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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 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.

Our learning environment
The Program in Physical Therapy at Washington University in St. Louis creates a learning environment for the DPT curriculum that promotes the health and equity of learners, employees, and members of our community. We believe that the ideal learning environment is created when learners are immersed in academic physical therapy and surrounded by professionals engaged across the triple aim of education, research, and clinical practice. Our learners work collaboratively with expert clinicians immersed in the contemporary clinical environment, top researchers in physical therapy and medicine who incorporate new discovery in the classroom, and master educators who integrate new knowledge through the best practices in the learning sciences.
Guiding Principles for the DPT Curriculum
The curriculum is structured by adhering to these guiding principles, which are informed by the science of learning.

- Use movement and the movement system as the foundations for content selection, organization, and integration
- Create a learning environment that supports the development, health, and wellness, of the master adaptive learner
- Coach and mentor all learners throughout the curriculum
- Provide a diverse set of active learning activities
- Incorporate situated learning experiences early and often
- Apply an assessment framework that is competency-based and learner-centered
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 (Doctor of Physical Therapy)
Curriculum Goals

Curriculum Goal and Domains of Competence

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.

WUPT DPT graduates embrace their professional identity as leaders in their community, dedicated to advancing human health by preventing, diagnosing, and managing movement problems across the lifespan.

Our domains of competence are the broad, distinguishable areas of competence that together constitute the general descriptive framework for the profession and our program. Each learner will progress towards competence in each of these areas as they move through the curriculum.

**Domain 1: Patient and Client Care**
Provide informed, effective, and efficient care for the management of movement problems and the promotion of health and wellness.
1.1 Obtain a history including review of systems
1.2 Decide whether physical therapy is/is not indicated and, make referrals, as needed
1.3 Recognize emergent or unsafe situations and take action
1.4 Perform a systems review to guide examination
1.5 Perform a systematic examination; use and interpret tests and measurements appropriate for movement problems
1.6 Make a diagnosis within the profession’s scope of practice based on the synthesis of all patient or client data
1.7 Make a prognosis based on the diagnosis and other factors that moderate an individual’s outcome
1.8 Make evidence-informed decisions about interventions based on the diagnosis and prognosis
1.9 Perform interventions safely, accurately, and efficiently
1.10 Promote health and wellness by providing services aimed at preventing movement problems
1.11 Provide direction and supervision of students and support personnel

**Domain 2: Knowledge for Practice**
Integrate knowledge from established and evolving movement and other relevant biomedical, clinical, epidemiological and social-behavioral sciences to guide practice
2.1 Apply knowledge of movement science that is fundamental to guiding the management of movement problems
2.2 Apply knowledge of relevant biomedical sciences that is essential for the care of patients and clients
2.3 Apply knowledge from clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-informed health care
2.4 Apply knowledge from epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and clients
2.5 Apply knowledge from social-behavioral sciences to provision of patient and client care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care

**Domain 3: Practice-Based Learning and Improvement**
Evaluate one’s delivery of care, appraise and assimilate scientific evidence, and continuously improve performance based on self-evaluation
3.1 Integrate self-reflection and external feedback to identify strengths, deficiencies, and limits in knowledge, skills, and attitudes
3.2 Determine one’s learning and improvement goals to enhance outcomes across varied practice settings and diverse patient and client populations
3.3 Address gaps in knowledge, skills, and attitudes by engaging in learning experiences
3.4 Implement changes in practice using systematic quality improvement methods
3.5 Appraise new and existing guidelines, standards, technologies, products, or services; implement and disseminate as appropriate.
3.6 Assimilate and implement best available evidence related to health and movement problems in individuals, communities, and populations

**Domain 4: Interpersonal and Communication Skills**

Use effective interpersonal and communication skills to interact and collaborate with others
4.1 Adapt to a variety of verbal and nonverbal communication styles during interactions with patients and clients
4.2 Write precisely and intelligibly
4.3 Use communication tools and technologies as specified by the organization
4.4 Communicate effectively with people from diverse backgrounds and experiences
4.5 Communicate effectively with colleagues from one’s own profession, as well as, individuals from other health professions and from health-related agencies.
4.6 Use negotiation skills to help resolve conflicts
4.7 Demonstrate sensitivity, honesty, compassion, respect, and empathy, especially in conversations about difficult topics

**Domain 5: Professionalism**

Adhere to ethical and legal principles, model professional behaviors, and display a commitment to citizenship within the profession and the community
5.1 Adhere to the ethical principles of the profession
5.2 Obey laws, policies, and regulations
5.3 Adhere to the core values of the profession
5.4 Demonstrate responsiveness to patient and client needs that supersedes self-interest
5.5 Demonstrate respect for patient and client privacy and autonomy
5.6 Demonstrate accountability to patients and clients, society, and the profession
5.7 Demonstrate sensitivity and responsiveness to a diverse patient and client population
5.8 Engage in professional organizations and activities to promote growth, development, innovation, and change
5.9 Advocate for patient and client rights, and for health policies, laws, and regulations that benefit the community and the profession

**Domain 6: Systems-Based Practice**

Function effectively and proactively within evolving systems and environments that contribute to the health of individuals and populations
6.1 Adhere to privacy rules, safety guidelines, emergency protocols, and infection control policies
6.2 Participate in coordination of patient and client care within the context of various health care delivery settings and systems
6.3 Assume the role of consultant
6.4 Use system resources to produce documentation that supports the delivery of physical therapy services and to maintain security of patient data
6.5 Incorporate considerations of payment models, cost–benefit, and risk-benefit analysis in the delivery of health services
6.6 Engage in system quality improvement activities
6.7 Participate in the development and implementation of policies to optimize movement, health, and wellness for individuals and populations
6.8 Perform administrative and practice management responsibilities commensurate with one’s role, abilities, and qualifications
6.9 Educate students, trainees, peers, and health professionals from other disciplines within the context of various health services delivery settings and systems

**Domain 7: Interprofessional Collaboration**
Engage within interprofessional teams as an effective member and collaborative leader
7.1 Collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2 Apply knowledge of one’s own role and those of other professions to assess and address the health care needs of patients and clients and to promote and advance the health of populations
7.3 Communicate with patients and clients, families, communities, and professionals in health and other disciplines in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of health conditions
7.4 Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

**Domain 8: Personal and Professional Development**
Demonstrate the attributes required to engage in lifelong personal and professional growth
8.1 Demonstrate the ability to cope with physical, mental and emotional stressors
8.2 Manage conflict between personal and professional responsibilities
8.3 Practice flexibility, adaptability and maturity in negotiating and adjusting to change with the capacity to alter one’s behavior
8.4 Demonstrate trustworthiness that affords opportunities for personal and professional growth
8.5 Demonstrate self-confidence that puts patients and clients, families, and members of the health care team at ease while portraying humility and respectfulness
8.6 Demonstrate the curiosity, initiative, motivation and commitment requisite for lifelong learning
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 found in the Canvas Student Commons 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 masters 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
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 and 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 314-286-1469.

