Washington University in St. Louis

Program in Physical Therapy - DPT Student Handbook

2019-2020

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INTRODUCTION

Welcome Future Doctors of Physical Therapy to Washington University in St. Louis!

You were selected as one of our students because of our confidence that, with your past achievements and future potential, you will succeed in this program. The physical therapy profession is a dynamic one, with recent changes in health care and laws providing physical therapists with ever-encouraging and exciting opportunities for practice. Individuals entering this doctoring profession are truly those who care about furthering science and the health of the society. We are fully committed to your becoming a physical therapist and the faculty welcomes you into our profession.

As a graduate student in physical therapy, you will gain knowledge, technical skills and professionalism training that will prepare you for entry-level practice as a physical therapist. This requires more classroom hours than might be the case in a non-clinical graduate program. To ensure your success in completing this challenge, the program, its faculty members and students must all take certain responsibilities.

The Program will

- provide a wonderful educational environment, where we are all able to teach, learn, conduct research, treat patients, and contribute to the university and the profession. We are grateful for the resources we have for faculty and students, all of which facilitate the teaching and learning process.
- support the delivery of a curriculum that fosters the development of critically-thinking, competent general practitioners who are well versed in the examination, diagnosis and treatment of the movement system and can deliver quality health care in a variety of settings and meet the challenges presented in clinical practice.

The Faculty will

- plan, design, and implement learning experiences that allow students to achieve the program's objectives.
- remain actively involved and current in patient care, conducting research, publishing their work, and contributing to the university and the profession.
- access other individuals at the University and in the community to aid us in our endeavors as faculty members.

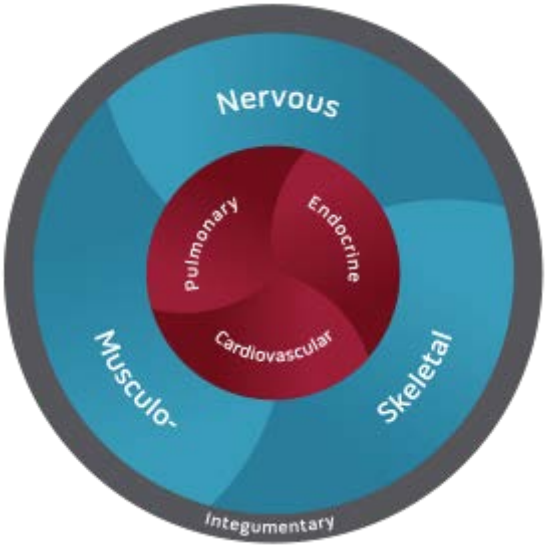
The Students will

- take individual responsibility for their own education and their investment for the future.
- work together as a team to benefit most from their education.
- participate in a spirit of cooperation with faculty.
- represent the Program professionally in all venues.

PROGRAM ORGANIZATION:

Movement is at the core of our mission, and the human movement system is the foundation of our profession. The human movement system is a system of physiological organ systems that interact to produce and support movement of the body and its parts. Physical therapists are movement system experts.

HUMAN MOVEMENT SYSTEM



MISSION

Washington University Physical Therapy will lead in advancing human health through movement, integrating interdisciplinary research, outstanding clinical care and education of tomorrow's leaders to drive optimization of function across the lifespan.

Education

Prepare exceptional practitioners and researchers who contribute to the practice and science of physical therapy by providing education exclusively at the doctoral level and using innovative teaching strategies delivered by expert faculty. We:

- Prepare clinical leaders who are practitioners of choice in diagnosis-based patient care and who aspire to exceed accepted standards for compassionate care and promotion of health.
- Provide creative post-professional education that enable physical therapists to achieve advanced knowledge, skills and effectiveness in health care delivery;
- Develop scientists whose research extends the body of knowledge in the movement sciences and whose interdisciplinary work enables translation of new knowledge to enhance clinical practice.

Clinical Practice

The mission of the Clinical Division is to provide high quality, evidenced-based care with compassion. As movement system experts, we strive to diagnose movement impairments and deliver individualized treatment to optimize physical function, health, and wellness across the lifespan.

Research

The mission of the Research Division is to understand a) how the movement system is affected by disease, injury, lifestyle, development, and aging, and b) how movement can be used to promote health by enhancing

physical function, activity, and participation across the lifespan. Our interdisciplinary scientific endeavors include mechanistic and translational investigations at all levels of organization from the cell to society.

VISION

In advancing human health through movement, Washington University Physical Therapy will:

- Transform our professional identity by promoting the human movement system as the foundation of physical therapy
- Synergistically align creative education, groundbreaking team science, and innovative evidence-based practice within the framework of the human movement system
- Foster a culture of committed common interest that supports diversity, inclusion, critical thinking and creativity
- Embrace consumer values and goals

Washington University Program in Physical Therapy
Professional Doctor of Physical Therapy Program

Philosophy

In concert with the view of the University and the School of Medicine, the Program in Physical Therapy strives to create a collaborative learning environment in which each physical therapy student acquires the knowledge, skills, and attitudes required to practice as an effective and compassionate health care practitioner at the highest level of excellence in a constantly changing health care environment. At the core of the learning environment is a curriculum based on the faculty's beliefs about clinical practice and the profession of physical therapy. These beliefs are:

- Physical therapists have unique expertise and are the practitioners of choice in the areas of prevention, diagnosis, prognosis, and treatment of movement-related conditions;

- Physical therapists have a responsibility to promote optimal movement and general health and to prevent injury, disability, disease and loss of function;

- Clinical practice is based on the clinical science of physical therapy, a body of knowledge drawn from the basic biomedical and physical sciences, applied and clinical research evidence regarding specific movement-related conditions in humans, expertise regarding clinical phenomena, and knowledge of human behavior derived from the social and behavioral sciences;

- Optimal clinical effectiveness depends upon the ability of clinicians to think critically; to make decisions in accordance with the current best evidence, sound clinical judgment, and patient preferences; and to function autonomously in a collaborative, collegial manner with other health care practitioners;

- Physical therapists must perpetually pursue life-long personal and professional development to enhance their ability to assume multiple and continually changing roles required of health care professionals who are leaders in a dynamic health care environment.

Washington University Program in Physical Therapy
Professional Degree Program (Doctorate in Physical Therapy)
Curriculum Goals, Prerequisites, and Objectives

Curriculum Goals

The primary goal of the professional curriculum is to prepare physical therapists who are committed to providing skillful, evidence-based practice, and continuing growth and development of themselves and the profession.

Graduates will possess the essential knowledge that contributes to sound clinical decision-making, specifically:

- a solid foundation in the physical, biological, biomedical, behavioral and social sciences
- knowledge of the impact of structure, function, growth and development across the life span, and disease on the ability of the human body to move, function, and respond to treatment;

Graduates will be qualified as general practitioners to do the following:

- use current best evidence, which includes information obtained from expert clinicians and the literature, to support the practice of physical therapy;
- screen individuals to establish whether or not they are appropriate for physical therapy;
- perform a systematic examination consisting of appropriate tests and measurements for healthy individuals and for those with movement-related musculoskeletal, neuromuscular, cardiopulmonary or integumentary problems;
- interpret findings, using sound critical thinking and good judgment (evaluation);
- assign a movement-related diagnosis based on recognized clusters of signs and symptoms, using either previously named diagnoses or systematically developed new ones;
- consider the prognosis and other factors that moderate an individual's response to intervention
- select and provide optimally effective care that is based on the diagnosis; assume the roles of direct care provider, care manager, educator, consultant and advocate;
- collect data and evaluate the effectiveness of interventions for individuals and groups of individuals who are similar to one another;
- help patients and clients prevent future movement-related problems
- promote health and wellness
- effectively communicate and collaborate with peers, care extenders, patients, and colleagues in other health professions.

Graduates will demonstrate behaviors consistent with their role as compassionate and responsible health care providers, including:

- respect and advocacy for the rights, beliefs, capabilities, and preferences of others;
- willingness to accept change, and effectiveness in negotiating for change;
- effective interpersonal and communication skills;
- life-long professional conduct;
- healthy life habits;
- dedication to the ethical and legal standards of the profession;
- leadership skills that are used in the profession and in one's community; and
- lifelong commitment to staying informed about contemporary health care practice and trends.

Professional Doctor of Physical Therapy Accreditation

The Program in Physical Therapy is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-684-2782 or 1-800-999-2782; email: accreditation@apta.org; website: www.capteonline.org.

CAPTE is listed as a nationally recognized accrediting agency by the US Department of Education and the Council for Higher Education Accreditation (CHEA). Once awarded accreditation status, a program must submit reports regularly to the Commission ensuring continuing compliance with the evaluative criteria and is formally reviewed every five to ten years.

CAPTE Formal Complaint Process

The only mechanism through which CAPTE can act on a concern is through a formal complaint process. The complaint must be related specifically to one or more of the Evaluative Criteria for Accreditation, or one or more of CAPTE's expectations related to program integrity. The formal complaint process can be accessed in the Accreditation Handbook, available through the CAPTE web site (www.capteonline.org).

Doctor of Physical Therapy Curriculum
Technical Standards for Matriculation

Washington University Program in Physical Therapy does not discriminate against qualified people with disabilities in the admissions process. We do require all students to meet the Program's technical standards with or without reasonable accommodations. These standards are necessary to allow success during the academic and clinical phases of study, and the capacity to pass licensure requirements and attain future employment. The standards are intended to protect the health safety of students, faculty, and patients. An offer for admission may be withdrawn if an admitted student is not able to articulate how he or she would meet the program's goals and objectives, even with accommodation. The faculty expects graduates to be prepared to function in a broad variety of clinical situations and render a wide spectrum of patient care.

The technical standards apply throughout the duration of the curriculum. However, we do use clinical sites that may have different standards or not be able to offer the same accommodations as provided by the Program. Students with questions should call the admissions office at 314-286-1402 or the Associate Director for Professional Curriculum at 314-286-1421.

Program faculty, in accordance with the Commission on Accreditation in Physical Therapy and the Standards of Practice in Physical Therapy, identifies the following fundamental skills for our curriculum and for the profession:

- Problem solving on the basis of verbal, visual and written information, within a limited time frame
- Clinical reasoning and decision making within a limited time frame
- Insight and judgment for safety and prognostication
- Visual-spatial integration
- Perceptual motor integration
- Repetitive motion
- Effective communication among group members
- Planning and organizing for treatment prescription
- Frequent lifting, pushing, and pulling up to 20 pounds
- Occasional lifting, pushing, and pulling of 20-50 pounds
- Time management to coordinate course and clinical requirements

The admitted student must possess the following skills and abilities:

<u>Observation:</u> The ability to observe demonstrations and visual aids used in lectures and laboratories. Students must be able to observe patients at varying distances. This requires vision and somatic function.

<u>Communication:</u> A candidate must be able to speak, hear, and observe patients to elicit information, perceive nonverbal communication, describe changes in mood, and sensitively and effectively communicate with and instruct others. Communication will include speech, reading, and writing. Communication with the health care team will be in oral, written, and electronic form, and be effective, efficient, and timely.

Motor Function: A candidate must have sufficient motor function to elicit information from patients through palpation, auscultation, percussion, and movement of limbs and trunk. He or she must be able to provide care to patients that involves exercising, lifting, transferring, and assisting during walking, all while assuring safety for themselves and others. A candidate should be able to provide basic and emergency care for patients. These activities require coordination of movement, equilibrium, and sensation.

Intellectual-Conceptual, Integrative, and Quantitative Abilities: Candidates must be able to use conceptual, integrative, and quantitative thinking abilities to problem solve. He or she must be able to comprehend 3-dimensional relationships, spatial relationships of structures, and use these skills to analyze and apply this information for problem-solving and decision-making. Candidates must be able to organize, prioritize, analyze, and evaluate complex information individually, in small groups, in clinical settings, and within a limited time frame.

Behavioral and Social Skills: Candidates must have the emotional health to fully use his or her intellectual ability, exercise good judgment, complete all responsibilities, self-assess, accept criticism, and assume responsibility for maintaining professional behavior. He or she must be able to develop mature, sensitive, and effective relationships with others. Being able to tolerate physical and emotional stress and functioning effectively is necessary. Candidates must exhibit adaptability and flexibility and be able to function in the presence of uncertainty. He or she must have high levels of compassion for others, motivation to serve, and a consciousness of social values. A candidate must be able to interact positively with people from all socioeconomic and ethnic levels, and respect the belief systems of others.

Instructional Goals and Objectives

Goal: All students are expected to develop essential knowledge, clinical skills, personal and professional behavior, and social responsibility to fill the role of a successful physical therapist who is a general practitioner. Students will be prepared to pursue post-graduate options for specialization.

Objectives: The achievement of the following objectives in the areas of knowledge, clinical skills, and responsibility shall meet or exceed the Commission on Accreditation in Physical Therapy Education criteria and are considered essential functions of a physical therapist.

I. Knowledge

A. Apply concepts from the physical sciences to describe mechanisms underlying
   1. human movement (analysis, alteration, and improvement)
   2. growth, development, aging, degeneration, injury, and repair across the life span
   3. how physical stress affects human tissues
   4. how physical agents effect changes in human tissue

B. Apply concepts from the biological and anatomical sciences to
   1. describe function, growth, and development across the life span, as well as healing mechanisms at the levels of the cell, organ, and system
   2. describe the effects of inactivity and activity/exercise in normal humans and in those with disease
   3. explain the role nutrition plays in exercise and the effects of both nutrition and exercise on body composition
   4. distinguish normal from abnormal structures and understand their function in the various systems of the human body
   5. describe pharmacokinetics (the response of the body to drugs)
   6. describe the role of genetics, genomics, and epigenetics in health status and response to treatment
   7. describe mechanisms underlying pain

C. Apply concepts from the behavioral sciences to
   1. recognize and respect differences among people
   2. incorporate concepts of motivation, compliance, and human behaviors into patient management
   3. recognize and accommodate the influence of psychological and psychiatric conditions in individuals
   4. recognize the effects of loss, life change, and grief on individuals and mechanisms of adjustment that people use
   5. recognize their own learning needs and those of others; identify appropriate teaching methods for learners
   6. describe the importance of demonstrating empathy, acceptance, and tolerance

D. Apply concepts from the clinical sciences (e.g. medicine, orthopedics, and neurology) to
   1. screen for, recognize, and analyze the consequences of age, disease, injury, overuse, or surgery in patients
   2. describe the effects of commonly used chemical and pharmacological agents on human response, healing, movement, and exercise (pharmacodynamics)

E. Apply concepts of evidence-based practice
   1. differentiate among credible scientific evidence, hypotheses, beliefs, and opinions
   2. understand the elements of various quantitative and qualitative research designs
   3. develop relevant clinical questions
   4 demonstrate the ability to search for, find, analyze, and summarize evidence related to a clinical issue
   5 demonstrate the ability to assess the credibility of evidence derived from research in physical therapy and related fields
   6. identify gaps in knowledge and future needs for clinical research
   7. distinguish between incidence and prevalence of health conditions

F. Recognize the significance of selected events and people in the history of health care and in the profession of physical therapy
   1. trace the historical development of the profession of physical therapy and its resulting ethos
   2. describe the implications of legislative change on the autonomy, ethics, and economics of practice in physical therapy
   3. describe the impact of policy changes at the levels of the professional association and government on practice in physical therapy

G. Demonstrate knowledge of governmental, political and professional association processes
   1. describe mechanisms of introducing, supporting, amending, or defeating legislation
   2. describe how professional issues are introduced and pursued through the House of Delegates of the APTA
   3. use parliamentary procedures and effective negotiation skills to advance ideas during formal meetings
   4. describe the implications of direct access practice
   5. describe the implications of practicing under referral for profit arrangements

II. Clinical Skills

A. Patient /Client Management
   1. Support and promote an approach to patient/client management based on scientific principles and best available evidence
      a. use basic and clinical science as foundations for patient care
      b. critically assess rationale for decisions
      c. use professional and scientific terminology and notation
      d. use models (e.g. ICF) to classify conditions and to define and specify relationships among components of the model including the moderating variables, diagnosis, prognosis, and patient outcomes
      e. conduct literature searches using electronic databases
      f. complete systematic reviews of current best evidence

   2. Choose an appropriate course of action in patient/client management
      a. serve as a primary care provider when appropriate
      b. screen to identify emergent conditions and to select other tests and

measures needed for the examination (review of systems: cardiovascular/pulmonary; endocrine; eyes, ears, nose, throat; gastrointestinal; genitourinary/reproductive; hematologic/lymphatic; integumentary; neurological/musculoskeletal)

c. decide when to refer a patient to another professional
d. collaborate with other disciplines for a team approach
e. confirm or disconfirm information received from others and take appropriate action to meet the needs of patients

3. Select appropriate tests and measurements to identify either the presence of or the potential for developing movement-related dysfunction. Selection requires the ability to
   a. complete a problem-centered history (including thorough chart review and interview)
   b. perform observational and standardized tests of
      i. aerobic capacity/endurance
      ii. anthropometric characteristics
      iii. assistive technology (including orthotics, prosthetics and other durable medical equipment)
      iv. balance
      v. circulation (arterial, venous, lymphatic)
      vi. community, social, and civic life
      vii. cranial and peripheral nerve integrity
      viii. education life
      ix. environmental factors
      x. gait
      xi. integumentary integrity
      xii. joint integrity and mobility
      xiii. mental functions (e.g. arousal, mentation, cognition)
      xiv. mobility (including locomotion)
      xv. motor function
      xvi. muscle performance (including strength, power, endurance, and length)
      xvii. neuromotor development and sensory processing
      xviii. pain/symptoms/symptom behavior
      xix. posture
      xx. range of motion
      xxi. reflex integrity
      xxii. self-care and domestic life
      xxiii. sensory integrity
      xxiv. skeletal integrity
      xxv. ventilation and respiration (e.g. vital signs, auscultation, capillary filling, respiratory patterns, vital capacity)
      xxvi. work life

4. Interpret and use information from other sources
    a. Prescriptions for medication and durable medical equipment
    b. Surgical procedure reports
    c. Precautions/restrictions
    d. Tests
        i. Electrodiagnostic tests (e.g. EMG, NCV)
        ii. Cardiovascular function tests
        iii. Clinical laboratory values
        iv. Pulmonary function tests
        v. Radiological imaging and tests
        vi. Tests of cognition and behavior
        vii. Analysis of movement (e.g. video, computer-assisted)
        viii. Tests of vestibular, auditory, and visual function

5. Integrate information from all sources and collaborate with others to classify the condition and establish a movement system diagnosis; stage the acuity of the condition; specify a rehabilitation prognosis for the patient; relate impairments to functional problems addressed by physical therapy; and estimate a person's risk for developing movement-related dysfunction over time
    a. identify deficits in patients and classify them using the components of the ICF
    b. seek accurate information and a thorough understanding of the patient's problem from all appropriate sources of information
    c. use established schemes to classify patient problems, and to inform the presence and selection of a movement-related diagnosis
    d. determine a classification based on functional limitations and specifically defined levels of performance (e.g. functional level of ambulation, level of exercise, risk for falling)
    e. determine a movement system diagnosis, category, and/or stage of rehabilitation based on clusters of signs and symptoms in the following areas:
        i. musculoskeletal conditions
        ii. neuromuscular conditions
        iii cardiopulmonary conditions

6. Design an optimum plan of care to manage existing or potential movement dysfunction
    a. evaluate the implications of concurrent patient treatment by other professionals when planning patient care (e.g. IV's, catheters, tubes, ventilators, medications)
    b. identify precautions and contraindications for each procedure considered
    c. establish priorities among the recognized body functions and structures (impairments), activities and participation, and capacity and performance

d. consider the factors that will influence complexity, frequency, and duration of the interventions and decision making process
    i. accessibility and availability of resources
    ii. adherence to the intervention program
    iii. age
    iv. anatomical and physiological changes related to growth and development
    v. caregiver consistency or expertise
    vi. chronicity or severity of the current condition
    vii. cognitive status
    viii. comorbidities, complications, or secondary impairments
    ix. concurrent medical, surgical, and therapeutic interventions
    x. decline in functional independence
    xi. level of impairment
    xii. level of physical function
    xiii. living environment
    xiv. multisite or multisystem involvement
    xv. nutritional state
    xvi. overall health status
    xvii pain
    xviii. potential destinations at the conclusion of the episode of care
    xviv. premorbid conditions
    xX. probability of prolonged impairment in body functions and structures, activity limitations, or participation restrictions
    xxi. psychomotor abilities
    xxii. psychosocial and socioeconomic factors
    xxiii. social support
    xxiv. stability of the condition
e. collaborate with patients and families to establish mutual goals and priorities and to determine disposition
f. consult and collaborate with other disciplines
g select and sequence appropriately-timed short and long term goals
h. select effective, efficient, and appropriate treatment specifications (e.g. type, frequency, intensity, duration, etc.)
i. select optimal sequence of procedures within and between visits
j. select and implement appropriate outcome measures to evaluate effectiveness of intervention; such measures fall under these domains:
    i. pathology/pathophysiology (disease, disorder, or condition)
    ii. impairments in body function and structure
    iii. activity limitations
    iv. participation restrictions
    v. risk reduction and prevention
    vi. health, wellness , and fitness
    vii. societal resources
    vii. patient or client satisfaction
k. inform patients about intervention and obtain patient consent to proceed with the plan of care
l. identify alternative actions for achieving goals
m. select alternative interventions that are most likely to be effective, efficient, and appropriately take into consideration all relevant factors

7. Provide skillful, precise, and efficient direct intervention for the purpose of achieving optimal function, minimizing pain, and promoting personal responsibility for health
    a. Anticipate possible safety risks and take action to minimize them by providing a safe environment that protects all individuals
        i. use appropriate infection control, universal precautions, sterile technique, and OSHA compliance
        ii. recognize conditions that require immediate medical attention and, as appropriate, either institute emergency procedures (including CPR and first aid) or secure medical assistance
        iii. deal effectively with emergency situations or crises according to standard procedures
        iv. use good body mechanics and equipment that is necessary to protect oneself and others from injury (e.g. gait belt, sliding board etc.)
        v. use equipment and therapeutic procedures safely and appropriately
    b. Provide interventions in the following categories
        i. instruction to those involved in the patient's plan of care that
            a. is relevant to the current complaint
            b. addresses long term implications on health and functional independence
            c.. addresses genetic, familial, and environmental influences on health
        ii. functional training in self-care and domestic, work, community, social, and civic life
        iii. therapeutic exercise (active, assistive, resistive, or passive exercise; exercise for aerobic and musculoskeletal fitness; with or without equipment)
        iv. motor function training (including correction of or compensation for movement impairment and alignment)
        v. manual therapy techniques (including massage, mobilization and manipulation)
        vi. biophysical agents
        vii. prescription, fabrication, and application of assistive technology (including orthotics, prosthetics; taping wrapping, and equipment for mobility and alignment)
        viii. integumentary repair and protection techniques (including protection of insensitive skin, bandaging/ dressings/pressure garments, topical agents, debridement, or casting)
        ix. airway clearance techniques
        x. pain management (including interventions to address all types of pain)
    c. Recognize whether or not desired benefit from physical therapy has been reached and change or discontinue treatment
    d. Identify the need for follow-up care (PT services and other resources) and make the necessary arrangements for services
    e. Use the patient's experience to inform future decisions about similar patients or groups of patients

B. Professional Behaviors, Values & Attitudes in Patient/Client Management

1. Ensure patient privacy, dignity, confidentiality and safety

2. Display acceptance, empathy and respect in relationships
   a. develop a partnership with the patient/client to maximize adherence and outcomes
   b. promote individual responsibility for personal health
   c. acknowledge and respect one's own feelings and those of others
   d. provide others with opportunity to express their feelings, beliefs and values

3. Apply the principles of ethical conduct in practice
   a. obtain informed consent by providing
      i. rationale for and agreement to an examination
      ii. rationale for and agreement to intervention
         a. patient diagnosis or evaluative findings
         b. recommended intervention
         c. risks of intervention
         d. expected benefits, or goals, of treatment
         e. reasonable alternative to treatment
   b. reinforce the need for patients to take responsibility for their own actions
   c. be accountable to all APTA policies
   d. demonstrate commitment to protect the public from incompetence through peer review and reporting unethical conduct to appropriate sources
   e. refer to or consult with other practitioners when the patient requires care that is beyond your knowledge and skill, or beyond the scope of physical therapy practice
   f. promptly terminate interventions when they are ineffective or when goals are achieved

4. Respect and obey the law
   a. be accountable to legal requirements governing the citizens of the United States and legal requirements for the practice of physical therapy (e.g. HIPAA, Medicare, state practice acts, copyright laws etc.)
   b. report illegal conduct to the appropriate sources
   c. recognize basic medical-legal principles and their application including knowledge of the appropriate time to seek legal assistance
   d. conform to the medical-legal requirements

5. Use effective written and verbal communication
   a. document physical therapy services using established recording systems
   b. summarize medical records in narrative style when appropriate (e.g., letter)
   c. request discontinuation or continuation of treatment
   d. employ effective strategies for exchanging information with others
   e. use verbal, non-verbal, and paralinguistic skills appropriately
   f. respond to questions appropriately
   g. articulate thoughts or concepts in an organized and concise manner
   h. use language that is appropriate for the recipient of the communication
   i. recognize when communications are not understood and initiate alternative methods of communication (e.g. rephrase, use translators or accommodate for other challenges)
   j. provide and receive feedback constructively
   k. confront problems relevant to clinical practice
   l. defend an opinion or stated position using reasoned arguments that promote resolution
   m. negotiate for change effectively
      i. obtain necessary information
      ii. establish environment for discussion
      iii. present the problem effectively, provide sound argument for change with appropriate solutions
      iv. assess the need and approach for renegotiation
   n. maintain appropriate and regular communication with the patient's primary care physician and other practitioners concerned with the patient's medical care
   o. participate in group discussion and activities; assume leadership and other roles as appropriate

6. Apply theoretical principles of learning theory when teaching patients, family, or care givers, colleagues, and the public
   a. analyze the needs of individuals, groups, and society
   b. analyze complex tasks and skills, then divide them into manageable teaching units
   c. prepare a logical sequence for teaching knowledge, attitudes, and skills with consideration of individual learning styles
   d. devise and perform formative and summative assessments
   e. implement effective methods of reinforcing adherence to instructions and recommendations
   f. assist learners with analyzing their own performance and learning needs
   g. use technology to create effective teaching aids

