



**SAMUEL  
MERRITT**  
UNIVERSITY

**DOCTOR OF PHYSICAL THERAPY  
STUDENT HANDBOOK  
2018 - 2019**

## **DPT Student Handbook Statement**

The provisions of this handbook reflect information available as of the date of publication. The provisions of this handbook are subject to change and do not constitute an irrevocable contract between any student and the Department of Physical Therapy or Samuel Merritt University. New policies and policy changes are emailed to students and posted two weeks prior to implementation. The most current version of the handbook and/or any subsequent amendments or additions replace all previous editions and apply to all cohorts of students currently enrolled in the DPT program.

**DPT Student Handbook Statement  
Table of Contents**

**i  
ii-iii**

<b><u>INTRODUCTION</u></b>	<b>1</b>
Department of Physical Therapy Mission Statement	1
Samuel Merritt University Mission, Vision, and Values Statements	1
Department of Physical Therapy Program Learning Outcomes	2
<b><u>ACADEMIC POLICIES &amp; PROCEDURES</u></b>	<b>3</b>
Advisement	3
Communication	3
Faculty/Student Group Meeting	4
Course/Instructor Evaluations	4
Departmental Grading Policy	4
University-wide Grading Policy	5
Examinations	6
Final Examinations	6
Practical Examinations	6
Competency Examinations (other than practical examinations)	6
Attendance at Examinations	6
Make-Up/Missed Exams Due to Illness or Emergency	7
Re-Take Examinations-Patient Client Management Courses	7
Other Courses	7
Review of Examinations	7
Remediation/Review of Examinations	8
Advisement Requirement Following Examination Grades Lower Than 70%	9
Assignments	9
Department Writing Rubric	10
Dispute and Problem Resolution	11
Student Probation, Suspension and Dismissal	11
Transition to Reduced-Load Study Plan	11
Academic Leave of Absence and Dismissal	11
Personal Leave of Absence	11
Behavior Probation and Dismissal	12
Professional Behaviors Probation Policy and Procedure	12
Disability Services	15
Title IX Statement	15
Drop/Add Courses in DPT Program	15
Withdrawal from a Course	15
Physical Therapy Lab Procedures	16
Equipment	16
Laboratory Access	16
Electronic Device Use Policy/Classroom, Meetings, and Examinations	17
Security	18
Responding to General Medical, Cardiorespiratory, Orthopedic and all other Medical Emergencies	18
Attire	19

General Attendance	20
Informed Consent	20
Accreditation Status and Complaints	21
<b><u>PROFESSIONALISM, PROFESSIONAL FORMATION, AND GENERIC ABILITIES</u></b>	<b>22</b>
Philosophy	22
Code of Ethics	22
Behavioral Expectations	22
Communication and Professional Formation	23
Professionalism in Physical Therapy, Core Values, APTA	23
Excellence, Values and Virtues in the SMU Doctor of Physical Therapy Program	24
Statement of Values and Virtues	24
Professional Development Assessment (PDA) and Goal Setting	27
Components-Section 1 Generic Abilities	27
Components-Section 2 Self-Reflection on Components of Professionalism	29
Timeline for PDA & Regular Advising	31
<b><u>DOCUMENTS AND FORMS</u></b>	<b>32</b>
Informed Consent Forms	33
Occupational Injuries and Clinical Student Injuries Procedures	35
Where to find other online documents and resources	36

## **INTRODUCTION**

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This handbook was developed in order to provide students with the relevant policies and procedures for the Department of Physical Therapy. It includes departmental policies, and refers to university policies, to more clearly articulate our expectations of behavior and performance. The University Catalog and this handbook provide the policies under which we operate. Students are expected to be familiar with the contents of the University Catalog and this handbook.

Students must abide by the policies stated in the University Catalog and in the DPT Student Handbook. The policies in the Department of Physical Therapy Student Handbook are consistent with those in the University Catalog, and in some cases provide expanded detail regarding the policies in the University Catalog. These more detailed specific policies provide guidance for students to facilitate timely and successful completion of the program.