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:

Observation: 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.

Communication: 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.
The Program in Physical Therapy at Washington University in St. Louis creates a learning environment that promotes the health and equity of students, employees and members of our community. The curriculum is divided into 4 phases.

**Phase 1: Learning as a Professional**
The primary purpose of this phase is to introduce students to the learning environment and the profession through examples focused on health and equity. An understanding of learning science principles, the stages and attributes of the master adaptive learner, and the learning environment for the curriculum will prepare the learner for ongoing personal and professional development. The introduction to the profession will place the emphasis on movement and diagnosis within the historical context of physical therapy.

**Phase 2: Promoting Health through Movement**
The purpose of this phase is the application of movement science and social and environmental system science to human movement and the continued development of the physical therapist as a movement system practitioner. An emphasis is placed on how health is impacted by movement from the societal to molecular levels. The phase emphasizes health and prevention through movement as a primary role for the physical therapist. The learner is prepared for safe entry into the authentic clinical environment.

**Phase 3: Optimizing Movement**
The purpose of this phase is the application of the movement system and social and environmental system science to patient client management. An emphasis is placed on direct patient care, which includes all levels of prevention and care (primary to tertiary). Health status and its relationship to movement across the lifespan will be organized within the context of the different health systems.

**Phase 4: Practicing as a Professional**
The purpose of this phase is to prepare the learner for independent practice and licensure, while allowing for flexibility to focus on areas of interest. Learners return after their final clinical experience to complete the full cycle of the master adaptive learner. Reflection on situated learning provides an opportunity for the learner to identify and address areas of improvement, prepare for the licensure examination, and explore areas of interest or future specialization.

The curriculum contains curricular module, domain and clinical education courses. Total Credits = 114 credits.
The DPT Curriculum

Throughout the curriculum, the learner progresses through four phases of development. Each phase includes all domains of competence and the complete cycle of the master adaptive learner.

**Phase 1: Learning**
- Learning, Health and Equity
- Professionalism

**Phase 2: Promoting Health through Movement**
- Movement and Population Health

**Phase 3: Optimizing Movement**
- Prevention, Diagnosis and Management of Movement Related Problems

**Phase 4: Practicing as a Professional**
- Practice, Health and Equity

**Unscheduled**
- Email time-frame for individualized learning opportunities

**Domains of Competence**
- Programing in a competency development
- Domain 1: Patient and Client Care
- Domain 2: Knowledge for Practice
- Domain 3: Interpersonal and Communication Skills
- Domain 4: Professionalism
- Domain 5: Systems-Based Practice
- Domain 6: Leadership
- Domain 7: Personal and Professional Development

**Competency Attainment Committee**
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 DPT Admissions Office via email (PTAdmissions@email.wustl.edu).

Tuition and clinical fees are billed and payable each semester.
1st Year: Fall/August 30, 2021, Spring/January 30, 2022, and CE I/May 30, 2022

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. Payment options are listed below:

Online Payments

Students can view and pay statements online via WebSTAC (Students). With a US checking or savings account. This feature can be found under Billing & Bear Bucks, Pay/View My Bill. In this section, students may also grant payment permissions to another authorized person, such as a parent. If you are the parent, you will need to log into CASHNet (Parent/Other Users). If you do not have a username and password already, you need to be invited by the student to be a payer. A $5.25 fee is charged to the student’s account when an online payment is returned for any reason.

Check Payments

Please make checks payable to Washington University in St. Louis and include the student name and student ID number. Checks that are returned from the bank for any reason will result in a $25 return check fee being added to the student account. Payments by mail may take 7 – 10 business days to post to the student account.

Mail payments to:
Washington University in St. Louis
P.O. Box 14627, St. Louis, MO 63150-4627

If you are sending your payment via express delivery that requires a signature, please mail your payment to:
Washington University in St. Louis
Attn: Student Accounting
700 Rosedale Avenue, St. Louis, MO 63112-1408

Domestic Wire Transfers

Payments via wire transfers from any bank in the United States to the university’s bank account at Bank of America is allowed. Please contact Student Accounting for wiring instructions. To speak to a Student Accounting Representative please call (314) 935-5274, toll free at (800) 758-0050 or email at Student.Billing@wustl.edu. Please note that the university will not accept a wire transfer for more than $10,000 over the balance due on a student account. The entire wire will be returned to the originating banks if the limit is exceeded.

International Wire Transfers

The university has partnered with Flywire in order to streamline the process of international payments. Flywire allows you to pay securely from any country and any bank, generally in your home currency. By making your payment with Flywire you can track your payments from start to finish and save on bank fees and exchange rates in over 48 currencies. Flywire’s multilingual customer support team is available 24-hours a day. Please note that the university will not be able to process a refund to the student for a wire payment that is posted to the student account that exceeds more than $10,000 over the balance due on a
student account. To get started, visit our [Flywire][1] homepage.

**529 Payments**
Please follow the same procedures as check payments. Please make 529 checks payable to Washington University in St. Louis and include the student name and student ID number.

Mail payments to:
Washington University in St. Louis
P.O. Box 14627, St. Louis, MO 63150-4627

**Mobile Payments**
Washington University does not recommend payments be made to the university through a mobile banking app. Students should log on through [WebSTAC][2] to make an online payment. Parents can log on through [CASHNet][3] to make an online payment.

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 locations. The schedule of classes is available on the classes’ outlook calendar. Use of all program rooms should be scheduled in advance with the program receptionist or other staff members.

Classes are scheduled so that students have a 10-minute break between each hour, e.g. 8:50-9:00 a.m. Occasionally a speaker will need to complete a section for continuity. Faculty members are responsible for allowing the breaks and make every effort to keep up the scheduled. Students must return promptly after each break to minimize disruption as the scheduled time resumes. To avoid problems with the schedule, faculty members and students need to be mindful of the clock, by starting and ending on time.

