Effective August 21, 2016

Rueckert-Hartman College for Health Professions

School of Physical Therapy
Doctor of Physical Therapy Program

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

Class of 2019
Student Handbook

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

The Doctor of Physical Therapy Program at Regis University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

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

1111 N. Fairfax Street
Alexandria, VA 22314
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WELCOME

We welcome you to Regis University and look forward to sharing in the excitement and challenges to come in the next three years.

The Doctor of Physical Therapy (DPT) Program Student Handbook has been developed for the purpose of assisting students in understanding and interpreting the DPT 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 DPT Program 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>Dean’s Office</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. Cheryl Footer, Assistant Dean</td>
<td><a href="mailto:cfooter@regis.edu">cfooter@regis.edu</a></td>
<td>423</td>
<td>964-5057</td>
</tr>
<tr>
<td>Dr. Ira Gorman, Assistant Dean</td>
<td><a href="mailto:igorman@regis.edu">igorman@regis.edu</a></td>
<td>403</td>
<td>458-4986</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Faculty</th>
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<tbody>
<tr>
<td>Dr. Stephanie Albin</td>
</tr>
<tr>
<td>Dr. Wendy Anemaet</td>
</tr>
<tr>
<td>Dr. Clifford Barnes – Director, Exercise Science</td>
</tr>
<tr>
<td>Dr. Mary Christenson</td>
</tr>
<tr>
<td>Dr. Alice Davis</td>
</tr>
<tr>
<td>Dr. Heidi Eigsti</td>
</tr>
<tr>
<td>Dr. Amy Hammerich</td>
</tr>
<tr>
<td>Dr. Larisa Hoffman</td>
</tr>
<tr>
<td>Dr. Andrew Littmann</td>
</tr>
<tr>
<td>Dr. Cameron MacDonald</td>
</tr>
<tr>
<td>Dr. Tom McPoil - Director, DPT Program</td>
</tr>
<tr>
<td>Dr. Nancy Mulligan - Director of Clinical Education</td>
</tr>
<tr>
<td>Dr. Erika Nelson-Wong</td>
</tr>
<tr>
<td>Dr. Denise O’Dell</td>
</tr>
<tr>
<td>Dr. Amy Rich</td>
</tr>
<tr>
<td>Dr. Andrew Smith</td>
</tr>
<tr>
<td>Dr. Marcia B. Smith</td>
</tr>
<tr>
<td>Dr. Shelene Thomas</td>
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<table>
<thead>
<tr>
<th>Staff</th>
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<tbody>
<tr>
<td>Ms. Mary Ball</td>
</tr>
<tr>
<td>Administrative Coordinator/ School of Physical Therapy</td>
</tr>
<tr>
<td>Ms. Marybeth Tscherpel</td>
</tr>
<tr>
<td>Administrative Coordinator/ Clinical Education</td>
</tr>
<tr>
<td>Ms. Faun Lee</td>
</tr>
<tr>
<td>Administrative Assistant/HES &amp; Clinical Practice</td>
</tr>
<tr>
<td>Ms. Julianne Petersen</td>
</tr>
<tr>
<td>Administrative Assistant/ DPT Program</td>
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<tr>
<th>University Phone Numbers (303)</th>
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<tbody>
<tr>
<td>Campus Safety</td>
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<tr>
<td>Coors Fitness Center</td>
</tr>
<tr>
<td>Dayton Memorial Library</td>
</tr>
<tr>
<td>Follett Bookstore</td>
</tr>
<tr>
<td>Information Technology Services (ITS)</td>
</tr>
<tr>
<td>Media Services</td>
</tr>
<tr>
<td>Enrollment Services</td>
</tr>
<tr>
<td>Switchboard, Main Campus (0-on campus)</td>
</tr>
<tr>
<td>Weather Line</td>
</tr>
</tbody>
</table>
### Academic Calendar

For DPT students in the Class of 2019:

#### Fall Semester, 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1</td>
<td>Fall tuition due</td>
</tr>
<tr>
<td>August 22</td>
<td>New student orientation, Classes begin for Class of 2019</td>
</tr>
<tr>
<td>August 23</td>
<td>Morning classes for Class of 2019, Orientation continuation</td>
</tr>
<tr>
<td>August 29</td>
<td>End Add/Drop period</td>
</tr>
<tr>
<td>September 5</td>
<td>Labor Day (no classes)</td>
</tr>
<tr>
<td>September 8</td>
<td>Mass of the Holy Spirit (11:00 am class will not meet)</td>
</tr>
<tr>
<td>November 13</td>
<td>End Withdrawal Period</td>
</tr>
<tr>
<td>November 23 – Nov 27</td>
<td>Thanksgiving Holiday (no classes)</td>
</tr>
<tr>
<td>December 5-9</td>
<td>Final Exam week</td>
</tr>
<tr>
<td>December 11</td>
<td>End Fall Semester</td>
</tr>
</tbody>
</table>

#### Spring Semester, 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1</td>
<td>Tuition Due</td>
</tr>
<tr>
<td>January 16</td>
<td>Martin Luther King Day (no classes)</td>
</tr>
<tr>
<td>January 17</td>
<td>Classes begin</td>
</tr>
<tr>
<td>January 24</td>
<td>End Add/Drop period</td>
</tr>
<tr>
<td>February 15-18</td>
<td>Combined Sections Meeting APTA (no classes) - San Antonio TX</td>
</tr>
<tr>
<td>March 4-12</td>
<td>Spring Break (no classes)</td>
</tr>
<tr>
<td>April 9</td>
<td>End Withdrawal period</td>
</tr>
<tr>
<td>April 14-16</td>
<td>Easter Break (no classes)</td>
</tr>
<tr>
<td>May 1-5</td>
<td>Final Exam week</td>
</tr>
<tr>
<td>May 7</td>
<td>End Spring Semester</td>
</tr>
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#### Summer Semester, 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1</td>
<td>Tuition Due</td>
</tr>
<tr>
<td>May 5-12</td>
<td>Semester Break (no classes)</td>
</tr>
<tr>
<td>May 15</td>
<td>Classes begin</td>
</tr>
<tr>
<td>May 22</td>
<td>End Add/Drop period</td>
</tr>
<tr>
<td>May 29</td>
<td>Memorial Day (no classes)</td>
</tr>
<tr>
<td>June 18</td>
<td>End Withdrawal period</td>
</tr>
<tr>
<td>June 21-24</td>
<td>Annual Conference APTA (no classes)- Boston MA</td>
</tr>
<tr>
<td>July 4</td>
<td>Independence Day (no classes)</td>
</tr>
<tr>
<td>July 31-August 8</td>
<td>Final Exam week</td>
</tr>
<tr>
<td>August 27</td>
<td>End Summer Semester</td>
</tr>
<tr>
<td>August 8-August 27</td>
<td>Summer Break (no classes)</td>
</tr>
</tbody>
</table>
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 degree programs at Regis University emanate from and embody the University mission of educating men and women to take leadership roles and to make a positive impact in a changing society. These programs provide a rigorous, focused, value-centered professional education rooted in the Jesuit Catholic tradition.

Graduate education at Regis University is learner-centered. Learners and faculty are full partners in an educational relationship that emphasizes academic excellence, active and collegial participation in the educational process, practical application of theory, ethical processes and decisions, and a commitment to lifelong learning.

Regis University’s graduate programs infuse professional education with Jesuit ethos and values, develop the whole person, and foster professional competence. Regis University graduate programs are characterized by:

• Openness – a respect for others and their perspectives;
• Optimism – an affirmation of the goodness of the world and of the human dignity of all people in it; and
• Other-centeredness – a conscious move beyond self to an appreciation of the interconnectedness of human beings and their actions.

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 (Division of Health Services Education, Loretto Heights School of Nursing, School of Pharmacy, School of Physical Therapy and Division of Counseling and Family Therapy) 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
REGIS UNIVERSITY SCHOOL OF PHYSICAL THERAPY

History of the 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 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 24 doctorally-prepared ranked faculty, aided by over 50 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-credentialled 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 DPT Program 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 1000 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.

Doctor of Physical Therapy Program
Mission Statement
The DPT Program 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 lifelong 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 DPT Program 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 DPT Program will be able to:

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. PROGRAM REQUIREMENTS

Drug Screening and Criminal Background Check Policy
It is common practice for clinical sites to have policies requiring screening and/or criminal background checks for employees, volunteers, and students who are assigned to these sites. Regis University complies with these requirements in placing students at such sites. 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 clinical education experience. Students will submit these required compliance items to the Office of Compliance via the Regis University Complio® system.

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 Drugs and Alcohol Policy and the physical therapist’s obligation for safe and responsible patient care, students currently enrolled in the DPT Program may be asked to comply with a For-Cause and/or Random Drug Screen.

Students who have a positive drug screen test (including marijuana) or demonstrate irresponsible alcohol use will be referred to the Dean of Students for enforcement of the Regis University Policy on Drugs and Alcohol. The student will be subject to applicable screening procedures and to discipline, dismissal, exclusion, termination, arrest or citation, and referral by University
officials for prosecution, as may be applicable. Also, any student who violates this policy may be required to complete a mandatory assessment by the Office of Counseling and Personal Development, and abide by the outcomes of that assessment.

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 Program Director immediately. The Program 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, Program Director and/or School 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 Program Director, Director of Clinical Education or School 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 Program Director or school Dean 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 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 American Heart Association 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.
Students in the Doctor of Physical Therapy Program are required to have a computer (laptop or desktop) and an iPad tablet.

- Although technology changes rapidly, some technical specifications for your computer include: i3, i5, or i7 Intel processor, 2+ GB memory, 250+ GB hard drive, and sufficient USB ports to connect back-up drives and other connections.

- Your iPad must support iOS 8 at a minimum (iOS 10 is most recently released version) and have a minimum of 32 GB of memory. The faculty recommend you have broadband (cable or DSL) internet access in your home and as well as during clinical rotations so that you can access files through the University system.

Faculty expect that students have the resources to produce work using Microsoft Office, either Office 2013 or subscription-based Office 365, which should include: Word, Excel, Power Point, and Outlook. All Regis students will be able to download Office Professional Plus for free to their personal computers (more details at orientation on first day of class). You will also need reference management software called Zotero available without charge on-line (www.zotero.org) for PC, Mac and iPad. Students will receive essential apps from the program during orientation sessions in the first week of school.

The program has gone to computer-based testing for nearly all examinations in the program. The product used for electronic testing is ExamSoft (watch this overview video: http://embed.vidyard.com/share/aT9stDic-JjOadzVmgvug), and the testing is done using either your laptop (PC or Mac, NOT Chromebooks) or tablet (iPad or PC-based tablet, NOT Android-based tablets). Electronic testing allows students to get exam results more quickly and students can get performance reports that gives students rich feedback.

The University has several computer labs on campus that students may access while on campus. These computer labs also enable access to campus printers. Doctor of Physical Therapy students will receive 1,500 pages of copy per semester. Depending on each individual’s use of technology and printing choices, this may not be sufficient for your printing needs. Students may purchase additional printing by going to the Regis Copy & Print Center. Many students choose to take class notes and submit assignments electronically to minimize printing costs.

You are accountable for any information provided through your RegisNET account effective July 1, 2016. Faculty/staff will only communicate with students through the RegisNET email account; no other accounts can be used. Class notes, routine school communication, and class scheduling are examples of critical information that you will need to access daily through your RegisNET account.

Although the University is still primarily a PC-based institution, an increasing number of students and faculty use Apple Mac computers. While students are responsible for maintaining a functioning computer, the University IT Department provides limited support for Mac and PC issues. However, neither the University nor the school provides formal support for personal computers or iPads.

Students in the program have found value in having a smartphone to access RegisNET email, calendars, and other online resources and apps that are used in the program. These are not required, but many students find that mobile devices can help make their time on campus and in clinic more efficient and more effective.

Since all public spaces on the Regis campus have wireless internet access, any device with wireless Internet can allow students to access Internet resources necessary for the program, such as library databases, course resources that may have audio and video supplements to course content, and specialized databases such as pharmacology databases. Many physical therapy-related textbooks are available electronically for use on a computer and/or tablet.
Technical Standards and Disability Services
Technical Standard delineate the observational, cognitive, affective, and psychomotor skills essential to complete the program and perform as a competent practitioner of physical therapy.

Please refer to Appendix A for a detail of the Technical Standards.

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).

If a student has a disability that may or may not impact the Technical Standard, the student may request an appropriate accommodation through the Office of Student Disability Services. For more information please contact:

Student Disability Services
3333 Regis Blvd
Room 225, Clarke Hall
Denver, Colorado 80221
Phone: 303.458.4941
Fax: 303.964.6595
disability@regis.edu

Students may not request accommodations directly to faculty members. Refer to the Student Disability Services section of the Regis University website.