7. Demonstrate knowledge of principles of business administration required to meet societal, professional association, community, and general health care needs
   a. administration
      i. apply principles of management to the delivery of physical therapy
      ii. work within constraints of models of health care delivery (e.g. managed care)
      iii. recognize the importance of marketing and public relations in developing and perpetuating a service
      iv. optimize availability of services that best benefit the patient and referring sources (e.g. clinic hours and days when therapy is available)
      v. develop and use the techniques needed for Quality Assurance, Quality Improvement, Risk Management, and other departmental programs
      vi. recognize the implications of varying staffing patterns on efficiency and on availability of care given for patients
      vii. employ the principles of fiscal management
         a. recognize the significance of budgeting for the organization
         b. recognize the bases for assigning direct and indirect costs
         c. recognize the elements included in developing an equitable basis for charging for services
         d. use appropriate billing procedures
      viii. provide optimal cost effective care
         a. seek to deliver care with the least costly methods and the fewest number of visits
      ix. promote self as the practitioner of choice
      x. recognize the need for innovative business practice and service offerings
   b. personnel
      i. delegate tasks and procedures that do not require the skills of a physical therapist
      ii. designate an appropriate level of personnel to perform each task and procedure that is delegated
      iii. provide appropriate levels of supervision for delegated activities
      iv. evaluate the performance of supportive personnel (extenders) and correct problems, as needed
      v. design staffing patterns to meet patient needs (consider scheduling, therapist: extender ratios etc.)
      vi. recognize the obligation to provide continuing education opportunities to maximize the potential of employee contributions to effective departmental operations and patient care
   c. technology
      i. use electronic technology for managing a physical therapy service to examine
         a. staff productivity
         b. the characteristics of the population your facility serves

c. outcomes of patients
d. gross and net revenues for patient care services provided

8. Participate in interprofessional education and patient care
   a. work with individuals of other professions to maintain a climate of mutual respect and shared values
   b. use the knowledge of one's own role and those of other professional to appropriately assess and address the healthcare needs of patients and populations served
   c. communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease
   d. apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable

9. Provide consultative services by sharing knowledge, skills, and recommendations with others
   a. recognize the role of the consultant to individuals and organizations
   b. explain physical therapy to others (including its distinction from and overlap with other professions)
   c. educate the public and individuals who work in other professions on general principles of health and about the role of physical therapy in health promotion and maintenance, including fitness
      i. seek and participate in opportunities to provide physical therapy expertise
      ii. analyze selected equipment, tests, and programs to determine their usefulness
      iii. promote the adoption of health behaviors that reflect individual responsibility for health
      iv. educate others about familial or genetic conditions
   d. advise others on the requirements of the Americans With Disabilities Act
   e. assess and make recommendations for correction of environmental barriers
   f. determine suitability of individuals for specific work environments and provide advice on modifying those environments
   g. work with others to prevent injuries (in work, play, recreation, every day activities)
   h. be aware of the role of an expert witness in legal proceedings

III. Personal, Professional, and Societal Responsibilities

A. Pursue own personal professional growth and development
   1. periodically conduct a self-assessment to determine the need for professional growth and development
   2. establish and prioritize long and short-range objectives for self-improvement
   3. select methods and participate in experiences to achieve self-improvement
      i. review physical therapy and related literature

ii. participate in professional organization activities, e.g., component meetings and activities that promote the growth of the profession

4. anticipate consequence to self and others prior to taking a course of action
5. assume personal responsibility appropriately
6. refrain from rationalizing or blaming others for personal decisions and actions
7. provide complimentary and constructive feedback to peers, supervisors and other health personnel
8. seek feedback from patients, peers, and other health personnel
9 respond to constructive and complimentary feedback in a positive manner
10. acknowledge errors and initiate action to avoid recurrence
11. demonstrate adaptability to varying situations
12. work to manage ambiguity and uncertainty in the context of pursuing individual or collective goals
13. demonstrate leadership and take advantage of opportunities to follow the example of leaders
14. demonstrate skill in providing formal presentations to peers and other health professionals

B. Promote growth and development, innovation, and change in the physical therapy profession

1. contribute to the evidence that supports current diagnostic categories and the development of new categories
2. quantitatively and qualitatively analyze clinical and research data
3. respond to major trends and changes within the health system that have particular implications for physical therapy
4. communicate professional advancements, research and innovative findings through teaching and publications

C. Advocate for patient and client rights, health, and for the PT profession

1. recognize legislation that should be monitored because of its impact on patients
2. support legislation that will have a positive impact on patients
3. support legislators and promote legislation that will have a positive impact on physical therapy and the profession
4. act to protect and persuade others to protect the rights of patients
5. advocate for self and others when rights are challenged or denied
6. appreciate the impact an individual can have on the legislative process, and within both professional and societal organizations
7. recognize legislation that should be monitored because of its possible impact on professional practice
8. bring legislative and professional association issues to the attention of colleagues and others

Professional Doctor of Physical Therapy Curriculum

The Doctor in Physical Therapy curriculum is completed in three calendar years. Students begin in August of the first year, and graduate in May of the third year. The program includes 5 academic semesters and a total of 38 weeks of full time clinical experience. Clinical experiences are completed in four blocks, each one being 8-12 weeks in length. In all, students will experience a variety of practice settings and work with a variety of patient types, preparing them for general practice.

Fall Year 1	*Credits*
Diagnosis & Evidence Analysis in PT I	2
Professional Issues and Skill Development I	3
Essential Skills in Physical Therapy I	4
Cells, Systems, and Disease I	4
Neuroscience	3
Kinesiology I	3
Spring Year 1	
Cells, Systems, and Disease II	4
Human Anatomy	5
Diagnosis & Evidence Analysis in PT II	2
Kinesiology II	5
Diagnosis and Management of Musculoskeletal Conditions in PT I	3
Professional Issues and Skill Development II	.5
Summer Year 1	
Clinical Experience I	4
Fall Year 2	
Exercise Physiology	3
Diagnosis and Management of Cardiopulmonary Conditions in PT	3
Orthopedic Medicine	2
Neurology Medicine	2
Diagnosis and Management of Musculoskeletal Conditions in PT II	3
Diagnosis and Management of Neuromuscular Conditions in PT I	2
Essential Skills in PT II	3
Case Integration Lab I	1
Winter Year 2	
Clinical Experience II	4

Spring Year 2

Professional Issues and Skill Development III	3
Diagnosis and Management of General Medical Conditions in PT	3
Diagnosis and Management of Musculoskeletal Conditions in PT III	4
Diagnosis and Management of Neuromuscular Conditions in PT II	4
Case Integration Lab II	1
Moderators of Health, Wellness, and Rehabilitation	3

Summer Year 2

Clinical Experience III	5

Fall Year 3

Clinical Experience IV	6

Spring Year 3

Diagnosis & Evidence Analysis in PT III	3
Organizational & Management Issues	3
Alternative Skills & Practice Environments	3
Health, Fitness, and Prevention	3
Case Integration Lab III	3
Professional Issues and Skill Development IV	4

Total Semester Credits= 113.5

Course Descriptions

Semester 1

Diagnosis & Evidence Analysis in PT I
Includes processes required for effective clinical decision-making such as the use of models for classifying patient problems, decision trees, diagnostic classification systems, patient interviewing, health histories, and outcome measures. Patient cases will be used to practice clinical decision-making skills. An introduction to basic research methods and systematic review of the literature.

Professional Issues and Skill Development I
An introduction to the profession of physical therapy, the APTA, professional behavior, and clinical activities such as documentation and quality improvement. Includes ethics, legal issues, and policies that guide professional behavior. Interpersonal skills and issues related to human diversity will be addressed. Students will complete a personal and family health history. Students will learn and practice using principles of patient teaching, negotiation, and team building. Students will spend substantial time practicing at clinical sites. Attendance and participation in a 6 hour interprofessional education unit is mandatory as part of this course. Half of the class will attend in the fall semester and half will attend in the spring.

Essential Skills in Physical Therapy I
Beginning skills for patient management include using systems screening, and reliable assessment of impairments including visual appraisal, vital signs, sensation, reflexes, pain, range of motion, muscle strength, infection control. Skill and safety in positioning, draping, and managing wheelchairs and other equipment during patient care activities such as walking and transfers will be developed.

Cells, Systems, and Disease I
The first of a two-semester course, this course focuses on a comprehensive review of normal physiology of the organ systems: musculoskeletal, cardiovascular, respiratory, renal, gastrointestinal, endocrine, immune, and digestive. Regulatory mechanisms to maintain homeostasis will be emphasized throughout the course. Students will be introduced to pharmacology and to the relevance of clinical laboratory values. Patient case studies will be used to integrate information. Introduction to medical management will be provided for some diseases.

Neuroscience
Focuses on the study of structures, organization, and function of the nervous system. Emphasis is on the sensory and motor systems involved in motor control and on basic knowledge required for clinical practice.

Kinesiology I
An introduction to the analysis of normal human movement activities through the application of mechanical concepts including displacement, velocity, acceleration, force, and torque. Emphasizes kinematic and kinetic concepts relevant to human movement and study of the structures involved in movement.

Semester 2

Cells, Systems, and Disease II
A continuation of the first semester. Physicians or other health care professionals will discuss medical management of selected diseases including the etiology, diagnosis, medical management, and prognosis of medical diseases frequently encountered in the practice of physical therapy. Three areas of clinical competency will be emphasized through assigned readings and case studies: 1) screening for medical referral including emergent medical referral; 2) clinical decision skills pertaining to pathological implications of underlying disease processes and their relevance to guiding physical therapy intervention; 3) clinical decision skills pertaining to implications of medical management and their relevance to guiding physical therapy activity and exercise prescription.

Human Anatomy
Emphasis is on 1) musculoskeletal, neural, and vascular systems of the extremities, head, neck, and trunk, and 2) anatomical features relevant to current physical therapy practice. Lectures are complemented by student-performed dissection of human cadavers, instructor-prepared prosections, and computer assisted instruction.

Diagnosis & Evidence Analysis in PT II
Continuation of research methods from the first semester. Includes descriptive, experimental and quasi-experimental research designs and statistics; hypothesis testing; continuation of measurement issues; hierarchy of credibility for rating research articles.

Kinesiology II
The first segment of this course will cover the development of human movement through maturation of the musculoskeletal and neuromuscular systems. The concepts of biomechanical influences and neural control in infants as they develop will be presented. The second segment of this course will focus on the regional kinematics and kinetics of the spine and peripheral joints as well as gait. Topics to cover include the interaction of joint structure and function, joint and muscle interaction, postural stability and the alterations that can occur due to aging, trauma or disease. Clinical application of these concepts will be done by comparing normal movement patterns to pathological movement patterns.

Diagnosis and Management of Musculoskeletal Conditions in PT I
Students will learn postural assessment and application of Movement Systems Impairments (MSI). Analysis of functional activities, the essential components and compensatory strategies, will prepare the student to begin to plan interventions for individuals with musculoskeletal problems. Skill in providing interventions of manual exercise, fitness training, and functional mobility training will be developed. Cases will provide use of diagnostic systems relevant to musculoskeletal conditions.

Professional Issues and Skill Development II
Students will be assigned to part time clinical experiences to allow practice of acquired skills in patient care, documentation, and communication. Additional class time allows students to role play a clinical situation involving a patient examination and supervision by a clinical instructor.

Clinical Experience I
An eight week long full time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes development of professional behaviors.

Semester 3

Exercise Physiology
A study of the responses of various physiological systems to exercise. Includes application and integration of these systems to various diseases and to human performance. Content will be coordinated with Diagnosis and Management of Cardiopulmonary Conditions in PT.

Diagnosis and Management of Cardiopulmonary Conditions in PT
Students will learn to assess, diagnose and treat movement-related cardiopulmonary conditions. Treatment techniques will include exercise and conditioning, breathing techniques, postural drainage and percussion. Interpretation of laboratory tests and pharmacology will prepare students to work with patients safely. Case studies will prepare students for general practice.

Orthopedic Medicine
Physician lectures will provide students with information on surgical and non-surgical management of patients with orthopedic conditions. Physicians will discuss medical diagnosis, clinical presentation for common orthopedic problems to prepare the student to use this information in Diagnosis and Management of Musculoskeletal Conditions in PT II & III.

Diagnosis and Management of Musculoskeletal Conditions in PT II
Students will acquire the skills needed to manage and prevent movement-related musculoskeletal problems of the spine, hip, knee, and shoulder. Acute and post-acute care will be addressed. Integration of information from previous and concurrent courses will be stressed with emphasis on screening, examination, analysis of findings, diagnosis, design and implementation of intervention programs for patients with increasingly complex problems. Functional activities across the life span also will be addressed.

Neurology Medicine
Physician lectures will provide students with information on the medical management of patients with neurological conditions. Physicians will discuss medical diagnosis, clinical signs and symptoms natural progression, and management of selected conditions to prepare the student to use this information in Diagnosis and Management of Neuromuscular Conditions in PT.

Diagnosis and Management of Neuromuscular Conditions in PT I
Students will acquire the skills to examine patients with neuromuscular disorders. Emphasis will be on screening, selecting tests and measures, examination, determining impairments and functional loss, and making a movement system diagnosis. Students will practice examining both adult and pediatric patients. Content related to motor control and motor learning will be integrated into the course. Course content will be integrated with the concurrent Neurology Medicine course.

Essential Skills in PT II
The emphasis of this course is on the following content areas: joint mobilization, modalities, lymphatic drainage and soft tissue massage. The student will develop the knowledge and skill required to formulate and implement appropriate treatment programs related to these skills. The format of this course is a combination of lecture, discussion/demonstration sessions, case studies and laboratory sessions.

Case Integration Lab I
Paper, video, and live patient cases provided by faculty and students will be completed to provide practice in managing patients with varying movement-related diagnoses. Students participate in faculty facilitated small groups to discuss their own patient cases and to develop skill in asking clinical questions, using the

literature to support, practice, and write a modified case report.

Clinical Experience II
An eight week long full time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes development of professional behaviors.

Semester 4

Professional Issues and Skill Development III
Focuses on clinical application of compliance and motivation principles. Peer teaching, communication, consultation skills, leadership skills, lobbying legislation, documentation, and negotiation in the clinic will be practiced. Students will practice decision making, supervision and delegation. Students will prepare résumés and begin career planning.

Diagnosis and Management of General Medical Conditions in PT
Students will acquire the skills needed to manage movement-related problems in patients with diabetes, burns, arthritis, wounds, amputation, obesity, oncological problems, incontinence, pregnancy, pain, genetic conditions, and prosthetic needs. Students will become familiar with physical therapy intervention in various intensive care units e.g. neonatology, surgical, etc... Integration of information from previous and concurrent courses will be stressed with emphasis on screening, examination, analysis of findings, diagnosis, design and implementation of intervention programs for patients with increasingly complex problems. Functional activities across the life-span will be addressed.

Diagnosis and Management of Musculoskeletal Conditions in PT III
Students will acquire the skills needed to manage and prevent movement-related musculoskeletal problems of the spine, neck, elbow, wrist and hand, ankle and foot. Integration of information from previous and concurrent courses will be stressed with emphasis on screening, examination, analysis of findings, diagnosis, design and implementation of intervention programs for acute and post-acute patients with increasingly complex problems. Functional activities across the life span will be addressed.

Diagnosis and Management of Neuromuscular Conditions in PT II
Students will build on their skills for examining patients with neuromuscular disorders and diagnosing movement system dysfunction. Additional skills acquired will be designing and implementing intervention plans to address impairments and functional loss in patients of all ages. To aid in selecting appropriate interventions students will consider patient prognosis. Students will learn to prescribe wheelchairs and orthotics, fabricate splints, apply kinesiotape, and use a variety of medical equipment. Motor control and motor learning principles will be integrated into the course.

Case Integration Lab II
Students will be updated on the use of movement related diagnostic systems and hear a practice case from a faculty member. Using data on a patient studied during CE II, students will work in small groups with a faculty mentor to 1) orally present the case in five minutes using a rounds fashion; 2) develop a clinical question; 3) search the literature for 6-8 articles that will address the clinical question, summarizing the articles and completing a systematic review using matrix method; and 4) complete a modified case report.

Moderators of Health, Wellness, and Rehabilitation
Designed to explore individual attitudes toward health, wellness, illness, and disability. Emphasizes the effect of these attitudes on patients' goals, motivation, expectations, interpersonal relationships, and exercise adherence. Considers the impact of culture, spirituality, personal values, family interaction, and

health behavior. Encourages pursuit of humanistic approaches in the context of the complexities of the health care system.

Clinical Experience III (10 weeks) and CE IV (12 weeks)
A full time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes development of professional behaviors.

Semester 5

Diagnosis & Evidence Analysis in PT III
Students will prepare written case reports based on patients seen during their clinical experiences. Students will defend the use of diagnostic classifications and integrate the literature to support their case. Students will practice selecting appropriate outcome measures, designing clinical research questions, and use data to make decisions about individual and group treatment. Students will apply concepts of reliability and validity to assess their measurements.

Organizational & Management Issues
Dynamics of organizations and department will be discussed using case examples. Focuses on the knowledge and skills needed by physical therapists early in their careers. Principles of administration and management that enable the physical therapist to supervise supportive personnel, to understand fiscal issues including reimbursement, and to recommend staffing schedules and patterns will be addressed. Students will learn marketing and public relations strategies.

Alternative Skills and Practice Environments
Physical therapy practice in work and community settings will be addressed. Special PT tests and the interpretation of other tests will be integrated into cases. Students also will be introduced to care in the ER. A unit on ergonomics is included. Alternative medicine and alternative PT practice (using an evidence-based practice approach) will be studied. PT topics may include craniosacral therapy, Tai-chi, therapeutic horsemanship, ASTYM/Graston, myofascial syndromes, functional stabilization, dry needling, Pilates, yoga and Gyrotonics. Students will learn about chiropractic, acupuncture and oriental medicine, functional capacity evaluation, and focus more on chronic pain. Students will also learn about the evaluation and treatment of performing artists with an emphasis on Movement System Diagnosis.

Health, Fitness, and Prevention
Emphasizes the design of evidence-based fitness and wellness programs for well and special populations including those for employee fitness, diabetes, arthritis, obesity, and the elderly. Includes experiences in delivering group programs, use of aquatics and special exercise approaches to achieve a spectrum of fitness dimensions.

Case Integration Lab III
Emphasis will be on providing the student with the experience of integrating information from previous courses and recent clinical experiences. A variety of teaching methods, including lab experience, rounds format, and student presentations will enable the student to integrate information from across the curriculum to complete complex cases. There will be clinical experiences for students to perform musculoskeletal evaluations, neurological evaluations and pediatric/neurologic evaluations with guidance from faculty members and experienced clinicians. Also, students will have the opportunity to participate in seminars relating to selected clinical topics.

Professional Issues and Skill Development IV
Focus will be on the professional skills students need to function in entry-level practice in a variety of settings. Students will study licensure, participate in lobbying and a mock House of Delegates. Skills in serving as an expert witness, a leader, peer instructor and clinical instruction will be developed. Students will be expected to participate in a service project and activities of the APTA.

Course Registration, Tuition and Scheduling

Registration & Tuition

Student registration occurs at the beginning of each semester. Registration is computerized and the Program will register all students prior to each semester. Students are responsible for updating their local address and phone number online at the beginning and end of each semester through WebSTAC. Addresses also must be kept current with the Admissions Office via email.

Tuition and clinical fees are billed and payable each semester.

- 1st year: Fall/August 30, 2019, Spring/January 30, 2020 and Summer CE I/ May 30, 2020
- 2nd Year: Fall/August 30, 2019, CE II/January 20, 2020 and Spring/March 30, 2020
- 3rd Year: Summer July 30, 2019, Fall/September 30, 2019 and Spring/January 30, 2020

Your student account may be viewed through WebSTAC, allowing you to access and pay your bill online and to set up direct deposit for refund checks. Payments may be made by check, money order or wire transfer. If mailing a check or money order payment (make payable to Washington University), include your student ID number to ensure timely posting to your student account or include a copy of your billing statement. If paying via wire transfer, please include the student ID and name in the instructions. Your bank may assess a charge for this service.

Mail payments to:	Wire payments to:	Overnight Payments to:
Washington University in St. Louis	Bank of America	Washington University in St. Louis
P. O. Box 14627	Washington University Acct	Attn: Student Accounting
St. Louis, MO 63150-4627	Acct # 100100002663	700 Rosedale Avenue
	ABA/Routing # 026009593	St. Louis, MO 63112-1408

Any tuition or fee due and not paid by the specified date may accrue interest at the usury rate in effect on the first business day of the month in which that payment is due. The School of Medicine will not release any grade reports or transcripts if any tuition or fees remain unpaid. If accounts are not settled by the end of the semester, the student will not be allowed to register or attend classes/clinical experiences after that time. A student who has not satisfied all financial obligations to Washington University (tuition, Olin Hall, parking fines, etc.) by the end of the Program will not be allowed to graduate. Students who rely on loan or scholarship funds to meet their financial obligations should submit their loan applications for processing at least eight weeks prior to the start of classes each year. The Financial Aid office will assist students with seeking information on financial aid options upon request.

Continuing Student Status

In special instances, the University allows Programs to make the determination that a student can remain with a full-time status, even if units drop under the normal threshold for full-time status. This status is only allowed when a student is registered in an on-going basis in a full-time program, but for some unique reason needs to drop under the full-time threshold. This status allows students to

continue with some University benefits, such as student health and the University's UPass. An individual plan will be discussed with the student if this status is needed. International students are **not** eligible for the Continuing Student Status.

Annual Schedule

The annual academic schedule is prepared in October of the year prior to the beginning of the fall semester. The schedule is coordinated with the Danforth Campus and Medical Campus schedules.

Class Scheduling

Faculty and staff are responsible for scheduling classes and class location. A master schedule is posted for all students at the first of each semester on Canvas. Notice of changes in this schedule should be given through course syllabi or by class. Use of all rooms should be scheduled in advance with the receptionist or other staff member.

Classes are scheduled so that students have a 10 minute break each hour. Ideally the classes continue from the hour until ten minutes before the hour throughout the day (e.g. 8:00 a.m.-8:50 a.m.). Occasionally a speaker will need to complete a section for continuity. If classes are 1½ hours long then the class meets for 75 minutes and a 15 minute break is given between it and the next class. Faculty members are responsible for allowing the breaks and make every effort to keep up the schedule. Students must return promptly after the break to resume the schedule. To avoid problems with the schedule, faculty members and students need to be mindful of the clock, by starting and ending on time. Problems with keeping to the schedule should first be discussed between faculty and students. Persistent problems should be brought to the attention of the Assistant Director for the Professional Curriculum.

Exam and Assignment Schedules

The faculty plans the exam schedule in advance to minimize excessive numbers of assignments and exams occurring in one week whenever possible. Students have input into the scheduling of finals, with direction from the Assistant Director for the Professional Curriculum. The semester exam schedule and the finals exam schedule will be finalized by students, in accordance with the course coordinators, by the end of the second week of each semester.

Once the semester's exam schedule has been finalized, the Assistant Director for the Professional Curriculum will confirm it with faculty. This schedule will not be changed after the second week of the semester in order for students and faculty to plan their schedules accordingly, unless unanimously agreed upon by students and the course master.

The Clinical Education Program

The Clinical Education Program provides an environment in which the student is immersed within physical therapy practice. The student utilizes problem solving and critical thinking skills to integrate specific concepts and techniques into the provision of quality clinical care. This phase of the curriculum is comprised of early integrated and full-time clinical experiences, scheduled at a variety of practice settings that represent the broad scope of clinical practice in physical therapy. Each clinical education course is designed to correlate with the academic preparation of the student by increasing the number of skills and complexity of problem solving required. The Clinical Education Program promotes a focus on the education of students to the common process of practice in physical therapy, which involves professional behavior, communication, patient examination, evaluation, diagnosis, and intervention across inpatient and outpatient settings and with a variety of medical diagnoses (orthopedic, neurological and general medical).

Each student is expected to actively participate in the clinical education process and to share in the planning and evaluation of learning experiences. In accordance with the commitment of the Program in Physical Therapy to assessing the quality of all activities through internal and external evaluation, the Clinical Education program incorporates a system of evaluation designed to assess the quality of student performance, clinical faculty performance, and activities of the Associate Director for Clinical Education/Clinical Education Team.

The clinical faculty of the Program in Physical Therapy is regarded as an integral part of the collegial environment in which our students are educated. The Program is committed to a plan for faculty development for both academic and clinical faculty that is designed to incorporate a variety of elements leading to professional growth. This exchange of services by the academic and clinical faculty promotes a cooperative attitude among all involved in the preparation of our future professional colleagues in physical therapy.

The Clinical Education Program is, therefore, an essential ingredient of the curriculum in achieving the goal of producing the type of professional physical therapist who can function competently in general clinical practice. The activities of the Clinical Education Program are supported by the Program as actively as all didactic activities and are recognized as providing the environment in which integration of knowledge, skills and attitudes occurs as each student grows into a professional physical therapist. In the final clinical experiences, (consisting of a 10-week and a 12-week rotation), the student is asked to integrate all knowledge and skills learned in the classroom, laboratory and prior clinical experiences.

The emphasis during this time is on:

* Complete, accurate and efficient patient assessment and diagnosis, including rationale for choice of procedure and concentration on clinical decision making.
* Individualized and creative patient intervention program planning with elements of revision and timely progression of treatments.
* Implementation of treatment plans using effective teaching and communication skills.
* Early planning for discharge and follow-up care.
* Use of evidence in the literature related to examination and intervention.
* Demonstration of professional behaviors such as initiative and assuming responsibilities as appropriate.