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[1]: #/flywire
[2]: #/webstac
[3]: #/cashnet
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 experience 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 Director of 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 evaluation, 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 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 sessions

Grading expectations are explained and distributed for students and clinical instructors in advance of each clinical experience. The Clinical Education Team is responsible for evaluating all the requirements for each clinical experience and assigning a pass or failing grade.

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 they have met all requirements of the PTCAC at the end of Phase 3.

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 clinical experience by the Program. This will constitute a failure of that clinical education experience.

Early Clinical Experience
Early clinical experience opportunities will occur in the first year of the curriculum as a part of integrated clinical experiences.

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 first year of didactic preparation and CE II occurs following the Fall of the second year.

Clinical Education III (CE III) and Clinical Education IV (CE IV):
CE III and IV are the terminal clinical experiences and are 10 and 12-week clinical experiences. CE III and IV occur at the end of the second year of didactic education.

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 for both virtual and in-person patient care 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 situations 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.

12. Students completing clinical experiences are not allowed to also be employed by the institution/clinic during the time frame of the clinical experience.

**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 CAC and may be dismissed from the Program in Physical Therapy (See PT CAC 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 6-panel buccal 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 Education Tuition/Fees

CLASS OF 2024:
Clinical experiences I and II carry 4 hours of credit each; tuition for each session is $3532. Tuition for Clinical Experience III, 5 credit hours, is $4415; for Clinical Experience IV, 6 credit hours, it is $5298. Tuition for each session is due no later than the last day of the first month of the experience. Additional fees associated with clinical education may be needed for student onboarding requirements, travel and housing.

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 coverage while in town or away from campus, go to https://wusmhealth.wustl.edu/students/.

In general, 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 care and hospitalization only (the same as with any time you leave St. Louis for clinical education or for summer break.)

Away From Campus Benefits (https://wusmhealth.wustl.edu/students/away-campus-benefits/)
While away from campus for clinical education, 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 by emailing Dr. Winters kwinters@wustl.edu. 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.

Emergency/Urgent Care Services
When an eligible student requires medical services because of an accident or sickness, benefits are
payable as follows:

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.

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 co-payment is the responsibility of the student.
- Expenses above $150 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:
  - you go to an emergency room for problems that can wait until Student Health Services opens
  - the reason you sought emergency care is deemed not to be a medical emergency

You must report all urgent care, emergency room visits and hospitalizations 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.

**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.

**Student Assistance Program (SAP)**
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.

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 care and other life daily challenges. The SAP can be reached by calling 1-800-327-2255. [www.nexgeneap.com](http://www.nexgeneap.com)
Student Services and Resources

Many supportive services are available to physical therapy students. As graduate students, you are entitled to many of the opportunities on the Danforth 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 3:00 p.m. Monday-Friday. There is a small deli and seating area in which to relax, and read. The phone number is 314/273-4969. The café opens at 5:30 a.m. during the week and is closed on Saturday and Sunday. 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.

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.-2:00 p.m.
- Kaldi’s Coffee in the Farrell Learning and Teaching Center, Temporarily Closed
- Kaldi’s Coffee, 4590 Children’s Place (on the link)
  Monday-Friday, 5:30 a.m.-5:30 p.m.
- Farmstead, 4905 Children’s Place
  Breakfast 7:00-11:00 a.m., Lunch 11:00-2:00 p.m.
- At all nearby hospitals
- Food Trucks located at Scott & Taylor Avenue and at the Cortex (off Boyle)- Temporarily Closed
- Park Avenue Coffee at 4220 Duncan (Cortex area), Temporarily Closed
  Monday-Friday 6:30 a.m.-6 p.m.

Refrigerators, ice machine, and microwave ovens are provided in the Student Lounge for the convenience of the students in the Program in Physical Therapy.
Cash
Cash can be obtained from ATMs located in the following areas:
McDonnell Science Building (Bank of America)
Barnes-Jewish Charles F. Knight Emergency and Trauma Center (Bank of America) Center for Advanced Medicine (Bank of America)
4444 Building vending area (Bank of America) Saint Louis College of Pharmacy (US Bank) Barnes Jewish Hospital South (US Bank) Barnes Jewish Hospital North (US Bank)

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. – Temporarily Closed, ATM available

Computers
Students of the Program in Physical Therapy have access within the Program’s Student Computer room and classrooms to 38 desktop computers, and three-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 at the WUSM Link Tech Bar. Secondary support is provided by the Program’s PT- Technology team. 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. The library is available to students 24/7 with badge access. Staff hours for the Medical Library are 7:30 a.m.-10:30 a.m. Mon-Thurs, 7:30 a.m.–8:00 p.m. on Fri, 9:00 a.m. – 5:00 p.m. Sat, and 1:00 p.m.-9:00 p.m. on Sunday. Medical school student identification card is necessary to enter the library at all times.

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.

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.

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, security is not in the building. 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 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 the bus routes.

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. April Allen, Gladys Smith, and Kenton Wertman, 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 email kwinters@wustl.edu 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](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/](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 PTCAC 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. Refer to our web page from PT program.
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 academic and clinical performance 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**

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

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

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

   **Entry Level:**
   - Distinguishes relevant from irrelevant patient data
   - Readily formulates and critiques alternative hypotheses and ideas
   - Infers applicability of information across populations
   - Exhibits openness to contradictory ideas
   - Identifies appropriate measures and determines effectiveness of applied solutions efficiently
   - Justifies solutions selected
**Post-Entry Level:**
- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

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

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

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

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

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

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

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

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

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

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

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

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

**Intermediate Level:**
- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate
**Entry Level:**
- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

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

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

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

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

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

**Post Entry Level:**
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. Commitment to Learning – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.
Beginning Level:
- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

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

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

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

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
<th>Your rating</th>
<th>Comments</th>
<th>Examples (at least one) of behaviors that support your rating and behaviors that you are working to develop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to learning</td>
<td>Ability to self-assess, self-correction, self-direct; to identify needs and sources of learning; to continually seek new knowledge and understanding</td>
<td>B I E PE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Ability to interact effectively with patients, families, colleagues, other healthcare professionals, and the community; to deal effectively with cultural and ethnic diversity issues</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Effective use of time and resources</td>
<td>Ability to obtain the maximum benefit from minimum investment of time and resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of constructive criticism</td>
<td>Ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction</td>
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<tr>
<td>Problem-solving</td>
<td>Ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes</td>
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<tr>
<td>Professionalism</td>
<td>Ability to exhibit appropriate professional conduct and to represent the profession effectively</td>
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<tr>
<td>Responsibility</td>
<td>Ability to fulfill commitments and to be accountable for actions and outcomes</td>
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<tr>
<td>Critical thinking</td>
<td>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</td>
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<tr>
<td>Stress Management</td>
<td>Ability to identify sources of stress and to develop effective coping behaviors</td>
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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.

