



DOCTOR OF PHYSICAL THERAPY p r o g r a m



DSU DPT Program

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Policy and Procedure Manual 2024



DESALES
UNIVERSITY

Doctor of Physical Therapy

Welcome to the DeSales University Doctor of Physical Therapy Program

The faculty and staff at DeSales University are pleased that you have chosen to join us as a member of our learning community on your way toward your goal of becoming a physical therapist. The next three years will be challenging, but also a very enriching experience that will culminate in the Doctor of Physical Therapy degree and a rewarding, lifelong career in the service of others with movement dysfunction.

Through our highly-recognized and long-standing Physician Assistant and Nursing programs, and now with the addition of the Doctor of Physical Therapy program, DeSales University has established a reputation of excellence in professional health care education. With the goal of elevating physical therapy practice in our region, we are breaking new ground together as students, faculty and clinical instructors exploring a wide range of learning experiences in the classroom, the clinic and through collaborative research opportunities.

As students, we hope that you will fully embrace each of these experiences as opportunities for personal growth and professional development. As faculty, our job will be to create a student-centered, collaborative learning environment that will foster your critical reasoning and inquiry skills, inspire you to be a perpetual learner throughout out your career, and model the leadership characteristics you will need to enter the complex healthcare field upon graduation.

To steer us along this path of mutual discovery, we have prepared this manual as a guide for success. Enclosed within, you will find the operational principles that will establish order and structure for all of us so that individual and program goals and outcomes can be achieved. It is expected that all students, faculty and staff will take the time to read and abide by these policies and procedures. While this document is not intended to serve as a contract between the program and the student or faculty member, you will be required to sign an acknowledgement stating that you have read the document, have had the opportunity to ask questions for clarification, and that you agree to adhere to the standards as outlined in the manual.

Abigail Adams once stated “Learning is not attained by chance....it must be sought for with ardor and diligence.” The next three years will be busy ones for all of us. As students your lives will be filled with classes, studying, papers, exams, and clinical activities. Know that as faculty and staff we are here to help you maintain balance and remind you to keep your eyes on the prize of completing what we’ve started together today. As we journey forward, we encourage you to remember the words of our patron, Saint Francis de Sales -

Be who you are and be that well

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Section I:
Doctor of Physical
Therapy
Program Overview

Mission Statements:

DeSales University Mission Statement:

DeSales is a Catholic, Salesian university that inspires transformative learning through the liberal arts and professional studies by energizing students to be who they are and be that well.

Healthcare Division Mission Statement:

The mission of the Healthcare Division is to provide a quality educational experience enabling students to obtain knowledge and understanding of medicine, sport and exercise physiology, physical therapy, and nursing in accordance with the philosophy of Christian humanism as developed by Saint Francis de Sales. Graduates are prepared for careers in the healthcare and exercise physiology industry.

Graduate Education Mission Statement:

Graduate Education's mission is to develop competence in students so that, in their specialized fields of study, they demonstrate leadership and make significant contributions, develop the skills necessary for advanced research and/or applications, and apply a Christian humanist conscience to ethical problems.

Doctor of Physical Therapy Program Mission Statement:

The mission of the DeSales University Doctor of Physical Therapy program is to provide a quality physical therapy education consistent with DeSales University Core Values of gentleness, gratitude, hospitality, humility, and wisdom. Students and graduates use their knowledge and skills to integrate scientific inquiry and evidence-based clinical reasoning into everyday practice, addressing the prevention, diagnosis, and treatment of movement dysfunctions. With a focus on social responsibility and ethical conduct, students and graduates are committed to the advancement of the physical therapy profession and to an ongoing personal desire for learning and growth. Through inter-professional communication and collaboration, graduates are prepared to be adaptable in the complex healthcare environment of today and tomorrow.

Philosophy of the Doctor of Physical Therapy Program:

The philosophy of the professional program is evident in the following values statements representing the beliefs of the collective faculty:

- From a Christian humanistic perspective, we understand and believe that every human life is guided everywhere and always by love, is imbued with imperturbable optimism, should be lived with humility and gentleness, and expressed in words of inspired common sense.
- Learning is a transformative process that should induce a change in the learner and the teacher who are interdependent travelers on the journey toward a shared outcome. A physical therapy educational experience should contribute to a positive quality of life for the students, the faculty and those who benefit from their knowledge and skill.
- Critical thinking and metacognition develop through learning opportunities that encourage the learners to ask relevant questions, participate in active problem-solving experiences, challenge accepted norms and assumptions, and engage in multiple opportunities for reflective practice.

- Teaching and learning in the affective domain is powerful and transformative. Meaningful learning experiences that cause the learner to examine and question their values, biases, and beliefs coupled with opportunities to socially interact with others in a community of practice drives the emergence of servant-leadership characteristics, professional integrity and intellectual empathy.
- Physical therapy education should be academically rigorous and should encourage students to strive for personal and professional excellence. Yet, this faculty recognizes that the greatest learning occurs when an authentic relationship exists between teacher and learner. By acknowledging the unique learning style of each student, and by creating trusting learning environments that promote student engagement, each member of the learning community is able to strive toward the DeSales University goal to “Be Who You Are and Be That Well”.
- Physical therapy education should inspire students to become agents for change within the healthcare delivery system, promoting public awareness of our professional education and training as movement experts with capabilities beyond direct access.
- Professionalism cannot be mandated; it must be modeled and experienced. Students become socialized into the profession when they observe faculty and other role models engaging in leadership and service activities, striving to maintain contemporary practice experience, and participating in scholarly inquiries for evidence. Through membership and participation in the professional association during their time in the program, students come to recognize the value of “belonging” and striving to become and remain valuable members of the community of practice through an ongoing commitment to professional identity development and lifelong learning.
- Physical therapists are movement specialists who use their heads, hands and hearts in the practice of both the art and science of physical therapy. The dynamics of today’s healthcare environment demands that graduates not only be trained to be generalists, but they must also be agile, flexible, consumer-centered, and innovative to meet the needs of patients, communities and society.

Program Goals and Expected Outcomes:

Graduate Education Learning Outcomes:

The University specifies that its graduate programs will enable students to demonstrate:

- specialized competence in a field of study, so that graduates will provide leadership and make significant contributions to their fields,
- the skills necessary for advanced research/application in their specialized fields, and
- enhanced formation of a Christian conscience as it applies to the ethical problems in their fields of interest.

DPT Program Goals:

Students and graduates of the DeSales University DPT program will:

- Practice physical therapy with compassion and understanding that exemplifies the DeSales University core values of gentleness, gratitude, hospitality, humility, & wisdom for persons in their care.
- Function competently in a variety of physical therapy settings upon entry into the field.
- Integrate theoretical knowledge of foundational and clinical sciences in physical therapy with evidence-based practice in the creation and implementation of effective and contemporary treatment plans.
- Communicate effectively with a spirit of camaraderie and collaboration as productive members of an inter-professional healthcare team.
- Demonstrate the values of justice, equity, diversity, and inclusion as well as respect the uniqueness of cultural beliefs and values that influence interpersonal communication and behavior in a complex healthcare environment.
- Engage in critical inquiry and scholarly activities within clinical practice that lead to innovation in the profession and a personal plan for lifelong learning.
- Adopt a servant-leadership attitude to initiate and advocate for changes in health policy toward health promotion, disease prevention, wellness, and equitable access to care.

DPT Expected Outcomes:

In addition to University graduate learning outcomes and DPT program goals, the following outcomes measures will be annually assessed for progress toward established thresholds.

1. **Graduation Rate** is defined by CAPTE as the percentage of students who matriculated in the first course in the program after the drop/add period and who ultimately completed the program. The most recent national average as reported by CAPTE was 97.6%. Our program established a threshold for this outcome measure of 95%. The graduation rate for our program for the 2023-2024 cycle is 98.7%.
2. **Employment Rate** is defined by CAPTE as the percentage of graduates who sought employment and were employed (full-time or part-time) as physical therapists within one year of graduation. The most recent national average as reported by CAPTE was 99.1%. Our program consistently meets our employment rate threshold of 100% every year.
3. **National Physical Therapy Examination Pass Rate** is defined in two ways: (1) first-time pass rate as compared with the national average and (2) ultimate pass rate within a program. The 2-year national first-time pass rate average (2022-2023) as reported by the Federation of State Boards of Physical Therapy is 86.8% and the ultimate pass rate is 99%. Our program has established a first-time pass rate threshold of 95%. Our program's 2-year first time pass rate is 94.4% (2022-2023), with a 100% ultimate pass rate.

Created April 2013

Reviewed/Revised 2022, 2023, 2024

Program Accreditation:

The Doctor of Physical Therapy Program at DeSales University is accredited through December 31, 2032 by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

The DeSales Doctor of Physical Therapy program values the process of accreditation. Recognizing that a quality program is identified through compliance with the standards against which all physical therapy education programs are measured, it is our intention to maintain integrity in all aspects of the accreditation process. Through a careful and ongoing review of the CAPTE Standards and Elements, the Program Director and core faculty are committed to timely submission of all required documentation and associated fees including, but not limited to:

- Annual Accreditation Reports each year once program is implemented
- Timely submission of all fees associated with CAPTE accreditation
- Timely notice of any planned or unexpected substantive program changes
- Timely reporting of any institutional factors which may affect the program's progress toward accreditation
- Timely remediation of any CAPTE recommendations or any concerns that may result in non-compliance
- Annual public reporting of data related to admission, graduation rate, national examination outcomes, and employment rates

Curriculum Plan and Design Themes

The curriculum plan is a hybrid design that combines elements of the American Physical Therapy Association's (APTA) patient-client management and movement system frameworks, with the International Classification of Functioning, Disability and Health (ICF) model, using case-based teaching approaches and integrated clinical experiences throughout to achieve expected student outcomes. Following this course of study, students develop a systematic approach to patient care that is consistent with clinical practice.

The five essential elements of patient-client management, along with the domains of body function/structure, activity, participation and environmental/contextual factors provide the framework for courses covering content in the behavioral and clinical sciences, as primarily noted in the Differential Diagnosis and Intervention series, the Clinical Reasoning series, the Wellness and Physical Therapy Clinic, and the Clinical Education series, to assure that students and graduates are prepared to meet the needs of patients, clients, the community and society across the continuum of care and in all delivery settings.

From a systems-based perspective, the curriculum plan begins with the musculoskeletal system in the first year, through the neurologic system in the second year, and then to the cardiopulmonary and integumentary systems in the late second/early third year. Based on the educational principle of moving students from concrete to more complex information, this systems approach is also followed in the clinical education design. As students complete the first didactic year, they are prepared for treating clients with non-complicated musculoskeletal conditions, with placement in PT 670 Clinical Education 1 in either an outpatient or post-surgical acute orthopedic setting. The second didactic year follows a lifespan approach, moving from pediatrics through geriatrics, with a focus on the neurologic, cardiovascular, and pulmonary systems. Throughout the third year, students participate in three additional full-time clinical education experiences, with placements in acute, subacute, inpatient rehabilitation, long term care, home care, or outpatient specialty settings. At this point in the curriculum, students are adequately prepared to clinically manage medically complex patients, supervise ancillary staff, participate in case management across the continuum, and develop a sound knowledge of the business and financial aspects of physical therapy practice.

Case-based learning experiences occur across the curriculum. Content in the physical, behavioral and clinical sciences rely on the presentation and application of relevant patient/client cases to foster active learning, clinical reasoning and reflective decision-making. The Clinical Reasoning series is an amalgam of experiences including interdisciplinary grand-rounds case presentations, medical simulation, standardized patient cases, and pro-bono service learning. The Professional Development series and the Clinical Medicine series use guided discovery activities incorporating the metacognitive processes needed to construct appropriate case solutions. In addition, all competency-based assessment of student learning in laboratory courses is entirely case-based, with strategically placed standardized patient interactions and inter-professional clinical simulations embedded in select courses.

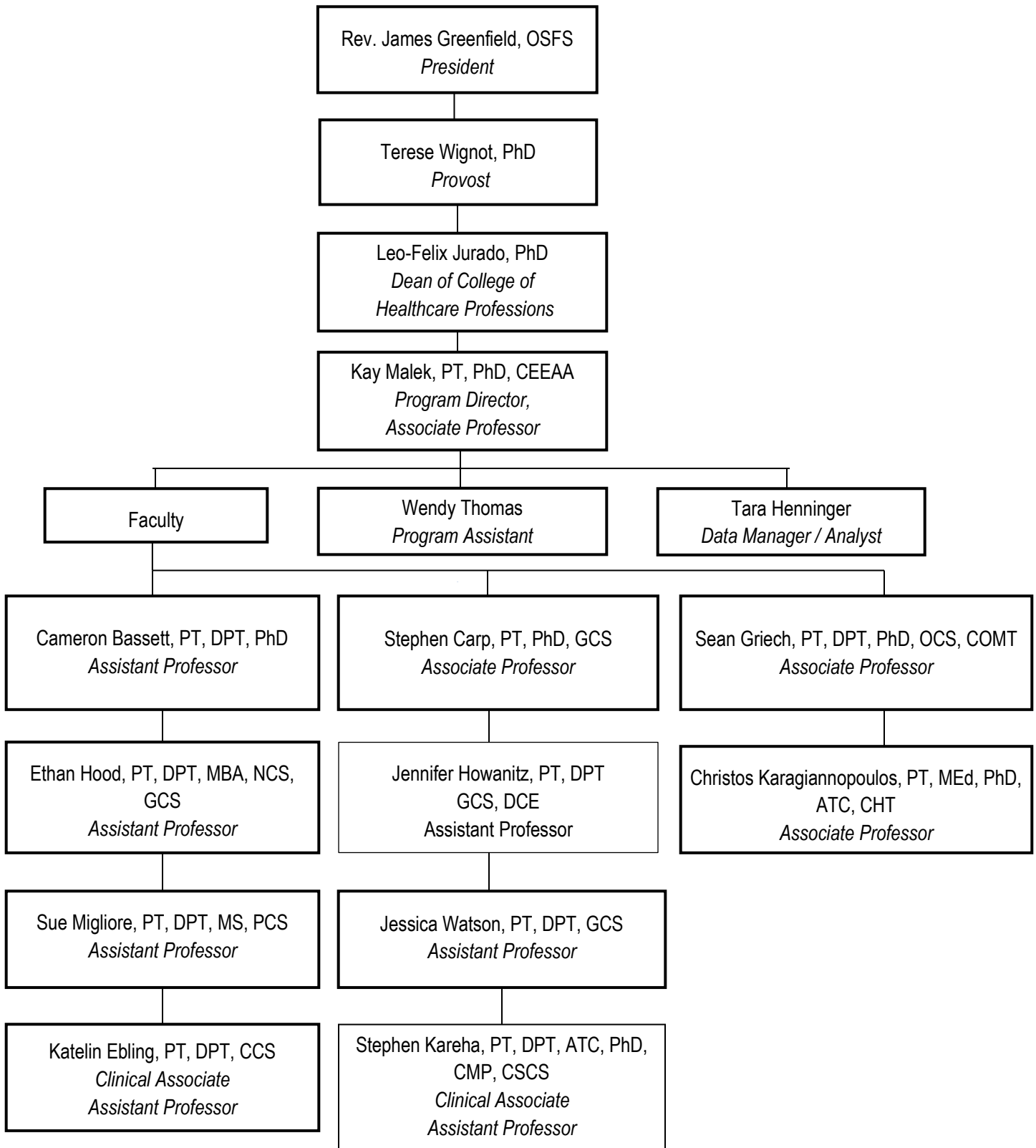
Participation in the on-campus Wellness and Physical Therapy Clinic beginning in the first semester of the curriculum provides students with opportunities to immediately apply didactic concepts and to develop professional behaviors, leadership, and clinical skills while simultaneously contributing to this service-learning experience. The Clinic offers improved access to physical therapy care to uninsured, underinsured, and underserved members of the Lehigh Valley and DeSales campus community, while at the same time, provides an integrated clinical experience to prepare students for their full-time clinical education placements. Working with the program's faculty liaison, a student advisory board is responsible for organizing all the operations of the clinic, providing those individuals with opportunities to learn about and develop mentoring and leadership skills. With supervision from DPT faculty, alumni

and volunteer licensed physical therapists from the community, first-, second-, and third-year students develop peer learning relationships while providing care to volunteer clients of all ages with a wide variety of orthopedic and neurologic conditions.

The curriculum plan is based on educational principles that are derived from social constructivism, humanism, transformative learning, and student engagement literature:

- Conscious reflection is the basis of deeper learning beyond rote memorization. Reflective practice is the hallmark of a professional practitioner. (Schon, 1983; Brookfield, 1987; Plack & Driscoll 2017; Shepherd, Jensen, & Mostrom 2012)
- A learner-centered environment recognizes the influence of culture, generational difference, and learning style preference in the teaching/learning relationship. Continued personal and professional growth emerges when the members of the learning community have opportunities of choice, voice, relevance, and ownership in the learning endeavors. (Knowles 1970; Plack & Driscoll, 2017)
- “Knowledge results from the combination of grasping experience and transforming it.” (Kolb 1984) Students maximize their learning potential through concrete, experiential learning activities that help them to tie to abstract theories and evidence to what they already know. When coupled with adequate time for experimentation and reflective observation, students develop metacognitive strategies for monitoring and managing their thought processes in order to achieve high-quality clinical reasoning and decision-making that results in effective and efficient treatment planning. (Higgs et al. 2008)
- Learning begins with student engagement. (Astin 1984; Shulman 2002). Student engagement is a process and a product that is experienced on a continuum and results from the synergistic interaction between motivation and active learning. (Barkley 2010) Deep, long-term learning occurs when teachers become facilitators and students learn how to learn.
- “Emotion and cognition are inextricably linked and perhaps never entirely separate, distinctive nor pure.” (James, 1984) Recognizing that strong relationships exist between affect, memory, and deep learning, activities that are designed to elicit purposeful emotional responses, and those that involve the learner in the process through role-modeling and reflection have the potential to have long-lasting impact on attitudes, values, and beliefs.

Organizational Structure



Created September 2013
 Reviewed 2021
 Revised 2022, 2023, 2024

Faculty Biographies:

Cameron Bassett, PT, DPT, PhD

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Cameron Bassett, PT, DPT, PhD is an Assistant Professor in the Doctor of Physical Therapy Program. Dr. Bassett currently teaches Human Anatomy to DPT students and teaches anatomical courses for the practicing clinician. He has recently taught a neurodynamic course for the lower quarter and will present at CSM 2025 Neurodynamics of the Upper Quarter. Dr Bassett has taught dissected human anatomy and functional anatomy for 5 years at the Doctor of Physical Therapy program at Texas Tech University Health Sciences Center in Lubbock, TX and 3 years at the DeSales Doctor of Physical Therapy Program in Center Valley, PA.

Dr. Bassett Currently works as a PRN outpatient physical therapist with Physical Therapy at St. Luke's, and PRN acute care with Lehigh Valley Health Network and is on their Advisory Board of Research and Rehabilitation (ABRIR). Dr Bassett is on the FSBPT Item Writing Task Force, a member of the Campus Environment and the Budget Advisory committees at DeSales University, and is also a board member with the nonprofit organization "The Storyteller and the World".

Dr. Bassett completed a Bachelor of Science in Exercise Physiology with sub-minors of Spanish and Psychology at Brigham Young University - Idaho in Rexburg, ID, and then concurrently enrolled in and completed his Doctor of Physical Therapy Degree (2016) and his Doctor of Philosophy in Rehabilitation Sciences with an emphasis on Clinical Anatomy (2021) from Texas Tech University Health Sciences Center in Lubbock, TX. Dr. Bassett has a passion for teaching anatomy and believes if you understand your anatomy, you can treat any patient, as evidenced by his research interests, including movement analysis, neurodynamics, ultrasonography, and anatomy education.

When he is not at work, he spends all his time with his cherished wife of 14years and 5 kids. He loves being with them in all of their own endeavors in life.

Stephen J. Carp, PT, MSPT, PhD

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Stephen Carp PT, MSPT, PhD, GCS is currently an Associate Professor in the Doctor of Physical Therapy Program at DeSales University, Center Valley PA. His PhD is in Motor Control and he is also a Geriatric Certified Specialist. He teaches in the areas of Geriatrics, Clinical Medicine, Professional Development, Management of Physical Therapy Practices, and Research. His areas of research interest include: effectiveness of non-government support of the poor, doctoral program admissions, immigration medicine, and exercise and its relationship to cognition and fall-risk.

He has authored over 15 publications and has published two textbooks with the most recent: Foundations: An Introduction to Physical Therapy. In addition, he has authored six book chapters and seven peer-reviewed research articles. He is a proud member of the APTA, sits on the Board of Directors of APTA PA, and is Chair of the APTA PA Ethics Committee and the APTA PA Judicial and Advocacy Committee. He has served as an item writer for the Federation of State Boards of Physical Therapy and has developed three continuing education programs for the APTA.

Dr. Carp is a Combined Sections Meeting proposal reviewer for the Academy of Physical Therapy Education and Academy of Acute Care Physical Therapy. He has presented at numerous national meetings. He was awarded the 2019 Distinguished Educator Award by the Academy of Geriatrics of the American Physical Therapy Association and delivered the 2020 APTA-PA Conference keynote address and was recently appointed Associate Editor of the Journal of Geriatric Physical Therapy.

He is a journal reviewer for six journals including the Journal of the American Physical Therapy Association and is a grant reviewer for the U.S. Army and the Army Medical Research and Material Command and the Occupational, Safety and Health Administration. He is currently an associate editor for the Journal of Geriatric Physical Therapy.

He has a broad community service agenda including co-directing the Norristown Immigration Clinic with Kerstin Palombaro PT, PhD, CAPS of Widener University, the Society of Saint Vincent DePaul, and directing the pro bono Rehabilitation Clinic at St. Catherine's Infirmiry in Germantown, PA. For the past seven years, he has led a physical therapy student-directed service trip to Guatemala.

Dr. Carp maintains a clinical practice at Chestnut Hill Hospital, Philadelphia, PA. He resides in Harleysville Pennsylvania with his wife Diane. He and Diane have four children and three grandchildren.

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Katelin Ebling PT, DPT, CCS is an assistant professor/ clinical associate faculty member for the Doctor of Physical Therapy program. She is an APTA board-certified cardiopulmonary clinical specialist. Dr. Ebling earned her undergraduate degree in Health and Exercise Science from The College of New Jersey and her doctorate in physical therapy from Thomas Jefferson University. She is a member of the cardiopulmonary rehab team at Lehigh Valley Hospital, where she is a Rehab Clinical Specialist. Her passion lies in cardiac critical care, and she has worked to establish mobility protocols for various medically complex patient populations.

In addition to her clinical work, Dr. Ebling demonstrates a strong passion for education/ learning. She has been a clinical instructor to many students and established an Integrated Clinical Experience (ICE) program for DeSales students at Lehigh Valley Hospital. She serves as a member of the network's orientation committee and recently developed an acute care mentorship program.

Dr. Ebling values evidence based practice, which is reflected through her poster presentations at both the state and national level. She also co-authored a systematic review of the literature that is published in the Topics in Spinal Cord Injury Rehabilitation journal. Outside of the classroom, she enjoys traveling with her husband and son, playing with her golden retriever, Otto, and remaining active through running, hiking and kickboxing.

Sean F. Griech, PT, DPT, PhD, COMT

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Sean Griech PT, DPT, PhD, OCS, COMT is an Associate Professor for the Doctor of Physical Therapy program. He earned his Bachelor of Science degree in Physical Therapy from Daemen College and a transitional doctorate in Physical Therapy from Shenandoah University. He earned his PhD in Leadership with a concentration in Ethics from Alvernia University. Dr. Griech is Board Certified as an Orthopedic Clinical Specialist by the ABPTS, a Certified Orthopedic Manual Therapist, and has successfully completed his certificate of competence in Vestibular Rehabilitation from Emory University. He has taught differential diagnosis in clinical, academic, and continued education venues, and has held positions in several PT programs as adjunct faculty.

He is an active member of the American Physical Therapy Association (APTA), as well as the Federation of State Boards of Physical Therapy (FSBPT). He has served on several board-appointed committees for these organizations, including 2 terms on the Item Writing Task Force, the Exam Development Committee, and as an Item Writing Coordinator. His work resulted in him being elected to the Academy of Advanced Item Writers. He is currently serving as a member of the APTA of Pennsylvania Ethics Committee and the Nominating Committee for the APTA Academy of Hand and Upper Extremity, as well as a member of the DeSales University Institution Review Board. Dr. Griech's research interests include both improving clinical outcomes as well as linking ethics with the social determinants of health. He has published his research in multiple peer-reviewed journals, including Physical Therapy Journal, International Journal of Sports Physical Therapy, Journal of Orthopedic Sports Physical Therapy, and several others. Additionally, he is co-editor of the textbook "Clinical Case Studies Across the Medical Continuum for Physical Therapists" and has contributed to several book chapters. He regularly presents on these topics at state and national conferences. In his spare time, Dr. Griech is usually at a baseball field, soccer pitch, basketball court, or track with his wife cheering on his 3 kids.

Ethan Hood, PT, DPT, MBA

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Ethan Hood, PT, DPT, MBA, GCS, NCS is an assistant professor in the Doctor of Physical Therapy program. He earned his Bachelor of Health Sciences and Master of Physical Therapy from the University of the Sciences in Philadelphia (formally the Philadelphia College of Pharmacy and Science). He went on to earn his Master of Business Administration from Pennsylvania State University and his transitional Doctorate in Physical Therapy from Temple University. He is a dual Board Certified Neurologic Clinical Specialist and Geriatric Clinical Specialist by the ABPTS. He is a member of the APTA geriatric and neurologic sections, served as an item writer for the geriatric credentialing exam, and helps produce podcasts on various vestibular related topics for the APTA Academy of Neurology vestibular special interest group. He currently serves on the Academy of Neurology's concussion CPG knowledge translation task force and the APTA's CSM steering group.

Dr. Hood has over 25 years of clinical experience, including practice in acute care, sub-acute rehabilitation, outpatient orthopedics, and outpatient neuro. He currently practices in an outpatient neuro setting specializing in balance, falls, and concussion management. His area of expertise includes vestibular therapy, concussion management, balance and falls, and rehabilitation of neurological diseases. Dr. Hood has served as a regional director for a large healthcare organization managing multiple outpatient facilities. He has also provided consulting services to several healthcare organizations on developing vestibular programs and centers.

Dr. Hood has presented research at multiple national conventions on balance and falls and concussion management. He has performed numerous continuing education courses for physical therapists and other healthcare professionals on the management of dizziness, balance and falls, and concussion rehabilitation across the country. He has co-authored research articles on various neurological topics such as the role gait speed plays with fall risk, pre-season concussion management, and post-stroke effects on power production. His current research interest includes the use of aerobic and high intensity gait training in neurological rehabilitation and knowledge translation within healthcare.

When not in the classroom, Dr. Hood enjoys spending time with his wife and three children. He is an avid Philadelphia sports fan and enjoys watching his children's sports teams.

Jennifer Howanitz, PT, DPT

Board Certified Clinical Specialist in Geriatric Physical Therapy

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Jennifer Howanitz, PT, DPT, GCS is the Director of Clinical Education and an Assistant Professor for the Doctor of Physical Therapy program. She received a Bachelor of Health Science and a Master of Physical Therapy degree from Philadelphia College of Pharmacy and Science in 1994 and her Doctor of Physical Therapy degree from Arcadia University in 2019.

Ms. Howanitz has been a physical therapist for over 30 years with a primary focus on providing care for patients with geriatric, neurologic and oncologic health conditions. She is a board-certified specialist in geriatric rehabilitation from ABPTS, APTA Credentialed Clinical Instructor level 1 and level 2 certifications, and also is a credentialed APTA CCIP Level 1 trainer. Having worked in a variety of rehabilitation settings, she has received national recognition for her lectures and scholarly activities in her area of interest on dementia care, with publications in the *Academy of Geriatric Physical Therapy*, and *Topics in Geriatric Rehabilitation* on neurocognitive engagement therapy. Ms. Howanitz also has extensive experience in the business aspects of clinical management, having been the director and regional director of several health care organizations in the Lehigh Valley. She has been an APTA member throughout her career and currently serves as the Co-Chair for the Education and Leadership Conference for APTA Education and is a 2024 APTA Leadership Scholar.

Outside of her time at DeSales, Dr. Howanitz provides physical therapy services for St. Luke's Hospital and frequents the beach with her husband, three daughters and the family dog. Dr. Howanitz hobbies include reading, puzzles, and gardening.

Christos Karagiannopoulos, PT, MEd, PhD, ATC, CHT

Associate Professor, Doctor of Physical Therapy Program

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Christos Karagiannopoulos PT, MEd, PhD, ATC, CHT is an Associate Professor for the Doctor of Physical Therapy program. Dr. Karagiannopoulos earned a Bachelor of Science in athletic training and a Master of Education in Kinesiology from Temple University. He received a Master's in physical therapy from MCP-Hahnemann (currently Drexel) University in 1999 and a Doctor of Philosophy in Kinesiology from Temple University in 2014. He has been practicing physical therapy in the field of orthopaedic rehabilitation for over 24 years. His previous teaching experience includes a part-time faculty position at Temple University Kinesiology department, focusing on evidence-based orthopaedic rehabilitation and therapeutic modalities courses. He has been a Board-Certified Hand Therapist since 2008 and he is considered a content expert on wrist rehabilitation due to his extensive clinical experience and evolving clinical research on wrist sensori-motor impairment and distal radius fracture interventions. His other research interests include psychometric properties of assessments at the wrist, hand, and the shoulder as well as management of wrist proprioception deficits amongst patients with wrist instability.

He has published research in the Journal of Hand Therapy, Journal of Orthopaedic and Sports Physical Therapy, and the International Journal of Sports Physical Therapy. He was the recipient of the American Society of Hand Therapists (ASHT) best scientific paper, and Journal of Hand Therapy first-time writer's awards in 2013. He is currently a co-leading author for the development of the APTA Clinical Practice Guidelines for distal radius fracture rehabilitation, which will be published in the JOSPT in September 2024. He has also contributed as co-author in the most recent AAOS Clinical Practice Guidelines for distal radius fracture medical management in 2020 as well as in the latest edition of the Rehabilitation of the Hand and Upper Extremity book in 2021.

Presently, he serves the APTA Academy of Hand and Upper Extremity PT as the Section Program Chair and a member of the research committee. He also serves as a member of the Journal of Hand therapy editorial board and the DeSales University IRB committee. Dr. Karagiannopoulos is also a member of the APTA, ASHT, and IFSHT. He has provided numerous presentations, seminars, and webinars at the local, national, and international levels on various upper extremity-related physical therapy symposiums.

Christos was born and raised in Athens, Greece. He arrived in the U.S. at the age of 19 to pursue higher education and professional opportunities. Since then, he has been dedicated to ideals of continuous learning and self-actualization, deeply believing in the principle of "striving hard to become the best you can be in life". He is a dedicated husband and parent of two girls.

Stephen Kareha, PT, DPT, ATC, PhD, CMP, CSCS, IADN, FASPT

Assistant Professor - Clinical Associate Faculty, Doctor of Physical Therapy Program

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Dr. Kareha is an Assistant Professor – Clinical Associate Faculty in the Doctor of Physical Therapy program. He earned his BA in Health & Exercise Sciences, with an emphasis in Athletic Training, from Gettysburg College and his Doctor of Physical Therapy from Arcadia University. He completed his post-doctoral training in orthopaedic spine and vestibular physical therapy at Allied Services in Scranton, Pennsylvania. He earned a PhD in Physical Therapy with a focus on diagnostic classification from Nova Southeastern University and has earned distinction as a Fellow of the Academy of

Spine Physical Therapy. Additionally, Dr. Kareha is a board-certified orthopedic specialist (OCS), a fellow of the Academy of Spine Physical Therapy (FASPT), a NATABOC Certified Athletic Trainer (ATC), a Certified Mulligan Practitioner (CMP), an NSCA Certified Strength & Conditioning Specialist (CSCS), an Intricate Art Dry Needling Certified Specialist (IADN), and an APTA credentialed clinical instructor (CCI). Dr. Kareha has practiced extensively in outpatient physical therapy with a primary focus on orthopaedics for over 15 years. Over the years he has worked in private practice and for two hospital networks. He is Director of the St. Luke's University Health Network Orthopaedic Residency and Director of the St. Luke's University Health Network Spine Fellowship. He also directs the continuing education department for outpatient rehabilitation at St. Luke's University Health Network. In addition, he has aided in the development of the St. Luke's Comprehensive Spine program which is a multidisciplinary team approach that utilizes physical therapists at first contact providers.

Dr. Kareha's teaching responsibilities are primarily in the first and last year of the curriculum. He teaches the Principles in Therapeutic Exercise (PT 519), Evidence Based Practice (PT 550), Research 1 (PT 650), Special Topics: Advanced Orthopaedics & Pain Neuroscience (PT 790), and Orthopaedic Review (PT 793). He assists in the Differential Diagnosis and Intervention series of courses (PT 540, 541, and 640) and in the Musculoskeletal series of courses (PT 530, 531, and 630) with Dr. Sean Griech and Dr. Christos Karagiannopoulos. He also mentors student research activities in Research 2 through 4 (PT 651 through 653) respectively.

Dr. Kareha's research agenda is centered around the development and enhancement of patient outcomes through the improvement of 1) proper screening, 2) diagnostic classification, 3) provider-client therapeutic alliance, and 4) efficiency of the patient experience. He also directs student research projects in various topics of musculoskeletal differential diagnosis and examination. Dr. Kareha has published his work in several peer reviewed journals. Additionally, he has presented regionally and nationally on these topics. He also serves as a reviewer for several journals. He is active within the American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE) and is the president of the Academy of Spine Physical Therapy. Dr. Kareha also serves as the chair of the Primary Care and Community Health research committee at St. Luke's University Health Network.

Dr. Kareha grew up in Allentown, Pennsylvania and is a fan of all Philadelphia sports. In his spare time, he enjoys camping, hiking, biking, all things Disney, and spending time with his wife, three daughters, and three dogs.

Kay Malek, PT, MSPT, PhD

Certified Exercise Expert for Ageing Adults

Program Director, Doctor of Physical Therapy Program

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Kay Malek, PT, PhD is the Program Director and Associate Professor for the Doctor of Physical Therapy (DPT) program. Prior to coming to DeSales University as the founding chair of the program in August 2012, Dr. Malek was a tenured Associate Professor and chair of the DPT program at Saint Francis University in Loretto, PA. Dr. Malek's teaching responsibilities in the DeSales DPT Program occur throughout the curriculum in the content areas of professional development, patient education and communication, neuroanatomy, neurologic rehabilitation, and chronic disease management.

Kay is somewhat of an academic "late bloomer" who started college for the first time in her mid-thirties as a non-traditional student at the community college level. She then earned her Associate degree as a physical therapist assistant from St. Philip's College in San Antonio, Texas in 1990. After nine years of practice as a PTA, Dr. Malek returned to Texas State University where she completed a Bachelor of Applied Arts and Sciences in Occupational Education (1997), a Master of Science in Physical Therapy (2000), and a Doctor of Philosophy in Education with a

concentration in Adult, Professional, and Community Education (2006). In 2020, Dr. Malek earned the Certified Exercise Expert for the Ageing Adult credential.

As a healthcare provider for 33 years, Kay began her clinical practice as a physical therapist assistant treating patients following stroke, traumatic brain injury, and spinal cord injury in the inpatient rehabilitation and home care settings in central Texas. After acquiring her master's degree in physical therapy, she continued to practice in acute care and outpatient rehabilitation with diabetic, amputee, vestibular, pediatric, and neurologic patient populations. Dr. Malek is a member of the American Physical Therapy Association.

Dr. Malek's areas of research interest are centered around the use of sound and music to facilitate normal gait speed and cadence, the incorporation of proprioceptive neuromuscular facilitation techniques to improve motor control during gait as a preventative approach for falls in the older adult, exploring changes in vestibular function in persons with type 2 diabetes mellitus, identifying strategies to reduce burnout and compassion fatigue in physical therapy graduate students and early career professionals, and a newly emerging interest in the intersections between religion and spirituality in healthcare and how to best incorporate these concepts into physical therapy patient care

Prior to her academic pursuits, Kay was a franchise owner, area manager, and instructor for Jazzercise Inc., so she has an indwelling enjoyment of music, movement, and dance. She believes that education is a lifelong pursuit and that everyone should embrace any opportunity when it comes to learning new and interesting things. As a parent of two adult sons and six grandchildren, she spends every spare minute of her free time playing and learning with her family.

Sue Migliore, PT, DPT, MS

Board Certified Clinical Specialist in Pediatric Physical Therapy

Assistant Professor, Doctor of Physical Therapy Program

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Sue Migliore, PT, DPT, MS, PCS is an Assistant Professor for the Doctor of Physical Therapy program. Dr. Migliore has over 30 years of clinical experience working with adults and children in the acute care, rehabilitation and outpatient settings. She is an APTA board certified clinical specialist in pediatric physical therapy and a credentialed and advanced credentialed clinical instructor. Dr. Migliore achieved a Bachelor of Science in Allied Health (physical therapy major) from the University of Connecticut, a Master of Science in Advanced Clinical Practice in Physical Therapy from Quinnipiac University, and a Transitional Doctorate of Physical Therapy from Temple University.

Prior to coming to DeSales, Dr. Migliore was the clinical practice coordinator at The Children's Hospital of Philadelphia and core faculty member in their pediatric clinical residency program. She continues to provide clinical care at an outpatient CHOP satellite in addition to her teaching responsibilities.

Dr. Migliore's research interests include treatment options and outcomes for children with idiopathic toe walking, pediatric experiential learning and sharing clinical knowledge through case reports. She has published multiple book chapters in pediatric textbooks in the areas of acute care treatment, integumentary disorders and wound/burn management. She has served as a mentor through the Academy of Pediatric Physical Therapy and is participating in the creation of a clinical practice guideline for children with idiopathic toe walking.