Grading Criteria for Clinical Education Courses

All clinical education experiences (Integrated Early Clinical Experience I and II through Full-time Clinical Experience I-IV) are graded on a Pass/Fail basis. The requirements for passing include:

1. Successful completion of the following items at the designated times:
   A. Self-learning objectives
   B. Student Evaluation of Clinical Experience and Clinical Instructor
   C. Physical Therapist Clinical Performance Instrument (PTCPIWEB)
   D. Student Self-Assessment
   E. Professional Behaviors (Generic Abilities) Assessment
   F. Interprofessional Collaboration Experience
   G. All other required assignments
2. Achievement of the appropriate rating scale anchors on the PTCPIWEB
3. Attendance at the clinical experience and at all class discussion meetings

Grading expectations are explained and distributed for students and clinical instructors in advance of each clinical experience.

Students must successfully complete each clinical experience in the order scheduled before proceeding onto the next. In addition, students will only be permitted to begin CE III and IV if he/she has attained a cumulative GPA of at least 2.0 for the curriculum of the Program in Physical Therapy.

At any time during the clinical experiences, if safety issues, clinical performance, or professional behavior becomes a major concern, a student may be immediately dismissed by the clinical site personnel or withdrawn from the site and the experience by the Program. This will constitute a failure of that clinical education course.

Early Clinical Experience

These two-semester first year integrated clinical experiences are located within the Professional Issues and Skill Development I and II courses. Both semesters of the Early Clinical Experience must be passed, and all coursework completed successfully before a student may continue on to Clinical Education I.

Clinical Education I (CE I) and Clinical Education II (CE II):

Both of these full-time clinical experiences are eight weeks long. CE I occurs at the end of the second semester of didactic preparation and CE II follows the 3rd semester of classroom preparation.

Clinical Education III (CE III) and Clinical Education IV (CE IV):

CE III and IV are considered to be the 10 and 12 week clinical experiences. CE III and IV follow the 4th semester of classroom preparation.

Selection of Clinical Education Facilities:

Clinical site selection and development is the responsibility of the Clinical Education Team members. We presently have over 500 on-going clinical contracts in St. Louis and throughout the United States. In addition, a small number of international clinical experiences are available. Clinical sites are chosen on the basis of their reputation, their philosophy of clinical education, the type of facility, unique opportunities that can be offered to students, and the clinical expertise or experience of the clinical instructors. Location and travel expenses, for the student and for visiting faculty members are taken into

consideration when a clinical facility is evaluated.

Students are given the opportunity to request the investigation of a new clinical site. Students are expected to initiate this through the proper channel (Clinical Education Team). **Students or family members should never contact facilities on their own!** The Clinical Education Team will use discretion in choosing the new sites to be investigated depending upon the needs of the students and of the Program in Physical Therapy. Suggestions for new clinical sites for CE I must be submitted by July 1st of the previous year and suggestions for CE II, III and IV must be submitted by May 15th of the previous year. This time frame allows for site investigation and development of a completed contract prior to the two site selection days. It should be noted that students who suggest a clinical facility will not automatically be placed at that site. All students have equal opportunity for experiences at any of the sites we offer.

Appropriate Behavior and Appearance for Clinical Experiences:

The physical therapist's professionalism encompasses not only having specialized knowledge, but also being aware of the aspects of behavior and appearance that affect clinical practice. Although there are many variations in both of these latter areas, the requirements below will serve as a basis on which to form your own style of professionalism after graduation. Until then, you will be expected to adhere to these standards while participating in the clinical education phases of the Program in Physical Therapy or when in contact with patients during other phases of the curriculum.

I. Appropriate Appearance for Clinical Experiences:

Wearing the appropriate attire is important because you are a professional representative of Washington University. Appropriate attire also provides you with comfortable, non-restrictive clothing necessary in a physical therapist's clinical practice. You will be expected to wear the appropriate attire for all activities involving clinical contact with patients unless specifically instructed otherwise. [You may be specifically requested or allowed, by a clinical supervisor, to change your dress requirements while at that facility. Adapting your style of dress and accessories (including piercings) to fit the standards set at any facility may be necessary.]

A. Appropriate Attire:

The appropriate attire consists of a short white jacket to be worn with professional clothing. This jacket will be provided to each student as a gift from the Program. The length of shirts/tops should be adequate to cover the entire trunk at rest and during all movements by the student. **That means that no skin should be visible on the abdomen, breasts, or between the shirt and pants when in the clinic.** Jeans and t-shirts must **never** be worn. Clothing should be in nice condition. A nametag, provided upon admission, is to be worn on the left side of the jacket below the collar.

Your shoes must be closed-toe style of a neutral color. No sandals, clogs, tennis shoes, hiking boots or other novelty shoes will be permitted. Nylons or socks should be worn. Accessories such as jewelry should be kept at a minimum and should not interfere with treatment or cause potential safety hazards. For example, large earrings or other body rings are inappropriate. Fingernails should be kept short and clean for sanitary and safety reasons. A watch that counts seconds is needed. Hairstyles must stay neat while you work and not interfere with your performance of patient care activities. Long hair should be tied back with a simple clip, barrette or rubber band. Avoid obtrusive hairstyles, colors, and decorative accessories.

II. Appropriate Behavior for Clinical Experiences:

In addition to employing appropriate social courtesy, the following should be regarded as specific suggestions for professional behavior in the clinical setting:

1. It is your responsibility to seek all the information you need to be able to comply with the departmental policies in the clinical setting. The orientation given you by the clinical instructor should assist you in knowing policies, but it is also your responsibility to ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays.

2. Any gratuities offered to you by patients should be reported to your clinical instructor and handled in a manner appropriate to that specific situation.

3. Avoid chewing gum while treating patients.

4. Permission of the clinical instructor is required before visiting patients after departmental hours. In some facilities, this is an acceptable practice, in some it is not. Check beforehand, and comply with those procedures.

5. Asking questions of your clinical instructor will not only facilitate your learning, but will ensure patient safety and quality care. Be discrete about questions asked in front of the patient, and reserve all questions regarding prognosis for when the patient is not present. Be aware of your clinical instructor's time constraints in answering questions as well as your obligation to ask those questions.

6. Your strict adherence to the ethical standards, which protect the patients' confidence, is required. Do not discuss your patients' condition(s) outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes, but avoid identifying them by name.

7. Your attention to common courtesy is essential in the clinical setting. Communication of respect, your display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships with your clinical supervisors and peers.

8. You are expected to strive toward achievement of the “Professional Behaviors/Generic Abilities” (see handout), displaying appropriate affective/professional behaviors.

9. Students are obligated to report back to the school any ethical or legal compromises noted at their clinical sites.

10. Cell phones may not be turned on during clinic times unless they are being used for an aspect of patient care.

11. Photos/videos should not be taken on personal cell phones or other recording devices.

11. Students completing clinical internships are not allowed to also be employed by the institution/clinic during the time frame of the clinical internship.

Remedy of a Failure in Clinical Education:

Under most circumstances, the failure of any clinical experience will necessitate review by the faculty. Ordinarily, if a student fails a full time clinical experience for the first time, the Clinical Education Team will offer a remedy. The location, length, and type of a make-up clinical experience will be determined by the Clinical Education Team. In some instances, students may be denied the opportunity to remedy a failed clinical experience. Students needing to remediate a clinical experience will incur additional tuition costs at the usual rate. If a student fails the same Clinical Education course twice or fails more than one course in the clinical education series, he or she will be reviewed by PT CAPES and may be dismissed from the Program in Physical Therapy (See PT CAPES policies.) Students who require an additional clinical experience and those who cannot complete all clinical education requirements by the fifth semester will graduate and be eligible to sit for the national physical therapist licensing exam at a later date than their classmates (although they may participate in the class graduation ceremonies held in May).

Travel for Clinical Education:

It is extremely beneficial for students to have cars; however, carpooling may be arranged for local clinical experiences. Students must be prepared to travel out-of-town for clinical education. Expenses incurred during local or out-of-town clinical experiences must be paid by the student. This includes things such as travel (airfare, mileage, and accessibility to transportation), lodging, parking, meals, phone calls, etc.

Criminal Background Checks:

As stated in the mailing prior to matriculation, criminal background checks are required of all incoming students by the Medical School. Students must clear this background check prior to matriculation into the Program. Subsequent background checks may be required by the clinical sites and/or the Program. The student will be responsible for any additional costs associated with criminal background checks. No records will be kept by the Program. The Medical School registrar will keep a letter on file stating simply that the student passed the background check. Minor infractions may be permissible for Program enrollment, however, may not be permissible by clinical facilities and/or state licensure boards.

Drug Testing

Drug testing is required of all incoming Medical School students. This swab test must be completed through Student Health during orientation. Students who do not pass the drug test will undergo further testing by an outside lab. Any student not passing this test will not be permitted continued enrollment. This includes Any future testing required by a clinical facility according to their policies (prior to or during the clinical experience) will need to be completed through the clinical facility or a local agency, at the student's cost. Students who test positive after the first test will be treated appropriately by Student Health and may be prevented from enrolling in a clinical experience course prior to successful completion of treatment and subsequent clean testing. Clinical facilities may have additional testing requirements beyond those of Student Health and may also have restrictions for legally obtained prescription drugs. Students acknowledge that testing positive on a drug test through Student Health or through a third party in preparation for a clinical experience after matriculation may prevent them from being able to complete the program. Records will be given to the student and a letter stating the status of their test will be kept through the Medical School registrar. Neither the Program nor Student Health will keep records of drug testing.

INSURANCE AND FEES FOR CLINICAL EDUCATION EXPERIENCES

Liability Insurance:

Through a self-insured program, Washington University protects each duly registered student against lawsuits or claims of medical malpractice. More specific information is provided as part of orientation prior to each clinical period.

Student Health Fees:

Student health fees are covered in the tuition cost for clinical education experiences I and II. For clinical education experiences III and IV, student health fees are covered in the CE III fees.

Clinical Fees

CLASS OF 2020:
Tuition for each of the four clinical experience sessions has been set at $784 per credit hour. Clinical experiences I and II carry 4 hours of credit each; tuition for each session is $3,136. Tuition for Clinical Experience III, 5 credit hours, is $3,920; for Clinical Experience IV, 6 credit hours, it is $4,704. Tuition for each session is due no later than the last day of the first month of the experience.

CLASS OF 2021:
Tuition for each of the four clinical experience sessions has been set at $808 per credit hour. Clinical experiences I and II carry 4 hours of credit each; tuition for each session is $3232. Tuition for Clinical Experience III, 5 credit hours, is $4040; for Clinical Experience IV, 6 credit hours, it is $4848. Tuition for each session is due no later than the last day of the first month of the experience.

CLASS OF 2022:
Tuition for each of the four clinical experience sessions has been set at $832 per credit hour. Clinical experiences I and II carry 4 hours of credit each; tuition for each session is $3,328. Tuition for Clinical Experience III, 5 credit hours, is $4160; for Clinical Experience IV, 6 credit hours, it is $4,992. Tuition for each session is due no later than the last day of the first month of the experience.

The Medical School Financial Aid Office continues to assist physical therapy students during their clinical experiences, as during the academic class sessions, with financial aid awards and disbursement. If you have any questions, please do not hesitate to contact Sarah Rands or Maria Renner in the Program, or Bridget O'Neal, Julie Jobe or Sarah Oehlerking in the Medical School Financial Aid Office. Tuition for each session is due no later than the last day of the first month of the experience.

Health Insurance

For detailed information regarding health insurance, go to wusmhealth.wustl.edu/students.

In Town Campus Benefits

If you stay in the St. Louis area for your clinical experiences, your health coverage remains the same: routine care at Medical School Student Health (MSSH), emergency and hospitalization. If your clinical experiences take you outside the St. Louis area, your coverage is for emergency and hospitalization only (the same as with any time you leave St. Louis for clinical education or for summer break.)

Away From Campus Benefits

While away from campus on fieldwork/clinical the following benefits apply: Student Health Services is always available, via phone, while away from campus. During normal business hours, Student Health Services may be reached at **314-362-3523,** or**, after hours at 314-362-3526**. In most cases your needs can be met over the phone, saving a visit to the Emergency Room or Urgent Care. While away from campus, **outpatient care and medications** are not covered unless approved by Student Health Services.

Medication

Student Health will supply up to six months of routine mediation upon request, monthly copayment applies. Call Student Health one week prior to leaving to request medication for the time you will be away on clinical rotation. **Medication filled away from campus is not covered unless approved by Student Health Services.**

Students and covered dependents may also obtain approved prescriptions at an off-campus retail pharmacy. Students must pay in full at the time of service and seek reimbursement from Student Health Service. As long as the medications were pre-approved or coordinated through Student Health Services in advance, Student Health Service will reimburse students fifty percent (50%) of the charges. Covered medications are limited to generic form drugs, unless a generic form is unavailable or dispensing the name brand drug was pre-approved by Student Health Service.

When an eligible student requires medical services because of an accident or sickness, benefits are payable as follows:

Emergency/Urgent Care Services

Student Health Services provides coverage for medical emergencies. Medical emergencies mean the sudden, unexpected onset of a medical condition so severe that failure to receive immediate medical care might place your life in jeopardy or cause serious impairment to bodily functions.

You should not go to an emergency room unless specifically instructed to do so by Student Health Services or if the failure to receive immediate medical care might place your life in jeopardy or cause serious impairment to your bodily functions.

Expenses for treatment in an emergency room for an injury or acute illness and follow-up services of a doctor, an x-ray, lab test, or 5 physical therapy visits within 90 days of the date of original care is considered part of the eligible emergency room expense which is payable as follows.

- $50 deductible is the responsibility of the student.
- Expenses above $100 payable at 80%.
- There are no benefits for outpatient care away from the Student Health Service unless you are referred the emergency room.
- Prescriptions filled away from the Health Service 50% reimbursable with student health approval.
- Student Health Services coverage for medical emergencies will NOT be available or may be reduced if:
    1) you go to an emergency room for problems that can wait until Student Health Services opens
    2) the reason you sought emergency care is deemed not to be a medical emergency

You must report all emergency room visits to Student Health Services the following business day. **You will be responsible for charges incurred if you fail to comply with this notification requirement.** You also will be asked to assist in retrieving reports required from all medical care providers before bills can be processed for payment.

Students should notify Student Health Service as soon as possible of any emergency room care and/or hospitalization.

Student Health Service, WUSM
660 South Euclid Ave., Box 8030
St. Louis, Missouri 63110
Telephone (314) 362-3523 Fax (314) 362-0058

Physical Student Health Services Office located at 4525 Scott Ave. (Room 3420)

Reports are required from all medical care providers before bills can be processed for payment.

Upon receipt of the appropriate medical records, all payments will be made directly to the providers of service, unless the student submits proof of payment for reimbursement.

If the student is covered by any other valid and collectible medical insurance, all bills must be submitted to that plan FIRST. Student Health Service will accept responsibility for any balances due or deductible amount.

Inpatient Hospitalization Services

Student Health Services provides coverage for hospitalizations if certified by Student Health Services. Generally, hospitalization should be at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital, and Missouri Baptist Medical Center, or at Saint Louis Children's Hospital if a covered child. Professional care provided during hospitalization by Student Health Services staff, or in the case of a Covered Child, Forest Park Pediatrics, and other physicians within the Student Health Services In-Network and per-approved through Student Health Services will also be covered.

All inpatient admissions, including length of stay, must be certified by Student Health Services (3 business days prior for planned admissions, two business days following emergency admissions). In the event of an emergency, you, your representative, your physician or the hospital should telephone Student

Health Services. Certification does not guarantee the payment of benefits for inpatient admission. Each claim is subject to eligibility, benefits and medical necessity review and a review of adherence to notification guidelines in accordance with plan document.

If you are hospitalized other than at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital or Missouri Baptist Medical Center; **Student Health Services will pay 80% of the reasonable and customary covered expenses and the student will be responsible for 20% of such expenses.**

The student must authorize a physician to send a copy of your Discharge Summary to Student Health Services before bills will be processed for payment.

Benefits also include private duty nursing services provided by a registered nurse or licensed practical nurse only when the services are of such a nature that they cannot be provided by non-professional personnel and can only be provided by a licensed health care provider. Private duty nursing services includes teaching and monitoring of complex care skills such as tracheotomy suctioning, medical equipment use and monitoring to home caregivers and is not intended to provide for long term supportive care. Private duty nursing does not include custodial care service.

Travel Outside of the U.S.:

Student Health Services does not provide any coverage for you when you are traveling outside of the United States. You are encouraged to take advantage of the medical plan for international travel and you may obtain more information on that plan from Student Health Services at 314-362-3523 or via email at feagansb@wusm.wustl.edu .

Ambulance Expense

Travel directly to or from a hospital is covered at 80%, after a deductible 20% coinsurance.

Student Assistance Program

The Student Assistance Program (SAP) is a prepaid benefit offered as a way to help our Students resolve issues that may have an impact upon their personal lives and their school performance. Please call 1-800-327-2255.

SAP Summary

The SAP provides confidential, professional assistance to full-time enrolled students and their family members to help resolve problems that are affecting their personal life or school performance. The program is managed by ENI, a nationally known professional consulting firm specializing in SAP services. Students can contact ENI 24 hours a day, seven days a week to arrange a confidential appointment with an SAP specialist. SAP specialists have professional training and expertise in a wide range of issues such as academic problems, eating disorders, credit problems, adjusting to school, marriage and family problems, alcohol and drug abuse, emotional and psychological concerns, financial difficulties, stress and much more. Work life specialists are also available for assistance with Life Service, such as legal, financial, childcare, eldercare, pet car and other life daily challenges. The SAP can be reached by calling 1-800-327-2255.

The Structure and Personnel of the Program in Physical Therapy

The activities within the Program in Physical Therapy are grouped into three major areas: education, research, and clinical practice. Participation in these three areas enables us to contribute broadly to the advancement of the profession of physical therapy. It is both a privilege and an obligation for the faculty and students to participate in all three areas.

The organizational charts on the following two pages will familiarize you with how the Program is organized. Within this basic structure, you will find the lines of communication to be open and the faculty to be actively concerned that their activities be well integrated into a meaningful whole. This means we have a commitment to your education that is equal to our research and patient care activities.

The Faculty & Staff

You have a very dynamic faculty at Washington University. In addition to a core group of faculty members, many other physical therapists and experts in health care are involved in both lecturing and lab assisting. All faculty members are oriented to their roles by course coordinators or the Associate Director for the Professional Curriculum.

All core faculty members are involved in teaching, as well as clinical practice and/or research. Most faculty members are involved with the American Physical Therapy Association and other professional societies. Make time to get to know your faculty and their activities. Names of the course coordinators are listed in the section on the curriculum.

Staff members are skilled and friendly. You will find many of them working in the main office, the clinical practice, and in the various research laboratories.

Please visit the WUPT Web Page to learn more about faculty and staff members https://pt.wustl.edu/education/DoctoralEducation/DoctorofPhysicalTherapy/pages/ourfaculty.

Washington University Medical School
Program in Physical Therapy
Reporting Relationships
FY20

Program Director
Gammon Earhart

Assistant to the Director
Sherry Lohmann

Manager, Business Operators
Maria Renner

Senior Analyst of Financial Planning
Carolyn Rytenski-Brinker

Administrative Operations
Vildana Dilberovic
Tracie Hughes
Linda Lynn
Angel Were
Alexander Rivera

Senior Analyst of Financial Planning
Antania Taylor

Manager, Marketing and Student Recruitment
Jennifer Brown

Specialist, Education, Technology and Media
Cory Brant

Division Director of Education
Jennifer Stith

Associate Director Professional Curriculum
Steve Ambler

Associate Director Clinical Education
Tammy Burlis

Associate Director Residencies & Fellowships
Mary Kate McDonnell

Associate Director Education Technology
Barb Norton

Coordinator of the Women's Health Residency
Tracy Spitznagle

Educators
Marghuretta Bland
Nancy Bloom
Cheryl Caldwell
Ruth Clark
Suzanne Combleet
Carey Holleran
Renee Ivens
Patty McGee
Stacy Tylka

Manager, Curriculum Services
Vacant

Education Operations
Sarah Rands
Alice Samatmanivong
Stephanie Venturella
Maria West
Program Coordinator-DPT Curriculum

Division Director of Research
Linda Van Dillen

Associate Director Movement Science Program
Catherine Lang

Associate Director Postdoctoral Fellowships
Todd Cade

Investigators
Ryan Duncan
Michael Harris
Marcie Harris-Hayes
Mary Hastings
Joseph Klaesner
Jacob McPherson
Laura McPherson
Gretchen Meyer
Michael Mueller
Diana Parra
Susan Racette

Research Operations
Kathryn Bohnert
Martha Hessler
Kerri Rawson
Karen Shen
Darrah Snozek

Division Director of Clinical Practice
Beth Crowner

4444 Faculty Practitioners
Sylvia Cruppon
Ryan DeGeeter
Lynnette Khoo-Summers
Vanessa Lanier

TRISL Faculty Practitioners
Women's Health
Jenn Miller
Tracy Spitznagle
Stacy Tylka
Taylor Chapman
Women's Health Resident
Rachel Holman

Associate Director Clinical Practice
Greg Holtzman

Danforth Practitioners
Ann Crowe

4444 Manager
Jeff Harvath

4444 Practitioners

PT:
Colleen Benish
Danielle Buchanan
Jesse Civello
Jeanne Earley
Sami Geringer
Kristopher Gordon
Edgar Guillen
Jill Johnson
Robert Lind
Gina Malito
Anna Teerlinck

PTA:
Rob Baker
Theresa Miller
Jessica Nehrt
Tony Wang

Therapy Aide:
Michelle Krichevsky

TRISL Manager
Theresa Notestine

TRISL Practitioners

Case Manager:
Constance Dietrick

OT:
Kelly Carr
Kathy Dolan
Rebecca Hamm
Pooja Jethani
Katie Rybczynski
Joan Scacciaferro

PT:
Mary Crumley
Cathy Luhman
Donna Schroeder
Meredith Whitehead
Beth Sitterley
Deana Rennard

PTA:
Rachel Belk

Speech:
Christina Graves
Sarah Hackert
Carrie Mosley
Julie Young

Therapy Aide:
Sonya Brooks
Gwendolyn Pruitt

Manag
Accounts Re
Rosalie Schre

Accounts Receival
Erica Bl
Sarah Cr
Casey Pat
Kim Tal
Tammy Wi
Ada Wil
MC II-TRISL T
PSR II TBD

4444 Clinic Pract
Diane Ba

4444 Clinic O
Emma
Alexus Hi
Megan La
Lisa Ma
Kristen Ma
Gwendolyn
Kristy Sc
Casey Sw
Alex Wi
TRISL CSR II T

O'Fallon M
Jen Dub

Revised 7/18/19

Washington University Medical School
Program in Physical Therapy
Functional Organization
FY20

Program Director
Gammon Earhart

Assistant to the Director
Sherry Lohmann

Manager, Business Operators
Maria Renner

Financial reporting
Operations metrics
Grant administration [3]

Accounting/Purchasing
Linda Lynn

Administrative Support Services
Vildana Dilberovic

Budgeting/Payroll/Human Resources
Carolyn Ryterski-Brinker

Facilities/Events/Onboarding
Angel Were
Alexander Rivera

Finance/Planning
Antania Taylor

Marketing/Recruitment
Jenny Brown

Reception/Compliance
Tracie Hughes

Education/Technology/Media
Cory Brant

Division Director of Education
Jennifer Stith

Education Operations
Sarah Rands
Alice Samatmanivong
Maria West
Stephanie Venturella
Program Coordinator-DPT Curriculum
Manager, Curriculum Services

Educators
Steve Ambler
Maggie Bland
Nancy Bloom[2]
Tammy Burlis
Cheryl Caldwell
Ruth Clark
Suzy Cornbleet
Carey Holleran
Renee Ivens[2]
Mary Kate McDonnell
Patty McGee
Barb Norton
Tracy Spitznagle[2]
Stacy Tylka[2]

Professional Curriculum
Clinical Education

Continuing Education
Movement System Fellowship
Women's Health Residency[2]

Division Director of Research
Linda Van Dillen

Research Operations [2]
Kathryn Bohnert
Martha Hessler
Kerri Rawson
Karen Shen
Darrah Snozek

Investigators [1]
Todd Cade
Ryan Duncan
Michael Harris
Marcie Harris-Hayes
Mary Hastings
Joseph Klaesner
Catherine Lang
Jacob McPherson
Laura McPherson
Gretchen Meyer
Michael Mueller
Diana Parra
Susan Racette

Movement Science Program [1]
PhD Training
Postdoctoral Fellowships

Research Facilities
4444 Movement Science Research Ctr.
Off-Site Research

Division Director of Clinical Practice
Beth Crowner

Practice Operations
Diane Backes
Emma Fox
Alexus Hughes
Megan Ladjimi
Jill Marx
Lisa Massa
Kristen Matthews
Courtney Morris
Gwendolyn Simmons
Kristy Smith
Casey Swinson
Alex Willey
TRISL CSR II TBD 1FTE

Insurance/Billing/Collections
Erica Bland
Sarah Cristea
Casey Paterson
Rosalie Schreckenberg
Kim Talbert
Tammy Whitfield
Ada Williams
IBC II-TRISL TBD 1FTE
PSR II TBD 1FTE

Practioners

Robert Baker	Greg Holtzman
Rachel Belk	Lynnette Khoo-Summers
Danielle Buchanan	Vanessa Lanier
Kelly Carr	Robert Lind
Taylor Chapman	Cathy Luhman
Ann Crowe	Gina Malito
Mary Crumley	Jenn Miller
Sylvia Czuppon	Theresa Miller
Ryan DeGeeter	Carrie Mosley
Connie Dietrick	Jessica Nehrt
Kathy Dolan	Theresa Notestine
Jen Dubbert	Deana Rennard
Sami Geringer	Joan Scacciaferro
Kristopher Gordon	Donna Schroeder
Christina Graves	Beth Sitterley
Edgar Guillen	Aimee Smith
Sarah Hackert	Anna Teerlinck
Raebecca Hamm	Dale Thuet
Jeff Harvath	Tony Wang
Carlee Hill	Meredith Whitehead
PT TBD 1FTE O'Fallon	PTA TBD 1FTE O'Fallon

Notes:
[1] Dual report to Div Dir-Education
[2] Dual report to Div Dir-Clin Practice
[3] Report to Investigator(s)

Revised 7/16/19

Student Services and Resources

Many supportive services are available to physical therapy students. As graduate students you are entitled to many of the opportunities at the Main Campus as well as the Medical School. University directories, including ***http://www.wustl.edu/policies/students.html***, list many of these opportunities and services. The following services are highlighted as important to the majority of students.