WASHINGTON UNIVERSITY PROGRAM IN PHYSICAL THERAPY BEHAVIORAL EXPECTATIONS

The Washington University Program in Physical Therapy team will promote a climate of mutual respect in the workplace.

- I recognize and value differences as well as similarities in everyone by doing the following:
  - Promoting a climate free of discriminating language and actions
  - Encouraging open and honest communication
  - Improving awareness of my own biases and beliefs and using that knowledge to improve understanding and acceptance

  **Examples include the following:**
  - Showing empathy
  - Assuming good intent on the part of others
  - Affirming others’ contributions

- I value the work of others and their roles by doing the following:
  - Behaving in ways that show respect toward others
  - Developing relationships built on trust
  - Promoting a climate that is equitable, inclusive, fair, supportive and responsive
  - Creating a welcoming environment through words, actions and physical surroundings

  **Examples include the following:**
  - Greeting people in a pleasant way
  - Looking for ways to help others, rather than focusing on how busy I may be
  - Finding solutions to problems rather than complaining about them and/or blaming others

- I empower myself and others by doing the following:
  - Creating an environment where development of talent and ideas is encouraged
  - Giving individuals the responsibility, freedom and resources to fulfill their roles
  - Supporting opportunities for others to grow professionally
  - Taking pride in my work

  **Examples include the following:**
  - Remembering that everyone is human, errors are inevitable, and that errors should be treated as opportunities to improve, rather than communicating shame or guilt
  - Sharing information about processes and tasks with other Program members and understanding that keeping the information to myself does not translate into job security

- I encourage teamwork by doing the following:
  - Accepting responsibility for establishing and maintaining healthy interpersonal relationships with each member of the Program
o Creating opportunities for people to work together to serve our visitors, patients and each other
o Encouraging open sharing and exchanging of information and ideas
o Understanding how our roles and individual expertise support the success of the entire Program

Examples include the following:
✓ Not engaging in bickering, backbiting, or blaming others
✓ Talking only to you in a prompt, respectful manner if I am having a problem with you
✓ Talking to a person’s supervisor about an issue only if I need advice or help in deciding how to communicate appropriately, or in the event that direct communication with the person is not possible or not effective
✓ Not complaining about other team members. If I hear others doing so, I will respectfully ask that they talk to that person and/or their supervisor directly

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. If you are absent, it is your responsibility to obtain course 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 class 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, clean 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. Faculty and students will need to follow cleaning procedures following each lab and the Housekeeping department will provide additional cleaning of the space in the evenings. Any problems with the space or supplies should be reported immediately to staff.

**LEARNER EXPECTATIONS IN THE HYBRID ENVIRONMENT**

The online classroom is a classroom—rules of civility and appropriate behavior are expected.

**Zoom**

- **Video**
  Students must turn on their cameras and remain visible for the camera when they are attending Zoom sessions. We know this may not be possible at times due to either unstable internet connections or background activity that may be distracting to other learners. Nonetheless, students should try to minimize the time when their cameras are off. The use of Zoom backgrounds can help to minimize background distractions. Please note, there may be scenarios when a camera is required for the educational experience.

- **Communication**
  All communication should be professional, sensitive to the diverse nature of attendees, and respectful of all.

  In large group settings, please mute your microphone at all times unless you are speaking. Please use your preferred first name. The use of preferred pronouns is welcome.

  Be sure to ask questions and contribute to the conversation. When doing so in a large group setting, please use the hand raise function or group chat. If you think the instructor has not seen your chat question or hand raise icon, please unmute your microphone and respectfully contribute to the conversation.

  Use the chat function, both public and private, exclusively for issues related to the class at hand.

- **Appearance**
  Wear clinic attire whenever there is a patient interaction during the Zoom session.
  When no patient(s) are attending the Zoom session, wear the attire that is acceptable for an in-person classroom. Please, no bare chests, pajamas, or any attire that would be inappropriate in an educational setting. Nonverbal cues should indicate engagement in class sessions. It is inappropriate to be lying in bed, exercising, excessively moving around, or otherwise behaving in a way that would be inappropriate in an in-person educational setting. When a patient is present, nonverbal cues should indicate professionalism and engagement in the experience.

- **Schedule**
  Please be on time for sessions. Sessions will start and stop on time. Breaks will occur as indicated by the schedule.

- **Recordings**
  Zoom session recordings will be accessible via the relevant Canvas course to students who are enrolled in the course. Please do not share the recordings with anyone who is not enrolled in the course. Do not take screenshots during Zoom meetings; do not post, share, or distribute screenshots of Zoom sessions.
• Written communication
In all written communication, use a respectful, professional, and constructive tone.

Check written communication for choice of language and potential opportunities for misunderstanding or unintended meaning before sending.

Avoid sarcasm in written communication.

Some topics may be better suited for verbal rather than written communication.

• Lab Courses
Preparation, attendance, and engagement is expected at all laboratory sessions for those courses providing in-person laboratory sessions.

Lab group should work as a professional team: open to all questions, supportive of each other, and providing appropriate constructive feedback to each other to support both learning and, at times, mastery of skills presented.

Lab groups should also be committed to each other’s safety: compliance with all necessary PPE during session, completion of COVID screening at screening.wustl.edu prior to attending sessions, and conducting oneself outside of class in a way that demonstrates commitment to the group’s safety is mandatory.

Lab groups should individually meet at the beginning of the semester to establish rules of a culture of caring that involves all members of the group. Examples of such rules are that everyone participates, that peer feedback is not only encouraged but also necessary for learning, and that all points of view & all communication styles are respected. Lab groups should work to establish a culture of being "brave learners" where it is ok to be wrong, where each learner feels supported, and that no learner is left behind.

• Preparation for Synchronous Sessions
It is the responsibility of the learner to be prepared for synchronous sessions by completing designated learning activities and assessments prior to the session. In a hybrid course design, the learner has increased responsibility to manage their time appropriately.