Health Insurance
Refer to Student Health Insurance

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 Regis University Student Health at the beginning of each academic year. 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 additional examinations and 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 and international immersion experiences.
III. CURRICULUM

Structure
Over the course of 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. (Appendix B) 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>Foundation Sciences</th>
<th>Applied Sciences</th>
<th>Physical Therapy Management</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) DPT 733 Musculoskeletal Management I (III)</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 II (IV)</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>
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<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>
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<tr>
<td>DPT 716 Business Management (VII)</td>
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<table>
<thead>
<tr>
<th>Professional Issues</th>
<th>Research Series</th>
<th>Clinical Education</th>
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</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 (VII)</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>
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<tr>
<td>DPT 773 Professional Issues/Case Management IV (V)</td>
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<tr>
<td>DPT 774 Professional Issues/Case Management V (VI)</td>
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<tr>
<td>DPT 775 Professional Issues/Case Management VI (VII)</td>
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<tr>
<td>DPT 799 Comprehensive Exam (VII)</td>
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<tr>
<td>DPT 796 PT Capstone (VIII)</td>
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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 and Service Learning
- 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 C.

Program Description

DPT program is 110 semester hours of full-time study over eight semesters. 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 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
participation in a scholarly activity 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. These typically address areas of patient/client and professional management. Because electives have limited course enrollments (n=16), placement is achieved by use of a randomized system, matching student preferences that have been submitted electronically to courses offered.

**RHCHP Global Health Pathway**
The Global Health Pathway is a concentration available to selected students in RHCHP who seek a directed, rich, and transformative experience learning about and working with diverse populations, locally and abroad. By integrating knowledge with action, Pathway students will gain invaluable insight into contemporary global health issues through course work, global health service learning and clinical experience in local and international areas while satisfying their primary degree program requirements. Further information on the pathway is available on the Regis website page Global Health Pathway Concentration.

**Evaluations by Students**

**Course Evaluations**
Students are expected 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 provided to the respective course coordinator and school administrators 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 provided to respective faculty and school administrators upon the closure of the evaluation period.

**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.
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 DPT Program 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 D. Each student’s portfolio is housed electronically.
### Regis University Professional Doctor of Physical Therapy Curriculum

<table>
<thead>
<tr>
<th>Yr</th>
<th>SEMESTER I (Fall)</th>
<th>SEM HRS</th>
<th>SEMESTER II (Spring)</th>
<th>SEM HRS</th>
<th>SEMESTER III (Summer)</th>
<th>SEM HRS</th>
</tr>
</thead>
<tbody>
<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>
<td>4</td>
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<td></td>
<td>DPT 703 Biomechanics/Kinesiology-Extremities</td>
<td>3</td>
<td>DPT 705 Biomechanics/Kinesiology-Spine</td>
<td>2</td>
<td>DPT 714 Psychosocial Aspects of Healthcare</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>DPT 708 Management Applications of Physiology: MAP I</td>
<td>3</td>
<td>DPT 706 Movement Science</td>
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### Academic – Clinical Sequence

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<th>Summer Semester</th>
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**Legend**
- 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 770.

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 Program 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 Program Director.

Course Withdrawal
Refer to the Regis University Withdrawal Policy

Withdrawal from a course after the withdrawal period has expired requires the signatures of the Program Director and the School 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.

IV. CLINICAL EDUCATION PROGRAM

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, one out of state rotation, one inpatient and one outpatient experience. To ensure a variety of clinical experience students can not complete more than 24 weeks in the same type of clinical facility during CE II, III and IV or CE II with a combined CE III/IV. General guidelines for IP/OP settings follow, but consultation with your clinical advisor is expected to confirm requirements have been met.

- **Inpatient settings** include hospitals, acute rehab, sub-acute rehab, and skilled nursing facilities (SNF). Teamwork and multidisciplinary practice are expected.
- **Outpatient settings include orthopedic (private, corporate or hospital based), home health, and most pediatric and some neurological rehabilitation facilities.** 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 such as interviews or applications. 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 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. Some Colorado sites with a larger population are deemed rural as their populations are underserved with regards to healthcare.
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 Director of Clinical Education. 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, finances 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 specialty 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. 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 or staff member.

New Site Requests
Students who wish to participate in a clinical experience 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 to pursue a clinical agreement with a new site.

All requests for new sites should be submitted to your clinical advisor 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.

Students who have set up a new clinical site will be assigned to 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 if a space is confirmed.

**First Come First Served Clinical Sites or Corporate Site List**
Along with a list of reserved sites for each clinical rotation, students will have access to the first come first served and corporate site lists. Students can request a rotation from the first come first serve or corporate list if they are committed to interning at the site pending site approval. If more than one student is interested in the same site, a drawing will take place to determine student placement. Students placed at corporate or first come first served sites will not participate in the class lottery.

**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 initial Acadaware selection process. If this occurs, the unmatched students may: (1) select a clinical site still available from the available list or (2) pursue a new clinical site (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.
- Once the Acadaware run has been completed, students may request to switch sites with another student within 3 business days of the lottery. Both students involved are required to submit a written request to the Director of Clinical Education explaining the rationale for the switch and how it will enhance the student’s clinical experience. All changes to clinical assignments must be mutually beneficial to both students. Follow up meetings with the Director of Clinical Education may be required to process the change request.

**Off Cycle Students**
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.

**Students Requiring Accommodations due to Disabilities**
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.

**Cancellations**
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 submit all required documents to the online server, Complio, prior to admission. Students are required to be fully compliant at all times. Full compliance is necessary in order to participate in the clinical education lottery, to request a clinical site, or to participate in a clinical experience. In addition, each student is responsible for maintaining a copy of their health
status report, immunization record, CPR certification, proof of insurance that he/she will have available, should documentation of compliance be required by a clinical site. Clinical sites may require additional student drug screens and criminal background checks prior to the start of an experience to be paid by the student.

**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-approved, 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 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 used for CE II, III and IV) 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.

**Consequences of Less than Satisfactory Clinical Performance including Professional Behaviors**

If student performance is not satisfactory during the clinical experience, the clinical advisor, course coordinator and Director of Clinical Education will conduct a review process to determine eligibility to pass the clinical experience or if additional remediation is required.

Students receiving less than the specified criteria outlined above will receive an Incomplete/Failure and be placed on probation for the clinical experience. The opportunity to remediate an incomplete clinical experience will be based on input from the School Dean, Program Director, Director of Clinical Education, Clinical Advisor, clinical faculty and the student. 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 Director of Clinical Education 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.

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.
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>B+</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/-)  | Incomplete - If a grade of Incomplete is approved by the instructor, grade is awarded at the discretion of the instructor and is submitted with an alternate grade (i.e. I/D, I/F). Please do not assign an I/B for example, if the student has not earned a B for the class thus far. When the final grade is posted, the “I/-” 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. Grades of Incomplete should only be assigned to students experiencing unforeseen circumstances, for example, that an accident, an illness, a death, or a major life transition has occurred.
2. If a grade of Incomplete is approved by the instructor, grade is awarded at the discretion of the instructor and is submitted with an alternate grade (i.e. I/D, I/F). Please do not assign an I/B for example, if the student has not earned a B for the class thus far. If you do not submit a grade change, the incomplete will revert to a final letter grade (i.e., IF to F). For Pass/No Pass only, please submit an “IN”. If you do not submit a grade change to a Pass, the “IN” will revert to N for No Pass. A student must submit a written request (or school form) to the instructor that an incomplete grade be assigned. The length of time and the remaining requirements to complete the course are determined by the instructor; however, the maximum length of time for completion is the end of the following semester.
3. 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 E may be used for this request. This form is signed by the student, instructor, and academic advisor.
4. Students on probationary status may not receive an Incomplete grade without the written permission of the Program Director.
**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 whom assigned the grade and reviews the issues to determine if the grade can be changed. If the grade remains in dispute the student should follow step 2.
2. The student contacts the Program Director in writing to protest 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, with a copy to the other party, including any supporting documentation. The chair of Student Affairs convenes the Student Affairs Committee and reviews all the documentation submitted to determine the validity of the challenge. The Committee may choose to seek additional information from other sources, if indicated by the circumstances. The Committee makes a decision about the disputed grade and the chair conveys that decision in writing to the student and instructor.
   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 convenes the Student Affairs Committee to review the case. The Program Director participates as a non-voting *ex-officio* member of the committee. The Committee reviews all the documentation submitted to determine the validity of the challenge. The Committee may choose to seek additional information from other sources, if indicated by the circumstances.
      Following a review of the evidence and other relevant information by the Committee, a recommendation is made to the Program Director. The Program Director reviews the proceedings to date, obtains any new information deemed appropriate and makes a decision regarding the dispute. The Program Director then notifies the student and the instructor of the decision in writing. If either party wishes to further contest the committee’s solution, step 3 should be followed.
   c. In steps a or b, oral presentations to the committee are permitted at the Committee’s sole discretion and if permitted the committee will receive oral presentations from both sides.
   d. The student has the right to ask for a substitute for one of the Student Affairs Committee members, which substitute will be selected by the Committee chair. If the instructor of record is the chair or member of the Student Affairs Committee or the Program Director they will not serve on the Student Affair Committee and the School Dean will appoint an alternate.

3. The instructor or student may appeal the decision of the Student Affairs Committee or Program Director to the School Dean within two weeks of receipt of the Program Director’s decision. The School Dean reviews the proceedings to date, obtains any new information deemed appropriate and makes the final determination. The School Dean notifies all parties in writing. The decision of the School Dean is final.

**RETENTION AND PROGRESSION IN DPT PROGRAM**

Failure to meet minimum academic requirements, demonstrate academic integrity, exhibit appropriate professional behavior or adhere to safety standards may result in the sanctions as described below:

Students are notified of a change in academic status by a certified letter from the Program Director, but failure to provide or receive the notice does not invalidate the action taken. Probation, suspension, and dismissal designations are recorded on the permanent academic record (transcript). For information on calculating GPA see Appendix F.
Program Progression

A student needs a minimum grade of “C+" or better in each course in order to progress in the PT program. If a grade of “C" or “C-” is received in any of the course requirements, the student must remediate the course within the following semester in order to progress (for specifics, see Remediation).

Students may participate in clinical education rotations only during Semester IV while remediating a grade of “C" or “C-". DPT students may not participate in any subsequent clinical education rotation until remediation of a grade of “C" or “C-" in a previous semester course is completed. It should be noted that failure to participate in a clinical education experience may limit a student’s ability to continue participation in the Program within the present schedule. Since courses are offered once a year, this may necessitate stopping until the next academic year.

Remediation

A grade of C or C- for a course must be remediated. The initial grade will be changed to a C+ following successful remediation of the C or C- grade. Final course grades of D or F cannot be remediated. Refer to the Academic Suspension section in the Student Handbook for consequences. The process of remediation begins the first week of the ensuing semester following receipt of the grade of C or C-. During this week, a remediation contract with input from the student and instructor is developed that outlines format, content, and evaluation method as well as and the end date for the remediation contract. See Appendix G. This contract is finalized and signed by the student, instructor, and Program Director.

The agreed upon remediation must be successfully completed by the end of the semester following the receipt of an unsatisfactory grade. Failure to successfully complete the remediation process by this time cancels the student’s ability to participate in a clinical education experience. An exception to this policy is available during semester IV. Students may participate in the DPT 750 Clinical Education I while remediating a “C" or “C-" grade received in Semester III. However, students may not participate in any subsequent clinical education rotations until remediation for a “C" or “C-" in a previous semester course is completed.

Students should be aware that completion of a remediation must occur at least nine business days prior to the start of the 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 a 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. Failure to do so may result in academic suspension. 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 DPT 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 3.000 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.

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

**Academic Dismissal**
Academic Dismissal is action taken by the Program 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 DPT Program on academic probation, and subsequently failed to achieve the required cumulative GPA of 3.000. Academic Dismissal is recorded on the permanent academic record (transcript).

**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 Program Director within thirty (30) working days of the date on the letter of notification. This letter of appeal should include:
   a. The student’s assessment of how the academic problems came about.
   b. A description of any extenuating circumstances that affected the student’s academic record.
   c. A clear plan to address the student’s academic deficiencies.

2. The student may submit supporting statements from advisor, other faculty members, or external medical provider who are willing to support the appeal and submit these statements with letter of appeal by the designated deadline to the Student Affairs Committee. The Committee reviews the materials provided by the student and makes a recommendation on the appeal to the Program Director. The Program Director makes a final decision and notifies the student in writing of the decision regarding the student’s appeal.