Advisement

No formal system is used to assign students an academic advisor once they are in the graduate physical therapy program. We have found that students in need of advisement will contact the faculty member with whom they feel most comfortable. All faculty members are willing to serve as an advisor for any student. Please feel free to contact any faculty member as the need arises. You may meet with faculty members as often as seems necessary. If you are not sure who to talk to, contact the Associate Director for Professional Curriculum. All students are assigned a clinical education team member to serve as an advisor for the clinical education component of the program.

A-V Equipment

Audiovisual equipment in rooms 2700, 6700, 6701, and 1235 is available for use during class time to assist in the student's learning. Please refer to Policies on the Use of Electronic Equipment in the Classroom and Video/digital taping for student absences.

Bookstore

The Washington University Medical Bookstore, operated by Barnes and Noble, is located at 4590 Children's Place, Suite 1700 two blocks southwest of the Program. Its hours are 8:00 a.m. to 6:00 p.m. Monday-Friday. There is a small deli and seating area in which to relax, and read. The café opens at 7:30 a.m. during the week and is closed on Saturday and Sunday. The phone number is 314/273-4969. Gifts, greeting cards, snacks, beverages, medical and school supplies, and some articles of WU clothing are available at the bookstore in addition to all required books (and a large selection of other volumes). The WU Campus Store on main campus (314/935-5500) is quite well stocked with books, gifts, clothing, supplies, computer equipment and software.

Bulletin Boards

The Program has several bulletin boards located on the 2nd and 6th floors. One board will serve as a community bulletin board and is designated for Program announcements. Three boards will serve as class bulletin boards and are designated to facilitate information for each individual class.

Faculty, staff, and students are permitted to post information on the boards. External groups need permission from the Assistant Director of the Professional Curriculum. The Program has the right to remove distasteful or controversial material posted on the boards. Information placed on the wrong boards will be removed. All individuals in the Program shall help keep the bulletin boards looking neat and tidy. Everyone is welcome to remove items that are no longer pertinent.

Cafeteria/Food Services

Cafeteria or food services are available in several locations:

- Medical School first floor McDonnell Science Building (Shell Café)
  Monday-Saturday: Breakfast 7 a.m.-10:30 a.m., Lunch 11 a.m.-2:30 p.m.
- Kaldi's Coffee in the Farrell Learning and Teaching Center, 6:30 a.m. – 5:00 p.m.
- Kaldi's Coffee, 4590 Children's Place (on the link)
  Monday-Friday, 5:30 a.m.-6:00 p.m.
- Farmstead, 4905 Children's Place
  Breakfast 7:00-11:00 a.m., Lunch 11:00-5:00 p.m.
- At all nearby hospitals
- Food Trucks located at Scott & Taylor Avenue and at the Cortex (off Boyle)
- Park Avenue Coffee at 4220 Duncan (Cortex area)
  Monday-Friday 6:30 a.m.-6 p.m.

Plastic ware, refrigerators, ice machine, and microwave ovens are provided in the Student Lounge for the convenience of the students of the Program in Physical Therapy.

Cash

Cash can be obtained from ATMs located in the following areas:
Bernard Becker Library (Bank of America)
Wohl Clinic (Bank of America and St. Louis Community Credit Union)
Center for Advanced Medicine (Bank of America)
Barnes Jewish Hospital South (US Bank)
Barnes Jewish Hospital North (US Bank)
4444 Building vending area (Bank of America)

Check Cashing

Checks made payable to a student for $200 or less may be cashed at the US Bank branch located in Barnes Jewish Hospital (216 S. Kingshighway) between the hours of 7:00 a.m. and 4:00 p.m., Monday - Friday. You must present a valid student ID card and driver's license or other picture ID that matches the name on the check.

Computers

Students of the Program in Physical Therapy have access within the Program's Student Computer room and classrooms to 38 desktop computers, and 3 networked copier/printer/scanners, one on the 2nd floor, one on the 6th floor, and one in room 1235. Students are prevented from printing in 1235 during class hours to avoid class disruption. . All computers and peripherals are connected to a secure network through which Internet access is available. Software required for coursework, including Microsoft Office and content specific programs, is available on all student computers. Free wireless internet access accounts are available to all students throughout the Program's facilities, at the Library and in the Farrell Learning Center. Primary support for the student computing technology is provided by the Washington University's Information Technology (WUIT) unit on the 6th floor of the WUSM Becker Medical Library. Secondary support is provided by the Program's PTHelpDesk. See also the policy on computer use.

E-Mail and Database Searches

Students are provided with free Outlook e-mail accounts through the WUIT system. Students may communicate with faculty via e-mail and faculty will use the e-mail to distribute announcements. Students are responsible for checking their university mail daily, even if they have another account at home. Faculty send class messages to student WU accounts only. Classmates who first pick up the announcements are encouraged to make an announcement about the presence of the memo to the class.

Training sessions are required during orientation regarding the e-mail system, introduction to the campus library database and Canvas. Although we know you are familiar with other library, email and database systems, the introductory sessions are mandatory.

Farrell Teaching and Learning Center

PT students are permitted to use the Farrell Teaching and Learning Center on the Medical School Campus for studying, with some restrictions. Students may not use the medical school student carrels, the microscopes, or the computers reserved for the medical students. PT students may use the 2nd, 3rd, and 4th floor classrooms as long as they are not scheduled for a class or event and they are not being used by the medical students. You may use the dry-erase boards, although you must always wipe them down before you leave.

Libraries

Physical therapy students have full access to the Bernard Becker Medical Library at 660 S. Euclid, and all of the libraries on main campus. To check books out from the Medical School and main campus libraries, you must have your medical school student identification card. The medical library has a computer center and audiovisual equipment check out area on the sixth floor that is available to all students. Hours for the Medical Library are 7:30 a.m.-12:00 a.m. Mon-Thurs, 7:30 a.m.–10:00 p.m. on Fri, 9:00 a.m. – 6:00 p.m. Sat, and 2:00 p.m.-10:00 p.m. on Sunday. After 6:00 p.m. on Monday-Friday and all day Saturday and Sunday, medical school student identification card is necessary to enter the library. (On days when the library opens at 7:30 a.m., the circulation desk also opens; other services have specific hours (e.g. reference desk is open from 8:00 a.m.-4:00 p.m.)

Interlibrary loans may be requested on-line, by visiting the library web-site http://becker.wustl.edu. First time users will need to register. A charge of $6 is made for each interlibrary loan. This service may be accessed via the Requesting Materials (Illiad system) under the “using the library tab” on the library home page.

Mailboxes

Students are provided with individual mailboxes. **Students are expected to respect the privacy of other students and should never look into another student’s mailbox, read any contents, or remove anything from the box.** Reports of this occurring are taken very seriously and will be investigated by faculty and the Security Department. A surveillance camera may be located in the mailbox area. Students should not pick up other students’ mail for them unless explicit permission has been given to do so. Any student who is known to have invaded the privacy of another student will at a minimum be referred for discussion at PT CAPES for professional behavior.

Open Lab

Purpose

Open Lab is designed to give students the opportunity to practice manual skills independently and ask general questions in an informal, student supervised setting. The faculty will identify and invite students from the second and third year classes to be Student Open Lab Facilitators. Recent graduates may also serve as facilitators.

The role of the Student Open Lab Facilitator is to provide feedback on manual skills practiced. Open Lab is a practice session, not a study session; lecturing is not provided. Open Lab is not intended for use as a time for re-teaching material already presented to students.

Students are strongly encouraged to use their classroom lab time wisely and effectively. Students with specific questions are encouraged to make appointments with unit instructors instead of relying on the Student Open Lab Facilitators. Students are reminded that they can also request a student tutor to assist in their understanding of course content and development of skill if they are in need of more than what Open Lab can offer.

See additional information in policies and procedures for use of the Open Lab.

Printed Resources

A variety of references and journals, books, and course materials are available throughout the Program space. You will be directed to these resources as needed per the class course master. Copies of the current textbooks are available for use in Becker library.

Security

Your medical school picture I.D. is required to enter the Medical School buildings and you must wear it at all times. Security guards are posted at the entrance to the 4444 Building from 6:00 a.m. until 10:00 p.m. (M-F) and 6:30 a.m. - 4:30 p.m. on Saturday. On Sundays the building is locked and an ID badge is necessary for entrance. Security also is located in, the Medical School and at Olin Residence Hall. The guards will provide escort service to cars parked on the surface lots or other buildings on the Medical School Campus after dark. The Boulevard Building, the Medical School, and Olin Residence Hall offer 24 hour security. Entrance to the front at night and on weekends is through the south main doors and will require your badge for entrance.

Students have 24-hour access to the Program's classrooms. Students will gain entrance with their WUSM badges. Students are permitted into the classrooms and student lounge at any time. If any of these doors are locked, please call security, 2 –Help (314-362-4357) to request that they be opened. Report any problems with access to the Program rooms to a staff member.

Shuttles

A free shuttle is available for transportation between the Medical School and the Main Campus. It is scheduled to leave on the hour and every 15-20 minutes during the day and every 30 minutes at night. No shuttle service is available on the weekends. This service is provided by Metro and the stop is located at the McDonnell Science Building south entrance off of McKinley Avenue.

Shuttle buses also leave regularly in front of the building to various locations throughout the Medical School, Barnes, Jewish, and Children's Hospitals. See the map in the front lobby to see what bus takes you where.

Students are encouraged to make use of their free Metro pass to take the Metrolink electric train from the station on Euclid across from BJH to the Main campus, airport, downtown venues, or other stop along its route. Metro Pass must be renewed every semester through Parking and Transportation. Student ID must be carried at all times with Metro Pass.

Student Counseling Service
314-935-5955 Tom Brounk, PhD (Director) on Danforth Campus
314-362-3528 Drs. Kenton Wertman and Rimiko Thomas, on the Medical Campus

We all need help sometimes, whether the problem is the stress of studies, family upheaval, or personal concerns. The Student Counseling Service offers professional, confidential assistance to students at the Medical School. Assistance for academic problems may also be sought on the Medical Campus and Main Campus. Faculty members may refer students to the counseling service. See the description of services described in the clinical education section.

Student Health Service

The Student Health Service is a mandatory program of services available to full-time students enrolled in the medical or allied professional schools of Washington University in St. Louis School of Medicine (WUSM). The Service is supported solely by the fees paid by full-time students of WUSM. Only those services approved by and coordinated through the Student Health Service are covered. The cost of all other care, unless given prior approval, is the responsibility of the student.

Student Health Services covers expenses not covered by private insurance, or in the absence of private insurance. If a student has private insurance, all bills should be submitted to that insurer before filing through the Student Health Service.

Student Health Services provides a multidisciplinary facility conveniently located on campus and dedicated to providing quality health care to WUSM students. The well qualified staff consists of physicians, nurses, psychotherapists, and other medical support personnel.

Student Health Services is under the direction of Dr. Karen S. Winters. After hours phone service is available to assist those with acute infections or other urgent conditions. Please call **(314) 362-3526** to leave a message for Dr. Karen Winters when SHS is closed.

Student Health Services will provide unlimited outpatient care and treatment usually performed in a primary care physician's office, at no charge. Student Health Services physicians are seen by appointment only. If the problem is urgent and a physician is not present, the nursing staff is available during office hours to assess your need.

Student Health Services will only cover the costs of services obtained outside of Student Health Services if those services have been approved by and/or coordinated through Student Health Services. This includes any laboratory testing, consultations, or procedures.

The Student Health Service provides a variety of services for full-time students registered in the medical and allied professional schools of the medical campus. It offers easy access to medical and psychiatric care so that physical and emotional problems will interfere as little as possible with university life. All outpatient Student Health Service benefits take effect on the date of registration, if all Health Requirements are met and continue so long as you maintain full-time student status, and cease the date you withdraw, graduate or complete a course of study by submitting thesis paperwork to the appropriate office.

Medical Identification Cards

At the time of orientation, all new students will be given a Medical Benefit Identification card. This card should be shown to all caregivers outside of our offices to ensure proper billing.
Group number: MED8030. If you need a replacement card, you may pick one up at the Health Service.

Student Health Services Pharmacy for Students

Student Health Services maintains a full on-site prescription medication dispensary and most medications are provided at the time seen. If a medication is not available, you will be given a prescription to fill at the Center for Advanced Medicine (CAM) Pharmacy. The cost of prescriptions filled at CAM pharmacy will be charged to Student Health Service. So long as the medications are approved by and/or coordinated through Student Health Services in advance, Student Health Service will cover eighty percent (80%) of the charges and send you a notification email for 20% coinsurance payment, which is payable to Student Health Service. If the medications are not approved by or coordinated through Student Health Services in advance, there is no coverage and you will be responsible for the entire cost of the prescription. You may also obtain approved prescriptions at an off campus retail pharmacy. You will be required to pay in full at the time of service and seek reimbursement from Student Health Service. Covered medications are limited to Generic form drugs unless unavailable or approved by Student Health Service.

For medications received from the Student Health Services on-site prescription medication dispensary, you will be responsible for a co-payment per prescription ranging from $5 – $50 (20% of cost), depending on the type of medication and cost.

After Hour Lock Box

If, at any time, you are unable to pick-up your medication during normal business hours, you may request your medication be placed in the after hour lock box outside the door of Student Health Service.

RX Patient Assistance Program

Patient assistance programs are available from many drug companies for those people who cannot afford to buy their medications. Patients needing assistance can search for programs applicable to their medication at rxassist.org to access application forms and contact information. Eligibility for each program varies and often depends on income.

Travel Abroad Medication

Student Health Services will provide recommended medications when traveling. Student Health Services will cover 20% of the cost of such medications and you are responsible for the remaining cost. If your program is sponsoring your travel, your medication expenses may be able to be added to the grant or travel budget. You should check with your program coordinator.

Limitations of Coverage

There are no Student Health Services prescription drug benefits for:

- medication filled from an outside pharmacy without Student Health Services approval
- over-the-counter drugs – unless recommended by physician
- weight reduction drugs
- drugs used for cosmetic purposes
- performance-lifestyle drugs

After-Hours Procedures

Emergency Services

In the case of an emergency, **proceed to the Barnes-Jewish Emergency Department**, or contact the Emergency Department at **314-362-9123**. *Do not follow the procedures below in an emergency situation*.

You must report all emergency room visits to Student Health Services within one business day of admission. **You will be responsible for charges incurred if you fail to comply with the notification requirement**. You will be required to pay a $50 co-pay for medical emergency expenses. Student Health Services will pay covered expenses in excess of 80% of reasonable and customary charges and you will pay 20% co-insurance after the first $200.00 of the covered expenses. You also will be asked to assist in retrieving reports required from all medical care providers before bills can be processed for payment. Once the patient is stabilized, all other referral and approval requirements apply to any further medical care required because of the medical emergency. For example, once stabilized, Students should seek care at Student Health Services and fill any prescription through Student Health Services or the CAM as appropriate. Following notice of a medical emergency, Student Health Services will cover the reasonable and customary charges for follow-up services of a doctor (but only if away from Saint Louis or unable to visit Student Health Services), x-rays, lab tests and up to four physical therapy visits within 90 days of the date of the emergency room visit if pre-approved by Student Health Service

Urgent Conditions

For those with acute infections or other urgent conditions, Student Health Services provides after hours telephone coverage. All after hours calls are retrieved at 9 p.m. Monday through Friday, and at 5 p.m. Saturdays, Sundays and holidays.

After Hours Care Phone Number and Hours: 314-362-3526 Monday – Friday: 5 p.m. – 9 p.m. Saturdays, Sundays and Holidays: 8 a.m. – 5 p.m.

What to Include in Your Message: Your after hours message should include the following:

- The phone number and/or pager where you may be reached
- Your name
- Your school
- A brief message describing your concerns
- Your pharmacy's phone number, if you believe prescribed medications may be needed

Non-Emergency or Non-Urgent After Hours Calls

All routine calls should be directed to the Student Health office at (314) 362-3523. Routine calls include the following:

- Medication refills
- Appointment requests or changes
- Benefits questions

Emergency Medical Transportation

Coverage is provided for reasonable and customary emergency medical transportation charges. You will be responsible for paying coinsurance equal to twenty percent (20%) of the actual charge for the services of a professional ambulance to or from a hospital. Emergency Medical Transportation services are only covered when required due to the emergency nature of a covered accident or sickness. Ambulance service by air is covered in an emergency if ground transportation is impossible, or would put your life or health in serious jeopardy.

In Patient Hospitalization Services

Student Health Services provides coverage for hospitalization if certified by Student Health Services. Generally, hospitalization should be at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital, and Missouri Baptist Medical Center.

All inpatient admissions, including length of stay, must notify Student health Services either three (3) business days prior for planned admissions or two (2) business days following emergency admissions. **In the event of an emergency, you, your representative, your physician, or the hospital should telephone Student Health Services.** Notification does not guarantee the payment of benefits for inpatient admission. Each claim is subject to eligibility, benefits, and medical necessity review and a review of adherence to notification guidelines in accordance with the Student Health Services Summary Benefits Plan booklet.

If you are hospitalized at an In-Network hospital (i.e. Barnes-Jewish Hospital, Barnes-Jewish West county Hospital, or Missouri Baptist Medical Center), you are responsible for a copayment of $250 per hospital inpatient admission. Student Health Services will pay 100% of the remaining covered expenses.

If you are hospitalized at an Out-Network hospital, Student Health Services will pay 80% of the reasonable and customary covered expenses and you will be responsible for 20% of such expenses.

You must authorize your physician to send a copy of your Discharge Summary to Student Health Services before bills will be processed for payment.

Go to http://wusmhealth.wustl.edu/students to view the WUSTL Student Health Services Summary Benefits Plan booklet for in depth details regarding all of the above coverage and rules and regulations.

HIV/HBV/Immunization Policy

All incoming students must provide student health services with immunity documentation. A list of the vaccinations that are required can be found on the student health services web page. http://wusmhealth.wustl.edu/students/new-students/

The program is committed to the protection of all individuals who test positive for human immunodeficiency virus (HIV) or hepatitis B virus (HBV). It is the right of all patients including those with HIV or HBV to receive physical therapy equal to that offered to all other patients. Physical therapy students and physical therapists have the professional and ethical responsibility to provide appropriate care to all patients, without discrimination. Students are informed in the curriculum as to the correct procedures to use when working with all types of infections in order to protect themselves.

To protect others, any student who tests positive for HIV or HBV must identify themselves if other individuals, including classmates, faculty, and patients, with whom they have contact may be at risk. Again it is the student's professional responsibility to protect others. The Program will in turn protect the privacy of the student with HIV or HBV and is willing to alter the curriculum, with reasonable accommodation, for the student to meet the competencies. Immunization against HBV is available to all students. Noncompliant students will be excluded from classroom and /or patient care areas. Students are encouraged to be immunized. Most students choose this option and for the majority of the clinical facilities it is required. We cannot guarantee clinical experience placement and resultant Program completion for those who choose not to be immunized.

Tutorial Assistance

Tutorial assistance is available and can be obtained by students experiencing difficulty during the semester. Generally the limit on tutorial assistance is 12 hours per month per course per student. Students may not request a tutor to improve already acceptable (passing) grades. Students are discouraged from using tutors for the purpose of having a ready study partner or to substitute for unexcused absences from class. Students are encouraged in these cases to study with other individuals or student groups on an informal basis. Students may request a tutor or a tutor may be recommended for a student by a faculty member. To obtain a tutor, students must contact the course master. The course master will assign a tutor for that student. Occasionally tutoring will be offered to groups depending on the type of tutoring needed and the topic of interest. Under special circumstances tutors may be recommended by PT CAPES in advance of specific needs.

Tutors for first year students include either second year students or fellow students in the first year class who have demonstrated excellent performance in class and have volunteered to tutor. Third year students are used to tutor second year students, when they are available. If they are not available, second year students will tutor their peers. Students who are doing well are highly encouraged to volunteer to become tutors. Faculty often will approach students to ask them if they would be willing to serve as a tutor.

Students requesting tutoring have the following responsibilities:

- regularly attend class (an attendance record of students who have tutors will be kept.)
- once a tutor is identified by the course coordinator, the student may approach the tutor to arrange a time and place for assistance
- the student must arrive at the appointment on time and be prepared with questions to ask
- a student who arrives unprepared may be asked to reschedule the appointment to make better use of the time allowed for tutorial assistance
- students must respect the schedule of the tutor; last minute requests and excessive demands, especially during test weeks may be refused
- tutoring is not to be used for completing assignments or take home exams

Tutors are paid for their time and they have the following responsibilities:

- tutors must notify a course master when they have been approached by a student for tutoring, complete a tutoring authorization form and follow the instructions on this form
- tutors must keep the course coordinator informed of any problems which occur during tutoring (e.g. the student comes unprepared, does not ask questions, does not follow through with suggestions, is disrespectful of the tutor's time, etc.)
- tutors have the right to refuse to provide tutoring assistance which is not scheduled in advance or when a student arrives unprepared or wants the tutor to "do the work for him or her", or when the tutor's own performance in class is being jeopardized
- tutors must notify the course coordinator when they wish to discontinue being a tutor
- tutors are responsible for keeping track of their time and submitting a tutor time sheet to the designated staff member on a biweekly basis

WebSTAC

WebSTAC is an online student information resource which includes Academic Records (grades, gpa, intent to graduate etc.), Billing Records (account, pay/view bill, third party billing, etc.), Contact Information (address/e-mail address), courses and Registration (course listings, bulletin etc.), and Personal Preferences (information restriction/password). You may access WebSTAC at https://acadinfo.wustl.edu/ or through the Program website under quicklinks at http://pt.wustl.edu . It is very critical that you update your local address and phone number during orientation and keep it updated so that your financial aid, etc. will be processed in a timely way. Please refer to the WebSTAC brochure that was provided to you over the summer and during orientation.

Writing Center

A writing center is available on the main campus to assist student with their writing skills. They will offer critique and feedback for improving student (and faculty) written papers. For more details see http://artsci.wustl.edu/~writing/home.html

Diversity and Inclusion Washington University Program in Physical Therapy (WUPT) is committed to promoting and fostering diversity and inclusion within the Program, the University and the Community. There are many resources regarding diversity and inclusion at Washington University. WUPT works collaboratively with other groups to ensure that WashU is a community where everyone is valued and respected. For more information and opportunities, see https://diversity.wustl.edu/ and https://diversity.med.wustl.edu/. We also encourage you to view the full list of nearly 100 diversity groups at https://diversity.wustl.edu/get-involved/?group-filter=students to determine how you would like to get involved.

Financial Aid/ Scholarships/Contracts

The faculty would like no student's education compromised because of financial need. Financial aid information (e.g. loans and scholarships) can be found in the Financial Aid Office of the Medical School which is located across from the Registrar's Office in the McDonnell Science building. This office keeps information about generally available graduate student assistance as well as some information specific to physical therapy. Occasionally, the program will post information it receives in the mail about financial aid. Staff members in the program admissions office are program liaisons to the Financial Aid Office. Emergency student loans can often be obtained through the Missouri Physical Therapy Association. If you develop problems that cannot be solved through the financial aid office, please see the Director of the Program.

Scholarships

As noted above some scholarship opportunities are known by the Financial Aid Office. Many students find scholarships funding through a wide variety of sources including small businesses, philanthropic and service groups, and special interest groups. It does take time to make the effort to complete applications, but the payoff in the long run could well be worth that time. Students have been successful in covering many school-related costs by obtaining a series of small scholarships. Faculty members are willing to write letters and references that are needed for scholarship applications. Ask a faculty member whom you feel knows the most about you and your performance to receive a positive reference.

Students should watch for scholarships offered by the APTA (www.apta.org). Occasionally outstanding students are nominated by faculty for special scholarships such as the Mary McMillan Student Scholarship Award.

Scholarships are for one year only and can change based on available funds.

Program Scholarships

Program in PT Merit Scholarships: Merit Scholarship are awarded to second and third-year students based upon the cumulative GPA from their previous year's course work and recommendation by the Director of the program. Application for this recognition of merit is not necessary.

Program in PT Need Scholarships: Students will receive a scholarship based on information received from the Financial Aid office.

Assistantships: Assistantship opportunities in the Program are designed to allow students to gain valuable research and professional experience, while working to defray educational costs. Students are required to work 250 hours during their first year, 200 hours during their second year, and 100 hours during their final third year semester. In this cooperative scholarship program, students will receive up to $8,000 during their first and second year and $2000 during their third year final semester to assist them with tuition and other program expenses. Assistantship recipients may renew their position each year provided that they maintain at least a 3.25 cumulative GPA at the end of each academic year, receive positive performance appraisals from their supervising faculty member, and research opportunities and assignments remain available. Selection is made by a committee composed of faculty members appointed by the Director, and is based upon information on each individual's application.

Robert J. and Betty L. Hickok Scholarship: Named for an emeritus member of the faculty, this scholarship is awarded to a second-year student who has demonstrated exemplary personal integrity, consistent professional commitment, leadership, and excellence in clinical work. Application for this recognition is not necessary

Guebert/Lake Scholarship The Guebert/Lake Scholarship will be awarded to a second-year student with a cumulative 3.5 GPA or higher, be outstanding in the areas of scholarship, clinical promise, class leadership, service to the community, and received an above-average clinical performance in both ECE and CE I.

Steven J. Rose Diversity Development Scholarship**:** This scholarship is awarded to a first-year, second-year, and third-year student who has achieved a cumulative 3.0 GPA or above and will contribute to the educational diversity at The Program in Physical Therapy.

An email announcing additional scholarships, with the financial amount, criteria, and application deadline will be sent at the end of each academic year.

Professional Behaviors (Generic Abilities) of Students

The faculty at the Program in Physical Therapy agrees there are behaviors expected of all students in a professional program. We have selected as a method of assisting students to develop professional skills part of a system originally developed at the University of Wisconsin in Madison. The expected behaviors are termed "Generic Abilities". These abilities are described in detail in the following several pages. Students are not expected to automatically demonstrate advanced skills in all areas of the assessment, but basic behaviors are expected from students at all times, in the classroom and the clinic; and students are expected to develop as they progress through the program. Students are expected to become familiar with the information on the generic abilities early in the curriculum.