• Academic Honesty
A student must not receive or provide any unauthorized assistance on an examination. During an examination, a student may use only materials authorized by the faculty.

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.
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, and 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 Associate 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. 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/APTA of Missouri liaison:** serves as the representative of the class to the Student Liaison Committee of the Eastern District of the APTA of Missouri. 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 may 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 who is the Program Accounting Assistant.]

**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, and 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 1998-2021, 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. In 2021, over 10,000 was donated to the Foundation.
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, staffing 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 |  | 
  cloth masks |  | 

  Level 2 surgical masks, 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. Messages can be left and faculty members are prompt to reply. 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 the Education Division Director or the Associate Director of the DPT Program.

• 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, stay involved, and allow you to get the most out of your education. However, 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 workload, 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 workload 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.

Performance 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 standard: 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 competencies and keywords assessed by written examination. Competencies and keywords assessed through assignments or practical examinations will require the use of a rubric, where all required elements must be demonstrated to receive a passing score. Rubrics and all required elements will be transparent to learners prior to these assessments.

WUPT Keywords: Anatomy, Biomechanics, Clinician/Scholar/Educator, Diagnostic Imaging, Diversity, Equity & Inclusion, Ethics/Humanities, Evidence & Measurement, Exercise Science, Diagnosis and Management of Movement Problems, Generation and control of movement, Genetics, Histology, Integrated Clinical Experience, Kinesiology, Lifespan, Master Adaptive Learner, Moderators of Movement, Neuroscience, Nutrition, Pain, Pathology, Physiology, Prevention/Health Promotion, Psychosocial Aspects of Health and Disability.

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

Failure to meet the minimal passing standard and course expectations will result in review at PT CAC.
Grading Criteria
All courses in the curriculum use a pass/fail grading criteria. The curriculum contains curricular module, domain and clinical education courses. For each course a determination of pass/no pass will be made based on the full completion of required course elements and achievement of the appropriate course objectives and curricular milestones as determined by the PT CAC. End-of-course “pass/no pass” determinations will be made by the PT CAC at the end of each Phase.

Grade point average (GPA) is not calculated for the pass/fail courses. However, GPA will be available upon request for external entities such as Residency application.

When students do not meet the standards for each course, promotion may not occur. At any time, if a student is on a trajectory towards failure to attain competence in any domain or keyword, it is the student’s responsibility to contact the appropriate faculty member to discuss actions or required remediation.

It is recommended to the faculty that extra-credit not be offered in courses or for specific assessments. In the event 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.

Assessment
Assessments will be spaced throughout each module and each assessment event will contribute to measurement of competence in differing ways. Each assessment event will also be labeled by assessment type. The assessment type is determined by how the assessment contributes to competence. Assessment as learning is considered an instructional method, does not contribute to competence, and are not separately labeled as assessment within the learning management system. Assessment for and of learning contribute to competence and are organized within the learning management system by domain course. Assessments of learning are assessments that occur at critical points across each phase, and must be passed. If a student does not pass an assessment of learning (either written or performance) on the first attempt, a student will be provided a second attempt. If the student does not pass the second attempt, the student will present to the PTCAC. Below are how assessments of and for learning contribute to assessment of competence by assessment method.

Written Assessments
Students will complete all written assessments within the Canvas Learning Management System. Students must pass each written assessment of learning at a 70% threshold. Please see above for rules when an assessment of learning is not passed. Students must also pass at a 70% threshold of items mapped to each competency and to each keyword across the phase (items from both assessment of and for learning). Assessments as learning are a part of the instructional environment and are not tracked or used in progression decisions.

Performance Assessments
Assessment of learning: Students will have performance assessments that may encompass assignments or practical examinations. Assessment data will be available in the Competency.AI™ database. Students must pass each assessment of learning by achieving “meets expectations” in all items assessed. Please see above for rules when an assessment of learning is not passed.

Assessment for learning: For assessments for learning, each student should work to achieve “meets expectations” in all items prior to sitting for the assessment of learning at the end of the semester. Students who achieve “significant concern” on any one item will be required to repeat the assessment until there are no “significant concern” items. The number of attempts will be determined by phase and published in the
sylabii. A minimum of one additional attempt will be provided across all phases. Protected time has been allotted within scheduled class for retakes. In rare circumstances, module leads may schedule additional class hours for retakes. Students who do not remediate “significant concern” items prior to the assessment of learning at the end of the semester will not be eligible to sit for the assessment of learning and will be referred to the PTCAC.

Assessment Appeals
Students must approach the module leads to discuss or appeal a grade on any assessments within one week (5 working days) after the results are posted.

Assessment Return and Review
The primary means for receiving test scores is through the Learning Management System (LMS), Competency AI prior to the review of the exam. Faculty will make every effort to get results to students within one week after the exam 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 exams 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 results. Faculty may also hold group exam reviews.

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. 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 CAC for faculty discussion of their academic misconduct.

During and after performance exams, there will be no discussion about the performance 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 performance exam, a different case will be used on the remediation 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 brought forward to PT CAC.

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 assignments, faculty members may apply a penalty to the corresponding rubric or refuse to accept the assignment 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 CAC 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 and Appeal
Please refer to PTCAC policies and procedures in this handbook.

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 exams or quizzes. Late arrival is defined as immediately after the posted start time.

A student arriving late to a performance assessment 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 may also result in a deduction from the assessment grade in the professionalism domain.

Missed Exams
A student who misses an exam due to a valid and excusable reason, as determined by the module lead (e.g. illness, family emergency) must contact the appropriate module lead to schedule a date and time for the make-up exam.

If the module lead observes repeated lateness on the part of a student, she or he will bring the issue of unprofessional behavior to the attention of PT-CAC for action.
Performance assessments will be evaluated with a rubric. Below is the rubric template that will be used throughout the curriculum. On any item assessed, a student will be marked as ‘meets expectations’ when all required elements are demonstrated. Required elements will be marked with an asterisk below the item. Additional elements where a student may receive formative feedback to drive their learning, but are not required to ‘meet expectations’, will not have an asterisk. Students will have a clear understanding of the required elements prior to all assessment events.