Jessica S. Watson, PT, DPT, GCS

Assistant Professor, Doctor of Physical Therapy Program

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Jessica S. Watson, PT, DPT, GCS is an Assistant Professor for the Doctor of Physical Therapy program. She is an APTA board-certified geriatric clinical specialist and a credentialed clinical instructor. She is a proud DeSales University alumni earning both a Bachelors of Science in Sport and Exercise Science and Doctorate in Physical Therapy. During her collegiate career she led several community service initiatives and events including the Raub Middle School Healthcare Field Expo and PT Day of Service. These achievements led to her being awarded the "Salesian Spirit Award" by her classmates. She went on to continue her service to DeSales University as a lab instructor for Foundations of Patient Care (PT 520 and PT 620) in addition to serving as a Virtual Clinical Mentor for Arcadia University's DPT Pro Bono Clinic. She also serves on the DeSales Alumni Pro Bono Board.

Dr. Watson has diverse clinical experience in the acute and acute care rehabilitation settings throughout her career. She has worked for multiple established and respected health networks, including Kessler Institute for Rehabilitation, and continues to practice clinically for St. Luke's Health Network and Lehigh Valley Health Network. She has a special interest in working with the burn patient population from her experiences at a Lehigh Valley Health Network's Regional Burn Center.

Dr. Watson values evidence-based practice as reflected through her continued work in research. She has presented peer-reviewed posters and platform presentations at both the local and national level as well as co-authored a publication in the Journal of Hand Therapy. She currently serves on Lehigh Valley Health Network's Rehabilitation Research Advisory Board, to advise and assist colleagues with internal process improvement and project development.

She has been an APTA member throughout her career and currently is a member of the Acute Care, Geriatrics, and Pelvic Health sections. She is an active participant in the APTA Acute Care Membership Committee and serves as the Treasurer for the Northeast District of APTA PA.

Outside of the classroom, Dr. Watson enjoys being active through pickleball, rock climbing, country line dancing.

*Created May 2013
Reviewed 2021, 2022
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Technical Standards and Essential Functions:

Employment as a physical therapist assumes some inherent health risks including, but not limited to: (1) exposure to infectious conditions and blood-borne pathogens; (2) physical challenges encountered during transfers, gait training and therapeutic interventions with deconditioned or unstable patients; and (3) working in a stressful environment related to variations in patient scheduling and management of patients and family members in pain or under extreme duress. Students should be aware that these circumstances may occur during the educational process both on campus during classroom instruction and while in clinical education experiences. While the DPT Program will make every possible effort to prevent any risk or harm to the student during his/her matriculation in the program, it is essential that the student review the Technical Standards and Essential Functions of Physical Therapy Practice and notify his/her advisor or Program Director of any anticipated concerns or special accommodations that may be needed to meet individual needs in this regard. Complete information on the Technical Standards and Essential Functions of Physical Therapy Practice can be found on the DeSales University web site (www.desales.edu/dpt) in both a web-page-based and downloadable PDF formats.

Prospective students have been provided with this information during inquiries at on-campus Information Sessions, and are expected to review and acknowledge receipt of this document as part of the required elements in the application to the DPT Program by signature on the Technical Standards and Essential Functions of Physical Therapy Practice Acknowledgement Form.

Newly enrolled students are informed of the potential health risks that may be encountered during didactic coursework and clinical education experiences during orientation to the program. It is expected that they will ask questions for clarification at this time, have notified the Program of any concerns they may have about current or future health risks, and acknowledge that they have reviewed the Technical Standards and Essential Functions document by signing the associated Acknowledgment Form prior to the start of classes.

Continuing students are expected to notify their advisor or Program Director of any changes in their communication, observation, conceptual, motor or affective abilities that may present potential health risks to them in the classroom or clinical settings as soon as they occur.

DeSales University DPT Program Honor Code:

DeSales University recognizes and affirms the importance of character development and individual personal development essential to the educational process. As members of a community dedicated to faith, learning, and inquiry, the students, faculty, and staff of our DPT program have adopted this Honor Code. As members of the DeSales University DPT program community, we agree to conduct ourselves in a respectful manner with dignity and honesty in the Salesian tradition of humility and gentleness while remaining conscientious to our responsibilities.

DIGNITY: We all possess an innate right to be valued and receive ethical treatment in a safe and supportive environment free from discrimination, intimidation, and harassment. As members of the community, we agree to honor the physical and intellectual property of others.

HONESTY: We will remain trustworthy, loyal, fair, and sincere in all facets of our educational experience, including academic work and relationships.

CONSCIENTIOUS: We recognize the importance of self-discipline and thoroughness, and will make every effort to do what is required. We will embrace rigor and challenges while shunning mediocrity, special requests, and excuses.

DESALES UNIVERSITY DPT STUDENT PLEDGE:

Students at DeSales University recognize that, to insure honest conduct, more is needed beyond expectation of academic integrity, and therefore adopt the practice of affixing the following pledge of honesty to all work we submit for evaluation:

“I pledge, on my honor, to uphold the values and principles of dignity, honesty, and responsibility in the Salesian tradition of humility and gentleness.”

DESALES UNIVERSITY DPT FACULTY PLEDGE:

Faculty at DeSales University recognizes that students have rights when accused of academic dishonesty, and will uphold the process as laid out in the DPT Policy Manual and the University Student Handbook:

“I recognize the right of students’, and pledge to uphold the values and principles of dignity, honesty, and responsibility in the Salesian tradition of humility and gentleness.”

“Let us be who we are and be that well.”

-St. Francis de Sales

Section II:

Policies & Procedures

Policy Title: Academic Integrity

Policy: The Doctor of Physical Therapy Program at DeSales University promotes academic integrity at all times, by all faculty, students, and staff.

Background: The American Physical Therapy Association (APTA) has identified 9 Core Values as being central to the profession of physical therapy, of which integrity is one. As defined by this source, 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”.

Additionally the APTA’s Code of Ethics links the Core Value of Integrity to Principles #1, #3, #4 which call for physical therapists and physical therapy students to act in a respectful manner toward others, to make sound professional judgments, and to demonstrate truthful, accurate and ethical conduct in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Procedures:

Students:

The responsibility of the student is to:

1. Read and abide by the Academic Conduct and Integrity Policies as set forth in the Undergraduate and Graduate Catalogs of DeSales University. Failure to do so may be cause for dismissal from the program. Infractions of this policy include, but are not limited to the following:
 - Plagiarism is the act of copying ideas, speculations, language, images or other creations from the original author, or generative artificial intelligence, without proper acknowledgement, and presenting this material as original work to satisfy any academic requirement or complete any academic project.
 - Cheating is defined as using material in any format (written, verbal, electronic), unspecified by the faculty, during any type of assessment or examination. Students should realize that sharing information after taking a written exam or laboratory competency exam with other students yet to have completed the assessment is a violation of academic integrity, regardless of intent.
 - Academic misconduct is the falsification of official documents, signing someone else’s name on official records, defaming another individual verbally or in writing, seeking to or obtaining copies of an examination, quiz or other assignment are examples of unprofessional behavior that may result in dismissal.
2. Recognize that academic integrity applies in any clinical education, community outreach, or service project affiliated with the program. Students agree to use power and authority in the best interest of patients/clients, to communicate professionally when negotiating or resolving conflicts, and to demonstrate trustworthiness and adherence to professional standards at all times, as outlined in the Core Values statement above.
3. If a student is found to be in violation of this Academic Integrity policy, they agree to follow the established Due Process Policy for filing a grievance.
4. Acknowledge their understanding of this policy and their commitment to demonstrate academic integrity by signing and submitting an Academic Integrity and Honor Code Acknowledgement Form to the Program Director.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty/Staff:

1. Modeling integrity in their conduct both in and out of the classroom.
2. Including the agreed-upon academic integrity policy statement on all syllabi and reviewing it with the students as often as necessary to assure policy adherence.
3. Providing students with immediate clarification in the event that there is doubt regarding behaviors or actions that may be construed as a violation of this policy.
4. Making an immediate and direct attempt to resolve any suspected incident of plagiarism, cheating, or academic misconduct with the student(s) involved in a manner deemed most appropriate for the circumstance.
5. Conducting a fair inquiry into any suspected infraction of academic integrity and levying a sanction as deemed most appropriate for the situation in the event that a degree of guilt on the part of the student(s) is determined. Sanctions may include:
 - a. Assignment of a grade penalty for the individual assignment
 - b. Assignment of a grade penalty for the entire course
 - c. Failure of the course
 - d. A decision to dismiss the student(s) from the program must be made by the Academic Review Committee or the Program Director.
6. Reporting any suspected infractions of the academic integrity policy to the student's advisor, the Academic Review Committee, and the Program Director.
7. Adhering to the program and University policies regarding Due Process in the event that the student(s) file(s) a grievance or appeal.
8. Any infraction of the Academic Integrity Policy is to be recorded in the official program record(s) of the student(s). In the event that a student is dismissed from the program as a result of an infraction of this policy, and in keeping with University policy, the words "Academic Dismissal" will appear on the student's official transcript.

Program Director:

1. The Program Director has the responsibility to assure that the policy is adhered to by students, faculty, and staff.
2. Any suspected or confirmed violation of the policy will be reported to the Academic Review Committee and the appropriate Dean.
3. The Program Director assures that the Due Process Policy is followed in any grievance situation.

Policy Title: Academic Support Services

Policy: DeSales University and the Doctor of Physical Therapy Program comply with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 with respect to reasonable accommodation of disabilities for students enrolled in the DPT curriculum with a documented learning, physical, psychological and/or cognitive disability.

Background: DPT students with documented disabilities, like their non-disabled counterparts, must meet all academic, clinical, and non-academic criteria for continued enrollment, progression to clinical education, and graduation requirements. To meet these expectations, the DPT Program, assisted by the Office of Student Accessibility (OSA), makes every effort to accommodate a student's needs using a self-determination model of support. Accommodations for eligible students are determined on a case by case basis. Students should recognize that a diagnosis of a disorder/condition/syndrome does not automatically qualify an individual for accommodations. Additionally, while the DPT Program/University will make efforts to arrange for reasonable accommodations in the clinical environment, students must understand that what is considered reasonable in an academic setting may differ in the clinic. Students are considered guests in the clinical setting, and therefore, the decision to accept a student requiring accommodations will be made by the individual clinical organization prior to any clinical education experience.

Procedures:

Students:

The responsibility of the student is to:

1. Review the DPT Technical Standards and Essential Functions document found in the DPT Policy Manual or on the DPT website (www.desales.edu/dpt) to determine whether the student is able to perform the minimum skill sets needed to complete all degree requirements and enter physical therapy practice, with or without reasonable accommodations.
2. Initiate contact with the OSA in order to make a request for consideration of reasonable accommodations in the event that the student recognizes that they have a known disability or is unable to meet the Technical Standards and Essential Functions of physical therapy education and practice. Requests should be presented to the OSA prior to the start of each semester or when the need for accommodations becomes apparent. The OSA is open from 8:00am-5:00pm Monday through Friday, located in Dooling Hall room 19. Please contact the Director of the Office of Student Accessibility by phone at 610-282-1100 x1453 or by email at accessibility@desales.edu for further information.
3. Provide the OSA with recent and appropriate documentation of the disability and related functional limitations for which they are requesting accommodations. Information as to what constitutes adequate and appropriate documentation is available on the OSA website. The OSA will review documentation provided by the student to determine whether the requested accommodations are reasonable, taking into account whether the accommodations would jeopardize patient safety or hinder the educational process of the student or institution, including all coursework,

laboratory experiences and clinical education placements deemed essential by DPT Program faculty to complete the requirements for graduation.

4. Documentation is to be provided by the OSA to DPT faculty regarding any agreed upon recommendations for accommodations at the beginning of each semester or as soon as the recommendation is made. As an example, accommodations in the form of auxiliary aids and services may include, but are not limited to, alternative testing format, provision of assistive technologies for use in or out of the classroom/laboratory, note taking support, testing in a distraction reduced environment, and extended test taking time for written examinations. Students should recognize that extended test taking time is not permitted for any skills check or laboratory competency examination as this additional time extension is not considered a reasonable accommodation in a physical therapy clinical or practice setting.
5. Understand that in the event that it is agreed upon that test-taking will be conducted in the DPT Conference Room (distraction reduced environment/extended test taking time), examinations may be proctored through remote video observation by a faculty member or DPT staff member in another dedicated DPT classroom/office.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Review and discuss the accommodations documentation presented by the student at the beginning of each semester in order to comply with recommendations made by the OSA.
2. Respect student confidentiality with regards to any knowledge about their disability or accommodation plan.

Program Director:

1. Provide the OSA with information on an as-needed basis to assist in making determinations as to what may and may not be reasonable accommodations for students in graduate physical therapy education.
2. Respect student confidentiality with regards to any knowledge about their disability or accommodation plan.

Staff:

1. Respect student confidentiality with regards to any knowledge about their disability or accommodation plan.

Policy Title: Advisement in Physical Therapy

Policy: The DPT program provides advisement to undergraduate and graduate students to assure success in meeting student learning outcomes and program goals.

Background: Establishing a personal relationship with and providing individual attention to each student is a highly valued benefit of a DeSales University education. The DPT program faculty believes that successful matriculation is dependent on the two-way exchange of information between each student and the program through the process of ongoing advisement.

Procedures: Upon matriculation into the DPT program, each student is assigned to a faculty advisor for the purpose of academic and professional guidance.

Students: The responsibility of the student is to:

1. At minimum, undergraduate 3 + 3 students meet with their DPT faculty advisor once per semester prior to the registration period to discuss progress toward the graduate curriculum and to determine course selections for the next semester.
2. Students in the graduate curriculum are expected to initiate meetings with their DPT faculty advisor as often as needed. At minimum, graduate students will meet with their advisor one time per year to review their Professional Behaviors Assessment Tool, and then on an as-needed basis.
3. Students in the graduate curriculum may be required by the Academic Review Committee to meet with their faculty advisor as part of a remediation plan or learning contract. Failure to meet with the advisor may result in dismissal from the program.
4. Students are expected to come prepared to meet with their faculty advisor at the arranged appointment time.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Maintaining hours of availability upon request for student advisement.
2. Documenting all meetings with student advisees indicating the nature and outcome of the discussion on the Advising Contact Sheet. Documentation should also note attempts to contact students that do not result in follow-through by the student.

Staff:

1. Maintaining access to faculty electronic calendars for the purpose of scheduling student advising meetings.

Program Director:

1. Determine student assignments to advisors based on faculty workloads.
2. In the event that a student or a faculty advisor requests a change of advising assignment, the Program Director will seek written support from both parties prior to making a determination.

Policy Title: Assignment Guidelines

Policy: Written assignments and research project manuscripts will be presented in a format consistent with professional practice.

Background: The quality of one's presented work is a representative example of the characteristics of a scholar and professional. Commitment to learning is demonstrated through the creation of well-crafted assignments that are written in doctoral-level language, show clear effort toward the development of a high-quality product, and respect the ideas of others through proper acknowledgment and citation. Following instructions and the timely submission of assignments also serves as a demonstration of one's willingness to be accountable for their own actions, a necessary quality for professional growth.

Procedures:

Students:

1. All papers, written project assignments, and research project documents will conform to the American Medical Association (AMA) publication style, which is consistent with that adopted by the American Physical Therapy Association. The *AMA Manual of Style* is accessible online via the Trexler Library.
2. At minimum, except when noted by faculty, any written assignment is to include a cover page complete with the following information:
 - Student(s) name(s)
 - Date
 - Course Number and Title
 - Assignment Title
3. Students are especially reminded to follow citation guidelines in all written materials submitted for classroom presentation or assessment of learning, including but not limited to papers, case studies, PowerPoint presentations, and poster presentations. Failure to properly acknowledge the work of someone else on a written assignment or in a public presentation is considered a violation of the Academic Integrity policy and may result in sanctions or dismissal from the program.
4. All assignments listed on course syllabi are to be turned in at the beginning of the class period or as designated by the appropriate faculty member. Assignments will not be received by the administrative staff. Each faculty member will determine any penalty to be assessed for any assignment turned in beyond the due date.

Faculty:

1. In order to meet the expected outcomes for any course paper or project, students require distinctly stated instructions at the time the assignment is given. Faculty members are to define clear expectations for all assigned projects and papers in the course syllabus, and if necessary, on a separate assignment instructions page.
2. Faculty members are expected to model professionalism in the development and construction of all instructional and research materials, consistent with the guidelines set forth in the *AMA Manual of Style*.

Policy Name: Attendance and Absence

Policy: Prompt attendance at all lectures, labs, clinical affiliations, community outreach/service activities, and professional meetings is a program expectation for every student.

Background: Full-time professional graduate education is fast-paced, intense, and has some unique characteristics that will demand a high level of commitment to learning for students in the DPT program. In order to successfully complete assignments, satisfy all laboratory and clinical competencies, pass the licensure exam, and progress to clinical practice, students should recognize that the following time demands will apply:

- Attendance and participation is mandatory in all DPT program activities
- Outside study time is extensive and required for successful academic progression
- Scheduling is often unpredictable
- Participation in extracurricular activities such as athletics or employment will be limited – commitment to your academic responsibilities is the priority

Procedures: Keeping the above considerations in mind, the following procedures apply:

Students: The responsibility of the student is to:

1. Report **the unplanned absence or tardy to class:** In the event of an unplanned illness or emergency that results in full-day or part-day absence. **Prior to the start of the class**, students should notify each faculty member from whose class absence or tardiness is anticipated, in addition to emailing the DPT program office.
2. **Make up missed assignments or exams:** It is the student's responsibility to follow-up with each course instructor to acquire missed instructional materials or assignments, as well as any make-up assignment following the absence. **Despite unplanned absences, students are expected to advance learning and maintain the required level of competency in every course.**
3. **Tardiness:** Tardiness is considered to be unprofessional and disruptive behavior. Faculty may outline additional expectations for tardiness in their course syllabi. Repeated tardiness will be reported to the Academic Review Committee for consideration as a violation of the Academic Integrity policy, and dismissal from the program if uncorrected.
4. **Request for Planned Absence from a didactic or lab class:** Requests for permission to be absent from class for a "special function" that occurs during the semester must be made in writing 30 days in advance of the event. "Special functions" are defined as attendance at a significant one-time event that is not likely to be repeated (examples: wedding of an immediate family member, birth of a child, family reunion or medical procedure). Family vacations, job interviews, and routine appointments should be scheduled outside of class time or during semester breaks. To request permission for an excused absence, students should complete the top half and back side of the **Request to Miss Class for a Special Function Form** and submit it to the front office staff for approval **30 days prior to the anticipated absence.**
5. **Request for Advanced Notice Absence for Clinical Education days:** There is a procedure to request an advance notice excused absence for limited exceptional circumstances prior to the start of the clinical placement. Requests must be submitted 30 days prior to the start of the clinical experience. Limited Exceptional Circumstance definition during clinical education: An event determined by the DCE and, in some cases, with the consultation of the CI to be rare, significant, unavoidable, and short.

Past examples are presentations at a professional conference and maid of honor/best man/bridesmaid/groomsman in a wedding ceremony. To request an advanced notice excused absence from a clinical education experience, the student will submit the time off through Exxat at least 30 days prior to the start of the placement. If approval is granted, the DCE will notify the CI in advance to allow the CI and student to determine when the missed time will be made up. The student and CI are to then update Exxat, outlining the plan to make up these missed hours.

6. **Attendance at Professional Meetings:** As noted in the Professional Meeting Attendance policy, students are strongly encouraged to attend as many professional meetings as feasible during their course of study. Travel to and attendance at these meetings will be considered acceptable excused absences. At minimum, students must attend the equivalent of two district APTA-PA meetings per year (6 total meetings for the entirety of the program), and one regional or national professional association meeting (examples: APTA-PA Annual Meeting, APTA Combined Sections Meeting, other professional meetings as approved by the faculty) during their course of study. Each student is responsible for providing documentation of his/her attendance as outlined in the Professional Development Portfolio guidelines during the semester in which the student attends the professional meeting, and may be expected to present a summary in-service or other assignment for the Program upon return.
7. **Remote Attendance for In-Person Scheduled Lectures:** Attendance by way of virtual platforms under certain conditions may allow students to attend and participate. Conditions that would be acceptable for use of remote attendance in place of in-person scheduled lectures may be provided for students with extended absence from the classroom due to illness. Remote attendance is requested through the Program Director or Professor of record for the class or classes.
8. **Absence from Clinical Education:** Students are expected to report to their clinical site prepared and on time and follow the normal business hours of that particular facility. **Attendance on all scheduled clinical days is expected.** Students must comply with all attendance policies established in the Clinical Education Policies and Procedures section of this manual which may differ from on-campus attendance policies.
9. **Unexcused Absence:** Failure to observe the procedures outlined in this policy will result in an unexcused absence for all classes during the period of absence. At the discretion of the faculty, grades of zero may be assigned for any assignment, quiz, or exam missed. In the event that the faculty allows make-up work to be completed, the highest grade a student may receive is a 75. Repeated unexcused absences will be evaluated by the Academic Review Committee, and may be considered grounds for dismissal from the program.
10. **Leave of Absence:** In the instance in which a student wishes to interrupt their education for an extended period of time (jury duty, change in health status, military service requirement), the student must petition that request in writing to the Program Director. The petition should explain the need for the leave of absence and an estimate of duration, which cannot exceed two calendar years. If granted, all DeSales University withdrawal policies apply. In order to return to the program, the student must provide written notification to the Program Director no less than one month prior to his/her intended return. The student must also provide a written petition to the Academic Review Committee requesting readmission to the program and must supply supporting documentation that all concerns associated with the leave of absence have been resolved. The student is subject to all DeSales University readmission policies and to the DPT Progression Standards upon return.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Providing clearly stated guidelines for make-up assignments and examinations in the course syllabus.
2. Making every effort to give students sufficient notice of changes in planned class meetings to allow for necessary adjustments in personal schedules. It should be noted that certain limitations exist when attempting to schedule guest speakers, field experiences and other learning experiences outside of or in addition to regularly scheduled class meetings that may be unpredictable or unavoidable, however, it is expected that students will attend all sessions with reasonable notification.
3. Reporting repeated incidences of student absence to the Program Director and Academic Review Committee.

Policy Title: Examinations and Assessments of Student Learning – Written Examinations and Quizzes

Policy: Faculty and students will work together to ensure that fairness and integrity are maintained in all examination and assessment procedures.

Background: Faculty in the DPT program believe that a variety of formative and summative assessment methods linked to the taxonomy of the learning objectives for each course are critical components of evaluating student mastery of curriculum content and progress toward program goals and outcomes. In addition, traditional and alternative methods of assessment are useful in motivating student interest and assure competency of practical skills and critical thinking prior to entry into clinical education experiences. The program utilizes reliable and valid data from examination results and student learning outcomes in our ongoing process of curriculum assessment to support and/or revise instructional processes and curriculum design. Methods of assessment include, but are not limited to, written examinations, skills checks, laboratory competency examinations, course presentations, case studies, reflective writing assignments, professional portfolio entries, and research projects.

Procedures:
Students:

The responsibility of the student is to:

1. Sit for all written examinations and/or quizzes as scheduled. In the event that a student is unable to meet this requirement, they must notify the instructor BEFORE the exam and request permission to reschedule. With the exception of an unexpected circumstance, failure to follow this instruction may result in a zero for the examination or quiz.
2. Be aware that certain behaviors during an exam may appear suspicious or suggestive of cheating to the proctor regardless of intent. To assure academic honesty during an exam or quiz, the following conditions apply:
 - Hats may not be worn
 - Turn all cell phones OFF and place in a purse or back-pack
 - Personal items, back-packs, notebooks, papers, and all electronic devices shall be stored in an area designated by the instructor during the examination
 - Do not leave the classroom while the examination is in progress with the exception of an emergency situation. Students should plan to use the bathroom prior to starting an exam. If a student does need to leave the room, the student must turn their test into the instructor first and then can resume the exam upon return to the classroom.
 - Keep your eyes on your own paper, or look up/away if you need to process your thoughts
3. The minimum passing grade on a major examination (unit, midterm or final) is a 74%, unless otherwise indicated on the course syllabus. **Any student who does not pass an exam is responsible for scheduling an appointment with the course instructor within 5 calendar days of the posting of scores to review the exam and determine the need for a remediation plan or learning contract.** The student should come prepared for this discussion with course materials, textbooks, and evidence of effort toward study and exam preparation.
4. If a student wishes to contest their grade on the exam and/ or a specific item response, the student must submit an appeal in writing to the course instructor with supporting evidence to explain the nature of the request. If the student is not satisfied with the decision of the instructor, they may appeal to the Program

Director in writing through the Due Process Procedure outlined in this manual.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Written examinations will be proctored by the course instructor or designee. As proctor, the student has the responsibility to clarify the examination procedures as noted in this policy prior to the start of the examination. The student also has the discretion to determine whether to answer questions from students during the examination period.
2. If the proctor has concerns about academic integrity during the exam, they may take the following corrective actions:
 - a. Give a global reminder of the policy to the entire class during the exam
 - b. Stand near the individual to clarify the suspicious behavior
 - c. Request a meeting with the individual during or after the exam to discuss concerns
 - d. Report concerns to the student's faculty advisor and to the Academic Review Committee
3. The course instructor will withhold posting of the answer key or grades until all students have taken the examination/quiz.
4. The course instructor will give the students the opportunity to review the examination/quiz once all have been graded. Written examinations are to be retained by the program in each student's master examination file.

Staff:

1. Program staff will maintain a master examination file for each student in the graduate program. These files should be housed in a locked file cabinet in the program office at all times.

Policy Title: Examinations and Assessments of Student Learning – Skills Checks

Policy: Faculty and students will work together to ensure that fairness and integrity are maintained in all examination and assessment procedures.

Background: A skills check is an assessment that demonstrates a student’s technical ability to perform basic physical therapy psychomotor skills, tests and measures, or treatment procedures that must be mastered prior to any direct patient care. Examples of these tests and measures include, but are not limited to, goniometric measurement, manual muscle testing, provocation tests, reflex testing, auscultation of heart and breath sounds, and assessment of cranial nerve function. Examples of treatment procedures include, but are not limited to, transfers, gait training, exercise instruction, delivery of physical agents, and wheelchair skills. Any course with a psychomotor component may use a skills checks to assess mastery or may use skills checks prior to any laboratory competency examination to determine a student’s readiness to move forward toward a more comprehensive, summative assessment.

Procedures:
Students:

The responsibility of the student is to:

1. Complete and pass all skills checks as outlined on each course syllabus prior to taking any laboratory competency examination.
2. Complete any remedial practice or study as assigned by the laboratory assistant or course instructor prior to scheduling a retake of any failed skills check test.
3. Submit an appeal in writing to the course instructor with supporting evidence to explain the nature of any request to appeal a skills check grade. If the student is not satisfied with the decision of the instructor, they may appeal to the Program Director in writing through the Due Process Procedure outlined in this manual.
4. Skills checks may be graded either pass/fail or as a numerically assigned value. A passing grade will include the appropriate demonstration of all safety components. Examples of safety components include, but are not limited to, verbal acknowledgement of indications and contraindications when using physical agents or therapeutic modalities, identification of associated risk factors when performing tests and measures, and reacting appropriately to the “patient’s” response to treatment. A passing grade on a skills check also may include, but is not limited to, accurate ordering of steps in a procedure, correct utilization of therapeutic equipment, and adequate prescription of exercises for a given diagnosis.
5. Error in any safety component may result in an immediate “fail” for the skills check. It is the student’s responsibility to schedule a meeting with the course instructor to review the testing or treatment technique including all safety components, and then to resume practice until the student is able to demonstrate safe mastery of the skill.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Each instructor teaching a laboratory course with psychomotor components will determine the appropriate number and specified skills needed to adequately determine student readiness for laboratory competency examinations. The instructor will rely on the student’s content knowledge, along with recommendations from evidence-based practice, and expectations as outlined in the American Physical Therapy Association

- Academy Guidelines as applicable to select the specific skills to be assessed.
2. The course instructor will clearly note all planned skills checks on the syllabus for the course. In addition, the instructor will work with the Program Director to schedule adequate open lab sessions to assure that students have enough time to practice skills under the supervision of a laboratory teaching assistant or faculty member.
 3. The course instructor will provide the students with a clearly stated rubric indicating all criteria that must be demonstrated in order to receive a passing grade at least one week prior to the skills check.
 4. Students will be allowed three attempts to pass a skills check. In the event that a student is still not able to demonstrate competency after three tries, the course instructor shall report this finding to the Academic Review Committee to determine a course of action.

Program Director:

1. The Program Director will work with all faculty teaching laboratory courses with psychomotor components to assure that an adequate number of lab assistants (either adjunct faculty or graduate teaching assistants) are available to conduct open labs during the semester to allow students ample opportunity to practice required skills.
2. The Program Director will convene the Academic Review Committee to determine a course of action or remedial learning plan for any student who is unable to master competency on a skills check after three trials.

Staff:

1. Program staff will file skills check grading rubrics in the student's master examination file. These files should be housed in a locked file cabinet in the program office at all times.

Policy Title: Examinations and Assessments of Student Learning – Laboratory Competency Examinations

Policy: Faculty and students will work together to ensure that fairness and integrity are maintained in all examination and assessment procedures.

Background: In order to be certain that students are adequately prepared with the basic clinical science background, clinical reasoning, and psychomotor skills to enter into any clinical education experience, the DPT program will utilize performance-based laboratory competency examinations. These summative examinations are designed to allow the student to demonstrate their ability to integrate didactic content from current lectures, laboratory demonstration, practice, and previous coursework in the performance of various patient evaluation and treatment activities common in physical therapy practice. Each assessment will take the form of an objective structured clinical examination (OSCE) in which the student will be assigned to a paper case or simulated patient and asked to demonstrate elements of physical therapy examination, evaluation and treatment procedures pertinent to each course. In addition, these examinations will determine the student's ability to effectively take a patient history, provide appropriate patient education, explain the rationale for testing or treatment procedures, and conduct oneself in a professional manner. In an effort to develop each student's ability to provide an efficient and effective treatment session, these examinations will be timed, and the student will also be assessed in time management typical for the specific case.

Procedures:
Students:

The responsibility of the student is to:

1. Arrive promptly at the assigned time for the laboratory competency examination, and to be prepared with all required materials as designated by the course instructor. In the event that the student is unexpectedly unable to participate in a scheduled laboratory competency examination due to some unforeseen circumstance, the student should contact the course instructor or the DPT program office immediately, as this change may interrupt the testing schedule for other students. It will be up to the discretion of the course instructor to establish a date and time for rescheduling any missed laboratory competency examination.
2. Recognize that any communication with other classmates following their own performance regarding the assigned paper case or simulated patient scenario, including any discussion about the various tested elements, is considered a breach of the Academic Integrity policy. Students should resist the urge to discuss anything pertinent to the laboratory competency examination until after all students have completed testing. Students and faculty will have the opportunity to review the critical elements of the examination after all scoring is complete.
3. The minimum passing grade on a laboratory competency examination is an 80%. Failure to achieve an 80% constitutes a failure for that examination. All laboratory competency examinations must be passed in order for the course to be passed. In the event that a student scores below an 80%, they must meet with the course instructor **within 5 days** after the posting of the grades to establish a remediation plan and to schedule a date for retaking the failed examination. Failure to perform **competently** on the re-take examination will result in failure of the course. Only one re-take of any failed competency examination will be allowed, and the initial examination score will be retained as the grade of record. In the event that the failed laboratory competency examination happens to fall at the end of the semester, the re-take must be scheduled and passed prior to the beginning of the subsequent

semester in order for the student to progress in the curriculum. In addition, each laboratory competency examination will have a minimum of one “must pass” **safety criteria**, with many examinations having a minimum **safety score** that must be passed in order to pass the competency examination. As with the re-take procedure described above, failure to perform **safely** on the re-take will result in failure of the course.

4. Every effort will be made to remove subjectivity in grading performance-based laboratory competency examinations. To that end, and to assure consistency in grading between various faculty-evaluators, it is the policy of the program that each laboratory competency examination will be video-taped. Faculty will rely on the videotaped performance in the event that a student fails the examination for confirmation purposes in grading, and in reviewing the performance with the student so that corrections can be made prior to the retake examination. Additionally, a portion of the assessment process for these examinations includes self-assessment, with each individual student expected to review the videotape of their own performance and complete a reflection for that examination.
5. Understand that videotape review and self-assessment, if completed in the DPT Conference Room, may be proctored through remote video observation by a faculty member or DPT staff member in another dedicated DPT classroom/office.
6. If a student wishes to contest their grade on the laboratory competency examination, they must submit an appeal in writing to the course instructor with supporting evidence to explain the nature of the request. If the student is not satisfied with the decision of the instructor, they may appeal to the Program Director in writing through the Due Process Procedure outlined in this manual.
7. A student may **retake only 2 laboratory competency examinations** during the entire graduate program. Any failure beyond 2 allowances will be referred to the Academic Review Committee (ARC), which will evaluate the student’s overall academic performance and examine all issues that may be contributing to this failure. The ARC may determine that a remediation plan is in order, or in some cases may recommend dismissal from the DPT program.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. For the majority of courses in the Differential Diagnosis and Intervention (DDxI) series, faculty will create and implement OSCE’s as applicable and in accordance with course syllabi. These assessments should be administered at mid-term and as a final examination, with the addition of others as deemed necessary to satisfy course and curriculum objectives. The nature of the laboratory competency examination should be integrative and comprehensive of all didactic material and psychomotor skills taught in the course at the time of the examination and may also include previously instructed relevant information. In addition, OSCE’s should attempt to include elements of documentation, patient education, time management, and professional behaviors. Faculty teaching in non-DDxI courses with psychomotor components are also encouraged to use the OSCE format as applicable, preferably as a summative final examination procedure.
2. Faculty should provide students with an outline of expected psychomotor skills and interventions to be assessed at least one week prior to the laboratory competency

- examination. A corresponding grading rubric should be posted so that students have full knowledge of the expectations of the examination.
3. Faculty has the responsibility to clarify the examination procedures with respect to Academic Integrity prior to the start of the examination. The student should also report any infractions of this policy to the student's(s') advisor and the ARC, should they occur.
 4. The course instructor will withhold posting of grades until all students have taken the laboratory competency examination.
 5. Laboratory competency examinations should be viewed by students and faculty as a learning experience, as much as an assessment procedure. To that end, students will be given the opportunity to review the grading rubric and the course instructor should guide the entire class in a follow-up debriefing discussion of the overall competency examination outcomes, offering feedback on strengths and suggesting guidance for improvements in performance on future assessments.
 6. In the event that a student fails a laboratory competency examination, the faculty member shall inform the student's advisor, the Academic Review Task Force, and the Program Director prior to the posting of grades. A discussion as to the nature of the failure and the development of a remediation plan should occur prior to scheduling a retake examination for the student. In the event that this is a third failure for any student, the Program Director will convene a meeting of the Academic Review Committee to determine the course of action.
 7. Grading rubrics for laboratory competency examinations will be maintained in the student's master examination file in the program office.

Staff:

1. Program staff will maintain a master examination file for each student in the graduate program. These files should be housed in a locked file cabinet in the program office at all times.

Policy Title: Grading

Policy: All didactic and clinical education coursework, examinations, quizzes, and laboratory competency examinations in the Doctor of Physical Therapy (DPT) program will assign grades using a standard grading scale that has been adopted by the faculty in accordance with University policy for graduate education.

Background: The faculty of the DPT program believes that the grading process is an essential activity in teaching and learning. Grading is part of a systematic data collection and analysis process that informs us about student learning in order to assess and improve a course and/or the curriculum as a whole. Grading serves 4 basic functions: (1) a grade is one form of **evaluation** of a student's work that assists him/her to identify or correct learning problems or gaps in knowledge or skill acquisition; (2) the grading process is a form of both internal and external **feedback** regarding the extent to which a student or the curriculum is meeting a minimal level of competence; (3) grading serves as one **motivational factor** that facilitates student learning; (4) grading serves the function of **organizing** a curriculum – it brings closure to a topic area of study, marks a transition in academic advancement as when moving from one semester to the next, and signifies time for reflection on progress toward goals and outcomes for students, faculty, and program administrators.

Procedures: In the DPT program, the following grading system applies:

Grade (alpha & numeric)	Quality Points	Description
A (95-100%) A- (91-94%)	4.0 3.7	Indicates mastery of the course content accompanied by evidence of exceptional achievement in critical, independent and creative thought competently expressed
B+ (87-90%) B (83-86%)	3.3 3.0	Indicates a good grasp of the course content accompanied by evidence of marked achievement in critical, independent and creative thought competently expressed
B- (80-82%) C+ (77-79%) C (74-76%)	2.7 2.3 2.0	Indicates a minimal grasp of the course content accompanied by evidence of minimal achievement in critical, independent, and creative thought competently expressed
C- (70-73%) F (Below 70%)	1.7 0	Indicates an insufficient grasp of the course content accompanied by evidence of an unacceptably low level of achievement in critical, independent, and creative thought competently expressed.
I (Incomplete)	0	May be assigned in a situation when a student is unable to complete the work required to meet the course criteria within the time limit of the course
PO (Pass on Pass/Fail Option) / FO (Fail on Pass/Fail Option)	0	May be assigned on specified assignments or courses to indicate satisfactory (PO) or unsatisfactory (FO) achievement of objective/learning outcomes and expected competencies

Students:

The responsibility of the student is to:

1. Meet all necessary course requirements as outlined in the syllabus with a minimum passing grade of a C for each course, in the allotted time in the semester. Students must maintain a minimum 3.0 semester and cumulative GPA in order to progress in the curriculum.
2. Contact the course instructor within the appropriate time period as designated in the corresponding policy for any deficit grade on any major course assignment, examination or laboratory competency examination to discuss a plan of action to improve performance.
3. Realize that the receipt of any incomplete course grade may delay or alter the timing of clinical education placements, as a student may not participate in these learning experiences without evidence of successful completion of the pre-requisites for each.

The DPT program faculty will recognize and honor the intentions of this policy and agree to uphold it through the following:

1. Faculty will provide students with a syllabus on the first day of class that clearly outlines all course requirements for the semester, including the weighting of each to be used in the calculation of the course grade.
2. Faculty will provide students with timely feedback on all graded work. For multiple choice quizzes and exams, every effort will be made to return these graded items within the following two class periods. Barring any unforeseen circumstances, students should expect to receive feedback on essay question examinations, laboratory competency examinations or longer written papers within a two-week time frame.
3. The course instructor may make decisions to adjust an assignment, examination or course grade in the student's favor (by rounding up) if the instructor deems it appropriate.
4. In the event that a student earns an Incomplete (I) in a course, the instructor will work with the student to develop a remedial learning contract that outlines all steps needed to complete the course requirements.
5. Instructors must make any changes to a student's grade report in accordance with University procedure.