Self-Assessment: Near the middle of the Fall semester, all students are required to complete a self-assessment of their Generic Abilities using a form developed by the program. The Clinical Education Team Members review the self-appraisals and return them to student with appropriate feedback as needed. Copies are not retained by the Program. Students experiencing difficulty in developing professional behavior are expected to assist faculty in identifying ways to further their development.

Assessment by Academic Faculty: Faculty may expect students to demonstrate all or some of the Generic Abilities as part of class participation or during class activities. Faculty will use the descriptions of the generic abilities to communicate with students about expectations.

Assessment by Clinical Faculty: The Generic Abilities Assessment by clinical faculty and additional self-assessment will occur during the Early Clinical Experience (ECE) and continue into the full time clinical experiences (CE I-IV).

Professional Behaviors for the 21st Century
2009-2010

Definitions of Behavioral Criteria Levels

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

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

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

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

Background Information

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

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

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

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 *Generic Abilities*, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE's) and Clinical Instructors (CI's) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE's), Academic Faculty, CCCE's and CI's from all regions of the United States.

This resulting document, ***Professional Behaviors***, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The 'developing level' was changed to the 'intermediate level' and the title of the document has been changed from *Generic Abilities* to ***Professional Behaviors***. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

Preamble

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

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

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

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

Professional Behaviors

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

2. **<u>Communication</u> –** The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

- Prioritizes problems
- Identifies contributors to problems
- Consults with others to clarify problems
- Appropriately seeks input or guidance

- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post Entry Level:

- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image

- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and positive attitude toward feedback
- Incorporates specific feedback into behaviors
- Maintains two-way communication without defensiveness

Intermediate Level:

- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

- Acts as a mentor not only to other PT's, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity

Student Professional Behaviors Self-Assessment

Professional Behaviors are attributes or characteristics that are not explicitly part of the profession's core of knowledge and technical skills, but are nevertheless required for the success of the profession. The professional behaviors are deemed critical for professional growth and development in physical therapy education and practice.

B = Beginning Level I = Intermediate Level E = Entry Level PE = Post Entry Level

Generic Ability	Definition	Your rating				Comments: Examples (at least one) of behaviors that support your rating and behaviors that you are working to deve
		B	I	E	PE	
Commitment to learning	Ability to self-assess, self-correct, self-direct; to identify needs and sources of learning; to continually seek new knowledge and understanding.					
Interpersonal Skills	Ability to interact effectively with patients, families, colleagues, other health care professionals, and the community; to deal effectively with cultural and ethnic diversity issues					
Communication Skills	Ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.					
Effective us of time and resources	Ability to obtain the maximum benefit from minimum investment of time and resources					
Use of constructive criticism	Ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction					
Problem-solving	Ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes					
Professionalism	Ability to exhibit appropriate professional conduct and to represent the profession effectively					
Responsibility	Ability to fulfill commitments and to be accountable for actions and outcomes					
Critical thinking	Ability to question logically; to identify, generate, and evaluate elements of logical argument, to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant					
Stress Management	Ability to identify sources of stress and to develop effective coping behaviors					

Name and Signatures

Student's Name:_____ Date:_____

Clinical Instructor's Name:_____

Program-Specific Expectations for Professional Behavior

Being a student in the Program in Physical Therapy implies that you have made a commitment to the intensive and exciting training period that is required. The responsibilities connected with that commitment are many, just as they are numerous for the faculty. The following expectations for professional behavior are needed to meet these obligations. If a student demonstrates unprofessional behaviors, faculty may use the Professionalism Concern Form to document and counsel the student. Please refer to form at the end of the section on professional behavior.

DEMONSTRATE PROFESSIONAL CLASSROOM BEHAVIOR

- **Come to class**

  Make the investment you are putting into your future career worthwhile- come to class. Your ultimate obligation to your patients implies an interest in learning the most you can. All faculty members expect students to attend class. Classroom discussion and lab participation will enhance your assigned readings. Attention during class will enhance your understanding of information, no matter what your learning style is. Class participation and clinical experience will form the basis for your developing sound clinical judgment. At times attendance in class will be mandatory and attendance may be taken at any time. Absenteeism is a reflection of your reliability and an indication of your professional work habits in the future. Patterns of being absent will be considered when assessing your performance in the curriculum. Treat being a PT student as your full time job.

  The faculty does understand there will be occasional absences. When students miss class, it is expected they will call the school prior to class to inform the staff, who will then notify the appropriate faculty members. **If you are absent it is your responsibility to obtain handout materials and class notes from your classmates and to meet with faculty to clarify questions**.

- **Be prepared in advance for class**

  Being prepared for class saves time (an important commodity) because it allows you to direct your questions toward areas of true confusion rather than general lack of knowledge. You contribute to your classmates' learning through your questions as they contribute to yours with their questions.

- **Be prompt**

  Come to class, clinical experiences, and meetings on time. It benefits you and is your professional responsibility. It is a courtesy to the faculty, your patients, and your classmates. Hand in assignments on time. Not only will that allow you to avoid penalties, which may affect your grades, it will help you to keep on time for other commitments.

- **Be courteous**

  Even in times of stress, be courteous to your classmates, staff, and all faculty members. All will appreciate your efforts and will certainly reciprocate. In recent years class members have been increasingly upset with classmates who are not courteous. Discourteous behavior is not acceptable in the classroom under any circumstance.

Examples of discourteous classroom behaviors that are not acceptable include ringing cell phones, using text messaging or e-mail during class, wearing hats, sleeping, talking during lectures, interrupting lecturers excessively, being late to arrive or in returning from break, packing up early, and using non-verbal behaviors which would commonly be judged as impolite. Students who are discourteous in class will be advised and may be asked to leave a class if their behavior continues to be a problem. Repeated infractions will be reported at PT CAPES as a deficiency in professional behavior.

- **Help to keep the space neat and professional looking**

  Students are responsible for putting away all equipment and supplies used during class each day. Students are responsible for resetting the classroom furniture each day. Students must be sure not to leave trash, food containers, food, or dishware behind in any of the space. Items left behind will be discarded weekly. Faculty members are responsible for keeping the stage and podium neat and professional looking. The Housekeeping department will provide cleaning of the space. Any problems with the space or supplies should be reported immediately to Charlene Williams who is our liaison with housekeeping and maintenance.

Washington University School of Medicine
Program in Physical Therapy
Professionalism Concern Form

_____ _____
Student name (type or print legibly) Evaluator Name (type or print legibly)

_____ _____ _____
Course, if applicable (dept. or course title) Site (if applicable) Time Period of Concern

This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of professional behaviors as outlined in the Physical Therapy Student Handbook in the sections on Professional Behaviors for the 21st Century and Professional Classroom Behavior.

This student needs further education or assistance with the following: (circle all that apply):

1. Critical Thinking:
    a. Able to question logically
    b. Recognizes and differentiates facts, inferences, and assumptions
    c. Distinguishes relevant from irrelevant information
    d. Identifies and determines the impact of bias on the decision making process

2. Communication
    a. Communicates effectively (verbal, non-verbal, reading, writing, and listening) to varied audiences and for various purposes
    b. Initiates negotiating for change using effective communication skills

3. Problem solving
    a. Recognizes and defines problems
    b. Develops and implements solutions in a timely manner
    c. Evaluates outcomes of solutions applied

4. Interpersonal Skills
    a. Interacts effectively with faculty
    b. Interacts effectively with fellow colleagues (students)
    c. Interacts effectively with other health care professionals
    d. Interacts with patients and families in an effective way
    e. Interacts in a way that is culturally aware

5. Responsibility
    a. Is accountable for the outcomes of professional actions
    b. Follows through on commitment
    c. Encompasses the profession within the scope of work, community and social responsibilities

6. Professionalism
    a. Exhibits appropriate professional conduct
    b. Represents the profession effectively while promoting the growth and development of the PT profession

7. Use of Constructive Feedback
    a. Seeks out and identifies quality sources of feedback
    b. Reflects on and effectively integrates the feedback
    c. Provides meaningful feedback to others

8. Effective Use of Time and Resources

a. Manages time and resources to obtain maximum possible benefit

9. Stress Management
   a. Identifies sources of stress
   b. Develops and applies effective coping behaviors

10. Commitment to Learning
   a. Initiates self-directed learning by identifying needs and sources of learning
   b. Continually seeks and applies new knowledge, behaviors, and skills.

11. Demonstrates Professional Classroom Behavior
   a. Comes to class
   b. Is prepared in advance for class
   c. Is prompt and courteous

Comments (with examples of specific situations or incidents):

_____
_____
_____

Faculty/staff signature	**Date**	**Phone number**
Course Master signature (if applicable)	**Date**	**Phone number**

This section to be completed by the student (optional). My comments are:

_____
_____
_____

I have read this evaluation and discussed it with the faculty member. (Required)

Student signature	**Date**

Please return this form to the Physical Therapy Office of Admissions and Student Affairs and notify the Associate Director for Professional Education of the report

BE AN ACTIVE PROFESSIONAL

- **Be active in the profession as members of the American Physical Therapy Association:**

  It is required that all students will become members of the American Physical Therapy Association during their first year and continued membership is highly encouraged. Membership provides you with many sources of information that will teach you about the Association and keep you current in issues and events in the profession of physical therapy today. Membership also provides you with opportunities and privileges not afforded to non-members. These include free publications, access to much of the website, and discounts on courses and products, among other things. Students will need access to restricted portions of the website to complete assignments. Being a student member also has special financial benefits once you graduate and become a regular member.

  Students are highly encouraged by faculty to attend Eastern District meetings (usually once monthly on Tuesday evenings during the school year) and other state or national meetings if possible, unless classes are scheduled. Students are encouraged to be active in the Missouri Chapter of the APTA student special interest group (MSSIG).

  Each class appoints an APTA representative to serve as a liaison to the faculty and to the student committees at the District and State levels. See section on class organization and committees.

- **Be Active in The Program**

  Be willing to volunteer and to work with the members of the program. Such opportunities allow students variety from their usual class routine, encourage socialization among students, and help develop leadership skills. Your contributions improve the quality of the program and your experience here. The program invites student participation through several mechanisms.

  Class Organization

  Each class organizes itself through some sort of structure that allows students to plan activities such as special events at the program, social events, community volunteer efforts, and graduation. The class is welcome to develop its own structure. Leaders are to be reconsidered at the beginning of each year (fall of the first year, fall of the second year, and late spring of the second year in preparation for the third year.) Generally officers and committees are formed to serve individual needs of the class. Some examples of positions and duties created in the past are listed below. [Not all classes have had all positions and not all duties have been divided this way- these are examples.]

  President: serves as primary leader of the class, aids decision making and communication among groups. Communicates between Program staff and class. President helps staff recruit student help for special functions. Attributes: organization, communication and leadership skills, a positive attitude.

  Faculty liaison: serves as primary communicator between the faculty and the class (does not represent individual students); attends regular faculty meetings held every other Tuesday from 12:10 p.m.-12:55 p.m. Helps the Assistant Director for Professional Curriculum in finalizing the test and final exam schedules; negotiates between the faculty and class when class sessions have

to be changed. Coordinates "Brown Bag lunches" for faculty and students with the faculty coordinator (C. Caldwell). The liaison will call for periodic clean-up of the classroom. Attributes: communication and negotiation skills, organization, and willingness to advocate for both students and faculty.

APTA/MPTA liaison: serves as the representative of the class to the Student Liaison Committee of the Eastern District of the Missouri Chapter of the American Physical Therapy Association. The liaison is encouraged to attend district meetings (the second Tuesday of about three months each semester) and report back to classmates. Helps faculty encourage student attendance at district and state meetings. Works with faculty APTA liaison and the Associate Director for Professional Curriculum in communicating about the APTA to class. Either the first or second year APTA liaisons serve as Program representatives for the MPTA state Student Liaison Committee. The representative will also be the contact to the Missouri Student Special Interest Group (MSSIG) and may wish to participate actively within this group. Attributes: interest in the APTA, enthusiasm, and communication skills.

Treasurer: Most classes raise monies for special events, social activities, and community or professional contributions. Money can be raised through class dues, special requests, or Program sanctioned activities (approved by the Director). Classes have tried a number of ways to raise money. Second year students have traditionally sold PT school related items like logo clothing and athletic wear. The treasurer makes deposits and writes checks, solicits and collects dues or special collections. Attributes: attention to detail, accountability. **Students may have a class checking account, but they are not tax exempt and the University's name may not be on the checking account. [For additional information see Linda Lynn.]**

Social Chair: Can be a committee. The social chair leads the organization of social events. Tradition, but not the Program, has dictated when classes give each other parties. In the past the second year students have hosted a party after the first major exam of the first year students. The first year students have traditionally hosted a Halloween party. None of these events are required, but the class might want a leader if you decide to have events. Also, some social committees organize weekend special trips and acknowledge student birthdays. Sometimes classes have a separate birthday committee. Attributes: organization, enthusiasm, a sense of fun.

Intramural liaisons: help to communicate about intramural events on Main Campus, post sign-ups, make announcements. May want two people- one for men, one for women. Attributes: enthusiasm for sports, organization and communication skills.

Community Service: The Program encourages classes to become involved in community and volunteer activities. Some classes have adopted particular causes and some classes have been involved in a variety of activities. Some activities in the past have been participating in and raising money for walk/runs like those for the Relay for Life, Juvenile Diabetes Association, AIDS, Breast Cancer. Some classes have helped to collect clothing of food for local charities. One year our students organized themselves to deliver bagels from a local bagel shop to a homeless shelter downtown every night all year. We frequently have university wide blood drives. For a couple of years students held a Talent Show in the fall to raise money for a family's Christmas. Recently students have gone on international medical and social service trips to Honduras, Guatemala, and Argentina.

In the Springs of 1998-2018, students organized a run for the APTA Foundation for Physical Therapy Research (we have won third place in the school challenge three years and received

Honorable Mention twelve years). The Foundation for PT run takes quite a bit of organization. The class might have a separate committee for that effort (see below). In 2012, we were entered into the Philanthropy Circle of the Foundation's Cornerstone Circle for dedicated support of the Foundation and physical therapy research. In 2015, we received the Award of Merit for raising greater than $6,000.

Historian: Recently classes have appointed a historian. This person is responsible for tracking the activities of the class and helps consolidate a series of pictures to record class activities. Sometimes classes have retrospective DVD shows during the graduation festivities. The historian can help to organize this effort.

Web page liaison to faculty: The faculty and staff have a web page committee. Each class is requested to have a representative to the committee. University policies regarding use of logos, and content of the pages must be adhered to. All creations must be approved by the web page committee. Liaisons will also be invited to give their input regarding new ideas for the Program web site.

Social Media liaison: Jenny Brown coordinates our social media efforts. She would like to have a social media liaison from each class to provide input when changes are made.

. **Committees/Activities**

Student Ambassadors:
Students may sign up to serve as Student Ambassadors to help the Supervisor of Admissions and Student Affairs. Student Ambassadors assist the admissions office staff in meeting prospective and admitted students throughout the year. Students help to provide Program tours, give information, and frequently will take a prospective student to lunch (paid for by the Program).

Orientation committee: The second year class hosts, with the Program's help, the orientation social. It is helpful for several members to be on this committee. Help is needed to locate and reserve a place and time, organize sign-ups for the picnic, get out invitations, maps etc. At the picnic help is needed to set-up and clean-up. Also at orientation the Program solicits students in the second year class to help with writing a welcoming letter, developing the list of helpful resources in the area, providing tours, serving on the student panel discussion, "manning" the welcome desk, and helping with orientation.

Open House/DPT Preview: On a Saturday in the Fall and Spring of each year the Program hosts an Open House or Preview for applicants and prospective students to the Program. The staff and faculty solicit student help with small group discussions, "manning" a welcome desk, and providing tours as needed.

Graduation Committee: Students will participate in the Danforth campus graduation and the Program arranges and provides a private luncheon and hooding ceremony afterwards. Some classes have organized more festivities outside the ceremony. For example, some classes have opted for more than one reception. Some classes have organized parties on an evening before graduation. Sometimes classes have raised funds prior to graduation to cover all costs and sometimes they charge people to attend graduation events. The decision about having extra activities and whether they are paid by the class or by individuals is up to the class. A committee typically handles these efforts beginning in the spring of the second year

Foundation for PT Research Fundraisers:

Run for Research: For the past 20 years students have organized a 5K run and a one mile walk to raise money for the Foundation for Physical Therapy, which supports research in physical therapy. The Challenge is typically organized by two PT programs and their students as a challenge to raise money for this cause. Committee members are needed for this effort to continue. All kinds of skills would be useful for this committee.

Bulletin Board/ Facilities Committee This committee, consisting of faculty, staff and students with representation from each class, works to keep our space in presentable shape and the bulletin boards current. The student member will provide input to the committee about ideas for what gets placed on bulletin boards and will assist in keeping postings on the boards appropriately placed. Also, the facilities committee member will assist staff in keeping the student space and lounge clean, with particular attention to the classrooms after laboratories and to the refrigerator, being sure old food is discarded in a timely way.

Physical Therapy Inclusion & Diversity (PTID) Washington University Program in Physical Therapy (WUPT) is committed to promoting and fostering diversity and inclusion within the Program, the University and the Community. The Program has a team called **PT ID** (Physical Therapy Inclusion & Diversity) that meets monthly and works to advance this mission. **PT ID** includes students, staff and faculty who meet monthly. If you are interested in being a member of **PT ID** please email Gammon Earhart (earhartg@wustl.edu).

OBTAIN AND USE YOUR BOOKS AND TOOLS

- **Buy and keep your books- this is your professional library**

  The faculty works regularly to keep the reading of books and assignments limited to what they think is necessary for preparing you for safe clinical practice. The faculty believes the reading for class is critical material that not only reinforces what is lectured on in class, but extends the content beyond what can be gained by lecture. Unless it is noted, faculty members consider reading assignments required and they will test on content that is assigned.

  Faculty members select required books on the basis of whether they themselves would buy the book for keeping in a personal library. Required books are expected to be useful to students for many years, and not become obsolete in a short period of time. Because students could never rely wholly on what they learn in lecture and what they remember after the program for safe practice, books should be purchased and kept for personal reference. A library is a wise investment that all faculty members value highly.

- **Purchase the Required Clinical Tools**

  The faculty has carefully developed a list of clinical tools that it feels are necessary for physical therapists to own for use in the clinic. Students are expected to arrive to the Program with the following list of items and guidelines are provided to incoming students as to the quality and type needed.

Student Responsibility	Program provides at Orientation	Optional
tape measure	8” goniometer	stainless steel scissors
reflex hammer	finger goniometer	inclinometer
pen light		
standard adult pressure cuff		
stethoscope		

The program provides lockers in the locker rooms for students to store their equipment, as it is necessary to have it available for student during class. Students should also take the needed equipment to the clinic during clinical experiences.

Inclinometers, flexible rulers, gait belts, and scissors are provided for student use while they are in the Program for use during class. They are stored in the equipment closet lockers. Students are responsible for returning all borrowed equipment to the designated lockers.

See the section on clinical education to learn about clinical tools and uniform requirements for the clinical experiences.

COMMUNICATE EFFECTIVELY

- **Communicate frequently**
  Keep faculty and your classmates informed. Faculty members are always open to meeting with students. Though most do not have regular office hours, all are willing to arrange appointments as needed. All faculty and staff members have e-mail addresses and mailboxes in the Main Office. Messages can be left and faculty members are prompt to reply, usually through your university e-mail or mailbox in return. Messages may also be left with the staff. Many class announcements are made through e-mail- check your mail daily!

- **Seek Advice**
  The program does not assign specific advisors to each student, but each of the faculty believes that advising students is a faculty member responsibility. If you need to seek advice about academic or personal needs, please contact any faculty members with whom you feel comfortable. Each faculty member shares a genuine concern for the students in this program. If you are unsure who to contact- see Dr. Jennifer Stith.

- **Give Constructive & Complimentary Feedback**
  Your opinions are essential to maintain an excellent curriculum. Interaction with the faculty through both formal and informal opportunities are provided and encouraged to allow you to voice your opinions and suggestions. You may also make individual appointments with the faculty to share your views. Ample opportunities are available throughout each semester for you to provide formal written feedback. Remember, faculty members need to hear compliments as well as constructive criticisms, and both are welcome.

MANAGE YOUR STRESS

Professional PT education is intense and requires long hours and hard work. A little stress can be helpful in motivating you to work hard and stay involved and allow you to get the most out of your education. But you will need to be attentive to becoming over-stressed. To help prevent excess stress, you will want to

- **Keep up with your studies**
  Not only will you be better prepared for exams if you keep up with your work, your stress level may be lower throughout the semester allowing you to study more efficiently. Especially during the first part of each semester, when you are getting used to the work load, budget your time for studying so that you will not be caught short in the end. Importantly, keep up with all classes simultaneously. Letting your studies lag behind may lead to “cramming”, insufficient learning,

and poor performance.

- **Be proactive**

  Keep a calendar and plan your semester in advance so you can anticipate times when the work load is heavier and when it is lighter.

  When you anticipate a problem or when problems occur, communicate with faculty proactively and seek help (advice, tutoring etc.) as you need it. Don't let things snowball.

- **Keep and use your sense of humor!**

  It is important each day to enjoy some time engaged in light activities or discussion. Humor will not only brighten other people's days, it will contribute to your health and sense of balance in your life.

- **Stay healthy**

  To be efficient with your studying and to allow you to enjoy life outside of school it is important, even when you are feeling pressed for time, to

  - exercise regularly
  - eat a nutritious diet
  - get adequate sleep
  - keep in touch with your friends and family
  - avoid over-scheduling your life
  - avoid excessive use of alcohol and all drugs (this includes regular use or binging)
  - allow some time out for relaxation and recreation.

  You will be better prepared to perform, your life will feel more balanced, and you will be building habits that will make you a good role model for your patients.

  Seek help when you need it

  If you find yourself being overwhelmed with the demands of the program or your living environment, seek help from others- your friends or classmates, your faculty, or the Student Counseling Services. Your mental and physical health are both very important. Keeping yourself healthy is necessary to treat your patients effectively and safely.

- Talk with classmates if their stress appears to be excessive, or if it has a halo effect on you or other classmates.

DEMONSTRATE PROFESSIONAL CLINIC BEHAVIOR

Refer to the Clinical Education Program description.

ABIDE BY THE POLICIES INCLUDED IN THIS STUDENT MANUAL

POLICIES AND PROCEDURES

Promotion, Due Process, and Academic Honesty

It is essential that every student in the Program in Physical Therapy understand the processes by which grades are given and the mechanisms which guide promotion and graduation decisions. It is also important that students understand their right to appeal any decision and the steps necessary to accomplish appeal. This section of the student handbook discusses those areas of the Program policies and procedures.

All of the following policies apply to all students for all courses in the professional physical therapy program at Washington University unless the course coordinator notes a different policy in the course syllabus. The student should refer to these policies and the course syllabi for all classes, assignments, and exams.

Course Expectations

Attendance and Participation: The goal of the physical therapy program is to graduate competent diagnosticians and highly skilled and safe practitioners of physical therapy. Therefore, students are expected to attend all classes, prepare for all classes and actively participate in laboratory sessions and class discussions. Failure to do so may jeopardize your ability to reach this goal and be reason to lower a grade. Students are also expected to report all anticipated absences to the class coordinator in advance of the class and determine what is necessary to make-up the class time missed. All students are responsible for obtaining class materials from another classmate, unless special arrangements are made in advance with the faculty member. Repeated unexcused absences may result in disciplinary action by the Committee on Academic and Professional Evaluation of Students.

Command of previous material: As this is a professional program, you are always responsible for material covered in pre-requisite or previous PT courses. This includes basic scientific background, screening information, skills needed for patient assessment and treatment, and professional behavior. If you find you have deficiencies in these areas, you may consult the faculty for how to enhance your knowledge and skills.

Minimal passing levels: Our commitment to high quality performance in our program and to eventual competence in the clinic has resulted in our electing a general standard of acceptable performance of 70% or above in all academic work. In some courses, certain objectives must be met at higher levels than 70%. Faculty members are permitted to require additional conditions for successful completion of courses. Such additional conditions must be noted in the syllabi.

The clinical education course criteria are set by the Clinical Education Team with consultation from other faculty. Criteria are listed in the course syllabi for these courses.

Failure to meet the minimal passing levels and course expectations will result in review at PT CAPES.

Grading Criteria

A standard set of grading criteria is used for all PT courses. These criteria are based on a strict percentage system as follows. Normal rounding rules to one decimal place apply and will be strictly applied in assigning grades (e.g. 89.4=B, 89.5=A)

A	90-100%
B	80-89%
C	70-79%
D	60-69%
F	<60%

When students do not meet the standards for each class, promotion may not occur. **At any time, if a student achieves a grade lower than the acceptable standard it is the student's responsibility to contact the course coordinator within one week to discuss actions or required grade remedies. Failure to contact the instructor will be considered unprofessional behavior by the PT CAPES.**

It is recommended to the faculty that extra-credit not be offered in courses or for specific assessments. In the event that that a faculty member does offer extra-credit, the opportunity must be available to all learners and must contribute to the demonstration of competence in the related content area. If the extra-credit opportunity presents an unequal opportunity for participation across learners, the faculty member will offer an alternate, but equal opportunity to those learners.

Written Exams & Practical Exams

In taking all written and practical exams, students have the responsibility for preventing and reporting all occurrences of dishonesty. All exams must be completed independently by each student. To prevent dishonesty all students must protect the privacy of their own and other students' exams and papers.

During and after any written exam there will be no discussion about the exam in the presence or hearing of anyone who has not completed it, whether you are on or off the premises.

During and after practical exams, there will be no discussion about the practical exam with any student, whether or not they have taken the exam. This includes discussion during the return of graded exams. The reason for this strict rule is that if a student has not passed a practical exam, a different case will be used on the make-up exam. Discussion among students may unwittingly expose students to cases they may encounter on a future exam. Fair re-examination can only be offered when students have not been privy to prior discussion about the case.

All students and faculty are responsible for reporting violations or the appearance of violations of these rules to the course coordinator or another faculty member. In accordance with program policies on due process, any student found to have violated the rules will be penalized.