**Final Appeal Procedure – Suspension/Dismissal**
All decisions by the Program Director regarding a student’s suspension or dismissal may be appealed in writing to the School Dean. The appeal should be submitted to the School Dean within 5 business days of notification by the Program Director. The School Dean may require a personal interview with the student before a decision is reached. The decision of the School Dean is final.

**Petition For Readmission Of Academic Suspension/Dismissal**
A student who wishes to petition for consideration of readmission to the program following a suspension must complete a three-phase process.

1. The student must meet with the chair of Student Affairs, the Program Director, and their former advisor to discuss and formulate a guidance plan to address academic and behavioral needs during the period of suspension. 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 student’s actions and outlining plans that were completed to correct his/her previous academic difficulties must be submitted to the Program 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 a minimum of one semester to allow that student time to become more clearly aware of their educational goals and to reflect on their academic record. The Student Affairs Committee may require certain conditions for 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 and 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 Program Director of the program. In addition, a **Withdrawal Form** must be completed by the student and signed by the Program Director. 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 Program 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.

**Regis University Identification Cards/Regis University Property**
Any student who withdraws from the program or is suspended or dismissed must surrender their Regis University identification card and any Regis University property to the Program Director.

**Academic Integrity**
Please see the Regis University [Academic Integrity Policies](#).

**Professional Behaviors**
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 then 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 H.

Progress in exhibiting professional behaviors is one factor used to evaluate overall student performance throughout the curriculum and may influence clinical placement. At periodic intervals through the program, students will complete a self-assessment of their progress toward achieving entry-level criteria in the professional behaviors. Assessment of professional behaviors will be submitted electronically to the assigned advisor’s Drop Box in the Doctor of Physical Therapy folder housed on the Learning Management System. The form is reviewed by the student’s 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 progress toward achievement of entry-level professionalism. When a student is not making sufficient progress in their professional behaviors, faculty may implement an action plan to address the behavior issues (Appendix J). 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. Inadequate progress in professional behaviors may result 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.

Unprofessional Conduct/ Behavioral Misconduct

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 DPT Program Student Handbook, including, but not limited to, the Standards of Conduct and general University policies and procedures. The Regis University Student Handbook is available online 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.

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

- A pattern of unsafe clinical performance.
- Inadequate development of expected professional behaviors (Appendix H).
- 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

Behavioral Misconduct – Review of Violations
The faculty member and/or responsible supervisor (clinical instructor) making the initial judgment of unsafe or unprofessional behavior in an academic or clinical setting shall inform the student of the behavior issue and notify the Program Director and DCE, if applicable. If in the judgment of the faculty member and/or responsible supervisor the nature of the behavior warrants immediate action, 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 Program Director who will determine, via review of the circumstances, whether further review is required, or whether the student will receive a written warning that subsequent violations must not occur. If the Program Director determines that further review is required to determine the appropriate sanction, the Assistant Dean will be notified to call a meeting of the Student Affairs Committee for a hearing with the student to review the allegations.

If the student fails to appear at the hearing and the failure of appearance is not excused by the Assistant Dean, the student shall be deemed to have waived the right to a hearing. In such cases the Program Director may proceed to apply such sanctions as deemed appropriate, notifying the School Dean of the action.

Prior to a hearing, the 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 to support the student during a hearing and cannot 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, or 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 him/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:

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

Course Failure
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 Program Director at least two months prior to the time the student wishes to re-enroll.

**Disciplinary Dismissal**

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.

**Final Appeal Process for Discipline for Behavioral Misconduct**

All decisions regarding a student’s behavioral misconduct decision may be appealed by the student in writing to the School Dean. The appeal should be submitted to the School Dean within 5 business days of notification of the Student Affairs Committee decision. The School Dean will review all documentation in the case and may require a personal interview with the student before a decision is reached. The decision of the School Dean is final.

**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](#). 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 Spring 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
Regis University has authorized the National Student Clearinghouse to provide transcript ordering (Transcript Request). Transcript costs are identified on the website. 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.

VI. PROGRAM POLICIES

Absence Request form (Appendix J)
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 Program Director will call a meeting to discuss the requested leave. Following the discussion, the Program 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 also sign the Degree Plan prior to the student’s graduation to confirm that the student has completed the course work and requirements stated in the Degree Plan and therefore is eligible to graduate. Advisor assignments may be shifted annually so that students are equally distributed among faculty each year. Conflicts with the assigned advisor must be presented in writing to the Program Director.

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 must 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 coordinators and administrative assistants also have access to the Program Director’s and School Dean’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 K) and Standards of Practice for Physical Therapy (Appendix L) 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.

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, 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 J).

Absences from clinical rotations must be reported directly to the Director of Clinical Education (DCE) by sending an email notification to mtscberpel@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 Program 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 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.

Emergency Management Plan
All students should familiarize themselves with the Regis University Emergency Management Plan. Regis University has established the RU Alert Emergency Notification system. This system will notify and give directions to students in case of emergency, dangerous system or campus closure. In the event of such emergency or campus closure, notification will be sent through RU Alert via text messages, voice messages, and email announcements. All students must sign up for RU Alert through the RUAlert website:

Campus Closure
The decision on whether or not to close the University rests with the Associate Vice President for Auxiliary and Business Services or his/her representative. Once a decision is made to close the University, students will be alerted through the RU Alert system.
- Regis University's severe weather policies have been established to ensure student safety on campus.
- 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

Class Cancellations/Schedule Changes
In case of illness or unplanned absence of a faculty member, the faculty member will contact the School office. The administrative staff will assist 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. The instructor will either attempt to reschedule the class at a later date in the semester, or will arrange for other strategies to make-up for the missed class. Faculty members with known schedule absences will make prior arrangements for a substitute or reschedule the class with prior notice to all the students. The Program 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 guide for AMA citations ()
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 and 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 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 Program 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 Program 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 Program 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 Program 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.**
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 will be provided 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. Information on accessing the Regis e-mail account through the student’s home computer can be found in Appendix N.

Regis University maintains an educational record for each student who is or has been enrolled at the University. These records are maintained under the name on the student’s application for admission to Regis. If you want to change your name on educational records, please submit a Change of Name Affidavit.

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. The comprehensive exam reflects curricular material presented during enrollment in semesters 1-VI. An overall score of 75% is required for successful completion of the comprehensive examination.

If a student is unsuccessful in passing the first comprehensive examination, the student is given an opportunity to take another version of the comprehensive examination within three weeks of grade notification. Should a student not pass the second examination with a 75% or better, the student will be required to meet with the Program Director and their faculty advisor to develop a remediation plan which address the student’s deficits on the two examination attempts. The student will be administered a third comprehensive examination within semester VII at a date/time that is agreed upon by the student,
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 Program Director who will speak with faculty involved first before completing an exam change request form, inclusive of rationale for request. See Appendix O. The Program 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 the 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. All students have the right to a proctored exam review, 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.
Health Issues/Leave of Absence
Some health issues including pregnancy may affect the student’s ability to progress in the program. When a student experiences a change in health status, they are encouraged to notify their faculty advisor, the Director of Clinical Education (DCE), and the Program Director. Depending on the condition, the Disability Services office may need to be contacted if the condition limits one or more major life activities as defined by the ADA. The student’s options include remaining in school full-time, going on a part-time track, or taking a leave of absence (LOA) from the program. For the student to remain in the program, they must be able to meet the Technical Standards requirements of the program or do so with reasonable accommodations. The student may be asked to provide a letter of approval for participation from their health care provider.

A part-time course of study may be developed for a student as a result of health issues, but will be handled on an individual basis. Such a course of study will require extended time for program completion. This course of study will be developed collaboratively by the Program Director, faculty advisor, DCE, and the student and will be signed by all parties.

If a student desires to take a LOA, the student will complete a Leave of Absence Form. The LOA 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 Program Director, Student Affairs Chair, and School Dean will make the final determination whether the LOA will be granted. The maximal LOA is two semesters, beyond that time the student will be required to withdraw from the program and must reapply for admission.

Family Educational Rights and Privacy Act (FERPA)
Refer to the FERPA section of the Regis University website

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. 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.

Laboratory Incident Report
If a student is injured in a 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.

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. Each semester in the program, students are asked to complete the Clinical Laboratory Participant Release of Liability form (Appendix P). This Release of Liability is to be completed by each student at the beginning of each semester. Once completed, each student will save a copy in the D2L™ Doctor of Physical Therapy course Assignment section in the folder designated for the specific semester indicated. It is the responsibility of the student to inform course coordinators of any changes which may alter the student’s capability to participate in clinical laboratory activities during the course of the semester.
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 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).

Required Professional Conference Attendance
By participating in state/national APTA conferences, students will:

- Incorporate the latest research across multiple specialty areas in the field of physical therapy so as to support their development as evidence-based practitioners
- Network with nationally recognized leaders in the field
- Examine the global issues facing our profession and how individuals can indeed make a difference
- Communicate the roles of special interest groups (APTA - SIGs) of the profession that typically have presentations/meetings during these conferences (again as a means to further student career development plans)
- Investigate the governance of professional associations
- Explore legislative and health policy issues that impact the PT profession
- Join faculty in a professional experience that is outside of the typical classroom

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), 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 student at 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 bloodborne 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**

Promoting mental and physical health is of the utmost importance to the DPT Program community. Students should seek help promptly for any health 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. Faculty are encouraged to refer the student to the appropriate practitioner at the on-campus student health clinic. However, ongoing intervention for subacute, chronic, or relapsing conditions has the potential to present a conflict for faculty who are, at the same time, treating a student and teaching them in a DPT class. In such a case, referral to another practitioner is 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 Student Health 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 Rooms Equipment**

Regis University School of Physical Therapy space and equipment resources are critical to the teaching and research mission of the program, and should be cared for by all students, faculty, and staff. 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.

During laboratory, classroom, or ISL activities, concern and respect for others working near-by should be demonstrated, including those who are in conjoining rooms or on the lower floors.

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. Equipment can be made available for loan to faculty or students and must be signed out with the designated staff person.

Any equipment that is taken out for loan must be signed out and kept no longer than 3 days unless other specific arrangements are made and approved by the Program Director. Upon return, all equipment must also be signed back in by the designated staff member and returned to its storage. Failure to follow these loaning guidelines will result in the loss of loaning privileges.
Responsible Use of Technology Resources

Information about Regis University’s policies on responsible use of information technology can be found in the Information Technology Services Policy Manual, housed on the University's web portal, known as Regis INsite. Please note that INsite requires a RegisNET login. To log in to the Regis INsite page, click here.

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 their assigned responsibilities as outlined in Appendix C, Curricular Threads, Mission and Service Learning section. 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 as well as the Social Media Policy.
2. The School of Physical Therapy has adopted the standards as set forth by the APTA House of Delegates Social Media Policy:
   - 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.
   - Refer to Appendix H which addresses professional behavior conduct.

Student Concerns and Questions Regarding Policy

The School administrative 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 Program Director. Student representatives elected by the student body can also participate in relaying student concerns to appropriate faculty members, committees, or Program 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 Program Director within three (3) working days of this discussion with the relevant faculty member.
• The Program 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 School Dean.

**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 DPT Program Curriculum Committee, and DPT Program Clinical Education Team. In addition, student input is solicited in faculty search committees and task forces as relevant. 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.
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.

**Clinical Achievement in Physical Therapy Award (School of Physical Therapy)**
Nominated 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/individual

The selection of the recipient 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) (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) (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 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 program administrative assistant of a change in name using this Change of
Address Form.

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 evacuation policies as stated in the Regis University Emergency Preparedness Guide. Please
note evacuation meeting places for appropriate buildings on campus (Appendix Q).

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 breach 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.

Nondiscrimination and Sexual Misconduct Policy
Refer to the Regis University Nondiscrimination and Sexual Harassment Misconduct Policy

The University appoints a person 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 to this coordinator using the following contact information:

EO and Title IX Coordinator
Regis University
3333 Regis Boulevard
West Hall K4-107B
Denver, CO 80221-1099
303.458.4906

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.

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 to 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.*

**Center for Career and Professional Development**

The Center for Career and Professional Development provides an avenue for students to investigate physical therapy practice opportunities. The Center for Career and Professional Development 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.
- **Other services include special events and educational opportunities, exercise incentive, campaigns with prizes, guest lectures and demonstrations, Healthy Heart Week, and blood cholesterol screening.**

**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 cannot 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.
**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 set annually and communicated on the Regis University website. 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.

Refer to the [Office of Parking and Transportation](#) section of the Regis University website.