The policies and procedures in this handbook are reviewed and updated annually. New or revised policies will be handed out to students as they are generated. Students are responsible for placing the new/revised policies in their handbooks. Students are also responsible for understanding and abiding by new/revised policies. New/revised policies supersede policies in effect upon enrollment.

### **DEPARTMENT OF PHYSICAL THERAPY MISSION STATEMENT (Updated July 2014)**

The Department of Physical Therapy at Samuel Merritt University serves students, the public, the profession and the University by educating highly skilled and compassionate Doctors of Physical Therapy. Our graduates provide patient-centered care using evidence informed practice to positively transform society and the experience of care in diverse communities. We are dedicated to advancing the profession through a commitment to life-long learning, critically reflective practice, scholarship, service and socially responsible action on behalf of patients, the public, and the profession.

### **SAMUEL MERRITT UNIVERSITY MISSION, VISION AND VALUES STATEMENTS**

See Samuel Merritt University Catalog

## **PHYSICAL THERAPY DEPARTMENT PROGRAM LEARNING OUTCOMES (Revised August 5, 2015)**

Graduates are prepared to:

1. Provide effective physical therapy for people with health conditions that result in movement dysfunctions and associated impairments, activity limitations, and participation restrictions regardless of the person's age, and in the most common practice environments for physical therapists.
2. Use sound clinical reasoning to guide decisions regarding examination, evaluation, diagnosis, plan of care, and intervention to achieve optimal outcomes of care through the synthesis of best available evidence (literature, clinical experience and judgment, and the patient/client's perspectives and values).
3. Serve as advocates for patient and client health care needs, including referral to other health care providers, community agencies, or health care services.
4. Provide collaborative, person-centered care that is compassionate, caring, and culturally competent.
5. Consistently use critical reflection to facilitate learning and improve future practice.
6. Function as collaborative and effective members of an interprofessional team providing health care to meet the needs of patients, clients, and the public.
7. Identify the need for and develop health, wellness, and prevention services for individuals and groups.
8. Be actively engaged in the profession of physical therapy and the communities it serves through the professional association, service to the community, and advocacy for the health needs of society.
9. Act responsibly with sound reasoning and integrity to achieve just resolution of ethical problems that affect individuals, organizations, or society.
10. Identify as emerging physical therapist professionals who demonstrate the hallmarks of excellence.

## ACADEMIC POLICIES & PROCEDURES

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### ADVISEMENT

Each student is assigned a faculty member as his/her advisor during his/her matriculation in this program. The advisor's role is to consult on study strategies, to counsel the student on conduct or behavior problems, and to assist the student with academic or personal challenges.

Students may request a change in their advisor via a written letter to the Department chair explaining the reason for the request with a co-signature by the current advisor.

Students must meet with their advisor at regular intervals (please refer to Schedule of Regular Advisement later in this Handbook) to regularly review aspects of their professional development progress in the program and discuss generic abilities. Faculty will notify the student of available times for these meetings. Students may also request meetings with their advisor at other times as needed for counsel on issues affecting their academic performance or other challenges they are facing, as needed.

### COMMUNICATION

Appointments with faculty may be made by leaving messages for faculty via email or voice mail. Sign-up sheets for appointment times are located on some doors. In these cases faculty will announce this to students.

All faculty will be addressed by Dr., Ms. or Mr. as appropriate.

All DPT faculty offices are located on the third floor of the Peralta Pavilion.

Part-time faculty will provide email and telephone information in the course syllabus for the courses they teach. Basic science faculty who teach in the DPT program will provide email and telephone information in the course syllabus for the courses they teach.

