further study?
### Critical Inquiry Thread

**Semester I: DPT 776 Critical Inquiry**  
**Reference Library Development Assignment (Group)**  
**Grading Rubric for Zotero Assignment**

Name______________________________________________

<table>
<thead>
<tr>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Share a new library folder with DPT 2018 Group Library</td>
</tr>
<tr>
<td>2. Create a bibliography (reference list) of all of assigned author’s publications in Microsoft Word</td>
</tr>
</tbody>
</table>
| 3. Create a word document and paraphrase the abstract from the Cleland article  
    a. AMA format (10/10)  
    b. APA format (0/10)  
    c. Comment on the level of measurement of the outcomes measures and on the model and form of the reported ICC. (10/10)  
    d. Interpret why you would use one outcome tool compared to another as an evaluative measure of patient progress. (10/10)  
| 4. Attach a .pdf of this article to your Zotero citation and print a snapshot of your Zotero page with the attachment to turn in with this assignment. |
| TOTAL |
Critical Inquiry Thread
Semester I: DPT 708 MAP I
Written Laboratory Report (Group)

Group Members:

Final Point Scale: ____________________  
Final Grade: __________ %

Evaluation Scale:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Average Points Scored</th>
<th>Percent Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0= OMITTED</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>1= NOT ACCEPTABLE</td>
<td>4.5-4.9</td>
<td>96%</td>
</tr>
<tr>
<td>2= BELOW EXPECTATION</td>
<td>4.0-4.4</td>
<td>92%</td>
</tr>
<tr>
<td>3= MEETS EXPECTATION</td>
<td>3.5-3.9</td>
<td>88%</td>
</tr>
<tr>
<td>4= EXCEEDS EXPECTATION</td>
<td>3.0-3.4</td>
<td>84%</td>
</tr>
<tr>
<td>5= Exceptional</td>
<td>2.5-2.9</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>2.0-2.5</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>1.0-1.4</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>0.5-0.9</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>0-0.5</td>
<td>60%</td>
</tr>
</tbody>
</table>

Objective: Use the scientific method to plan laboratory experiments, write up lab reports and reflect on their experiences.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional(100)</th>
<th>Exceeds Expectations(92)</th>
<th>Meets Expectations(84)</th>
<th>Below Expectations(76)</th>
<th>Not Acceptable(68)</th>
<th>Missing(60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Aspects</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Uses correct grammar (no more than 6 grammatical errors/written submission)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Submits paper in AMA format</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Includes references in AMA format</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Development of Research Problem</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>States research problem clearly</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Reviews current literature regarding laboratory technique</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Presents clinical relevance of laboratory technique</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Methods</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Describes subject characteristics (i.e. gender, age)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Describes procedures used to collect data</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Explains variation of procedures from the literature, if needed</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Discusses laboratory experimental design (intra vs inter-rater reliability)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Describes data analysis used</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Results</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Completes and attaches worksheet</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>Uses tables or figures to explain results</td>
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<td>Uses appropriate terms to report results (mean, sd, etc)</td>
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<td>Discussion/Conclusion</td>
<td></td>
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<tr>
<td>Discusses sources of variability in procedures or data collection</td>
<td>5</td>
<td>4</td>
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<td>Suggests methods to improve reliability</td>
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<td>Compares subjects to reference literature</td>
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<td>States conclusion of lab findings clearly</td>
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<td>Describes ways lab activities may be used in PT practice</td>
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Comments:

Faculty Signature: ___________________________ Date _____________
Critical Inquiry Thread
Semester II: DPT 704 Neuroscience
Literature Review Project (Individual)

Group Members:

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Objective The student will develop skills of exploring literature to investigate the relationship between basic science and function questions pertinent to PT practice as is typical in introduction sections of a research proposal.

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<td>4</td>
<td>3</td>
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<tr>
<td>Submits paper in AMA format</td>
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<tr>
<td>Refines topic consistent with articles selected</td>
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<td>4</td>
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<td>Includes relevant introduction of article consistent with topic</td>
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<td>4</td>
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<td>Relates each article to selected topic</td>
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<td>Links basic science findings with clinical application</td>
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<td>Includes summary/conclusion supportive of topic</td>
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Comments:

Faculty Signature: ______________________ Date ______

Class of 2018 Student Handbook
### Critical Inquiry Thread

Semester II: DPT 732 MAP II  
Evidence in Action Project I (Group)

Group Members:  

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Final Point Scale:  
Final Grade: %

**Objective**  
The student will perform effective data searches to answer relevant clinical questions.

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<tr>
<td>Includes citations and copy of abstracts in text of paper</td>
<td>5</td>
<td>4</td>
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<td>Develops appropriate clinical question based on given case scenario</td>
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<td>4</td>
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<td>Includes levels of evidence for searches</td>
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<td>Describes each study and explains why it is relevant to the question</td>
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<tr>
<td>Completes article critique form using semester I article critique criteria for article 1</td>
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<tr>
<td>Completes article critique form using semester I article critique criteria for article 2</td>
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<td>Analyzes the contribution of each article to the clinical question</td>
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<td>Explains how article information may be used in physical therapy care related to the clinical question</td>
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Comments:

Faculty Signature: ___________________________ Date ______________

Class of 2018 Student Handbook
Group Members:

Proposal Title:

Evaluation Scale:

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Written proposals/reports/manuscripts must be double-spaced in AMA format and submitted by the assigned date. Submission will be either hard copy, electronic copy, or both, based on the preference of the faculty advisor and course coordinator(s).
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<th>Missing</th>
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<td>Defines Participants demo-graphics [e.g., gender, age, disease status] inclusion /exclusion criteria, groups-as appropriate to design, sampling methods, statement regarding informed consent, etc.)</td>
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<tr>
<td>Describes Apparatus/ Instrumentation section (in depth description of equipment, tests used [with information on reliability &amp; validity], methods of observation, questionnaires, etc.)</td>
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<td>Includes Procedures (operational definitions of IVs &amp; DVs, description of different interventions or tasks in which participants are engaged, instructions to participants, etc)</td>
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<td>Results</td>
<td>States results clearly and accurately without discussion or commentary</td>
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<tr>
<td>Uses Figures, Graphs &amp;Tables (with legends as needed) to effectively and efficiently represent results (must be able to stand alone and convey information)</td>
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<td>Correctly labels figures, graphs, and tables according to AMA format</td>
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<td>References each figure, graph, or table in the narrative.</td>
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<td>Interprets statistical results with appropriate independence</td>
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<tr>
<td>Discussion and conclusions</td>
<td>Describes relationship of discussion/conclusions to hypotheses clearly and accurately</td>
<td>5</td>
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<td>Addresses whether results confirm/contradict other studies</td>
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<td>Discusses practical/clinical impact of findings are logical and clear</td>
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<td>Identifies recommendations for future research</td>
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<td>Concludes with brief summary of major conclusions.</td>
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Points Scored: _______ ÷ 150 (total points) = ______ (percent grade)

Comments:

Faculty Signature: ____________________________ Date: ______
Faculty Signature: ____________________________ Date: ______
Critical Inquiry Thread
Semester III: DPT 733 MM I
Evidence to Action II (Group)

Group Members:

Final Point Scale: ______________
Final Grade: ___ %

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Objective: The student will develop a clinical question, search to find relevant resources, and provide an answer to the clinical question that facilitates clinical decision-making.

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Comments:

Faculty Signature: ___________________________________________ Date _______________
Critical Inquiry Thread
Semester IV: DPT 734 MM II
Evidence to Action Project III (Group)

Group Members:

Final Point Scale: ______________________
Final Grade: %

Evaluation Scale:

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Objective: The student will develop a plan of care through the use of clinical scenarios for the purpose of making evidence based clinical decisions.

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Comments:

Faculty Signature: ____________________________ Date ______________

Comments:
Critical Inquiry Thread  
Semester V: DPT 738 MAP III  
Evidence to Action Project IV (Group)

Group Members:

Final Point Scale:  
Final Grade:  %

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Objective: The student will **modify a plan of care** through the use of clinical scenarios using the best available evidence.

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Comments:

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Critical Inquiry Thread  
Clinical Education III - Capstone  
Individual Analysis of Practice

Student Name: ___________________________ Date: ___________________________

Final Point Scale: ____________
Final Grade: __________ %

Evaluation Scale: Grading Scale:

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<td></td>
<td>2.0-2.5</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>1.0-1.4</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>0.5-0.9</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>0-0.5</td>
<td>60%</td>
</tr>
</tbody>
</table>

Objective: The student will apply tools learned within critical inquiry thread to evaluate personal clinical outcomes on a daily basis.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds Expectation</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Not Acceptable</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Aspects</td>
<td>5(100)</td>
<td>4(92)</td>
<td>3 (84)</td>
<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
</tr>
<tr>
<td>Uses Grammatical correctness (no more than 6 grammatical errors/written submission)</td>
<td>5 (less than 3 errors)</td>
<td>3 (less than 6 errors)</td>
<td>1 (more than 6 errors)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logical flow of ideas/ Does not stray into irrelevant ideas</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Format appropriate for poster</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>References in AMA format</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Research Problem</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Reviews literature on instrument of interest</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Selects tool that is appropriate for patient population</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Methods: Minimum Data Set (MDS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Applies tool to minimum of 5 patients</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Describes procedures to collect data clearly</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Explains any variation of procedures from the literature, if needed</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Results</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides results in summary format (text)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Uses tables or figures to explain results</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Discussions/Conclusion</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Presents evaluation of results in clinically meaningful terms</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Justifies clinical meaning based on literature</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>States conclusions and future plans clearly</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Describes ways the information may be used in PT practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:

Faculty Signature: ___________________________ Date ________________
Critical Inquiry Thread
DPT793: RESEARCH PROJECT PLATFORM OR POSTER PRESENTATION
GRADING RUBRIC

Group Members: ____________________________________________________________

Title: ____________________________________________________________________

This evaluation is worth 30% of your grade for DPT793.

<table>
<thead>
<tr>
<th>PRESENTATION DYNAMICS</th>
<th>Exceeds Expectations 100</th>
<th>Meets Expectations 85</th>
<th>Below Expectations 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal communication (correct grammar, professional demeanor, no verbal detractors)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-verbal communication (posture, professional in appearance, eye contact)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of presentation materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective use of presentation materials (pacing of information, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective use of allotted time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content of presentation includes introduction and appropriate background information that provide rationale to support the study.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content of presentation includes a clear explanation of methods.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content of presentation the effective use of figures and tables to communicate results.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content of presentation includes a conclusion and the clinical implications of the results.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answers questions posed by audience effectively</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Longitudinal Threads
Writing Across the Curriculum Thread

The purpose of this thread is to develop graduates who have writing skills to effectively fulfill professional communication needs. To meet this challenge, graduates of the program must be able to share their knowledge in writing to communicate with a wide variety of audiences including patients, the general public, physical therapists, other health care professionals, reimbursement agents, and researchers. In achieving this communication outcome, the graduate student will demonstrate competence in writing skills in a developmental sequence which progresses throughout the curriculum. The sequence will progress through the following types of writing: Personal, Expository, Argumentative, and Research. The first writing thread assignment is a personal essay completed in semester 1. This initial assignment promotes expression of the student’s own ideas about personal experiences. In semester 2, writing and critical thinking development will be evaluated in a laboratory write-up. The student will express their understanding of new information and describe its applicability to physical therapy content. This expository writing skill will be further developed in semester III as the student critiques a book’s organization and clarity. Beginning argumentative writing skills will be facilitated in semester IV. Students develop a convincing logical strategy for a physical therapy intervention through a clinical note using professional language typical of the physical therapy discipline. Argumentative writing skills are further developed in semester VI through an advocacy paper assignment. Successful development of writing skills is illustrated by evidence of written communication while on clinical rotations and the overall written presentation of a portfolio capstone project.