All students must pass all practical exams, with passing being set by the course coordinator and minimally at a 70% level. (Passing level expectations that are higher than 70% must be printed in the syllabus.) Additionally, students must pass 70% of the practical exams taken in any given school year on the first attempt.

Test or Assignment Failure

You should become familiar with each course syllabus to determine the specific remedial procedure if a failing grade occurs within a course. **Rounding rules to one decimal point are applied to determine all grades. Students accept the responsibility in the Program for initiating contact with the faculty member to discuss any grade below 70% received on any exam or assignment. Students must approach the unit instructor or course coordinator to discuss or appeal a grade on a test or assignment within one week (5 working days) after the grade is posted.*** You will find that the faculty will work cooperatively with you for you to achieve the appropriate level of learning. Remember that the appeal process may not always result in a grade change but should, more importantly, result in a better understanding of the nature of the error(s).

*During an appeal of any grade, please treat the faculty and staff respectfully. Argumentative behavior is considered unprofessional.

Depending on the course requirements instructors may elect to re-test you on a written exam, or have you repeat an assignment, or they may choose some other method for remedy. It is also the instructor's prerogative to deny a make-up test or repeating the assignment. Students will not be permitted to remedy passing grades on tests and assignments for the purpose of improving their grades.

If a student receives a failing grade on the first attempt of a practical exam, the student must contact the course coordinator to determine the next step for remediation. Remedial work may be recommended before a retake is offered. If a student passes the retake exam, he or she will be given a grade of 70% (or other stated minimum passing grade) for that exam no matter what the retake score is.

Scantron Policies

Exams or assignments that require the use of a Scantron answer sheet must be accurately marked by the student. It is a Program policy that Scantron sheets marked in error will not be corrected retrospectively unless agreed on by the course coordinator in advance of exams. Before turning in your exams, please check that all needed information and answers have been marked accurately. Sign both the answer sheet and the exam and turn both in to the faculty member.

It is the responsibility of the instructors and the course coordinator to make sure the lengths of the exams are appropriate for the time it takes to complete them. If this responsibility is not met, the instructor may make exceptions to the above policies.

Though Scantron grading can mechanically be done quickly, there are several steps involved in scheduling the Scantron service and in reviewing the analysis of the results. **To ensure that grading is done accurately and fairly, students should allow up to one week after a test is taken for scores to be posted.** On occasion, when a faculty member sees that it may benefit students to see their preliminary grades (first run grades that have not been adjusted for errors or reconsideration) they may be distributed to students. **Preliminary grades will be replaced by final grades, which may be higher or lower than the first run grade**.

Students should be aware that due to its programming peculiarities, the cumulative grade that is listed on individual Scantron test reports may not be accurate until all grades for a course have been submitted. (Scantron does not accurately weight the scores until all scores have been entered.) To avoid any surprises, students must monitor their own grades in the course to be informed of their status.

Test Return and Review

The primary means for receiving test scores is via mailboxes or through the Learning Management System (LMS), Canvas prior to the review of the exam. Faculty will make every effort to get tests grades to students within one week after the test is taken. This allows due consideration to all students' answers to tests and is usually a reasonable time limit for faculty to complete the work involved in grading tests. Extenuating circumstances, or excessive time needed to hand-grade tests may increase the time it takes to get grades back to students beyond one week. In these circumstances, faculty should announce to students the plan for returning tests scores.

Policies for student review of graded tests (i.e. after the tests are given and before finals) are at the discretion of the course coordinators. There is some variation among faculty members and course policies should be stated in the course syllabi. If specific policies are not stated in the course syllabus, students should expect to have access to their exams once they are graded, on a one time only basis soon after grades are posted. Faculty and students must work together to establish mutually agreeable times when students can review their graded tests. It is the student's responsibility to approach the course coordinator if he or she is unable to attend when the tests are returned. Many faculty members will meet by appointment with students individually to discuss exams.

When students do have the opportunity to review an exam it is expected they will not reproduce the exam in any manner including "Xeroxing" or copying by hand any part of the exam. Errors in grading should be brought to the attention of the course master. Students must not alter their scores on the exams, practical exams, or Scantron forms. Any student caught reproducing any part of an exam or discussing the exam with others who have not yet completed the exam will be referred to PT CAPES for faculty discussion of their academic misconduct.

Assignments

Students are expected to follow the directions on all assignments. Assignments may be intended as either individual or group work. If an assignment is to be done by an individual student, it is expected that all students will produce original work independently. If an assignment is to be completed in groups, all students in the group are expected to participate equally and the work must be completed by the members of that group only. Students may not use papers written by previous students to prepare their own papers. Students must turn in papers when and where they are due. For late papers, faculty members may deduct points or refuse to accept the paper from the student. Each student has the responsibility for reporting to the faculty member any actions in violations of the above policies.

If the expectations for individual or group work are violated, the actions of the student(s) will be reported to PT CAPES for consideration of academic misconduct. Students who are uncertain as to what constitutes academic dishonesty, including plagiarism, are referred to the Washington University website under academic policies *http://www.wustl.edu/policies/students.html*. The Writing Center on the Danforth campus is open to help PT students with their writing and citation style.

Course Failure

Any student failing a course will be referred to PT CAPES for its decision on whether opportunities to remedy the grade will be offered and if the student will be permitted to remain in the program. If allowed a remedy, the course master will design what needs to be done and in what time frame. Remedies may delay clinical experiences. Options for remedy may include make-up tests, additional papers or assignments, repeating individual units during the next school year or repeating the entire course.

Students having to repeat a course will incur additional tuition costs at the usual rate per credit and typically extend the length of the program by one year. The necessary sequencing of courses in the curriculum may have an impact on registration for courses in following semesters and participation in clinical education. The decision for remedy will be made by the Committee on Academic Performance Evaluation of Students (PT CAPES) in consultation with the faculty member responsible for the course.

Students fail a course if a grade of D or F is received. In that case, the student's transcript will be handled as follows:

1. At the end of the semester, the grade earned will be posted on the transcript. It will remain there until the course is successfully completed.

2. If the course is retaken at the Program, the second grade will be posted in the semester in which it was earned and the earlier failing grade will be replaced with the grade of "R". This grade indicates the course has been retaken and the first course is neither computed in GPA nor does it carry any credit.

Appealing course grades

Complementing the policies of PT CAPES, the Program has an appeal process for course grades. To appeal a course grade, students must contact the course master in writing, within 5 working days of the posting of grades to inform that faculty member about the request for appeal. The course master will discuss failing scores with the appropriate individual instructors within the course (e.g. to evaluate the student's test or evaluation for miscalculation or other such technical problem). All attempts for the course master and student to agree on the grade should be made. After receiving the final decision of the course master, if the student is not satisfied with the decision, the student may then appeal the decision in writing within 5 working days to the Associate Director for Professional Curriculum. In appealing the course master's decisions to the Associate Director for Professional Curriculum, the student must also submit the original written appeal of the grade, which was written to the course coordinator. The Associate Director will discuss the situation with the student and course coordinator as needed and make a decision. If the student does not agree with the decision of the Associate Director, the appeal may be taken to the Education Division Director, again in writing, within 5 working days. The final decision for a course grade rests with the Education Division Director. Faculty members or their designees must respond to the student under the same time frames.

If the appeal process is not initiated within the time frames specified, grades are no longer subject to change.

Exam Policies:

Arriving late to an exam is not consistent with professional behavior and disrupts the faculty member and all students. The following policies are in place to provide a professional environment.

Arriving Late to Exams:

Students must arrive on time to all written exams or quizzes. Late arrival is defined as immediately after the posted start time.

Failure to arrive on time will result in a deduction from the exam grade of 5% for each 10 minute increment of lateness. A student arriving late to a practical exam where a lab assistant serves as the "patient" or subject will be allowed to begin the exam, but will not be given more time than remains for the test. Late arrivals will also result in a deduction from the exam grade of 5%for each 10 minute increment of lateness, as monitored by the manager of the practical exam.

A student who arrives late to a practical exam where another student serves as the "patient" or subject will have 5% deducted from his or her exam grade for each 5 minute increment of lateness. When the student arrives the partner will be allowed to start first and be given the full amount of the test interval. The late student will have the remaining time to complete his or her exam.

Missed Exams

A student who misses an exam due to a valid and excusable reason, as determined by the course master (e.g. illness, family emergency) must call in to the Program at 314-286-1400 prior to the test time and leave a message and a phone number where he or she can be reached. It is the responsibility of the student to contact the course master in a timely manner to schedule a date and time for the make-up exam.

If the course master observes repeated lateness on the part of a student, she or he will bring the issue of unprofessional behavior to the attention of PT-CAPES for action

Washington University Program in Physical Therapy
Practical Exam Grading Scale

Number of Points	Criteria for Rating
4	Independent, accurate and complete performance of item
3.5	Item completed by **trial and error**; finds and corrects own errors independently; no deficiencies noted OR Item completed with **1 minor deficiency**
3	Item completed with no more than **2 minor deficiencies** OR Item completed by **trial and error and 1 minor deficiency**
1	Item completed with **no more than 3 minor deficiencies** OR Item completed by **trial and error and 2 minor deficiencies**
0	Item **not performed** at all OR Incomplete and/or inaccurate performance of an item; shows **1 or more major deficiency or deletion of elements of item**

Definitions:

1. Minor deficiencies or deletions include parts of the item which are inaccurate or less than optimal in performance, but do not influence the results of the test or the decisions made from that test.

2. Major deficiencies or deletions include parts of the item which are inaccurate or performed in a manner that would be unsafe or cause inaccurate results.
(E.g. Incorrect dosage parameters, doing the wrong test or movements in the wrong direction)

   ** If a student starts to perform the wrong test or treatment, the tester will stop them and tell them the wrong test or treatment is being performed. Students will again be told the name of the test or treatment that is to be performed. If students then proceed to perform the correct test or treatment, one point will be subtracted from the final score of the practical. **This cue and opportunity for self -correction will only be allowed once in a test.** All subsequent instances of performing the wrong test or treatment will be considered major errors. If the student gets a zero after being cued, the one point penalty will not be subtracted.

3. Trial and Error: any major error or several minor errors that the student self-corrects immediately; or the overall performance of a skill showing marked hesitation and/or indecisiveness in excess of the expectations for normal problem solving.

4. Treating the wrong extremity at any time during the test will result in subtraction of one point from the total test score. When a test includes separate sections requiring reading of instructions directing attention to specific different body areas, treating the wrong area will result in subtraction of one point from the score for each section.

2002 (current as of 2017)

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
PROGRAM IN PHYSICAL THERAPY

COMMITTEE ON ACADEMIC AND PROFESSIONAL EVALUATION OF STUDENTS (PT CAPES)

I. PURPOSE AND PHILOSOPHY

By conferring the professional Doctorate in Physical Therapy (DPT) degree upon a student, Washington University certifies the student as competent to undertake a career as a physical therapist. The University assesses this competency based on each student's technical knowledge and skills, as well as the student's qualities of personality pertinent to an effective professional life, such as compassion, commitment, and integrity. The Committee on Academic and Professional Evaluation of Students (hereinafter "PT CAPES" or the "Committee") is concerned with students' growth and health in the professional preparation process. Each student is responsible for his or her successful completion of the curriculum, and the PT CAPES is intended to help all students proceed through the curriculum smoothly and effectively. Its major actions are to issue commendations for exceptional performance, to make recommendations for additional resources needed for students to succeed, and to prescribe remedies for academic deficiencies and professional misconduct, up to and including student dismissals and recommendations for suspensions and expulsions.

The rigor of the admissions process attempts to ensure that students have the best preparation to achieve success in the DPT curriculum of the Program in Physical Therapy (hereinafter "Program" or "Program in PT"). Subsequently, appropriate efforts are made to retain students to whom this commitment of admission is made. Action to dismiss or expel a student from the Program in Physical Therapy will be the result of a systematic determination that the student is unable to complete the requirements of the Program successfully based on that student's behavior and/or academic, clinical and professional performance.

The purpose of the PT CAPES is to provide fair and prompt review of student matters. The Committee is not positioned in an adversarial role against students, but serves to review the evidence as presented and determine its decision regarding appropriate action.

II. GENERAL POLICIES AND PROCEDURES

A. **Committee Membership**. PT CAPES is co-chaired by a PT faculty member appointed by the Director of the Program in Physical Therapy ("PT Co-Chair") and a non-voting representative of the medical school faculty appointed by the Dean of the School of Medicine. The Director of the Program may attend the meetings as a non-voting member. The remainder of the Committee is comprised of members of the Physical Therapy instructional faculty, as selected by the Director of the Program. Committee membership must number at least seven individuals but no more than fifty

percent (50%) of the total number of Program instructional faculty. PT CAPES membership and meeting attendance records shall be maintained by the Program's student affairs staff. A list of committee members shall be available at any time upon request to the Director of the Program.

Each member of the Committee (with the exception of the non-voting representative of the medical school faculty and the Director of the Program) shall have one vote. The PT Co-Chair votes only if there is a tie among members present. The Director of Student Health, the Director of the Student Counseling Services and other individuals who have contact with the students may be asked to serve as consultants or advisors on educationally relevant topics to the Committee. Appropriate student confidentiality will be maintained. When there has been a change in Committee membership, the PT Co-Chair will have the discretion to convene a previous membership of the Committee, if practical, to consider ongoing matters heard by that previous membership, or to assign further review of such matters to the Committee as currently constituted.

B. **Meeting Schedule & Procedures**. The Committee holds regular meetings twice each semester to review each student's performance and accomplishments in the curriculum. Regular meetings of the Committee occur each semester at midterm and after final examinations for review of each student's performance. Notices will be posted informing students when regular meetings will occur. In addition, a member of the Committee may request a meeting at any time when a particular student is performing unsatisfactorily or exhibiting unprofessional conduct. Committee meetings are conducted in accordance with Robert's Rules of Order. Specifically, a quorum is designated as one half (1/2) of the membership. A simple majority vote of the members present shall be required for all decisions, except decisions to dismiss a student for academic deficiencies and decisions to recommend that a student be suspended or expelled for professional misconduct, which require a three-quarters (3/4) majority vote of the members present.

C. **Student Notification & Participation**. Any student at risk for immediate, serious, adverse action will receive prompt individual and written notice of the date of any Committee meeting at which his/her performance or professional conduct will be reviewed and the concerns of his/her case that will be considered.

Students who receive individual notice that they are to be considered at a PT CAPES meeting may opt to: 1) write a letter to present to PT CAPES at the meeting, or 2) present themselves in person during the appropriate time they are to be discussed, or 3) present in writing and also present in person, or 4) choose none of these options. If the student wishes to be present in person and cannot be available, the Committee

may either postpone the meeting or conduct the meeting and take action without the student present. Failure of a student to provide reasonable cooperation to the PT CAPES, including but not limited to failure to participate at a scheduled time or failure to provide information requested by the PT CAPES, may be considered a separate instance of professional misconduct, in addition to the underlying issues giving rise to the meeting. Meetings may be rescheduled at the discretion of the PT Co- Chair.

A student who receives individual notice that he or she is to be considered at a PT CAPES meeting shall be permitted, upon request to the PT Co-Chair in advance of the PT CAPES meeting, to appear before the PT CAPES on his or her own behalf. At the student's request, he or she also may be accompanied at the meeting by one person of the student's choosing for guidance and support, although such person will not be permitted to advocate on behalf of the student or otherwise actively participate in the meeting. The student's comments should be limited to no more than 10 minutes. PT CAPES members are permitted to ask questions about the student's written or in-person comments to the Committee.

III. TYPES OF STUDENT ISSUES AND ASSOCIATED COMMITTEE ACTION

Student conduct evaluated by the Committee falls within two categories: (A) Academic Performance and (B) Academic and Professional Misconduct. Each of these two categories has its own procedures, described below. Student conduct will be evaluated in the context of this Policy and any other potentially applicable University disciplinary and academic policies (e.g., the University Student Conduct Code).

A. ACADEMIC PERFORMANCE

Academic course work for DPT students includes didactic and clinical education courses. Students are expected to achieve grade averages of 70% or greater for all courses and for all examinations (written and laboratory practical) which must be passed to pass a course. Certain courses require higher performance standards, as stated in course syllabi. Students must maintain a 2.0 or above cumulative grade point average *and* achieve a 2.0 or better in each semester. Students who do not achieve this standard are considered to have course grade average problems. All course averages for this purpose are computed using standard rounding rules to one decimal place.

Students must pass at least 70% of all practical exams on the first try in any given academic year, or will be considered for dismissal. All clinical education courses must be passed before the student can proceed in the curriculum, although CAPES may offer a remedy for failure of a single clinical course which allows a student to continue with his or her coursework.

1. Possible Actions for Academic Deficiencies

In the event that a student's academic performance does not meet the academic expectations delineated above, he or she will be referred to PT CAPES for academic review. Any Committee decision to take action regarding the academic deficiencies of a student will be communicated in writing to the student within three (3) working days after the Committee meeting. Remedies such as examination or practical examination retake may not be initiated until the student has received this written notice. The following actions may be taken by the PT CAPES:

a. **Mid-Term Warning**

A student will be given a written warning following the midterm Committee meeting if he/she has course grade average problems in one or more courses. The warning advises the student that he/she is in danger of failing one or more courses and is, therefore, at risk for additional action (e.g., probation) after the end-of-semester meeting. Specific suggestions for support services and/or remedial activity may be offered in conjunction with the warning to assist the student in correcting deficiencies. Students are expected to take initiative in using support services/resources and in seeking solutions to identified deficiencies.

b. **Probation**

A student may be placed on probation at the end of a semester if he/she has course grade average deficiencies in one or more courses.

Students placed on probation will be informed of the specific remedial action that must be taken to remove the probationary status. Examples of remedial action include successfully repeating an examination, a clinical experience, a unit, a course, or an entire semester or year.

With the failure of one clinical experience, students may be offered a remedy and be permitted to repeat the course. If the student fails a clinical experience and is permitted to continue in the Program, that student will be automatically placed on probation without waiting until the end of the following semester.

Students placed on probation may be asked to resign from holding a class office position.

c. **Dismissal**

PT CAPES decides whether to dismiss students for academic deficiencies based on the totality of the student's academic performance. Some examples of circumstances which may result in dismissal are:

(i) Students who have failed one course in a semester may or may not be offered an opportunity for remedy by PT CAPES. Students may be dismissed from the Program in the event that one course has been failed and PT CAPES does not choose to offer a remedy;

(ii) PT CAPES may treat a student's failure of more than one course in a semester as independently sufficient grounds for dismissal;

(iii) PT CAPES may treat a student's status of being on probation for two or more semesters as independently sufficient grounds for dismissal; and

(iv) When a student has been offered an opportunity to remedy a course failure and that student fails to successfully remedy his/her academic deficiencies in the time frame established by the Committee, he or she may be dismissed from the Program even if cumulative course averages meet Program standards.

B. MISCONDUCT

In addition to the academic expectations, DPT students are expected to comply with the University's conduct standards.

1. Student misconduct is governed by the University Student Conduct Code. Allegations of student misconduct which may constitute an offense under the University Student Conduct Code will be handled in accordance with the provisions of that Code. The University's Director of the Office of Student Conduct and Community Standards receives and investigates alleged violations of most forms of misconduct under the Code, with Academic and Professional Misconduct being a noteable exception, as described in Section 2, below. See University Student Conduct Code (http://www.wustl.edu/policies/judicial.html) for a full discussion of the University Student Conduct Code.

2. ACADEMIC & PROFESSIONAL MISCONDUCT. Academic and Professional Misconduct are special forms of misconduct under the University Student Conduct Code. Often, Academic and Professional conduct expectations under the University Student Conduct Code also are required to be met in individual programs and courses, as noted in the course objectives. Accordingly, the University Student Conduct Code provides that PT CAPES may hear and decide cases of alleged Academic and Professional Misconduct. PT CAPES shall handle such allegations using the following procedures:

   a. Definition. Academic or Professional misconduct shall include, but is not limited to: breaches of personal confidence and trust, including cheating, unauthorized use of materials during examinations, or other academic misconduct; abuse, misrepresentations or other seriously improper conduct in relation to patients or colleagues including breaches of confidentiality; illegality; substance abuse; failure of judgment including that related to non-compliance in the treatment of any personal medical condition; other misconduct in violation of University policy or the University Student Conduct Code; and misrepresentation or failure in personal actions or in meeting obligations, so as to raise serious unresolved doubts about the integrity of the student.

   b. Procedures for Review

      i. Matters involving possible breaches of the University Student Conduct Code by DPT students shall be brought to the attention of the PT Co-Chair. The individual(s) raising the questions of possible misconduct shall present them to the PT Co-Chair in writing, and provide other detailed written information as necessary. Individuals submitting information are reminded of the need for confidentiality regarding all matters of misconduct.

      ii. The PT Co-Chair shall determine, in consultation with the co-chair of PT CAPES, whether the alleged conduct, if true, could constitute misconduct under the University Student Conduct Code. If the PT Co-Chair determines that the alleged misconduct could constitute Academic or Professional Misconduct, then PT CAPES may retain jurisdiction to consider the alleged misconduct pursuant to the procedures described in this Section III.B.2.b. The PT Co-Chair also has the discretion to refer the matter to the University's Office of Student Conduct and Community Standards or other applicable University office, based upon the nature of the allegation. For example, a complaint alleging that a student has committed a sexual assault would be handled by the Title IX Office.

iii. If the PT Co-Chair deems it appropriate upon review of the alleged Academic or Professional misconduct, he/she will convene a meeting of the PT CAPES. The student shall be notified of this meeting pursuant to Section II of this Policy. The PT CAPES shall, whenever possible, convene within two weeks after the initial meeting between the student and the PT Co-Chair (or designee). Should a student be referred to the PT CAPES for an issue(s) involving both academic performance and academic or professional misconduct, the procedures regarding academic or professional misconduct will be followed.

iv. The Committee is not positioned in an adversarial role against the student, but serves to review the evidence as presented and determine its decision regarding disciplinary action if necessary. The PT CAPES will consider evidence which tends to prove or disprove the alleged conduct. If the PT CAPES finds that the student engaged in misconduct, it may consider additional evidence of prior conduct, evidence as to the charged student's character, the student's academic record, or any other evidence which could assist the PT CAPES in determining an appropriate sanction. The PT Co-Chair will rule on whether or not specific evidence or testimony will be considered. The PT CAPES has neither the advantages nor limitations inherent in a court of law. During the meeting the student will have access to the evidence presented and may present evidence on his or her behalf, subject to reasonable limitations as to amount, scope, and format, as determined by the PT Co-Chair.

v. The decision as to whether the student committed the alleged misconduct will be made solely on the basis of evidence and testimony presented at the meeting. Innocence of the student will be presumed. A PT CAPES member must find in favor of the student unless the member is persuaded that it is more likely than not that the student engaged in the misconduct alleged.

vi. If the person who has submitted the charges of misconduct is a member of the PT CAPES, that member will provide information about the professionalism issue to the PT CAPES, but will then recuse him/herself from deliberation and voting.

vii. The written record of such proceedings will be held confidentially with access restricted to Committee members, the student involved, and members of the Program or WU Administration involved in the proceedings.

viii. Unless it is determined by the PT Co-Chair that extraordinary circumstances exist, the student will be permitted during the PT CAPES proceedings to attend class (but not clinical activities) so long as the student does not pose a threat to himself/herself or others.

c. Possible Sanctions for Academic or Professional Misconduct

Any Committee decision to sanction a student should be communicated in writing to the student within three (3) working days after the Committee meeting.

i. **Warning or Probation**

A student shall be given a warning and may be placed on probation by the Committee upon a finding that he/she has engaged in academic or professional misconduct. The Committee may also require some form of remedy and evidence of readiness to function in a professional manner to remove a probationary status, consistent with the options for sanctions in the University Student Conduct Code. Students placed on probation may be asked to resign from holding a class office position.

ii. **Recommendation of Suspension or Expulsion**

In cases where a student has exhibited significant or repeated academic or professional misconduct, the Committee may make a recommendation that the Dean of the School of Medicine suspend or expel the student. The Dean has thirty (30) days from the date of receiving such a recommendation from PT CAPES to decide whether to suspend or expel the student. The Dean's decision should be communicated in writing to the student and to PT CAPES within three (3) working days after the decision is made.

IV. REQUEST FOR RECONSIDERATION BY PT CAPES

A student may request that PT CAPES reconsider its decision to take adverse action against that student. Such a request may be made for actions concerning the student's Academic Performance and/or Academic or Professional Misconduct. Note: actions taken by entities other than the Committee (e.g., the Dean or the University Judicial Board) are not subject to requests for reconsideration under this Section IV.

Within three days of the date on which a student receives an adverse decision from PT CAPES, the student may notify the Director of his/her intent to request reconsideration of that decision by the PT CAPES. A written request and rationale for reconsideration must be received by the Director of the Program within ten (10) calendar days of the date the Director receives the student's initial notice of intent to request reconsideration. Such a request for reconsideration should be based solely on (a) the need for PT CAPES to consider additional information which was not previously presented; and/or (b) a contention that pertinent PT CAPES procedures were not followed during the original proceeding.

The decision to grant a Request for Reconsideration is within the sole discretion of the Director. If the Director decides to have PT CAPES reconsider its decision, the Director shall notify the student in writing of the decision to reconsider and shall advise PT CAPES to reconvene within thirty (30) days of receipt of the written request to reconsider. During the reconsideration process, the student will be permitted to attend class (but not clinical activities) so long as the student does not pose a threat to himself/herself or others. The Committee may reverse, modify or affirm its original decision based upon its reconsideration and/or input from the student or others.

V. APPEALS

A. Appeal to the Dean of Decisions by PT CAPES

1. **Appealable Decisions.** Only one type of decision by PT CAPES is appealable to the Dean of WUSM. A student may appeal to the Dean of the School of Medicine following a dismissal for academic performance deficiencies. The decision of PT CAPES to impose a warning, probation, or any academic action other than dismissal for academic performance deficiencies is final and not appealable. In addition, the decision of PT CAPES to impose any sanction short of suspension or expulsion, which may only be imposed by the Dean, is final and not appealable. If the PT CAPES recommends suspension or expulsion for academic or professional misconduct, and the Dean imposes a suspension or expulsion, the student may submit an appeal as set forth below in Section V.B.