Policy Title: Progression Standards

Policy: Graduate physical therapy students will maintain satisfactory progress toward completion of the degree requirements for the Doctor of Physical Therapy degree.

Background: In order to be awarded the Doctor of Physical Therapy degree, each student must complete the following academic requirements:

- Complete all courses in the curriculum in sequential order
- Complete all courses with a minimum 3.0 GPA in every semester
- Complete all courses in the curriculum with no grade less than a C. A grade of C- is not acceptable
- Earn no grade lower than an 80% on any laboratory competency examination
- Complete 16 hours of approved service learning activity as per Service Activities policy
- Provide evidence of attendance at district and state/national professional association meetings as per Professional Meeting Attendance policy
- Pass all clinical education courses
- Complete a Professional Development Portfolio

In addition, graduate students must fulfill all financial obligations to the University and must return all materials borrowed from the library or the program prior to graduation. Failure to comply with these standards will result in action by the Academic Review Committee (ARC) and may result in the student being placed on academic deficiency or academic probation status or dismissed from the program. Changes in academic standing are made the by the ARC on a case-by-case basis.

Procedures:

Students: The responsibility of the student is to:

1. Complete all courses in sequential order, with no grade less than C. Failure of any course (C- or below) may result in dismissal from the program. Only three C's in the entirety of the program will be acceptable. Students dismissed from the graduate program may appeal to the ARC to be reinstated in the following year in order to repeat any failed course(s). The decision to readmit the student will be based on the student's entire academic standing at the time of the dismissal and space availability in the following cohort.
2. Maintain a minimum 3.0 GPA in every semester. GPA's will be calculated at the end of each semester of the program. The GPA is calculated using a formula that divides the total number of quality points earned by credit hours attempted in any semester. In the event that a student falls below a 3.0 GPA in any semester, they may be placed on academic deficiency or academic probation status. The student will work with DPT program faculty, their advisor, and the Program Director to develop a remedial learning contract to address deficit areas. If the student does not achieve a 3.0 GPA in the following semester or falls below the 3.0 GPA in any other subsequent semester, the student may be dismissed from the program. Students are allowed only one academic probation period in the entire graduate program.
3. Demonstrate safe, competent, and professional behavior in all courses with laboratory components by passing all competency examinations with no grade below 80% on any exam. A grade below 80% on any lab competency exam may result in decision by the ARC to place the student being on DPT academic deficiency or academic probation with a remediation plan or may result in dismissal from the

program. No more than two failed lab competency exams will be acceptable in the entire graduate program.

4. Maintain a cumulative 3.0 GPA and demonstrate safe, professional behavior prior to participation in any clinical education course. All clinical education courses must be passed in order to progress in the curriculum. Course grades in any clinical education rotation are determined collaboratively between the clinical site instructor and the Director of Clinical Education. Failure of any clinical rotation may result in dismissal from the program.
5. Maintain satisfactory progress on the Professional Behaviors Assessment Tool and the individual Professional Development Portfolio.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Providing appropriate academic advising to ensure progression through the professional curriculum.
2. Evaluating academic performance of each student at the end of each semester to determine compliance with minimum GPA requirements.
3. Working with students placed on DPT program academic deficiency or academic probation to develop a remedial learning contract to address deficient areas.

Staff:

1. Maintaining a historical record of each individual student's academic progress including any decisions made by the ARC.

Program Director:

1. Providing appropriate academic advising to ensure progression through the professional curriculum.
2. Convening a meeting of the ARC within 5 days of the end of each semester to evaluate the academic performance of each student to determine academic standing.
3. Upon the recommendation of the ARC, dismissing any student earning a failing grade (C- or below) on any course in the professional curriculum.
4. Upon the recommendation of the ARC, dismissing any student that earns a failing grade in any clinical rotation.
5. Upon the recommendation of the ARC, placing any student earning a grade below 80% on any laboratory competency exam on DPT program academic deficiency or academic probation.
6. Upon the recommendation of the ARC, placing any student whose GPA falls below the 3.0 minimum GPA requirement on DPT program academic deficiency or academic probation.
7. Upon recommendation of the ARC, dismissing any student with more than three (3) C's while matriculated in the program.
8. Working with students placed on DPT program academic deficiency or academic probation to develop a remedial learning contract to address deficient areas.
9. Upon the recommendation of the ARC, dismissing any student that had been on DPT program academic probation that fails to achieve the minimum GPA requirement in any subsequent semester.
10. Notifying students via email and standard mail of their current academic standing as determined by the ARC within 10 days of the end of each semester.
11. Provide the Dean of College of Healthcare Professions and the Academic Affairs Committee - Graduate Studies with any requested information needed to determine

Due Process for any DPT student appealing a probation or dismissal decision of the ARC.

Note: Progression standards for the undergraduate Bachelor of Science/Doctor of Physical Therapy (3+3) degree plan are available in the DeSales University Undergraduate Catalog.

*Created May 2013
Reviewed 2021, 2022
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Policy Title: Retention and Remediation

Policy: In the event that a student earns a grade on any written examination, major project or clinical education assignment below 74%, fails a laboratory competency examination or skills check with a grade below an 80%, or earns a course grade of C, the student will be afforded opportunity to work with course faculty to develop a remediation agreement to assist in mastery of the deficit course concepts.

Background: It is the intention of the faculty of the DeSales University Doctor of Physical Therapy Program to retain every matriculated student through the entirety of the graduate curriculum. However, the faculty also has the obligation to provide a rigorous curriculum to ensure that individuals graduating from the DPT program are prepared to meet the demands of the profession with the highest degree of competence. Recognizing that there are circumstances that may occur in which student academic performance may fall below the required expectations, the faculty will provide additional opportunities to assist the student toward the successful acquisition of course concepts. Development of a remediation agreement may include activities such as (1) individualized instruction, (2) additional reading or case study assignments, (3) requirement to attend open laboratory sessions, (4) counseling regarding study skills and test-taking strategies, (5) one-to-one practice of clinical skills, (6) retesting on selected examination components for additional credit, and/or (7) any additional activities developed between the faculty member and student that result in improved academic outcomes. If consistent remediation is required for multiple courses across the curriculum, the student's ability to become clinically competent or successful on the licensure examination must be considered. In this case, this situation will be brought to the attention of the Academic Review Committee for discussion as to the appropriateness of continued enrollment in the program.

Procedures:

Students: The responsibility of the student is to:

1. Request a meeting with the course faculty member **within 5 calendar days** of receiving a grade below 74% on any written examination, major project or clinical education assignment, a grade below 80% on any skills check or laboratory competency examination, or a semester course grade of C. The request may be made in person or via email, but it is the student's responsibility to ensure their own academic success by initiating the scheduling of the meeting.
2. Prepare for the meeting with the course faculty member by reviewing the written examination, graded assignment, or laboratory competency/skills check grading rubric to identify areas of knowledge deficit.
3. Come prepared to the meeting with the faculty member, bringing course handouts, study guides and other relevant study materials for discussion and review.
4. Participate in the development and completion of a remediation agreement. All assignments are to be completed in the agreed upon timeframe.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Respond in a timely manner to the student's request for a remediation meeting.
2. Work with the student to develop a relevant and realistic remediation agreement.

3. Provide timely feedback on any required elements or additional assignments included in the remediation agreement.
4. Complete a Remediation Agreement form or document the plan for mastery of the missed content on the Advising Contact sheet in the student's academic file in the DPT office. Students are provided with a copy of the Remediation Agreement form.
5. The course faculty member will notify the student's faculty advisor, Academic Review Task Force, and Program Director regarding academic performance and/or need for remediation.
6. In the event that the student does not initiate the remediation meeting within the required time period, the course faculty member may initiate contact directly. The course faculty member will make a notation on the Academic Review Committee tracking form as well as in the student's academic record in this regard and will notify the Program Director accordingly.

Staff:

1. Upon reasonable request, the staff will provide the student with access to their examination file for review prior to the scheduled meeting with the course faculty member.

Program Director:

1. Upon request by the course faculty member, the Program Director will assist in the development of elements for an effective remediation agreement as necessary.
2. In the event that the student does not initiate the remediation meeting with the course faculty member in the required time frame, the Program Director may notify the student as a reminder. If the student still does not follow-up with the course faculty member, the Program Director will report this finding to the Academic Review Committee at its next meeting.

Policy Title: Academic Probation

Policy: A period of academic probation may be designated by the Academic Review Committee (ARC) in the event of failure to achieve the minimum passing score in multiple written or competency exams, clinical education assignments, or major projects, failure to achieve the minimum semester or cumulative GPA requirements, or failure to comply with expected professional behaviors.

Background: Academic probation is intended to identify students at risk of not progressing academically or not making satisfactory progress in any aspect of professional development. Depending on the nature of the concern, the ARC may make the recommendation to place a student on DPT Academic Probation for a minimum period of one full-time semester in order to give the opportunity for participation in a remediation process to bring the student back into favorable standing. The ARC retains the right to continue a student on Academic Probation status beyond one semester if the student is making satisfactory progress on their remediation process. Conditions for placement on academic probation may include (list is not inclusive):

- Failure to maintain a minimum semester or cumulative GPA of 3.0
- Earning two or more grades of C during a single semester regardless of cumulative GPA
- Failure of a laboratory competency exam with a grade below an 80%, or failure of a written exam, major project, or clinical education assignment with a grade below 74%
- Egregious or unresolved professional behavior issues

Students will be permitted only one academic probation period in the entirety of the professional program. In the event of a second violation, the ARC reserves the right to suspend or dismiss the student from the DeSales University DPT Program.

During the probationary period, students must satisfy conditions as deemed by the ARC in order for consideration of lifting the probationary status in the subsequent semester(s). When the student is placed on probation, the terms/conditions will be designated on a written remediation plan agreement that may include (list is not inclusive) completion of additional assignments, tutoring sessions with faculty members outside of class time, repeating written or laboratory competency examinations, scheduled meetings with the faculty advisor, and/or any additional requirements as determined by the ARC. It is expected that students on probation will take personal responsibility to ensure that the terms of the remediation plan agreement are being fully addressed. If the student is unable to meet the requirements of the probationary period, the ARC will recommend suspension or dismissal from the program.

The student has the right to appeal any ARC decision regarding academic probationary status through a written appeal to the committee presented to the Program Director.

Procedures:

Students:

The responsibility of the student is to:

1. Review, provide feedback and agree by signature to the terms of a probationary remediation plan within 5 days of receiving it. The signed agreement is to be submitted to the Program Director, and will remain in the student's permanent academic record.

2. Adhere to all terms of the remediation plan within the timeframe designated. In the event that the student may be unable to do so, it is the responsibility of the student to communicate those concerns to the faculty advisor as soon as conflicts become evident.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Notify the Program Director and Academic Review Task Force immediately upon recognition of conditions that would place a student in academic probation status.
2. In the role of faculty advisor, provide any student on probationary status with opportunities to discuss progress toward or challenges with the designated remediation plan agreement. The faculty advisor should act on behalf of the advisee by working with other faculty members providing the additional assignments or examinations to assure that the terms of the remediation plan are appropriate and being carried through.
3. If applicable, faculty members will develop and implement an appropriate remediation plan agreement to meet the academic deficiencies of the student, which may include creation of additional assignments or examinations, and meetings outside of class time to bring the student back in alignment with curricular objectives.

Program Director:

1. Arrange the ARC agenda to include discussions of academic standing for all students in the program, but particularly those at risk of moving into an academic probationary status.
2. In the event that the ARC decides on a probationary period for a student, work with the faculty and the student in question to develop a reasonable remediation plan agreement that addresses the identified academic or behavioral deficiencies.
3. Within 5 working days of an ARC decision, draft and send an Academic Standing letter defining the terms of any remediation activities and the timeline for completion.
4. Monitor the progress of all students in Academic Probation status and report accordingly to the Dean of College of Healthcare Professions and/or Academic Affairs Committee – Graduate Studies.

Staff:

1. Assist the Program Director in drafting and sending Academic Standing letters within the designated time frame outlined in this policy.
2. Maintain an ongoing record of Academic Standing for all students in the program to guide ARC decision-making.

Policy Title: Academic Review Committee Decisions

Policy: The Academic Review Committee (ARC) serves the DeSales DPT program by reviewing academic progress and professional development of each student in the program to ensure that the progression standards, goals and outcomes of the program are met. The ARC makes recommendations to the Program Director and University Administration (Dean of College of Healthcare Professions and Provost/Vice President of Academic Affairs) regarding appropriate actions to be taken for each student to include: (1) good academic standing, (2) academic deficiency or academic probation with remediation plan, (3) suspension or dismissal, (4) leave of absence, (5) withdrawal, (6) readmission, (7) completion of graduation requirements and progress to conferral of the Doctor of Physical Therapy degree.

Background: The Academic Review Committee consists of all full-time faculty members in the DPT Program and may be chaired by the Program Director or by the Academic Review Task Force chair either of whom is responsible for convening the committee in either a face-to-face format, or in some special circumstances by e-mail (e.g., unexpected or time-sensitive situations). In consultation with the Program Director, the Academic Review Task Force chair and DPT administrative staff prepare the agenda for each meeting and conduct the voting procedures. While the Program Director serves as a member of the ARC, they will only vote under the condition of breaking a tie. In the event that the ARC is considering a student appeal of a previous decision, the Program Director will seek an external faculty member from another health science program in the institution to sit in and offer objective observations and recommendations without a vote. A quorum for any regular or specially called meeting of the ARC is defined as one vote more than half of the total full-time faculty in the program.

At minimum, the ARC will meet at the conclusion of each semester to review the academic progress of all students in the program, in order to make appropriate determinations of academic standing. Decisions of the ARC are made using the following operational definitions for each condition under consideration:

Good Academic Standing implies that the student is meeting or exceeding all the minimum academic and behavioral standards as described in the Progression Standards policy. In this situation, the student will progress to the next semester or year in the curriculum.

Notification of Academic or Professional Behavior Deficiency is an indication to the student that, although the student may be meeting minimum progression standards, the ARC is concerned about the student's overall academic foundation or professional behavior status in the curriculum. Conditions that contribute to this academic standing include but are not limited to: (1) low but passing semester or cumulative GPAs; (2) multiple incidents within a single semester or across semesters of low but passing grades on written examinations, skills checks, competency examinations, and/or poor clinical education performance; and (3) repeated professional behavior infractions with no effort toward modification after warning. The student should recognize that immediate corrective action is needed upon receiving this notification in their end-of-semester academic standing letter from the ARC. The student should consider that the ARC is warning that taking personal responsibility for changes in study or test-taking habits and seeking guidance from faculty advisors or course instructors is warranted. Failure to address these deficiencies could result in a change in progression status to academic

probation in future semesters. The notification of deficiency is not intended to be punitive, rather to be a strong recommendation for behavioral change so that success in the classroom, laboratory, clinical education, and/or the national licensure examination is more likely.

Academic Probation with Remediation occurs whenever a student fails to meet minimum academic or behavioral standards. Conditions that result in this decision may include, but are not limited to, failure to meet minimum semester or cumulative GPA of 3.0, earning two C grades in one semester, failure of a laboratory competency exam with a grade below 80% or a written exam, major project or clinical education assignment with a grade below a 74% that the student fails to remediate, and egregious or unresolved professional behavior issues. Students may be granted one academic probation period in the entirety of the program, and in the event of a second infraction, the ARC may decide to either suspend or dismiss based on the review of the academic record as a whole and the nature of the situation at the time of the concern. During the probationary period, the student will have a remediation plan to complete, and, with successful accomplishment, will have the probation lifted. An ARC decision for academic probation remains on the student's permanent academic file.

Suspension or Dismissal decisions occur anytime a student fails to meet the Progression Standards of the DPT Program: (1) fails a course with a grade below a C, (2) earns 3 or more C grades across the full length of the curriculum, (3) fails two or more laboratory competency examinations (earns a grade below an 80 on a first attempt and/or a retake examination), (4) fails a clinical education course, (5) has more than one semester with a minimum GPA below 3.0 or has a cumulative GPA below 3.0, and/or (6) violates the Academic Integrity policy or persists in behaving in an unsafe or unprofessional manner with fellow students, faculty members, clinical instructors or patients after reasonable warnings.

A decision for suspension implies that the student would be given the opportunity to reapply to the program in the following year to repeat failed courses and resume progression depending on space availability in the cohort at that time. The ARC may also recommend that the student make additional efforts over the year to correct any personal issues or concerns or to remediate any academic deficiencies in order to have greater success upon their return. A suspended student will not be permitted to attend classes or other DPT program activities until they have been officially reinstated to the program.

A decision for dismissal from the program requires the student to reapply for admission and a repeat of the entire professional curriculum. In the event that the ARC votes for dismissal, the student will be notified in writing of the decision within 5 business days by certified mail. The student may request an appeal of the decision to dismiss and may appear before the ARC to present the appeal in person providing supporting evidence regarding their academic performance deficiencies or professional behavior concerns. Immediately following the student's presentation, they will be excused and the ARC will complete deliberations, with the recommendation given to the Program Director, who forwards the decision to the Dean of College of Healthcare Professions. The student may petition the Dean of College of Healthcare Professions in writing for a hearing of the Academic Affairs Committee-Graduate Studies to further contest the appeal decision.

Leave of Absence/Withdrawal decisions may be granted in certain situations such as documented medical or psychological conditions and/or for urgent personal grounds (e.g., death or serious illness in the student's immediate family, military call to duty). Such a

request must be made in writing to the Program Director for consideration by the ARC and should include the reasons for the request and the estimate of duration. The student is subject to all University withdrawal policies, and to DPT readmission/progression standards upon return.

Request for Readmission to the program will be considered for students who leave in good academic standing or those for whom leave of absence has been previously granted. The Program Director must be notified in writing at least one month prior to their intended return, which should include a formal petition to the ARC stating that all issues have been resolved, and providing evidence that the student is fit to fully participate in all activities of the curriculum. The student is subject to all University readmission policies and to the DPT readmission/progression standards.

Students who were dismissed due to poor academic progress or for failure to address professional behavior issues may request readmission, however, the decision for acceptance or denial by the ARC will depend on the circumstances for dismissal and the case that the student presents in their petition indicating that all previous concerns have been addressed. Any decision for readmission in this situation will also depend on space availability with the current class cohort.

Completion of Graduation Requirements decisions are based on an ongoing cumulative review of each student's entire academic record indicating successful passage of all didactic and clinical education coursework, and presentation of a qualified Professional Development Portfolio.

As noted above, the student has the right to appeal any decision made by the ARC through the Academic Due Process procedures outlined in the Graduate Catalog. Essentially all appeals should begin within the program faculty and administration through a written proposal or request for reconsideration. In the event that the student is unsatisfied with the appeal decision, the student should then submit a written appeal to the Dean of College of Healthcare Professions and should include evidence of all previous ARC decisions including supporting documentation. The student may request and/or the Dean may recommend that the final appeal be made to the Academic Affairs Committee – Graduate Studies with recommendation to the Provost. The decision of the Provost is final.

Confidentiality of ARC Proceedings - All information used in decision-making by the ARC is confidential. Except as specified above, proceedings of the ARC are closed to persons other than University representatives authorized by the DPT Program Director. Minutes of each ARC meeting are maintained in a confidential file in the program office.

Procedures:
Students:

The responsibility of the student is to:

1. Remain in good academic standing as required by the Progression Standards of the DPT Program.
2. Follow all procedures as described above in the event that the student identifies their good standing is at risk. Appeals to the ARC begin with a written request to the Program Director and may require that the student be available for discussion with the ARC. Students will provide responses to the ARC in the time frame designated in notification letters to allow for smooth and timely resolutions.
3. Recognize that the student may not bring any other party to an ARC meeting, including other students, members of their family, or legal representation, as this process is one of an academic nature between the student and the DPT program.

4. Follow the procedures outlined in the University Graduate Catalog and in this DPT Policy Manual with respect to Academic Due Process when filing an appeal.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Serve the DPT Program through participation as a voting member on the ARC. Several faculty members may also serve as representatives on the Academic Review Committee Task Force as outlined in the DPT Core Faculty Responsibilities and Workload policy in the faculty and staff policies section of this manual. The ARC Task Force meets prior to any full ARC meeting to review students who have been previously identified during the semester as potentially at risk academically or behaviorally. The ARC Task Force will make recommendations and develop action plans to be discussed during the full ARC meeting regarding academic standing for any such identified students.
2. Review all materials and academic records presented for consideration with serious critical analysis with the goal of making the decision that is ultimately in the best interest of the student.
3. Maintain confidentiality of all materials used and discussions between members of the ARC before, during, and after deliberations.

Program Director:

1. Serve as or designate an appropriate faculty member to serve as the ARC Task Force chair and provide guidance and instructions regarding the expectation of this role.
2. Ensure that all students receive notification of any ARC decisions in a timely manner. Whenever possible, communications should occur within 5 business days of any meeting. Decisions beyond that of Good Academic Standing will be notified by email and by certified mail to the student's primary address on record.
3. Monitor the progress of all students in any at-risk academic status, and report to the Head of the Division of Healthcare and the Dean of Graduate Education and/or Academic Affairs Committee – Graduate Studies as appropriate.

Staff:

1. Assist the Program Director in drafting and sending Academic Standing letters within the designated time frame outlined in this policy.
2. Maintain an ongoing record of Academic Standing for all students in the program to guide ARC decision-making.

Policy Title: Academic Due Process

Policy: Any graduate DPT student who wishes to file an academic grievance should do so in keeping with the University Academic Due Process procedure outlined in the Graduate Catalog.

Background: Graduate students have the right to expect to have academic or personal problems addressed in a fair and timely fashion. Every effort will be made to resolve conflicts within the program at the level of the faculty or Program Director. However, in the event of unresolved dilemmas, DPT students are granted the same due process as any other student enrolled in the University.

If a student does not agree with the grade received on a written examination, laboratory competency examination, major project, and/or any didactic or clinical education course, they may appeal the grade as assigned. In addition, any decision made by the DPT Academic Review Committee (ARC) regarding academic standing in the program may also be appealed. The Academic Due Process procedure in the DPT Program is designed to assure that the student has the opportunity to express their disagreement or concerns with respect to progression in the program. There are three levels to academic due process:

First level: The student should begin with a written appeal to the faculty of record for the course, or, in the case of an ARC decision, to the Program Director. The formal appeal should include supporting documentation and should be presented in a timely manner, preferably within one week of receiving the grade. The faculty member should provide the student with a written decision regarding the appeal within one week of the decision and should also document the decision on the Advising Contact Sheet in the student's academic file. In the case of an appeal to the ARC, the Program Director will schedule a meeting and will notify the student of that event within a 10-day period.

Second level: If the student is unsatisfied with the outcome of the appeal to the faculty member, they may request consideration by the DPT Program Director. Again, this appeal must be made in writing and the student should provide evidence of all steps taken to mediate the situation with the faculty member(s) to that point. The Program Director will notify the student within one week of the decision. In the event that the appeal is related to an ARC decision, the Program Director will notify the decision of the ARC to the Dean of College of Healthcare Professions and the student will be instructed to direct the continuing appeal request to the Dean.

Third level: If the student is unsatisfied with the decision of the Program Director regarding an assignment/examination or course grade, or with the ARC decision regarding an appeal of an academic standing issue, they may pursue a final decision through the Dean of College of Healthcare Professions. Again, this step in due process should be substantiated in writing with supporting evidence. The Dean may request consideration by the Academic Affairs Committee – Graduate Studies with a recommendation to the Provost / Vice President of Academic Affairs making the final decision.

Procedures:

Students:

The responsibility of the student is to:

1. Follow the steps in the Academic Due Process procedure by preparing a thorough written appeal and presenting it to the appropriate first level individual.
2. Make every attempt to arrive at an acceptable and agreeable resolution with the faculty member or Program Director before pursuing a higher level approach.
3. Conduct oneself in a professional manner during all interactions at every level.
4. All appeals must occur within one year from the date that the grade or decision in question has been posted.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Be responsive to the student's appeal within a timely and respectful manner.
2. Document any discussion or counseling provided to the student regarding the appeal request or supporting documentation on the Advising Contact Sheet in the student's academic file.
3. Maintain the student's confidentiality with regard to all discussions and decisions.
4. Provide the student with information regarding the next step in the Academic Due Process procedure if they are unsatisfied with the decision.
5. Transmit any electronic appeal documents to the Program Director in PDF format.

Program Director:

1. Ensure that all students and faculty are clearly informed on the Academic Due Process procedures.
2. Use evidence collected from the student's written appeal and from the faculty member(s) file notes and/or discussion in making the decision.
3. Follow timelines as closely as possible as described in this policy to assure timely resolution of the situation.
4. Provide notification to the student, the faculty member(s), the ARC, and the Dean regarding the status of the due process outcome.
5. Transmit any electronic appeal documents to the Dean of College of Healthcare Professions in PDF format.
6. Maintain student and faculty confidentiality associated with any Due Process outcome.

Staff:

1. Maintain records of all Due Process actions in both individual student and programmatic files.
2. Maintain student, faculty and programmatic confidentiality associated with any Due Process outcome.

Policy Title: Non-Academic Problem Resolution

Policy: The DPT program and the University will work together to insure that all complaints that fall outside of the realm of due process will be dealt with in a fair and timely manner consistent with other institutional and program policies.

Background: Any individual, group, or organization that falls outside of the realm of due process, is able to file a complaint against the DPT program. This may include, but is not limited to, clinical education sites, employers or graduates, and the public. Complaints may be in reference to its faculty and staff, policies and procedures, or other aspects of the program.

Complaints from enrolled students should follow the customary due process policy and procedures of the University.

Procedures: The event(s) should be reported as soon as the issue becomes known, but within the same year as the filed complaint.

1. The complaint must meet the following criteria:
 - a. Clearly identified as a complaint in writing.
 - b. The nature and details of the complaint should be clearly stated.
 - c. Supportive data should be provided to substantiate the charge.
 - d. Clearly state the objectives and expected outcome of the complaint.
 - e. Must be signed and dated by the person(s) making the complaint.
 - f. Be submitted in writing to:
Program Director, Doctor of Physical Therapy Program
DeSales University
2755 Station Avenue
Center Valley, PA 18034-9568
 - g. Complaints regarding the Program Director should be submitted in writing to:
Dean of College of Healthcare Professions
DeSales University
2755 Station Avenue
Center Valley, PA 18034-9568

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

- Program Director:**
1. Upon receipt of the complaint, the Program Director responds to the complainant within 14 business days. The Director will investigate the complaint, propose a solution, and inform all parties of the resolution.
 2. If the issue is not resolved after discussion with the Program Director, involves the Program Director, or is in regards to the program as a whole, the Dean of College of Healthcare Professions will review the complaint with the involved parties within 14 business days. If a resolution is met, the Dean will inform all involved parties.
 3. If further resolution is required, then written complaints must be submitted to the Dean of College of Healthcare Professions. The Dean will work with all parties to bring resolution to the complaint. If further resolution is required, the Dean will notify the Provost/Vice President for Academic Affairs. The Provost will work with all parties to bring resolution to the complaint. The Provost is the final arbiter of any complaints.

*Created October 2013
Revised 2021, 2024
Reviewed 2022, 2023*

Policy Title: Filing a Complaint with CAPTE

Policy: Complaints about the program made directly to the Commission on Accreditation in Physical Therapy Education (CAPTE) must follow the formal complaint process established by CAPTE.

Background: CAPTE has a mechanism in place to consider formal complaints about accredited physical therapy programs, as well as those programs seeking accreditation status, when it is believed that a program is not in compliance with one or more of CAPTE's Standards and Elements, or when there is a concern that the program has violated CAPTE's expectations with respect to academic integrity.

Procedures:

Students/Individuals: The responsibility of the student or individual is to:

1. Exhaust all avenues for remediation of the issue or concern at the University prior to initiating CAPTE's formal complaint process. It should be understood that CAPTE will not act as an arbiter between the individual and the University.
2. Refer to the CAPTE Accreditation Handbook for information regarding CAPTE Standards and Elements, the Statement on Integrity of Program Closure and the Statement of Integrity in Accreditation.
<http://www.capteonline.org/AccreditationHandbook/>
3. Link the complaint to a violation of the standards and elements or statements indicated in Step 2 above.
4. Submit written complaint in the format prescribed by CAPTE. The complaint must be signed by the complainant.
5. Submit the complaint within three years of the date on which the event addressed in the complaint occurred.
6. Contact The Department of Accreditation, American Physical Therapy Association, 3030 Potomac Avenue, Suite 100, Alexandria, VA, 22305-3085 or 703.706.3245 for information and forms required to submit a formal complaint.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty/Staff:

1. Following all University and DPT program procedures in an attempt to resolve the issue or problem through due process.

Program Director:

1. Following all University and DPT program procedures in an attempt to resolve the issue or problem through due process.
2. If found by CAPTE to be in violation of any standards and elements or integrity statements, instituting necessary remediation procedures for bringing DPT program into compliance.

Policy Title: Confidentiality of Student Records (FERPA)

Policy: The DeSales University DPT program will adhere to the regulations specified in the Family Educational Rights and Privacy Act of 1974 (FERPA) regarding access to and release of student educational records.

Background: Student educational records are private and confidential, and regulations governing their access have been established by the federal government as well as DeSales University. Only individuals authorized by the act may access a student's records without their consent. Directory information (name, address, phone number, birth date, e-mail address, high school attended, program major, most recent school attended, participation in sports and activities, photos and dates of attendance, degrees and awards) is available to any person requesting it unless the student has filed a request to withhold information.

Procedures:

Students:

The responsibility of the student is to:

1. Submit a written request to the Registrar's Office to access the student's individual educational record.
2. Submit a written request to the Registrar's Office by September 15th of each year to withhold the release of directory information. This request is only valid for one year and must be renewed annually by the student.
3. Submit a signed Privacy Release, which is available via the Communications section of the main student page of WebAdvisor, to grant other individuals access to their records.
4. Submit signed and dated Clinical Education information release forms such that the appropriate information may be sent to clinical sites.
5. Submit signed and dated Consent to Participate as a Laboratory/Research Subject form to participate in demonstrations, research, laboratory experiences, photographing, videotaping, and as a student patient.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Treating all student information as confidential.
2. Storing grade books, exams, and student files in locked filing cabinets or on a protected network.
3. Conducting student advising sessions in the privacy of their office or other private room as appropriate.
4. Posting grades using the student identification numbers issued by the University.
5. Prevent participation in demonstrations, research, laboratory experiences, photographing and videotaping to any student for which a signed Consent to Participate as a Laboratory/Research Subject form has not been submitted.

Staff:

1. Ensure that student records are stored in a locked filing cabinet with limited access.
2. Shred documents that include confidential student information prior to disposal in accordance with University policy.
3. Store informed consent forms and information release forms in appropriate student files.

Program Director:

1. Ensure that program faculty and staff members receive training regarding confidentiality of student records.
2. Conduct student advising/counseling sessions in the privacy of their office or other private room as appropriate.

Policy Title: Electronic Device Use in the Classroom

Policy: Students and faculty will demonstrate respectful use of electronic devices in the classroom.

Background: Appropriate classroom conduct promotes an environment of academic achievement. Disruptive behaviors such as audible ringing of cell phones, text-messaging, watching non-class related videos, playing computer games, doing e-mail, or surfing the Internet interrupt the instructor's ability to teach and fellow classmates' ability to learn.

Procedures:

Students:

1. Personal cell phone use is not permitted during class time. Cell phones will be turned off or set to vibration mode while in class. If you are waiting for a critical health or family-related call, please inform the instructor prior to the start of class. Please sit in the row closest to an exit in order to avoid disturbing course activities upon retrieval of the phone call.
2. Use of cell phones, laptop computers, iPads, smart watches, and other electronic devices during class time is at the discretion of each instructor. Unless indicated for note-taking or other in-class activity, electronic device use is not permitted.
3. Students who engage in disruptive use of electronic devices will be given a verbal warning related to their first infraction of the policy. A second offense will result in student receipt of a written warning regarding the disruptive behavior. Consequences of third and subsequent violations of the policy will be considered by the Academic Review Committee. All infractions of the policy will be documented on the Advising Contact Sheet in the student's academic file.
4. Students are permitted to use electronic devices during breaks and between classes but this use should terminate when class resumes.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Providing clear instructions as to the use of electronic devices in the classroom to support learning activities.
2. Faculty will be diligent in creating a learning environment for all students through the modeling and enforcement of this policy limiting the non-classroom use of electronic devices.
3. In the event that a student chronically disregards this policy, faculty members will notify the student's advisor and/or the Academic Review Committee so that appropriate disciplinary action can be determined. All infractions of the policy will be documented on the Advising Contact Sheet in the student's academic file.

Policy Title: E-mail

Policy: Within DeSales University, e-mail is considered an official means of communication. Students, faculty and staff members will be assigned a University e-mail account through which electronic communications will be accessed.

Background: There is an increasing reliance on electronic communication as a means of disseminating information due to its speed, convenience, and cost-effectiveness. All DeSales University and DPT program electronic communications will be distributed via the student's assigned DSU e-mail address. Students, faculty and staff are expected to regularly and consistently check their assigned DSU e-mail accounts to keep informed of program and University communications, as some may be time sensitive.

Procedures:

Students:

The responsibility of the student is to:

1. Regularly and consistently check their DSU student e-mail account.
2. Maintain privacy of e-mail account password.
3. Refrain from allowing other students access to their assigned e-mail account.
4. Understand that some electronic communications are time sensitive.
5. Utilize language in e-mail communications that is both professional and courteous. Content that can be interpreted as vulgar, profane, suggestive or offensive is considered unacceptable.
6. Adopt the following format for the sign-off signature block for any internal or external emails when using the DSU email address:
Student Name, SPT
DeSales University
Class of 20xx
If the student has any other recognized certification (e.g. Licensed Athletic Trainer, Certified Yoga Instructor, Certified Strength and Conditioning Specialist), that certification may follow on the line below the cohort affiliation fully written out, as opposed to using the abbreviated title.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Distributing electronic communications to DPT students via assigned DSU student e-mail accounts.
2. Regularly and consistently checking assigned DSU e-mail account.
3. Determining how electronic means of communication will be utilized in the classroom and specifying student access expectations in the course syllabus.

Staff:

1. Distributing electronic communications to DPT students via assigned DSU student e-mail accounts.
2. Regularly and consistently checking assigned DSU e-mail account.
3. Directing students to the Helpdesk (610.282.1100, extension 4357) regarding problems with DSU student e-mail accounts.

Program Director:

1. Distributing electronic communications to DPT students via assigned DSU student e-mail accounts.
2. Regularly and consistently checking assigned DSU e-mail account.
3. Determining how electronic means of communication will be utilized by the program and insuring that faculty, staff and students are informed of the associated access/retrieval expectations.

Policy Title: **Social Media**

Policy: Students and faculty in the DPT program recognize that professional and lawful use of social media communication both internal and external to DeSales University is essential to maintain respectful privacy and confidentiality of fellow students, faculty, staff, clinical instructors and facilities, and patients.

Background: Social media is broadly defined as the integration of technology with social interaction that includes, but is not limited to, personal networking sites such as Facebook, Twitter, LinkedIn, MySpace, Snapchat, Instagram and YouTube, as well as personal blogs, list serves, discussion boards, podcasts, RSS feeds, text-messaging chats, wikis, and virtual worlds. While social media is an effective and accepted communication form, care must be taken to prevent misuse or abuse whether intended or unintended.

The guidelines that follow apply whether the individual is posting on one's own site or commenting on someone else's site. Students and faculty are encouraged to be smart about protecting yourself, your privacy, and DeSales University's confidential information. What you publish is widely accessible and will be around for a long time, so consider the content carefully. Consider the impact that social media content may have on your future career. Potential violations of this policy should be reported to the Program Director by student, faculty, staff or community members.

Any violation of this policy is considered a breach of professionalism and may result in disciplinary action pending review of the incident by program faculty and University administrators.

Procedures:

Students:

As a student in the DPT program, you agree that you will **NOT**:

1. Share confidential information about DeSales University, the various programs, faculty, staff or other students. Make sure that your efforts to be transparent don't violate DeSales University's privacy, confidentiality, and legal guidelines for external commercial speech.
2. Transfer or make reference to any patient information, clinical sites, clinical instructors, DSU faculty or staff, including the posting of any photos or clinical discussions. HIPPA laws apply to social media applications and shall not be violated.
3. Allow social media activities to interfere with academic time. Social media communication should not occur during any classroom, laboratory or clinical education activity and should be reserved for personal time outside of class unless otherwise authorized by a faculty member or program director (e.g. communication of activities at a state or national conference).
4. Use a social name, handle or URL that includes any reference to DeSales University, in name or logo. If you identify your affiliation to DeSales University or the DPT program, your social media activities must be consistent with our standards of professional conduct. You should make it clear that any commentary reflects your personal views and not the views of DeSales University, the DPT program or any of its members.
5. Post any images, video, or content of any form from classes or labs on-line or otherwise viewed/shared in a public forum. These training sessions must be respected in the utmost professional manner.
6. Use any unprofessional language, images, or behavior that would reflect poorly on yourself, the DPT program or DeSales University. Please use common sense and good judgment when using social media.

7. Communicate in any way that would be disrespectful of the Catholic or Salesian heritage of DeSales University.
8. Comment on anything related to litigation, legal matters, or any parties with which DeSales University may be in litigation.
9. Violate any local, state, federal or international laws or regulations, including, but not limited to, copyright, patent or trademark infringement, or intellectual property rights regarding any content that you send or receive.
10. Knowingly transmit any material that contains software viruses, worms, disabling code, or any other computer code, files or programs designed to interrupt, destroy or limit the functionality of any computer software or hardware or any telecommunications equipment.
11. Violate confidentiality of systems accounts, passwords, personal identification numbers (PINS) and other types of authentication assigned to individual users. These must be maintained, protected and not shared with others.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty/Staff:

1. Modeling professional social media behavior when posting or participating in this form of communication.
2. Reminding students of the impact of inappropriate social media behavior.
3. Notifying the advisor or Program Director of any known breach of this policy by a student and documenting in the student's file.