Semester I: Course DPT 770 Professional Issues/Case Management I
Objective The student will explore ideas about experiences in personal essays.
Assignment Learning Style Reflection and Leadership Paper (Individual)
Competencies Express ideas clearly in writing
Use appropriate grammar
Include content depth and breadth in essay
Organize essay in a logical manner

Semester II: Course DPT 705 Kinesiology I
Objective The student will express, in writing, their understanding of new information and describe its applicability to the physical therapy profession.
Assignment Laboratory I Assignment (Individual)
Competencies In addition to personal writing skills developed in Semester 1, the student will demonstrate the following competencies:
Demonstrate concise presentation style in written work
Include content and available evidence to develop piece of writing
Use AMA style for format, references and citations

Semester III: Course DPT 714 Psychosocial Aspects of Health Care
Objective The students will read an assigned book and write a critique on how health care beliefs and values apply to their professional role.
Assignment Reflection on self-help/support group meeting or interview of a person whose life had been altered by trauma or illness (Individual)
Competencies In addition to the writing skills developed in prior semesters, the student will demonstrate the following competencies:
Discuss the applicability of the information to physical therapy

Semester IV: Course DPT 736 Neurological Management I
Objective The student will write a clinical note based on a patient (real or simulated) lab experience.
Assignment Letter of Medical Necessity (Individual)
Competencies In addition to the writing skills developed in prior semesters, the student will demonstrate the following competencies:
Use of professional language in written letters
Articulate relationships between observations and decisions (exam to intervention)
Express results of clinical decision making in a clear/concise manner
Semester VI:  
Course  
DPT 715 Health Care Policy  
Objective  
The student will write a piece of work that defends a personal position.  
Assignment  
Advocacy Paper (Individual)  
Competencies  
In addition to the writing skills developed in prior semesters, the student will demonstrate the following competencies:  
Organize facts to present a position  
Persuade the reader to the writer’s position  
Interpret evidence of an issue accurately  
State argument on a position in a convincing manner  

Refer to the grading criteria and forms on pages to follow.
The following criteria are used to grade the expression, grammar, content and format components of the five writing assignments throughout this thread:

Expression - A piece of writing in this category:
5(100). Expresses the writer’s intention and responds fully to the assignment. It is distinguished by clear and powerful use of language and introduces original or highly imaginative interpretations of the writing assignment in terms of style and method of presentation.

4(92). Expresses the writer’s intention most of the time and reflects a good understanding of the writing assignment. It may not be as creative as the 5-point paper, but is thoughtfully and carefully written. It is not overly general or abstract, and contains evidence of the writer’s ability to use language well, and to organize and unify a piece of writing.

3(84). Is somewhat inconsistent in handling the assignment and in expression of the writer’s intentions. The writer has provided some details, examples, and evidence that make the writing interesting and persuasive, although the majority of the piece could be more powerfully developed. Unity and focus could be improved.

2(76). Shows difficulty managing the task of the assignment, or developing the piece in terms of his or her intent. The piece of writing has not been developed, except in a very few instances, with examples or other means of support. It is difficult to read because of problems with sentence structure, organization and transitions.

1(68). Is largely unresponsive to the assignment, lacking focus, and is rarely developed with details, examples or other sorts of evidence. The writer’s intentions are generally unclear and difficult to follow. The piece is not well organized and may appear jumbled.

0(60). Multiple omissions, poor development, illogical thought process.

Grammar - A piece of writing in this category:
5(100). Is virtually free from errors in mechanics, usage, and sentence structure (fewer than 3 errors).

4(92). Is largely free from serious errors in mechanics, usage, and sentence structure (3 to 4 errors).

3(84). Shows generally accurate use of language, although there are more errors in mechanics, usage, or sentence structure, indicating that the writer needs to be more careful in composition and editing (5 to 6 errors).

2(76). Contains many errors in mechanics, usage or sentence structure that detract from the paper’s effectiveness, indicating that the writer needs to be more careful in composition and editing (7 errors).

1(68). Contains errors in mechanics, usage, or sentence structure that seriously undermines the effectiveness of the piece (8 errors).

0(68) Contains significant errors in mechanics, usage and sentence structure (greater than 8 errors).

Content - A piece of writing in this category:
5(100). Demonstrates an exceptional level of creativity, clarity and sufficiency of explanation in a particular area, with succinct expression and full accuracy of concepts.

4(92). Is generally accurate and comprehensive in interpretation and explanation of concepts, and shows innovation on occasion in development of content area.

3(84). Is generally accurate in interpretation and explanation of concepts, though not innovative or comprehensive.
2(76). Struggles with interpretation or accuracy of content on more than two occasions within a particular area and is incomplete in covering the material.

1(68). Contains many errors in interpretation of content.

0(60). Illogical and incomplete thought processes.

AMA Format
5(100). no errors in references
4(92). 1-2 errors
3(84). 3-4 errors
2(76). 5-6 errors
1(68). 6-7 errors
0(60). greater than 7 errors

Operational Definitions provide descriptions of measurements and interventions to enable replication by other physical therapists.

5(100). no errors in references
4(92). 1-2 errors
3(84). 3-4 errors
2(76). 5-6 errors
1(68). 6-7 errors
0(60). greater than 7 errors
Writing Across the Curriculum Thread  
Semester I: DPT 770 Professional Issues/Case Management I  
Learning Style Reflection Paper (Individual)

Student: ____________________________________________ Date: ____________________
Topic: ______________________________________________
Final Point Scale: ______
Final Grade: ______ %

<table>
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<tr>
<th>Criteria</th>
<th>Average Points Scored</th>
<th>Percent Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0= OMITTED</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>1= NOT ACCEPTABLE</td>
<td>4.5-4.9</td>
<td>96%</td>
</tr>
<tr>
<td>2= BELOW EXPECTATION</td>
<td>4.0-4.4</td>
<td>92%</td>
</tr>
<tr>
<td>3= MEETS EXPECTATION</td>
<td>3.5-3.9</td>
<td>88%</td>
</tr>
<tr>
<td>4= EXCEEDS EXPECTATION</td>
<td>3.0-3.4</td>
<td>84%</td>
</tr>
<tr>
<td>5= EXCEPTIONAL</td>
<td>2.5-2.9</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>2.0-2.5</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>1.0-1.4</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>0.5-0.9</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>0-0.5</td>
<td>60%</td>
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</tbody>
</table>

Objective: The student will explore ideas about experiences in personal essays.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds expectations</th>
<th>Meets expectations</th>
<th>Below expectations</th>
<th>Not acceptable</th>
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<tbody>
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<td>3(84)</td>
<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
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<tr>
<td>Grammar*</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Content* (Breadth, Depth)</td>
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<td>8</td>
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<td>Organization</td>
<td>5</td>
<td>4</td>
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<td>2</td>
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</tbody>
</table>

*Refer to writing thread grading criteria for additional clarity of assignment expectations.

Strengths of written presentation:  

Areas for further focus and concentration:  

Faculty Signature: _______________________________ Date _________________
**Writing Across the Curriculum Thread**  
Semester II: DPT 705 Kinesiology I  
Laboratory I Assignment (Individual)

Student: ___________________________  
Date: ___________________________

Topic: ___________________________  
Final Point Scale: ________

Final Grade ________ %

<table>
<thead>
<tr>
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<th>Grading Scale:</th>
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</tr>
<tr>
<td>5= EXCEPTIONAL</td>
<td>2.5-2.9</td>
</tr>
</tbody>
</table>

Objective: The student will express, in writing, their understanding of new information and describe its applicability to the physical therapy profession.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
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<th>Missing</th>
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</thead>
<tbody>
<tr>
<td>Expression*</td>
<td>5(100)</td>
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<td>3(84)</td>
<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
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<tr>
<td>Grammar*</td>
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<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
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<td>AMA Format</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

**Course Specific Content**

| Description of osteo-kinematics of movement | 5 | 4 | 3 | 2 | 1 | 0 |
| Support of hypothesis/study | 5 | 4 | 3 | 2 | 1 | 0 |
| Methods described accurately/ completely | 5 | 4 | 3 | 2 | 1 | 0 |
| Appropriate results chosen/presentation of results | 5 | 4 | 3 | 2 | 1 | 0 |

**Discussion of:**

| Interpretation of results | 5 | 4 | 3 | 2 | 1 | 0 |
| Reflection of laboratory | 5 | 4 | 3 | 2 | 1 | 0 |
| Understanding movement | 5 | 4 | 3 | 2 | 1 | 0 |

**Clinical Relevance**

| 5 | 4 | 3 | 2 | 1 | 0 |

*Refer to writing thread grading criteria for additional clarity of assignment expectations.

Comments:

Faculty Signature: ___________________________  
Date ___________________________

Class of 2018 Student Handbook  Page 128
Writing Across the Curriculum Thread  
Semester III: DPT 714 Psychosocial Aspects of Health Care

Student: ___________________________________________ Date: ____________________________
Interviewee: ____________________________________________

Evaluation Scale: 

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Average Points Scored</th>
<th>Percent Grade</th>
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<tr>
<td>0 = OMITTED</td>
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<td>100%</td>
</tr>
<tr>
<td>1 = NOT ACCEPTABLE</td>
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</tr>
<tr>
<td>2 = BELOW EXPECTATION</td>
<td>4.0-4.4</td>
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<td>3 = MEETS EXPECTATION</td>
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</tr>
<tr>
<td>5 = EXCEPTIONAL</td>
<td>2.5-2.9</td>
<td>80%</td>
</tr>
<tr>
<td>2.0-2.5</td>
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<td>76%</td>
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<tr>
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</tr>
<tr>
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<td></td>
<td>68%</td>
</tr>
<tr>
<td>0.5-0.9</td>
<td></td>
<td>64%</td>
</tr>
<tr>
<td>0-0.5</td>
<td></td>
<td>60%</td>
</tr>
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</table>

Grading Scale:

<table>
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<tr>
<th>Criteria</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
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<th>Not Acceptable</th>
<th>Missing</th>
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<tbody>
<tr>
<td>Category</td>
<td>Exceptional</td>
<td>Exceeds Expectations</td>
<td>Meets Expectations</td>
<td>Below Expectations</td>
<td>Not Acceptable</td>
<td>Missing</td>
</tr>
<tr>
<td>Expression*</td>
<td>10</td>
<td>4 (92)</td>
<td>3 (84)</td>
<td>2 (76)</td>
<td>1 (68)</td>
<td>0</td>
</tr>
<tr>
<td>Reflection of personal impact</td>
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<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Creativity of style/presentation</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Grammar*</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Course Specific Content</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Summarizes content</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Correlates ideas/concepts with course information and personal view points</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Discusses application to physical therapy</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

*Refer to writing thread grading criteria for additional clarity of assignment expectations.

Objective: The students will read an assigned book and write a critique on how health care beliefs and values apply to their professional role.