2. **Appeal Procedures**. Any such appeal from dismissal described in Section V.A.1, above, must be made in writing to the Dean within fourteen (14) calendar days after the student receives the final written decision of PT CAPES (either the initial decision, or a decision denying a timely request for reconsideration, or a decision after reconsideration, if granted). Students are not required to request reconsideration by the Committee prior to appealing to the Dean; however, if reconsideration is requested, appeal to the Dean should not be made until the Director has ruled on the reconsideration request.

The appeal must be limited to the grounds that a fair hearing was not provided, or that the action taken was excessive. Such written appeal must clearly state the grounds for the appeal and must include all supporting information which the student desires to be considered as part of the appeal.

When such appeal is taken, the Dean shall not substitute his or her judgment of the facts for that of the PT CAPES. In deciding the appeal, the Dean may utilize, at his discretion, an ad hoc appeals committee to advise him on the merits of the appeal. Members of the appeal committee must be faculty members at the School of Medicine. Members of PT CAPES are not permitted to participate on an appeals committee for decisions on which they voted.

The Dean shall have thirty (30) days from the date of receipt of the appeal to decide the appeal, unless extended by the Dean upon notice to the student, and the decision of the Dean shall be final. The Dean may decide to uphold the decision of PT CAPES, reverse the decision of PT CAPES, or remand the matter to PT CAPES with instructions for additional proceedings. The Dean's decision should be communicated in writing to the student and to PT CAPES within three (3) working days after the decision is made.

B. Appeals to the University Appeal Officer of Decisions by the Dean to Suspend or Expel

As set forth in Section VII (B)(1) of the University Student Conduct Code, a student may appeal the decision of the Dean of the School of Medicine to suspend or expel a student from the Program for misconduct. Such an appeal should be made in writing to the appeal officer designated by the Chancellor within fourteen (14) calendar days of the date of the final written decision by the Dean. The appeal officer as of the approval date of this policy is the Provost.

The appeal should be limited to the grounds that a fair hearing was not provided, or that the sanction imposed was excessive. When such appeal is taken, the appeal officer shall not substitute his or her judgment of the facts for that of the Dean. The decision of the appeal officer shall be final.

August 2019

Procedures for Reports of Academic Misconduct

Maintaining academic integrity is a responsibility for all students and faculty. Without it we fail to preserve the rights and safety of our patients and fellow professionals, and we fail to meet the expectations of our profession.

Offenses of academic integrity include any action that violates the Judicial Code of the university as reported in *University Student Judicial Code*, the document of policies and procedures at Washington University (http://www.wustl.edu/policies/judicial.html#three). One offense of academic integrity is academic misconduct, defined in the *Judicial Code*:

> **"Academic misconduct, [includes, but is] not limited to, cheating, plagiarism, fabrication of data or records, unpermitted collaboration on assignments, misrepresentation of student status, and résumé falsification. Knowingly making false allegations of academic misconduct against any student will itself be considered a form of academic misconduct. "**

Academic misconduct also violates the APTA Code of Ethics. Below are guidelines for reporting incidents of academic misconduct. Students and faculty observing other students engaging in activity that is academically dishonest share the responsibility that the incident is dealt with appropriately and in a timely fashion.

I. **Student observes academic misconduct**

A. If a student chooses to take action at the time of the occurrence (e.g. during a test) the student shall

1. inform the course coordinator about the observed behavior
2. document the observed behavior after the incident and give it to the course coordinator

B. If a student chooses to take action after the time of the occurrence (e.g. after a test) the student shall

1. confront the other student using appropriate communication skills to obtain that student's account of the incident
2. inform the alleged student that the incident will be reported to faculty because of University and Program policy
3. report the incident to the course coordinator or other faculty member
4. document the incident in writing for faculty action (see below for the guidelines faculty follow based on the willingness of students to document academic misconduct.)

II. **Faculty member observes academic misconduct with or without student corroboration:**

A. If a faculty member chooses to take action at the time of the occurrence (e.g. during a test) he or she shall

1. inform the student about the observed behavior and then follow steps under II B. 2-4

B. If action is delayed until after the time of the occurrence (e.g. after a test) the faculty member shall

1. confront the student and obtain the student's account of the situation
2. report the incident to the Associate Director for Professional Curriculum or the Education Division Director
3. Follow the policy of PT CAPES

III. **Faculty member receives a student's report of academic misconduct of another student but did not observe the incident directly**

A. Confront the student reported to be dishonest and share that a report was made to you; then obtain the student's account of the incident

B. Ask students who report incidents to you to document their observations for PT CAPES and encourage them to confront their peers; inform them that without their documentation of the incident you cannot take definitive action except to counsel the alleged student; only with their documentation can the matter be acted upon

C. Assess the situation

1. If you agree that academic misconduct has occurred

a. Document the incident and discussions with the student
b. Report the incident and your proposed action to the Associate Director for Professional Curriculum or the Education Division Director

I. if you are comfortable with the action to take, proceed and then report what your actions were to the Associate Director for Professional Curriculum

II. if you are uncertain about what actions to take, report the incident to the Associate Director for Professional Curriculum for a decision

2. If you cannot ascertain if academic misconduct has occurred and the reporting student is willing to document the incident

a. report the incident to the Associate Director for Professional Curriculum or the Education Division Director

3. If you cannot ascertain if academic misconduct has occurred and the reporting student is unwilling to document the incident

   a. document the incident and submit the report to the Associate Director for Professional Curriculum who will then submit it to the Coordinator of Admissions and Student Affairs for the student's record
   b. inform the reporting student that no further action can be taken

Students who report incidents of academic misconduct will be referred to anonymously at PT CAPES meetings, e.g. by referring to them as "student A" or student "B" etc. Students whom the faculty member believes have been academically dishonest, or students about whom fellow students are willing to submit documentation, will be referred to without a name during the initial discussion of the incident. PT CAPES will be informed of the student's name after agreement has been reached on the actions to take.

Policy on Recording Classes

To accommodate student absences and for students who would like to review past lectures, all lectures will be recorded and made available for all students. All recordings are copyrighted and considered property of the Program. Students should not share them with others nor copy them in any manner. Please note that despite recordings being made available to students, the faculty still expects student attendance in class except in the case of illness or an excused absence (family emergency, critical illness in the family, funerals for immediate family, required court appointments, and medical appointments that cannot be scheduled except during class time).

Policy on Personal Taping

Students may use personal equipment to audiotape or videotape any lecture only if advanced permission is obtained directly from the lecturer in advance of the lecture.

Copyright Law and the Classroom

The Program follows copyright law. All members (faculty, staff, and students) of the Program in Physical Therapy are expected to comply with copyright law. Copyright law provides the legal right to authors of original works to protect the authors' rights to obtain commercial benefit and to control how the work is used.

How are Program members expected to comply with Copyright Law? Faculty, staff and students are prohibited from providing multiple classroom copies of the following items unless the publisher of such material has given explicit permission for classroom distribution:

- published articles or portions of books
- figures, tables, text etc. that were obtained from copyrighted material
- copies of power point presentations that contain copyrighted material

Faculty, staff and students are allowed to print out or photocopy one copy of an article for their personal use.

No copyrighted material may be posted on course or Program web sites unless explicit permission from the publisher has been obtained. At times faculty members may have the library post material on e-reserve.

All course materials created by faculty, adjunct faculty, and students are protected by copyright law. All material distributed in print, via electronic media, or on the Internet by the Program in Physical Therapy is considered copyrighted material. Students are prohibited from copying materials for distribution without express permission of the author (e.g. professor) and giving credit to the originator of the material. Students may not sell any material or use it for commercial interests.

There are significant costs in obtaining copyright permission. Faculty will limit this at times to avoid passing on costs to students through fees or tuition increase.

For specific details of copyright law and Washington University policy please refer to the following website: http://www.wustl.edu/copyright/.

Student Authorship

Occasionally students will have the opportunity to co-author a poster presentation, oral presentation, or manuscript with faculty members. Students must seek counsel from the faculty regarding who is included as an author and in what order authors are listed. The university has careful guidelines on this practice, as do certain journals. Students will not be considered sole authors of any project done during their studies here.

Policy and Procedure on Supporting DPT Students for Scientific Presentations

1. Faculty members shall notify the Director and the Division Director of Education at the time of submission of the abstract and when they have received notice of acceptance. Faculty member will then be notified is funding is available.

2. A faculty member's name and Washington University Program in PT must be on the poster; if the presentation is a report on the student's own work, the student's name should be listed first.

3. We highly encourage students to attend and present at the Missouri Physical Therapy Association state conference.

4. We do not encourage students to miss class or clinical experience time to present posters or presentations, but will consider this an excused absence in the case of CSM or annual conference. Students completing their clinical experiences must get permission to take time off from their clinical instructors.

5. The Program will pay for the preparation of the poster, registration required of presenters at the APTA student member rate, and one night's hotel stay. Any additional funds must be negotiated and are not guaranteed.

6. If the work is a result of a fifth semester course and is submitted in time for the first possible opportunity to present at CSM or annual conference following the student's graduation from the Program (e.g. 2018 graduate presenting at 2019 CSM or June 2019 conference) the same level of funding will be offered to the recent graduate.

7. Students will be encouraged to present their posters or other presentations to faculty for practice.

8. When grant funds are available, investigators are free to handle funding for student presentations as they wish within the constraints of the funding agency's policies.

9. PhD students are not eligible for funding under this policy.

Policy on the use of the Washington University logo or Program in Physical Therapy name

The University has very strict rules on the use of its logo on anything (clothing, stationery, signs, etc.). Please contact Sarah Rands to confirm whether your intention to use the University logo is acceptable.

Use of the Program in Physical Therapy name must meet acceptable standards of decorum. For example, some classes or teams have created their own t-shirts for special events or intramurals. Phrases, wording or drawings must be professional and inoffensive. Please note: The Program in Physical Therapy does not support activities where excessive drinking or risky behavior is encouraged. If such events are scheduled (e.g. pub crawl), students may not place the University Program in Physical Therapy name on the t-shirt. Remember anytime you are wearing apparel with our name on it, you represent the Program. We expect that representation to be professional.

Student Computer Use Policies

The University owns the computer equipment and software provided in the study rooms, lounge, breakout rooms and the first floor classroom. The equipment is maintained by WashU IT staff. Use of the equipment is restricted to students from the Program in Physical Therapy. The computers are provided primarily to facilitate completion of course-related work by students. Please help us insure the greatest possible benefit to all students by adhering strictly to the following guidelines.

USER GUIDELINES

- Report all **VIRUS INFECTIONS** ***immediately*** to ithelp@wustl.edu (314-933-3333).
- Report all operational problems, such as, equipment malfunction, and software malfunction to WUIT.
- Do **not** install or download any software, including games onto student computers.
- Do **not** alter any operating system settings including display, memory, communication parameters, printer drivers or any other environment settings.
- Do **not** alter any of the system files (e.g., config.sys, autoexec.bat, any .sys or .dll file).
- Do **not** alter any printer, network, mouse, keyboard, or monitor connections.
- Do **not** delete any files that you did not create.
- Do **not** store on the hard disks any files that you have created with the expectation that the files will be retained. The hard disks will be reformatted periodically and the Program will accept no responsibility for lost user files. Each student will have access to file in the cloud storage (i.e. Box).
- The highest priority for use of the computers is **course-related work**. Thus, students using the computers for other purposes should yield to those who need to do course-related work. All users should be considerate of all other users in sharing the computers, especially during periods of heavy use (i.e., between classes).

- Printers should be used for **course-related work only**. System administrators will monitor the content and number of pages printed by each student.

- All users are responsible for refilling copiers with paper, clearing the work area of clutter before leaving the room, and keeping fluids away from the computers. Contact the receptionist at the front desk of the Program suite for copier problems.

- **Failure to comply with the User Guidelines will result in termination of computer user privileges for the offender and may result in removal of all student computers.**

Policies on the Use of Electronic Equipment in the Classroom

A-V Equipment

Audiovisual equipment in rooms 2700, 2706, 6700, 6701 and 1235 is available for use during class time only. Only trained work study students or Program staff and faculty members may operate the equipment. The computers at the podia in each classroom may not be used by students for personal use or studying. Anyone caught using the equipment will be reported to PT CAPES for breach of professional conduct. Students may **not** use the equipment for any social events unless approved by the Director of the Program. Audiovisual equipment may **not** be taken outside of the Program. All malfunctions must be reported to the receptionist in the main office (room 1101 or PT-Technology@email.wustl.edu) immediately so appropriate repairs can be made. See also the policies on video/digital taping.

- The Program adheres to the proposed University Unauthorized Recording Policy, which is stated below:

  Students are expected to respect the reasonable expectations of privacy of other individuals within the University community. Students are prohibited from making or attempting to make audio or video recordings or live transmissions, or photograph images of private, nonpublic conversations, meetings, interactions or other activities on Campus wherein there is a reasonable expectation of privacy, without the knowledge and consent of all participants recorded and/or depicted in an image or live transmission. Students are further prohibited from making or attempting to make an audio or video recording or live transmission, or photograph images of classroom lectures or discussions without written permission from the instructor. The use of such undisclosed or hidden recording or transmission devices, including but not limited to cell phones, web cams, cameras, video or audio recorders, smart pens, smart phones and other related technologies, is prohibited, as is the transmission or distribution of any such recordings or images. This provision does not apply to (a) the recording or live transmission, or still photography of public events or discussions authorized by the University; (b) recordings or live transmissions, or photographs otherwise authorized by the University; or (c) recordings or live transmissions, or photographs made for law enforcement purposes. Students with disabilities who require such course-related recordings as part of their accommodations must make arrangements and receive authorization through the Disability Resources office on Campus.

Policy on the use of personal cell phones and laptops computers

- Wireless network access is available to students at no additional cost in all Program facilities

and in the Bernard Becker Medical Library, Farrell Teaching and Learning Center and other areas of the Medical School. All laptop computers must be configured to access the Medical School's secure wireless networks. WASHU IT will provide assistance.

- The electrical outlets may be used if students do not place power cords across walkways in the classrooms or hallways. Charge computers by using the power strips on top of the cubbies.

- Students should not attempt to connect any personal computer to any wired network connection receptacle within the Medical Center.

- Students and faculty members (including guest faculty) are permitted to use their smart phones and computers in class for school-related activities only. All devices in use should be completely silenced and should be used on top of the tables where they can be seen. If you do not need to use your phone or computer, please keep them completely off, as the more devices that are on, the less bandwidth is available to others. If you need to take a phone call, please leave the classroom.

- School-related business for students does not include text messaging, using social networks, or playing games. Any student who is found using these devices for other than school-related activities will be asked to stop the activity. Repeated offenses will be reported to PT CAPES and the student may be cited for unprofessional conduct. Faculty members are not to confiscate student's equipment. No devices are permitted to be on or used during exams unless explicitly directed by a faculty member.

- If students or faculty members are distracted by the activity of someone using their electronic device they should approach the person and ask them either to stop using the device or to be less distracting. Those who are so asked are expected to comply, to create the best learning and teaching environment.

- During breaks between classes, students and faculty are free to use their devices in their normal manner. Please remember to keep your phone silenced or off again after use during a break.

Policy on Social Media

The Program in Physical Therapy utilizes social media to inform and promote news, accomplishments, and happenings that occur throughout the year.

Instragram: @wustl_pt
Twitter: @wustl_pt
Facebook www.facebook.com/washupt

Students are encouraged to share photos from extracurricular activities such as IM Sports, Community Service Events, PT Prom, Mr. and Ms. PT, etc. Students are encouraged to use #wupt or tag @wustl_pt when sharing photos on Twitter. A student can also email a photo to be included on the Program's Facebook or Twitter page by emailing Jenny Brown, Marketing Manager, at jennifer.brown@wustl.edu.

Student must read and follow Washington University School of Medicine in St. Louis Social Media Policy. http://medschool.wustl.edu/policies/social_media_guidelines.

According to the policy, "Social media platforms are among the current and new technologies that will continue to emerge. These policies and guidelines apply, but are not limited, to sites such as YouTube, Vimeo, Facebook, iTunes, blogs, web feeds such as RSS and Twitter, MySpace, LinkedIn, Flickr, community forums and chat rooms, list serves, social bookmarking sites and other forums.

In part, the social media policy states:

- We expect all who participate in social media on behalf of WUSM to understand and follow these guidelines and the University's Social Media Policies.
- All faculty, students and staff of WUSM are asked to be mindful of their roles in protecting patient confidentiality at all times, including during participation in social media venues.
- Acceptable content may be positive or negative in context to the conversation, regardless of whether it is favorable or unfavorable to WUSTL. However, language that is illegal, obscene, defamatory, threatening, infringing of intellectual property rights, invasive of privacy, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to any person or entity, or otherwise injurious or objectionable is unacceptable and shall be removed.

Washington University in St. Louis will not tolerate content that infringes on proprietary information, or that is defamatory, pornographic, harassing, libelous, or inhospitable to a reasonable work environment.

Expected Behavior on WUSM- or WUSTL-Affiliated Sites or Media

- Follow all existing WUSM policies and guidelines, including HIPAA, Conflict of Interest Policy, Intellectual Property and general civil behavior guidelines cited above.
- Respect copyrights, trademarks and intellectual property of the University, WUSM and others.
- Protect others' privacy and their proprietary financial, patient care or similar sensitive or private content.
- Be professional and respectful in all postings. Be mindful that all communications in the online environment are visible to patients, co-workers, managers, competitors and others. Remember that nearly all content contributed on all social media platforms becomes immediately searchable and can be immediately shared.
- When representing WUSM or WUSTL, identify yourself and your role with the organization in all posts. Use good judgment and strive for accuracy. Errors and omissions could result in liability for you or for WUSM.

Open Lab Policies

Washington University Program in Physical Therapy's goal for Open Lab is to provide one Student Open Lab Facilitator for every 15 students attending (1:15 ratio). Open Lab will be staffed by qualified second and third year students and recent graduates.

Open Lab will be held in a Program classroom. It is the responsibility of the Open Lab Facilitators to appropriately staff Open Lab according to the number of students who indicate interest by signing up on a weekly basis.

Procedures

In order to appropriately staff Open Lab, students are strongly encouraged to sign up for all sessions they desire to attend. Weekly sign up sheets will be posted on the student bulletin boards at the beginning of each semester. These sign up sheets will indicate the day and time of Open Lab. All students who desire to participate in Open Lab must sign their name on the sign up sheet.

All students must sign an attendance sheet at the Open Lab session. The attendance sheet must be returned to the Open Lab Facilitators, who will ensure these attendance sheets are delivered to the Faculty-Advisor. Students may attend Open Lab if they neglected to sign up. However, the Open Lab staff are instructed to give priority to students who signed up in advance.

Open Lab will be held on a weekly basis for 1st year students. The Open Lab schedule varies according to the practical exam schedule for 2nd year students. Each session will last for a maximum of 2 hours. Even if no students sign up for Open Lab, there will be one Student Open Lab Facilitator present for the first 30 minutes of each Open Lab session. If no students arrive during this 30-minute time period, the Student Open Lab Facilitator shall leave.

When students choose to sign up for Open Lab, it is a commitment and their attendance is expected. Student Open Lab Facilitators are instructed that they are to leave if no students arrive within 30 minutes of the Open Lab starting time, the 2-hour time session is over, or if remaining students do not wish to have further supervision.

Similar to the semester class schedule, the time and day of Open Lab has been established to best meet anticipated needs of all students during each semester and to minimize conflicts with course and exam schedules. Frequent requests for changes in time or day are discouraged. Exceptions are the decision of the Faculty Advisor and subject to staffing availability.

In addition to, or in substitution for, the regularly scheduled Open Lab night, there may be specific evenings designated to specific skill practice as determined by the Faculty Advisor. As always, students are strongly encouraged to keep current on their practice of manual skills and avoid waiting until the “last minute” to practice.

All questions and concerns regarding Open Lab policies or procedures should be directed to the Faculty Advisor for Open Lab.

Policy on Alcohol in the Program

The Program adheres to the policies of the University on alcohol and drugs. (see https://pages.wustl.edu/prograds/alcohol-service-policy).

Alcohol may be brought into the Physical Therapy Program space for sanctioned social events (e.g. graduation celebrations, dissertation defense celebrations, faculty and student parties) providing no classes or other meetings are in session and permission has been given by the Director or any of the Associate Directors. At no time may individuals under the age of 21 years consume alcohol on the premises or at outside events hosted by the Program

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

Policy for Students With Disabilities

It is the goal of Washington University to assist students with disabilities in removing the barriers their disabilities may pose and provide support in facing the challenge of pursuing an education at Washington University.

Washington University recognizes and accepts its professional, legal and moral responsibility to avoid discrimination in the acceptance and education of qualified students with disabilities and to provide reasonable accommodations to such students consistent with the principles embodied in the law. These guidelines apply to students seeking admittance as well as to those who become disabled while they are enrolled.

Washington University makes every effort to insure that all qualified applicants and students can participate in and take full advantage of all programs and opportunities offered within the University. Washington University encourages and gives full consideration to all applicants for admission. Washington University does not discriminate in access to its programs and activities on the basis of age, sex, sexual orientation, race, disability, religion, color, or national origin.

All students in educational programs at the School of Medicine, those seeking admittance, as well as those who become disabled while they are enrolled, must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty and the profession.

In this regard, we will be guided by the principles outlined below.

A. Responsibilities of the Student

1. Disclosure of Disability

It is the responsibility of a student who has a disability to disclose it and request accommodation from the Dean for Student Affairs or Program Director. The School encourages students with disabilities to identify themselves as early as possible in order to optimize the mobilization of resources and available accommodations.

2. Diagnosis of Disability

Students who are in academic difficulty that might be a consequence of a disability are encouraged to avail themselves of diagnostic services that may lead to accommodations. The University does not offer this service, but may be able to refer you to someone. Furthermore, such students are encouraged to explore with the administration of their academic unit the possibility of a disability if the inquiry is relevant to educational performance and there is evidence of educational performance problems.

3. Documentation of Disability and Request for Accommodation

The disability, its functional impact and requested accommodation(s) must be documented. If the student discloses a disability and requests accommodation, the School requires documentation of the disability from a qualified professional. The student is financially responsible, unless there are extraordinary and compelling circumstances, for the costs related to the documentation by an appropriately educated and trained professional. The information provided by the professional must be factual, objective and technically valid, and must establish clearly that the disability substantially limits one or more of the student's major life activities. The professional(s) who evaluate the student should identify options for management of the disability. Based on this information, the affected student then should request in writing the accommodations which he or she requests be made. The Dean for Student Affairs or Program Director and the student should work together to arrive at reasonable accommodations. The School may also require a second expert opinion for which the School may be financially responsible under extraordinary and compelling circumstances. The School reserves the right to request as much detailed information from the student and/or the professional(s) as is necessary to assess the scope of the disability and/or the reasonable accommodations.

B. Responsibilities of the School

1. Review of Requests for Accommodation

Requests for accommodations will usually be reviewed by the Dean for Student Affairs or Program Director. An ad hoc assessment team may be convened which may include the Dean for Student Affairs, the educational Program Director (or curriculum supervisor), selected members of the Disabilities Oversight Committee (See Section B.5 below) and other consultants as appropriate to the individual circumstances. The assessment team usually should include: (1) individuals who understand the curriculum in question; (2) a person who is knowledgeable about the Americans with Disabilities Act; (3) a person with authority to authorize accommodations and cause them to be implemented.

2. Responsibilities for Accommodation

The School of Medicine is responsible for the costs incurred in making accommodations which are not unduly burdensome or unreasonable. Accommodations may include but may not be limited to academic modifications which do not fundamentally alter the nature of the program, auxiliary services, modifications of the circumstances and methods of qualification examinations, classroom modifications and others. The

School's responsibility to accommodate ends when a student with a disability: (1) refuses reasonable accommodations; (2) is unable, with reasonable accommodations, to fulfill the essential requirements of the program; (3) fulfills the essential requirements and graduates; or (4) transfers to another institution. The School is not required to provide an accommodation which fundamentally alters the nature of the program, is unduly burdensome or is unreasonable.

3. Confidentiality

Information pertaining to a student's disability and accommodations will be maintained in a file that is kept confidential and separate from the student's academic record. Appropriate faculty, staff and administrators may be informed regarding the disability, limitations, restrictions, and accommodations when they have a need to know such information.

4. Application of PT CAPES Policies

The policies and procedures of the School regarding promotion and retention are contained in the PT CAPES Policies for each academic unit. These policies and procedures govern the relationship between the School and all students, including those with disabilities. The School is not obligated to retain a student with a disability who poses a significant threat to the health or safety of others when there is no reasonable accommodation that either eliminates or sufficiently reduces that risk.

5. Disabilities Oversight Committee

There shall exist a standing Disabilities Oversight Committee composed of members designated by the Dean of the School of Medicine. The committee shall have the following responsibilities: periodic review of requests for accommodations and accommodations granted, provide recommendations regarding accommodations for disabilities, to serve as requested on disability appeals committee. This group serves as a resource regarding issues of significance to the institution and to students with disabilities.

C. Appeals

A student with a disability who believes that a request for accommodation has been improperly denied or who perceives that he or she has been discriminated against on the basis of a disability should direct his or her appeal to the Dean of the School of Medicine. As needed, the Dean of the School of Medicine may assemble an advisory group to review appeals and make recommendations. This group may include, but may not be limited to, the following: the chair of the committee that oversees academic evaluation and advancement of students for the particular academic unit, students, and/or representatives of the Disabilities Oversight Committee.

Policies for Accommodations Based Upon Sexual Assault

The University is committed to offering reasonable academic accommodations to students who are victims of sexual assault. Depending on the specific nature of the allegation, such measures may include but are not limited to: implementation of a no-contact order, course/classroom assignment changes, and other academic support services and accommodations. If you need to request such accommodations, please direct your request to Kim Webb (kim_webb@wustl.edu), Director of the Relationship and Sexual Violence Prevention Center. Ms. Webb is a confidential resource; however, requests for accommodations will be shared with the appropriate University administration and faculty. The University will maintain as confidential any accommodations or protective measures provided to an individual student so long as it does not impair the ability to provide such measures.