<table>
<thead>
<tr>
<th>Items</th>
<th>Significant Concern</th>
<th>Needs Improvement</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Item Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item:</td>
<td></td>
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<tr>
<td>Elements for meeting expectations:</td>
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<tr>
<td>* Required elements for meeting expectations labeled with an asterisk</td>
<td>[Achieved number of elements]</td>
<td>[Achieved number of elements]</td>
<td>Completes all required elements</td>
<td>[Description of exceeding expectations based on item]</td>
<td></td>
</tr>
<tr>
<td>Additional elements for formative feedback</td>
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</tr>
</tbody>
</table>

**Assessment Feedback:**
What is the most important thing that the learner is doing well that should be continued?
What is the most important thing learner can improve on before the next assessment?
**Competency Attainment Committee**

At the outset of the Doctor of Physical Therapy (DPT) Program, students should be informed about the program’s educational and performance standards and expectations. This document serves to organize the policies and procedures by which decisions of competency attainment are made and communicated. The policies and procedures listed below are adopted by the faculty and administration of the Program in Physical Therapy concerning the determination of student attainment of competency and is communicated to all relevant stakeholders.

Overall academic and professional evaluation of Doctor of Physical Therapy students in the Program in Physical Therapy DPT Curriculum (hereinafter “DPT Curriculum”) at Washington University School of Medicine (hereinafter “WUSM”) will be made by the Competency Attainment Committee (hereinafter “PT CAC” or “Committee”).

**Preface**

This document describes procedures adopted by the faculty and administration of the Program in Physical Therapy concerning review of student attainment of competency. Students are encouraged to read this information for a thorough understanding of the content.

Major revisions to this document will be approved by the Faculty of the Program in Physical Therapy.

Questions about this document may be directed to:
- Director of the Program in Physical Therapy
- Division Director of Education
- Associate Director of Professional Curriculum
- Assistant Director of Student Assessment and Program Evaluation

I. **Students for Whom the Rules Apply**

A. The rules governing operation of the Competency Attainment Committee (PT CAC) apply to students in the following categories:
   1. Students engaged in any phase of the DPT Curriculum (applies to students entering the Program Fall of 2021 or after)

II. **Competency Attainment Committee (PT CAC)**

A. **Purpose and Jurisdiction**
   1. In order to successfully complete their studies in the Program in Physical Therapy, students must demonstrate the ability to become a safe and effective physical therapist by the attainment of competency in the eight competency domains identified by the program:
      i. Patient and Client Care
      ii. Knowledge for Practice
      iii. Practice-Based Learning and Improvement
      iv. Interpersonal Communication
      v. Professionalism
      vi. Systems-Based Practice
      vii. Interprofessional Collaboration
      viii. Personal and Professional Development
   2. Progress toward and attainment of competency within these domains and their associated competencies and the keywords will be determined by the Competency Attainment Committee (PT CAC).
   3. Throughout the enrollment of a student, it is within the jurisdiction of the PT CAC to terminate the enrollment of a student who has failed to attain competency in any of the domains. The principle that careful selection of students for admission will minimize attrition from the program is strongly endorsed by the PT CAC.
4. The text contained herein outlines rules governing the review of student performance.

B. Responsibilities of the Competency Attainment Committee

Review of the evidence supporting progression toward and attainment of competency of students in the Program in Physical Therapy will be made by the PT CAC. The deliberations of the PT CAC are generally positive in approach and are committed to the ultimate aim of assisting students in successful completion of the DPT curriculum through the attainment of competency in all eight domains.

The PT CAC has several important roles including, but not limited to, the following:
1. Review of all assessment data, via individual student competency portfolios, to determine if a student has, or is on a trajectory to, attain competency in each domain and keyword.
2. Make decisions regarding a student’s academic progress, including the following:
   a. Promotion to the next phase of the curriculum.
   b. Remediation, with or without promotion, for any student who has not yet attained competency in a particular domain or keyword.
3. Probation, Suspension, or Dismissal or other measures to address lack of satisfactory academic progress. Review of any remediation processes to determine if competency has been attained following remediation efforts.
4. Approve any leave of absence greater than one year, owing to the impact on competency attainment as competence is a longitudinal process.
5. Determine those students who have successfully completed all prescribed requirements of the Program and are qualified to receive the Doctor of Physical Therapy degree.

C. Appointed and ex officio membership:
1. There will be a minimum of 10 voting members of the PT CAC representing the eight domains of competence as well as the curricular modules under evaluation.
2. In addition, PT CAC membership may include voting ex-officio members based on their positions within WUSM or the PT Program as well as their broad understanding of the competency-based program of assessment. These ex-officio members may include the Division Director of Education, Associate Director of Professional Curriculum, Director of Clinical Education, and Assistant Director of Student Assessment and Program Evaluation. The Division Director of Education will serve as the PT CAC Chair and will only vote in the event of a tie among the voting members present. A representative of the Medical School faculty appointed by the Dean of the School of Medicine will serve as non-voting Co-Chair. The Director of the Program in Physical Therapy, the Assistant Director of Diversity, Equity and Inclusion for the Program in Physical Therapy, and the Director of Student Health Services may also attend the PT CAC meetings as non-voting, ex officio members. Family members of a student and any member of the committee who has participated in the clinical care of a student must recuse themselves from any deliberation regarding competency attainment.
3. Guests: Any faculty, administrator, student or staff member may be invited as a guest at the discretion of the PT CAC Chair if their presence is deemed important in making decisions of competency attainment. Any invited guest may be asked to provide additional information prior to, during or after the meeting.

D. Meeting Frequency and Quorum
1. PT CAC meetings occur throughout each phase of the DPT Curriculum with sufficient frequency to:
   a. Allow for review of assessment data to determine if a student is on trajectory to achieve competence in each Domain and keyword.
   b. Allow reasonable opportunities for early support and remediation to be completed, if required. In these circumstances, students will be notified of ad hoc competency review by the PT CAC.
   c. Make decisions near the completion of each phase regarding promotion, remediation with or without promotion, probation, or dismissal.
2. PT CAC meetings may be called ad hoc when egregious concerns regarding competence occur.
3. Quorum will constitute attendance, virtual or in person, of (3/4) of the voting members. 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 academic or professional misconduct, which requires a three-quarters (3/4) majority vote of the members present.

E. Deliberations and Outcomes
1. Competency Attainment Committee (PT CAC) deliberations and outcomes will be summarized in the meeting minutes. Students will be notified in writing by The Chair of PT CAC of all decisions generally within 14 days of the decision.
2. Decisions regarding dismissal will be reported to the DPT Program Leadership and other stakeholders, as needed. Decisions of remediation without progression, dismissal, probation, will also be communicated to Financial Aid to support necessary alterations in aid.