Strengths of written presentation:

Areas for further focus and concentration:

Faculty Signature: _______________________________ Date ____________________
Writing Across the Curriculum Thread  
Semester IV: DPT 736: Neurological Management I  
Letter of Medical Necessity (Individual)

Student: ______________________________  
Date: ______________________________

Final Grade _______ %

<table>
<thead>
<tr>
<th>Category</th>
<th>Meets Expectations</th>
<th>Almost Meets Expectations</th>
<th>Does Not meet Expectations</th>
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<tbody>
<tr>
<td>Course Specific Content</td>
<td></td>
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<tr>
<td>Clearly and succinctly states</td>
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<tr>
<td>purpose/intent of letter in</td>
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<tr>
<td>opening statements</td>
<td></td>
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<tr>
<td>Reports pertinent patient</td>
<td></td>
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<tr>
<td>information (Hx, PIPs, goals)</td>
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<tr>
<td>as it relates to the need for</td>
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<tr>
<td>an orthotic device</td>
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<tr>
<td>Evaluates pertinent tests and</td>
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<tr>
<td>measures results as they relate</td>
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<tr>
<td>to the movement observation and</td>
<td></td>
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<tr>
<td>need for an orthotic device</td>
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<tr>
<td>Prescribes an appropriate</td>
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<tr>
<td>orthotic device with all</td>
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<tr>
<td>necessary components to</td>
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<tr>
<td>address patient PIPs, goals,</td>
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<tr>
<td>and movement problem</td>
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<tr>
<td>Decision making process is</td>
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<td>build a logical rationale for</td>
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<tr>
<td>the need for an orthotic device.</td>
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<tr>
<td>Expression</td>
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<tr>
<td>Grammar</td>
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<tr>
<td>Spelling/Punctuation</td>
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<td>Uses professional abbreviations</td>
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Writing Across the Curriculum Thread
Semester VI: Health Policy DPT 715
Advocacy Paper (Individual)

Student: ___________________ Date: ___________________

Final Point Scale: _______
Final Grade: ____________ %

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<td>4.0-4.4</td>
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<tr>
<td>3= MEETS expectation</td>
<td>3.5-3.9</td>
</tr>
<tr>
<td>4= EXCEEDS EXPECTATION</td>
<td>3.0-3.4</td>
</tr>
<tr>
<td>5= EXCEPTIONAL</td>
<td>2.5-2.9</td>
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Objective: The student will write a piece of work that defends a personal position.

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<tr>
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<td>Persuasiveness of letter</td>
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<td>2</td>
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<td>0</td>
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<tr>
<td>Accuracy of facts presented on issue</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity of articulation of issue and message</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*Refer to writing thread grading criteria for additional clarity of assignment expectations.

- **Persuasiveness**
  5 – Unique and clever ideas used to make point
  4 – Logical argument to make point
  3 – Most but not all major points included in argument or request
  2 – Misrepresents major points with unclear argument
  1 – Misses some major points, no argument
  0 – Omits major points and lacks persuasiveness

- **Accuracy of facts presented on issue**
  5 – Accurate representation of issue
  4 – Accuracy of issue not entirely accurate or clear
  3 – Inaccurate representation and interpretation of issue
  2 – Lacks clear ability to present issue
  1 – Unable to state purpose or facts of issue
  0 – Omits facts of the issue

- **Clarity of argument**
  5 – States argument clearly and thoroughly interprets issues
  4 – States argument clearly but lacks thoroughness in interpretation
  3 – Partially develops argument and lacks thoroughness in interpretation
  2 – Does not develop argument yet is accurate in interpretation in major issues
  1 – Unable to present coherent argument
  0 – Omits the argument from the assignment

Faculty Signature: ___________________ Date ___________________
Longitudinal Threads

Teaching/Learning Thread- Assignments & Grading Rubrics

The purpose of the teaching/learning thread is to develop graduates who can effectively communicate with a wide variety of audiences using a format that is congruent with the situational needs. Early in the curriculum, students have the opportunity to identify and compare different teaching and learning styles and practice various methods of oral communication. Continuing throughout the curriculum, the students participate in a number of group and individual interactions that support and develop information delivery. For example, students present instructional segments in academic and clinical settings, and orally present case reports. The outcome of this thread is to produce graduates who use a variety of educational strategies, identify and prioritize educational needs of an audience, recognize the limits of an educator, and engage in self-directed learning activities.

Semester I: Course DPT 770 Professional Issues I
Objective The student will organize an instructional segment that incorporates basic components of effective teaching/learning.
Assignment Presentation in DPT 701 Anatomy/Histology on organ systems (Group)
Will be graded in DPT 701 for content
Will be graded in DPT 770 for teaching/learning strategies
Competencies Define segment objectives
Establish set
Incorporate modeling
Check for understanding
Organize content effectively
Incorporate effective audiovisuals
Demonstrate effective closure

Semester II: Course DPT 730 PT Examination
Objective The student will organize an instructional segment that incorporates basic components of effective teaching/learning.
Assignment Presentation on measurement tools in PT (Group)
Competencies In addition to the competencies of Semester I, the student will be able to:
Present best evidence for relevant topic
Incorporate effective transitions
Present material effectively to match audience needs
Present in an efficient manner

Semester III: Course DPT 771 Professional Issues/Case Management II
Objective The student will develop an instructional segment that incorporates history, current issues and future vision in the profession of physical therapy.
Assignment Presentation on one of the following topics (Group):
Professional issues leading up to current and future issues
Professional Organization Structure and Function
Educational Content and Accreditation
Areas of Service
Influence of the Military
Professional Publications/Resources of the APTA
APTA Sections/Specialization
Registration/Licensure
Competencies In addition to the competencies in prior semesters, the student will be able to:
Explain purpose & relevancy of the topic
Include internal transitions
Include external transitions
Use remediation as needed
Use extensions to illustrate key points
Demonstrate cohesive group format
Demonstrate content accuracy

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<thead>
<tr>
<th>Semester V:</th>
<th>Course</th>
<th>DPT 737 Neurological Management II</th>
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</thead>
<tbody>
<tr>
<td>Objective</td>
<td>The student will transition from a predominant lecture format to a collaborative and interactive teaching format that promotes dialogue and critical thinking.</td>
<td></td>
</tr>
<tr>
<td>Assignment</td>
<td>A case report will be presented to a panel of experts that emphasizes the decision making process for determining an appropriate evaluation and interventions based on the HOAC II model. (Individual)</td>
<td></td>
</tr>
<tr>
<td>Competencies</td>
<td>In addition to competencies in prior semesters, the student will be able to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Present an overview of a clinical case clearly and concisely</td>
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<td></td>
<td>Cover essential material in appropriate depth and breadth efficiently</td>
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<tr>
<td></td>
<td>Include evidence for clinical choices</td>
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<tr>
<td></td>
<td>Present ideas in a systematic and coherent fashion</td>
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<td></td>
<td>Respond to queries without unusual delay to consult notes or other materials</td>
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<tr>
<td></td>
<td>Use various levels of questioning and communication to promote dialogue and understanding.</td>
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<tr>
<td></td>
<td>Defend choices of examinations and interventions based on current best evidence</td>
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<tr>
<td></td>
<td>Respond to individual questions in a manner that promotes comprehension.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester VI</th>
<th>Course</th>
<th>DPT 774 Professional Issues/Case Management V</th>
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</thead>
<tbody>
<tr>
<td>Objective</td>
<td>The student will present an oral case report in a structured format and set up an atmosphere that promotes an exchange of ideas.</td>
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</tr>
<tr>
<td>Assignment</td>
<td>Presentation of an oral case report from data gathered in the Semester VI clinical experience (Individual)</td>
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<tr>
<td>Competencies</td>
<td>In addition to competencies in prior semesters, the student will be able to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Set up atmosphere that promotes exchange of ideas/questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respond to group questions/challenges in a manner that promotes discussion/critical thinking</td>
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<td></td>
<td>Refocus discussion as necessary</td>
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<tr>
<th>Semester VII:</th>
<th>Course</th>
<th>DPT 752 Clinical Education III</th>
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<tbody>
<tr>
<td>Objective</td>
<td>The student will present a clinically relevant topic and set up an atmosphere that promotes an exchange of ideas.</td>
<td></td>
</tr>
<tr>
<td>Assignment</td>
<td>Presentation to Health Care Personnel during the clinical experience (Individual)</td>
<td></td>
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<tr>
<td>Competencies</td>
<td>Upon completion of the assignment the student will be able to:</td>
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<tr>
<td></td>
<td>Appraise the educational desires of the group</td>
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<tr>
<td></td>
<td>Define segment objectives</td>
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<td></td>
<td>Organize content effectively</td>
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<tr>
<td></td>
<td>Discuss evidence relevant to chosen topic</td>
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<tr>
<td></td>
<td>Check for understanding</td>
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<tr>
<td></td>
<td>Respond to questions/challenges in a manner that promotes discussion/critical thinking</td>
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<td></td>
<td>Create an action plan based on CI/audience feedback</td>
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Teaching/Learning Thread
Semester I: DPT 770 Professional Issues/Case Management I
Presentation on Organ Systems (Group)

Student Group: ____________________________  Date: __________________

Topic: ____________________________________  Final Point Scale: ______

Final Grade:_____%

Evaluation Scale:  Grading Scale:

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<tr>
<td>1= NOT ACCEPTABLE</td>
<td>4.5 - 4.9</td>
<td>96%</td>
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<td>92%</td>
</tr>
<tr>
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<td>3.5 - 3.9</td>
<td>88%</td>
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<tr>
<td>4= EXCEEDS EXPECTATION</td>
<td>3.0 - 3.4</td>
<td>84%</td>
</tr>
<tr>
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<td>2.5 - 2.9</td>
<td>80%</td>
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<td></td>
<td>2.0 - 2.5</td>
<td>76%</td>
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<td></td>
<td>1.5 - 1.9</td>
<td>72%</td>
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<td></td>
<td>1.0 - 1.4</td>
<td>68%</td>
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<td></td>
<td>0.5 - 0.9</td>
<td>64%</td>
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Objective: The student will organize an instructional segment that incorporates basic components of effective teaching/learning.

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<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
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<td>4</td>
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<tr>
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<td>Includes Closure</td>
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<td>4</td>
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<td>2</td>
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Strengths of presentation:

Areas needing additional focus/concentration:

Faculty Signature: ____________________________  Date __________________
Teaching/Learning Thread
Semester II: DPT 730 PT Examination
Presentation on measurement tools in PT (Group)

Student Group: ____________________________  Date: ________________
Topic: ____________________________________  Final Point Scale: __________

Evaluation Scale:  Grading Scale:

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Final Grade: __________ %

Objective: The student will organize an instructional segment that incorporates basic components of effective teaching/learning.

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<tr>
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<td>3</td>
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<td>2</td>
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<td>0</td>
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<tr>
<td>Modeling Incorporated</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Checks for Understanding</td>
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<td>4</td>
<td>3</td>
<td>2</td>
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<td>0</td>
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<td>Effective incorporation of Audiovisuals</td>
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<td>4</td>
<td>3</td>
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<td>1</td>
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</tr>
<tr>
<td>Presents best evidence relevant to the topic</td>
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<td>4</td>
<td>3</td>
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<td>0</td>
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<tr>
<td>Presents material effectively to match audience needs</td>
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<td>4</td>
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<td>2</td>
<td>1</td>
<td>0</td>
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Strengths of presentation:

Areas needing additional focus/concentration:

Faculty Signature: ____________________________  Date: ________________
Teaching/Learning Thread
Semester III: DPT 771 Professional Issues/Case Management II
Presentation on a topic (Group)

Student Group: _____________________________________________ Date: _______________________
Topic: ___________________________________________________

Final Point Scale: ________ Final Grade: ________%

Evaluation Scale:                                                                                     Grading Scale:

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<tr>
<th>Criteria</th>
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<th>Percent Grade</th>
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<td>4= EXCEEDS EXPECTATION</td>
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<td>2.5-2.9</td>
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Objective: The student will develop an instructional segment that incorporates history, current issues and future vision in the profession of physical therapy.