	Office #	Phone Extension	Email
Dr. Benjamin Boyd	3728	4913	<a href="mailto:bboyd1@samuelmerritt.edu">bboyd1@samuelmerritt.edu</a>
Dr. Nicole Christensen	3736	4723	<a href="mailto:nchristensen@samuelmerritt.edu">nchristensen@samuelmerritt.edu</a>
Dr. Heidi McGregor Garske	3722	3401	<a href="mailto:hgarske@samulemerritt.edu">hgarske@samulemerritt.edu</a>
Dr. Bret Kennedy	3730	7321	<a href="mailto:bkennedy@samuelmerritt.edu">bkennedy@samuelmerritt.edu</a>
Dr. Sharon Gorman	3734	4720	<a href="mailto:sgorman@samuelmerritt.edu">sgorman@samuelmerritt.edu</a>
Dr. Stephanie Greenspan	3730	4680	<a href="mailto:sgreenspan@samuelmerritt.edu">sgreenspan@samuelmerritt.edu</a>
Dr. Susan Grieve	3724	4457	<a href="mailto:sgrieve@samuelmerritt.edu">sgrieve@samuelmerritt.edu</a>
Dr. Jason Hardage	3724	4401	<a href="mailto:jhardage@samuelmerritt.edu">jhardage@samuelmerritt.edu</a>
Dr. Preeti Nair	3726	4687	<a href="mailto:pnair@samuelmerritt.edu">pnair@samuelmerritt.edu</a>
Dr. Angela Rusher	3726	2636	<a href="mailto:arusher@samuelmerritt.edu">arusher@samuelmerritt.edu</a>
Dr. Tracey Wagner	3728	7382	<a href="mailto:twagner@samuelmerritt.edu">twagner@samuelmerritt.edu</a>
Dr. Gail Widener	3732	6977	<a href="mailto:gwidener@samuelmerritt.edu">gwidener@samuelmerritt.edu</a>

## **FACULTY/STUDENT GROUP MEETINGS**

Open discussions are held periodically during the school year between faculty and student cohorts (e.g., faculty/student noon meetings). This is an opportunity for students and faculty to share departmental and university-wide issues that affect the physical therapy student group or program as a whole. Issues between faculty members and individual students, such as grades, coursework, or interpersonal issues will not be addressed at these meetings. These issues are more appropriately addressed one on one, and thus this is the expectation.

## **COURSE/INSTRUCTOR EVALUATIONS**

At the end of each term, students are strongly encouraged to complete course/instructor evaluations. Evaluations are conducted in all courses to assess and ensure quality educational experiences. They also foster professional behaviors development, in providing another forum where you can practice critically analyzing any problems you have perceived, and provide opportunities for developing strategies for solving the problems you have identified. As expected in all professional communications, and as further evidence of professional behaviors development, students are to deliver their evaluations in a manner that is constructive, considerate, and respectful. Please do not take these evaluations lightly. They are also used in consideration for curriculum revision and in faculty performance evaluations. Opportunities for students to provide real-time feedback to course faculty throughout the term are also provided electronically through an anonymous link in the online course learning management system.

## **DEPARTMENTAL GRADING POLICY**

Grading nomenclature is as follows:

A	93-100%
A-	90-92.9%
B+	87-89.9%
B	83-86.9%
B-	80-82.9%
C+	77-79.9%
C	73-76.9%
C-	70-72.9%
D	60-69%
F	below 60%

***70% (C-) is the minimal passing grade in the program. Courses may be graded as Pass (P) or Fail (F). Clinical courses, those numbered 76x, are graded Satisfactory (S) or Unsatisfactory (U).***

It is the instructor's decision as to whether scores will be rounded up or not for any course. This policy will be included in the syllabus for each course .