**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 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 and associated accesses and permissions will be disabled upon graduation. Students who withdraw from the program or are suspended or dismissed must surrender their Regis University identification card to the Program Director. Lost cards must be reported to the Administrative Assistant who can inactivate 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. STUDENT GOVERNANCE BYLAWS

STUDENT GOVERNANCE BYLAWS
REGIS UNIVERSITY SCHOOL OF PHYSICAL THERAPY
Doctor of Physical Therapy Program

ARTICLE I: Name and Mission
We, the students of the Doctor of Physical Therapy (DPT) Program 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 DPT Program 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 DPT Program include those related to established departmental committees and teams, including but not limited to, the DPT Curriculum Committee, and the Clinical Education team.

3. Other elected student officers have responsibilities in the following areas: Admissions, American Physical Therapy Association, Diversity, Fund-raising (including the Marquette Challenge), Social Media, Move Forward Run, Regis University Campus Ministry, and Service Learning.

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 DPT Program faculty.

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 DPT Program 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 appropriate administrator.

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 Program Director. 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 Program Director 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.

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 DCE or with the Clinical Education Team at least once a semester.

3. Admissions Representative:
The Admissions Representative shall participate in admission’s meetings as scheduled. He/she shall assist the DPT 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. 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 DPT Program 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.
5. **Marquette Challenge Committee Chair/Co-Chair:**
The Marquette Challenge is 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.

6. **Move Forward 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.

7. **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.

8. **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.

9. **Office of Diversity:**
The Office of Diversity representative shall represent students in the Rueckert-Hartman College of Health Professions, including physical therapy, nursing, pharmacy and health services administration at Office of Diversity meetings and participate in any University-wide recommendations and decision-making. The Office of Diversity oversees issues of diversity, inclusion and equity at Regis University. The 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 meetings which are held on a monthly basis (and may necessitate department-approved absence from class), as a non-voting member.

**Selection cycle for Office of Diversity**

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10. Social Media Representative:
The individual provides up-to-date reports concerning individual and class activities, including photos, for posting on school-related websites and social media accounts. 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.

11. 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.

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

13. 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.

14. 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 Program 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 DPT Program 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.
### X. Appendices

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Appendix A:
Technical Standards

Technical Standards
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 B  CURRICULUM OBJECTIVE SETS

Foundational
F1. Display professional and ethical behavior consistent with the science and profession. (Level II) [Educational Outcomes (EO): 1, 2, 7, 8, 10]
F2. Identify the characteristics and uniqueness of the science as lifespan issues are considered. (Level I) [EO: 1, 2, 3]
F3. Demonstrate plausible relationships among elements of different courses of study through the use of relevant theory and deductive reasoning. (Level III) [EO: 1, 2]
F4. Access information in accepted resources for the purposes of confirming evidence-based practice. (Level V) [EO: 1, 2, 3, 4]
F5. Define foundational principles that underlie clinical application. (Level II) [EO: 1, 2, 3]
F6. Identify common psychosocial and environmental factors that contribute to health, wellness, injury/disease and foundational sciences. (Level I) [EO: 1, 2, 3, 8]
F7. Indicate elements of foundational science critical for the promotion of health and wellness. (Level II) [EO: 1, 2, 3, 5, 8]
F8. Utilize scientific method to explore the science of Anatomy and Histology. (Level III) [EO: 1, 2, 3, 4, 7]
F9. Communicate, accurately and in appropriate context, by means of the standard vocabulary of the science, the concepts, models, and theories of foundational sciences using technically correct multiple methods as appropriate to the content. (Level V) [EO: 1, 2, 3, 4, 5, 6]
F10. Participate in the group process to enhance skill in facilitation of group dynamics, and giving and receiving feedback. (Level III) [EO: 1, 3, 4, 5, 6, 8, 10]
F11. Relate foundational sciences to the safety, respect for the individual, and cultural differences and respect for privacy and dignity. (Level V) [EO: 1, 4, 8, 10]
F12. Identify sound legal and business management strategies in foundation sciences that are applicable to clinical practice environments. (Level I) [EO: 1, 9]
F13. Define professional and social responsibilities. (Level II) F14. Organize a plan for learning that demonstrates competence in foundational sciences. (Level V) [EO: 1, 2, 7]
A1. Demonstrate professional behaviors in all interactions.  (Level III) [EO: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10]

A2. Practice in adherence with professional code of ethics and legal scope of practice.  (Level V) [EO: 1, 2, 3, 7]

A3. Relate the elements of foundation sciences to other sciences and practical applications.  (Level V) [EO: 1, 2, 3, 5, 7]

A4. Utilize principles of knowledge development such as critical thinking to access new or unfamiliar information in foundation sciences.  (Level III) [EO: 1, 2, 7]

A5. Perform all aspects of a physical examination including system reviews, and age-related test and measures.  (Level III) [EO: 1, 2, 3, 5]

A6. Describe common pathology/disorders that are seen by physical therapists considering but not limited to:
   - Typical signs and symptoms
   - Etiology and etiologic classification (including pathogens, genetic disorders, immune system disorders, environmental and lifestyle influences and genetic influences)
   - Typical changes in tissue structure and function (pathology)

   Expected outcomes  (Level IV) [EO: 1, 2, 4]

A7. Describe standard interventions used to address psychological support needs of persons with musculoskeletal and neurological disorders, their family and other support people.  (Level IV) [EO: 1, 2, 3, 4]

A8. Document in a professional and technically correct manner.  (Level IV) [EO: 1, 2, 3, 4]

A9. Evaluate data in a method consistent with sound scientific inquiry.  (Level V) [EO: 1, 2, 3, 7]

A10. Develop the link between foundational sciences and clinical practice.  (Level V) [EO: 1, 2, 3, 4, 5, 7]

A11. Facilitate the application of foundation science for the promotion of health and wellness of individuals, groups and communities.  (Level III) [EO: 2, 3, 4, 8, 10]

A12. Develop communication skills that effectively bridge foundational knowledge to application.  (Level V) [EO: 1,2,4,5]

A13. Participate in the group process to enhance skill in facilitation of group dynamics, and giving and receiving feedback.  (Level III) [EO: 1, 3, 4, 5, 6, 8, 10]

A14. Practice considering safety, respect for patient/client dignity and diversity in all interactions.  (Level V) [EO: 1,2,3,4,5,10]

A15. Relate principles of tissue healing to projected patient/client outcomes considering healing processes from cellular, tissue, organ and system levels.  (Level V) [EO: 2,4,5,7]

A16. Participate in peer-assessment.  (Level III) [EO: 1,2,4,7]

A17. Educate others using multiple teaching methods.  (Level V) [EO: 1,4,5,7,8]

A18. Demonstrate sound legal and business management strategies in application of foundation sciences.  (Level III) [EO: 1,3,8,9]

A19. Apply professional and social responsibilities.  (Level III) [EO: 1,2,3,5,8,10]

A20. Organize a plan for learning that demonstrates competence in applied sciences.  (Level V) [EO: 1,2,7,10]

A21. Describe elements of foundational sciences as related to clinical application
Management

P1. Practice professionally within personal level of expertise, practice guidelines and governing legal standards.  
   (Level V) [EO: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10]

P2. Justify ethical decision-making.  (Level VI) [EO: 1, 2, 3, 6, 7]

P3. Integrate information from accepted resources in a timely manner for the purposes of confirming, reinforcing 
   or expanding evidence-based practice.  (Level V) [EO: 1, 2, 3, 7, 9, 10]

P4. Examine psychosocial/cultural or unique factors that influence all professional interactions.  (Level IV) [EO: 1, 
   2, 4, 5, 8, 10]

P5. Recommend consultation or further examination by other physical therapists or health care professionals as 
   needed.  (Level V) [EO: 1, 2, 3, 5]

P6. Select appropriate tests/measures considering patient/client presentation, goals and expected outcomes.  
   (Level IV) [EO: 1, 2, 3, 7]

P7. Interpret clinical significance of information derived from the physical therapy examination and other 
   evaluation sources on the basis of:
   • Intrinsic meaning
   • Relationship to other information derived
   • Evidence-based practice  
   (Level V) [EO: 1, 2, 3, 7, 10]

P8. Develop a diagnosis that will guide management decisions.  (Level V) [EO: 1, 2, 3]

P9. Apply knowledge of the health care delivery system as it relates to case management with primary, 
   secondary, and tertiary care models.  (Level III) [EO: 1, 2, 3, 6, 8, 9]

P10. Develop a prognosis.  (Level V) [EO: 1, 2, 3, 4, 5]

P11. Develop a plan of care that considers but is not limited to:
   • Evaluation, diagnosis, prognosis, outcomes and discharge ramification
   • Psychosocial influences
   • Cultural influences
   • Available resources  
   (Level V) [EO: 1, 2, 3, 4, 9]

P12. Collaborate as indicated with other health care providers to optimize plan of care.  (Level V) [EO: 1, 2, 3, 4, 5, 
   8, 9]

P13. Determine patient/client goals that will measure individual and collective outcomes.  (Level V) [EO: 1, 2, 3, 7]

P14. Adjust plan of care based on ongoing evaluation of patient/client status.  (Level III) [EO: 1, 2, 3]

P15. Perform interventions that for reasons of professional competence and safety cannot be delegated to or 
   done by other health care providers, including but not limited to:
   • Procedures that require direct and immediate sensory input through the modalities of vision, auditory, 
     tactile, and thermal sensation, or kinesthesia
   • Procedures that require direct and immediate physical handling of the patient or equipment 
   (Level III) [EO: 1, 2, 3, 5]

P16. Delegate components of intervention considering individual skill and abilities that are within ethical 
   guidelines and legal scope of practice.  (Level IV) [EO: 1, 2, 3, 5, 6, 9]

P17. Educate patient/clients and lay service providers, or other health care professionals for the purpose of 
   achieving expected outcomes.  (Level V) [EO: 1, 2, 3, 4, 5, 9]

P18. Incorporate principles of risk management in the selection of patient/client interventions.  (Level V) [EO: 1, 
   2, 3, 5, 9]

P19. Coordinate emergency response appropriate to the setting of practice.  (Level V) [EO: 1, 2, 3, 5, 8, 9]
P20. Document the examination, evaluation, diagnosis, prognosis, intervention and outcomes in accordance with standard legal and reimbursement practices. (Level IV) [EO: 1, 2, 3, 4, 5]

P21. Implement a systematic and sound method to measure individual and collective patient/client outcomes. (Level III) [EO: 1, 2, 3, 7, 9]

P22. Integrate knowledge of outcomes to refine practice patterns consistent with evidence-based practice. (Level V) [EO: 1, 2, 3, 4, 5, 7, 9, 10]

P23. Provide primary care for the purpose of primary and secondary prevention with neuromuscular and musculoskeletal disorders. (Level II) [EO: 1, 2, 3, 4, 5, 6]

P24. Provide culturally competent secondary and tertiary care as indicated. (Level II) [EO: 1, 2, 3, 4, 9]

P25. Promote health and quality of life across a diverse population. (Level VI) [EO: 1, 3, 4, 5, 10]

P26. Communicate expressively and receptively in a professional manner with sensitivity to audience differences, communication purposes, teaching/learning needs and evaluation of the communication effectiveness. (Level V) [EO: 4, 5]

P27. Participate in the group process to enhance skill in facilitation of group dynamics, and giving and receiving feedback. (Level III) [EO: 1, 4, 5, 6, 8, 10]

P28. Support the patient/client status by:
   - Maintaining confidentiality of records;
   - Respecting their dignity;
   - Acknowledging the patient’s right to participate in intervention planning;
   - Acknowledging the patient’s right to refuse intervention (Level VI) [EO: 1, 2, 3, 4, 5, 9]

P29. Participate in research for the advancement of evidence based PT practice. (Level III) [EO: 7, 8, 9]

P30. Critique personal and peer performance. (Level IV) [EO: 1, 2, 4, 7]

P31. Educate a variety of audiences using appropriate teaching methods to facilitate the desired outcome. (Level V) [EO: 1, 4, 5, 7, 8]

P32. Use sound legal and business management strategies in practice. (Level III) [EO: 1, 3, 8, 9]

P33. Provide consultation, based on expertise, to a variety of domains. (Level II) [EO: 1, 2, 3, 4, 5, 8, 10]

P34. Participate in professional and advocacy activities that promote professional and social responsibility. (Level III) [EO: 1, 2, 3, 4, 5, 7, 8]

P35. Organize a plan for learning and demonstrates competence in PT management. (Level V) [EO: 1, 2, 7, 10]

P36. Integrate foundational science and clinical practice. (Level V) [EO: 1, 2, 3, 5]
Professional Issues

P1. Communicate expressively and receptively in a professional manner with sensitivity to audience differences, communication purposes, teaching/learning needs and evaluation of communication effectiveness. (Level V) [EO: 4, 5]

P2. Use active listening in the process of communication. (Level III) [EO: 4]

P3. Incorporate giving and receiving objective and constructive feedback to promote effective communication. (Level V) [EO: 4, 5]