F. Conflicts of Interests
1. Situations may exist in which a PT CAC member has a conflict of interest such that the PT CAC member is unable to objectively perform their duties and evaluate a particular student. In such a case, the PT CAC member must recuse themselves from participation in deliberations and decisions regarding that student.

III. Achievement of Standard and Competency Attainment

A. Academic Credit
The curriculum contains curricular module, domain and clinical education courses. For each course a determination of pass/no pass will be made based on the full completion of required course elements and achievement of the appropriate milestone as determined by the PT CAC. “In-progress” will be recorded on the transcript until such time as a student has completed all required elements. End-of-course “pass/no pass” determinations will be made by the PT CAC at the end of each Phase.

B. Competency Attainment
Decisions of competency attainment will be made by the PT CAC based on the totality and sufficiency of evidence regarding a student’s performance in each of the domains of competence and keywords. The evidence required for determination of competence has been determined by the PT CAC, in conjunction with the Program faculty. Decisions of competency attainment will be recorded on the transcript at the completion of each phase of the curriculum. Student progression towards successful competency attainment must occur at the midpoint of each academic year in order for financial aid to disperse funds to students. The PT CAC will meet at the appropriate times to make such determinations.

C. Remediation
When a student has not demonstrated competency or is on trajectory towards failure to attain competence in any domain or keyword, the PT CAC will recommend that student for academic support. In some instances, a student’s trajectory can be addressed through informal means such as discussion with their coach. Formal remediation decisions will be determined by the PT CAC with supportive evidence from assessment.

D. Dismissal, Probation, and Other Remedial Measures
When warranted, such as in situations including but not limited to persistence of dyscompetence despite remediation or marked critical deficiency, the PT CAC may decide a student warrants dismissal, probation, or other remedial measures. While the PT CAC encourages the use of progressive actions and opportunities for remediation, the nature or severity of the dyscompetence may prompt, at their discretion, more immediate or severe actions.

IV. Misconduct
A. 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 notable exception, as described in Section IV.B, below. See University Student Conduct Code (http://www.wustl.edu/policies/judicial.html) for a full discussion of the University Student Conduct Code.
B. Academic and Professional Misconduct are special forms of misconduct under the University Student Conduct Code. The University Student Conduct Code provides that PT CAC may hear and decide cases of alleged Academic and Professional Misconduct. PT CAC shall handle such allegations using the following procedures:

i. **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, or the APTA Code of Ethics; and misrepresentation or failure in personal actions or in meeting obligations, so as to raise serious unresolved doubts about the integrity of the student.

ii. **Procedures for Review**

1. Matters involving possible breaches of the University Student Conduct Code by DPT students shall be brought to the attention of the PT CAC Chair. The individual(s) raising the questions of possible misconduct shall present them to the PT CAC 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 potential misconduct.

2. The PT CAC Chair shall determine, in consultation with the Co-Chair of PT CAC, whether the alleged conduct, if true, could constitute misconduct under the University Student Conduct Code. If the PT CAC Chair determines that the alleged misconduct could constitute Academic or Professional Misconduct, then PT CAC may retain jurisdiction to consider the alleged misconduct pursuant to the procedures described in this Section IV.B. The PT CAC 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 Gender Equity and Title IX Office.

3. If the PT CAC Chair deems it appropriate upon review of the alleged Academic or Professional misconduct, they will convene a meeting of the PT CAC. The student shall be notified of this meeting. The PT CAC shall, whenever possible, convene within two weeks after the initial meeting between the student and the PT CAC Chair (or designee). Should a student be referred to the PT CAC for an issue(s) involving both standard and competency attainment performance and academic or professional misconduct, the procedures regarding academic or professional misconduct will be followed.

4. The Committee is not positioned in an adversarial role against the student, but serves to review the evidence as presented and render its decision regarding disciplinary action if necessary. The PT CAC will consider evidence which tends to prove or disprove the alleged conduct. If the PT CAC 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 CAC in determining an appropriate sanction. The PT CAC Chair will rule on whether or not specific evidence or testimony will be considered. The PT CAC 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 CAC Chair.

5. 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 CAC 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.

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

7. 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.

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

iii. Possible Sanctions for Academic or Professional Misconduct

Any Committee decision regarding a complaint of alleged academic or professional misconduct will be communicated in writing to the student within a reasonable time after the Committee meeting, generally within ten business days of the Committee meeting.

1. Warning or Probation, and other Sanctions

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 impose other sanctions, including requiring some form of educational remedy and evidence of readiness to function in a professional manner to remove a probationary status. Students placed on probation may be asked to resign from holding a class office or other leadership positions.

2. Suspension or Expulsion

In cases where a student has exhibited significant or repeated Academic or Professional Misconduct, the Committee may decide to suspend or expel the student.

V. Reconsideration and Appeals Procedures

A. If competency attainment cannot be achieved, or misconduct has been determined as described in Section IV.B above, the PT CAC may render a determination of remediation with promotion, remediation without promotion, probation, dismissal, suspension, expulsion, or other sanctions. A student may request a reconsideration or appeal decisions made by the PT CAC as described below.

B. Reconsideration: Decisions of remediation with promotion and probation are not available for reconsideration and are based on the expert judgment of the PT CAC. A student may request that PT CAC reconsider remediation without promotion, academic suspension or dismissal or decisions regarding Academic or Professional Misconduct. Note: actions taken by entities other than the PT CAC (e.g., the Dean or the University Student Conduct Board) are not subject to requests for reconsideration or appeal under this Section V. A written request and rationale for reconsideration must be received by the Director of the Program within ten (10) calendar days of the date of the PT CAC decision. Such a request for reconsideration should be based solely on (i) the need for PT CAC to consider additional information which was not previously presented to PT CAC for good cause; and/or (ii) a contention that pertinent PT CAC procedures were not followed during the original proceeding such that the decision is unfair. The decision to grant a Request for Reconsideration is within the sole discretion of the Director. If the Director decides to have PT CAC reconsider its decision, the Director shall notify the student in writing of the decision to reconsider and shall advise PT CAC 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 themselves or others. The Committee may reverse, modify or affirm its original decision based upon its reconsideration and/or input from the student or others.
C. Appeal Procedures

Only one type of decision by PT CAC is appealable to the Dean of WUSM with respect to academic performance and competency attainment decisions. A student may appeal to the Dean following a dismissal for standard and competency attainment deficiencies. The decision of PT CAC to impose a warning, probation, or any academic action other than dismissal for academic performance deficiencies is final and not appealable.