Program Director:

1. Convening the Academic Review Committee to discuss any student violations of the social media policy and determining appropriate actions.
2. Reporting any staff or faculty breach of this policy to the appropriate administrators for consideration.

Policy Title: Student Representation to the Program

Policy: Elected student representatives for each cohort reserve the right to meet with the DPT Program Director or designated faculty on an as needed basis in order to bring forward any pending student issues to the attention of the faculty

Background: Throughout the DPT program, there may be student issues or concerns that arise that should be relayed to program administration. To facilitate this process, two student representatives will be elected by each class. Class members are encouraged to voice their concerns to the class representatives, who will meet with the DPT Program Director or designated faculty member(s) in an advisory capacity.

Procedures:

Students: The responsibility of the student body is to:

1. Nominate two representatives from the class to meet with the Program Director or designated faculty member to voice student concerns
2. Student representatives will communicate the results of the meeting, including resolutions and decisions, to the members of their respective classes.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Meeting with elected class representatives as requested by Program Director.

Program Director:

1. Upon request, meet with elected class representatives
2. Relate information discussed with student representatives to program faculty and staff, either individually or at a program meeting, as deemed appropriate
3. As deemed necessary or at their request, the Program Director may invite the student representatives to speak directly to the faculty at a meeting to present items for discussion and consideration

Policy Name: Doctor of Physical Therapy Student Association

Policy: The Doctor of Physical Therapy Student Association (DPTSA) has been established by the students in the program to develop and coordinate volunteer, educational and social activities, and to obtain faculty approval for and ensure compliance with participation in service learning events that align with Doctor of Physical Therapy (DPT) program and University policies and procedures.

Background: The DPTSA is a student funded and operated association that functions as the representative advocate and resource for all members of the DPT student body. The DPTSA shall pursue continuous improvement and learning opportunities within all aspects of the graduate physical therapy education and University life experiences through open dialogue, service and educational opportunities, and constructive and positive interaction within all areas of the University and professional Physical Therapy communities. Operational activity will occur through the actions of a number of committees including:

- Executive Board
- Service Learning: International, Local, and Community Outreach
- Pre-Physical Therapy Student Association
- Social Event Planning
- Fundraising
- American Physical Therapy Association Involvement
- Professional Development
- Peers Advancing Student Success (PASS)
- Diversity, Equity and Inclusion
- Minority Affairs
- Alumni Relations

Mission: The mission of the DPTSA is to develop a spectrum of transformative learning opportunities for the DPT student which link passion, professional expectations, and lifelong purposes within a framework of Salesian educational values and practices and Christian Humanism.

Vision: In conjunction with the curriculum of the Doctor of Physical Therapy Program, The DPTSA will become a respected and effective agent to promote student leadership opportunities, professionalism, and service/educational opportunities.

Core Values:

- Salesian Educational Values
- Christian Humanism
- Professionalism
- Educational and Clinical Excellence
- Compassion
- Empathy
- Volunteerism
- Character

Procedures:

Students:

Operational responsibilities of the DPTSA will rest with the Executive Board. The Executive Board will be co-chaired by the three class presidents. Other members of the Executive Board will be the vice-president, secretary, and treasurer from each class. Executive Board Members can only chair committees if no members of the Full-Body volunteer to serve as a Committee Co-Chair.

1. Executive Board responsibilities include:
 - a. Scheduling the Executive Board and Full-Body DPTSA meetings.
 - b. Developing, disbursing, and maintaining the agendas for the Executive Board of the DPTSA and Full-Body DPTSA meetings.
 - c. Developing, disbursing, and maintaining the minutes for the Executive Board of the DPTSA and Full-Body DPTSA meetings. Minutes are disbursed to the full body membership, the Faculty Liaison and the Program Director.
 - d. Providing, in writing or in person, monthly reports of the DPTSA's actions and plans to the DPT faculty at the regularly scheduled DPT Faculty Meetings.
 - e. Form permanent and ad hoc DPTSA committees and sub-committees and ensure functional and effective staffing of the committees and sub-committees.
 - f. Educating, on a yearly basis, the incoming DPT class to the mission, vision, core values, and bylaws of the DPTSA.
 - g. With the assistance of the Faculty Liaison, providing the DPT faculty with an Annual Report of DPTSA activities by June 1 of each year.
 - h. Directing and controlling responsibility for the actions of the functional units of the DPTSA, the committees, by approval of all plans and through close oversight of all activities.
 - i. Accepting fiduciary responsibility for DPTSA budgeting and accounting.
2. DPTSA Committees
 - a. DPTSA committees will be developed and maintained by the Executive Board based upon need and interest of the Full-Body. Each committee will be charged with naming two co-chairs. The co-chairs will report directly to the Executive Committee. Co-chair terms will be one year beginning in the fall semester. Co-chairs can be active members of more than one committee but can only co-chair one committee. Operational responsibilities of the DPTSA committees include:
 - i. Performing, planning, directing, staffing, and controlling the operational work of the DPTSA under the direction of the Executive Board.
 - ii. Providing a monthly summary of activities to the Executive Board at the monthly full-body meeting.
3. Full-Body
 - a. Full-body membership includes persons on the Executive Board, Committees, and students interested in participating in activities. The operational requirements of the Full-Body include:
 - i. Staffing Committees.
 - ii. Providing most of the operational work of the DPTSA.
4. Meeting Schedules
 - a. The meeting schedules of the various cohorts will be:
 - i. Executive Board
DPTSA will be added as a line item to the Executive Board's monthly meeting.
During the Executive Board's monthly meeting the DPTSA's Full-Body meeting

agendas and minutes will be developed. Discussion of current and planned DPTSA activity will also occur.

ii. DPTSA Committees

Committee meeting frequency, locations, times, and agendas will be developed by the committee co-chairs. Typically, there will be at least one meeting per month.

iii. DPTSA Full-Body

Full-Body meetings will occur once per month at a time appropriate for all DPT cohorts. Full-Body meeting frequency, locations, times, and agendas will be developed by the Executive Committee with input from the committee co-chairs.

iv. Class Meetings

The frequency, agenda, and location of the individual class meetings will be at the discretion of the individual class presidents.

Faculty:

1. The Faculty Liaison to the Doctor of Physical Therapy Program at DeSales University will be appointed by and serve at the will of the Program Director of the Doctor of Physical Therapy Program. Responsibilities of the Faculty Liaison to the Doctor of Physical Therapy Program at DeSales University include:
 - a. Attending all DPTSA Full-Body meetings.
 - b. Orienting new Executive Board members as to the function, processes, and bylaws of the Board.
 - c. Assisting the Executive Board with the writing of the Annual Report of Activities of the DPTSA.
 - d. Providing staff support to the Executive Board.
 - e. Communicating the activities of the DPTSA to the DPT Core Faculty for consideration and approval of select activities.

Program Director:

1. As a staff resource to the Executive Board, the Program Director will provide guidance, oversight, and counsel to the Board.
2. Attend formal and informal meetings with the class presidents.
3. Provide, on an as-needed basis, operational updates of the DPTSA's plans and activities to the Head of the Healthcare Division and Dean of Graduate Education.

Policy Title: APTA Membership

Policy: The Doctor of Physical Therapy Program at DeSales University requires all enrolled students to be members of the American Physical Therapy Association (APTA)*.

Background: The American Physical Therapy Association (APTA) is the professional association for Physical Therapists, representing 100,000 physical therapists and physical therapist assistants across the United States. Just as faculty must be active members in the APTA, students are also required to join as student members, and actively participate during all three years of the program. 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. In addition, membership will provide access to all resources (i.e. research [including CINHAL, PTNow, and Cochrane Library] and the Learning Center content), as well as a discount on professional liability insurance.

APTA-PA (<https://www.aptapa.org/>) is the chapter to which students will be assigned based on residency while in the DPT Program. The Pennsylvania 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.

Procedures:

Students:

The responsibility of the student is to:

1. Maintain active membership in the APTA: Student of Physical Therapy Membership (entry level) <http://www.apta.org/>.
2. Agree to and abide by the Policies and Bylaws set forth by the APTA (<http://www.apta.org/Policies/APTA/>).

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty/Program Director:

1. All faculty, including the Program Director, will be expected to maintain active membership in the APTA, as well as the Pennsylvania Chapter and any sections applicable to their area of scholarship or interest.

**Student expenses related to membership are included in estimated school expenses for financial aid purposes and are paid for by the DPT Program from student professional fees*

Policy Title: Professional Meeting Attendance

Policy: As a graduation requirement, the Doctor of Physical Therapy Program at DeSales University requires all enrolled students to attend a minimum of two (2) district APTA or professional association meetings per year for a cumulative total of 6 district meetings prior June 15th of the DPT 3rd year. Additionally, attendance at one (1) state or national meeting by the completion of the final semester of the DPT 3rd year is also required

Background: The DPT program is committed to professional service and recognizes the benefit of professional networks for ongoing career development as well as self-actualization of your role as partners in the professional community. Therefore, the students will be required to participate in professional activities as stated above. These requirements are set as a minimum expectation; students are strongly encouraged to attend as many professional meetings as possible.

Procedures:

Students: The responsibility of the student is to:

1. Attend two (2) district professional meetings per year of enrollment for a cumulative total of 6 district meetings prior to the last semester of the DPT 3rd year. The DPT Program falls within the boundaries of the Northeast District of the APTA-Pennsylvania Chapter, which is the district in which we prefer students to attend meetings for the purpose of networking with other local and regional students and clinicians.
 - a. For the schedule of APTA-Pennsylvania district meetings, please check the website at <https://www.aptapa.org/> for meeting locations and content information. When attending a meeting in person, students should be sure to sign-in with the meeting organizers to be sure that you will be given credit for attendance.
 - b. With permission from the DPT faculty, students may be allowed to substitute attendance at out-of-state district professional meetings provided that verification of attendance is possible by a representative of that district.
 - c. For the benefit of developing your networking skills, we prefer that you attend the majority of your district meetings in person. However, virtual meeting attendance will be accepted. Credit for virtual attendance will be earned by submission of the email confirmation of registration and a written reflection by the student regarding the experience toward development of their professional identity to DPT office staff **within 1 week of attendance**.
2. Attend one (1) state or national meeting by the completion of the program. Acceptable APTA meetings may include the Combined Sections Meeting (CSM) and APTA-PA MovePA Annual Conference. A list of other faculty-approved professional association meetings will be provided by the program.
3. Provide documentation of proof of attendance to the DPT office administrative staff for each conference or meeting attended in order to fulfill this graduation requirement.
4. Include a reflection or other artifact in the student's professional development portfolio describing the value of the experience.
5. Upon request, provide an in-service presentation to other students and faculty regarding the content presented at the professional association meeting.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty/Program Director:

1. Model professional obligation by maintaining an active role and meeting attendance within the APTA as well as the PPTA.
2. Attendance of a minimum of two (2) PPTA district meetings as well as one (1) state or national meeting per year.

Staff:

1. Maintain records for proof of attendance for each enrolled student.

Policy Title: Dress Code

Policy: The DeSales University Doctor of Physical Therapy program promotes a standard of dress and appearance that is fair, consistent, reasonable, and reflects a positive, professional image for the Doctor of Physical Therapy program and DeSales University.

Background: One aspect of professional behavior is presenting a professional image through appropriate dress suited for the situation at hand. While this may mean a minor inconvenience in having to change clothes during the course of a day, it is each student and faculty member's responsibility to review the program calendar every day and come prepared for each lecture, laboratory or clinical experience.

Procedures:

Students:

The responsibility of the student is to:

1. Students are expected to be appropriately dressed at the beginning of each class. This may require that the student change clothing during scheduled breaks.
2. For all educational experiences, the following standards of attire and appearance are expected:
 - a. Clothing shall be neat, clean, well fitted, in good repair, and appropriate for the educational experience.
 - b. Hair shall be neat, clean and well groomed. Facial hair shall be clean and neatly trimmed.
 - c. Footwear shall be clean, in good repair, and appropriate for the educational experience.
3. If a student is found to be in violation of this dress code policy, the student understands that the instructor may award a grade of 0% for the lab assignment or special event or an unsatisfactory grade for professional behavior on clinical observations.
4. The student agrees to abide by any and all disciplinary and/or behavioral sanctions that may result from failure or refusal to comply with dress code policy.
5. Additional standards of appearance and attire for specific educational experiences are outlined below. The student understands that the instructor may also request a specific standard of dress as required of the coursework.

General Lecture: It is expected that students will dress in a moderate to conservative style. Clothing that displays images, verbiage, or symbols that can be interpreted as vulgar, offensive, suggestive, or distracting or that would contribute to a hostile educational environment is considered unacceptable.

Lab: As students will be acting as recipients of treatment procedures as well as performing them on their lab partners, adequate visual access and exposure to appropriate body parts must be provided. To this end, specific attire is required for the laboratory experience.

1. Females are required to wear shorts and a swimsuit top or halter top.
2. Males are required to wear shorts and a T-shirt.
3. Closed toe rubber-soled athletic shoes shall be required unless otherwise instructed.
4. Hair shall be styled in a manner that does not obstruct the student's vision or interfere with activities.
5. Jewelry shall not pose a risk of injury to the student or their lab partner.
6. Nails shall be clean and shall not protrude beyond the fingertip so as not to risk injury to the lab partner.

Cadaver Lab:

1. All students are recommended to wear surgical scrubs.
2. Closed toe shoes are required.
3. Hair shall be styled in a manner that does not obstruct the student's vision or interfere with activities.
4. For additional information regarding proper cadaver lab attire, please see the Cadaver Lab Standard Operating Procedures document which will be provided separately during Orientation.

Special events (guest lecturer, student presentations, competency examinations):

1. Business casual attire is expected.
 - a. As directed by faculty, males shall wear slacks, DSU polo shirt or a dress shirt and tie, and appropriate footwear.
 - b. As directed by faculty, females shall wear a dress, dress slacks or a skirt with a top or DSU polo shirt, and appropriate footwear.
2. Jeans, shorts, T-shirts, exercise clothing, tights/leggings, and tops that expose the midriff are considered unacceptable.

Clinical affiliations: Please refer to the Dress Code policy in the Clinical Education Policies and Procedures section of this manual for additional information.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Projecting a professional image and standard of dress and appearance that promotes a positive impact on the image of the University.
 - a. Clothing shall be neat, clean, well-fitted, in good repair, and appropriate for the work performed.
 - b. Hair shall be neat, clean and well groomed. Facial hair shall be clean and neatly trimmed.
 - c. Footwear shall be clean, in good repair, and appropriate for the work performed.
2. Assessing students' adherence to the aforementioned dress code policy. Violations of the policy will be brought to the attention of the student and clarification of the policy and suggested corrective action will be provided if necessary.
3. Denying access to classroom, laboratory, and clinical education experiences to students that do not adhere to the dress code policy.
4. Bringing repeated violations of the policy to the attention of the student's academic advisor, the Academic Review Committee, and/or the Program Director.

Staff:

1. Maintain a historical record of any Academic Review Committee decisions regarding student violation of this policy.

Program Director:

1. Convene Academic Review Committee meeting to discuss any student violations of the dress code policy and appropriate actions.

*Created January 2013
Revised 2021
Reviewed 2022, 2023, 2024*

Policy Name: Extracurricular Activities and Student Employment

Policy: A student's employment responsibilities and/or participation in extracurricular activities should not interfere with the time and attention that the student needs to devote to successful completion of the professional curriculum.

Background: Although the DPT program understands the financial burden that funding graduate education places on a student, it does not recommend student involvement in extracurricular or employment opportunities due to the time commitment that participation in the program demands. The program is fast-paced and intense, with an unpredictable schedule of activities. Students are expected to attend all program related activities to facilitate satisfactory academic performance and progression.

Procedures:

Students: The responsibility of the student is to:

1. Promptly and regularly attend all DPT program activities.
2. Understand that the student's employment status and/or involvement in extracurricular activities will not be considered when program related activities are scheduled.

Policy Title: Non-Discrimination

Policy: The DPT program will adhere to the DeSales University policy on non-discrimination. For additional information, visit the Graduate Catalog at: [DeSales Graduate Catalog - Notice of Nondiscrimination](#).

Background: The Doctor of Physical Therapy program upholds the right of students, faculty, and staff members to be free of discriminatory behaviors by any member of the academic community. According to the DeSales University Graduate Catalog, the University will accept and make available to all students, faculty, and employees, on a non-discriminatory basis, without regard to age, sex, race, color, disability, national and ethnic origin, or veteran status, all the rights, privileges, programs and activities generally accorded or made available to students, faculty members, and employees. The DPT program does not discriminate in the administration of its admissions, educational, or employment policies and procedures. Students and employees can raise concerns and make reports of discrimination without fear of reprisal or retaliation.

Procedures:

Students: The responsibility of the student is to:

1. Immediately report any allegations of discrimination to the DPT Program Director or Dean of College of Healthcare Professions.
2. Conduct themselves in a responsible and professional manner both on-campus and at all clinical education facilities.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Abiding by University policy on non-discrimination.
2. Reporting any allegations of discrimination to the Program Director or Dean of College of Healthcare Professions.

Staff:

1. Abiding by University policy on non-discrimination.
2. Reporting any allegations of discrimination to the Program Director or Dean of College of Healthcare Professions.

Program Director:

1. Abiding by University policy on non-discrimination.
2. Informing students and employees of procedures to be followed when filing a formal complaint of discrimination.
3. Respecting confidentiality of those involved in discrimination complaints.
4. Reporting any allegations of discrimination to the Dean of College of Healthcare Professions.

Policy Title: Professional Development Portfolio Guidelines

Policy: Each student will complete a Professional Development Portfolio as a graduation requirement.

Background: Numerous authors in the field of physical therapy education have noted that the skill of reflection is one hallmark characteristic of a professional. The reflective process has been defined as an internal process we use to help refine our understanding of an experience which may lead to changes in our perspective (Plack and Driscoll, 2018). Through the process of reflecting on one's actions, either in the moment or after a learning experience has occurred, an entry-level professional develops a specialized way of thinking and analyzing a situation to arrive at an optimal decision, such that when practiced over time and with experience, they move from novice to expert clinician. In the dynamic environment of healthcare, where continuing education and ongoing development of one's knowledge and skills are essential, relying on the habitual practice of reflection promotes lifelong learning behaviors that sustains a physical therapist over their career. It is well known that the professional development portfolio is a powerful educational tool used to guide students in the process of reflection and self-assessment described here, and as such, the DeSales DPT Program faculty have endorsed the creation of a portfolio by each student during the course of the curriculum. While this learning activity is intended to be self-directed by the student, there are certain minimum required documents that must be included to meet the expectation for graduation.

Procedures:

Students:

The responsibility of the student is to:

1. Prepare and submit a professional development portfolio that contains at minimum the following items:
 - a. A personal professional mission/vision statement.
 - b. Resume.
 - c. 3-5 year Post-Graduation Strategic Plan (project assignment in PT 711).
 - d. Evidence of community service completed during the program – minimum of 16 cumulative hours.
 - e. Evidence of attendance at APTA district, state, or national meetings and/or other professional association activities.
 - f. Samples of the Professional Behaviors Assessment Tool for each year in the program.
 - g. Artifacts – representative samples of the student's best work/achievements, including, but not limited to: critical analyses of journal articles that contributed significant interest/knowledge, classroom or in-service presentation handouts created by the student, samples of patient education materials created by the student (patient names redacted), copies of certifications or continuing education courses attended, samples of graded assignments, research project abstract, reflections of meaningful classroom or clinical education experiences, any other personal reflections demonstrating insight and personal growth as a professional. Artifacts from all three years in the curriculum must be included.
2. The portfolio will be presented in hard-copy format and must contain the minimum required items noted above. Students are encouraged to be as creative as they like in the style and presentation of their documents and artifacts.
3. As noted above, each student should develop 3 – 5 artifacts per semester that illustrate special knowledge gained through lab or coursework, provide evidence of

growth in critical thinking and problem-solving skills, and demonstrate increasing awareness of their emerging professional identity.

4. Students will maintain the portfolio and will present it for review in specified Professional Development series courses to the assigned course faculty member. Students are encouraged to share the portfolio annually with their faculty advisor.
5. The Professional Development Portfolio must be presented in its completed form prior to the conclusion of the last semester of the program as the final product in the Professional Development course series. Although the content of the documents in the portfolio are not intended to be graded, the completion of the portfolio in accordance with these guidelines will be assigned a grade of either pass, incomplete or fail as indicated on the syllabus for PT 711 Professional Development.
6. In the event that a student receives a grade of "fail", they will not graduate until the project is completed.

The DPT Program Director and faculty will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Consider creating class assignments and learning experiences that are appropriate for reflective writing to be included in student portfolios.
2. Work with other faculty members to agree on the number and selection of assignments in any semester that students might use to support their portfolios.
3. When meeting with each advisee, the faculty advisor will discuss and provide guidance on development of the skill of reflection/reflective writing and portfolio creation.

Program Director:

1. Maintain student records indicating completion of the portfolio assignment as a graduation requirement.
2. Assure that the Academic Review Committee is made aware of any student issue related to completion of the Professional Development Portfolio that could result in a delay of graduation for that individual.

Policy Title: Professional Behaviors Assessment Tool

Policy: Each student will complete a self-assessment of their professional growth and development in the classroom and the clinic at the end of each year in the program. Faculty advisors will serve as mentors, providing recommendations and guidance toward professional identity development of each assigned student.

Background: According to the American Physical Therapy Association's position statement on professional development (HOD PO5-07-14-14), physical therapists are obligated to engage in an ongoing process of self-assessment and planned action to assure that: (1) their clinical practice aligns with the Core Values of the profession, (2) the acquisition of knowledge, skill and abilities is consistent with excellence in practice, (3) that acceptable standards of competent practice are upheld, and (4) that the profession of physical therapy is advanced.

The DeSales University DPT Program stands in support of this position statement and believes that the behaviors and aptitudes associated with becoming a professional begin during one's formal education through the various learning experiences encountered and guided by faculty-modeling of those same behaviors. As such, faculty and students are expected to conduct themselves in a professional manner whether in class, laboratory, field experience, or in clinical assignments.

We have adopted the well-researched instrument, Professional Behaviors Assessment Tool, as an elemental component to be utilized in conjunction with satisfactory academic performance to assess and determine student progress toward development of a professional identity across the curriculum. When used properly, this tool is intended to represent and be applied as a measure of student growth in ten professional behaviors. Assessment of these ten behaviors is broken down into four developmental levels: (1) beginning, (2) intermediate, (3) entry level, and (4) post-entry level. Each level builds on the specific criteria from the previous level such that the tool represents growth over time in physical therapy practice on behaviors determined to be expected of newly-licensed physical therapists. (May, Kotney, Iglarsh, 2010)

Procedures:

Students: The responsibility of the student is to:

1. Critically reflect on each of the Professional Behaviors in the completion of the self-assessment instrument once each year when assigned.
2. Schedule a meeting with their faculty advisor to review the instrument and to discuss goals and action plan to be accomplished in the following year.
3. Include copies of the Professional Behaviors Assessment Tool in their Professional Development Portfolio demonstrating growth over the course of the curriculum.

Faculty:

1. Meet with each advisee to review the student's self-assessment responses. Provide guidance in goal setting and developing self-reflection skills toward each of the ten Professional Behaviors. Faculty should document the discussion on the Advising Contact Sheet in each student's academic file.
2. Offer input regarding student progress toward the Professional Behaviors to the Academic Review Committee in the event of any discussion or concern in this area.

Program Director:

1. Select the designated time frame for the self-reflection process and faculty follow-up.

2. Assure that the process is followed annually.
3. Allocate time on the agenda for the Academic Review Committee to consider/discuss any individual student issues regarding professional behaviors.

Staff:

1. Prepare the Professional Behaviors Assessment Tool for each student in each cohort for distribution.
2. Update the Advising Contact Sheets in each student's academic file for faculty to record comments.

Resource used for creation of this policy - Iglarsh ZA, May W, Kourtney L. Revisiting our Professional Generic Abilities: Have They APTA Education Section, Combined Sections Meeting, Las Vegas, NV (2009)

*Created October 2013
Revised 2016, 2024
Reviewed 2021, 2022, 2023*

Policy Title: Service Activities

Policy: All students enrolled in the DeSales University DPT program are expected to participate in a minimum of 16 cumulative hours of approved service activities while in the program. These hours must be completed by June 15th of the third professional year. Failure to do so will result in a grade of Incomplete in PT 711 Professional Development 4 until the hours are documented in the DPT office as complete. As completion of approved service-learning hours is a graduation requirement, failure to complete these hours in the required time-period may delay on-time graduation. Any activity that includes delivery of physical therapy patient assessment or care must be directly supervised by a DPT faculty member who is a licensed physical therapist.

Background: In keeping with the Salesian tradition of practicing “little virtues” including gentleness, humility, and kindness toward each neighbor, the DPT program encourages students to develop an appreciation for service activities within the community. Students become socialized into the profession when they observe faculty and other role models engaging in leadership and service activities. Service learning promotes professional development in the areas of social responsibility and advocacy for societal health and wellness needs. Through various service-learning activities, the student will have opportunities to interact with individuals in the community, practice Salesian values, promote public awareness of our professional education and training as movement experts, and collaborate as productive members of an inter-professional healthcare team. Service learning is seen as an integral part of professional development. Reflections about these experiences will become an essential component of each student’s professional portfolio.

Procedures:
Students:

It is the responsibility of the student to:

1. Participate in service-learning opportunities selected from a list of pre-approved program activities or identify new opportunities for service within the community that meet the mission of the DPT Program. **Students must seek approval from the faculty prior to participation in order to be eligible for credit toward the 16-cumulative hour service requirement.**
 - a. Previously approved activities do not need additional approval in subsequent opportunities to participate.
 - b. **For activities not previously approved**, students shall obtain all necessary information regarding the desired service activity and provide this in writing on the Service-Learning Request Form. Request forms should be submitted to the DPTSA Faculty Liaison at least 4 weeks prior to the event to allow time for full consideration of the activity. The DPTSA Faculty Liaison will present the request to the faculty for consideration/approval and will communicate the decision back to the Service-Learning Committee of the DPTSA. If a request for a new service activity is not received well-enough in advance and in writing for the faculty to determine approval and award the appropriate credit value, students may still participate in the activity with the acknowledgment that the event and requested credit hours may not be approved or may be adjusted by the faculty decision.
2. Once the **approved** activity is completed, students must submit a Service-Learning Hours Completion Form along with a typed reflection to DPT administrative staff no later than the last day in the semester during which the service activities have been

performed. **Late submission of service hours will not be counted toward the cumulative 16-hour requirement.**

3. Students will include service-learning reflections in their professional development portfolios.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty/Program Director:

1. Review all submitted service activity requests for appropriateness toward meeting the mission of the DPT Program.
2. DPTSA Faculty Liaison will notify the DPTSA Service-Learning Committee and/or student of any decision by the faculty regarding approval or denial of the requested service activity submission.
3. Review the Service-Learning Policy and form submission procedures in each of the first three Professional Development courses (PT 510, 610 and 710).

Staff:

1. Maintain records for proof of attendance for each student enrolled in the DPT program.
2. Include confirmation of hours, or absence of hours, in the student's progression letter following each semester.

Policy Title: Pro Bono Network National Honors Society

Policy: All students enrolled in the DeSales University DPT program are expected to participate in the DeSales Community Wellness and Physical Therapy Clinic. Those that participate in the DeSales Community Wellness and Physical Therapy Clinic for a minimum of 60 hours will be eligible to be recognized as an honoree of the Pro Bono Network National Honor Society. Hours include volunteering times at events promoting the clinic (i.e. fundraisers, health fairs, administration), shifts as a student clinician treating in the clinic, and time completed during execution of executive board member responsibilities. Completed hours must be submitted to the Student Coordinator Executive Board Member and Faculty Liaison to be recognized along with a written reflection.

Background: The mission of the Physical Therapy Pro Bono National Honor Society is to recognize those physical therapy students who demonstrate commitment to providing underserved clients and communities with quality physical therapy care while maintaining the standards and requirements of their physical therapy curriculums and the physical therapy profession. The Honor Society encourages the development of altruism, professionalism, and social responsibility in its members.

Procedures:

Students: To be considered, the student must meet the following criteria:

1. Show a strong commitment to community service.
2. Show a genuine interest in the promotion and success of the clinic.
3. Show a commitment to providing the best care possible to those in need of pro bono services.
4. Be in good standing upon graduation.
5. Serve the DeSales Community Wellness and Physical Therapy Clinic for a minimum of 60 hours throughout the curriculum.

Honorees for the Physical Therapy Pro Bono National Honor Society will receive:

1. Awards certificate noting the student's commitment
2. Honor cord to be worn at the student's graduation
3. Potential resume recognition
4. Acknowledgement on the website

Faculty:

At the conclusion of the DPT 3 Spring Semester, the Pro Bono Network Faculty Liaison will submit student nominations for the Honor Society for those students that meet all of the criteria listed above.

Policy Title: Sexual Harassment

Policy: The DPT program will adhere to the DeSales University policy on Sexual Harassment as detailed in the Graduate Catalog at <https://catalog.desales.edu/content.php?catoid=11&navoid=223#sexual-harrasment-policy>. This policy also extends to the affiliated clinical education sites.

Background: The Doctor of Physical Therapy program upholds the right of students, faculty and staff members to be free of sexually harassing behaviors by any member of the academic community. According to the DeSales University Graduate Catalog, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education
- Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions affecting that individual.

Such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance or creating an intimidating, hostile, or offensive employment, educational or living environment.

Procedures:

Students:

The responsibility of the student is to:

1. Immediately report any allegation of sexual harassment to the DPT Program Director and/or the Dean of College of Healthcare Professions.
2. Contact the Director of Human Resources for advice on or clarification of sexual harassment policy and procedures.
3. Conduct themselves in a responsible and professional manner both on-campus and at all clinical education facilities.
4. Refrain from engaging in romantic or sexual relationships with any clinical education instructor, clinical site staff member, or patient while on clinical rotation.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Abiding by University policy on sexual harassment.
2. Reporting any allegations of sexual harassment to the Program Director, Dean of College of Healthcare Professions, or Director of Human Resources as appropriate.

Staff:

1. Abiding by University policy on sexual harassment.
2. Reporting any allegations of sexual harassment to the Program Director, Dean of College of Healthcare Professions, or Director of Human Resources as appropriate.

Program Director:

1. Abiding by University policy on sexual harassment.
2. Informing students and employees of procedures to be followed when filing a formal complaint of sexual harassment.

3. Respecting confidentiality of those involved in sexual harassment complaints.
4. Reporting any allegations of sexual harassment to the Dean of College of Healthcare Professions, Dean of Students, or Director of Human Resources as appropriate.

Policy Title: Adverse Weather

Policy: Classes will be conducted as scheduled unless a decision is made by the University to delay opening, dismiss early, or close due to adverse weather conditions.

Background: In the event of adverse weather conditions, the safety of students, faculty and staff is of primary importance to DeSales University. When the University determines that weather conditions make it unsafe for travel, the DeSales community will be notified of the decision to delay opening, dismiss early, or close the University through the methods listed below. A decision to delay opening will typically be made by 6:00 am. In the absence of such notification, classes will meet as scheduled unless another notification is provided after 6:00 am.

1. University homepage (www.desales.edu) and www.wfmz.com.
2. University's main telephone number: **610.282.1100**.
3. **e2campus** text /e-mail messaging system.
4. Announcement on the following radio and television stations:

RADIO

WAEB – AM 790
WAEB – FM B104
WODE – FM 99.9

TELEVISION

WFMZ-TV Channel 69
WNEP Channel 16

Procedures:

Students:

The responsibility of the student is to:

1. Decide to register for **e2campus** in order to receive emergency messages related to weather, security alerts, campus closures, etc. All students are encouraged to enroll in **e2campus**. You will need to provide your e-mail address, cell phone number, and the name of your cell phone carrier. Below is the link to enroll:
<https://www.e2campus.net/my/desales/signup.htm>
2. Keep DPT faculty and staff updated on any changes to personal contact information.
3. Determine whether student is able to safely travel to class.
4. Notify the instructor if student will miss class due to adverse weather conditions.
5. Make up any course materials missed due to a weather related absence.
6. Stay apprised of University closings, early dismissals and delayed openings through the aforementioned notification methods.
7. Follow the weather policy of the clinical site if on clinical rotation.
 - a. Notify the Director of Clinical Education (DCE) and the Clinical Instructor as soon as possible if unable to travel to the clinical site due to adverse weather conditions.
 - b. After consultation with the DCE, make arrangements with the clinical instructor to make up any time missed due to weather related absence.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Beginning class at the announced time when a weather-related delayed opening occurs.
2. Punctually releasing students from class in the event that an early dismissal is announced.

3. Rescheduling class time as necessary to make up time missed due to a weather related closing, early dismissal or delayed opening.
4. Following appropriate procedures, as defined in the Faculty Handbook, and notifying DPT Program Director and students if unable to conduct class due to unsafe travel conditions.
 - a. Notification must occur in a timely manner, prior to the start of class if possible.
 - b. Reschedule class time as necessary to make up for time missed due to a weather related cancellation of class.

Program Director:

1. Accommodating the rescheduling of classes missed due to weather related cancellations.

Policy Title: DPT Classroom and Laboratory Access and Maintenance

Policy: Dedicated DPT classroom facilities will be utilized in a professional and respectful manner conducive of providing a safe and clean learning environment for all students and faculty.

Background: Dedicated DPT classroom and laboratory space is open for student use via swipe access between 7:00 am and 11:00 pm weekdays when not being utilized for scheduled classes. Students have access on Saturday and Sundays via swipe access between 7:00 am and 5:00 pm. Professional behavior is expected in these settings and includes exhibiting respect for equipment and facilities of the University and all clinical settings. This includes utilization of classroom equipment and furnishings in the intended manner and providing proper care and maintenance for them.

Procedures:

Students:

The responsibility of the student is to:

1. Immediately clean up any food and beverage spills.
2. Dispose of all trash and recyclable items in appropriate receptacles.
3. Place soiled linens in the linen hamper after use.
4. Access open labs only during designated posted times.
5. Clean/disinfect tables used for patient care demonstrations per Safety Data Sheet (SDS) specifications after each use.
6. Complete all assigned activities indicated on the weekly classroom/lab maintenance schedule.
7. Turn off all electrical equipment after use.
8. Return all equipment and supplies to designated storage locations after use and prior to leaving the classroom.
9. Refrain from granting guest/visitor access to classroom facilities without prior approval of DPT faculty or Program Director.
10. Ensure that lights are turned off, windows are closed, Audio/Visual equipment is shut down, and classroom door is closed if last person to leave the classroom.
11. Vacate the classroom and laboratory spaces when used outside of normal classroom hours by midnight Monday through Friday.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Notifying department support staff to replenish supply of first aid products and Incident Report forms as necessary.
2. Verifying that all electrical equipment has been turned off and all equipment and supplies have been returned to the designated storage locations.
3. Verifying that the classroom is left in a neat and orderly condition, with no spilled food, trash or beverages left behind.
4. Ensuring that lights are turned off, windows are closed, Audio/Visual equipment is shut down, and door is closed when classroom is vacated.

Staff:

1. Replenishing classroom first aid and cleaning/disinfecting supplies and Incident Forms as requested by program faculty.
2. Ordering first aid and cleaning/disinfecting supplies as necessary to maintain sufficient quantities.

Program Director:

1. Approving or denying requests for guest/visitor access to classroom facilities.
2. In conjunction with faculty recommendations, establishing and posting designated hours for open lab time.

Policy Title: Classroom and Laboratory Safety

Policy: Classroom and laboratory facilities and furnishings will be utilized and maintained in a manner conducive to providing a safe and clean learning environment for all students, faculty and staff.

Background: The health and safety of students, faculty and staff are of primary importance to DeSales University. The following procedures are established to assure the safety of all individuals utilizing the classroom and laboratory facilities of the Doctor of Physical Therapy Program.

Procedures:

Students:

The responsibility of the student is to:

1. Immediately clean up all spills. The manufacturer's recommendations will be followed for any potentially hazardous product. The Facilities Services Department may be contacted if the spill is such that there are inadequate clean-up supplies present.
2. Dress appropriately. (See DPT Program Dress Code Policy for additional information.)
3. Know and practice safety procedures as instructed when using any and all lab/classroom equipment.
4. Keep walkways clear of electrical cords or tape cords to the floor if used across a walkway.
5. Maintain unobstructed access to exit doorways.
6. Refrain from removing any anatomical materials from the cadaver lab.
7. Dispose of sharp objects, including blades and needles, in the puncture proof container marked "Sharps Disposal".
8. Refrain from using any equipment until instructions have been received on proper care, maintenance and use by a DPT faculty member. The initial use of any equipment must be in a class or lab session supervised by faculty.
9. Follow Standard Precautions at all times. (See Standard Precautions Policy for additional information.)
10. Adhere to the DeSales University Hazard Communication Program. A copy is located in the DPT program office in the notebook with the SDS binder.
11. Return all equipment and supplies to the designated storage location after use to maintain the lab/classroom in an uncluttered state.
12. Immediately report any accident, incident, or injury that occurs in the lab/classroom to the instructor. (See DPT Incident Report Policy for additional information.)
13. Obtain permission from instructor or Program Director prior to admitting any guest/visitor into the lab.
14. Refrain from lifting, moving or transferring another student that is too heavy without assistance.
15. Agree to abide by any and all disciplinary and/or behavioral sanctions that may result from failure or refusal to comply with the Classroom and Laboratory Safety Policy.
16. Contact University Police at extension 1250 in the case of a medical emergency. If an after-hours emergency situation occurs, 911 should be dialed to access emergency medical attention.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Instructing students on proper safety procedures for use of lab/classroom equipment and supplies.
2. Following Standard Precautions Policy at all times.
3. Adhering to and demonstrating proper safety procedures when using lab/classroom equipment.
4. Informing students of location of fire extinguishers and posted evacuation procedures for lab/classroom locations.
5. Assessing student's adherence to the aforementioned Classroom and Laboratory Safety policy. Violations of the policy will be brought to the attention of the student and clarification of the policy and suggested corrective action will be provided if necessary.
6. Approving or denying guest/visitor access to lab/classroom facilities.
7. Denying access to classroom, laboratory, and clinical education experiences to students that do not adhere to the Classroom and Laboratory Safety Policy.
8. Bringing repeated violations of the policy to the attention of the Program Director.
9. Upon notification by student of the occurrence of an accident, incident or injury, have student complete an **Incident Report** form and submit completed and signed form to the DPT Program Director within 24 hours of occurrence.