P4. Interpret the meaning and impact of non-verbal communication. (Level V) [EO: 4, 5]

P5. Participate in group process so as to enhance facilitation of group dynamics. (Level III) [EO: 4, 9]

P6. Integrate current views of “Professionalism” in all interactions. (Level V) [EO: 1, 5, 8]

P7. Describe the structure and roles of typical professional organizations. (Level IV) [EO: 1]

P8. Relate one’s values/behaviors to professional standards, codes of ethics, professional responsibilities, and cultural competence. (Level V) [EO: 1, 8, 10]

P9. Incorporate active participation in the professional association into daily priorities. (Level IV) [EO: 1, 7, 8]

P10. Relate Jesuit values to the professional of physical therapy. (Level III) [EO: 7, 8, 10]

P11. Participate in service-learning activities. (Level III) [EO: 8, 10, 12]

P12. Develop plans for individual professional development. (Level IV) [EO: 10]

P13. Identify the characteristics and uniquenesses of the science as lifespan issues are considered. (Level I) [EO: 2]

P14. Demonstrate plausible relationships among element of different courses of study through the use of relevant theory and deductive reasoning. (Level IV) [EO: 7]

P15. Evaluate research/relevant theory critically for the advancement of evidence based practice. (Level VI) [EO: 7]

P16. Participate in research for the advancement of evidence based PT practice. (Level III) [EO: 7]

P17. Identify common psychosocial and environmental factors that contribute to health, wellness, injury/disease and foundational sciences. (Level I) [EO: 3]

P18. Demonstrate professional behaviors in all interactions. 2.1 (Level I) [EO: 1, 3, 5, 7, 8, 10]

P19. Articulate clinical decision making skills, including clinical reasoning, clinical judgment, and reflective practice. (Level V) [EO: 7]

P20. Use Patient/Client Management Model in all patient/client interactions. (Level III) [EO: 1, 2, 3, 6]

P21. Educate others using sound learning theory that are commensurate with the needs of the situation and/or learner. (Level V) [EO: 3, 4, 5]

P22. Integrate sound business management strategies that promote clinical decision-making. (Level V) [EO: 9]
Research

R1. Access information in accepted resources for the purposes of critiquing and synthesizing information in support of evidence-based practice and basic theoretical research. (Level V) [EO: 1, 2, 3, 4]

R2. Utilize the scientific method to develop a problem to study, develop methodology to address the problem, collect data, analyze data, and present the data. (Level III) [EO: 1, 2, 3, 4, 7]

R3. Communicate accurately and in appropriate context, by means of the standard vocabulary of the science, the concepts, models, and theories of foundational sciences using technically correct multiple methods as appropriate to the content. (Level V) [EO: 1, 2, 3, 4, 5, 6]

R4. Participate in the group process to enhance skill in facilitation of group dynamics, and giving and receiving feedback. (Level III) [EO: 1, 3, 4, 5, 6, 8, 10]

R5. Relate foundational sciences to the safety, respect for the individual, and cultural differences and respect for privacy and dignity. (Level V) [EO: 1, 4, 8, 10]

R6. Seek and utilize sources of financial and equipment support to conduct the research project. (Level IV) [EO: 1, 2, 9]

R7. Apply information from the research experience to support evidence-based clinical practice. (Level V) [EO: 1, 2, 3, 4, 5, 6]

R8. Organize a plan for learning that demonstrates competence in foundational sciences. (Level V) [EO: 1, 2, 7]
Clinical Education
CE1. Utilize various resources to provide information on the patient/client. (Level III) [EO: 2, 4, 7, 9, 10]
CE2. Select special tests according to the situation. (Level IV) [EO: 1, 2, 7]
CE3. Perform examination skills. (Level III) [EO: 1, 2]
CE4. Incorporate information gained from the exam, including history, systems review and tests and measures to determine needs of patient/client. (Level V) [EO: 1, 2, 3]
CE5. Determine a diagnosis consistent with evaluative findings. (Level V) [EO: 1, 2, 3]
CE6. Determine plan of care in collaboration with patient, family/caregiver and other parties. (Level V) [EO: 2, 3, 4, 5]
CE7. Analyze factors that may influence expected outcomes. (Level IV) [EO 2, 3, 7, 9, 10]
CE8. Perform procedures and techniques consistent with the diagnosis and prognosis of the patient. (Level III) [EO 2, 3, 7]
CE9. Establish a plan of intervention based on patient response. (Level V) [EO 2, 3]
CE10. Educate patient/client/ family/caregiver and health care personnel regarding condition and intervention. (Level V) [EO 3, 4, 5, 8]
CE11. Incorporate evidence-based outcome measures. (Level IV) [EO 7, 8, 9]
CE12. Incorporate safe practice methods to protect welfare of self, patient and family/caregiver. (Level V) [EO 1, 2, 3, 4]
CE13. Document patient care consistent with the guideline requirements of the facility and of regulatory agencies. (Level IV) [EO 1, 4, 5]
CE14. Adapt communication style to the needs of a given situation. (Level III) [EO 4, 5, 9]
CE15. Maintain professional behaviors in all clinical interactions. (Level VI) [EO 1, 3, 4, 9]
CE16. Integrate self-evaluation and constructive feedback to modify behavior. (Level V) [EO 1, 10]
CE17. Determine physical therapy delegated tasks to facilitate effective patient care. (Level V) [EO 1, 3, 6, 9]
CE18. Adhere to clinical facility’s policies and procedures, APTA Code of Ethics and Standards of Practice. (Level V) [EO 1, 5, 8, 9]
CE19. Expand physical therapy evidence and knowledge in practice. (Level III) [EO 5, 7, 8, 10]
CE20. Collaborate with health care personnel, patient/client/family/caregiver and community resources in a manner that attends to the interests of all parties. (Level V) [1, 3, 4, 5, 6, 8, 9, 10]
CE21. Illustrate preparedness for clinical education experience. (Level IV) [EO 1, 2, 3, 4, 5, 6]
Appendix C
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.

Semester I:  
Course: DPT 776 Critical Inquiry  
Objective: The student will critically appraise and catalogue medical literature.  
Assignment: Article Critique (Individual)  
Competencies: Identify critical components of the research article including: basic research design, introduction, methods, results, conclusion, and ethical and legal constraints using article critique worksheet  
Inform peers of primary findings of an article  
Use AMA format  

Assignment: Reference library development (Individual)  
Competencies: Develop an electronic reference library, given a collection of literature  
Delineate levels of evidence within this select library  
Organize personal library in a manner that is conducive of efficient and effective data retrieval within a future clinical environment  
Use AMA format  

Course: DPT 708 Management Applications of Physiology: MAP I  
Objective: The student will use the scientific method to plan laboratory experiments, write up lab reports, and reflect on their experiences.  
Assignment: Written Laboratory Reports (Group)  
Competencies: Use current literature to evaluate lab activity  
Describe previous research that supports lab activity  
Develop a hypothesis for lab activity  
Describe methodology for lab activity  
Report intra/inter-rater reliability of the lab activity  
Reflect on the value of the exercise when making clinical decisions  
Use AMA format  

Semester II:  
Course: DPT 704 Neuroscience  
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.  
Assignment: Literature Review of multiple articles (Individual)  
Competencies: Search for basic science research and review articles
Critique each article
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
Explain 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: Complete systematic review worksheet
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)
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<tr>
<th>Component</th>
<th>Tip</th>
<th>Comment</th>
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<tr>
<td><strong>Study Purpose</strong></td>
<td></td>
<td>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>
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<td>Stated clearly?</td>
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<td>Yes</td>
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<td><strong>Literature</strong></td>
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<td>Relevant background</td>
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<td>presented?</td>
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<td><strong>Design</strong></td>
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<td>Sample N=</td>
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<td>Size justified?</td>
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<th>Outcome Measures</th>
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<th>Intervention</th>
<th>Described in detail?</th>
<th>Yes</th>
<th>No</th>
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the same time to identify information about an outcome.

**Single subject (SSD)= 'n of 1':** involves a single subject followed over time, before and during and after intervention.

**Case study:** provides descriptive information about the treatment of a subject. There is no control subject or treatment.

**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)

**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

**Sufficient information should be supplied for you to replicate it. Consider these elements:**

Provide a short description of the intervention.
<table>
<thead>
<tr>
<th>Results</th>
<th>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? Did authors justify/explain their choice of analysis; do they appear appropriate for the study and the outcomes. The authors should discuss the relevance of the results to clinical practice and/or to the lives of the subjects. If significant differences were found between groups, are they clinically meaningful? If not significant, are they any clinical measures you would consider important for your practice? The participants who drop out of a study can influence the results and should be reported along with the reasons for dropping out. If there were no drop out consider that as being reported.</th>
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<td>Reported in terms of statistical significance?</td>
<td>Yes</td>
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<td>Was analysis appropriate for design?</td>
<td>Yes</td>
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<td>Clinical importance reported?</td>
<td>Yes</td>
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<td>Were dropouts reported?</td>
<td>Yes</td>
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<tr>
<td>Conclusions/Discussion</td>
<td>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/</td>
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<tr>
<td>Appropriate for study and results?</td>
<td>Yes</td>
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Did any contamination occur (what would happen if some subjects in the control group received some treatment inadvertently?)

What were the results? Were they statistically significant (p<.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!!

What was the clinical importance of the results? Were differences between groups clinically meaningful?
biases. In these types of studies, authors may only conclude that the results 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?

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**Grading Rubric for Zotero Assignment**

Name__________________________________________

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<tr>
<td>1. Share a new library folder with DPT 2018 Group Library</td>
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</table>

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<thead>
<tr>
<th>Points</th>
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<tbody>
<tr>
<td>2. Create a bibliography (reference list) of all of assigned author’s publications in Microsoft Word</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3. Create a word document and paraphrase the abstract from the Cleland article</td>
</tr>
<tr>
<td>a. AMA format (10/10)</td>
</tr>
<tr>
<td>b. APA format (0/10)</td>
</tr>
<tr>
<td>c. Comment on the <strong>level of measurement</strong> of the outcomes measures and on the <strong>model and form of the reported ICC</strong>. (10/10)</td>
</tr>
<tr>
<td>d. Interpret why you would use one outcome tool compared to another as an evaluative measure of patient progress. (10/10)</td>
</tr>
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</table>

<table>
<thead>
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<th>Points</th>
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<tbody>
<tr>
<td>4. Attach a .pdf of this article to your Zotero citation and print a snap shot of your Zotero page with the attachment to turn in with this assignment.</td>
</tr>
</tbody>
</table>

**TOTAL**
Critical Inquiry Thread  
Semester I: DPT 708 MAP I  
Written Laboratory Report (Group)

Group Members:

Final Point Scale: ____________  
Final Grade: _________ %

Evaluation Scale:

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<tr>
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Grading Scale:

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

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<th>Meets Expectations</th>
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<th>Missing</th>
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<td>3 (84)</td>
<td>2(76)</td>
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<td>4</td>
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<tr>
<td>States research problem clearly</td>
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<td>4</td>
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<td>Reviews current literature regarding laboratory technique</td>
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<td>4</td>
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<tr>
<td>Describes subject characteristics (i.e. gender, age)</td>
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<td>4</td>
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<tr>
<td>Describes procedures used to collect data</td>
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<tr>
<td>Explains variation of procedures from the literature, if needed</td>
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<tr>
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<td>4</td>
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<td>Describes data analysis used</td>
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<td>Missing</td>
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<td>Uses tables or figures to explain results</td>
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<tr>
<td>Uses appropriate terms to report results (mean, sd, etc)</td>
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<td>Discussion/Conclusion</td>
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<tr>
<td>Discusses sources of variability in procedures or data collection</td>
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<td>4</td>
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<tr>
<td>Suggests methods to improve reliability</td>
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<td>4</td>
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<tr>
<td>States conclusion of lab findings clearly</td>
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<td>4</td>
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<tr>
<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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<td>3.0-3.4</td>
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<td>5= EXCEPTIONAL</td>
<td>2.5-2.9</td>
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</tbody>
</table>

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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<th>Exceptional</th>
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<th>Meets Expectations</th>
<th>Below Expectations</th>
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<th>Missing</th>
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<tr>
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<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 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>
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<td>0</td>
</tr>
<tr>
<td>Includes references in AMA format</td>
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<td>4</td>
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<td>Selection of Articles</td>
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<td>4</td>
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<tr>
<td>Selects relevant article(s) that best addresses the assignment</td>
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<td>Refines topic consistent with articles selected</td>
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<td>4</td>
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<tr>
<td>Describes background of topic consistent with course</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>Describes methodology used in articles</td>
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<td>Clinical Decision</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: ______________________

Final Point Scale: ____________________
Final Grade: ______ %

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

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<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
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<tr>
<td>Uses correct grammar (no more than 6 grammatical errors/written submission)</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>Includes citations and copy of abstracts in text of paper</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Develops appropriate clinical question based on given case scenario</td>
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### Article Critique

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<th>Score 6</th>
<th>Score 7</th>
<th>Score 8</th>
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### Clinical Decision

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<th>Score 7</th>
<th>Score 8</th>
<th>Score 9</th>
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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________________
Critical Inquiry Thread  
DPT 792  
Written Research Manuscript

Group Members:

Proposal Title:

Evaluation Scale:  

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<th>Grade</th>
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<th>1= NOT ACCEPTABLE</th>
<th>2= BELOW EXPECTATION</th>
<th>3= MEETS EXPECTATION</th>
<th>4= EXCEEDS EXPECTATION</th>
<th>5= EXCEPTIONAL</th>
</tr>
</thead>
</table>

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).