Bias Reporting:

The University has a process through which students, faculty, staff and community members who have experienced or witnessed incidents of bias, prejudice or discrimination against a student can report their experiences to the University's Bias Report and Support System (BRSS) team. See: diversityinclusion.wustl.edu/brss/

Mental Health:

Mental Health Services' professional staff members work with students to resolve personal and interpersonal difficulties, many of which can affect the academic experience. These include conflicts with or worry about friends or family, concerns about eating or drinking patterns, and feelings of anxiety and depression. See: shs.wustl.edu/MentalHealth Contact Student Counseling Services at Student Health, 314-362-2404, and ask for Gladys Smith, PhD.

Safety and Participation Policies in the Program

The purpose of the Safety and Participation Policy is to ensure that students are physically, and emotionally safe to learn in an environment with equipment that is routinely monitored by students, faculty, and the BJC Clinical Engineering Department.

By matriculating and continuing in the Physical Therapy Program, a student agrees that they may be selected by the instructor and used as a model for class demonstration. A student also agrees to work with fellow students as a lab partner for examination and treatment practice. If for any reason a student believes that they have a medical condition, religious restriction or cultural restriction that would prohibit participation, the student has the responsibility to inform the course master and the Associate Director of the Professional Curriculum. The student may be required to obtain documentation to verify the above reasons for limited or non-lab participation. In the event of a medical condition, the student may need to seek disability accommodations to ensure that Program Technical Standards can be met. Continuation in the course and program will be determined on an individual basis and the student is required to demonstrate proficiency in performing all skills on a classmate or tester during practical examinations and clinical education experiences as outlined in each course syllabus.

Safety

Being a student in the Physical Therapy Program involves certain activities that pose potential risks. The Physical Therapy Program is committed to the safety of the students. Students must adhere to program policies regarding safety as well as the following issues related to safety in the classroom and lab:

1. Students must demonstrate appropriate safe, ethical, and professional behavior as well as didactic course competence to progress through the physical therapy program. Unsafe, unethical, or unprofessional behavior may prevent a student from successfully completing a didactic or clinical course.
2. All program equipment undergoes an annual safety and calibration check. In addition, students and faculty are responsible for monitoring all equipment for signs of wear and malfunction. Any equipment demonstrating a safety concern will be immediately removed from student use and the Associate Director of the Professional Curriculum will be notified.
3. Students are responsible for prompt reporting of any acute adverse health event (injury or illness) associated with a class or lab session to the course master, or in the event of an adverse health event during a clinical education experience, to the Associate Director of Clinical Education. If needed, 314.362.4357 (2-Help) should be called and the course master or faculty member in charge will be responsible for completing an incident report as described in the Emergency Organization information.
4. It is the responsibility of the student to report relevant health information to the course master when it results in the student not being able to perform a lab activity or serve as a lab partner. A written note from a physician may be required outlining specify activity precautions or guidelines.
5. In order to provide an optimal learning environment which is safe and clean, students are expected to participate in routine classroom cleaning procedures following the completion of each class and lab.
6. Students are expected to follow appropriate Hazardous Material and Infection Control Policies as trained during each year's orientation and appropriate to the environment whether it be in the classroom, laboratory, or clinical setting. Students are required to follow Universal Precautions. All blood and body fluids are treated as if known to be infectious for bloodborne pathogens. Gloves, masks and gowns are available on-site and frequent use of hand sanitizer and hand washing is required.
7. First aid kits, fire extinguishers and AEDs are located on each floor of the program. Please refer to the Emergency Organization information for specific locations.
8. Specific policies and procedures are discussed in courses throughout the program. Any questions about safety should be directed to the appropriate faculty member, Associate Director of the Professional Curriculum, or Clinical Education Instructor.

EMERGENCY PROCEDURES FOR 4444

In all events of **EMERGENGY:** **CALL 314-362-HELP (4357)** and provide the following:

LOCATION:

- ✓ Building, floor and room number

SITUATION:

- ✓ Brief description of situation. [For example; subject has lost consciousness or subject is bleeding etc.]
- ✓ Important Subject Information
- ✓ **If Emergent → Request 911 Be Called Immediately**

OTHER PROCEDURES:

- ✓ Provide your name
- ✓ Repeat Location and Room
- ✓ Do not hang-up until 2-Help has all essential information
- ✓ Mobilize individuals to key positions in the building to direct first responders and 911 personnel
- ✓ Clear all obstacles from hallways, classroom, offices etc.
- ✓ Clear all non-essential individuals from area of incident.

AED locations:

1. 4444 1st floor in WU Physical Therapy Clinic near water faucet and sink
2. 4444 1st floor guard's desk
3. 4444 elevator lobbies floors 2 – 6 and basement
4. 4444 lower level PT space between the locker rooms

FIRE EXTINGUISHER locations:

1. 4444 1st floor building entrance
2. 4444 clinic patient area hanging on wall between restroom and Room 1219
3. 4444 main office pod 1 across from first office
4. 4444 main office pod 3 near exit door
5. 4444 1st floor north hall near water fountain and family assist restroom
6. 4444 1st floor OT hall leading to vending area
7. 4444 lower level between B115 and B117
8. 4444 lower level just inside entrance to B104 – B108A
9. 4444 lower level north hall near northeast staircase
10. 4444 2nd, 4th, and 6th floors in the hallway next to the East stairwell

To use fire extinguisher remember **PASS**

P – pull pin
A – aim
S – squeeze the nozzle
S – spray the area sweeping back and forth

Fire extinguishers are primarily for small fires only. If the fire is not out in one minute, GET OUT!

Pull alarms on the way out and close as many doors as possible to contain the fire.

PULL ALARM locations:
By all exits – primarily in main halls, by front doors, and stairwells.

FIRST AID KIT locations:
1. 4444 first floor clinic in cabinet above sink (Suite 1210)
2. 4444 first floor main office in kitchen cabinet to the right of the sink (Suite 1101)
3. 4444 lower level B115 + ***emergency preparedness kit***
4. 4444 lower level B110 + ***emergency preparedness kit***
5. 4444 Suite 1235 on bookcase in back of room
6. 4444 Suite 2700 on bookcase in back of room
7. 4444 Suite 6700 on bookcase in back of room

Note: please notify Angel Were if kits are in need of supplies

OTHER SUPPLIES:
Water and soda are located in the storage closets on the lower level of the 4444 building.

COMMUNICATION EQUIPMENT:
Megaphones/radios are not available at this time.

COMMUNICATION:
WU students, faculty and staff with an @wustl.edu address will automatically receive emergency messages via email. To receive text messages to cell phones and voice calls, your phone number(s) must be entered in the student information system (SIS) or the human resources management system (HRMS). Faculty and staff may also enter their campus and/or home phone numbers (in addition to their cell phone numbers) in HRMS. Only those who have provided their cell phone numbers for text-enabled phones will receive WashUAlerts emergency text messages. Additional information can be found at
https://emergency.wustl.edu/tools-resources/washu-alert-system/.

FIRE DRILLS/DISASTER PLANNING:
All Program members are expected to exit the building during a fire drill (whether or not it is a false alarm) and gather on the **northeast lawn at Forest Park and Newstead** and sign in with Program emergency response personnel. Although specific individuals are identified to monitor evacuation of Program space(s), all individuals carry an obligation to help in evacuation of students, patients, visitors, and fellow employees. Our Program has a Disaster Planning Committee with individuals appointed to focus on preparedness, response, and recovery. Team members are identified on the Emergency Organization and Team Roster.

In the event evacuation of the building is required, the following people are responsible to check and clear the Program areas at 4444:

1. Diane Backes will clear the clinic (backup: Kim Talbert)
2. Sarah Rands will clear the Admissions and Clinical Education offices (backup: Alice Samatmanivong)

3. Tracie Hughes will clear the Administrative area and Faculty offices (backup: Carolyn Ryterski-Brinker)
4. Martha Hessler will clear the lower level (backup: Kristen Roles)
5. If class is in session, the lecturer will be responsible for clearing the classroom

Responsible person will walk through location and announce, "we have a _____ emergency, take any necessary belongings, evacuate to the meeting location, and do NOT use the elevators."

CASTASTROPHE LOCATION:
In the event of a major catastrophe at 4444, employees should meet at the **St. Louis Cathedral at Lindell and Newstead**. Sign-in upon arrival and advise of employees not in the office at time of event. Wait for instruction from on-site leaders.

WU Program in Physical Therapy
EMERGENCY ORGANIZATION & TEAM ROSTERS:
Send updates to: Security Contact: Lt. Cooper PH: 314-362-4814, FAX: 314-362-0093 & AND THE DIRECTOR OF ENVIRONMENTAL HEALTH AND SAFETY (EH&S), CAMPUS BOX 8229, FAX 314-362-1995

PRIME CONTACTS/CRITICAL TEAM

	Room and Building	Office Phone	Home Phone	Cell Phone
Dr. Gammon Earhart	4444 Forest Park Rm 1105	314-286-1407	314-962-3142	314-495-0337
Maria Renner	4444 Forest Park Rm 1104	314-286-1405		314-750-3577
Jennifer Stith	4444 Forest Park Rm 1129	314-286-1413		314-406-9582
Beth Crowner	4444 Forest Park Rm 1130	314-286-1416	618-394-9920	618-567-4651
Linda Van Dillen	4444 Forest Park Rm 1123	314-286-1427		314-374-3618

EMERGENCY RESPONSE TEAM

	Room and Building	Office Phone	Home Phone	Cell Phone
Emergency Coordinators				
Tammy Burlis (EPC)	4444 Forest Park Rm1142D	314-286-1469	636-519-1540	314-452-3639
Tracie Hughes (EPC)	4444 Forest Park Rm 1101	314-286-1400		
Maria Renner (EPC)	4444 Forest Park Rm 1104	314-286-1405		314-750-3577
Carolyn Ryterski-Brinker (EPC)	4444 Forest Park Rm 1101	314-286-1448		618-610-1670
Jeff Harvath (EPC)	4444 Forest Park Rm 1141	314-286-1423		
Diane Backes (EPC)	4444 Forest Park Rm 1212	314-286-1495		618-830-4456
Ruth Clark	4444 Forest Park Rm 1128	314-286-1431	314-968-5078	
Martha Hessler (EPC)	4444 Forest Park Rm B114	314-286-1478		314-740-2093
Sarah Rands (EPC)	4444 Forest Park Rm 1140A	314-286-1402	618-259-0859	618-530-0575
Jennifer Stith	4444 Forest Park Rm 1130	314-286-1413		314-406-9582
Theresa Notestine (EPC)	4455 Duncan TRISL	314-286-0040		

EMERGENY RECOVERY TEAM

	Room and Building	Office Phone	Home Phone	Cell Phone
Program Director				
Dr. Gammon Earhart	4444 Forest Park Rm 1105	314-286-1407	314-962-3142	314-495-0337
Emergency Coordinator				
Catherine Lang	4444 Forest Park Rm 1120	314-286-1945		314-302-6063
Team Members				
Cheryl Caldwell	4444 Forest Park Rm 1142B	314-286-1471	314-843-0288	314-882-3402
Kim Talbert	4444 Forest Park Rm 1212	314-286-2049	618-644-2599	618-920-6313
Maria Renner (EPC)	4444 Forest Park Rm 1104	314-286-1405		314-750-3577
Carolyn Ryterski-Brinker (EPC)	4444 Forest Park Rm 1101	314-286-1448		618-610-1670
Martha Hessler (EPC)	4444 Forest Park Rm B114	314-286-1478		
Joe Klaesner	4444 Forest Park Rm B116	314-286-1436		314-541-0264

EMERGENCY PLANNING COMMITTEE MEMBERS

INCIDENT REPORTS

All employee incidents occurring on Washington University properties or in conjunction with Washington University business must be reported on an incident report. This report can now be found on-line through HRMS Employee Self Service – report an injury. Complete all fields in the injury report and hit "submit." When submitted by an employee, a confirmation email will be sent to employee and employee's immediate supervisor. The supervisor will be required to complete additional information.

Incidents involving students, patients, and/or visitors should be reported on the attached paper form. Forms should be faxed to the insurance department at 314-935-9795 and the original with fax confirmation page given to the Program's Business Manager.

Faculty hiring guest lecturers and lab assistants should make them aware of this requirement.

Washington University
INJURY/INCIDENT REPORTING FORM

This form is used for individuals injured on Washington University property **Note: THIS FORM IS NOT TO BE USED BY WU EMPLOYEES INJURED WHILE WORKING.**

☐ Visitor ☐ Patient

☐ Student ☐ Other

Please complete this report as completely as you can and fax to the Office of Insurance and Risk Management at 935-9795

Incident Date _____ Incident Time: _____

Name: _____

Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Phone: (days) _____ (other) _____

Location of the Incident: _____

Please describe what happened. Include a description of any injury if applicable: _____

_____

_____

_____

_____

_____

Was WUPD/Protective Services contacted?: Yes _____ No _____

Other Comments: _____

_____

_____

Name (Print): _____ Date: _____

Signature: _____

Contact Information days: (phone & e-mail): _____

_____

Office of Insurance and Risk Management
700 Rosedale Ave
Campus Box 1084
St. Louis, MO 63112
314-935-5561

INTERNATIONAL TRAVEL

INTERNATIONAL TRAVEL

Policies and Recommendations for International Travel
Washington University's International Travel Oversight Committee (ITOC) provides policy for international travel conducted by students, faculty, postdoctoral trainees, clinical fellows, and staff of Washington University in St. Louis.
https://global.wustl.edu/resources/international-travel-policy/

Recommendations for International Travel

1) All students, faculty, trainees, and staff are required to register University sponsored international travel with the Washington University's MYTRIPS International Travel Registry.
   https://global.wustl.edu/resources/travel-registry/
   From this web site:
   Travelers should create a one-time profile.
   Travelers must register the details of each trip-complete itinerary required.
   Travelers should download International SOS Assistance App (see below #5)

2) **Group Registration** If the trip qualifies for group registration please submit a proposal to the ITOC following the guidelines at https://global.wustl.edu/washu-international-guidelines-for-proposal/. Criteria to determine if the planned trip meets the criteria for University-Sponsored or Supported International Travel can be found at https://global.wustl.edu/resources/international-travel-policy/. Please note that group registration must be completed in a timely manner consistent ITOC policy.

3) All students, faculty and staff should register international travel plans Travel.State.Gov. Complete the registration for Smart Traveler Enrollment Program (STEP).
   https://step.state.gov/step/

4) It is highly recommended that all individuals have health insurance.
   - Students may purchase health insurance through https://www.hthstudents.com/

   - Washington University offers free health insurance for faculty and staff through the international healthcare plan GeoBlue. Registration is required:
     https://www.geo-blue.com/
     Washington University's Group Access Code is **QHG99999WUBT**
     https://global.wustl.edu/resources/health-insurance/

5) Travel Assistance Services:
   Registration with The Washington University MYTRIP International Travel Registry provides travel services to include emergency evacuation. Washington University in St. Louis contracts with International SOS to provide emergency travel assistance for all members of Washington University in St. Louis. Carry the appropriate ISOS number with you at all times. Washington University's number: **11BSGC000032.**

Coverage may include spouse/partners and unmarried dependents. Refer to https://global.wustl.edu/international-policies-resources/international-sos/

6) Washington University in St. Louis requires all students to sign a **Statement of Personal Responsibility & Release Regarding Participation in Service Trip Activity.** A copy of this form can be found in Canvas Commons-Documents-General Information for DPT Students-Community and International Service.

   Students may be denied travel on the trip if the Release Form is not signed and in the Program Office in a timely manner. The signed **Statement of Personal Responsibility & Release Regarding Participation in Service Trip Activity** must be provided to the Office of Admissions and Student Affairs of the Program in Physical Therapy in either an electronic version (email; pdf file) or as a hard copy via USA post, in-person, or fax (314-286-1410) at least 4 weeks prior to departure.

7) Faculty members should consider obtaining professional liability insurance depending upon the location and nature of the service area. Washington University School of Medicine does not cover professional liability on service trips unless the trip has been deemed by the Director of the Program as a component of the faculty member's job position.

Student Trips

When can the name of Washington University School of Medicine, Program in Physical Therapy be associated with a trip?

A service trip can officially associate the name of Washington University School of Medicine with the service effort only if one or both of these 2 criteria are met:

- The trip is organized by the Program in Physical Therapy at Washington University School of Medicine.
- Faculty members from the Program in Physical Therapy are participating in the service trip as mentors or supervisors.

Trips planned by students without Program involvement cannot use Washington University's name or the Program in Physical Therapy's name in association with the trip.

Fund Raising: All monies obtained from fund raising or personal donations should be deposited and managed in personal student accounts. Funds for student trips cannot be deposited in class accounts.

Special Considerations for International Service

All students, faculty, trainees, and staff should:

- Assume responsibility for proper immunizations; this may need to be started 6-8 months prior to travel. Make a travel appointment with student or employee health.
- Read and familiarize yourself with **"SECURITY TIPS FOR TRAVELING ABROAD"** (see next section)
- Download ISOS App and carry the number for ISOS. https://www.internationalsos.com/
- It is highly recommended that International service trips be arranged through well-established organizations.

- Physical therapy students need to be cautious in their representation of themselves to national and international agencies looking to recruit physical therapy/rehab aides. The APTA discourages students from taking jobs where the student represents themselves as a student physical therapist.

SECURITY TIPS FOR TRAVELING ABROAD

1. Familiarize yourself with local laws and customs in the area you are traveling. If you are traveling to a high-risk area, get as much information as possible about the threat in your destination before you leave. Information can be obtained from the U.S. State Department (http://travel.state.gov).
2. Make sure all official documents; i.e. passport, shot records are up-to-date.
3. Grant power of attorney to an immediate relative/close friend.
4. Establish a point of contact for your family to call in an emergency. Someone should know your whereabouts from the time you depart the United States until you return home.
5. Depending on your personal circumstances, it may be advisable to register with the nearest U.S. Embassy or Consulate.
6. Carry an extra set of eyeglasses and any necessary medications (along with a copy of the prescription and the generic name of the drug) in your carry-on luggage. Keep all medications in their original containers.
7. Carry identification: make copies of your airline ticket, passport identification page, driver's license and any credit cards you take with you. Carry this record, along with two extra passport photos, in a separate place from the originals. If your passport is lost or stolen abroad, report the situation IMMEDIATELY to the nearest U.S. Embassy or Consulate and to the local police authorities.
8. Take all essential personal and medical identification. Items to consider are telephone numbers of relatives, health and life insurance policy numbers.
9. Plan ahead to ensure that you will have enough foreign currency.
10. Avoid attracting unwanted attention to yourself. Take a good look at the clothing, jewelry and even reading material that you take. Some items may be considered offensive in the country you are visiting.
11. Always be conscious of your surroundings and avoid any areas you believe may put your personal safety at risk. Never travel alone after dark.

Updated: July 6, 2019

PREPARING FOR AFTER GRADUATION

Employment/Pre-employment Contracts

As a result of staffing challenges in some regions of the country, some facilities offer money or the offer of loan repayment to physical therapy students in exchange for future services as staff physical therapists. While many of these scholarship-employment contracts are of merit, all students should be aware of the ramifications of such contracts and know what questions to ask before they sign any contract. Any students considering a scholarship-employment contract should have the contract reviewed and explained to them by a lawyer prior to signing it.

Be aware it is unethical to sign a contract to obtain scholarship money with the intention of never completing the contract. It is unethical to accept multiple scholarship-employment contracts which require simultaneous full-time completion of the employment clause.

Be aware of any contract that sounds too good to be true. The horror stories of students accepting positions in far-removed areas with no fellow physical therapist nearby, of being forced to treat excessive numbers of patients, of having no choice in the selection of location or type of patient population, are often true. Students are responsible for knowing to what they are agreeing.

Recruiters

Recruiters in physical therapy are available in times of short supply of jobs and in times when physical therapists are in short supply. When jobs are in short supply, recruiters might be helpful to graduates. When individuals are in short supply, facilities might find recruiters helpful.
No recruiter places therapists in positions for free. With one type of recruiter the employee (new graduate) has to pay a fee to be placed. In the other case, the facility needing physical therapists has to pay the recruitment fee. Occasionally the facility turns around and passes this cost to the newly hired therapist. Frequently, the new employee is prevented from obtaining other incentives offered by facilities when a recruiter is involved. Often recruiters do little more than graduates can do on their own. **Be very cautious in involving a recruiter.** Students have recently experienced increased problems with recruiters and excessive numbers of e-mail contacts. Read and review with a lawyer any contract you may have to sign. Seek other options. On occasion a recruiter is helpful to find a therapist a unique position, or a position is in a distant or unfamiliar area.

If recruiters call the Program wanting to meet with students, the recruiter's name and number will be given to the class President or faculty liaison. The students' names and phone numbers will not be provided to recruiters by the Program. The class liaison should poll classmates for their interest in meeting with recruiters and respond to the recruiter directly.

If students are contacted by recruiters who want to meet with the classes, it is permissible for students to arrange for the recruiters to use the Program space provided that no services of the staff or faculty are required, meetings do not interfere with classes or other Program activities, and meeting space is scheduled in advance with the staff. Students must notify the Associate Director for Professional Curriculum when recruiters are coming. Faculty will not usually attend recruitment meetings. Recruiters are responsible for providing copies of written material.

LICENSURE

The Federation of State Boards of Physical Therapy (http://fsbpt.org) administers the physical therapy licensure exam. A license is required to practice physical therapy; it is illegal to practice without a license and doing so can influence future licensure as well. While the licensure exam is the same for every state, each state (or compact) has its own licensing law and procedures. Graduates may only apply for licensure in one state at a time, and each state has its own fees for application. When licensure is desired in more than one state, one must pass the national licensure exam and be licensed in one state before being permitted to apply for reciprocity in another state. Although the applicant does not have to repeat the exam, there is a fee in every state for reciprocity. **Graduates are responsible for learning the licensure requirements in their states or compact license.**

Some states allow graduates to practice under a temporary license, which is issued after successful application to take the exam has been made and before actually taking the exam. Temporary licenses are valid only for a limited time. Many states are now requiring a written statement from applicants (and those renewing their licenses) indicating they are physically and emotionally fit to practice. If a state has reason to believe that a graduate is not fit to practice or has a history that puts him or her at risk for future fitness, that state may impose certain conditions on licensure (e.g. monitoring by a psychiatrist in the event of current or past emotional difficulties).

Generally, to apply for licensure as a physical therapist, students need to have graduated from an accredited program in physical therapy. Proof of graduation most often includes having your diploma. Some states accept attestation letters from the Program prior to graduation. The Program will provide attestation letters for only students who are in good standing and on track to graduate at an expected time. Students are not encouraged to take the board exam prior to graduation due to the risk that studying for the exam could compromise their academic performance during the fifth semester. All students who have completed all graduation requirements will receive their original diploma at the Program ceremony that follows the Danforth campus graduation in May, and not beforehand. Students who graduate late will receive their diploma at the next cycle of graduation for the university (August and December are the only other times at which diplomas are dated.) Diploma's for students who do not graduate in May are usually issued two months after the official graduation date.

Students should be aware that it is unlawful to share in any way what is included on the national exam. Students should only use official website offers from the FSBPT for obtaining sample questions and study advice. Students should be aware that other study guides are commercially prepared and are not official.

Students also need to be aware that any violation of the law, beyond parking tickets and moving violations may be cause for special review by the licensing board or refusal to take the board exam. Graduation from the Program does not guarantee that a graduate will be eligible to take the licensure exam.

EVALUATING THE PROGRAM IN PHYSICAL THERAPY

The faculty of the Program in Physical Therapy is committed to a flexible curriculum - one which changes with the needs of the profession and the needs of the students. A major source of information that contributes to the changes made in the program is constructive feedback from students and graduates. You will be asked to participate in this process to assess the effectiveness of examinations, individual courses, including clinical education, and collections of courses. Though changes cannot always be made immediately, the faculty regards all feedback when making decisions. You can have an impact on the program in the future. We ask you to be diligent in giving us feedback so that we can continue to improve our curriculum. Students should sign all evaluation forms to give credibility to their comments.

Data from the evaluations is summarized and shared with those who are appropriate to receive it. All faculty members receive general semester feedback summaries. All course masters receive summaries of feedback pertaining to their specific course. All lecturers receive all feedback submitted on them. The Director and Associate Director for Professional Curriculum review all semester and graduate feedback.

Self-Assessment Profiles: At the Fall midterm and during each clinical experience, the student self-assessment profile regarding professional behaviors will be distributed to all student mailboxes. Completion of these assessments is required. The criteria to be self-assessed is included in the section on Student Behavior in this handbook.

Examination Evaluations: Students have the option of critiquing each written and practical examination given. Written test evaluations can be obtained from the exam proctor. Practical exam evaluations are course specific and will be provided at the end of each practical exam as determined by the coordinator. The exam evaluations are optional. Signatures are not required, but are recommended.

Semester Evaluation: At the end of the semester students have the opportunity to provide feedback on the semester. This evaluation is a course requirement in the first semester and thereafter is highly encouraged. The end-of-semester evaluations are computerized and available ON-LINE. Notice that the evaluation surveys are available will be automatically sent to each student, allowing approximately two weeks for them to be completed. Once the evaluation due date has passed, student feedback in other formats is accepted, but the forms will not be reissued and the student's comments will not be part of the summary. Students will complete a general semester evaluation as well as an evaluation of each course and the lecturers within each course. Ample room for narrative comments is provided on the forms. **Students must be careful to remain constructive in their comments and not misuse the opportunity to submit anonymous feedback.**

End of Program Evaluation: Just prior to graduation students are provided the opportunity to complete an end of the program evaluation, which they will submit electronically prior to graduation.

Graduate Survey: Approximately one year after graduation students receive a final survey, which allows them to comment on the program and their current practice. Signatures are not required and data is summarized for all faculty.

Washington University Non-discrimination Statement (2011)

Washington University encourages and gives full consideration to all applicants for admission, financial aid, and employment. The University does not discriminate in access to, or treatment or employment in, its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information. Inquiries about compliance should be addressed to the University's Vice Chancellor for Human Resources, Washington University, Campus Box 1184, One Brookings Drive, St. Louis, MO 63130.