<table>
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<td>Includes Closure</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>0</td>
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<tr>
<td>Explains Purpose &amp; Relevancy</td>
<td>5</td>
<td>4</td>
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<td>0</td>
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<tr>
<td>Includes Internal Transitions</td>
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<td>4</td>
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<tr>
<td>Includes External Transitions</td>
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<td>Uses Extensions</td>
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<td>4</td>
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<tr>
<td>Demonstrates Cohesive Group Format</td>
<td>5</td>
<td>4</td>
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<td>Depicts content accurately</td>
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<td>8</td>
<td>6</td>
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<tr>
<td>Includes History, Current Issues and Future Vision in presentation</td>
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<td>4</td>
<td>3</td>
<td>2</td>
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</tr>
</tbody>
</table>

Strengths of presentation:

Areas needing additional focus/concentration:

Faculty Signature: _____________________________ Date _______________
Teaching/Learning Thread
Semester V: DPT 737 Neurological Management II
Presentation of case report to panel of experts (Individual)

Student: ___________________________ Date: _______________
Activity/Exercise: ___________________________
Final Point Scale: __________
Final Grade: __________ %

Evaluation Scale: Grading Scale:

<table>
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<tr>
<th>Criteria</th>
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<th>Percent Grade</th>
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<tr>
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</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
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<td></td>
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</table>

Objective: The student will transition from a predominant lecture format to a collaborative and interactive teaching format that promotes dialogue and critical thinking.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Not Acceptable</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Style</td>
<td>5(100)</td>
<td>4(92)</td>
<td>3(84)</td>
<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
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<tr>
<td>Shows evidence of adequate preparation to deliver information in a polished manner</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Shows a comfort of knowledge of the topic through interaction – does not excessively refer to notes</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Responds to questions with appropriate level and quality of information</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Accepts feedback in a professional manner</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Content</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Presents the overview of the case clearly and concisely</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</tr>
<tr>
<td>Covers essential material in appropriate depth</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Uses evidence to strengthen important aspects of the exam, eval, dx and interventions</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>States hypotheses in a manner that reflects information from patient problems and examination</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<td>---</td>
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</tr>
<tr>
<td>Prioritizes tests and measures (reasonable number and quality)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Illustrates a clear relationship between examination, evaluation, prognosis, diagnosis and intervention selection</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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Comments:

Faculty Signature: _____________________________  Date ________________
Teaching/Learning Thread
Semester VI: DPT 774 Professional Issues/Case Management V
Present a case report (Individual)

Name: ___________________________ Date: ___________________________

Title: ___________________________

Type of report: patient/client management clinical measurement issue differential diagnosis clinical decision-making equipment usage/devices administrative program community intervention ethical dilemma

Final Point Scale: ___________
Final Grade: ___________%

Evaluation Scale: Grading Scale:

<table>
<thead>
<tr>
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<th>Average Points Scored</th>
<th>Percent Grade</th>
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<tr>
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<td>96%</td>
</tr>
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<td>2.5-2.9</td>
<td>80%</td>
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Objective: The student will transition from a predominant lecture format to a collaborative and interactive teaching format that promotes dialogue and critical thinking.

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<td>Segment Objective Defined</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>0</td>
</tr>
<tr>
<td>Explains Purpose &amp; Relevancy</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>0</td>
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<tr>
<td>Modeling Incorporated</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>0</td>
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<tr>
<td>Utilizes Extensions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Checks for Understanding</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Effective Organization of Content</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Effective Closure</td>
<td>5</td>
<td>4</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Sets up atmosphere that promotes exchange of ideas/questions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Responds group questions/challenges in a manner that promotes discussion/critical thinking</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Refocuses discussion as necessary</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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Strengths of presentation:

Areas needing additional focus/concentration:

Question & Answer

Faculty Signature: ___________________________  Date ________________

* Explanation of Teaching Strategy Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Set Established</td>
<td>Engages audience to focus present information.</td>
</tr>
<tr>
<td>Segment Objective Defined</td>
<td>Objectives or overview of key points that will be understood by end of session.</td>
</tr>
<tr>
<td>Explains Purpose &amp; Relevancy</td>
<td>Identifies what is important throughout the presentation</td>
</tr>
<tr>
<td>Modeling Incorporated</td>
<td>Makes a concept more concrete (video/demo/activity)</td>
</tr>
<tr>
<td>Utilizes Extensions</td>
<td>Offers why the information is important</td>
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<tr>
<td>Checks for Understanding</td>
<td>Links to information to ensure audience is engaged and learning. May use questions, clarification review, etc.</td>
</tr>
<tr>
<td>Effective Organization of Content</td>
<td>Flow of information makes sense; refers to information within presentation or from past activity/class.</td>
</tr>
<tr>
<td>Effective Closure</td>
<td>Includes a wrap up, identifies key points after segment.</td>
</tr>
<tr>
<td>Effective Remediation</td>
<td>Answer’s questions in a different way than originally presented to enhance understanding</td>
</tr>
<tr>
<td>Sets up atmosphere that promotes exchange of ideas/questions</td>
<td>Ensures students are still engaged and learning</td>
</tr>
<tr>
<td>Responds group questions/challenges</td>
<td>Responds group questions/challenges in a manner that promotes discussion/critical thinking:</td>
</tr>
<tr>
<td>Refocuses discussion as necessary</td>
<td>Refocuses discussion as necessary</td>
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</table>
Teaching/Learning Thread
Semester VII: DPT 752 Clinical Education III
Presentation of Educational Session to Health Care Personnel (Individual)

Student: ___________________________ Date: ________________________

Topic: ___________________________

Clinical Site: ___________________________ CI: __________

Evaluation Scale: Grading Scale:

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<th>Criteria</th>
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<th>Percent Grade</th>
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</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
<td>72%</td>
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<td>64%</td>
</tr>
<tr>
<td></td>
<td>0-0.5</td>
<td>60%</td>
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</tbody>
</table>

Objective: The student will present a clinically relevant topic and set up an atmosphere that promotes an exchange of ideas.

<table>
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<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Not Acceptable</th>
<th>Missing</th>
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</thead>
<tbody>
<tr>
<td>Appraises the educational desires of the group</td>
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<td>4</td>
<td>3</td>
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<tr>
<td>Defines segment objectives</td>
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<td>4</td>
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<td>2</td>
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<td>0</td>
</tr>
<tr>
<td>Organizes content effectively</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Checks for understanding</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Discusses evidence relevant to topic</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Responds to questions/challenges in a manner that promotes further critical thinking and dialogue</td>
<td>5</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>Submits 1 page Action Plan to CEC</td>
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<td>4</td>
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Strengths of presentation:

Suggestions for improvement:

Assessor Signature: ___________________________ Date: ________________________
Longitudinal Threads
Mission and Service – Assignments & Grading Rubric

The purpose of the mission and service thread is to cultivate an understanding of personal and professional responsibilities that embody the School of Physical Therapy Mission and the Regis University Mission which flow from the Jesuit Mission. Students are expected to follow the ignatius Spirit in the “Examen of consciousness” when making professional and personal decisions. All people are part of the same world community and, as such, deserve equal respect and access to the goods of society. Students can enhance participation of all members of society through education of themselves and others. As leaders in the community, students are also encouraged to respect human dignity through examining their values and ethical beliefs and by reflecting on how they respond to the needs of others, the impact this has on thought, and the subsequent actions needed to change individual self-centeredness and other existing conditions that compromise a sense of community in our society. The mission and service thread is organized as an integration of material throughout the curriculum. The classroom provides the content and the community provides the context for students to explore issues, give to others, utilize critical thinking, and apply professional skills.

The outcome of this thread is to produce graduates who show evidence of leadership and who plan to continue life long contributions to the profession, the community, and society.

Each student will participate in service learning opportunities within a community. In service learning, processes are developed that allow those doing service to bend the metaphorical light of their experiences back onto their minds, to make careful considerations about what their experiences were all about: what did they see; who did they meet; why is there a need for such services in the first place; what personal bias where challenged, etc. The act of reflection, therefore, becomes crucial to their education. It serves as the bridge between experiences and learning.

A minimum of ten hours of participation per semester is required for each community service learning project. Prior to graduation, each student is expected to complete service learning experiences in each of the following areas to illustrate their willingness to explore the breath of community needs and new opportunities for personal growth and service:

1. access and availability of services
2. advocacy for individuals with disabilities
3. promotion of health and wellness across the life span
4. PT access across the lifespan (via tests and measures screenings)
5. issues of ageing
6. social justice.

The student is expected to complete the following activities:

Semester I-Fall
Course: DPT 770 MAP I

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
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<tbody>
<tr>
<td>Objective:</td>
<td>The student will articulate personal attitudes, behaviors, and values and relate them to their future roles as a physical therapist. The student will develop a personal mission statement that considers the University and School Mission, the mission and core values of Physical Therapy and how their professional choice relates to a choice of a vocation.</td>
</tr>
<tr>
<td></td>
<td>The student will actively engage in the Regis Mission by participating in a service learning project that has its focus on health and wellness, including providing services that examine health. The students will identify the difference between charity and social justice.</td>
</tr>
<tr>
<td>Assignments:</td>
<td>Project options:</td>
</tr>
<tr>
<td>Individual collage</td>
<td>• 9Family Health Fair</td>
</tr>
<tr>
<td>Individual mission statement</td>
<td>• Arrupe Jesuit High School Health Fair</td>
</tr>
<tr>
<td>Group discussions on values, choices and behaviors.</td>
<td>• Focused journal. Jesuit Mission within the context of what they learned during their service learning project.</td>
</tr>
<tr>
<td></td>
<td>• Service Learning 1 page written reflection</td>
</tr>
</tbody>
</table>
| Competencies: | Articulate personal values and how they match or may challenge University, School and professional values  
Reconcile personal values with those of the Mission  
Reconcile personal values with those of the profession  
Verbalize the priorities of the Mission and the profession and how they will influence interactions with peers, patients/clients and health-care personnel | Interface/connect with various community partners  
Describe the relationship between the Mission and their service learning experience including the differences between charity and social justice. |

---

**Semester II-Spring**  
**Course: DPT 730- PT Examination**

| Objective: | The student will experience the physical, cognitive and emotional challenges that an individual with a disability faces during a typical 12 hr period. | The student will actively engage in the Regis Mission by participating in a service learning project that has its focus on physical activities for persons with disabilities or assessment of barriers for persons with or without disabilities. |
| Assignments: | Reading assignments  
Experience the life of a person with a disability - a 12 hr emersion experience  
Written reflection of emersion experience. | Project Options:  
• KADEP  
• Rocky Mountain Multiple Sclerosis Center  
• Health S.E.T.  
• Sacred Heart House of Denver  
• Hoofs N Paws  
Service Learning 1 page written reflection |
| Competencies: | Identify challenges that may be faced by an individual with a disability.  
Define barriers encountered and possible environmental solutions that would increase access.  
Communicate an appreciation for the lifestyle modifications required of individuals with disabilities.  
Relate personal experiences with those observed during service learning. | Express personal responsibility to advocate for community access for all members. |

---

**Semester III-Summer**  
**Course: DPT 771 Professional Issues/Case Management II**

| Objective: | The student will actively engage in the Regis Mission by participating in a service learning project that has a focus on health and fitness across the lifespan. | Service |

---
### Mission

<table>
<thead>
<tr>
<th>Assignments:</th>
<th>Service</th>
</tr>
</thead>
</table>
|              | Project options:  
- Argyle  
- Tennis-NJTL  
- Denver Parks and Recreation-children and adult programs |
|              | Service Learning 1 page written reflection |

## Competencies

- Perform the service learning activity within the designated timeframe
- Express personal perspectives on the service learning experience in writing
- Describe factors that influence the health and wellness of individuals across the lifespan

### Semester IV- Fall  
**Course: HCE 709 Health Care Ethics for Physical Therapist**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will thoroughly reflect upon their personal and professional values and relate their beliefs to various ethical theoretical frameworks.</td>
</tr>
<tr>
<td>Assignments:</td>
<td>Personal Platform Paper</td>
</tr>
</tbody>
</table>
| Competencies: | Describe personal value system within a formal ethical framework.  
Discuss how personal/professional behaviors illustrate daily ethical decisions. |