<table>
<thead>
<tr>
<th>Technical Aspects</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
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<td>5 (less than 3 errors)</td>
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<td>Searches and critiques the literature as related to research question</td>
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<td>Paraphrases previous research succinctly and avoids quotes</td>
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<td>Develops logical flow of ideas between previous research &amp; problem statement</td>
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<tr>
<td>Describes purpose of study in clear, specific terms</td>
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<tr>
<td>States research hypotheses in clear &amp; testable manner</td>
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Methods:  
Includes Project Design (statement with study design with identification of variables) | 5           | 4                    | 3                  | 2                  | 1              | 0       |
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<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Not Acceptable</th>
<th>Missing</th>
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<tr>
<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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<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>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>Discussion and conclusions</td>
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<td>Describes relationship of discussion/conclusions to hypotheses clearly and accurately</td>
<td>5</td>
<td>4</td>
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<tr>
<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: ____ %

Evaluation Scale:

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</table>

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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<tr>
<td>Develops appropriate clinical question based on given case scenario</td>
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<td>Includes all PICO elements (Patient, intervention, comparison intervention, outcomes)</td>
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<td>Selection of Articles</td>
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<td>Article Critique</td>
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<td>Describes each study and explains why it is relevant to the question</td>
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<td>3 (84)</td>
<td>2(76)</td>
<td>1(68)</td>
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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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<td>Includes all PICO elements (Patient, intervention, comparison intervention, outcomes)</td>
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<td>Describes each study and explains why it is relevant to the case</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Describes inclusion/exclusion criteria for study and why patient in case matches the criteria</td>
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</tr>
<tr>
<td>Describes the design of the study, including level of evidence</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>Describes the author’s conclusions</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Provides own conclusions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Clinical Decision – Plan of Care</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Describes the clinical reasoning process (rationales used to incorporate information from both studies into clinical decisions)</td>
<td>5</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>Consider unique characteristics of the patient in the proposed care plan</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates ability to integrate evidence with individual patient factors when designing plan of care</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Includes specifics of intervention, including prognosis, frequency, duration, intensity, anticipated response,</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Explains rationale for plan of care in patient language</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_________________

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

Group Members:

Final Point Scale: ____________
Final Grade: ____ %

Evaluation Scale:
Grading Scale:

<table>
<thead>
<tr>
<th>Criteria</th>
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<th>Percent Grade</th>
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<tr>
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<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>
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<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>
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<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 **modify a plan of care** through the use of clinical scenarios using the best available evidence.

<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>4 (less than 6 errors)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</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>Clinical Question</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Explains factors that require modifying plan of care in a given case scenario</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Develops appropriate clinical question based on given case scenario</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Includes prognostic factors in clinical question</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Includes all PICO elements in clinical question</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<td>Search Strategy</td>
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<td>4</td>
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<tr>
<td>Identifies search databases and terminology</td>
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</table>

<table>
<thead>
<tr>
<th>Selection of Articles</th>
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<th>3</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Selects 2 relevant articles</td>
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<tr>
<td>Describes rationale for selection of each article, including level of evidence</td>
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</table>

<table>
<thead>
<tr>
<th>Critical Appraisal of Topic</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describes each study and explains why it is relevant to the case</td>
<td></td>
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</tr>
<tr>
<td>Describes inclusion/exclusion criteria for each study and why patient in case matches the criteria</td>
<td></td>
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</tr>
<tr>
<td>Describes the design of the study, including level of evidence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Discusses conclusions of authors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Provides own conclusion</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Decision – Modification of Plan of Care</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>Justify rationale for a plan of care modification based on the review of evidence</td>
<td></td>
<td></td>
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<tr>
<td>Consider unique characteristics of the patient in the proposed care plan</td>
<td></td>
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<tr>
<td>Includes specifics of intervention, including frequency, duration, intensity, anticipated response</td>
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</tr>
<tr>
<td>Includes prognostic factors in determining time frames for plan of care and anticipated outcomes</td>
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</table>

Comments:

Faculty Signature: ________________________________ Date _______________
## Critical Inquiry Thread
Clinical Education IIII - Capstone
Individual Analysis of Practice

Student Name: ____________________________  Date: ____________________________

Final Point Scale: __________  Final Grade: ______%  

### Evaluation Scale:

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<tr>
<td>0= OMITTED</td>
<td>5</td>
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<tr>
<td>1= NOT ACCEPTABLE</td>
<td>4.5-4.9</td>
<td>96%</td>
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<td>4= EXCEEDS EXPECTATION</td>
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<td>84%</td>
</tr>
<tr>
<td>5= EXCEPTIONAL</td>
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<td>80%</td>
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<td>76%</td>
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<td>72%</td>
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<td>1.0-1.4</td>
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<tr>
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<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 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>
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<td>3 (84)</td>
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<td>0(60)</td>
</tr>
<tr>
<td>Uses Grammatical correctness</td>
<td>5</td>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(no more than 6 grammatical errors/written submission)</td>
<td>(less than 3 errors)</td>
<td>(less than 6 errors)</td>
<td>(more than 6 errors)</td>
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<tr>
<td>Logical flow of ideas/ Does not stray into irrelevant ideas</td>
<td>5</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<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>
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</tr>
<tr>
<td>Research Problem</td>
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<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Reviews literature on instrument of interest</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>Selects tool that is appropriate for patient population</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Methods: Minimum Data Set (MDS)</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>
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<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>
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<tr>
<td>Results</td>
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<td></td>
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</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>
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</table>

Class of 2018 Student Handbook  Page - 88 -
<table>
<thead>
<tr>
<th>Discussions/Conclusion</th>
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<th>4</th>
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<th>2</th>
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</thead>
<tbody>
<tr>
<td>Presents evaluation of results in clinically meaningful terms</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Justifies clinical meaning based on literature</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>States conclusions and future plans clearly</td>
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<tr>
<td>Describes ways the information may be used in PT practice</td>
<td></td>
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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</th>
<th>Meets Expectations</th>
<th>Below Expectations</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>
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</tr>
<tr>
<td>Content of presentation includes introduction and appropriate background information that provide rationale to support the study.</td>
<td></td>
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</tr>
<tr>
<td>Content of presentation includes a clear explanation of methods.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Content of presentation the effective use of figures and tables to communicate results.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Content of presentation includes a conclusion and the clinical implications of the results.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Answers questions posed by audience effectively</td>
<td></td>
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</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: ________

Evaluation Scale:  

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Average Points Scored</th>
<th>Percent Grade</th>
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<tr>
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<tr>
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<td>4= EXCEEDS EXPECTATION</td>
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Grading Scale:  

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<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<td>Content* (Breadth, Depth)</td>
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</tbody>
</table>

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

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

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 %

Evaluation Scale: Grading Scale:

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</tr>
<tr>
<td></td>
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</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>
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<td>Course Specific Content</td>
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<td>Description of osteo-kinematics of movement</td>
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<td>Support of hypothesis/study</td>
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<td>Methods described accurately/ completely</td>
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<td>3</td>
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<tr>
<td>Discussion of:</td>
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<tr>
<td>Interpretation of results</td>
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<tr>
<td>Reflection of laboratory</td>
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<tr>
<td>Understanding movement</td>
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<tr>
<td>Clinical Relevance</td>
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</table>

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

Comments:

Faculty Signature: ____________________________  Date ________________
Writing Across the Curriculum Thread  
Semester III: DPT 714 Psychosocial Aspects of Health Care

Student: ___________________________________________  Date: __________________________________
Interviewee: ______________________________________  Final Point Scale: __________________________

Evaluation Scale:  
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<td>92%</td>
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<tr>
<td>3= MEETS EXPECTATION</td>
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</tr>
<tr>
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<td></td>
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<td>76%</td>
</tr>
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<td></td>
<td>1.5-1.9</td>
<td>72%</td>
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<tr>
<td></td>
<td>0-0.5</td>
<td>60%</td>
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</tbody>
</table>

Grading Scale:  

Objective: The students will read an assigned book and write a critique on how health care beliefs and values apply to their professional role.

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<th>Category</th>
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<th>Meets Expectations</th>
<th>Below Expectations</th>
<th>Not Acceptable</th>
<th>Missing</th>
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</thead>
<tbody>
<tr>
<td>Expression*</td>
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<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Reflection of personal impact</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</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>
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<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>
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<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.

Strengths of written presentation:

Areas for further focus and concentration:

Faculty Signature: ___________________________  Date __________________

Class of 2018 Student Handbook  Page - 97 -
# 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>
<th>Omitted or Missing</th>
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<tbody>
<tr>
<td>Course Specific Content</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clearly and succinctly states purpose/intent of letter in opening statements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports pertinent patient information (Hx, PIPs, goals) as it relates to the need for an orthotic device</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluates pertinent tests and measures results as they relate to the movement observation and need for an orthotic device</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribes an appropriate orthotic device with all necessary components to address patient PIPs, goals, and movement problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision making process is systematically organized to build a logical rationale for the need for an orthotic device.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written language is clear and concise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses professional writing style</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grammar</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling/Punctuation</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses professional abbreviations only</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: __________ %

Evaluation Scale: Grading Scale:

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<tr>
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</table>

Objective: The student will write a piece of work that defends a personal position.

<table>
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<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds Expectation</th>
<th>Meets Expectations</th>
<th>Below Expectations</th>
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<tbody>
<tr>
<td>Expression*</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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<td>Grammar*</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Persuasiveness of letter</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Accuracy of facts presented on issue</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Clarity of articulation of issue and message</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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</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: __________________

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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 77I 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

Semester V: Course DPT 737 Neurological Management I
Objective The student will transition from a predominant lecture format to a collaborative and interactive teaching format that promotes dialogue and critical thinking.
Assignment 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)
Competencies In addition to competencies in prior semesters, the student will be able to:
Present an overview of a clinical case clearly and concisely
Cover essential material in appropriate depth and breath efficiently
Include evidence for clinical choices
Present ideas in a systematic and coherent fashion
Respond to queries without unusual delay to consult notes or other materials
Use various levels of questioning and communication to promote dialogue and understanding.
Defend choices of examinations and interventions based on current best evidence
Respond to individual questions in a manner that promotes comprehension.

Semester VI Course DPT 774 Professional Issues/Case Management V
Objective The student will present an oral case report in a structured format and set up an atmosphere that promotes an exchange of ideas.
Assignment Presentation of an oral case report from data gathered in the Semester VI clinical experience (Individual)
Competencies In addition to competencies in prior semesters, the student will be able to:
Set up atmosphere that promotes exchange of ideas/questions
Respond to group questions/challenges in a manner that promotes discussion/critical thinking
Refocus discussion as necessary

Semester VII: Course DPT 752 Clinical Education III
Objective The student will present a clinically relevant topic and set up an atmosphere that promotes an exchange of ideas.
Assignment Presentation to Health Care Personnel during the clinical experience (Individual)
The student will turn in a one page action plan to his/her CEC.
Competencies Upon completion of the assignment the student will be able to:
Appraise the educational desires of the group
Define segment objectives
Organize content effectively
Discuss evidence relevant to chosen topic
Check for understanding
Respond to questions/challenges in a manner that promotes discussion/critical thinking
Create an action plan based on CI/audience feedback
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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<th>Criteria</th>
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<th>Percent Grade</th>
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<tbody>
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<td>0= OMITTED</td>
<td>5</td>
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</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>
</tbody>
</table>

Objective: The student will organize an instructional segment that incorporates basic components of effective teaching/learning.

<table>
<thead>
<tr>
<th>Segment Objectives Defined</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></td>
<td>5(100)</td>
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<td>3(84)</td>
<td>2(76)</td>
<td>1(68)</td>
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<td>Set Established</td>
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<tr>
<td>Modeling Incorporated</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>Content Organization</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>Incorporation of Audiovisuals</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Includes Closure</td>
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<td>4</td>
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</table>

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:**

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<tr>
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</tr>
<tr>
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<td>2.5-2.9</td>
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</tr>
<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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**Objective:** The student will organize an instructional segment that incorporates basic components of effective teaching/learning.