Staff:

1. Maintaining a copy of the DeSales University Hazard Communication Program in the SDS binder in the DPT program office.
2. Maintaining log of submitted Student Incident Reports and ensuring that each lab/classroom has a supply of Student Incident Report forms for completion in the event of an accident, incident, or injury.

Program Director:

1. Assuring that the Classroom and Laboratory Safety policy is adhered to by students, faculty and staff.
2. Approving or denying guest/visitor access to lab/classroom facilities.
3. Communicating any follow-up recommendations regarding the student's continued participation in class/lab activities to the rest of the faculty as warranted after the occurrence of an accident, incident or injury that restricts a student's participation in lab/classroom activities.

Policy Title: Equipment Maintenance and Use

Policy: Classroom and laboratory equipment will be used, stored and maintained according to DPT policy and manufacturer recommendations.

Background: Proper use, storage and maintenance of all classroom and lab equipment are essential to promoting a safe learning environment and reducing the risk of accident or injury.

Procedures:

Students:

The responsibility of the student is to:

1. Immediately report damaged, malfunctioning, or missing equipment to DPT faculty.
2. Adhere to equipment maintenance/use instructions and safety guidelines provided by manufacturer, DPT program and course instructor.
3. Properly cleanse/sanitize all equipment before and after use.
4. Refrain from independent use of any equipment until initial usage instruction and approval by DPT faculty for unsupervised use has been received.
5. Obtain prior approval of DPT faculty or Program Director before removing any equipment from labs or classrooms.
6. Return equipment to default settings after use to avoid risk of injury to self or others.
7. Return all equipment to proper storage locations after use.
8. Keep work areas dry where electrical equipment is used.

The DPT Program Director, faculty, and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Obtaining appropriate training to utilize equipment in a safe and competent manner.
2. Regularly checking all equipment for damage/defects prior to student use, and removing any damaged/defective equipment from lab/classroom use until appropriate repairs have been made.
3. Always demonstrating proper use, care and maintenance of equipment.
4. Instructing students on proper care, maintenance and use of lab/classroom equipment prior to initial unsupervised usage.
5. Notifying individual students when they are permitted unsupervised use of lab/classroom equipment.
6. Ensuring only 3-prong plugs with ground wire are used to power electrical equipment.

Staff:

1. Maintaining records of maintenance, use and safety instructions and a file of repair/calibration reports for DPT lab/classroom equipment.

Program Director:

1. Ensuring that annual inspections/calibrations of lab/classroom equipment is completed by qualified technicians according to manufacturer specifications.
2. Scheduling repair/replacement of equipment as necessary.
3. Allocating funds for equipment maintenance, repair or replacement.

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Reviewed 2021, 2022, 2023*

Policy Title: Hazardous Materials / SDS

Policy: The DPT program will comply with Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200 as indicated in the DeSales University Hazard Communication Program. Hazardous wastes will be stored, used and disposed of according to the Safety Data Sheet (SDS) and OSHA guidelines.

Background: Products or materials which have characteristics or composition that could impose an actual or potential risk to the environment or to human health, safety and welfare may be considered potentially hazardous. Students, faculty and staff have the right to know the risks and adverse effects of the materials they are exposed to and precautions that can be taken to protect themselves. SDS binders are located in the DPT Office, in Chappuis Hall lower level, in the Rehabilitation Classroom upper level of Chappuis Hall and in the DPT Classroom in Wills Hall.

Procedures:

Students: The responsibility of the student is to:

1. Follow SDS recommendations for the safe use, storage and disposal of potentially hazardous materials.
2. Use appropriate personal protective equipment (PPE) as recommended in the SDS when handling/using potentially hazardous materials.
3. Return potentially hazardous materials to designated storage location after use.
4. Dispose of any empty hazardous materials containers in the appropriate trash or recycling receptacle.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Procuring potentially hazardous materials as required for lab/classroom curriculum if authorized by DPT Program Director. Only the smallest quantity available to meet current needs should be purchased.
2. Ensuring that an SDS for each potentially hazardous material is stored in the SDS binder in the DPT program office.
3. Ensuring that potentially hazardous materials are properly labeled, and used, stored and disposed of in accordance with SDS recommendations.
4. Following University guidelines regarding disposal of excess hazardous materials for which no future need is recognized. These materials will be treated as hazardous waste and the appropriate labels should be affixed to identify them as such.
5. Instructing students on SDS recommendations for storage, use, clean up, and disposal of potentially hazardous materials utilized in the lab/classroom, including the usage of personal protective devices as recommended by the SDS.

Staff:

1. Maintaining a binder in the DPT program office that includes an SDS for each potentially hazardous material used by the DPT program.
2. Maintaining a list of all potentially hazardous materials used by the DPT program.
3. Maintaining a supply of necessary personal protective equipment recommended for use with potentially hazardous materials used in the lab/classroom.

4. Contacting the Occupational Safety and Health Coordinator to arrange for the proper removal and disposal of hazardous waste materials.

Program Director:

1. Authorizing faculty members to procure hazardous materials as necessary to support the DPT curriculum.
2. Providing locked storage areas for potentially hazardous materials and granting access to faculty/staff as necessary.

Policy Title: Incident Report

Policy: A completed and signed Incident Report form will be submitted to the Program Director within 24 hours of the occurrence of an incident, accident, or injury to a student, faculty or staff member.

Background: The health and safety of its students, faculty and staff is a primary concern of the DeSales University DPT program. Safety guidelines and standard precautions have been established to prevent accidents and injury from occurring during classroom and lab sessions. Notification of the occurrence of an incident is paramount in insuring that the individual involved receives proper medical attention, if required. Proper medical releases to participate must be in place prior to return to the lab/classroom setting to avoid re-injury.

Procedures:

Students: The responsibility of the student is to:

1. Immediately report the occurrence of an accident, incident or injury to DPT program faculty.
2. Notify Campus Police at 610.282.1102, or extension 1250 if using a campus phone, if the accident, incident or injury occurs after hours.
3. Call 911 to obtain emergency medical attention, in the event of an after-hours emergency situation.
4. Notify DPT Program Director/faculty of the results of follow-up appointments with the appropriate healthcare provider with regard to removal of restrictions and release to return to lab/classroom participation.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Upon notification by student of the occurrence of an incident, accident or injury, have the student complete the Incident Report Form.
2. Submitting completed and signed Incident Report Form to the DPT Program Director within 24 hours of the occurrence of the incident.

Staff:

1. Maintaining a log of all submitted Incident Report forms.
2. Maintaining a supply of blank Incident Report forms for use in each lab/classroom.

Program Director:

1. Communicating to DPT faculty any follow up recommendations regarding the student's continued participation in lab/classroom activities.
2. Coordinating the institution of appropriate corrective measures to prevent recurrence.

Policy Title: Standard Precautions

Policy: All students and faculty of the DeSales University Doctor of Physical Therapy Program will practice standard precautions in all classroom, lab, clinical education and research activities, in order to comply with the Bloodborne Pathogens Standard published by the Occupational Safety and Health Administration (OSHA).

Background: Standard precautions are the minimum practices that should be followed to prevent the possible exposure to infection in all healthcare settings. The DPT program has a professional responsibility to protect students, faculty, staff and patients from possible infection and to prevent students, faculty and staff from spreading infections to others. These precautions apply to non-intact skin, blood, bodily fluids, mucous membranes, secretions and excretions. These materials will be assumed to be infectious or contaminated, and will be treated as such, regardless of whether they contain visible blood and should be handled using Standard Precautions. In the event of an emergency situation, the DPT program will follow all university and Commonwealth of Pennsylvania recommendations regarding the appropriate use of personal protective equipment (PPE).

Procedures:

Students: The responsibility of the student is to:

1. Become knowledgeable on methods/procedures to protect against possible exposure to potentially infectious agents.
2. Follow standard precautions at all times in the lab, classroom, research and clinical environments.
3. Wash hands thoroughly with soap or cleanse with antibacterial sanitizer before and after direct contact with patients.
4. Use appropriate personal protective equipment (PPE) if there is any risk of splash or spray of blood, bodily fluids or other potentially infectious materials or there is risk of exposure to blood, bodily fluids, mucous membranes or non-intact skin.
 - a. All personal protective equipment will be single-use and disposable.
 - b. Appropriate size protective gloves should be worn.
 - c. Wash hands thoroughly with soap or cleanse with hand sanitizer after protective gloves are removed and discarded.
 - d. Replace protective gloves when they are torn, punctured, or contaminated, and after contact with each patient.
 - e. Masks, face shields and protective eyewear should be worn when deemed appropriate.
 - f. Personal protective equipment that has been contaminated by potentially infectious materials should be disposed of in the appropriate biohazard container. Non-contaminated PPE should be discarded in the trash.
5. Immediately cleanse patient use tables and equipment that have come in contact with blood or bodily fluids with appropriate disinfecting agents.
6. Properly dispose of sharp objects, including, but not limited to, needles, scalpels, blades and syringes, in appropriate puncture proof containers. These items should not be bent, broken, reused or recapped.
7. Report any injury, illness, surgery, or communicable disease to the instructor as soon as possible so that proper precautions can be taken to protect the student and to prevent the spread of potentially infectious disease. A medical clearance may be required prior to the student being permitted to return to the clinical or lab environment.

8. Bring an extra change of clothes to the lab, research and clinical education experiences in the event of a spill or splash incident.
9. Follow proper respiratory hygiene procedures.
10. Flush mucous membranes thoroughly with water as soon as possible after exposure to any potentially infectious materials.
11. Immediately report any incident of possible exposure to potentially infectious materials to a faculty member.
12. Provide documented evidence of completion of three-series Hepatitis B vaccination or Hepatitis B antibody titer. Any student that elects not to be vaccinated must have a signed waiver on file.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Following standard precautions in the lab, classroom, research and clinical environments at all times.
2. Educating students on standard precautions to be followed to prevent possible exposure to and transmission of potentially infectious agents.
3. Educating students on appropriate and proper use of Personal Protective Equipment.
4. Utilizing appropriate PPE to protect themselves against exposure to potentially infectious materials.
5. Monitoring student adherence to Standard Precautions policy.
6. Bringing an extra change of clothes to the lab/research environment.
7. Notifying DPT program staff when available quantities of disinfectant agents, hand sanitizing agents, personal protective equipment, and red biohazard storage bags and containers are diminished.
8. Notifying DPT program staff when red biohazard bags and/or storage containers are becoming full and require removal/disposal.

DCE:

1. Maintaining student immunization records.

Staff:

1. Filing and providing for review in the DPT program office a copy of the OSHA Bloodborne Pathogen: Federal Register December 6, 1991 29-CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens Rule to any student, faculty or staff member during regular office hours.
2. Ensuring that a sufficient quantity of Personal Protective Equipment (PPE), including gloves, gowns, booties, masks, face shields and protective eyewear, is available for use by students, faculty and staff.
3. Ensuring that a sufficient quantity of appropriate disinfectant cleaning products is available for cleansing/disinfecting lab/classroom equipment.
4. Ensuring sufficient quantity of antibacterial hand sanitizing agents is available for use by students, faculty and staff.
5. Ensuring that a sufficient quantity of red biohazard bags and storage containers are available for use in the lab/classroom.
6. Arranging for removal and disposal of red biohazard bags and containers as needed.

Program Director:

1. Working directly with the University's Exposure Control Officer to ensure that procedures are in place and are being followed to prevent possible exposure to potentially infectious agents.

2. Completing and submitting the Bloodborne Pathogens Exposure Incident Investigation Form to report any employee exposure to potentially infectious agents.
3. Ensuring that all classroom, lab and research facilities utilized by the DPT program are outfitted with the necessary hazardous and biological waste storage containers, antibacterial sanitizing agents, disinfectant cleansing agents and personal protective equipment.
4. Immediately notifying the Exposure Control Officer of any exposure situations.

Policy Name: DPT Program Assessments

Policy: In order to ensure that the DeSales DPT Program mission, goals, and expected outcomes are being met in the most efficient and effective manner, the program has developed and will maintain a formal and ongoing plan of program assessment.

Background: DPT program administrators and faculty are committed to the process of self-assessment and evaluation of all aspects of the program. While this process is an expectation of any accredited educational program, assessment is an integral part of the culture at DeSales, and appreciated by the DPT program as a mechanism to ensure that we are providing an example of excellence in all that we do. Our process is entirely data driven and transparent, with information obtained from constituents at all levels to include: (1) annual assessments of the curriculum, policies and procedures by the faculty and Program Director (2) an evaluation of each faculty member to include a self-assessment of teaching effectiveness, scholarly inquiry and service, (3) surveys of clinical affiliates, graduates and employers of graduates, (4) and surveys and focus group discussions with current students. These activities provide the faculty with a rich set of data from which to draw conclusions about the strengths, weaknesses, opportunities and threats to the program upon which decisions for change and action plans are based in an effort to continuously improve the program.

Procedures:
Students:

- The responsibility of the student is to assist the program in the assessment process by:
1. Completing Course Evaluation requests for every course taken at the end of each semester. Students should feel free to provide candid and direct information regarding the effectiveness of the course in meeting the intended objectives and student learning outcomes as noted on the syllabus. It is expected that this feedback will be provided on an individual basis and in a constructive and professional manner. The Program Director and course faculty rely on this information to make changes in course structure and content when indicated.
 2. On occasion students will be asked to complete evaluations for open lab instructors and guest lecturers to assist the program in determining future invitations to these individuals.
 3. At the conclusion of each clinical education experience and as directed by the DCE, complete the PTSE assessment of the clinical site and instructor.
 4. Completing an Exit Survey immediately prior to graduation. This document inquires about the degree to which the soon-to-be graduates feel that the curriculum prepared them for the various aspects of entry-level practice. It also offers an opportunity to comment on the quality of the classroom space, laboratory equipment, library resources, and technologic support during the time in the program.
 5. Periodically complete an Alumni Survey. Questions are of the same nature as the Exit Survey questions, but now seek their perspective on the longer term impact of the program and curriculum on their readiness to assume all the duties of a practicing PT.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Participating in the assessment process by assisting in data collection and analysis, and by contributing to discussions at designated faculty meetings and at the annual

Program Assessment Retreat.

2. Completing the self-assessment of teaching effectiveness, scholarly inquiry activities and service to the program, institution and community. Compile required documentation and information into the Faculty Annual Report and meet with the division head or Program Director to discuss the salient points.

Program Director:

1. Ensures that the assessment plan is carried out, to include: (1) the development of instruments for data collection, (2) distribution of surveys and conducting of interviews with all constituents, and (3) organizing the data into reports for presentation to the faculty, students, administration, and other stakeholders.
2. Oversees and implements action plans that result from the data analysis and assessment process to ensure that recommended changes are put in place and monitored accordingly.
3. Develops public messaging announcing progress toward expected program outcomes in accordance with accreditation requirements.

Staff:

1. Provides clerical support for the creation of data collection instruments, and reporting formats to be used to analyze information and write reports.
2. Assists with data entry and analysis processes as appropriate.
3. Maintains records of meeting minutes and documents associated with the assessment process needed to support accreditation activities.

Policy Title: Policy and Procedure Assessment

Policy: The DPT program conducts a regular and formal assessment of its policies and procedures to determine the extent to which they meet program needs.

Background: The program adopts a systematic process of collecting information from students, faculty, clinical affiliates, and external constituents to assure that policies and operational procedures are adequate in creating a positive learning and working environment and also support the goals and objectives of the curriculum. Prior to the annual publication of the DPT Policy and Procedure Manual each fall, all policies will be reviewed using the information provided from all stakeholders to identify operational changes in procedure or for policy revision as appropriate. The addition of any new policies or significant changes in procedure to existing policies will be presented to faculty, and as necessary, to University administrators, for discussion and approval.

Procedures:

Students: The responsibility of the student is to:

1. Elect 2 class representatives per cohort to provide information to the faculty about student issues or recommendations regarding current policies and procedures to be considered for review/revision.
2. Provide suggestions/recommendations for policy revisions to the elected Class Representatives in writing either as individual members of the cohort or by collective cohort vote.
3. Abide by policies and procedures as reviewed and presented in the DPT Policy Manual.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Participate in the annual program assessment process by providing observations and information regarding the effectiveness of current policies and procedures in meeting the needs of the program.
2. Provide recommendations for revisions and/or offer suggestions for new policies to be added based on need.
3. Abide by policies and procedures as revised and presented in the DPT Policy Manual.

Program Director:

1. Ensure that students' concerns about policies and procedures are heard through representation at faculty meetings as presented by the elected Class Representatives.
2. Collect information from faculty, clinical affiliates and external constituents regarding the extent to which policies are being carried through and their effectiveness in meeting program goals and objectives and report those findings to the faculty for discussion/revision.
3. Determine the necessity for presenting new policies or significant changes in procedure to University administration for approval prior to formal publication.

Staff:

1. Revise the DPT Policy Manual annually prior to orientation for each new incoming class with all approved changes.

*Created October 2013
Revised 2019, 2024
Reviewed 2021, 2022, 2023*

Section III:
Clinical Education
Policies & Procedures

Clinical Education Philosophy

Clinical education is considered an integral part of the curriculum to assist students to develop the critical thinking and problem solving skills needed to address real world challenges in preparation for entry-level physical therapy practice.

Physical therapy education requires both didactic learning and experiential application. Didactic learning provides the student with a scientific knowledge base and an introduction to clinical skills. This foundation is further enhanced by laboratory experiences in which the student begins to develop competency in patient care and problem solving strategies. The Clinical Reasoning course series in the DeSales DPT program will enable the student to further develop problem solving and critical thinking skills through various patient simulation experiences, competency examinations, and pro-bono clinical experience under the direct supervision of a faculty member or community-based licensed physical therapist. The knowledge, skills and problem solving abilities developed in these didactic and laboratory classes are then further enhanced and integrated during clinical education experiences.

Physical therapists practice in a variety of settings. To prepare students for entry-level practice, DPT students must be exposed to a variety of clinical practice settings, each offering unique challenges and educational experiences. To accomplish this, all students will be required to complete assignments in both inpatient and outpatient facilities offering exposure to a variety of orthopedic and neurological conditions experienced by clients across the life span. Students will also have the opportunity to be exposed to a variety of specialty practice areas. The sequence of clinical education assignments is threaded into the curriculum in such a way as to provide the student an opportunity to maximize the integration of previous didactic and laboratory content. The objectives of each clinical education experience clearly outline the expectations and anticipated progression of student learning.

Clinical Education Objectives

All students will be required to complete four full-time clinical education experiences for a total of 36 weeks, a minimum of 35 hours per week. Each student will be required to complete experiences in a variety of inpatient and outpatient settings with experiences in general orthopedics, geriatrics and short or long-term rehabilitation. Additional specialized experiences in pediatrics, sports medicine, home health care, and other specialty areas will also be offered to provide a diverse clinical background for each student.

Clinical Education Experience Objectives:

For all clinical experiences, the DPT student is expected to:

1. Demonstrate professional behavior and skills.
2. Communicate effectively with patients, families, supervisors and other medical personnel.
3. Practice in a safe manner that minimizes risk to patients, themselves and others.
4. Practice in a manner consistent with established legal and professional standards and ethical guidelines.
5. Participate in clinical examinations, program planning, patient re-examinations and modification of the plan of care accordingly.
6. Participate in formal and informal evaluations with their Clinical Instructor (CI).
7. Demonstrate the ability to develop anticipated goals (STG) and expected outcomes (LTG).
8. Document patient/client evaluations, discharge summaries and treatments accurately, concisely and legibly.

9. Demonstrate the ability to explain and apply appropriate tests and measures, therapeutic modalities and techniques.
10. Demonstrate the ability to instruct patients and their caregivers in self-care and home programs.
11. Exhibit self-directed learning.
12. Participate in the financial management of PT services.
13. Assist in the supervision of ancillary personnel within the PT department.

Clinical Education 1 - PT 670

The first clinical education experience occurs at the end of the first graduate year upon completion of three semesters of coursework focusing on musculoskeletal evaluation and treatment. During this experience, the DPT student will be expected to demonstrate competency in the following areas:

- Musculoskeletal examination skills including, but not limited to, joint movement, goniometry, muscle length and strength assessments, postural assessment, sensory testing, pain assessment, vital signs assessment, orthopedic differential diagnostic tests, and deep tendon reflexes.
- Performance of basic spine, upper and lower extremity screens.
- Surface anatomy and basic palpation skills.
- Functional assessment including transfer abilities, basic gait analysis, efficiency of movement patterns, ergonomics, occupational and recreational abilities.
- Anthropometric measurements including height, weight, limb girth and BMI.
- Independent completion of a standard evaluation for a patient/client with a non-complicated musculoskeletal diagnosis.
- Development and implementation of an exercise prescription based on evaluation findings.
- Application of therapeutic modalities.
- Development, implementation, modification, and progression of an evidence-based plan of care for patients/clients with non-complicated musculoskeletal diagnoses.
- Development and education of the patient in an appropriate home program.

Clinical Education 2 – PT 770

The second clinical experience occurs at the end of the first semester of the third graduate year, upon completion of three additional semesters focusing on evaluation and treatment of the client with pediatric or adult neurological conditions, the geriatric client, clients with cardiopulmonary disorders, as well as the medically complex patient. Students may be placed in outpatient, acute or sub-acute care, rehabilitation, long-term care, or specialty settings. During this second clinical experience, the DPT student will be expected to improve mastery of the aforementioned skills, as well as demonstrate competency in the following areas:

- Assessment of muscle tone, primitive reflexes, and synergistic versus isolated patterns of movement.
- Assessment of postural tone, balance, vision and righting reflexes.
- Assessment of functional and compensatory movement patterns.
- Advanced gait assessment.
- Performance of a basic adult or pediatric neurological evaluation.
- Assessment for and training of assistive devices, orthotics, and adaptive equipment.
- Wheelchair mobility assessment, training, and prescription.

- Develop, implement, modify and progress an evidence-based plan of care for all patients.
- Assessment of cardiopulmonary function and cardiopulmonary endurance.
- Assessment of dynamic balance and the vestibular system.
- Development and execution of evaluations of complex medical patients.
- Begin supervision and direction of ancillary PT staff, including but not limited to PT Aides and PT Assistants.
- Communicate appropriately with other medical personnel, case managers and third-party reimbursement personnel.
- Begin performing basic administrative skills including scheduling, coding and billing for PT services.
- Management of approximately 50% of a full case load of clients with supervision.

Clinical Education 3 – PT 771 and Clinical Education 4 – PT 772

The third and fourth clinical experiences will occur at the end of the third year of graduate study. During these two sequential ten and twelve-week clinical experiences, the DPT student will be expected to demonstrate mastery of all entry-level skills, demonstrate efficient time management and supervisory skills, and be prepared to manage patients with complex medical conditions independently. These final clinical experiences are also an opportunity for students to begin to develop more advanced clinical skills in areas of specialization such as pediatrics, vestibular therapy, manual therapy, or wound care. The student should possess a sound knowledge of the business and financial aspects of physical therapy practice, including experience with medical coding and insurance regulations and efficiency in medical records management.

DeSales University Doctor of Physical Therapy Program
Expected Outcomes for APTA Clinical Performance Instrument 3.0

At the conclusion of each clinical education experience, the student is expected to be performing at the following designated levels of mastery.

	Performance Criteria	CE1	CE2	CE3	CE4
Professionalism (not linked to supervision and caseload)	1. Ethical Practice: Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.	I	I	AI	E
	2. Legal Practice: Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	I	I	AI	E
	3. Professional Growth: Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.	I	I	AI	E
Interpersonal	4. Communication: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.	AB	I	AI	E
	5. Inclusivity: Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).	AB	I	AI	E
Technical/Procedural	6. Clinical Reasoning: Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).	AB	I	AI	E
	7. Examination, Evaluation, & Diagnosis: Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.	AB	I	AI	E
	8. Plan of Care and Case Management: Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.	AB	I	AI	E

Technical/Procedural	9. Intervention and Education: Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.	AB	I	AI	E
Business	10. Documentation: Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.	AB	I	AI	E
	11. Financial Management and Fiscal Responsibility: Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.	AB	I	AI	E
Responsibility	12. Guiding and Coordinating Support Staff: Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.	AB	AB	AI	E

Key:

B – Beginner -1	AB - Advanced Beginner - 2
I – Intermediate - 3	AI – Advanced Intermediate - 4
E – Entry Level - 5	BE – Beyond Entry Level - 6

Clinical Education Experiences

Clinical education experiences offer the opportunity for students to apply skills, knowledge and professional attributes gained through previous curricular experiences. The overall goal for the clinical education curriculum is to allow students to practice in diverse clinical environments that build on skills mastered within the didactic aspect of the curriculum. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important factor in these assignments.

Clinical education experiences are arranged and assigned by the Director of Clinical Education (DCE). The DCE establishes clinical affiliation agreements with agencies that provide physical therapy services that are representative of those commonly seen in physical therapy practice across the lifespan and varying levels of care. Students participate in four full-time clinical experiences ranging from 6-12 weeks in duration. A variety of facilities and diverse experiences are available to each student. The student may have opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:

- Observation of surgery
- Observation of diagnostic procedures
- Clinical Rounds
- Quality improvement procedures
- Patient/client care/family conferences
- Department staff meetings and in-services
- Observations and/or interactions with other specialty departments

If a student identifies a clinical site that has not yet established a clinical agreement with DeSales University, the student can bring this to the attention of the DCE. This request must be in writing and should be at least 12 months prior to clinical placement so that the DCE may make contact and present the possibility of developing a clinical agreement. All contacts in developing clinical affiliation agreements are to be processed through the DCE of DeSales University's Doctor of Physical Therapy Program.

Student Readiness for Clinical Education

Before any student is permitted to participate in a clinical education experience, all pre-clinical requirements, including criminal background clearances, physical examinations, and required immunizations, as well as current CPR certification, must be met. Students will practice all examination and interventions in a skill-based lab and must demonstrate basic competency to a lab instructor via skills checks and comprehensive competency exams. Students must maintain a minimum 3.0 GPA, have passed all pre-requisite courses, as well as competency examinations in all previous and concurrent semester courses, and have achieved at least a B in all completed Clinical Reasoning courses.

The collective core faculty of the DeSales University DPT program will judge each student's readiness to enter each clinical experience based on the student's academic record (including competency examination performance), history of professional behavior, and performance on previous clinical experiences, if any. Each faculty member will identify any concerns regarding a student's readiness to participate in a scheduled clinical experience on the Student Clinical Education Readiness Form circulated to all faculty by the DCE. Any areas of concern identified by a faculty member will be reviewed by the Academic Review Committee to determine if the student is ready for a clinical education experience and/or if any remediation plan is needed prior to clinical placement.

Clinical Education Site Assignments

The DCE maintains a list of clinical sites with up-to-date agreements with the DeSales University DPT program. During the first graduate semester, students will be provided access to the clinical education electronic platform which organizes sites available for the initial clinical education experience as well as an overview, provided by the DCE, of the clinical education experience process. Students will utilize the clinical education electronic platform to allow the student to identify and prioritize clinical education experience preferences for up to five possible sites per clinical rotation. Students are asked to rank their choices but should be aware that choices are not guaranteed. Local placements cannot be guaranteed for all clinical experiences. Students will not be assigned to a facility where they are employed unless the organization is large enough that the student can be placed in an area in which they have not been employed. The DCE must also be assured that both the clinical staff and the student understand the differences in roles and are capable of functioning as clinical instructor/student as opposed to employer/employee.

The Clinical Education Wish list will be submitted to the DCE (PT 670 Fall of first year; PT 770 Winter of first year, PT 771 and PT 772 Winter of second year). Student clinical experiences are determined by the DCE based on site availability, student interests, previous clinical experiences, and academic needs, with input from the Program Director and core faculty. The DCE will review all student requests and faculty recommendations before final clinical placements are made. Once all clinical education placements are confirmed with the clinical sites, the DCE will send Confirmation of Clinical Placement e-mails to students. Additional communications will occur prior to the clinical experience to ensure the student has completed all pre-clinical requirements, CI introduction letter and is familiar with the electronic platforms used in the clinical education process.

The University has established clinical affiliation agreements regionally, nationally, and internationally. Students are strongly encouraged to take advantage of these unique opportunities to expand their horizons and develop a varied portfolio of clinical experiences. To provide a strong foundation in clinical education, students should expect to travel up to 60 miles for one or more of their clinical experiences. It is the responsibility of the student to arrange transportation to and from their clinical sites as well as lodging, if necessary. Some clinical sites may offer students discounted or free lodging. When this is available, the student is responsible for making contact with these facilities and for all personal arrangements for their lodging. Students are responsible for their own transportation to and from clinical sites, as well as maintaining adequate automobile insurance as required by state law. Students should never offer to transport clients while in the clinical setting.

Clinical Education Faculty

The Clinical Education Faculty is comprised of the physical therapists providing direct clinical supervision of the student, referred to as the Clinical Instructor (CI) and the Site Coordinator of Clinical Education (SCCE). The program requires CIs to be licensed physical therapists. The program requires CIs to have a minimum of two years of clinical experience. An exception may be made if the SCCE strongly recommends a physical therapist with slightly less than two years of clinical experience.

The University is committed to the ongoing professional development of the CIs and SCCEs within the University's network and will offer the APTA Credentialed Clinical Instructor Program (CCIP) on a regular basis. All CIs and SCCEs are encouraged to become APTA-credentialed clinical Instructors. In addition, CI's or SCCE's providing direct supervision of a DPT student for a minimum of 240 hours per semester in the immediate past academic year may be eligible to receive discounted tuition at DeSales University.

Prior to the arrival of the student to the facility, the DCE will provide Clinical Education Faculty with student contact information, clinical experience dates, and upon request, verification of health and background check requirements. The DCE will also provide the SCCE with a DeSales University Physical Therapy Clinical Education Faculty Handbook with curriculum information and specific learning objectives for the clinical affiliation, as well as guidelines on the CI's responsibilities and information regarding use of the online PT CPI 3.0.

Clinical Instructors will be required to complete the CPI 3.0 on all students at the conclusion of each clinical experience and at midterm for all clinical experiences. CIs are also strongly encouraged to provide students with ongoing feedback on their performance throughout the clinical internship, and students are encouraged to take an active role in self-assessment and self-directed learning through the completion of specifically designed assignments for each clinical experience.

Communication between Clinical Sites and the Program

Personal contact by phone, electronic mail, virtually, or site visit with the student and CI will be made for each student on each clinical experience by either the DCE or another designated core faculty member. On-site clinical visits by the DCE or another designated core faculty member will occur during each of the first and second clinical experiences and during selected clinical education experiences thereafter based on the clinic setting and/or student progress and at the discretion of the clinical site. Additional visits may be made at the discretion of the DCE or core faculty member or at the request of the student, CI, or SCCE. During these visits, the DCE or designated faculty member will meet with the student, clinical instructor, and possibly the SCCE to obtain information on the student's performance, obtain feedback from the student regarding the experience, and observe clinic operations. Phone contact may also be made as a follow-up to a previous on-site visit or when an on-site visit is not warranted. The CI and/or the SCCE are encouraged to contact the DCE at any time if questions or concerns arise. They are encouraged to contact the DCE immediately regarding concerns about student performance in areas of critical skills, safety issues, or other performance/behavior concerns that would indicate a student may be at risk of not passing a given clinical experience. All contacts with the clinical site and student during a student's clinical experience will be documented in the clinical education platform, which will address student and CI compliance with clinical education policies, effective level of supervision, communication, and professional issues, as well as any other areas of concern. This documentation will act as an alert for potential areas that may need to be immediately addressed by the DCE and/or the CI/SCCE.

Clinical Education Problem Resolution

If a problem arises during the clinical education experience, the student and CI should maintain open lines of communication and work together to establish a plan for addressing the issue. If either individual does not feel comfortable discussing the issue with the other, the SCCE should be consulted, if applicable. If the issue cannot be resolved with the SCCE's assistance, the student or SCCE should consult with the DCE.

If at any time there is an issue of concern that a student is performing well below expectations and possibly at risk of not passing the clinical education experience, the DCE should be contacted as soon as possible to meet with the student and CI to discuss the issue. Likewise, if a student does not feel that they are getting the appropriate level of supervision and guidance or feels that there may be legal or ethical issues they are not comfortable with, they should contact the DCE as soon as possible via phone or email.

Student Evaluation in Clinical Education

Evaluation of a student's performance in the clinical setting is essential. CIs are encouraged to provide ongoing verbal feedback to the student throughout the clinical experience, as well as complete a comprehensive written evaluation at the midpoint and the end of the clinical education experience. These documents are to be reviewed with the student on both occasions, with constructive feedback provided on those areas that may need improvement and/or to commend those areas of demonstrated growth. Upon completion of the clinical experience, the CI is required to submit the CPI 3.0 to the DCE by "signing off" on the electronic document at the end of the clinical education experience.

Each student completes a self-evaluation at the midpoint and the end of each clinical education experience for review with the CI. The student is required to submit this portion of the CPI 3.0 electronically to the DCE as outlined in the course syllabus. Failure to complete this evaluation in a timely fashion may result in an incomplete grade for that clinical course.

Clinical Education Grading

DeSales University's Doctor of Physical Therapy program uses the APTA's Clinical Performance Instrument (CPI 3.0), completed by the assigned clinical instructor, as the main form of assessment of the student's clinical performance. The Final CPI 3.0 will count toward 70% of the student's final grade for their first clinical experience and 80% for all subsequent clinical experiences. The remaining 20-30% of the student's grade for each clinical education course will be based on: (1) completion of all assignments and reflective journal entries, (2) meeting all professional behavior expectations, including timely submission of all pre-clinical requirements, (3) on-time attendance and full participation in all clinical workdays, and (4) adherence to program policies regarding dress code and academic integrity. The performance criteria 1-5 of the CPI 3.0 are considered foundational elements concerning communication, inclusivity, professionalism, and ethical and legal practice. The student is expected to meet the performance level expectation in each of these areas by the end of the clinical experience to pass the course. The expected level of achievement on the CPI 3.0 is summarized in the *Expected Outcomes for APTA Clinical Performance Instrument* occurring previously in this section. Any student not meeting the performance level expectations by the end of each clinical experience will be reviewed by the DPT Program Academic Review Committee to determine progression.

Students will be required to complete self-evaluations and an evaluation of the clinical site and clinical instructor. Failure to complete these within the designated time frame will result in an incomplete grade until completed. The final grade for each clinical education experience will be determined by the DCE, and letter grading will follow the standard grading policy for all courses in the physical therapy curriculum.

An Incomplete grade will be assigned by the DCE to any student who does not complete the minimum required hours, fails to complete required assignments by the end of the clinical experience, or fails to complete necessary documentation by the established deadline. The University policy for conversion of an "I" grade will apply.

Failure or Termination of a Clinical Education Course

As indicated in the Clinical Education Progression Guidelines policy, the student must pass all Clinical Education Courses to meet the requirements for graduation. Failure of a student to pass or complete a Clinical Education Course may result in dismissal from the program unless the Academic Review Committee agrees to allow the

student to repeat the failed course. Successful completion of remedial work may be required before a student is permitted to repeat the course. A repeat Clinical Education Course must be successfully completed for the student to continue in the program. For any repeat clinical experiences, the DCE will determine the clinical site, exact dates and specific objectives to best address the student's needs. Only one repeat Clinical Experience will be permitted during the student's course of study.

The DCE reserves the right to withdraw a student from a clinical experience if the clinical site is not able to provide an appropriate learning environment. If this occurs, the student will be reassigned to a different clinical site. The type of site, length of experiences, or objectives may require modification depending on the circumstances.

A student may be dismissed from a clinical education experience for reasons of unprofessional, unethical, or unsafe behavior. A student may also be dismissed for reporting to the clinic under the influence of alcohol, illegal drugs, or prescription medications that may impact the student's performance and professional responsibilities. A student may only repeat one clinical experience. Failure of a second clinical experience will result in dismissal from the program without the option of a request to repeat the course.

Student Evaluation of the Clinical Education Experience

All students will be required to complete the APTA's Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction (PTSE) at the end of each clinical assignment. Students will also be required to complete Section 2 of the PTSE titled *PT Student Assessment of Clinical Instruction* at the midpoint of the clinical education experience. This facilitates open communication between the student, the CI, and the DCE about the learning experience, with the opportunity to modify the learning experience, as indicated. These evaluations are to be submitted to the DCE at midpoint, and then within two calendar days after the end of the clinical assignment. The PTSE form will be maintained in the electronic clinical education management platform and will be available to students considering this site in the future. For those sites visited prior to 2020, students can access the forms in binders stored in the reception area of the DPT department. Students will not be assigned a grade for the clinical assignment and may not participate in the selection process of the next clinical assignment until this form is completed. At the end of each clinical education experience, the completed PTSE documents will be reviewed by the DCE with a post experience report provided to the core faculty. Information from these documents will be utilized to determine the overall quality of the clinical site and clinical instructor, as well as to identify potential educational needs of clinical education faculty.

Student Evaluation of the DCE

Each academic year, students will be asked to complete an evaluation of the DCE's role in their clinical education experiences. This evaluation tool will ask the students to rate the performance of the DCE in meeting the clinical and academic needs of the student with an area included for open comments and suggestions. Completed assessment forms will be submitted directly to the DPT Program Director, with information gathered from this evaluation tool utilized for DCE performance reviews, as well as assessment of the overall effectiveness of clinical education policies and procedures.

Clinical Faculty Evaluation of the DCE and Program

Following each clinical experience, all participating Clinical Instructors will be surveyed for feedback on how well our students are prepared for the assigned clinical experience, the perceived strengths and weaknesses of the DPT program, and how effective the DCE was in communicating with the clinical education faculty. The clinical education

faculty will also be asked for any recommendations that may improve the clinical education experience for both the student and the clinical educators. Information from these surveys will be shared with the DPT faculty as part of the overall curriculum assessment process.