### Semester IV- Fall  
**Course: DPT 772 Professional Issues/Case Management III**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will evaluate their leadership roles/contributions in the past year and reflect on possible development in the upcoming semesters at Regis, as well as on their leadership role as a physical therapist in the future.</td>
</tr>
</tbody>
</table>
| Assignments: | Leadership discussion.  
Focused Journal - recent and future leadership role goals. |
| Competencies: | Describe types of leadership roles within the community and profession of physical therapy.  
Describe personal contribution as a leader within their Regis educational experience.  
Describe personal intent/goals for future contributions/leadership roles to the profession of P.T. and to the community. |
|              | Determine appropriate health screens and educational tools that include flexibility, strength and endurance for children ages 11-19 years old.  
Educate children & families with and without disabilities in various areas of health and fitness.  
Express personal perspectives on the service learning experience in writing. |
### Semester V- Spring
**Course: DPT 773 Professional Issues/Case Management IV**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> The student will explore social justice through active participation in a seminar sponsored by the University. The student will recognize the diverse needs of the community as they relate to health and wellness screening, education, and universal accessibility. The student will discuss ideas/concepts brought forth in the seminar and relate these concepts to the global society and to their personal and professional lives.</td>
<td>The student will actively engage in the Regis Mission by participating in a service learning project that has a focus on tests, measures and physical examination, across the life span.</td>
</tr>
<tr>
<td><strong>Assignments:</strong> Seminar participation. Seminar discussion/reflection Focused journal – social justice</td>
<td>Project options: • Special Olympics • 9 health fair • Wind River • National Center for Disabled Sports- Winter Park Service Learning 1 page written reflection</td>
</tr>
<tr>
<td><strong>Competencies:</strong> Describe personal impact of participation topics related to social justice Describe social issues that influence the global society Relate social issues of society to personal beliefs and values.</td>
<td>Determine the most appropriate examination tool based on the goals of the examination. Perform components of a physical examination. Interpret the outcome (data) of the physical examination.</td>
</tr>
</tbody>
</table>

### Semester V-Spring
**Course: DPT 735 Musculoskeletal Management III**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong> The student will investigate how their choice of a vocation can assist a diverse population with musculoskeletal impairments. The student will relate the Mission to the practice of physical therapy as a vocation.</td>
<td></td>
</tr>
<tr>
<td><strong>Assignments:</strong> Reading Assignment Classroom discussion</td>
<td></td>
</tr>
<tr>
<td><strong>Competencies:</strong> Apply components of Mission to daily clinical decisions for individuals with musculoskeletal challenges.</td>
<td></td>
</tr>
</tbody>
</table>

### Semester VI- Summer
**Course: DPT 774 Professional Issues/Case Management V**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong></td>
<td>The student will actively engage in the Regis Mission by participating in a service learning project that has a focus on health and wellness for older adults.</td>
</tr>
<tr>
<td><strong>Assignments:</strong></td>
<td>Project options: • Argyle • Other identified community sources Service Learning – oral group reflection</td>
</tr>
</tbody>
</table>
### Competencies:

Express personal perspectives on the service learning experience in writing

#### Semester VI- Summer

**Course: DPT 715 Health Care Policy**

<table>
<thead>
<tr>
<th>Objective:</th>
<th>The student will investigate the impact of health care policy on the distribution of goods and universal access.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignments:</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>Competencies:</td>
<td>Discuss factors that influence the ethical and moral decisions pertaining to advocacy and health care policy.</td>
</tr>
</tbody>
</table>

#### Semester VII- Fall

**Course: DPT 775 Professional Issues/Case Management VI**

<table>
<thead>
<tr>
<th>Objective:</th>
<th>The student will actively reflect on their past service learning experiences with a focus on social justice.</th>
</tr>
</thead>
</table>
| Assignments: | Project options:  
  • Visit and provide assistance to residents at independent, assisted living, nursing home facilities (e.g.: Argyle or other assisted living facilities).  
  Create a community resource list for individuals with disabilities.  
  Service Learning reflection |
| Competencies: | Present the various psychosocial factors that are unique to the elderly in the USA  
  Compare and contrast the social justice issues of this service experience with past service experiences.  
  Describe the needs of persons in assisted living situations.  
  Communicate with persons of various ages, physical and mental abilities.  
  Describe healthcare and social justice issues involving the elderly, marginalized, and underserved populations.  
  Discuss implications of social justice as it relates to previous service learning experiences.  
  Develop a list of community resources and services for persons who are in need of assisted living. |

#### Semester VII- Fall

**Course: DPT 716 Business Management**

<table>
<thead>
<tr>
<th>Objective:</th>
<th>The student will investigate the impact of developing and managing a business while incorporating the principles of Ignatius decision-making and Jesuit ethical guidelines.</th>
</tr>
</thead>
</table>
### Mission Service

<table>
<thead>
<tr>
<th>Assignments:</th>
<th>Reading Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group discussions on legal boundaries and ethical guidelines of business practices and the responsibilities for giving back to society. Students will be expected to incorporate information from chosen readings in the discussion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competencies:</th>
<th>Articulate responsibility of giving back to society</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apply professional core values in business plan development.</td>
</tr>
<tr>
<td></td>
<td>Analyze the difference between legal/illegal and ethical/unethical actions within the contextual framework of being a business owner and/or employee.</td>
</tr>
<tr>
<td></td>
<td>Describe rationale for why and how decisions are made (e.g.: “Examen consciousness”)</td>
</tr>
<tr>
<td></td>
<td>Discuss the personal and societal benefits and responsibilities of using the platform of business ownership and/or professional position to contribute to society from a local and national perspective.</td>
</tr>
</tbody>
</table>

### Semester VII/VIII Fall/Spring

**Course:** DPT 752-753 Clinical Education

| Objective: | The student will discuss how they served the diverse needs of patients while on various clinical rotations. The student will share types of resources available to meet needs of diverse individuals while on various clinical rotations. The student will participate in a discussion on health and wellness, education and universal accessibility comparing clinical rotations in third world countries with that of the United States during the capstone week of graduation. |

| Assignments: | Clinical rotations – domestic and international |

<table>
<thead>
<tr>
<th>Competencies:</th>
<th>Identify community resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discuss service access for persons with disabilities</td>
</tr>
<tr>
<td></td>
<td>Compare and contrast health care across social, economic and geographic locales and its implications to social justice.</td>
</tr>
</tbody>
</table>
Mission and Service Thread
Classroom Discussion Rubric for DPT 770/772/715/716/752/753

Participation in discussions will be evaluated using this rubric*:

Final Point Scale: _______
Final Grade: ______ %

<table>
<thead>
<tr>
<th>Evaluation Scale:</th>
<th>Grading Scale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria</td>
<td>Average Points Scored</td>
</tr>
<tr>
<td>0= OMMITTED</td>
<td>5</td>
</tr>
<tr>
<td>1= NOT ACCEPTABLE</td>
<td>4.5-4.9</td>
</tr>
<tr>
<td>2= BELOW EXPECTATION</td>
<td>4.0-4.4</td>
</tr>
<tr>
<td>3= MEETS EXPECTATION</td>
<td>3.5-3.9</td>
</tr>
<tr>
<td>4= EXCEEDS EXPECTATION</td>
<td>3.0-3.4</td>
</tr>
<tr>
<td>5= EXCEPTIONAL</td>
<td>2.5-2.9</td>
</tr>
<tr>
<td></td>
<td>2.0-2.5</td>
</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
</tr>
<tr>
<td></td>
<td>1.0-1.4</td>
</tr>
<tr>
<td></td>
<td>0.5-0.9</td>
</tr>
<tr>
<td></td>
<td>0-0.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Did not attend discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>5(100)</td>
<td>4(92)</td>
<td>3(84)</td>
<td>2(76)</td>
</tr>
<tr>
<td>-respectful</td>
<td>Consistently demonstrates all indicators</td>
<td>Respectful, constructive, uses active listening skills Encourages others to participate but does not consistently promote dialogue within group</td>
<td>Respectful, constructive, uses active listening skills inconsistently engages others to participate and dialog</td>
<td>Does not participate and/or use these skills in the discussion</td>
</tr>
<tr>
<td>-constructive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-uses active listening skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-encourages others to participate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-offers viewpoints in a manner that promotes dialogue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adds value</td>
<td>Consistent with all discussions</td>
<td>Demonstrates in most discussions</td>
<td>Demonstrates in some discussions</td>
<td>Does not demonstrate this skill</td>
</tr>
<tr>
<td>-stimulates relevant discussions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-demonstrates critical thinking skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-asks relevant questions to topic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses references and other resources</td>
<td>Offers many references to evidence-based journal articles (not already listed in syllabus) or other resources appropriate to topic</td>
<td>Offers some reference to evidence-based journal article (not already listed in syllabus) or other resource appropriate to topic</td>
<td>Offers reference to evidence-based journal article or other resource appropriate to topic as listed in syllabus reading requirements</td>
<td>Offers input however without references or evidence of completion of required reading prior to discussion</td>
</tr>
<tr>
<td>-increases depth to the course discussions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Exceptional (100)</td>
<td>Exceeds Expectations (92)</td>
<td>Meets Expectations (84)</td>
<td>Below Expectations (76)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Timely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- keeps up with current discussions</td>
<td>Is well-prepared to discuss and consistently contributes to discussion</td>
<td>Is prepared to participate and contributes to some of the discussions</td>
<td>Is prepared to participate and contributes to a few of the discussions</td>
<td>Is not prepared to participate and either does not contribute or is inappropriate with contribution</td>
</tr>
</tbody>
</table>

*a score of “0” will be given if the student is not in attendance for the discussion*

On occasion, the rubric may be substituted with another rubric. If so, will the grading rubric will be distributed to students in the course syllabus.

Faculty Signature: _______________________________  Date ____________________
Mission and Service Thread
Semester I: DPT 770 Professional Issues/Case Management I

Collage Grade Sheet

Grading Scale:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Average Points Scored</th>
<th>Percent Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0= OMITTED</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>1= NOT ACCEPTABLE</td>
<td>4.5-4.9</td>
<td>96%</td>
</tr>
<tr>
<td>2= BELOW EXPECTATION</td>
<td>4.0-4.4</td>
<td>92%</td>
</tr>
<tr>
<td>3= MEETS EXPECTATION</td>
<td>3.5-3.9</td>
<td>88%</td>
</tr>
<tr>
<td>4= EXCEEDS EXPECTATION</td>
<td>3.0-3.4</td>
<td>84%</td>
</tr>
<tr>
<td>5= EXCEPTIONAL</td>
<td>2.5-2.9</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>2.0-2.5</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>1.5-1.9</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>1.0-1.4</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>0.5-0.9</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>0-0.5</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Not Acceptable</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of reflection</td>
<td>(5)100</td>
<td>(4)92</td>
<td>(3)84</td>
<td>(2)76</td>
<td>(1)68</td>
<td>(0)60</td>
</tr>
<tr>
<td>Quality of collage</td>
<td>5 4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Application/Synthesis</td>
<td>5 4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td>5 4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Depth of Reflection
• Explores question in depth and scope
• Demonstrates critical thinking skills
• Demonstrates introspection

Quality
• Follows assignment instructions
• Crafts a creative and complete collage

Application/Synthesis
• Demonstrates ability to apply information learned from class and/or other experiences
• Relates personal values/beliefs to professional expectations and values

Presentation
• Describes collage and answers questions with poise and professionalism
• Uses effective verbal and non-verbal communication
### Mission and Service Thread
DPT 770, 771, 772, 773, 774, 775
Professional Issues/Case Management II-VI
Service Learning Reflection Paper

<table>
<thead>
<tr>
<th></th>
<th>Meets Standard</th>
<th>Below Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes Assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depth of Reflection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relates Mission to service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Completes Assignment**
- Includes all expected paper components
- Submits paper by defined deadline
- Uses professional writing style

**Depth of Reflection**
- Explores questions in depth and scope
- Demonstrates critical thinking skills
- Demonstrates introspection

**Relates Mission to service**
- Discusses how service relates to Mission
- Defines how service met a theme expectation
Mission and Service Thread
Semester IV: HCE 709 Health Care Ethics for Physical Therapy
Personal Platform Grading Scale

DPT 709 platform will be evaluated based on the clarity of your writing and the depth of your thought and reflection - NOT on the rightness or wrongness of your positions. Students are encouraged to be honest in their self-assessments and conclusions. The platform will be scored according to the following scoring rubric:

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary influences</td>
<td>10</td>
</tr>
<tr>
<td>Ethical perspectives &amp; principles</td>
<td>30</td>
</tr>
<tr>
<td>Resolution of ethical disagreements</td>
<td>10</td>
</tr>
<tr>
<td>Ethical practice of physical therapy</td>
<td>15</td>
</tr>
<tr>
<td>Leadership shadows</td>
<td>10</td>
</tr>
<tr>
<td>Development plan</td>
<td>10</td>
</tr>
<tr>
<td>Organization/Writing</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>
The student will provide written answers to a few specific reflections, as identified by the course coordinator, prior to the oral reflections and chosen from the following list.