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
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<th>Missing</th>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
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<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Modeling Incorporated</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>
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<td>Effective organization of content</td>
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<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>Presents best evidence relevant to the topic</td>
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<tr>
<td>Presents material effectively to match audience needs</td>
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<tr>
<td>Presents in efficient manner</td>
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<tr>
<td>Effective Closure</td>
<td>5</td>
<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:_________________________

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Class of 2018 Student Handbook  
Page - 103 -


**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: __________ %

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<tr>
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<td>Incorporates Modeling</td>
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<td>Checks for Understanding</td>
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<td>4</td>
<td>3</td>
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<td>0</td>
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<td>5</td>
<td>4</td>
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<td>Incorporates Audiovisuals</td>
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<td>1</td>
<td>0</td>
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<tr>
<td>Includes Closure</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Explains Purpose &amp; Relevancy</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Includes Internal Transitions</td>
<td>5</td>
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<td>0</td>
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<tr>
<td>Includes External Transitions</td>
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<tr>
<td>Uses Extensions</td>
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<td>4</td>
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<tr>
<td>Demonstrates Cohesive Group Format</td>
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<td>4</td>
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<td>Depicts content accurately</td>
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<tr>
<td>Includes History, Current Issues and Future Vision in presentation</td>
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<td>4</td>
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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:

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<td>96%</td>
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<tr>
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<tr>
<td>3= MEETS EXPECTATION</td>
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<tr>
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<tr>
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<td>2.5-2.9</td>
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<tr>
<td></td>
<td>2.0-2.5</td>
<td>76%</td>
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<tr>
<td></td>
<td>1.5-1.9</td>
<td>72%</td>
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<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 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>
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<tr>
<td>Teaching Style</td>
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<td>3(84)</td>
<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
</tr>
<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>
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<td>4</td>
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<td>2</td>
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<td>Content</td>
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<tr>
<td>Presents the overview of the case clearly and concisely</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Covers essential material in appropriate depth</td>
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<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</td>
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<td>4</td>
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<td>patient problems and examination</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Prioritizes tests and measures (reasonable number and quality)</td>
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<tr>
<td>Illustrates a clear relationship between examination, evaluation, prognosis, diagnosis and intervention selection</td>
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<td>4</td>
<td>3</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Criteria</th>
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Grading Scale:

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>3(84)</td>
<td>2(76)</td>
<td>1(68)</td>
<td>0(60)</td>
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<tr>
<td>Explains Purpose &amp; Relevancy</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<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>Utilizes Extensions</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>0</td>
</tr>
<tr>
<td>Checks for Understanding</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Effective Organization of Content</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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<tr>
<td>Effective Closure</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<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>
</tr>
<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>
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<td>4</td>
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<td>2</td>
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</table>
Strengths of presentation:

Areas needing additional focus/concentration:

Question & Answer

Faculty Signature: ____________________________ Date ________________

* Explanation of Teaching Strategy Criteria

<table>
<thead>
<tr>
<th>Set Established:</th>
<th>Engages audience to focus present information.</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<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 in a manner that promotes discussion/critical thinking:</td>
<td></td>
</tr>
<tr>
<td>Refocuses discussion as necessary</td>
<td></td>
</tr>
</tbody>
</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: _______________

Final Point Scale: ______  Final Grade: ______ %

Evaluation Scale:  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>
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<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: The student will present a clinically relevant topic and set up an atmosphere that promotes an exchange of ideas.

<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>Appraises the educational desires of the group</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Defines segment objectives</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<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>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Submits 1 page Action Plan to CEC</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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 breadth 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 lifespan
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>
</thead>
<tbody>
<tr>
<td>Objective: 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>
<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>
</tbody>
</table>
Mission | Service
--- | ---
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

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective: The student will experience the physical, cognitive and emotional challenges that an individual with a disability faces during a typical 12 hr period.</td>
<td>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.</td>
</tr>
<tr>
<td>Assignments: Reading assignments  Experience the life of a person with a disability - a 12 hr emersion experience  Written reflection of emersion experience.</td>
<td>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</td>
</tr>
<tr>
<td>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.</td>
<td>Express personal responsibility to advocate for community access for all members.</td>
</tr>
</tbody>
</table>

Semester III-Summer  
Course: DPT 771 Professional Issues/Case Management II

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</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 fitness across the lifespan.</td>
</tr>
<tr>
<td>Mission</td>
<td>Service</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Assignments:</strong></td>
<td><strong>Project options:</strong></td>
</tr>
<tr>
<td></td>
<td>• Argyle&lt;br&gt;• Tennis-NJTL&lt;br&gt;• Denver Parks and Recreation-children and adult programs</td>
</tr>
<tr>
<td><strong>Competencies:</strong></td>
<td><strong>Service Learning 1 page written reflection</strong></td>
</tr>
<tr>
<td></td>
<td>Perform the service learning activity within the designated timeframe&lt;br&gt;Express personal perspectives on the service learning experience in writing&lt;br&gt;Describe factors that influence the health and wellness of individuals across the lifespan</td>
</tr>
</tbody>
</table>

### 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><strong>Objective:</strong></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><strong>Assignments:</strong></td>
<td>Personal Platform Paper</td>
</tr>
<tr>
<td><strong>Competencies:</strong></td>
<td>Describe personal value system within a formal ethical framework.&lt;br&gt;Discuss how personal/professional behaviors illustrate daily ethical decisions.</td>
</tr>
</tbody>
</table>

### 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><strong>Objective:</strong></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>
<tr>
<td><strong>Assignments:</strong></td>
<td>Leadership discussion.&lt;br&gt;Focused Journal - recent and future leadership role goals.</td>
</tr>
<tr>
<td><strong>Competencies:</strong></td>
<td>Describe types of leadership roles within the community and profession of physical therapy.&lt;br&gt;Describe personal contribution as a leader within their Regis educational experience.&lt;br&gt;Describe personal intent/goals for future contributions/leadership roles to the profession of P.T. and to the community.</td>
</tr>
<tr>
<td></td>
<td>The student will actively engage in the Regis Mission by participating in a service learning project The focus is promotion of health and wellness of the child.</td>
</tr>
<tr>
<td></td>
<td>Project options:&lt;br&gt;• Skinner Middle School health fair&lt;br&gt;• Aruphe Jesuit High School Health fair</td>
</tr>
<tr>
<td></td>
<td>Service Learning 1 page written reflection</td>
</tr>
<tr>
<td></td>
<td>Determine appropriate health screens and educational tools that include flexibility, strength and endurance for children ages 11-19 years old. Educate children &amp; families with and without disabilities in various areas of health and fitness. Express personal perspectives on the service learning experience in writing.</td>
</tr>
</tbody>
</table>
### 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></td>
<td>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>
</tr>
</tbody>
</table>
| **Assignments:** | Seminar participation. Seminar discussion/reflection Focused journal – social justice | Project options:  
- Special Olympics  
- 9 health fair  
- Wind River  
- National Center for Disabled Sports- Winter Park  |
| **Competencies:** | 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. | 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. |

### 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></td>
<td>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>
</tr>
<tr>
<td><strong>Assignments:</strong></td>
<td>Reading Assignment Classroom discussion</td>
</tr>
<tr>
<td><strong>Competencies:</strong></td>
<td>Apply components of Mission to daily clinical decisions for individuals with musculoskeletal challenges.</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>
</tbody>
</table>
| **Assignments:** | Project options:  
- Argyle  
- Other identified community sources  |
| | Service Learning –oral group reflection | |
### Competencies:
Express personal perspectives on the service learning experience in writing

### Semester VI - Summer
**Course: DPT 715 Health Care Policy**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will investigate the impact of health care policy on the distribution of goods and universal access.</td>
</tr>
<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>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will actively reflect on their past service learning experiences with a focus on social justice.</td>
</tr>
</tbody>
</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>Mission</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective:</td>
<td>The student will investigate the impact of developing and managing a business while incorporating the principles of Ignatius decision-making and Jesuit ethical guidelines.</td>
</tr>
</tbody>
</table>
### Mission

**Assignments:**
- Reading Assignments
  - 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.

**Competencies:**
- Articulate responsibility of giving back to society
- Apply professional core values in business plan development.
- Analyze the difference between legal/illegal and ethical/unethical actions within the contextual framework of being a business owner and/or employee.
- Describe rationale for why and how decisions are made (e.g.: “Examen consciousness”)
- 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.

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### Service

**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

**Competencies:**
- Identify community resources
- Discuss service access for persons with disabilities
- Compare and contrast health care across social, economic and geographic locales and its implications to social justice.
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>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>
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<td>96%</td>
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<tr>
<td>2= BELOW EXPECTATION</td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Exceeds Expectations</th>
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<th>Below Expectations</th>
<th>Did not attend discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5(100)</td>
<td>4(92)</td>
<td>3(84)</td>
<td>2(76)</td>
<td>0(60)</td>
</tr>
<tr>
<td>Professional</td>
<td>Consistently demonstrates all indicators</td>
<td>Respectful, constructive, uses active listening skills</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>
<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>
<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 resources 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>
<td></td>
</tr>
<tr>
<td>Category</td>
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<td>Did not attend discussion</td>
</tr>
<tr>
<td>-----------------------------------------</td>
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</tr>
<tr>
<td><strong>Timely</strong></td>
<td>5(100)</td>
<td>4(92)</td>
<td>3(84)</td>
<td>2(76)</td>
<td>0(60)</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>
<td></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>
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<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>
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<td>4</td>
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<td>Application/Synthesis</td>
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<tr>
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</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>
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<tbody>
<tr>
<td>Completes Assignment</td>
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<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>
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<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><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Mission and Service Thread  
DPT 770,771,772,773,774,775  
Written Reflection Questions for Service Learning (Individual)

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>Objective</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>Objective</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>Objective</th>
<th>Assess inter cultural 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

**Objective**  
Apply communication strategies to assist a patient in clarifying their own values, imagining possibilities, enhancing self-determination and celebrating personal victories.

**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.

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### 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

**Objective**  
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.

**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

**Objective**  
Use self assessment to plan opportunities for personal and professional growth in leadership and intercultural development.

**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

**Objective**
Reflect and request feedback on self assessment of Leadership Practice Inventory (LPI) and intercultural development and modify professional behavior and leadership goals as necessary.

**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**

**Objective**
Identify and model skills necessary of an ethical leader in the PT profession.

**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. |
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

Description & Objectives

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 & 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 E:
Incomplete Grade Request

(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 requested 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 Program Director or School 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 F:
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>0.67</td>
</tr>
</tbody>
</table>

Example:

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>Credits</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>701 Anatomy</td>
<td>A</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>702 Physiology</td>
<td>B</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

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 G:
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 H:
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
- Identifies need for and seeks referrals to other disciplines

**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
- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

**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:**
Active 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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<td>DPT 774, 775, 776</td>
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Appendix I
Action Plan for the Academic and Clinical Setting

**PURPOSE:** To outline action steps that faculty and academic advisors can take to address challenges in the academic and or clinical setting.

When a student is demonstrating difficulty in the academic or clinical setting, the faculty and or academic advisor can take specific steps to help guide the student. More than one action plan may exist concurrently to direct the student towards successful outcomes.

**ACTION - LEVEL 1 [Meet with student]**

1. The academic or clinical faculty will address the behavior(s) with the student directly
2. The faculty should notify the academic advisor or clinical education advisor during clinical rotations regarding the incident
3. Key points from the meeting with the student should be documented and placed in the student’s secure academic record

**ACTION – LEVEL 2 [Write an action plan]**

1. If a student has ongoing challenges with the previously documented behavior, the academic and/or clinical advisor should:
   a. Meet with the student face-to-face to discuss the concerns
   b. Assist the student in developing an action plan to address specific steps that will positively impact the noted behavior(s) (see attached form); it is the student’s responsibility to draft the plan
   c. The academic or clinical advisor will review and approve a final draft
2. The student, academic advisor, other involved faculty, staff, clinicians, and or administrators as appropriate must acknowledge acceptance of the plan with their signature
3. The action plan will be placed into student’s secure academic record
4. The advisor should meet with the student on a regular basis until the action plan is successfully completed or until additional action is deemed necessary to address the student’s challenge(s). Mutually agreed upon meeting times based on timeframes noted on the action plan, will be set up at the time of action plan development. All meetings should be documented in the secure academic record
5. The academic advisor will notify the Office of the Dean that the action plan is in place.