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Revised 2022, 2023, 2024
Reviewed 2022, 2023*

Clinical Education Requirements

Prior to any clinical education assignment, all students must show proof of current CPR certification, current health insurance, completion of Criminal Background Checks and Child Abuse History Clearance, a negative drug screen test, and must complete all health screenings and immunization requirements. The student may be responsible for some of the expenses associated with these requirements.

CPR Certification

Each student is required to obtain and maintain current certification in cardio-pulmonary resuscitation (CPR) throughout their tenure in the program. The CPR certification course must include content on one- and two-rescuer adult and pediatric CPR, AED use, airway obstruction management, and use of barrier devices and ventilation bags. Students will complete the *American Heart Association BLS-C Health Care Provider* course as part of the DPT coursework during the first and seventh semesters of the DPT Program to meet the pre-clinical requirements of the clinical facilities. Documentation of the student's current CPR certification must be submitted to the Director of Clinical Education (DCE) prior to the first and third clinical experiences. The DCE will provide proof of certification to the clinical affiliates as requested.

Professional Liability Insurance

The University provides professional liability insurance that insures all students enrolled in the DPT program while participating in educational related professional activities within the program curriculum. This policy also insures the DPT faculty while instructing students in physical therapy professional educational activities. Current coverage limits are set at \$3,000,000 per occurrence and \$6,000,000 per aggregate. Proof of this Professional Liability Insurance will be shared with the affiliating clinical sites upon request. A student may be asked to purchase an additional level of coverage pending requests from a clinical site. Information regarding purchasing additional student professional liability insurance will be provided to the student by the DCE on a needs basis.

Criminal Background Check and Child Abuse History Clearance

Clinical sites may require proof of a negative criminal record for clinical education placement. Therefore, all students are required to have a Pennsylvania State Police Criminal Background Check, Department of Human Services FBI Clearance with fingerprinting, and Child Abuse History Clearance performed prior to being placed in any clinical education experience. Failure to comply with this policy or a documented record of criminal activity or child abuse may limit a student's ability to participate in certain clinical education experiences. Please refer to the DPT program *Criminal Background Check Policy* for additional information.

Physical therapists are required to be licensed by the state in which they provide physical therapy services. Requirements for licensure vary from state to state. Individual state licensure laws may deny or restrict licenses to individuals with felony or certain misdemeanor violations. Any student with a criminal record is advised to check with the Physical Therapy Licensure Board and/or an attorney in the state in which they wish to be licensed in order to determine their eligibility for licensure.

Health Insurance

Current health insurance is required by the DPT program, as many clinical sites require proof of personal health insurance coverage prior to the first day of a student's clinical experience and must remain in force throughout the duration of the clinical experience.

Health and Immunization Records

All students must show proof of the following health requirements in order to participate in any clinical education experience:

- Physical exam within the past year
- Hepatitis B series of three vaccinations or titer showing immunity
- Two-step Tuberculin Skin Test with annual, one-step testing thereafter
- Current (within 10 years) Tetanus, Diphtheria, Pertussis (Tdap) vaccination
- Two Measles, Mumps, Rubella vaccinations or ICG titers showing immunity
- Two varicella (chickenpox) vaccinations or titer showing immunity
- Covid-19 primary series vaccines
- Laboratory evidence of immunity to Hepatitis B (positive antibody titer) and documentation of a negative Hepatitis B surface antigen titer completed within the past 6 months (for select clinical sites only)
- Laboratory evidence of a negative Hepatitis C antibody (for selected clinical sites only)
- 10 panel drug screen

Affiliating clinical sites may have or add additional requirements or specific time frame requirements which the student will need to comply with in addition to those listed above.

Confidentiality and Sharing of Student Information for Clinical Education

Students are required to upload all health information and background checks into the clinical education management platform. Exxat is a records management system that allows students to electronically store and easily retrieve their health and criminal history records as needed for compliance with program and clinical affiliate policies. The SCCEs at the affiliating sites will be notified by the DCE if a student is cleared for clinical participation, refuses a drug screening test, or has a positive drug screen result. If printed copies of background checks and health screenings are required by the clinical site, the DCE will take every precaution to assure confidentiality when processing these documents by USPS mail, encrypt these for electronic transmission, or arrange for the student to personally provide these directly to the clinical site representative. Positive urine drug test results or a positive criminal background result will only be shared with a clinical site with specific written authorization from the student. To assure student confidentiality, all hard copies of health records and criminal background results will be stored in locked cabinets within the DCE's office.

Clinical Education Policies and Procedures:

Student Supervision

The student physical therapist is qualified to provide services only under the direct supervision of a licensed physical therapist, who should be physically present and immediately available for the direction and supervision of the student. All supervision of students during clinical education experiences must be performed in accordance with state law and applicable state, federal, payer, and University policies.

Student Competence

Prior to student placements, students must demonstrate basic competency in applicable lab and simulated patient experiences. Clinical instructors (CIs) should review the program's curriculum and expectations for each clinical experience and ensure that students are practicing within their current level of knowledge and skill. If a CI teaches a skill or procedure not addressed in prior academic course work, the clinician does so at their own risk and assumes responsibility and/or liability for such instruction and student performance of those specific tasks.

Patient/Client Participation

Patients and clients are to be notified of student participation in their care. The CI has the responsibility to communicate with patients that a student may be involved in their care and seek permission for this. All patients have a risk-free right to refuse care provided by a student. Any refusal or declination must be honored by the CI and the student.

Documentation

All documentation completed by the student in the medical chart must be in accordance with facility policy, local, state, and federal regulations, and/or payer policies and should be signed by the student's full name, followed by the abbreviation for "Student Physical Therapist" (SPT) unless policy or regulation denotes otherwise. All student documentation must be reviewed and co-signed by the supervising physical therapist.

In the event that facility policy or other regulation does not allow the student to document in the medical record, students should practice documentation regarding patient care in an alternative manner and have it critiqued by the supervising physical therapist. All such practice documentation should be disposed of appropriately according to facility policy to protect patient privacy and comply with HIPAA regulations.

Patient Images and Social Media Guidelines

The use of photographic images or videotapes of patient/client activities can be an extremely effective educational tool for students and clients; however, all such images should be considered a source of protected information. Students must obtain permission from the clinical site and follow any clinical site policies governing the use of photographic images. If permitted, students must obtain patient/client consent to photograph and a release for the stated purpose of the photographic images prior to commencement. All photographic images are to be used for educational purposes only and should not be shared in any way other than the specific stated purpose listed on the patient/client consent form. Additionally, these images should never be posted on any type of social media network. Students are advised against posting any comments on social media that refer in any way to any clinical education site placement or any activities related to their clinical experiences and are advised to refer to the Social Media Policy in the Communications section of the DeSales DPT Policy Manual for further clarification.

Infection Control

Students must understand that there is a risk of exposure and/or transmission of infectious agents in any clinical education experience. To minimize this risk, students are expected to follow standard precautions as outlined in the DPT program Standard Precautions Policy during all clinical education experiences, as well as any additional procedures utilized in that facility. In the event that a student is exposed to a bloodborne pathogen, the *DeSales University Bloodborne Pathogens Policy* should be followed. The student should notify their CI, SCCE, and DCE of the exposure as soon as possible.

Emergency Health Services

While the clinical site may provide medical care to students who become ill or injured during a clinical education experience, the cost of such care shall be the responsibility of the student receiving the care.

Attendance Policy

Clinical education experiences are 6-12 weeks in length, a minimum of 35 hours per week, although individual facility hours may vary. Students are expected to report to their clinical site prepared and on time and follow the normal business hours of that particular facility. Attendance on all scheduled clinical days is expected.

Any illness or injury that results in an absence from the clinic or the inability to adequately perform the expected clinical responsibilities must be reported to the CI and DCE immediately. For the safety of others, students should refrain from patient care if they are experiencing vomiting, fever, strep infection, conjunctivitis, or flu-like symptoms. Students must, however, complete a designated number of clinical hours for each clinical education experience. Make-up days are at the discretion of the CI with approval by the DCE. Students must submit time off from the clinic through Exxat. Included in this report are the number of missed hours, the reason why hours were missed, and the plan to make up these hours. This submission will be approved by the CI and then submitted through Exxat to the DCE for final approval. Students must provide a physician's note for an absence of three or more consecutive days. A release form from a treating physician may also be required in certain circumstances before a student is permitted to return to clinical responsibilities.

Weather conditions, particularly during winter months, may be significantly different in other locations at a distance from the DeSales University campus. Students on clinical education experiences should tune in to the local weather forecast and plan their transportation route and timing according to local conditions. As future healthcare professionals, students are expected to report to their clinical sites on all assigned days, despite the possible closure of the University's main campus, unless local travel conditions would make travel extremely unsafe.

In the event that weather or travel conditions impede the student's ability to arrive at the clinic at the expected time, the student should notify their CI and the DCE as soon as possible of any anticipated absence or tardiness. Students should make sure to have a current contact phone number for their CI and the DCE readily available should an unexpected circumstance arise.

There is a procedure to request an advance notice excused absence for limited exceptional circumstances prior to the start of the clinical placement. Requests must be submitted 30 days prior to the start of the clinical experience. Limited Exceptional Circumstance definition: An event determined by the DCE and, in some cases, with consultation of the CI to be rare, significant, unavoidable, and short. Past examples are presentations at a professional conference and maid of honor/best man/bridesmaid/groomsman in a wedding ceremony.

To request an advanced notice excused absence, the student will submit the time off through Exxat, according to policy guidelines. If approval is granted, the DCE will notify the CI in advance to allow the CI and student to determine when the missed time will be made up. The student and CI are to then update Exxat, outlining the plan to make up these missed hours.

Clinical Affiliation Dress Code Policy

Unless otherwise specified by the clinical education site, the following standards of appearance shall be in effect during each clinical education experience.

1. A collared polo shirt displaying the DeSales University logo and solid dark or khaki pants or business casual attire will be required. No jeans, shorts, cargo pants, or capris are permitted.
2. Shirts shall have a finished hem and be of appropriate length to provide complete coverage of the torso when reaching or bending.
3. Undergarments shall not be visible through or above the edge of clothing.
4. Lab coats or hospital scrubs may be required at some clinics. It is the financial responsibility of the student to purchase these items if required by the clinic.
5. A DeSales University clinical identification badge must be worn during all clinical education assignments. This facilitates the identification of personnel providing care and protects students from being accused of misrepresenting themselves as a physical therapist.
6. Closed-toe shoes are required. Rubber soles are preferred, with a heel of 1" or less. Clean athletic shoes are permitted if acceptable in the clinic.
7. Socks/hose are required.
8. The only visible body piercing permitted is in the ear. Students are permitted to wear no more than two traditional earrings in/on each ear and earrings should not hang more than an inch below the earlobe. All other body piercings and tattoos shall not be visible during the clinical education experience.
9. Hair shall be styled in a manner that does not obstruct the student's vision or interfere with activities. Hair color must be of a naturally occurring hue.
10. Jewelry should be kept to a minimum and shall not pose a risk of injury to the patient or the student.
11. Nails shall be clean and shall not protrude beyond the fingertip so as not to risk injury to the patient. No artificial nails are permitted, and only clear or natural nail color is acceptable.
12. Perfumes and colognes should be avoided due to patient sensitivity and allergies.
13. A watch with the capability to assess a client's heart rate is required to be worn at all times within the clinic environment.

Policy Title: Clinical Education Progression Guidelines

The following policy is designed as a guide in the event that a student is unable to successfully complete, with a grade of C or better, any of the four required DPT program Clinical Education experiences.

PT 670 Clinical Education 1

1. Upon unsuccessful completion of PT 670, the student would not be permitted to complete the remaining fall semester classes.
2. The student's full academic record will be reviewed by the DPT program Academic Review Committee (ARC) to determine if the student will be permitted an opportunity to participate in a remediation plan and permitted to drop back a year with potential to return to the clinic the following fall semester to repeat PT 670.
3. If a decision is reached to allow the student to remediate and potentially repeat PT 670, the ARC will determine the extent of the remediation necessary. A formal remediation plan will be designed as an Independent Study Course, or series of Independent Study Courses, to be successfully completed before the student will be permitted to return to clinic. The Independent Study course(s) may include auditing select DPT classes and repeating select written and/or competency exams to determine mastery of essential knowledge and skills necessary to demonstrate readiness to return to the clinical environment. An Independent Study Course may also consist of participation in PT 650 Research 1 with a new cohort of students.
4. The student must be registered for at least one Independent Study Course during a semester to audit any DPT classes or participate in any DPT lab activities in order to assure coverage by the University's liability insurance, and to maintain library and building access privileges.
5. The student will be permitted to repeat PT 670 only upon successful completion of the Independent Study Course with demonstration of improved competency, and a vote of approval from the ARC that the student has demonstrated readiness to return to the clinic,
6. Only upon successful completion of PT 670 with a grade of C or better, no "Red Flag" items on the final CPI 3.0, and a minimum overall GPA of 3.0, will the student be approved to progress in the program.

PT 770 Clinical Education II

1. Upon unsuccessful completion of PT 770, the student's full academic record would be reviewed by the ARC to determine if the student will be permitted an opportunity to repeat this clinical experience, and if permitted, the method and extent of remediation indicated prior to this repeat clinical placement.
2. If approved by the members of the ARC, the student may be granted permission to register for PT 791, PT 792, and PT 793 during the spring semester, but would be denied permission to advance to PT 771 until there is evidence of the successful completion of the PT 770 Clinical Education course.
3. If remediation is indicated, a Remediation Plan or Independent Study Course will be developed by the DCE, with advisement of the ARC. The Remediation Plan or Independent Study Course must be successfully completed to demonstrate clinical readiness to permit the student to return to the clinical environment. The extent of remediation indicated will be based on the deficits identified during the clinical experience and may include auditing select first and/or second year didactic courses during the spring and summer semesters, as well as repeating specific written or competency exams to demonstrate improved competency and readiness to return to the clinical environment.
4. Upon successful completion of the Remediation Plan or Independent Study Course, the student will be assigned to a repeat clinical education experience at a clinical site similar in nature (acute inpatient, outpatient orthopedics, etc.) to that of the failed clinical experience setting, as soon as an appropriate clinical site is identified and secured.

5. Progression to PT 771 will be dependent upon successful completion of PT 770 with a grade of C or better, with no “Red Flag” items on the final CPI 3.0, maintenance of an overall 3.0 GPA, and approval by the ARC following a full review of the student’s academic record.

PT 771 Clinical Education III

1. Upon unsuccessful completion of PT 771, the student’s full academic record will be reviewed by the ARC to determine if the student will be permitted an opportunity to repeat this clinical experience, and if remediation is indicated prior to the repeat clinical placement.
2. If remediation is indicated, a Remediation Plan or Independent Study Course will be developed by the DCE, with advisement of the ARC, which may include auditing of select DPT courses, case study assignments, and/or repeat competency exams, and will need to be successfully completed to demonstrate readiness to return to the clinical environment.
3. If granted permission to repeat the clinical experience with or without remediation, the student will be assigned to a clinical education site similar in nature (acute inpatient, outpatient orthopedics, etc.) to that of the failed clinical experience setting, as soon as an appropriate clinical site is identified and secured.
4. Progression to PT 772 will be dependent on successful completion of PT 771 with a grade of C or better, with no “Red Flag” items on the final CPI 3.0, maintenance of an overall 3.0 GPA, and approval by the ARC following a full review of the student’s academic record.

PT 772 Clinical Education IV

1. Upon unsuccessful completion of PT 772, the student’s full academic record will be reviewed by the ARC to determine if the student will be permitted an opportunity to repeat this clinical experience and if remediation is indicated prior to this repeat clinical placement.
2. If remediation is indicated, a Remediation Plan or Independent Study Course will be developed by the DCE, with advisement from the ARC, which may include auditing of select DPT courses, case study assignments, and/or repeat competency exams, and will need to be successfully completed to demonstrate readiness to return to the clinical environment.
3. If granted permission to repeat the clinical experience with or without remediation, the student will be assigned to a clinical education site similar in nature (acute inpatient, outpatient orthopedics, etc.) to that of the failed clinical setting as soon as an appropriate clinical site is identified and secured.
4. The student must pass this final clinical experience with a grade of C or better, with no “Red Flag” items on the final CPI 3.0, and maintenance of an overall 3.0 GPA to be eligible for graduation.

Failure of any Clinical Education experience will automatically place the student on Academic Probation and may result in dismissal from the DPT program, pending a review of the student’s full academic record by the Academic Review Committee. If the student has previously been placed on Academic Probation, or has previously had a failed clinical experience, this second episode would result in dismissal from the DPT program, without exception.

Policy Title: Clinical Education Remediation Guidelines

Purpose: The main focus of the remediation process is to assist academically at risk students in identifying and strengthening their knowledge, skills and/or behaviors that contributed to the clinical challenges and/or deficiencies, to facilitate student reflection in-action and reflection on-action of past performance, and to provide opportunities to establish goal directed learning experiences to maximize potential for future success.

Process: Following an unsuccessful clinical experience, the Director of Clinical Education (DCE) will bring this student's case before the DPT Program's Academic Review Committee to present specifics of the student's identified deficiencies as described in the student's CPI 3.0, individualized Action Plans which may have been established for the student during the clinical experience, and any additional academic background related to previous clinical courses or didactic courses which may be related to the deficiencies noted in the clinical setting. Based on this information, an individualized Remediation Plan or Independent Study Course will be designed for the student by the DCE, with counsel from the DPT Academic Review Committee.

The focus of the individualized Remediation Plan or Independent Study Course will be to reinforce previously learned content and psychomotor knowledge, improve integration and clinical application of critical content, support appropriate professional behavior, practice clinical reasoning skills, enhance problem solving, and facilitate techniques to ensure patient and clinician safety. The Independent Study should promote self-reflection, opportunities for self-directed learning, and opportunities for faculty assessment of the student's professional development and growth in areas which had been identified as deficient.

Areas to be addressed and/or assessed will be specific to the student's identified areas of deficit but may include concerns related to:

1. Safety
2. Communication
3. Professional behavior
4. Problem solving
5. Clinical reasoning
6. Psychomotor skills

Remediation Structure:

Development of a Remediation Plan or an Independent Study Course will be individualized based on the unique circumstances of the student's noted areas of deficiencies, and may include any or all of the following components:

1. Complete an updated Professional Behaviors Assessment.
2. Weekly log of self-directed learning with reflection demonstrating insight into professional development related to areas of weakness.
3. An opportunity to audit specific classes for content and psychomotor skill review.
4. Repeat performance of select written examinations, skill checks, and/or competency exams to demonstrate current understanding of didactic material and continued psychomotor and clinical reasoning competency.
5. Weekly clinical observation hours in the area of clinical practice requiring further competency.

6. Role Play Communication in the form of a formal oral discussion with designated faculty to develop effective communication skills and strategies required in the clinical environment.
7. Written or oral case reviews used to assist the student in performing an efficient yet thorough chart review and to provide an opportunity for the student to replicate the preparatory aspect of patient care, identify the most pertinent details of the patient's medical history, and respond appropriately to faculty questions that may be relevant to the patient's care.
8. Competency examination utilizing a standardized patient, if available, to simulate a typical patient scenario the student may encounter in a clinical environment to provide an opportunity for the student to demonstrate clinical readiness via performance of effective and efficient chart review, examination, treatment, clinical reasoning skills, and comprehensive documentation of the episode of care. The student may also be asked to respond to clarifying questions in the form of a debriefing to further explore the student's foundational knowledge, clinical reasoning and problem-solving skills.
9. Other components as determined by the Academic Review Committee based on the student specific identified deficiencies.

Students must successfully complete all objectives of the Remediation Plan or Independent Study Course prior to progression back into the clinical environment.

Policy Title: Health Insurance Portability and Accountability Act (HIPAA)

Policy: The DeSales University DPT program will adhere to the regulations specified in the Health Insurance Portability and Accountability Act (HIPAA) with regard to confidentiality of patient information.

Background: When participating in specific laboratory or clinical education experiences, students may have access to patient medical records. These records are private and confidential, and the regulations governing their access that have been established by the federal government must be followed.

Procedures:

Students:

The responsibility of the student is to:

1. Adhere to the policies and procedures of each clinical site regarding patient privacy and confidentiality of patient information.
2. Refrain from removing any patient records from a clinical site.
3. Refer to patients using initials only when documenting case information in student notes.
4. Blacken out any patient identifying information in student notes prior to submitting documentation to program faculty.
5. Refrain from discussing patient case information in public areas.
6. Complete any HIPAA requirements prior to participating in any educational experiences that involve direct patient care.
7. Understand that violation of the HIPAA regulations may be grounds for dismissal from the clinical site and/or dismissal from the DPT program.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Assessing student adherence to HIPAA regulations. Violations of the regulations will be brought to the attention of the student and clarification of the regulations and suggested corrective action will be provided if necessary.
2. Bringing repeated violations of the policy to the attention of the Program Director.

Staff:

1. Maintaining historical record of any Academic Review Committee decisions related to violations of this policy by any student.

Program Director:

1. Ensuring that students are aware of HIPAA regulations prior to participation in any educational experiences that involve direct patient medical information.
2. Monitoring student adherence to HIPAA regulations.
3. In conjunction with any decision by the Academic Review Committee, dismissing any student from the DPT program for violation of HIPAA regulations.

Policy Title: Use of Non-Protected Health Information and/or Clinical Facility Information

Policy: Any student wishing to obtain information such as patient care protocols, administrative information, audit processes or any other information deemed to be under the umbrella of the facility and/or institution, needs prior approval by either a representative faculty member or member of the clinical education team (i.e. CI, clinic manager/supervisor).

Background: When participating in specific laboratory or clinical education experiences, students may have access to non-protected health information and/or clinical information not under the auspices of HIPAA. Although these records may assist the student in the learning experience, they must first seek and gain approval by the facility and/or institution prior to use.

Procedures:

Students:

The responsibility of the student is to:

1. Adhere to the policies and procedures of each clinical site regarding non-protected health information.
2. If at a clinical education site:
 - a. First request should be to the Clinical Instructor (CI).
 - b. If approved by the CI, will need approval from the departmental manager or supervisor.
 - c. An explanation regarding the reason for the request as well as intended use must be provided.
 - d. If the facility has a policy, procedure, or practice in place, this must be followed.
3. If at DeSales University during a clinically lead laboratory experience:
 - a. First request should be to the lead faculty for that course.
 - b. If approved by the faculty, will need approval from facility/institution that maintains ownership of the information: follow steps b – d above.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

Faculty:

1. Assessing student adherence to the above policy, and assisting in decisions regarding the need for information requested if it is in question.
2. Bringing violations of the policy to the attention of the Program Director.

Staff:

1. Maintaining a historical record of any Academic Review Committee decisions related to violations of this policy by any student.

Policy Title: Drug and Alcohol Screen

Policy: All students in the Doctor of Physical Therapy Program must complete a 10-panel urine drug screen prior to beginning any clinical education experience. Drug and/or alcohol screens may also be performed randomly, when possible drug or alcohol use is suspected, or upon the request or requirement of the clinical affiliate at which a student is or will be placed.

Background: Successful completion of the clinical education portion of the curriculum is a requirement for graduation from the DPT program. Most clinical affiliates working with the DeSales University DPT program are requiring a drug screen for any and all persons involved in direct patient contact. Clinical sites reserve the right to deny acceptance to students with a positive drug or alcohol screen, which could limit access to certain facilities for clinical education opportunities, and could impede a student's progress in the curriculum. Additionally, the DeSales University DPT program expects students to conduct themselves in a responsible, professional and competent manner, free from the impairment or influence of alcohol and/or any chemical substance that significantly affects thought and/or behavior while enrolled in the program. Further, a positive drug and/or alcohol screen may impact a student's ability to acquire a license to practice physical therapy following graduation, despite successful completion of the DPT program. Thus, this policy requiring drug and alcohol screening for every student allows the program to comply with requirements from various clinical sites, and serves as a preventative measure providing information to the student and the program regarding past or current drug and alcohol behavior.

Procedures:
Students:

The responsibility of the student is to:

1. Submit a completed, signed and dated Drug and Alcohol Screen Consent and Acknowledgement Form, which indicates understanding of the DPT drug and alcohol screen policy, consent to submit to drug and/or alcohol screens as requested, and consent to release drug and/or alcohol screen results to clinical affiliates, accrediting agencies and regulatory agencies. This form will be maintained in the student's clinical education file and will remain in effect throughout the student's enrollment in the DPT program.
2. Follow established University procedures for obtaining preclinical drug screens.
3. Submit to random drug and/or alcohol screens as requested by a clinical site or DPT program representative.
4. Comply when notified that a drug and/or alcohol screen is required and immediately report to a lab for testing. If alcohol use is suspected, testing may occur on the same day as requested.
5. Understand that refusal to submit to drug and/or alcohol screening when requested will be treated as if a positive test result was reported.
6. Understand that clinical affiliates may refuse to accept a student for clinical education if the student's drug and/or alcohol screen result is positive.
7. Understand that a positive drug and/or alcohol screen result may disrupt clinical education placement, result in disciplinary actions within the program, or require the student to complete a treatment program for chemical dependency before being permitted to continue in the program.
8. Provide written documentation from a physician verifying a valid, current prescription for any medication for which positive drug screen results were reported. If the student is able to provide a valid, current prescription to justify a positive drug screen test, the result will be considered negative. However, a clinical facility may still deny

the student the opportunity to participate in or complete the clinical education experience if the Clinical Instructor (CI) or the Site Coordinator of Clinical Education (SCCE) feels this prescription medication may pose a safety risk to the student or clients.

9. Accept financial responsibility for all costs associated with each drug and/or alcohol screen performed.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

DCE:

1. Providing each student with instructions for placing an order for drug screening as required by DeSales University DPT program in order to comply with the preclinical drug screen process.
2. Maintaining confidentiality of student drug and/or alcohol screen results and storing them in a locked cabinet, separate from regular student records.
3. Restricting students for which required drug screen results have not been received from participating in clinical education.
4. Providing student drug and/or alcohol screen results to affiliated clinical sites as required by contract.
5. When appropriate, attempting to place student with a positive drug and/or alcohol screen result in alternate clinical site(s) if denied acceptance by a clinical site.
6. Obtaining a completed Consent to Share background Check Results form for each student.

Staff:

1. Filing completed, signed and dated Drug and Alcohol Screen Consent and Acknowledgement Form in the student's clinical education file.
2. Maintaining confidentiality of any student information regarding drug and alcohol screening results.

Program Director:

1. Ensuring adherence to University policy regarding graduate student drug and alcohol screens.
2. Ensuring that confidentiality of student drug and alcohol screen results is maintained.
3. Releasing any and all drug and alcohol screen results to the accrediting agency and any regulatory agencies as required by law.
4. Ensuring that drug and alcohol screening procedures are applied consistently to all students subject to testing.
5. Requiring a student to submit to a random drug and/or alcohol screen when drug and/or alcohol use is suspected by the program or its clinical affiliates.
6. Working with the Academic Review Committee to determine the appropriate disciplinary action to be taken, and then enforcing that decision for any student presenting with a positive drug or alcohol screen.

Policy Title: Criminal Background Check

Policy: All students involved in clinical healthcare education must have a comprehensive criminal background check (CBC) performed and on file in the DPT program office prior to engaging in clinical activity at any external clinical site.

Background: Licensure is required to practice physical therapy in every state, and licensure requirements vary between states. Some states may have restrictions or limits on licensure for individuals that have a criminal record. Successful completion of the DPT program does not guarantee licensure, the opportunity to sit for a state licensure exam, or future employment as a physical therapist. In addition, many clinical sites now require that a criminal background check be performed on each student entering their facilities, and may deny acceptance to students with a criminal record. Completion of the clinical education portion of the curriculum is a requirement for graduation of the DPT program, and the inability to be placed in a clinical site due to a criminal background may prevent the student from completing this requirement, thus making them ineligible to complete the program.

Procedures:

Students:

The responsibility of the student is to:

1. Submit a completed, signed and dated Consent to Share Background Check Results form indicating understanding of the DPT Program background check results policy.
2. Consent to have a CBC performed in every state in which the student has held official residence and for the resulting information to be shared with affiliated clinical sites, as well as accrediting agencies and regulatory agencies as required by law.
3. Follow established University procedures for obtaining criminal background checks.
4. Immediately inform the Program Director and Director of Clinical Education when an incident or event occurs that could result in a change to their criminal background check clearance, and provide any additional pertinent information. This may result in an additional CBC being performed and the results being disclosed to the clinical sites.
5. Obtain the advice of an attorney or consult the physical therapy licensure board of the state in which the student plans to perform physical therapy services for information on eligibility or restrictions on licensure for those with a criminal record.

The DPT Program Director, faculty and staff will recognize and honor the intentions of this policy and agree to uphold it through the following:

DCE:

1. Providing students with information on obtaining all required criminal background checks.
2. Assuring all criminal background check results have been obtained for each student.
3. Maintaining confidentiality of student CBC information.
4. Obtaining a completed Consent to Share Background Check Results form for each student.
5. Providing student CBC information to affiliated clinical sites upon request or as required by contract.
6. Counsel students with a positive CBC regarding the ramifications of a positive background check result using the Receipt of Counseling on Positive Background Check Results Acknowledgement Form.

7. Attempting to place student with criminal record in alternate clinical site(s) if denied acceptance by a clinical site.

Staff:

1. Filing CBC documentation in appropriate student file.
2. Filing completed, signed and dated Consent to Share Background Check Results in the student's file.
3. Maintaining confidentiality of any student information regarding Criminal Background Checks results.

Program Director:

1. Ensuring adherence to University policy regarding graduate student background checks.
2. Releasing any and all criminal background check findings to the accrediting agency and any regulatory agencies as required by law.
3. Otherwise, maintaining confidentiality of student CBC information.

Section IV:
Faculty & Staff
Policies and Procedures

Policy Title: DPT Core Faculty Responsibilities and Workload

Policy: Full-time Core Faculty members in the Doctor of Physical Therapy Program will uphold their responsibilities to the program and the University in the areas of teaching, scholarship and service.

Background: The administration of DeSales University recognizes and supports the professional judgment of the DPT faculty to: (1) develop and implement the undergraduate and graduate curricula; (2) establish the academic regulations and standards, and behavioral expectations of students; (3) manage the admissions process for both the undergraduate and graduate programs; (4) mentor each other and associated faculty; (5) coordinate the clinical education curriculum, (6) create program-specific policies and operational procedures by which to govern the program, and (7) generate practices to acquire and maintain compliance with accreditation standards and elements as outlined in the CAPTE Rules of Practice and Procedure. While the University Faculty Handbook defines the roles and responsibilities of all faculty, this policy identifies procedures that are specific to meeting the mission, goals, and needs of the DPT program in the areas of teaching, scholarship and service, in coordination with accreditation expectations.

Procedures:
Faculty:

I. Faculty Workload

Full-time core faculty in the DPT Program hold tenure-track, 12-month contracts, and are expected to teach a minimum of 12 semester hours per semester in the graduate program (based on a 1.33 / credit conversion factor for graduate courses). The calculation of contact hours is based on a formula of 1 contact hour per credit for lecture courses, and 2 contact hours for each credit of lab as noted in the University Faculty Handbook. Total annual contact hours vary for each member of the faculty depending on the nature of the courses they are assigned (e.g., lecture only versus lecture plus lab), and generally fall in a range of 350 to 525 hours, depending on whether the faculty member is contracted for 4 days per week or 5 days per week.

Most faculty members maintain one day per week in clinical practice. The Program Director and Director of Clinical Education may have reduced teaching loads to allow for administrative functions and may maintain clinical practice time as schedules allow.

DPT faculty also have 5% to 20% of their total workload distribution dedicated to the pursuit of faculty lines of scholarly inquiry, including the mentoring of student group research and case history report projects. The variance in workload is dependent on the total annual contact hours in the classroom, degree of administrative responsibilities, and number and complexity of research projects under development in any given academic year.

The remainder of the faculty members' workload will be distributed to service to the DPT program with respect to participation in routine business meetings, assistance in recruitment and admissions events, program assessment, and other governance activities. As time allows, DPT faculty may also serve the University on various committees or may serve the community-at-large through activities that benefit both the University and the DPT program.

The Program Director and individual faculty member will discuss and coordinate any changes in workload distribution percentages during the annual faculty evaluation process, or at any time when a change in workload is otherwise indicated (e.g. change in health status, request for sabbatical, release time for preparation of accreditation documents).

II. Teaching Responsibilities

1. Faculty members with lead responsibilities in a course produce the syllabus following University and programmatic guidelines. Due to the integrated nature of the DPT curriculum, course objectives, curriculum texts and general content of each course may not be altered or changed significantly without consideration by the Program Director and/or discussion with the entire faculty during curriculum review. In courses that are team taught, the lead instructor should consult with other members of the team during the development of the syllabus. All syllabi are to be completed and presented to the Program Director prior to the start of class. The syllabus is to be reviewed with the students on the first day of each class.
2. Faculty members are responsible for developing teaching materials and learning experiences for each assigned course as per guidelines discussed in the University Faculty Handbook. Course materials should reflect contemporary, evidence-based content, and every effort must be taken to include references to the professional literature relevant to the nature of the course.
3. Each course should include both formative and summative assessments, developed in accordance with the procedures outlined in the Written Examinations, Laboratory Competency Examinations and Skills Checks policies in this manual. The program has adopted a consistent formatting framework for multiple choice examinations that aligns with the structure of the National Physical Therapy Examination, and, as such, each faculty member shall construct major written examinations using this format. Laboratory competency examinations also follow a consistent format, using a grading rubric adopted by the program to assure that students are adequately prepared for clinical education assignments. While there may be occasions where variations in the design of examinations may be warranted, faculty shall communicate with the Program Director prior to making any major adjustments.
4. It is an expectation that each faculty member will evaluate and submit data from their course using the DPT CourseEval Form. Faculty members must recognize that courses do not belong to them, but to the DPT program, and as such, this data collection process is central to ongoing and formal evaluation of the entire curriculum and a central component of overall program assessment. At the conclusion of each semester, faculty members support this process by reviewing and analyzing student responses, complete a Faculty Curriculum Evaluation Report, and participate in the program curriculum review discussion to share identified strengths, limitations and planned changes in the course for the next iteration.

III. Scholarship Responsibilities

1. DeSales University places primary emphasis with respect to faculty workload on teaching. However, in keeping with accreditation expectations regarding scholarship, full-time faculty members in the DPT program are expected to develop and maintain a scholarly agenda. The minimum goal for each core member is to produce 1 peer-reviewed accomplishment every two years, such that every faculty member in the DPT program will have evidence on their *curriculum vitae* of 5 products in 10 years. Faculty with no current accomplishments must demonstrate a plan that will lead to at

- least two products within 4 years. New faculty are expected to disseminate findings from an initial activity by the end of the 5th year.
2. As per CAPTE requirements, the DeSales DPT program will follow the Characteristics of Scholarship (Boyer's model) in the development of scholarly agendas for each member of the faculty.
 3. The DPT Program will coordinate the provision of equipment, space, and time in each faculty member's workload to conduct research or complete other types of scholarship (book chapters, systematic reviews of literature, manuscript preparation). Faculty members communicate scholarship plans each year on the DPT Professional Development Plan and will inform the Program Director of resource needs prior to each budgeting cycle in the fall to aid in planning for this support.
 4. As per University policy, all scholarship efforts, completed or in process, are to be reported by each faculty member on their Annual Faculty Report. Scholarly activities are a component for consideration for merit awards (salary increases) and for advancement in rank as described in the University Faculty Handbook.

IV. Service Responsibilities

1. Each faculty member may serve as a faculty-mentor for one student research group project or case history report each year. Faculty mentors are expected to be present supervising students during any data collection or intervention activity that involves human subjects. Other aspects of this role include the provision of recommendations regarding project design and data analysis, training students in preparation of poster or platform presentations, and reviewing all written components of the project or case history report including the IRB proposal, final manuscript and dissemination items. Faculty mentors will work to ensure that students identify an appropriate public venue for dissemination of the salient findings of each project, and in the preparation of an on-campus presentation during the DPT Research Symposium.
2. Each faculty member provides advising for graduate and undergraduate DPT students to ensure that each is making adequate progress toward graduation requirements and professional development. At minimum, the advisor will meet with each assigned student one time per academic year and may meet more often as needed, particularly in the circumstances of following a remediation plan. Each faculty advisor can expect to be assigned approximately 15-20 advisees at any one time to manage. Faculty members will maintain a minimum of 5 office hours per week to meet with advisees and to discuss other student concerns.
3. Each faculty member serves the Program by participating in student recruitment and admissions activities as a member of the DPT Admissions Committee. A series of information sessions is conducted throughout the year at which faculty members assist in providing programming on a rotating schedule. These events typically occur in the evenings or on weekends, usually requiring 2 – 3 hours of time. Faculty members have advance notice as to the dates of these events in order to plan accordingly. In addition, during each admissions cycle, the Committee reviews applicant files, selects eligible applicants for on-campus interviews, and conducts interviews. Upon completion of all interviews, the Committee makes decisions as to which applicants to accept for the next incoming cohort, with 28-30 students accepted each year, with other qualified applicants placed on a waiting list in the event that a position in the cohort becomes available prior to the start of classes in the fall.
4. Numerous University committees are available through which faculty members may demonstrate leadership. The Program encourages involvement, particularly if such interaction contributes directly to or affects the DPT program. Faculty members are

free to accept nominations or appointments to any internal or external committee that fits within their professional growth and development plan.