**Understanding Reflection**

**What is reflection?**

Most people who are involved in community service and service learning programs are familiar with the term "reflection." In fact, we are all familiar with reflection. Every time we look in the mirror. The term "reflection" is derived from the Latin term *reflectere* -- meaning "to bend back." A mirror does precisely this, bend back the light, making visible what is apparent to others, but a mystery to us -- namely, what our faces look like.

In service learning, we look to develop processes that allow the people doing service to bend the metaphorical light of their experiences back onto their minds -- to make careful considerations about what their experiences were all about: what did they see, who did they meet, why is there a need for such services in the first place, etc. The act of reflection, therefore, becomes crucial to their education. It serves as the bridge between experiences and learning.

Reflection is more than "touchy-feely."

Many students, staff and faculty in university and college settings think of reflection only in terms of "touchy-feely" group discussions. Consequently, they resist opportunities to reflect on the nature of their service work. This, aversion stems from what appears to be a barrier to talking about one's feelings, thoughts, and emotions. However, reflection need not be limited to the release of emotional energy, the sharing of feelings, or attempts to "feel good" about the service performed. Rather, reflection is decidedly educational. It is simply an opportunity through which one can learn from experience. Reflection can take numerous forms, and touch on an endless variety of issues. It furthers learning and inspires provocative thought and action. Most of all, it can benefit the individual and the community.
Mission and Service Thread
Service Learning Paper Question options (Individual):

- Name three things that stuck in your mind about the service experience.
- How were you different when you left the service location compared to when you entered?
- How did the services site make you feel? (compared to other identifiable places)
- How are you similar/different to the others (others in your service group? others seeking services? etc.)?
- What have you learned about yourself?
- If you were one of the people receiving services, what would you think of yourself?
- How does this experience compare to others you've had?
- What connections do you see between this experience and your classroom learning for this course?
- What have you learned about a particular community or societal issue?
- How did this experience challenge your assumptions and stereotypes?
- What was the best/worst/most challenging thing that happened?
- In what way did you feel like a part of the community you were working in?
- How do you define community?
- Describe an internal or external conflict that has surfaced for you during your service work. Explain factors that contribute to it and how you might resolve or cope with the conflict.
- How can society be more compassionate, informed, and involved in the community you served?
- Discuss a social problem that you have come in contact with during your service work. What do you think are the root causes of this problem? Explain how your service may or may not contribute to its alleviation.
- Frame and Answer your own question.
Longitudinal Threads

Leadership

The purpose of the leadership thread is to cultivate the personal leader in all graduates so that they can have a positive impact in a changing global society. Related to the Jesuit mission, we seek to provide value-centered graduate education and nurture the transformation of Regis learners who become transformational leaders.

The outcome of this thread is to produce graduates who show evidence of strong leadership development and who seek to provide lifelong contributions to the profession, the community and society. Students will build skills in professional behaviors essential for engagement in interpersonal and interprofessional relationships, advocacy and organizational systems. The leadership thread will incorporate the four basic components of emotional intelligence in action as described by Goleman (2001); self awareness, self management, social awareness and relationship management. Student development of these components will be integrated within a Developmental Model of Intercultural Sensitivity (DMIS) as described by Bennett (1993). The thread will also emphasize the five practices of exemplary leadership discussed by Kouzes and Posner (2007); modeling the way, inspiring a shared vision, challenging the process, enabling others to act and encouraging the heart.

The leadership thread is organized as an integration of material throughout the curriculum. Leadership development learning experiences are embedded in several threads such as Mission and Service and Teaching/Learning. These experiences are designed to engage students in the implementation of the five practices of exemplary leadership in a progressive manner. The classroom provides the content and the community provides the context for students to explore issues, serve others, use critical thinking and apply professional leadership skills. This process is facilitated through intentional focused reflection, guided mentorship and continuous evaluation of personal growth.

Each student will explore leadership opportunities and develop leadership skills through their participation in the following professional and curricular activities:

1) Students will be active members in the American Physical Therapy Association (APTA) during all three years of the program.
2) Students will verify attendance at national and state meetings/conferences. Students must attend a total of four professional meetings over the course of their enrollment as described in the student handbook.
3) Students will use the DISC Personality System, the Leadership Practice Inventory, and the Intercultural Development Inventory to guide their leadership development plan and assess their growth.
4) Students will seek guided mentorship and engage in focused self reflection of evidence based personal leadership growth.
5) Students will present evidence of their leadership development and their professional leadership plan in their capstone portfolio at the end of their academic career.

Year One: Self-Awareness, Model the Way, Inspire a Shared Vision, Challenge the Process

Semester I

Course: DPT 770 Professional Issues/Case management

<table>
<thead>
<tr>
<th>Objectives</th>
<th>• Assess personal learning and behavior style, general personality characteristics, ideal practice environments, and relational skills.</th>
</tr>
</thead>
</table>
| Assignments | 1. Complete Learning Style Inventory (LSI) and DISC Personality Inventory.  
2. Request feedback and encourage dialogue from their academic advisor and personal friend/family member who knows them well, on their interpersonal skills identified in the DISC assessment.  
3. Write a reflective journal describing how the behavioral characteristics identified in the DISC Personality Inventory and LSI influence interpersonal and intercultural interactions. |
| Competencies | 1. Examine the emotions and biases that one brings to all inter personal and intercultural interactions.  
2. Recognize the impact of non-verbal communication in self and others.  
3. Compare the differences in personality, lifestyle, culture and learning styles and their impact on group dynamics.  
4. Demonstrate cultural and generational awareness, ethical values, respect and continuous regard for all classmates, and academic faculty/staff. |
### Semester II
**Course: Professional Behavior Assessment with Advisor**

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>Demonstrate the ability to use self-assessment to enhance awareness of opportunities for growth in personal and professional leadership.</th>
</tr>
</thead>
</table>
| **Assignment** | 1. Complete the DISC Action Plan worksheet and seek guided mentorship from their advisor in preparation for completing professional behavior action plan.  
2. Create a professional behavior action plan. |

| **Competencies** |  
1. Identify personal characteristics (strengths, challenges, decision making, motivations, and preference for ideal working environment) that impact professional behavior.  
2. Identify goals and complete an action plan that builds on interpersonal strengths and fosters growth in professional behaviors related to communication, interpersonal skills, professionalism, use of constructive feedback, problem solving responsibility and stress management. More specifically, the student will:  
   a. Note areas for personal growth.  
   b. Analyze own performance in all professional behaviors.  
   c. Obtain feedback from appropriate sources.  
   d. Demonstrate receptiveness and positive attitude toward feedback.  
   e. Apply specific feedback to action plan.  
   f. Clarify values by finding their voice.  
   g. Envision the future by imagining exciting and enabling learning opportunities. |

### Semester III
**Course: DPT 771 Professional Issues II**

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>Explore personal leadership style and potential leadership and practice management roles in the profession of physical therapy.</th>
</tr>
</thead>
</table>
| **Assignment** | 1. Read Parts 1-4 (1 per week) in Kouzes and Posner’s “Leadership Challenge”.  
2. Participate in small group discussion on exemplary leadership practices as it relates to case studies. |

| **Competencies** |  
1. Define a common purpose for the profession of physical therapy and the tutorial group.  
2. Create an environment of trust within tutorial group.  
3. Facilitate relationships and use of constructive feedback.  
4. Describe the leadership and practice management roles of the physical therapist and profession.  
5. Reference evidenced based professional resources on leadership.  
6. Discuss how the integration of the five practices of exemplary leadership can be applied to PT practice.  
7. Clarify personal values that drive leadership actions.  
8. Recognize contributions of all members. |

**Course: DPT 714 Psychosocial Issues of Healthcare**

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>Assess intercultural development to plan opportunities for growth in relating to and serving persons from diverse backgrounds</th>
</tr>
</thead>
</table>
| **Assignment** | 1. Complete the Intercultural Development Inventory (IDI)  
2. Complete a self-reflection on intercultural development  
3. Construct an intercultural development plan |

| **Competencies** |  
1. Describe personal cultural background in terms of their IDI profile.  
2. Create developmental goals and progress indicators.  
3. Identify stress points that are barriers to their cultural development.  
4. Compare and contrast their culture and other culture group’s perceptions, values and practices.  
5. Examine personal bias and the ability to lead and serve others during intercultural interactions |
Course: DPT 714 Psychosocial Issues of Health care

<table>
<thead>
<tr>
<th>Objective</th>
<th>Apply communication strategies to assist a patient in clarifying their own values, imagining possibilities, enhancing self-determination and celebrating personal victories.</th>
</tr>
</thead>
</table>
| Assignment | 1. Conduct a motivational interview addressing cultural and psychosocial issues related to changing health behaviors.  
2. Complete a reflective summary incorporating peer feedback of the patient encounter. |
| Competencies | 1. Analyze the impact of verbal and non verbal communication skills on the patient/practitioner relationship.  
2. Modify communication strategies to meet the needs of diverse patient populations.  
3. Demonstrate active listening skills.  
5. Seek feedback and use feedback to establish future goals.  
6. Lead the patient in exploring behaviors, values and motivation for change.  
7. Demonstrate insight into a patient’s socio-cultural, psychological and economical characteristics that impact the patient's ability to make behavioral change.  
8. Display appreciation for a patient’s progress toward behavioral change. |

Year 2: Self Regulation, Interpersonal Relationships, Social Awareness, Challenge the Process, Enable Others to Act  
Semester IV  
Course: DPT 750 Clinical Education I/Practice Management DPT 772

<table>
<thead>
<tr>
<th>Objective</th>
<th>Recognize and initiate integration of behaviors in clinical practice that illustrate the five practices of exemplary leadership behaviors: modeling the way, inspire a shared vision, challenge the process and enable others to act and encourage the heart.</th>
</tr>
</thead>
</table>
| Assignment | 1. Interview a leader in the clinical operation such as the coordinator of clinical education (CCCE) or practice administrator about professional behaviors and leadership skills necessary for the PT professional in clinical practice.  
2. Write a reflective summary of an interview with the administrative leader.  
3. Participate in a facilitated small group discussion on professionalism and leadership skills in PT practice. |
| Competencies | 1. Describe professional behaviors and leadership skills essential for contemporary clinical practice.  
2. Communicate examples of professional behaviors and leadership skills that the student demonstrated during CE I.  
3. Seek feedback /clarification on personal professional behaviors and leadership skills.  
4. Integrates feedback to establish goals in professional behaviors during clinical experience.  
5. Describe societal expectations of the profession.  
6. Describe the clinical affiliation’s leadership and management style including examples of strategies for managing conflict resolution. |

Course: DPT 772 Professional Issues/Practice Management

<table>
<thead>
<tr>
<th>Objective</th>
<th>Use self assessment to plan opportunities for personal and professional growth in leadership and intercultural development.</th>
</tr>
</thead>
</table>
| Assignment | 1. Read Parts 5 & 6 of Kouzes and Posner.  
2. Complete the Leadership Practice Inventory (LPI) and develop an action plan for leadership development.  
3. Incorporate LPI assessment and action plan into the revised mission statement assignment (Journal #3 DPT 772).  
4. Seek feedback from the IDI coordinator and create an action plan for Intercultural development. |
Competencies

1. Analyze personal and professional leadership behaviors and/or attributes necessary for a physical therapist.
2. Differentiate patterns of difference and commonality between themselves and their culture and other culture group’s perceptions, values and practices.
3. Recognize and demonstrate appreciation for contributions of diverse perspectives.
4. Demonstrate awareness of emotions and bias that one brings to professional interactions.
5. Identify how cultural differences operate in a wide range of personal and professional interactions.
6. Display awareness and sensitivity to diverse populations while fostering collaboration and building trusting relationships.
7. Seek input from others in order to gain clarification on public self and perceived self as it relates to personal and professional leadership behaviors.