## UNIVERSITY-WIDE GRADING POLICY (from University Catalog, revised 3/26/14)

Each school, department or program is responsible for establishing and providing to its students both a progression policy and a grading policy. Under no circumstances will any form of "D", "F" or "U" be considered a passing grade for any course or clinical experience in University programs. At the end of each term a student's work in each course is evaluated and assigned a grade. Samuel Merritt University recognizes the following letter grades and assigns point value as listed below:

Grade	Description	Point Value
A		4.0
A-		3.7
B+		3.3
B		3.0
B-		2.7
C+		2.3
C		2.0
C-		1.7
D+		1.3
D		1.0
D-		0.7
F		0
I	Incomplete	Not computed
IP	In progress	Not computed
P*	Pass	Not computed
S	Satisfactory	Not computed
U	Unsatisfactory	0
W	Withdrawal	Not computed
Z	Audit	Not computed

\*May be used only if designated in the catalog course description or by petition

### Plus/Minus Grading

Each school, department, and program shall determine to what extent and under what circumstances plus/minus grading is used. If used, a plus adds three-tenths (.3) to the grade point value up to a maximum of four grade points, while a minus reduces the grade point value by three-tenths (.3). The Department of Physical Therapy uses plus/minus grading in all letter-graded courses.

## **EXAMINATIONS. The following policies pertain to examinations taken in the program**

### **Final Examinations**

In Patient and Client Management Courses, the last practical examinations may be administered prior to final exams week. The course instructor determines when the final written examination is administered in these courses. When written exams are “must pass” exams, these exams may also be administered prior to finals week, in order to provide time for students to used to remediate/retake these “must pass” exams for any students who do not pass on the first attempt.

The final examination in other courses are typically scheduled during finals week. The final examination is usually scheduled on the normal day(s) of the class’s regular meeting time. For courses taught in an intensive format, the final exam is administered as close to the end of the course as is reasonable. In special circumstances, examination may occur outside of the finals week. In this case, specifics are provided in the course syllabus.

The syllabus for courses without final examinations will specify when final assignments are due.

For courses with on-line examinations, the syllabus will specify when the examination is offered, and the procedures for the examination.

### **Practical Examinations**

Practical examinations in Patient/Client Management classes, unless otherwise stated in the course syllabus, must be passed at a “minimal competence” level, 70% (C-). Specific course policies regarding practical exams are found in each course syllabus including re-take policies, when a course has a policy that permits a re-take on a practical examination.

Students must adhere to the professional “clinic” attire dress code during all Patient/Client Management practical examinations. Failure to comply may result in a lowering of the examination grade by up to one level.

As stated above, all practical examinations must be passed in order to pass the course. If a student fails to demonstrate competency on the practical examination, as specified in the course syllabus, this will result in a “D” grade for the course, no matter what the grade would have been otherwise. There are no re-take examinations for Anatomy lab practical examinations.

### **Competency Examinations (other than practical examinations)**

A course may have an examination on which a student must demonstrate competency at the level described in the course syllabus. Students may have more than one opportunity to demonstrate competency on these examinations. The course syllabus will provide specific policies about these examinations.

### **Attendance at Examinations**

If a student is unable to attend an examination due to an emergency such as personal illness or death in the family, it is the student’s responsibility to notify the Faculty of Record prior to the examination by phone or email if at all possible. Unexcused absences will result in a numerical grade of “O” for the examination. Make-up examinations will not be given for an unexcused absence.

## **MAKE-UP/MISSED EXAMINATIONS DUE TO ILLNESS OR EMERGENCY**

If an examination is going to be missed due to an illness or emergency students must notify the course instructor before the beginning of the examination if at all possible. The absent student must contact the professor as soon as possible, and no later than the day they return to classes in order to schedule a make-up examination. The examination must be made up within one week or at the discretion of the instructor.

## **RE-TAKE EXAMINATIONS**

PATIENT/CLIENT MANAGEMENT COURSES, PT 710 THROUGH PT 719

The syllabus for these courses and the DPT Student Handbook specify policies for re-take examinations when students are not successful on these examinations.

## **OTHER COURSES**

It will be up to the discretion of the faculty of record to offer re-take examinations to allow the student one additional opportunity to demonstrate minimal competence (minimum 70%). When the re-take examination is passed, the original score may be retained as per the course syllabus. The maximum score awarded will be “passing” or “minimal competence”, 70%, if allowed as per the course syllabus.