V. Governance Responsibilities

1. The DPT program will maintain a schedule of faculty meetings for the purposes of sharing information, planning programmatic activities, and/or discussing issues related to student learning. Faculty members are expected to attend all meetings and actively participate in the decision-making process. The Program Director will establish a schedule for meetings in coordination with the faculty at the beginning of every semester. In the event that there is no pressing issue to resolve or new information to share, a scheduled meeting may be cancelled by the Program Director. If a faculty member is unable to attend a scheduled meeting, they should notify the Program Director so that information can be passed on afterwards.
2. Every core faculty member serves on the Academic Review Committee (ARC). At the end of each semester, every student's academic record is reviewed by this group to determine academic standing and progression in the curriculum. Decisions are made by faculty vote, so it is essential that all members are present for these meetings. Typically, meetings occur at the end of each semester within two business days from the date grades are reported, giving the Program Director/ARC Committee Chair and administrative staff time to prepare the agenda and student records for review. There may be occasions when special meetings (e.g., unexpected circumstances, emergency situations) of the ARC are required, or where email voting may be necessary.
 - 2a. The Academic Review Task Force consists of 3-4 faculty/staff members who meet as needed, but at minimum prior to the end of the semester ARC meeting. Faculty are responsible for notifying the chair of the Task Force at any point in the semester in the case of an academic or professional behavior concern of any student. The Task Force then monitors any flagged students for the remainder of the semester and maintains a historical record via a tracking sheet for use at future ARC meetings. Prior to the end of semester ARC meeting, the Task Force will meet to review each student who was flagged for monitoring and develops academic standing recommendations which are then presented to the full ARC for voting and final decision-making. All students are then notified by the office of the Program Director within 5 days of any ARC decision regarding academic standing.
3. The DPT Program has a plan for ongoing assessment of all aspects of the program including review of the curriculum, program mission/philosophy, policies and procedures, and examination of clinical education. These activities are a necessary component of continuous performance improvement and an accreditation requirement that involves every member of the faculty. Faculty member service occurs through active participation on ad-hoc committees and task for the purposes of data collection and analysis, collegial discussion and decision-making. At minimum, each faculty member is expected to participate in end-of-semester meetings and at the annual faculty development and program assessment retreat.

VI. Administrative Responsibilities

Certain full-time faculty members will have additional administrative responsibilities which may be a designated function in the job description or may require a reduction in teaching load.

The Program Director and Director of Clinical Education may carry reduced teaching loads in order to meet all the programmatic and clinical education needs of the program.

Several faculty members may serve on the Curriculum Committee on a periodic basis, with the responsibility for identifying gaps and making recommendations to the entire faculty regarding changes to the curriculum based on semester-to-semester feedback from student evaluations, program assessment data and through our routine curriculum mapping process.

The Program utilizes an Admissions Task Force with members that include the DPT Administrative Associate who manages the PTCAS website and application process, the Program Director, and 1-2 other faculty members. This Task Force collects and analyzes admissions data and uses it to make recommendations to the entire faculty regarding offers to prospective students for interview and developing and maintaining tracking sheets for final admission decision-making. This group will also make recommendations to the entire faculty as to the schedule for interviews, the forms used for evaluating interviewees, and for changes to the DPT Program and PTCAS website to support prospective student recruitment.

A faculty member may be designated as the Program's research coordinator, a position that may require 1-2 semester-credit hours (15-30 contact hours) to manage the details of the ongoing faculty-mentored student research and case history report projects, and to coordinate use of the research lab, including procurement of equipment and supplies.

The activities of the DPT Student Association (DPTSA) will be overseen by a faculty liaison with a 1 semester-credit hour administrative role (15 contact hours).

The activities of the DeSales Community Wellness and Physical Therapy Clinic will be overseen by a faculty liaison with up to 3 semester-credit hour administrative role per semester (45 contact hours).

Policy Title: DPT Core Faculty Rights

Policy: Full-time core faculty members in the Doctor of Physical Therapy Program have rights as described in the University Faculty Handbook as applied to implementation of the DPT Program.

Background: Faculty members in the DPT Program have rights concerning equal opportunities for employment, non-discrimination, the provision of a safe working environment, maintenance of confidentiality of personal and professional information, academic freedom, and due process. The University Faculty Handbook provides policies that apply to all faculty members in Sections 7, 8 and 15. The information presented in this policy extends those provisions to situations specific to the DPT Program.

**Procedures:
Faculty:**

I. Equal Employment Opportunity and Non-Discrimination

1. The DPT program adheres to the equal employment opportunity policy as outlined in the University Faculty Handbook in section 15.1.2 which states that DeSales University provides equal employment opportunity to all employees and applicants for employment without regard to race, color, gender, national origin, ancestry, age, disability, or veteran status, in accordance with applicable federal and state laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, demotion, discipline, termination, lay-off, recall, transfers, leaves of absence, compensation, benefits, and training.
2. As a condition for hire and continued employment unique to the DPT program, all core faculty members involved in the instruction of clinical content, the Director of Clinical Education and the Program Director will maintain current licensure to practice physical therapy in the state of Pennsylvania. In addition, all core faculty members will have an earned doctorate (academic or DPT), and will maintain contemporary expertise in their assigned teaching areas.

II. Safe Working Environment

1. Due to the physical nature of the content in physical therapy education, there is a possibility of minor injury in teaching certain techniques. Also, faculty supervising students in pro bono clinics or in off-campus service learning activities may have occasion to develop an injury related to these activities. In the event that a faculty member becomes injured at work, they should notify the Program Director, who will complete an Employee Injury Report and submit the document to the division head and to the Office of Human Resources. Faculty must observe all safety rules in accordance with OSHA standards, including situations where Blood Borne Pathogens exist, to avoid injurious events.
2. Faculty members should immediately report and take out of operation any equipment in the DPT classrooms or laboratory that are damaged or improperly working. The item should be tagged with a date and description of the problem and the program administrative staff should be notified to call for repairs.

III. Respect for Confidentiality of Personal and Professional Information

1. In order to maintain ease in communication, the DPT program will request access to contact information from each faculty member including cell phone numbers, personal address, and other frequently used email addresses outside the University email.

This information will not be released to anyone outside the members of the faculty and staff without the permission of the faculty member.

2. Numerous items will make up each faculty member's personnel file, which will be maintained in the Program Director's office in a locked file cabinet to protect sensitive items such as faculty evaluation forms, professional development plans, and student CoursEvals. Faculty may view their personnel file at any time by request to the Program Director. The contents of these files is strictly confidential and will not be shared with anyone other than immediate administrators (Healthcare Professions Division Head, Dean of Graduate Education, Provost, President) without the written consent of the faculty member.

IV. Academic Freedom

1. The University Faculty Handbook has a very clearly stated policy of Academic Freedom in section 6.1 to which faculty members are encouraged to refer. While the DPT Program honors the nature and content of this policy, it is important for faculty members to realize that due to the highly integrated nature of the DPT curriculum, there is some degree of naturally existing restriction to academic freedom. Specifically, while faculty may approach the presentation of the curriculum content in any course to which they have been assigned in any means that is effective, and recognized as excellence in teaching, alterations to the content in any course including course objectives, curriculum texts and the overall description of the course may not be altered or changed without review by the Program Director and approval by the entire faculty through the curriculum review process.
2. Faculty members are free to pursue research and publication activities that align with their teaching areas and with program goals and outcomes. These activities must be conducted in a manner that positively represents the DPT Program and DeSales University in the public environment.

V. Due Process for Filing a Grievance or Complaint

1. Faculty members have the right to file a grievance regarding the policies and procedures of the DPT Program or the Program Director through an appropriately conducted due process. When a concern or problem exists, the faculty member should attempt to resolve it through communication with the Program Director. Presentation of the issue supported by evidence in writing for major concerns is preferable. The Program Director will make every effort to collect information from any associated source in the attempt to resolve the conflict. In the event that the faculty member is not satisfied with the solution, they may petition the Head of the Healthcare Professions Division or the Dean of Graduate Education. Again, it is preferable that the concern be clearly stated in written form, supported with evidence and describing any efforts taken to resolve the issue to assist the Dean in arriving at a mutually agreeable conclusion. Again, if unsatisfied, the next step would be to communicate the concern to the Provost/Vice President of Academic Affairs using the same written approach. Finally, if the issue or concern has still not been resolved to the faculty member's satisfaction, they may petition the Faculty Review Committee following the procedure outlined in sections 8.1 - 8.2 of the University Faculty Handbook.

Policy Title: DPT Core Faculty Evaluations

Policy: Full-time Core Faculty members in the Doctor of Physical Therapy Program will participate in an annual Faculty Evaluation Process.

Background: As noted in the University Faculty Handbook, Section 2.5, the purpose of a regular process of faculty evaluation is to improve performance and assure achievement of University and DPT program objectives. In addition, a well-implemented faculty evaluation process encourages communication between faculty, students and administrators, providing evidence for program assessment. The University process also provides a mechanism for decision-making regarding salary increases, contract renewal, promotions, and tenure.

Procedures:

Faculty:

1. As noted in the DPT Core Faculty Responsibilities and Workload policy, each faculty member will use the DPT CoursEval form to collect information from students regarding the outcomes of each assigned course. Within the program, this data will be used as one component of our curriculum assessment process. Within the University structure, this information becomes one source of evidence regarding teaching effectiveness.
2. In the fall of each year, the faculty member will complete two documents: (1) the University Annual Faculty Report and (2) the DPT Professional Development Plan. These documents are to be submitted to the Program Director, who in turn will review and analyze the information as a component of the DPT program assessment process, and then will provide them to the Healthcare Division Head along with the Faculty Evaluation Report. While the University has a provision for the development of a Professional Development Plan (Faculty Handbook section 2.6), this is not a University requirement in the faculty evaluation process. However, due to the requirements associated with CAPTE accreditation, the DPT Program does require the completion of this document in order to determine faculty scholarship goals and resource needs, as well as professional development resource needs for budgeting and planning purposes.
3. Faculty members may choose to request observation of their class by a colleague for the purpose of establishing evidence of teaching effectiveness, recognizing that peer-evaluation is a valuable tool for improving one's teaching skills and abilities. The faculty member is encouraged to include any feedback provided from the peer-assessment in their Annual Faculty Report.
4. The faculty member has the right to request and will be given copies of all faculty evaluation documents.

Program Director: To facilitate an effective annual evaluation process for each individual faculty member, the Program Director will:

1. Assist the Dean of College of Healthcare Professions in the faculty evaluation process by observing each DPT faculty member on an as needed basis during a teaching activity and will provide the teacher with feedback and observations regarding strengths and areas for improvement in keeping with expectations and best practices in physical therapy education.
2. Complete and submit the Faculty Evaluation Report and the DPT Professional Development Form in a timely manner to the division head.

3. Ensure that every faculty member has adequate equipment and space to teach effectively, and conduct their scholarly agenda within the confines of the DPT program budget allowance.
4. Mentor and assist each DPT core faculty member in the development of a portfolio to be presented to the Rank and Tenure committee for consideration of a request to advance in rank or to achieve tenure.
5. Confidentially and securely maintain all personal information, and any comments that occur with the faculty member during the evaluation process. A copy of the faculty member's Faculty Evaluation and DPT Professional Development Plan will be maintained in a locked file drawer in the Program Director's office.
6. Acknowledge and honor the faculty member's rights with respect to academic freedom.

Policy Title: Clinical Associate and Adjunct Faculty Responsibilities and Rights

Policy: Clinical Associate and Adjunct Faculty of the DeSales DPT program have defined roles and responsibilities relative to the implementation of the curriculum and assessment toward program goals and outcomes. Individuals in these positions are entitled to certain rights and privileges as valuable members of the faculty team and will be evaluated on a routine basis to assure that the goals and objectives of the DPT program are met.

Procedures: **Definition of Clinical Associate Faculty**

Clinical Associate Faculty work in a part-time capacity through a memorandum of agreement negotiated by the Program Director in consultation with the Dean of Graduate Education and approved by the Provost/Vice President of Academic Affairs. Unless otherwise stipulated, Clinical Associate Faculty work under a 12-month agreement which will be reviewed and automatically renewed annually and can be mutually terminated by either party upon 30-days' notice.

Clinical Associate Faculty provide a full range of educational and administrative services to include but not limited to teaching, service, research, publication/presentation, recruitment and admissions activities, and program assessment for the maintenance of accreditation. The DPT Program will evaluate the effectiveness of the Clinical Associate Faculty member on an annual basis using a process that aligns with that described in the DeSales University Faculty Handbook.

Clinical Associate Faculty are on a non-tenured track, but may pursue advancements in rank based on academic qualifications, clinical credentials, and the number years of contribution to the DeSales DPT Program.

Instructor – Clinical Associate Faculty

This rank is assigned to individuals serving as laboratory assistants under the direct observation of a core faculty member. Individuals with this designation may also provide didactic instruction in content areas of specialization, but will not typically be responsible for the entire management of a course. Participation in DPT research and administrative activities is optional and based on experience. Eligibility requirements for this position include a DPT degree from a CAPTE accredited institution plus clinical specialization as awarded by American Board of Physical Therapy Specialties, active physical therapy licensure, and minimum of 2-years clinical practice experience.

Assistant Professor – Clinical Associate Faculty

This rank is assigned to individuals who satisfy the requirements of Instructor - Clinical Associate Faculty who assume responsibility for a significant portion or all aspects of classroom instruction and management of one or more courses across the academic year. Activities may include development of the course syllabus and teaching materials, creating student assessments and evaluating student performance and grading. Eligibility for this rank includes a DPT plus clinical specialization or terminal academic degree with the potential for developing a scholarly line of inquiry in assigned areas of teaching responsibility. A minimum of two years as an effective teacher in physical therapy and a demonstrated history of service to DeSales DPT Program through collaboration with a

health care or community-based organization supporting the DPT Program's activities in recruitment, admissions and program assessment is expected. Active participation in the American Physical Therapy Association and other learned societies is also required at this rank.

Associate Professor – Clinical Associate Faculty

The designation of this rank describes a person with substantial effective experience in teaching, clinical practice and research. Demonstrated experience in classroom management and curriculum design, as well as development, implementation and leadership of clinical programs in the community is evident. They should have progressed in attaining a positive reputation within the academic and/or clinical communities as a scholar and clinical expert. To be eligible for this position a person must meet the qualifications of Assistant Professor-Clinical Associate Faculty with a terminal degree in basic science, health-related science, leadership or curriculum design. Six or more years of substantial teaching experience with effective student and faculty evaluations in the DeSales DPT Program, the ability to develop and implement innovative new courses, teaching methods and learning experiences are also required in this position. Service to the DeSales DPT Program as faculty mentor for student research/case history reports, and an interest in and effort toward collaborating with Core Faculty as co-Principal Investigator in scholarly endeavors is expected. Demonstrated desire to assist in administrative activities of the DPT Program through active participation in admissions decision-making, program assessment and retreats to address accreditation goals and outcomes, curriculum review and revision are also expectations at this rank.

Professor – Clinical Associate Faculty

The person who earns the position of Professor – Clinical Associate Faculty will have achieved acknowledgment and recognition from the academic and clinical communities as an outstanding teacher, clinician and/or administrator. Evidence of extraordinary contributions to leadership in education, innovation in clinical programming and pursuit of community service activities that contribute to the mission of DeSales University and the academic outcomes of the DPT Program is indicative of an individual who has attained authoritative knowledge and reputation in a recognized field of learning. Consideration for eligibility for this position is not based on seniority, rather through demonstration of distinction in teaching, professional growth and service as evidenced by ten or more years of substantial college or university teaching with at least four of ten years at the Associate Professor – Clinical Associate Faculty rank in the DeSales DPT program. Active participation in regional, national and international professional activities including scholarship and publication in collaboration with DPT Core Faculty and ongoing support of service and administrative activities of the DeSales DPT program are expectations as well.

Definition of Adjunct Faculty

Adjunct Faculty are those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum who are not full-time Core Faculty, are not part-time Clinical Associate or Clinical Education Instructors (CI). Adjunct Faculty may include individuals with full-time appointments in other programs in the University, or they may be regional clinicians with credentials and experiences that support select content areas of

the curriculum who provide guest lectures or assist in laboratory activities. They may be licensed physical therapists or non-physical therapists who are identified as content experts in areas germane to some aspect of the curriculum of the DPT program. The *curriculum vitae* of the adjunct faculty member must demonstrate clinical or professional experience (2-3 years minimum) in the content area as well as prior teaching experience (e.g., clinical instructor, in-service education, continuing education). As noted in the University Faculty Handbook (Section 1.5), Adjunct Faculty will be titled as "Lecturers", which does not carry rank designation.

Adjunct Faculty Roles

Adjunct Faculty provide support for the program in a variety of activities to include, but not be limited to, the following:

1. Providing lectures as a guest speaker within a course
2. Serving as a laboratory assistant, which may include providing portions of a lecture, laboratory competency exam scenario writing and grading, and writing examination questions
3. Overseeing open laboratories outside of normal classroom/lab hours
4. Supervising students in pro bono clinic and/or service learning activities
5. Serving as a collaborative partner in a faculty-mentored research project
6. Playing standardized patient roles
7. Participating in DPT program assessment activities and review of the curriculum as requested by the Program Director

Clinical Associate and Adjunct Faculty Responsibilities

The agreement to participate as a Clinical Associate or Adjunct Faculty member comes with the expectation of the following responsibilities:

1. Work with the Program Director or designated faculty member to determine the intended activities to be provided and to identify the goals and objectives to be met by that instruction in alignment with the expected outcomes for the lecture, laboratory, unit or course. The Program Director will ensure that the Clinical Associate or Adjunct faculty member has all the needed materials including a copy of the course syllabus, textbooks, access to equipment, and any other resources necessary for successful implementation of the learning activity to be provided.
2. Maintain communication with Core Faculty and/or Program Director prior to and after classroom presentations to ensure consistency of content delivery.
3. Provide electronic copies of all instructional materials provided to the students to be maintained in the course file.
4. Respond in a timely manner to any communication from the Program Director, Core Faculty members or students.
5. Submit a *curriculum vitae* outlining the Clinical Associate or Adjunct faculty member's qualifications to provide the intended instruction and notify the program of any changes in credentials, additional certifications or training, or employment status. The Clinical Associate or Adjunct Faculty member's *curriculum vitae* and any other relevant documentation will be maintained in a personnel file in the Program Director's office.
6. Upon request/invitation, participate in DPT Program planning meetings and/or to provide recommendations regarding issues related to student progress. Clinical Associate Faculty members will contribute to discussions and will have the right to

cast a vote on any curriculum changes in which the Clinical Associate faculty member may be involved. Adjunct Faculty members may be asked to provide input but will not have a vote in these activities or in other University matters that require Core or Clinical Associate Faculty voting.

Clinical Associate and Adjunct Faculty members will be compensated commensurate with their experience and the level of participation in the program, which may include an honoraria or per/hour rate for contact hour time as determined by mutual agreement between the individual and the Program Director. Beyond financial remuneration for their services, Clinical Associate and Adjunct Faculty members are not eligible for other University benefits (e.g., health insurance, disability insurance, tuition exchange, retirement).

Rights and Benefits of Clinical Associate and Adjunct Faculty

As previously noted in other policies in this manual regarding the rights of Core Faculty, staff, and students, Clinical Associate and Adjunct Faculty may expect that protections related to non-discrimination, equal employment opportunities, provision of a safe working environment, confidentiality of personal and professional information, and due process for filing a grievance also apply.

In addition, Clinical Associate and Adjunct Faculty will be provided with certain benefits upon request to include but not be limited to (1) a University email address and access to the Blackboard Learning Management System, (2) access to a work space while on campus, (3) computer access and technical support (4) discounted continuing education offerings provided by the DPT Program, (5) invitations to DPT Program activities such as the annual Research Symposium and the Recognition and Awards Ceremony, and (6) access to online databases and journal holdings in the Trexler Library.

Policy Title: Clinical Associate and Adjunct Faculty Evaluations

Policy: Clinical Associate and Adjunct faculty teaching in the DPT program will be evaluated on a regular basis to ensure that program and curriculum goals and outcomes are achieved through their instruction.

Background: A key component of the program assessment process is the evaluation of all faculty members involved in the delivery of the DPT curriculum. The purpose of a regular process of faculty evaluation is to improve performance and ensure that students receive the most benefit from each learning experience. As such, the routine assessment of Clinical Associate and Adjunct faculty members is a necessary activity that provides opportunities for improvement for the instructor, the students, and the program.

Procedures:

Clinical Associate and Adjunct Faculty: Clinical Associate and Adjunct Faculty members recognize that the Program Director and/or a Core Faculty member for the course will conduct a classroom observation of their teaching activities, and will request feedback from students regarding their teaching effectiveness and ability to meet planned unit or course objectives. Clinical Associated Faculty members will be evaluated by the Program Director with the same Annual Faculty Evaluation form as used with annual Core Faculty evaluations and will receive a copy of the assessment. Clinical Associate and Adjunct faculty will have the opportunity to discuss the teaching experience during a post-teaching conference with the appropriate program personnel.

Core Faculty: A Core Faculty member may be asked by the Program Director to conduct the evaluation of an Adjunct Faculty member by sitting in on the course and ensuring that the students provided feedback through completion of a Guest Lecturer Student Evaluation Form or CourseEval Form as appropriate.

Program Director:

1. The Program Director will ensure that Clinical Associate and Adjunct faculty members are observed during their interaction with students, and that the necessary course observation and student evaluation instruments are completed. The Program Director may delegate this aspect of an Adjunct Faculty evaluation to the appropriate Core Faculty member.
2. The Program Director will ensure the confidentiality and security of all personal information and any comments that occur during follow-up discussions with the Clinical Associated or Adjunct Faculty member during the evaluation process.
3. The Program Director will provide a copy of the evaluation instruments to the Clinical Associate or Adjunct Faculty member and will maintain a copy in their personnel file. The Program Director will use the analysis of all observation and evaluation instruments to determine the involvement of the Clinical Associate or Adjunct Faculty member in the future based on the degree to which curricular and program goals and objectives were met.

Policy Title: DPT Clinical Education Faculty Responsibilities and Rights

Policy: Clinical Education faculty of the DeSales DPT program have defined responsibilities specific to the implementation of the clinical education curriculum. Individuals in these positions are entitled to certain rights and privileges as valuable members of the faculty team.

Procedures: **Definition of Clinical Education Faculty**
Clinical education faculty include those individuals engaged in providing the clinical education components of the curriculum, referred to as either Site Coordinators of Clinical Education (SCCEs) or Clinical Instructors (CIs). Neither DeSales University nor the DPT Program employs these individuals, however, we do expect certain standards of behavior similar to those of Core Faculty through contractual arrangements for their services.

Clinical Education Faculty Qualifications

The DPT Program seeks to collaborate with clinicians who have the following qualifications in order to serve as a Clinical Education Faculty member:

1. The primary CI is a licensed physical therapist, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and an effective role model and clinical teacher.
2. Demonstrates competence in planning, conducting and evaluating a clinical education experience and assessment of student progress during the clinical site placement.
3. Consistently models ethical and professional behavior and has a record of ongoing professional development as a clinician.
4. Prefer individuals who have completed the APTA Credentialed Clinical Instructor Program or who are willing to enroll in and complete the course when offered by the DPT Program.

Responsibilities of Clinical Education Faculty

Specific policies regarding clinical education faculty may be found in Section III of the DPT Policy Manual entitled Clinical Education Policies and Procedures and in the DPT Clinical Education Faculty Handbook. General responsibilities of all Clinical Education Faculty include, but are not limited to:

1. Communicating to the student the expected days and hours for the clinical experience, as well all clinical site policies and procedures.
2. Providing an orientation to the site prior to or upon arrival.
3. Establishing a regular schedule of learning activities and collaborating with the student to develop individualized learning objectives to be accomplished during the clinical education experience.
4. Meeting with the student on a routine basis and providing appropriate feedback and strategies to accomplish planned learning objectives.
5. Directing students to perform only those tasks commensurate with their level of education/experience.
6. Maintaining clear lines of communication during the course of the clinical education experience, including the identification of any issues or conflicts that may arise to ensure that the goals and expected student learning outcomes for the site placement are achieved.

7. Completing, reviewing with the student, and submitting midterm and final assessments of student progress via the online Clinical Performance Instrument (CPI 3.0) or other documentation requested by the program within the appointed timeframe.
8. Immediately notify the program/Director of Clinical Education (DCE) of any concerns related to student progress or behavior during the course of the clinical education experience.

Rights and Benefits for Clinical Education Faculty

While clinical education faculty are not financially compensated, nor are they paid employees of the institution, they are eligible for certain rights and benefits:

1. Invitation to attend APTA Clinical Instructor's Credentialing course or clinical instructor training hosted by the DPT Program on an annual basis.
2. Invitation for discounted continuing education offerings periodically hosted by the program.
3. Access to the Trexler Library holdings, including online databases and journals upon request.
4. Invitation to attend University programs such as lectures or events.
5. Discounted tuition for select courses/programs offered by DeSales University for any CI or SCCE providing direct supervision of a DPT student for a minimum of 240 hours per semester in the immediate past academic year.
6. While CI's and SCCE's may be invited to attend certain program planning meetings and offer recommendations to the faculty for consideration, they are not eligible to vote in these or any other University concerns.
7. Clinical Education faculty members are not eligible for other benefits reserved for full-time faculty (e.g., medical insurance, retirement benefits).

Evaluation and Professional Development of Clinical Education Faculty

Evaluation of Clinical Education Faculty occurs by four mechanisms:

1. During the clinical experience, the DCE or designated Core Faculty member will communicate with both the student and the CI via on-site visit, phone call or virtual session to evaluate the CI-student relationship regarding the appropriate level of supervision, guidance, learning opportunities, communication, and professionalism. In the event that it is determined that there are concerns regarding this relationship, additional consultation, training, and close monitoring will be provided by the program to assure that the objectives of the clinical experience are adequately addressed by the CI.
2. Students are required to complete Section 2 of the APTA's Physical Therapy Student Evaluation (PTSE): PT Student Assessment of Clinical Instruction at midterm and at the end of each clinical assignment. The expectation is that the student will discuss the quality of the instruction they are receiving from the Clinical Education Faculty member at midterm in order to modify the learning activities if necessary to achieve intended outcomes. A review of this document at midterm and the conclusion of the experience provides the CI, the site and the DPT Program with data to assist in determining the effectiveness of the experience for future student placements.
3. The DCE thoroughly reviews the PTSE, paying particular attention to the student's feedback regarding the effectiveness of the CI, and will request a meeting with the student to further discuss any areas of concern. Additionally, the DCE will

communicate with the SCCE and the CI to identify potential educational needs of the CI prior to any future placement of students.

4. The DCE also provides a report to the Program Director and the Core Faculty regarding the quality of the learning experience and the teaching effectiveness of the collective Clinical Education Faculty following each clinical education experience.

The DPT Program is committed to providing current and future CI's with additional training as clinical educators through annually sponsored professional development activities:

1. Hosting an annual APTA Credentialed Clinical Instructor Program course which is offered at a discounted rate to our partner CI's and SCCE's.
2. Offering periodic informational sessions at which CI's and SCCE's are provided with information updates regarding any changes to the curriculum and expected outcomes for each clinical education experience, description of student progress in the curriculum and preparedness prior to clinical placement, discussion of strategies for giving feedback, and review of how to use the online CPI 3.0 instrument most effectively.
3. In addition to the above professional development activities, the DCE provides ongoing information as needed through either face-to-face meetings or electronic communication with CI's prior to student arrival at the clinical site to: (1) ensure that the expected outcomes for the clinical experience are clear, (2) provide a suggested timeline for student progression during the clinical experience, and (3) ensure that the CI has adequate knowledge regarding use of the online CPI 3.0 for the provision of feedback to the student and the program.

Policy Title: DPT Staff Responsibilities and Rights

Policy: Staff members of the DeSales DPT program have defined responsibilities relative to the provision of support activities to meet program goals and outcomes. Individuals in these positions are entitled to certain rights and privileges as valuable members of the faculty/staff team.

Procedures: **DPT Staff Roles**
Individuals who hold staff positions in the DPT program are employed by the University as non-faculty personnel, and report directly to the Program Director. They are responsible for support of the Program Director, DCE, faculty, students, and program itself. DPT staff may be full-time or part-time employees with specifically defined job responsibilities as outlined in their respective job descriptions from the Human Resources Department. All responsibilities and rights defined in the University Support Staff and Professional Staff handbooks apply to DPT staff.

Responsibilities of DPT Staff

Administrative staff has the overall responsibility to ensure effective communication between students, faculty, and other internal and external constituents in support of the DPT program. The administrative staff primarily serves the daily operational needs of the Core Faculty and Program Director, and will assist students in a timely fashion during regular office hours from 8:00 a.m. – 4:30 p.m. Generally speaking, staff member responsibilities include but are not limited to:

1. Maintaining communication and correspondence between prospective and enrolled students, Core Faculty, and the Program Director.
2. General office duties such as answering phone, filing, faxing, making copies, processing mail, and ordering supplies.
3. Managing and organizing student and applicant files, records and databases.
4. Preparing for and coordinating recruiting activities and other program events.
5. Attending, participating in, and taking minutes at faculty meetings.

With an understanding of the varied job responsibilities of the administrative staff, students should anticipate a reasonable time frame for resolution when making requests for assistance.

Rights of DPT Staff

As previously noted in other policies in this manual regarding the rights of Core Faculty, and students, DPT staff may expect that protections related to non-discrimination, equal employment opportunities, provision of a safe working environment, confidentiality of personal and professional information, and due process for filing a grievance also apply.

Evaluation of DPT Staff

The Program Director is responsible for evaluating all staff employees on an annual basis using the university-based performance appraisal form supplied by the Human Resources department.

Section V:
Miscellaneous

CPR Certification:

Each student and faculty member of the DPT program is required to obtain, maintain and provide documented proof of current certification in cardio-pulmonary resuscitation (CPR) throughout his/her tenure in the program. The CPR certification course must include content on one and two rescuer adult and pediatric CPR, AED use, airway obstruction management, and use of barrier devices and ventilation bags. The program accepts CPR courses for healthcare providers that are approved by the American Heart Association (www.americanheart.org) or the American Red Cross (www.redcross.org).

Please see the Clinical Education Policies and Procedures section of this manual for additional information.

Graduation Week Activities and Recognition Ceremony

The DPT Program will conduct a number of culminating activities to bring the program to conclusion. We expect each student to attend these activities which will include at minimum a panel discussion about future employment decisions, instructions on completing all the necessary documents for eligibility to sit for the licensure examination, final meetings with faculty advisors, and participation in the exit survey/focus group interview process which is an essential part of the program's ongoing assessment process. Students will be given a tentative schedule of these activities in the PT 711 Professional Development 4 syllabus.

As you approach the conclusion of the Doctor of Physical Therapy Program here at DeSales, we anticipate much excitement as you exit the security of university life and enter the "real world" of physical therapy practice. Over the three-year course of the program, students, faculty members, adjunct faculty, and clinical instructors have worked very closely together, learning and growing in knowledge and skill to arrive at this point in time. It is only fitting that a celebration of success should be shared, and to that end we request the presence of each student and any immediate family or significant others to attend an Awards and Recognition Ceremony hosted by the faculty. We will be presenting a number of awards, offering accolades from various significant University administrators, leading the graduates in a recitation of the Oath of the Physical Therapist, and sharing some fond memories of our experiences together at this event, so we ask that each graduate plan to attend.

National Physical Therapy Examination (NPTE) Preparation

The faculty encourages students to develop a formal plan of study in order to adequately prepare for the national licensure examination. Beginning in the final semester of the program, students should begin to organize their classroom notes, laboratory handouts, written assignments, presentations, research projects, clinical education documents and curriculum texts for ease of access to these items to be frequently used in the study process. To aid in developing a systematic plan of approach for mastering such a large volume of information, the DPT Program will host a licensure examination preparation course as a component of PT711 that will be presented by one of the national organizations offering this product. The faculty is familiar with and can recommend without reservation the following two organizations as having very well-designed preparation materials and courses:

TherapyEd - National Physical Therapy Examination Review & Study Guide (O'Sullivan & Siegelman)
500 Davis Street
Suite 512
Evanston, IL 60201
Toll Free: 888-369-0743

info@therapyed.com
www.therapyed.com

Scorebuilders – PTEXAM – The Complete Study Guide (Giles)
175 Innovation Way
Scarborough, ME 04070
Toll Free: 207-885-0304

info@scorebuilders.com
<https://scorebuilders.com>

Post-Graduation Employment Opportunities and Letters of Reference

Each year as graduation week approaches, DPT program directors and faculty receive numerous email advertisements from various employers and employment agencies seeking a chance to meet with and/or collect email addresses of prospective graduates in an attempt to notify about pending job opportunities. In an effort not to overwhelm students as they complete the final stages of their education, nor to show preference to any one organization, the DPT program faculty, administrators and staff will not release student contact information, nor will we host or allow any meetings or events from any such organization. Sharing of information about possible employment opportunities should not be construed as an endorsement of the company or the position by the DPT Program or the University.

Students often find themselves with multiple employment offers in the final weeks before graduation, or they may be beginning to generate a contact list of possible opportunities to pursue. In either case, it is typical that faculty are often asked to provide letters of recommendation to assist the student in this effort. Faculty are free and pleased to do so at their discretion, however, it is advisable that the student provide the faculty member with a copy of his/her resume' and/or a copy of his/her Professional Development Portfolio to assist in the writing of an appropriate reference.

Billera Hall Recreation Center & John Compardo Varsity Weight Room:

Billera Hall Recreation Center is a multipurpose field house which includes locker rooms, classrooms, lounge area, staff offices and is also the location of the John Compardo Varsity Weight Room. Typical hours of operation are:

Monday through Thursday from 7:00 am until 2:00 pm and again from 6:00 pm until 11:00 pm,
Fridays from 7:00 am until 2:00 pm and again from 6:00 pm until 8:00 pm,
Saturdays from 10:00 am until 6:00 pm
Sundays from noon until 11:00 pm

These hours may be adjusted during the summer and over semester breaks. In addition, students also have access to the Dorothy Day Fitness Center located in the Dorothy Day Student Union building. It has been newly renovated with squat rack, smith machine, cables dumbbells, resistance machines, cardio equipment, and a functional training zone. For the convenience of the students, the hours are 6:00 am to 12:00 am (midnight). Again, these hours may be adjusted during the summer and over semester breaks. Visit www.desales.edu for current hours of operation.

Resources and facilities are available to any student that has paid the Student Life fee. Intramural sports including flag football, indoor and outdoor soccer, volleyball, softball, basketball, and floor hockey are offered. Contact the Center at 610.282.1100, extension 1204 for additional information.

Campus Wellness Center:

The DeSales University Wellness Center is located in the Dorothy Day Student Union and is comprised of the Health Center and the Counseling Center.

Health Center:

While the Health Center does not provide medical care for graduate students, they do administer the tuberculin test. If you need a tuberculosis (PPD) test done, you must call the health center to make an appointment. Please have exact change (\$15) or it will be billed to your student account. A copy of the test results is provided to the student for inclusion in their DPT program student file.

Counseling Center:

The Counseling Center provides access to personal counseling services to all full-time undergraduate and graduate students. Center staff is available from 9:00 a.m. to 7:00 p.m. Monday-Thursday and also on Fridays from 9:00 a.m. to 4:00 p.m. to assist students with overcoming obstacles to their educational and/or personal growth. If you would like to set up an appointment with a counselor, please fill out the online request form at www.desales.edu/counselingrequest. Although appointments are recommended, crisis situations will be handled as necessary during office hours. Students are directed to contact University Police (610.282.1100, ext. 1250 or 610-282-1002) or the local crisis intervention office (610.782.3127) in the event of an after-hours emergency situation. Students may also call/text 988 for 24/7 assistance.

Counseling sessions last approximately 45 minutes and are designed to assist any eligible student that is experiencing difficulties of a personal, emotional, educational, career, or social nature, or those seeking the support and encouragement of the professionally trained therapist. With the exception of students that may be perceived as being an imminent threat to themselves or others, all sessions are confidential and will not become a part of the student's academic or permanent record.

The Center encourages referrals from faculty and staff. The Early Alert System is an on-line confidential referral system that allows the Center to be proactive in the support of students about whom a concern has been expressed. Referrals from this system are directed to the campus department that is best able to address the student's need.

In addition, PACE (Peers Advising Counseling Education) is a small supervised group of students that have been specially trained through the counseling center. PACE promotes alcohol abuse prevention and campus health and safety issues through educational programming and individual counseling sessions.

Campus Store:

Located in the DeSales University Center (DUC), the Campus Store offers an extensive selection of accessories, supplies, gift cards, apparel, and technology items, in addition to textbooks and course materials. Staff is available Monday through Friday from 9:00 a.m. until 4:00 p.m., and Saturday hours may vary. The store is closed on Sundays with the exception of special events. Hours may be adjusted for holidays, breaks and during the summer. Visit www.desalesshop.com for additional information and to place orders on-line.

*Created February 2013
Revised 2022, 2023, 2024
Reviewed 2020*

Career Development:

The Career Development Center is available to assist DeSales University graduate and undergraduate students and alumni with all aspects of career planning. Support offered by the center includes self-assessments, resume and cover letter guidance, LinkedIn assistance, job search strategies, interview preparation, salary negotiation and job acceptance guidance. Other support includes workshops, virtual and in-person mock interview sessions, and drop-in advising for quick career-related questions. In addition to these one-on-one resources, the career center plans annual programs such as career fairs, etiquette dinners, networking events, and financial wellness workshops.

The office is located in Dooling Hall Room 121 and staff members are available Monday through Friday from 9 am - 4:30 pm. To schedule an appointment with a professional staff member, a mock interview, or a 10-15 minute session with a career ambassador, please follow our [Meet the Team](#) page on MyDSU.

Additionally, potential employers may contact the Career Development Center regarding available job opportunities. Information on these positions will be posted on [Handshake](#). Please note that these positions or employers are not recommended or endorsed by the DSU DPT program.

Dining Services:

The University provides a number of dining options. The food court, located in the DeSales University Center (DUC), offers a wide variety of hot and cold food choices that are available Monday through Friday from 7:00 a.m. until 7:30 p.m. and on Saturday and Sunday from 9:30 a.m. until 7:30 p.m. Payment is accepted in the form of Meal Swipes, Dining Dollars, Paw Bucks, cash, and credit cards.

The Skylight Lounge is located on the first floor of Dooling Hall. Hours of operation are Monday through Friday from 7:30 a.m. until 2:00 p.m. The Lounge offers Starbucks Coffee, beverages, yogurt bar, bagel bar, and grab and go sandwiches. Payment is accepted in the form of Dining Dollars, Paw Bucks, cash, and credit cards.

The Dorothy Day Student Union boasts Jimmy John's which offers quick service options including hoagies, assorted beverages, snacks, and other convenience items. Jimmy John's is open 7 days a week from 11:00 a.m. until 1:00 a.m. and accepts Dining Dollars, Paw Bucks, cash, and credit cards.