Course: Professional Behavior Advisor Meeting

<table>
<thead>
<tr>
<th>Objective</th>
<th>Reflect and request feedback on self assessment of Leadership Practice Inventory (LPI) and intercultural development and modify professional behavior and leadership goals as necessary.</th>
</tr>
</thead>
</table>
| Assignment| 1. Discuss leadership development plan based on the LPI results and seek feedback from the academic advisor.  
2. Review the DISC Action Plan worksheet for improving interpersonal skills and request feedback from their academic advisor.  
3. Discuss their personal action plan for intercultural development and request feedback from the academic advisor. |

Competencies

1. Analyze personal and professional leadership behaviors and/or attributes.
2. Apply new information related to leadership skills and cultural development in their professional behavior evaluation.
3. Outline personal and professional goals in the areas of communication, leadership and professionalism.
4. Discuss societal expectations of the profession.
5. Demonstrate accountability for personal and professional decisions.
6. Seek opportunities to actively participate and contribute to the development of others.
7. Search for opportunities by seizing the initiative and by looking outward for innovative ways to improve intercultural development.
8. Discover learning opportunities to take risks and generate small wins. Contribute to collaborative efforts by building trust and facilitating inter professional and intercultural relationships.
9. Counsel others in an effort to maximize self-determination and foster competence.

Semester V/VI

Course: 709A: Health Care Ethics for Physical Therapists and Course: DPT 751 Clinical Education II

<table>
<thead>
<tr>
<th>Objective</th>
<th>Identify and model skills necessary of an ethical leader in the PT profession.</th>
</tr>
</thead>
</table>
| Assignment| 1. Conduct an interview with a practice administrator on the topic of ethical practice and challenges in today’s healthcare environments.  
2. Provide a written summary and self-reflection of the interview on ethical leadership in PT profession. (part II or HCE) |
| Competencies| 1. Articulate personal/professional behaviors model ethical leadership.  
2. Articulate barriers observed to ethical leadership in PT practice.  
3. Compare and contrast ethical leadership behaviors to non-ethical behaviors commonly displayed in clinical practice in the group discussion during CE II reflection.  
4. Identify learning opportunities to foster ethical leadership. |
**Year 3: Social Systems. Enable Others, Encourage the Heart**  
**Semester VII/VIII**  
**Course: DPT 716 Business Management**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Reflect upon professional leadership style, values and contributions and relate this to personal growth in leadership to the profession of PT and to their community.</th>
</tr>
</thead>
</table>
| Assignment | 1. The student will read selected readings from the book “Heroic Leadership”.  
2. Student participates in small group process to facilitate the understanding of the integration of Jesuit leadership traditions into Leadership and physical therapy practice. |
| Competencies | 1. Discuss how the Ignatius decision making can be integrated in vocational choice and leadership style.  
2. Investigate the impact of developing and managing a business with the Jesuit service provision guidelines.  
3. Discuss personnel management including management styles, leadership characteristics, and legal responsibilities associated with evaluation of staff performance, hiring and firing, standard benefit packages, and recruitment procedures.  
4. Discuss the application of communication skills with particular emphasis on communicating in the world of business/law: language needs, negotiation skills, and interpersonal skills of collaboration. |

**Course: DPT 775 Professional Issues**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Apply principles of intercultural development, reflective practice, service and mission to leadership roles in the practice of physical therapy.</th>
</tr>
</thead>
</table>
| Assignment | 1. Read Part 7 of “The Leadership Challenge” by Kouzes and Posner.  
2. Participate in small group process focusing on leadership and physical therapy practice. |
| Competencies | 1. Discuss how reflection can be integrated in to evaluation of practice and continuous improvement.  
2. Express personal values that are aligned with a common vision.  
3. Construct a plan for advocating for underserved populations.  
4. Discuss the application of communication skills with particular emphasis on intercultural relationships, negotiation and conflict resolution.  
5. Plan meeting agendas and day to day practice operations that align with shared values.  
6. Create reflective questions to inspire a shared vision within an organization.  
7. Develop a plan for recognition of team members who display exemplary practice and personify shared values. |

**Courses: DPT 752/753: Clinical Education III/IV and Capstone Presentation**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Reflect upon professional leadership style, values and contributions and relate this to individual growth in leadership in the profession of PT and to the community.</th>
</tr>
</thead>
</table>
| Assignment | 1. Complete the LPI and IDI for the second time.  
2. Interpret changes in leadership and intercultural development.  
3. Defend growth in leadership and intercultural competency. |
| Competencies | 1. Articulate and provide evidence of growth in leadership skills.  
2. Serve as a leader who assumes multiple roles that have a positive impact in society and the profession.  
3. Integrate feedback provided from a variety of sources to improve skills, knowledge and abilities in leadership development.  
4. Critique their own performance accurately and defend opportunities for continued growth.  
5. Identify opportunities to contribute to the profession and the community.  
6. Demonstrate leadership in collaboration with both individuals and groups.  
7. Develop a plan to actively promote the profession and serve their community.  
**Course: DPT 772.773.774. Professional Issues**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluate personal display of the 5 exemplary practices of leadership (modeling the way, inspiring a shared vision, challenging the process, enabling others to act and encouraging the heart) while working with a team who is providing service to a community partner.</th>
</tr>
</thead>
</table>
| Assignment | 1. Develop a community based service project and evaluate its impact and the individual group and societal level.  
2. Write a guided reflection on the topic of diversity in the profession that incorporating insight from personal intercultural development inventory. |
| Competencies | 1. Clarify values by finding a voice and affirming shared ideals.  
2. Set example by aligning actions with shared values of the profession.  
3. Enlist others in a common vision by appealing to shared aspirations.  
4. Search for opportunities by seizing the initiative.  
5. Foster collaboration by building trust and facilitating relationships.  
6. Strengthen others by increasing self determination and developing competence.  
7. Recognize contributions by showing appreciation for individual excellence.  
8. Analyze personal and group impact and seek feedback from community partner. |
Appendix U
Portfolio Content Areas & Objectives

Foster thoughtful reflections on planned career development.

Personal Mission Statement & Career Development

Leadership

Foster thoughtful reflections on planned career development

Description & Objectives

1. PERSONAL MISSION STATEMENT & CAREER OBJECTIVES:
   Objectives:
   1. Design a personal mission statement that guides career development and assessment, demonstrates a commitment to lifelong learning, and incorporates the values of service to others.
   2. Prepare a professional curriculum vitae/resume that illustrates personal strengths and career goals consistent with your personal mission statement.
   3. Demonstrate growth as a result of participation in clinical experiences.

2. LEADERSHIP:
   Objectives:
   1. Serve as a leader who assumes multiple roles that have a positive impact in society and the profession.
   2. Demonstrate professional responsibilities related to professional association active participation; reflect on involvement during conferences and continuing education.
   3. Demonstrate leadership through advocacy, service, and social justice as it relates to values and needs of the PT profession as stated in Vision 2020.
Develop a professional role commensurate with a doctoring profession

Description & Objectives

1. PROFESSIONALISM:
   Objectives:
   1. Demonstrate professional behaviors that match societal expectations of a doctoring profession.
   2. Balance professional and personal life, considering legal and ethical obligations, responsibilities and opportunities of a doctoring profession
   3. Practice physical therapy independently, legally, and ethically in accordance with the standards of the American Physical Therapy Association “Code of Ethics, Guide to Professional Conduct” and “Standards of Practice for Physical Therapy.”
   4. Illustrate a command of written language that promotes professionalism to a variety of audiences.

2. SERVICE & SOCIAL JUSTICE:
   Objectives:
   1. Embrace the role of advocacy, service, and social justice as each relates to values and needs of the Physical Therapy profession and the greater community served.
   2. Demonstrate sensitivity to the needs of diverse populations.
   3. Advocate for improved health and well-being of all members of society.

3. AUTONOMOUS PRACTICE:
   Objectives:
   1. Engage in autonomous practice that promotes health, wellness, and restoration of function while serving as a primary care provider, consultant, and collaborative team member.
   2. Advocate for change in personal practice environments that foster an autonomous physical therapist practice consistent with the APTA Vision 2020 and a doctoring profession.
PORTFOLIO CONTENT AREAS & OBJECTIVES

Provide Evidence of the Application of Knowledge

1. Implement Current Best Practice at the Level of the Individual Client:
   Objectives:
   1. Establish a diagnosis, prognosis, and physical therapy intervention scheme integrating current best practice with professional judgment across a diverse patient population.
   2. Educate patient/client using current best evidence to take an active role in their personal health care decisions.
   3. Demonstrate personal best practice through an individual analysis of practice.

2. Implement Current Best Practice at the Group and Societal Level:
   Objectives:
   1. Implement outcome monitoring across the patient/client spectrum and provide evidence of decision modification based on current best evidence.
   2. Educate colleagues for the purpose of implementing an evidence-based practice model in a health care setting.
   3. Using current best evidence and an understanding of the social nature of disease, advocate for policy change and improved health care of the population served.
   4. Contribute to the advancement of the physical therapy profession by promoting and assisting in clinical research.

3. Business & Practice Management & Health Policy:
   Objectives:
   1. Incorporate the essentials of practice management in the delivery of physical therapy services.
   2. Participate in health policy decisions to promote the autonomous practice of Physical Therapy.
   3. Incorporate an ethical framework into daily practice management and policy decisions.
Appendix V:
Professional Behaviors for the 21st Century

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

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, reflect on and integrate the feedback, and provide 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

Leadership as a Professional Behavior

Behavioral Criteria

Beginning Level: Value Clarification (Sem I-II)
- Identified professional, personal, and cultural values
- Identifies personal leadership characteristics
- Accepts feedback from faculty and peers
- Identifies emotions and biases that one brings to all interpersonal interactions
- Classifies internal and external motivational factors related to behavioral style (DISC)
- Applies specific feedback to a professional leadership development plan.

Developing Level: Leadership Within (Sem III-IV)
- Expresses personal values in verbal and non-verbal communication
- Identifies stress points that are barriers to inter-cultural development
- Builds consensus around a common set of values within a team.
- Enlists feedback about how personal behavior impacts intercultural and inter-personal relationships
- Describes leadership roles of the physical therapist and profession
- Recognizes contributions of all members of a team
- Demonstrates insight into the socio-cultural characteristics that may impact a person’s ability to make behavioral change.
- Seeks input from others on leadership skills and behaviors.