In cases involving academic or professional misconduct and a finding of responsibility against the student, the student may submit an appeal as set forth below:

a. Any such appeal described in this Section V.C. above, must be made in writing to the Dean within fourteen (14) calendar days after the student receives the final written decision of PT CAC (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.

b. The scope of 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.

c. When such appeal is taken, the Dean shall not substitute their judgment of the facts for that of the PT CAC. In deciding the appeal, the Dean may utilize, at their discretion, an ad hoc appeals committee to advise them on the merits of the appeal. Members of the appeal committee must be faculty members at WUSM. Members of PT CAC are not permitted to participate on an appeals committee for decisions on which they voted.

d. 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 CAC, reverse the decision of PT CAC, or remand the matter to PT CAC with instructions for additional proceedings. The Dean’s decision will be communicated in writing to the student and to PT CAC.

Updated August 2021
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*:

“A[cademic 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 course content, all large group class sessions 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 final 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.

Instagram: @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](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**

Open Lab is designed to give students the opportunity to be in Program space and practice manual skills independently with and without program equipment 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 practice can offer.
Policy on Alcohol in the Program

The Program adheres to the policies of the University on alcohol and drugs. (See https://sites.wustl.edu/prograds/university-wide-graduate-student-group-handbook/alcohol-policy-for-graduate-student-organizations/).

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 specific 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 blood borne 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 EMERGENCY: 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 a @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. Jeff Harvath will clear the clinic (backup: Diane Backes)
2. Sarah Rands will clear the Admissions and Clinical Education offices (backup: Alice Samatmanivong)
3. Alexander Rivera will clear the Administrative area and Faculty offices (backup: Vildana Dilberovic)
4. Martha Hessler will clear the lower level
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 an 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 leader.
# WU Program in Physical Therapy

## EMERGENCY ORGANIZATION & TEAM ROSTERS:


## PRIME CONTACTS/CRITICAL TEAM

<table>
<thead>
<tr>
<th>Room and Building</th>
<th>Office Phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gammon Earhart</td>
<td>4444 Forest Park Rm 1105</td>
<td>314-286-1407</td>
<td>314-962-3142</td>
</tr>
<tr>
<td>Maria Renner</td>
<td>4444 Forest Park Rm 1112</td>
<td>314-286-1405</td>
<td>314-750-3577</td>
</tr>
<tr>
<td>Steve Ambler</td>
<td>4444 Forest Park Rm 1128A</td>
<td>314-286-1421</td>
<td>623-217-9563</td>
</tr>
<tr>
<td>Linda Van Dillen</td>
<td>4444 Forest Park Rm 1132</td>
<td>314-286-1427</td>
<td>314-374-3618</td>
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## EMERGENCY RESPONSE TEAM

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<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Burlis (EPC)</td>
<td>4444 Forest Park Rm 1142D</td>
<td>314-286-1469</td>
<td>636-519-1540</td>
</tr>
<tr>
<td>Alexander Rivera (EPC)</td>
<td>4444 Forest Park Rm 1101</td>
<td>314-286-1007</td>
<td>314-750-3577</td>
</tr>
<tr>
<td>Maria Renner (EPC)</td>
<td>4444 Forest Park Rm 1112</td>
<td>314-286-1405</td>
<td>314-750-3577</td>
</tr>
<tr>
<td>Carolyn Ryterski-Brinker</td>
<td>4444 Forest Park Rm 1104</td>
<td>314-286-1448</td>
<td>618-610-1670</td>
</tr>
<tr>
<td>(EPC)</td>
<td>4444 Forest Park Rm 1141</td>
<td>314-286-1423</td>
<td>618-630-0575</td>
</tr>
<tr>
<td>Jeff Harvath (EPC)</td>
<td>4444 Forest Park Rm 1212</td>
<td>314-286-1495</td>
<td>618-830-4456</td>
</tr>
<tr>
<td>Diane Backes (EPC)</td>
<td>4444 Forest Park Rm 1114</td>
<td>314-286-1478</td>
<td>314-740-2093</td>
</tr>
<tr>
<td>Martha Hessler (EPC)</td>
<td>4444 Forest Park Rm 1140A</td>
<td>314-286-1402</td>
<td>618-259-0859</td>
</tr>
<tr>
<td>Sarah Rands (EPC)</td>
<td>4444 Forest Park Rm 1128A</td>
<td>314-286-1421</td>
<td>623-217-9563</td>
</tr>
<tr>
<td>Steve Ambler</td>
<td>4455 Duncan TRISL</td>
<td>314-286-0040</td>
<td>314-747-1351</td>
</tr>
<tr>
<td>Theresa Notestine (EPC)</td>
<td>4444 Forest Park Rm 1101</td>
<td>314-286-1410</td>
<td>314-962-3142</td>
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<tr>
<td>Vildana Dibrowic (EPC)</td>
<td>4444 Forest Park Rm 1140</td>
<td>314-286-1407</td>
<td>314-962-3142</td>
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<tr>
<td>Alice Samatmanivong</td>
<td>4444 Forest Park Rm 1140</td>
<td>314-286-1407</td>
<td>314-962-3142</td>
</tr>
</tbody>
</table>

## EMERGENCY RECOVERY TEAM

<table>
<thead>
<tr>
<th>Room and Building</th>
<th>Office Phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>4444 Forest Park Rm 1105</td>
<td>314-286-1407</td>
<td>314-962-3142</td>
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<tr>
<td>Dr. Gammon Earhart</td>
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<tr>
<td>Emergency Coordinator</td>
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</tbody>
</table>
Alexander Rivera  4444 Forest Park Rm 1101  314-286-1007

Team Members
Maria Renner (EPC)  4444 Forest Park Rm 1112  314-286-1405  314-750-3577  Carolyn Ryterski-Brinker (EPC)  4444 Forest Park Rm 1101  314-286-1448  618-610-1670
Alexander Rivera (EPC)  4444 Forest Park Rm 1101  314-286-1007  Sarah Rands (EPC)  4444 Forest Park Rm 1140A  314-286-1402  618-259-0859  618-530-0575
Jeff Harvath (EPC)  4444 Forest Park Rm 1141  314-286-1423

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

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/university-international-travel-policy-update/

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 two 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 students. 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.