Pulse Café is located on the first floor of the Gambet Center for Business and Healthcare. Offerings include Wild Blue Sushi, Naturals Smoothies, pre-packaged items, baked goods, and hot & cold beverages. Pulse is open Monday through Thursday from 7:30 a.m. until 6:00 p.m. and Friday from 7:30 a.m. until 2:00 p.m. Dining Dollars, Paw Bucks, cash and credit cards are accepted.

The hours of operation indicated for on-campus dining venues are for the fall and spring semesters. They may be adjusted during the summer and over semester breaks. Visit www.desales.edu/dining for current hours of operation. Please keep in mind that the hours of operation may change due to unexpected circumstances throughout the year.

All resident students are required to purchase one of the meal plans available through the University. Any other student may purchase a meal plan, open a Paw Bucks account or use cash or credit cards to pay for food purchases.

Financial Aid:

Financial aid is available for DeSales University undergraduate students in the form of federal grants and loans, state grants, private loans, work study, as well as University grants and scholarships. Graduate level student financial aid is available in the form of federal and private loans. Applicants must be United States citizens or permanent residents to qualify for aid at the federal or state level. Refugee students and students who have been granted asylum are considered “eligible noncitizens.” The aid may be utilized to fund the costs of education, including tuition, books, fees, and reasonable living expenses.

All applicants to DeSales University are encouraged to complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov, which is used to determine eligibility for federal and state financial aid as well as need based University grants and scholarships. Although there is no deadline for completing the FAFSA, the University recommends that it be completed by May 1st of each year, which is the deadline for applying for state aid in Pennsylvania. State grants are only available for the first baccalaureate degree that an individual completes.

Graduate students are eligible to borrow \$10,250 per term under the Federal Unsubsidized Direct Loan program assuming all eligibility criteria are met. They begin to accumulate interest immediately at a fixed interest rate, and repayment begins six months after their last date of enrollment or when enrollment status drops to less than half-time.. A financial aid information sheet outlining allowable graduate loan amounts by semester and contact information for lenders may be found at <https://www.desales.edu/admissions-financial-aid/graduate-admissions-aid/financial-aid-scholarships-for-grad-students/forms-info-sheets>.

Private and alternative loans are also available to qualified undergraduate and graduate applicants and can be approved in amounts up to the annual cost of tuition. Some have an additional processing fee to consider. As with the federal loans, private loan payback typically begins six months after the date of last enrollment.

Located on the first level of Dooling Hall, the DeSales University Financial Aid Office is available from 8:30 am until 4:45 pm Monday through Friday to assist students with the financial aid process. Applicants are encouraged to meet with a Financial Aid Counselor or contact the Financial Aid Office at 610.282.1100, ext. 1287 to discuss options available for funding their education. Applicants should visit the DeSales University Financial Aid Office web site at <https://www.desales.edu/admissions-financial-aid/graduate-admissions-aid> for additional information. For a list of DeSales preferred private and alternative lenders and for more information about their loan products applicants should visit www.elmselect.com.

Academic and Technology Support Services:

DeSales University offers a number of services to assist students with academic success as undergraduates and graduates:

DSU Writing Center promotes student success in writing skills through professional and trained tutors. Located in Dooling Hall and Trexler Library, the Writing Center is staffed with a graduate writing support specialist, John Lynskey, who offers both in-person and online appointments. John assists graduate students with grammar and writing mechanics, paper organization, APA and AMA formatting and documentation, thesis development, and revision of draft documents. Schedule an appointment via TutorTrac (www.tutor.desales.edu) or contact John at john.lynskey@desales.edu.

Center for Educational Resources and Technology (CERT) provides support for student learning by providing ongoing access to Brightspace, the University's learning management system (LMS). CERT offers an orientation course, which students can access at any time at <https://desales.brightspace.com/d2l/home/6874> or through the **D2L Brightspace** link on MyDSU, <https://portal.desales.edu>. Students will have access to Brightspace courses 7 days before the start of each semester.

Help Desk:

The DeSales University Help Desk is the central point of contact for all PC, network, cable TV and telephone related issues. On-campus staff is available from 7:30 a.m. until 8:00 p.m. Monday through Thursday and 7:30 a.m. until 5:00 p.m. on Fridays, excluding holidays. For assistance call 610.282.1100, extension 4357 ("HELP") or email helpdesk@desales.edu. Chat with Help Desk staff and additional service information is available at the [Help Desk page](#). Business critical services are monitored 24/7. For non-critical issues outside of business hours customers can leave a voicemail or email and the Help Desk will respond the next business day.

Additional hours of coverage will be added to support special times during the year, such as Move-In Weekend, the first week of the semester and finals week. Added regular hours will be determined based on student employee schedules.

Housing:

Limited opportunities for on-campus graduate housing may be arranged through communication with the Housing Office. It is the responsibility of the graduate student to arrange for adequate housing while enrolled in the DPT program. For information regarding off-campus housing visit www.desales.edu and select **Student Life, Housing & Dining, Housing Options**, and then select the **Off-Campus Housing or Graduate Housing** option. If you have additional questions about graduate housing, please email housing@desales.edu.

While DeSales is unable to directly endorse specific landlords or rental properties, we can share the following external links to help you find housing near campus. Please note that DeSales does not endorse any of these sites.

- www.apartments.com
- www.rentable.co/blog/
- www.apartmentlist.com/pa/allentown
- www.apartmentlist.com/pa/bethlehem
- www.apartmentlist.com/rent-calculator
- www.zillow.com
- www.apartmentguide.com

Clinical education sites may be located a distance from the University's Center Valley campus. The DPT student is responsible for arranging adequate housing, if necessary, during all clinical rotations. All costs related to transportation, meals, and housing for the clinical education experiences are the financial responsibility of the DPT student.

Library:

The Trexler Library is a dynamic information center housing a vast number of items in a variety of mediums. Students in the DPT program have access to the numerous print, video, audio, and technology resources housed in the library's collection. They also have access to medical databases, program-specific anatomy and physical therapy journals, and health databases to support classroom instruction and scholarly endeavors. The library's collection is augmented by materials made available through the interlibrary loan program, both in printed volumes and electronic articles.

Resources are also accessible to DPT students through the library's website, <https://desales.edu/library>. These resources can be accessed on and off campus. In addition to traditional resources, the library also offers 3D anatomical models, study rooms, computers, printers, and access to a healthcare professions librarian to assist students in scholarly research, citation formatting, and much more. Students can set up a research appointment with the librarian at <https://desales.libcal.com/appointments/zamietra>.

The DSU Writing Center promotes student success in writing skills through professional and trained tutors. Located in Dooling Hall and Trexler Library, the Writing Center is staffed with a graduate writing support specialist, John Lynskey, who offers both in-person and online appointments. John assists graduate students with grammar and writing mechanics, paper organization, APA and AMA formatting and documentation, thesis development, and revision of draft documents. Schedule an appointment via TutorTrac (www.tutor.desales.edu) or contact John at john.lynskey@desales.edu.

The library is typically open Monday through Thursday from 9:00 a.m. until 10:00 p.m., Friday from 9:00 a.m. until 5:00 p.m., Saturday and Sunday from 12:00 p.m. to 8:00 p.m. during the fall and spring semesters. Hours of operation may be adjusted for holidays, breaks, and during the summer. The library hours calendar may be accessed at <https://desales.libcal.com/>

Parking:

Parking is available in proximity to classroom buildings in the front and back lots surrounding Chappuis Hall and in the lot behind Wills Hall which is the Trexler Library parking lot. Parking around the Gambet Center for Healthcare and Business is available on a more limited basis.

All vehicles must be registered with University Police and display a valid DSU parking permit. It is required that all students obtain a new parking permit at the beginning of each academic year. Please see desales.edu/parking for additional information regarding vehicle registration, permit fees, lot assignments, and parking regulations.

Photocopying:

Copiers/printers dedicated to the DPT program are available in the DPT Student Lounge area in both Chappuis and Wills Hall. This equipment is available for DPT graduate student use to facilitate convenient computing, copying and printing functionality. DPT students have access to both work areas from 7:00 am to 11:00 pm Monday-Friday and 7:00 am to 5:00 pm on Saturday and Sundays.

Copying services are also available throughout the campus including Trexler Library and Gambet Center.

Section VI: Appendices

Code of Ethics for the Physical Therapist

HOD S06-20-28-25 [Amended HOD S06-19-47-67; HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

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

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

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

- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

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

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

(Core Values: Accountability, Duty, Social Responsibility)

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

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

(Core Value: Excellence)

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

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

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

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

APTA Vision Statement

Transforming society by optimizing movement to improve the human experience

Guiding Principles to Achieve the Vision

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

Identity: The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. The movement system is the core of physical therapist practice, education, and research.

Quality: The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world.

Collaboration: The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces.

Value: Value has been defined as the health outcomes achieved per dollar spent. To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

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

Consumer-centricity: Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage.

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

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

Modified from the American Physical Therapy Association webpage entitled *Vision Statement for the Physical Therapy Profession and Guiding Principles to Achieve the Vision*. Acquired on June 10, 2016 from: <http://www.apta.org/Vision/>

Curriculum

DeSales University Doctor of Physical Therapy Graduate Curriculum



Year 1			DPT 1 – Fall			DPT 1 – Spring			DPT 1 – Summer		
PT 501	Human Anatomy 1 – Trunk	3	PT 502	Human Anatomy 2 – UQ	3	PT 601	Human Anatomy 3 – LQ	2			
PT 510	Professional Development 1	3	PT 521	PT Modalities	3	PT 630	MusculoSkel 3 – LQ	3			
PT 519	Principles of Ther Ex	2	PT 531	MusculoSkel 2 – UQ	3	PT 640	Differential Diagnosis & Intervention – MS 3 LQ	4			
PT 520	Foundations of Patient Care 1	2	PT 541	Differential Diagnosis & Intervention – MS 2 UQ	4	PT 650	Research 1	1			
PT 530	MusculoSkel 1 – Spine	3	PT 550	Evidence Based Practice	3	PT 660	Clinical Reasoning 1	2			
PT 540	Differential Diagnosis & Intervention – MS 1 Spine	4	PT 585	Comm Wellness / PT Clinic	0	PT 585	Comm Wellness / PT Clinic	0			
PT 585	Comm Wellness / PT Clinic	0									
		<u>17</u>			<u>16</u>			<u>12</u>			

Year 2			DPT2 – Fall			DPT2 – Spring			DPT2 – Summer		
PT 631	Neuroanatomy & Function	4	PT 610	Professional Development 2	2	PT 643	Differential Diagnosis & Intervention – Geriatrics	3			
PT 632	Motor Learning & Motor Control	2	PT 620	Foundations of Patient Care 2	3	PT 644	Differential Diagnosis & Intervention – Cardiovascular & Pulmonary	3			
PT 641	Differential Diagnosis & Intervention – Pediatrics	4	PT 642	Differential Diagnosis & Intervention – Adult Neuro	5	PT 681	Pharmacology	2			
PT 651	Research 2	1	PT 652	Research 3	1	PT 682	Clinical Medicine 2 – Cardiovascular & Pulmonary	2			
PT 661	Clinical Reasoning 2	2	PT 662	Clinical Reasoning 3	2	PT 760	Clinical Reasoning 4	2			
PT 670	Clinical Education 1 (first 6 weeks)	3	PT 680	Clinical Medicine 1 - Neuro	2	PT 685	Comm Wellness / PT Clinic	0			
PT 685	Comm Wellness / PT Clinic	0	PT 685	Comm Wellness / PT Clinic	0						
		<u>16</u>			<u>15</u>			<u>12</u>			

Year 3			DPT3 – Fall			DPT3 – Spring			DPT3 – Summer		
PT 653	Research 4	1	PT 791	Business & Management Issues	3	PT 711	Professional Development 4	1			
PT 710	Professional Development 3	2	PT 792	Promoting Health & Wellness	3	PT 772	Clinical Education 4 (first 12 weeks continuous with PT 771)	6			
PT 740	Differential Diagnosis & Intervention - Special Populations	2	PT 793	Orthopaedic Case Analysis	2						
PT 780	Clinical Medicine 3 – Special Populations	3	PT 771	Clinical Education 3 (last 10 weeks continuous with PT 772)	5						
PT 790	Special Topics 1	2									
PT 770	Clinical Education 2 (last 8 weeks)	4									
		<u>14</u>			<u>13</u>			<u>7</u>			

Doctor of Physical Therapy Program

Faculty/Staff Directory

Name/Title	Office Location	Phone	E-mail Address
Cameron Bassett , PT, DPT, PhD <i>Assistant Professor</i>	Wills 210	610-282-1100 X2144	Cameron.Bassett@desales.edu
Stephen Carp , PT, PhD, GCS <i>Associate Professor</i>	Wills 212	610-282-1100 X2147	Stephen.Carp@desales.edu
Sean Griech , PT, DPT, PhD, OCS, COMT <i>Associate Professor</i>	Wills 209	610-282-1100 X2784	Sean.Griech@desales.edu
Ethan Hood , PT, DPT, MBA, GCS, NCS <i>Assistant Professor</i>	Wills 214	610-282-1100 X2140	Ethan.Hood@desales.edu
Jennifer Howanitz , PT, DPT, GCS <i>Assistant Professor</i> <i>Director of Clinical Education</i>	Wills 207	610-282-1100 X2857	Jennifer.Howanitz@desales.edu
Christos Karagiannopoulos , PT, MEd, PhD, ATC, CHT <i>Associate Professor</i>	Wills 208	610-282-1100 X2142	Christos.Karagiannopoulos@desales.edu
Kay Malek , PT, PhD <i>Program Director, Associate Professor</i>	Wills 206	610-282-1100 X1839	Kay.Malek@desales.edu
Sue Migliore , PT, DPT, MS, PCS <i>Assistant Professor</i>	Wills 215	610-282-1100 X2145	Sue.Migliore@desales.edu
Jessica Watson , PT, DPT, GCS <i>Assistant Professor</i>	Wills 213	610-282-1100 X2164	Jessica.Watson@desales.edu
Katelin Ebling , PT, DPT, CCS <i>Clinical Associate Assistant Professor</i>	Wills 216	610-282-1100 X1898	Katelin.Gorski@desales.edu
Stephen Kareha , PT, DPT, ATC, PhD, CMP, CSCS <i>Clinical Associate Assistant Professor</i>	Wills 216	610-282-1100 X2168	Stephen.Kareha@desales.edu
Tara Henninger <i>Data Manager & Analyst</i>	Wills 204	610-282-1100 X2150	Tara.Henninger@desales.edu
Wendy Thomas <i>Program Assistant</i>	Wills 204	610-282-1100 X1898	Wendy.Thomas@desales.edu

**Professional Behaviors Assessment
DeSales University Physical Therapy Program**

Student Name _____ Semester _____

Advisor _____

- Directions:
1. Read the description of each Professional Behavior.
 2. Become familiar with the behavioral criteria described in each of the levels.
 3. Self-assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.
 4. To complete this form.
 - a) Using a Highlighter Pen, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
 - b) Identify the level within which you predominately function.
 - c) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
 - d) For each Professional Behavior, list the areas in which you wish to improve.
 5. Schedule a meeting with your faculty advisor to review your professional behaviors and complete your professional development plan on page 13.

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 in knowledge base 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

2. Communication: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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) 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ Recognizes problems ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and relocate resources ❖ Identifies possible solutions and probable outcomes 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

☞ I function predominantly in the *beginning/intermediate/entry/post entry* level

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

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*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ Comes prepared for the day's activities/responsibilities ❖ Identifies resource limitations (i.e. information, time, experience) ❖ Determines when and how much help/assistance is needed ❖ Accesses current evidence in a timely manner ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards ❖ Self-identifies and initiates learning opportunities during unscheduled time 	<ul style="list-style-type: none"> ❖ Utilizes effective methods of searching for evidence for practice decisions ❖ Recognizes own resource contributions ❖ Shares knowledge and collaborates with staff to utilize best current evidence ❖ Discusses and implements strategies for meeting productivity standards ❖ Identifies need for and seeks referrals to other disciplines 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ Recognizes own stressors ❖ Recognizes distress or problems in others ❖ Seeks assistance as needed ❖ Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> ❖ Actively employs stress management techniques ❖ Reconciles inconsistencies in the educational process ❖ Maintains balance between professional and personal life ❖ Accepts constructive feedback and clarifies expectations ❖ Establishes outlets to cope with stressors 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post-Entry Level:</i>
<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ 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

*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self-assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

Professional Development Plan:

Based on my self-assessment of my progress toward these Professional Behaviors, I have identified the following areas for improvement and I am setting the following goals:

To accomplish these goals, I will take the following specific actions:

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By my signature below, I indicate that I have completed this self-assessment and sought feedback from my faculty advisor.

Student Signature: _____

Date: _____

Advisor feedback/suggestions:

Advisor signature: _____

Date: _____

Section VII:
Acknowledgements,
Signature Pages, and
Consents

DeSales University
Doctor of Physical Therapy
Academic Integrity and Honor Code Acknowledgement Form

I (Please Print), _____,
First *Middle* *Last*

acknowledge that I have reviewed the DeSales University policy on Academic Honesty in the Graduate/Undergraduate Handbook. I also have received and reviewed the Doctor of Physical Therapy Program policies on Academic Integrity and Honor. I have had an opportunity to ask questions on the content and fully understand the meaning and intent of these policies.

I agree to assume responsibility for the content of the coursework I submit, abstain from utilizing unauthorized assistance and dishonesty in all academic areas, and abide by the provisions of the aforementioned policies as stated.

Signature: _____ Date: _____

DeSales University
Doctor of Physical Therapy
Consent to be Photographed or Electronically Recorded

I understand that throughout my participation in the Doctor of Physical Therapy (DPT) program there may be occasions when electronic images and/or recordings of me in the form of photographs or videos may be taken. These images may be utilized for educational and promotional/recruitment purposes.

I understand that these electronic images, as well as any testimonials given, are the property of the DPT program and may be placed on the DeSales University web site or other promotional materials. I understand that I will not be identified by name in these images without my written consent.

I further understand that I may submit a written request to rescind this consent at any time.

With this understanding, I (*Please Print*), _____,
,
*First**Middle**Last*

- Consent to be photographed or electronically recorded.
- Do not consent to be photographed or electronically recorded.

Signature: _____ Date: _____

DeSales University
Doctor of Physical Therapy
Consent to Share Background Check Results

I hereby authorize the Doctor of Physical Therapy program of DeSales University to obtain and provide any and all background checks, abuse clearances, and health and immunization documentation to clinical affiliates according to established protocols, at any time during the period that I am matriculated. I further understand and acknowledge the following:

1. failure to give this authorization may impact my ability to participate in clinical experiences;
2. in the event that the results of any background check and/or abuse clearance are positive and/or I fail to provide immunization documentation, clinical affiliates have the right to deny me the opportunity to participate in an on-site clinical educational experience;
3. failure to complete my clinical experience requirements may result in my dismissal from the Doctor of Physical Therapy program; and
4. I am obliged to immediately report any and all changes that may occur in my criminal record subsequent to the issuance of any background check.

Student Name *(Please Print)*: _____
First *Middle* *Last*

Student Signature: _____ Date: _____

Program Signature: _____ Date: _____

DeSales University
Doctor of Physical Therapy
Policy Manual Acknowledgement Form

I (Please Print), _____,
First *Middle* *Last*

acknowledge that I have received and reviewed the 2024-2025 DeSales University Doctor of Physical Therapy Policy and Procedure Manual. I have had an opportunity to ask questions on the content and fully understand its meaning and intent.

I accept responsibility for abiding by the policies and procedures included in the Manual, and I will be responsible for abiding by the policies and procedures of specific affiliated clinical sites while in their facilities.

I further understand that unforeseen circumstances may preclude modifications to these policies as determined by developments in the educational, laboratory, research or clinical environments. When notified of these changes verbally and in writing, I agree to comply with them as well.

Signature: _____ Date: _____

DeSales University

Doctor of Physical Therapy

Drug and Alcohol Screen Consent and Acknowledgement

I (*Please Print*), _____,
First Middle Last

acknowledge that I have received and reviewed the 2024-2025 DeSales University Doctor of Physical Therapy (DPT) Drug and Alcohol Screen policy. I have had an opportunity to ask questions on the content and fully understand its meaning and intent.

I agree to submit to a 10-panel drug screen prior to beginning each clinical education experience, as well as random drug and/or alcohol screens as requested by the DPT program when possible drug and/or alcohol use is suspected or upon the request or requirement of any clinical affiliate at which I may be placed.

I hereby authorize the DeSales University DPT program to obtain and release any and all of my drug and/or alcohol screen result information to clinical affiliates according to established protocols and contract requirements, as well as to accrediting institutions and regulatory agencies, as required by law, at any time during the period that I am matriculated.

I understand that my refusal to sign this consent form or submit to a drug and/or alcohol screen when requested will be treated as if a positive test result was reported.

I understand that clinical affiliates may deny acceptance to students for which positive drug and/or alcohol screen results have been reported or have not been completed. I also understand that completion of the clinical education portion of the curriculum is a graduation requirement of the DPT program, and the inability to be placed in a clinical site due to a positive drug and/or alcohol screen result may prevent me from completing this requirement, thereby making me ineligible to complete the program.

I further understand that unforeseen circumstances may preclude modifications to this policy. When notified of these changes verbally and in writing, I agree to comply with those changes as well.

Student Signature: _____ Date: _____

Program Signature: _____ Date: _____

DeSales University

Doctor of Physical Therapy

Electronic Device Use in the Classroom Acknowledgement Form

I (Please Print), _____,
First Middle Last

acknowledge that I have received and reviewed the DeSales University Doctor of Physical Therapy Program policy on the use of electronic devices in the classroom. I have had an opportunity to ask questions on the content, fully understand its meaning and intent, and agree to abide by the provisions of the policy as stated.

Signature: _____ Date: _____

Guidelines for Participating in Educational Clinical Practice as a Laboratory/Research Subject:

In order for physical therapy students to acquire the skills necessary to provide safe patient care, physical assessment and treatment methods must be demonstrated and practiced. This will involve working in close proximity to and with fellow classmates and faculty members in a laboratory setting. Assessment techniques and treatment modalities performed may include, but are not limited to, inspection, palpation, percussion, auscultation, and various forms of therapeutic exercise. Students and faculty members should expect to participate as human subjects for the purposes of demonstration, clinical practice, and testing. If a subject is uncomfortable participating in a particular situation, it is the responsibility of the subject to notify the course instructor. The instructor will attempt to modify the activity, if possible. However, the educational objectives of the assignment will not be compromised.

Each individual, including students and faculty members, that will participate as a human subject for laboratory/research purposes must complete the Consent to Participate as a Laboratory/Research Subject form.

Any injury or pre-existing condition that would make a subject susceptible to injury must be immediately reported to the course instructor. Each subject must understand that by allowing these activities to be performed on their person, they may be at risk for injury, and will agree to hold harmless DeSales University, its officers, trustees, employees, students and agents for any injury that may occur.

At times, it may not be feasible to effectively simulate a condition or procedure on a classmate. The course instructor may arrange for an individual from outside the University to participate as a subject for the purpose of demonstration and student clinical practice. When this occurs, the instructor will explain the activity that will be performed and answer any questions that the subject may have. The subject will be asked to sign a consent form for the planned activities. A parent/guardian will be required to sign the consent for any minor child that will serve as a subject and will retain responsibility of the minor child at all times. The subject will be provided with a copy of the consent form, with the original being filed in the DPT program office. In the event that the volunteer subject allows photographs or videotaping of the interaction, the use of such items is intended ONLY for educational purposes and is not to be presented in any other format (online, social media site, off-campus) other than classroom use unless otherwise permitted by the volunteer subject. In this case, the volunteer subject would sign both consents – one to participate as a subject and the other consenting to be photographed/videotaped.

DeSales University

Doctor of Physical Therapy

Consent to Participate as a Laboratory/Research Subject

This form must be completed by each individual, including faculty and students, which will participate as a human subject for laboratory/research purposes.

I *(Please Print)*, _____,
First Middle Last

acknowledge that I have received and reviewed the Guidelines for Participation in Educational Clinical Practice as a Laboratory/Research Subject. I have had an opportunity to ask questions on the content and fully understand its meaning and intent.

I consent to participate as a human laboratory/research subject for the purpose of educational clinical practice in the following activities:

I understand that I may withdraw my consent at any time by providing the Program Director with notice of my intent in a written, signed and dated format.

I understand that a parent/guardian must retain responsibility for any and all minor children at all times.

I further understand that by allowing these activities to be performed on my person, I may be at risk for injury, and hereby hold harmless DeSales University, its officers, trustees, employees, students, and agents for any injury that I may sustain as a result of my participation as a human subject for laboratory/research purposes.

Signature: _____ Date: _____

Parent/Guardian Printed Name *(if subject is a minor)*: _____
First Middle Last

Parent/Guardian Signature: _____ Date: _____

DeSales University
Doctor of Physical Therapy
Hepatitis B Vaccination Waiver Form

Hepatitis B is a serious and contagious infection that attacks the liver and is caused by the Hepatitis B virus (HBV). The infection is transmitted when the blood or bodily fluids of an infected individual are absorbed into the blood stream of an uninfected individual. There is no cure for the infection, but the risk of infection can be significantly reduced through vaccination. Students are encouraged to visit the web site of the Center for Disease Control (www.cdc.gov) for additional information prior to signing this waiver.

I understand that through the laboratory and clinical education experiences, I may be at risk for exposure to blood or other potentially infectious agents, and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a serious illness, and that my risk of infection would be significantly reduced by receiving the vaccination.

I understand that by refusing to be vaccinated, I continue to be at risk for Hepatitis B infection.

I understand that failure to submit this document may result in a delay in or denial of my participation in the clinical education experience.

I further understand that many clinical education sites are requiring documented evidence of Hepatitis B immunity or proof of refusal to be vaccinated of all students entering their facilities, and that my participation in the clinical education experience may be affected by my refusal to be vaccinated for Hepatitis B.

Knowing and understanding the risks of exposure, I elect to refuse to receive the vaccination series for Hepatitis B, and further, I release DeSales University, its officers, trustees, employees, students, and agents, as well as any affiliated clinical site at which I may practice as a student from all liability and responsibility that may arise as a result of my refusal of the Hepatitis B vaccine series.

Name *(Please Print)*: _____
First *Middle* *Last*

Date of Birth: _____ DeSales Student ID Number: _____

Signature: _____ Date: _____

(Signature of parent/legal guardian is required if student is under the age of 18)



DeSales University
Doctor of Physical Therapy Program
2755 Station Avenue
Center Valley, PA 18034-9568
P: 610.282.1100 X1898
F: 610-282-2663

Incident Report Form

Student Name: First Middle Last

Incident: Date Time AM/PM (Circle)
Location (Building/Room)

Description of Incident:

Injury Sustained (include left, right, etc.):

Witness Information:
1.) Name Phone E-mail
2.) Name Phone E-mail

Equipment Involved:

Medical Attention Recommended? Yes No
Medical Attention Received? Yes No

Treatment Provided by:
Description of Medical Treatment Received:

Report Prepared by: Phone

I, , declined treatment for the above stated injury.

Student Signature Date
Faculty Signature Date

Program Director Comments:

Program Director Signature Date

Date added to log Incident #

**DeSales University
Doctor of Physical Therapy
Non-Academic Problem Resolution**

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number:
Home (_____) _____ Cell (_____) _____ Work (_____) _____

E-mail: _____

In the space provided, please state in detail the problem that you would like addressed. You may attach additional pages if necessary.

In the space provided, please state in detail the problem resolution that you are requesting. You may attach additional pages if necessary.

Signature: _____ Date: _____

Please place the completed, signed and dated form in an envelope marked “**Confidential – Program Director**”, seal the envelope and deliver to the DPT program office.

Office Use Only:

Date Received: _____

Complainant Notified: _____

Director's Comments: _____

DeSales University

Doctor of Physical Therapy

Receipt of Counseling on Positive Background Check Results Acknowledgement

With my permission, the DeSales University Doctor of Physical Therapy program conducted background checks and/or abuse clearance checks on me, as the clinical affiliates require these checks prior to allowing me to participate in clinical education experiences.

1. I affirm that I have been provided with copies of and/or have been given online access to the results of any and all background checks and/or abuse clearance by the DeSales University Doctor of Physical Therapy program and that I am aware of the positive background check results.
2. I acknowledge that I have been counseled by Doctor of Physical Therapy program personnel regarding the ramifications of my positive background check results. Specifically, I have been informed that the positive findings may disqualify me from clinical placement and may be an impediment to my future ability to obtain licensure.

Student Name *(Please Print)*: _____
First *Middle* *Last*

Student Signature: _____ Date: _____

Program Signature: _____ Date: _____

**DeSales University Doctor of Physical Therapy Program
Remediation Plan Agreement**



Student: _____ **Date:** _____

Faculty: _____

The following remediation plan has been established as a result of low grade performance on a written or laboratory examination in: _____ **(Course Name)**

The elements of this plan have been developed by and agreed upon through conversation between the student and faculty member(s) as indicated below. All items outlined in this plan must be completed by the designated due date in order to satisfy requirements for progression in the course.

WRITTEN EXAMINATION REMEDIATION	FACULTY TO INITIAL AND DATE AS COMPLETED
(CHECK ALL THAT APPLY)	
<input type="checkbox"/> Review written examination prior to meeting with faculty member and identify deficit areas	
<input type="checkbox"/> Schedule meeting with faculty to discuss examination and missed questions/concepts	
<input type="checkbox"/> Perform written test corrections – review missed questions, identify why you missed the question and provide written supporting evidence for the correct answer	
<input type="checkbox"/> Review lecture handouts / textbook readings (faculty to specify)	
<input type="checkbox"/> Complete additional assignment (faculty to specify)	
<input type="checkbox"/> Other remediation activity as determined by faculty member and student	
SKILLS CHECK/COMPETENCY/LAB EXAMINATION REMEDIATION	FACULTY TO INITIAL AND DATE AS COMPLETED
(CHECK ALL THAT APPLY)	
<input type="checkbox"/> Schedule time to meet with faculty in the cadaver lab to review missed elements	
<input type="checkbox"/> Review video of competency exam/skills check and critique your performance. Prepare a list of your strengths and areas that need improvement. Meet with faculty evaluator upon completion of this review to determine need for additional practice/review	
<input type="checkbox"/> Complete a review of _____ cases as assigned. Submit a written review of the case thoroughly documenting all pertinent history and examination findings. Prepare a problem list for each assigned case patient. Develop a plan of care complete with goals and interventions to address each identified problem.	
<input type="checkbox"/> Meet with the faculty evaluator to review and practice physical skill components prior to any retake of the competency examination/skills check	
<input type="checkbox"/> Attend open laboratory sessions for the next _____ weeks	
<input type="checkbox"/> Other remediation activity as determined by faculty member and student	

All elements of this remediation agreement must be completed by _____

Student Signature

Date

Faculty Signature

Date

DeSales University
Doctor of Physical Therapy
Request to Miss Class for a Special Event

This form is to be completed in the event that a student is requesting to miss class for a special one-time function (e.g. wedding, graduation, medical procedure). This signed and dated form must be submitted to the DPT office staff **at least 30 days prior** to the planned absence whenever possible.

Student Name *(Please Print)*: _____
First *Last*

Please consider my request to miss class on the following date(s):

for the purpose of:

Please see the reverse side of this page. Please put a check next to any classes that will be missed.

Student Signature: _____ Date: _____

Office Use Only

Faculty Signature	Date	Approved	Denied	Plan for Missed Course Content

Please put a check next to any classes that will be missed.

DPT 1 Fall

DPT 1 Spring

DPT 1 Summer

PT 501 Human Anatomy
 PT 510 Professional Development
 PT 519 Principles of Ther Ex
 PT 520 Foundations of Patient Care
 PT 530 MusculoSkel
 PT 540 DDxI
 PT 585 Comm Wellness / PT Clinic

PT 502 Human Anatomy
 PT 521 PT Modalities
 PT 531 MusculoSkel
 PT 541 DDxI
 PT 550 EBP
 PT 585 Comm Wellness / PT Clinic

PT 601 Human Anatomy
 PT 630 MusculoSkel
 PT 640 DDxI
 PT 650 Research
 PT 660 Clinical Reasoning
 PT 585 Comm Wellness / PT Clinic

DPT 2 Fall

DPT 2 Spring

DPT 2 Summer

PT 631 Neuroanatomy & Function
 PT 632 Motor Learning & Control
 PT 641 DDxI
 PT 651 Research
 PT 661 Clinical Reasoning
 PT 670 Clinical Education
 PT 685 Comm Wellness / PT Clinic

PT 610 Professional Development
 PT 620 Foundations of Patient Care
 PT 642 DDxI
 PT 652 Research
 PT 662 Clinical Reasoning
 PT 680 Clinical Medicine
 PT 685 Comm Wellness / PT Clinic

PT 643 DDxI – Geriatrics
 PT 644 DDxI – Cardio & Pulmonary
 PT 681 Pharmacology
 PT 682 Clinical Medicine
 PT 760 Clinical Reasoning
 PT 685 Comm Wellness / PT Clinic

DPT 3 Fall

DPT 3 Spring

DPT 3 Summer

PT 653 Research
 PT 710 Professional Development
 PT 740 DDx I
 PT 780 Clinical Medicine
 PT 790 Special Topics
 PT 770 Clinical Education

PT 791 Bus. & Mgmt Issues
 PT 792 Promoting Health & Wellness
 PT 793 Orthopaedic Case Analysis
 PT 771 Clinical Education

PT 711 Professional Development
 PT 772 Clinical Education

Other

(Event Title)

**DeSales University DPT Program
Service Learning Request Form**

Students are expected to complete 16 hours of community service in the entirety of the curriculum. While the program has a list of approved activities, students are encouraged to seek out additional opportunities and unique experiences. If you would like to participate in a community service event not previously approved, please complete this form, providing all requested information. Submit the completed form to the service learning committee of the DPTSA at minimum 4 weeks before the activity is to occur.

Student's Name: _____ Date of Request: _____

Describe the Community Service Activity/Event:

Proposed date(s) of Service: _____

Contact person/website: _____

How does this activity fit the DeSales Mission and the DPT Program Goals?

Describe your personal involvement and/or interest in this activity? What role will you play in providing this service?

Service Learning Committee Comments/Recommendations:

_____ Recommend Approval _____ Refer for Faculty Decision

Committee member signature: _____

Date: _____

Print name: _____

Faculty member signature: _____

Date: _____

Print name: _____

Approved / Denied

*Created May 2013
Reviewed 2021, 2022, 2024
Revised 2023*

Service Learning Hours Completion Form

Name: _____ Date of service: _____

Activity/Event/Organization: _____

Total Hours Participated: _____

Once your service hours are completed, please submit this form and a typed reflection to the DPT office staff no later than the last day of the semester in which the activity took place. Include this reflection in your professional development portfolio as well.

FOR OFFICE USE ONLY: DPT Program Confirmation of Hours (to be completed by DPT office staff)

Date received: _____ Hours Earned: _____

Received by: _____ Reflection attached: yes _____ no _____

Service Learning Hours Completion Form

Name: _____ Date of service: _____

Activity/Event/Organization: _____

Total Hours Participated: _____

Once your service hours are completed, please submit this form and a typed reflection to the DPT office staff no later than the last day of the semester in which the activity took place. Include this reflection in your professional development portfolio as well.

FOR OFFICE USE ONLY: DPT Program Confirmation of Hours (to be completed by DPT office staff)

Date received: _____ Hours Earned: _____

Received by: _____ Reflection attached: yes _____ no _____



Student Clinical Education Readiness Form

Student Name: _____ **Clinical Education:** _____

Planned Clinical Site: _____

Clinical Instructor(s): _____

This form is intended to document faculty consensus on the preparation level of each DPT student to participate in clinical education. Each faculty member must indicate below whether the student is ready for entry into the clinical setting prior to participation in the clinical experience. The faculty may also recommend against clinical placement if a student does not meet the readiness criteria or essential functions required of the graduate physical therapy student. The Director of Clinical Education (DCE) will maintain this form for each student and consult with faculty/advisor as needed to develop and implement the indicated action plan.

Please identify any concerns regarding this student's readiness to progress into the clinical setting by checking the appropriate box and noting your concerns and recommendations. If you feel the student is ready for Clinical Education, please initial in the appropriate column. If you have not had adequate interaction with the student to make a determination, please initial in the *No Interaction* column.

Faculty Member	Safety	Professionalism	Ethical/Legal Behavior	Communication	Didactic Preparation	Ability to Accept Instruction	Critical Thinking/ Problem Solving	Ready for Clinical Education	No Interaction (NI)	Concerns/ Recommendations
Cameron Bassett										
Stephen Carp										
Sean Griech										
Ethan Hood										
Jennifer Howanitz										
Christos Karagiannopoulos										
Kay Malek										
Sue Migliore										
Jessica Watson										
Katelin Ebling										
Steve Kareha										

Action Plan: _____

Academic Review Committee's determination for Clinical Education progression: _____

(Date)

Recommended

Recommended with reservation

Not recommended

DeSales University
Doctor of Physical Therapy
Technical Standards and Essential Functions of Physical Therapy Practice Acknowledgement

After reviewing the Technical Standards and Essential Functions of Physical Therapy Practice, all applicants and current students must indicate understanding of and willingness to comply with them as noted by completing and submitting this acknowledgment to the Doctor of Physical Therapy program office.

I (Please print your full name), _____, have read and understand the purpose and guidelines of the Technical Standards and Essential Functions of Physical Therapy Practice for admittance into and continuation in the DeSales University Doctor of Physical Therapy (DPT) program.

I understand that successful completion of the DPT program is contingent upon my ability to perform all the skills, with or without accommodations, listed in the document.

I understand that if an accommodation needs to be requested, I must assume the responsibility to contact the Director of Disability Services in the Academic Resource Center at DeSales University prior to the initiation of any academic and/or clinical setting experiences.

I understand that reasonable accommodations in the academic setting and reasonable accommodations in the clinical setting may differ.

Once admitted and enrolled at DeSales University, I understand that an academic advisor will be appointed for me. If I have any questions following enrollment, I may contact my advisor or the Director of the Doctor of Physical Therapy program.

Signature: _____ Date of Birth: _____

Home Address: _____
Street City State Zip Code

Date: _____