Entry Level: Leading Others (Sem V-VIII)
- Expands leadership skills to those styles and behaviors that are least typical of personal leadership characteristics
- Incorporates language that influences inter-cultural and inter-professional relationships
- Leads others in exploring behaviors, values and motivation for change
- Encourages others to model shared vision
- Rewards people for their contributions within teams
- Defines goals and action plans are met.
- Seeks opportunities to foster ethical leadership development
- Constructs internal and external motivational factors for accomplishing team vision
- Responds to conflicts in a way that reinforces core values of the group and restores relationships
- Integrates reflection into everyday decisions
- Displays awareness and sensitivity to diverse populations while fostering collaboration and building trusting relationships

Post-Entry Level: Empowering Others
- Develops plan to accomplish an inspiring vision within the group
- Promotes positive change in groups
- Guides others with correct use of language that facilitates community spirit
- Integrates positive incentives and celebrations into team culture
- Structures everyday clinical practice to align with shared vision
- Develops mentoring relationship to enhance competence, confidence and self-determination in others
- Designs a reflective proves for evaluation and continual improvement of self and team.
- Seeks opportunities to participate and contribute to the development of others
- Advocates for social justice and for others who may be marginalized or underserved
- Actively promotes the profession and serves the community
- Analyzes personal and team impact, inclusive of feedback from clients, patients and/or community partners
### Professional Behaviors Course Locator

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<th>Problem Solving</th>
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Appendix W:
Action Steps for Issues with Professional Behaviors

PURPOSE: To outline action steps that academic advisors can take to address issues with professional behaviors or Generic Abilities.

When a student is demonstrating difficulty with professional behaviors and/or Generic Abilities, the academic advisor can take specific steps to help guide the student.

**ACTION - LEVEL 1 [Talk to student]**

1. Faculty to address behavior with student directly (this is something that can go on the Generic Ability faculty comment form).
2. Faculty should notify academic advisor via personal communication or email about the incident. Student should be copied on email correspondence.

**ACTION – LEVEL 2 [Write an action plan]**

1. If a student is having ongoing difficulties with professional behavior or Generic Abilities or they do something that requires firm, immediate corrective action, the academic advisor should do the following:
   a. Meet with the student face-to-face to discuss the concerns.
   b. Write an action plan to address changing the behaviors including a time frame to complete the action plan (Example 1, 2 and 3).
   c. Action plan should go into student’s academic record.
   d. Advisor should meet with student on a regular basis until action plan is successfully completed or until more serious action should be taken (ACTION – LEVEL 3).

**ACTION – LEVEL 3 [Contact Dean and Student Affairs]**

1. For more serious situations, repeat offenses, or breaches to existing action plans, the academic advisor should email or speak to the Dean of the Professional DPT Program and the Chair of Student Affairs.
2. The Dean and the Chair of Student Affairs will determine the next course of action.
Appendix X:
Assessment of Professional Behaviors

The following forms will be used in Semesters 2, 4, 6 and 8 for assessment of professional behaviors. Students will self-assess each of the areas and complete the form including goals for next assessment period and then submit the word document to the dropbox in D2L, Doctor of Physical Therapy, Advisor’s folder for Professional Behaviors. Faculty advisors will review student responses and schedule an individual time to meet with each advisee to review the behaviors.

Class of 2018 Student Handbook
Class of 2018: Semester ______

Professional Behaviors Assessment
Written assessment of Professional Behaviors occurs during semesters 2, 4, 6 and 8.

Instructions: Self-assess your performance to date on each of the ten professional behaviors as well as leadership and service by place an ‘x’ in the box where you believe demonstrates your level of achievement for that behavior: Beginning, Intermediate, Entry, or Post-entry. Include comments (both your accomplishments and challenges are very important.) that demonstrate why you believe you are at the level. Then identify your goals you want to achieve in the next assessment period. Complete the form-Do not leave any area blank. Submit this form to your advisor, who will provide feedback during a face-to-face meeting.

Please refer to the student handbook for additional instructions and samples for professional behaviors.

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### 3. Communication Skills

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- Intermediate
- Entry
- Post-entry

**Student's comments:**

Goals for next assessment period:

Advisor comment: Communication Skills

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### 4. Interpersonal Skills

**Student's response:**
- Beginning
- Intermediate
- Entry
- Post-entry

**Student's comments:**

Goals for next assessment period:

Advisor comment: Interpersonal Skills

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### 5. Effective Use of Time & Resources

**Student's response:**
- Beginning

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Student’s comments:

Goals for next assessment period:

Advisor comment: Effective use of time & resources

| accept | reject |

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### 6. Problem-Solving

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Student’s comments:

Goals for next assessment period:

Advisor comment: Problem-solving

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### 7. Professionalism

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Student’s comments:

Goals for next assessment period:

Advisor comment: Professionalism

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8. Responsibility
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<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
</tr>
<tr>
<td>Intermediate</td>
</tr>
<tr>
<td>Entry</td>
</tr>
<tr>
<td>Post-entry</td>
</tr>
</tbody>
</table>

Student’s comments:

Goals for next assessment period:

Advisor comment: Responsibility

accept  reject

9. Critical Thinking
Student’s response:
<table>
<thead>
<tr>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
</tr>
<tr>
<td>Intermediate</td>
</tr>
<tr>
<td>Entry</td>
</tr>
<tr>
<td>Post-entry</td>
</tr>
</tbody>
</table>

Student’s comments:

Goals for next assessment period:

Advisor comment: Critical Thinking

accept  reject

10. Stress Management
Student’s response:
<table>
<thead>
<tr>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
</tr>
<tr>
<td>Intermediate</td>
</tr>
<tr>
<td>Entry</td>
</tr>
<tr>
<td>Post-entry</td>
</tr>
</tbody>
</table>

Student’s comments:

Goals for next assessment period:
**Advisor comment:** Stress management

<table>
<thead>
<tr>
<th>accept</th>
<th>reject</th>
</tr>
</thead>
</table>

### 11. Leadership

**Student’s response:**
- Beginning
- Intermediate
- Entry
- Post-entry

**Student’s comments:**

**Goals for next assessment period:**

<table>
<thead>
<tr>
<th>accept</th>
<th>reject</th>
</tr>
</thead>
</table>

**Advisor comment:** Leadership

### 12. Service

**Student’s response:**
- Beginning
- Intermediate
- Entry
- Post-entry

**Student’s comments:**

**Goals for next assessment period:**

<table>
<thead>
<tr>
<th>accept</th>
<th>reject</th>
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</table>
Appendix Y:
Course Remediation Agreement

In accordance with the School of Physical Therapy Student Handbook, I understand that a grade of “C” or “C-” in any course must be remediated in order to progress in the Physical Therapy program. The grade of “C” or “C-” will be changed to a “C+” on my transcript upon successful completion. I understand a grade change form will be forwarded to the Office of the Registrar and will serve as the official notification of successful remediation for this course. I understand that I must complete remediation within the semester following that of earning the grade of “C” or “C-” in order to progress in the program. I understand that failure to successfully complete the remediation process by this time cancels my ability to participate in the clinical education experience. Students may participate in the clinical education rotation during semester IV while remediating a “C” or “C-” grade. Students should be aware that completion of remediation must occur at least nine days prior to the start of the clinical education rotation. Students may not participate in any subsequent clinical education rotations until remediation for a grade of “C” or “C-” in the previous semester course is completed. Specific guidelines on this policy can be found in the Program Progression and Remediation Sections in the School of Physical Therapy Student Handbook.

As remediation for the grade of “C” or “C-” in _______________________________

(course number and grade)

I agree to complete the following activity/ies: (additional documentation may be included with this form)

This activity/ies will serve to illustrate that I have met the following objectives:

The final date that the remediation activity/ies can be successfully completed _____________________ Date should be at least 2 weeks prior to end of the following academic portion of the semester).

______________________________________________________________  __________________________
(Student Name/Please Print)  (Faculty Signature/Date)

______________________________________________________________  __________________________
(Student Signature/Date)  (Director Signature/Date)

*Once signatures are completed, a copy is issued to the student, and the original goes in the student file.

This is to verify that________________________________________(Student) has successfully completed the remediation process as defined above.

______________________________________________________________  __________________________
(Student Signature/Date)  (Faculty Signature/Date)

______________________________________________________________
(Director Signature/Date)
Appendix Z:
Use of University Technology Resources- Regis University

Regis University technology resources are to be used to advance the University’s mission of education, scholarship and service. Faculty, students and staff may use these resources for purposes related to their studies or research, their teaching, the execution of their duties as University employees, their official business with or for the University, or other University-sanctioned activities. The University encourages the use of technology resources for these primary activities. These resources include, but are not limited to hardware (including telephones, computers, and traditional media equipment) either owned or leased by the University, software, and consulting time (and expertise) of the staff of Information Technology Services or other University technology support staff. Unless approved in advance by a vice-president or dean, use of University technology resources for commercial purposes is prohibited.

The use of technology resources provided by the University for purposes not directly related to the primary activities indicated in the previous paragraph should be considered as secondary activities (i.e. personal or otherwise.) Should such secondary activity interfere with primary activities, the University may require the immediate termination of such secondary activities.

All computer files, documents, and software created or stored on the University’s computer systems are subject to review and inspection at any time.

Many of the University’s technology resources are shared amongst the entire University community. The use of these may not violate law or the rights of others. Prohibited activities include, but are not limited to:

- Activities that obstruct usage or deny access to technology resources
- Activities that are harassing or libelous
- Activities that are obscene as applied in the context of an academic environment
- Activities that violate copyright or other intellectual property rights of others
- Activities that violate Regis University policies
- Activities that violate local, state or federal laws
- Unauthorized use of computer accounts
- Impersonating other individuals
- Attempts to explore or exploit security provisions, either at the University or elsewhere
- Activities that invade the right to privacy of others
- Destruction or alteration of data belonging to others
- Creating, using or distributing computer viruses
- Allowing other individuals to use your account/password
- Disruption or unauthorized monitoring of electronic communications or of computer accounts
- Academic dishonesty (e.g., plagiarism, cheating)
- Inappropriate and/or widespread distribution of electronic communications (e.g. “spamming”)

Additionally, individuals may wish to use University Wide Information Systems including, but not limited to, the World Wide Web, the Internet, RegisNET, and e-mail. Any person providing information through these resources or via connections to the data or telecommunications infrastructure must also abide by the general policy statements below. These policy statements apply to information made available actively, as in e-mail, as well as passively, as in the World Wide Web.

- Anonymous information is strictly prohibited. All publications must contain the electronic mail address of the person making the information available. For example, active information such as e-mail must contain the e-mail address of the sender in the FROM: field. Passive information, such as that found on the World Wide Web, must contain the e-mail address of the author, owner or sponsor.
• All information must carry a date indicating the date the information is being made available. For information made available actively, such as through e-mail, the date would appear in the DATE: field. For passive information, such as that found on the World Wide Web, the posting date must be associated with the given content.

Specific and detailed guidelines for the responsible use of E-mail (active) and World Wide Web (passive) technology resources exist in other policy documents. Copies can be obtained from these policy pages by returning to the Policy index page.

Members of the University community often access confidential, private or sensitive data and information in order to complete job responsibilities. As stewards of data and information resources, individuals have fundamental responsibilities, including:

• Protection of data and information from unauthorized access, alteration, disclosure or destruction.
• Secure storage of private or confidential data and information.
• Interpretation of data and information based on a job-related “need to know.”
• Presentation of data and information based on the audience’s authorized “need to know.”
• Disposal of confidential data and information, particularly that which is redundant, when the purpose for use has been met.

The University intends to place effort toward development of technology resources and not the policing of the use of those resources. Engaging in activity that violates or is prohibited by current faculty, student, and staff operational policies may result in loss of access privileges as well as appropriate disciplinary or corrective action in accordance with procedures outlined in the governing contractual agreement, if any. (See Faculty Status Agreement, Student Standards of Conduct, RHCHP Faculty Handbook, SPS Faculty Handbook, Human Resources Policy Manual, RHCHP Student Handbooks, Regis University Bulletin.) If such activity also violates local/state/federal laws, perpetrators may be referred to appropriate law enforcement officials.