**ACTION – LEVEL 3 [Contact Dean and Student Affairs]**

1. For more serious situations, repeat offenses, or breaches to existing action plan(s), the academic advisor should email or speak to the School Dean and the Chair of Student Affairs
2. The School Dean and the Chair of Student Affairs will determine the next course of action
Regis University, School of Physical Therapy
Action Plan – Example

Student Name:___________________________________
Date:___________________________________________

<table>
<thead>
<tr>
<th>Identified challenge</th>
<th>Learning Objective (*ABCD format)</th>
<th>Specific Activities: Steps to address skills, attitudes or behavior</th>
<th>Measurable Outcomes and Timeframe for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation – inaccurate content and spelling errors that may hinder accurate patient progression</td>
<td>The student will accurately document patient treatment sessions in all patient charts within two weeks.</td>
<td>Write a draft of documentation on specified patient treatment sessions for review by the clinical instructor (week 1) NOTE: multiple activities may be required to address the identified challenge/learning objective</td>
<td>Accurate and consistent chart documentation of patient treatment sessions without spelling errors to the degree that another physical therapist could safely and effectively treat the patient without cues (by the end of clinical rotation)</td>
</tr>
<tr>
<td>Consequences of Unsuccessful Remediation of Action Plan</td>
<td>If unable to provide consistent and accurate documentation in the chart, the student will not have met expectations of the clinical rotation – remediation of the clinical will be recommended</td>
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<table>
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<tr>
<th>Identified challenge</th>
<th>Learning Objective (ABCD format)</th>
<th>Specific Activities: Steps to address skills, attitudes or behavior</th>
<th>Measurable Outcomes and Timeframe for Completion</th>
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<tr>
<td>Communication – inability to receive constructive feedback from CI without a defensive response (verbal and body language)</td>
<td>The student will seek constructive feedback on identifying body language that appears defensive to the receiver within one week.</td>
<td>List body language that can present as “defensive.”</td>
<td>Consistent request for constructive feedback related to interaction with the CI and recognition of how to respond in a non-defensive manner (verbally and with body language) by completion of the clinical rotation</td>
</tr>
<tr>
<td>Consequences of Unsuccessful Remediation of Action Plan</td>
<td>If unable to communicate constructively following feedback, a recommendation will be made to develop a detailed timeline with the academic institution to remediate the professional behavior “Use of Constructive Feedback” prior to continued academic or clinical work and or graduation.</td>
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</table>

*ABCD format:
A = Audience
B = Behavior
C = Condition
D = Degree

Faculty advisor comments:
Signatures (include relevant signatures):
Student:__________________________________________________________
Academic Advisor:________________________________________________
Clinical Instructor:_______________________________________________
Other:___________________________________________________________
Administrator:___________________________________________________
Appendix J: 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>
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<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 K

## Professionalism in Physical Therapy: Core Values BOD P05-04-02-03 [Amended BOD 08-03-04-10]

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</table>
| Accountability | Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society. | 1. Responding to patient's/client's goals and needs.  
2. Seeking and responding to feedback from multiple sources.  
3. Acknowledging and accepting consequences of his/her actions.  
4. Assuming responsibility for learning and change.  
5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.  
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.  
7. Participating in the achievement of health goals of patients/clients and society.  
8. Seeking continuous improvement in quality of care.  
9. Maintaining membership in APTA and other organizations.  
10. Educating students in a manner that facilitates the pursuit of learning. |
| Altruism | 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. | 1. Placing patient's/client's needs above the physical therapists.  
2. Providing pro-bono services.  
3. Providing physical therapy services to underserved and underrepresented populations.  
4. Providing patient/client services that go beyond expected standards of practice.  
5. Completing patient/client care and professional responsibility prior to personal needs. |
<p>| Compassion/Caring | Compassion is the desire to identify with or sense something of another's | 1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment. |</p>
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<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</table>
| Caring      | experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others. | 2. Understanding an individual’s perspective.  
3. Being an advocate for patient’s/client’s needs.  
4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.  
5. Designing patient/client programs/ interventions that are congruent with patient/client needs.  
6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.  
7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.  
8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases.  
10. Attending to the patient’s/client’s personal needs and comforts.  
11. Demonstrating respect for others and considers others as unique and of value. |
| Excellence  | Excellence is physical therapy 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. | 1. Demonstrating investment in the profession of physical therapy.  
2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.  
3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.  
4. Conveying intellectual humility in professional and interpersonal situations.  
5. Demonstrating high levels of knowledge and skill in all aspects of the profession.  
6. Using evidence consistently to support professional decisions.  
7. Demonstrating a tolerance for ambiguity.  
8. Pursuing new evidence to expand knowledge. |
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<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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<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>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession.</td>
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<td>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.).</td>
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<td>3. Articulating and internalizing stated ideals and professional values.</td>
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<td>4. Using power (including avoidance of use of unearned privilege) judiciously.</td>
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<td>5. Resolving dilemmas with respect to a consistent set of core values.</td>
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<td>7. Taking responsibility to be an integral part in the continuing management of patients/clients.</td>
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<td>8. Knowing one’s limitations and acting accordingly.</td>
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<td>9. Confronting harassment and bias among ourselves and others.</td>
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<td>10. Recognizing the limits of one’s expertise and making referrals appropriately.</td>
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<td>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</td>
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<td>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
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<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>
<td>1. Demonstrating beneficence by providing “optimal care”.</td>
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<td>2. Facilitating each individual’s achievement of goals for function, health, and wellness.</td>
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<td>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</td>
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<td>4. Involved in professional activities beyond the practice setting.</td>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<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>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</td>
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<td>2. Promoting cultural competence within the profession and the larger public.</td>
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<td>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</td>
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<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<td>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</td>
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<td>6. Promoting community volunteerism.</td>
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<td>7. Participating in political activism.</td>
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<td>8. Participating in achievement of societal health goals.</td>
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<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy.</td>
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<td>10. Providing leadership in the community.</td>
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<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
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<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
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Appendix L

STANDARDS OF PRACTICE FOR PHYSICAL THERAPY HOD S06-10-09-07 [Amended HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-09-18-22; HOD 06-06-16-31; HOD 06-01-21-25; HOD 06-85-30-56; Initial HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

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.

   B. Organizational Plan
      The physical therapy service has a written organizational plan.

   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 standards, policies, positions, guidelines, and Code of Ethics.

   D. Administration
      A physical therapist is responsible for the direction of the physical therapy service.

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

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.

H. Staff Development
   The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

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.

J. Collaboration
   The physical therapy service collaborates with all disciplines as appropriate.

III. Patient/Client Management
   A. Physical Therapist of Record
      The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

   B. 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.

   C. Initial Examination/Evaluation/Diagnosis/Prognosis
      The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.

   D. 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, activity limitations, and participation restrictions.

      The physical therapists involve 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.

   E. 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.

   F. 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.
G. 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.

H. 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. The physical therapist of record is responsible for “hand off” communication.

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.

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.

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.

(See also Board of Directors standard Criteria for Standards of Practice)

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

[Document updated: 02/03/2011]

Explanation of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-08-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

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

Enter name here

Date: __________
Enter date 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

Date: __________
Enter date here

Faculty Advisor Signature
Appendix N:  
E-Mail: Accessing at Home

If students elect to access their Regis e-mail account through their home computer, they must have a web browser (Chrome, Firefox, Explorer) and an internet service provider. Additional information on internet connectivity may be found in the Technology Recommendation document that was provided to each student. To access the Regis e-mail system from home, the student needs to enter the following address:

https://insite.regis.edu

The student then would login in using their RegisNet ID and password.
Appendix O

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 ______________
This Release of Liability is to be completed by each student at the beginning of each semester. Once completed, each student will save a copy in the D2L™ Doctor of Physical Therapy course dropbox in the file designated for the specific semester indicated. It is the responsibility of the student to inform course coordinators of any changes which may alter the student’s capability to participate in clinical laboratory activities during the course of the semester.

I am participating of my own free will in the clinical laboratory activities, including clinical examinations and treatment techniques (“Clinical Lab” or “Clinical Labs”) associated with courses in the semester designated below:

☐ Year 1 Fall Semester    ☐ Year 2 Fall Semester    ☐ Year 3 Fall Semester
☐ Year 1 Spring Semester ☐ Year 2 Spring Semester
☐ Year 1 Summer Semester ☐ Year 2 Summer Semester

In consideration of, and as a condition to my participating in the Clinical Labs, I understand, acknowledge and agree as follows:

I acknowledge that the Regis University School of Physical Therapy is organizing these Clinical Labs solely for my educational benefit. I understand that the Clinical Labs include review of human anatomy, physiology, and kinesiology, as well as the examination and treatment techniques used in the practice of physical therapy. In the Clinical Labs, students act both as subjects (“models”) and operators for techniques, and there is often physical and/or manual contact between the model and operator. Details of Clinical Lab sessions in each course are specified in the respective course syllabi and activities may include, but are not limited to:

- Perform patient/client interviews
- Perform tests/measures of the neuromuscular, cardiopulmonary, musculoskeletal, integumentary and communication systems
- Observe and describe movement
- Lift and transfer persons with assistance, ranging from minimal to maximal assistance
- Perform manual therapy techniques, including joint mobilization/ manipulation and soft tissue mobilization
- Perform exercises for mobility, strengthening, stretching, reeducation, functional training, and/or endurance training (which can include high-intensity cardiovascular conditioning and testing)
- Perform and receive physical agents and interventions (e.g., electrical stimulation, cryotherapy)
- Apply, operate, and monitor equipment and/or devices used in physical therapy

In order to perform some techniques, it may be necessary for models to remove clothing to expose body regions. Draping will be used to preserve model dignity; each model retains the right to request additional draping or withdraw from the procedure if he/she deems the draping inadequate. Operators are required to clean their hands before and after physical contact. All Clinical Lab techniques will be introduced in a supervised teaching environment. The teaching involves explanation, visual demonstration, and supervised practice.

I acknowledge that I have no knowledge of any condition that prevents my full participation in these Clinical Labs and/or the clinical examination and treatment techniques used in them referred to above, except as described below:

Students respond here.
Enter none if there are no exceptions or limitations; otherwise provide explanation in this box.
I understand that all techniques taught in the Clinical Labs and used on me by the instructors or students are within my personal control. I acknowledge the right to terminate any technique involving me for any reason, at any time that I judge it may be injurious to my person. I acknowledge that other participants may practice techniques on me as I might practice techniques on other participants for the purpose of gaining clinical knowledge.

I have had the opportunity to ascertain the hazards and risks of participating in these Clinical Labs, including the clinical examination and treatment techniques used in them, and I acknowledge that participating in these Clinical Labs involves hazards and risks of personal injury to me. Having such knowledge of those hazards and risks, or having waived the right to obtain such knowledge, I willingly accept and assume all such hazards and risks in return for the educational benefits received.

Furthermore, I, for myself, and for my agents, personal representatives, successors and assigns (collectively and individually, “Releasors”) hereby:

a. Release and discharge Regis University, its trustees, officers, employees, students, agents, contractors, and suppliers (collectively and individually, “Releasees”) from any and all claims, demands, liabilities, and causes of action of every kind and nature, whether foreseen or unforeseen, any of the Releasors now has or may have in the future against any of the Releasees, which arises directly or indirectly out of, or relates directly or indirectly to any aspect of my participation in the Clinical Labs, including, without limitation, access to the laboratory, conditions existing in or around the laboratory or elsewhere in the laboratory’s premises, or use of any laboratory equipment by me or any other person (collectively and individually, “Released Claims”);

b. Agree not to assert any Released Claims, or commence, join, or cause to be commenced, any lawsuit against any of the Releasees based upon any Released Claims; and

c. Indemnify and hold harmless the Releasees from any and all claims, causes of action, damages, judgments, costs, and expenses, including, without limitation, attorney fees and other costs of litigation, which may in any way arise from or relate to any aspect of my participation in the Clinical Labs or any breach of the terms of this Release of Liability.

I represent and warrant that: I am a competent adult of at least 18 years of age; I have read this Release of Liability in its entirety and understand its contents; and I understand that the terms of this Release of Liability are contractual and not a mere recital, and that by signing it I am voluntarily surrendering certain legal rights and agreeing to all of its terms and conditions.

By completing the information in the Electronic Signature box below, I intend to authenticate this agreement so that it will have the same force and effect as if I had manually signed it.

Electronic Signature

Enter full name:
Regis ID:
Date:
Appendix Q

PETER CLAVER HALL
EMERGENCY EVACUATION MAP

- Know your evacuation route.
- Know your assembly area
- In the event of a fire pull the fire alarm.
- Evacuate immediately.
- Close doors and windows and turn off lights on the way out.
- An all clear signal will be given to re-enter the building.

E = EMERGENCY EXIT
E = ADA EMERGENCY EXIT