In courses with minimal competency exams or when the faculty decides to offer a re-take examination, these examinations will occur prior to the end of the first week of the next term. This may delay the start of clinical experiences.

Any exception to these re-take examination policies must receive prior approval of the Department Chair.

## **REVIEW OF EXAMINATIONS (Updated 02/12/14)**

1. Students are given the opportunity to review their corrected examination papers.
2. Examination papers will be available for open review for **two weeks** from the release of the examination results.
  - a. If the faculty chooses to keep the examination papers for review, the student must make an appointment with the faculty member to review the examination paper within the specified two week time period.
    - i. After two weeks, the exam review period will be closed.
  - b. If the examination papers are given to the administrative assistant, the following policy will be followed:
    - i. Students may review the examination paper by going to the administrative assistant's office. It is advisable to make an appointment with the administrative assistant to be sure s/he will be available during a particular time.
    - ii. Students must review the examination papers only with administrative assistant present.
    - iii. When reviewing the papers in the administrative assistant's office, no more than four students at a time will be allowed to review their papers.
    - iv. The administrative assistant may, on occasion, reserve a larger room so a greater number of students can review examination papers at the same time. If such is the case, the administrative assistant will send an email to the students indicating the

- time and location where students may review their papers.
- v. If the student has questions regarding the examination, the student must make an appointment with the faculty member.
  - vi. After two weeks, the open exam review period will be closed and the administrative assistant will return the examination papers to the course faculty.
3. Students are not allowed to copy test questions or portions of test questions in any way. In addition to no photocopies or photographs/scans of test questions, students also may not write out or verbally record any test question or portions of test questions.
  4. Students are not allowed to take the test papers out of the review room without permission.
  5. Students reviewing their examinations may not look up things on their electronic devices or paper course notes while in the administrative assistant's office. They cannot use electronic devices of any kind while reviewing exam papers. They may take down notes on paper concerning content and concepts to review/look up at a later time.
    - a. The administrative assistant will screen the students' hand written notes and initial them before they leave with them.
    - b. If the administrative assistant is unable to do this as they are leaving, or has any questions about the notes, s/he will collect the hand written notes for review and return to the student's box within 24 hours.
    - c. The student may use the administrative assistant's calculator to check the math on the examination scoring but cannot use his or her own electronic devices for this purpose.
  6. Course faculty may choose to allow students to review examination papers at additional times during the term. This additional review is set up and run by the course faculty at the discretion of the course faculty and not at the request of the students.
    - a. Exam review outside the initial two-week period will not take place with the administrative assistant.

### **REMEDICATION/REVIEW OF EXAMINATIONS**

Some courses require students to remediate examinations if the score falls below 70%. If this is required it will be stated in the course syllabus.

1. Remediation/review will be held at specific times post-examination as determined by faculty either in the Administrative Assistant's office or another designated location.
2. Electronic devices that contain class notes, readings or other class materials will be allowed for student use during remediation only.
3. Students are not allowed to photocopy or take a photograph/scan of the test papers.
4. Students are not allowed to take the test papers out of the room without permission.
5. Students are not allowed to write out any part of the test question.

## **ADVISEMENT REQUIREMENT FOLLOWING EXAMINATION GRADES LOWER THAN 70%**

A student who receives a grade of less than 70% on any mid-term or final examination or assignment must consult with the course instructor within one week of receipt of the grade. The student, with the course instructor, will develop a written learning improvement plan (using the Department's Student Advising form) that includes specific strategies to improve performance outcomes, and any recommendations for referral for services provided by the Office of Academic Support Services as appropriate. The instructor will retain a copy of the written plan, and provide the student and the student's advisor a copy of the written plan.

## **ASSIGNMENTS**

Assignments are due at the start of the class period on the date assigned or as stated in the course syllabus. If the assignment is not turned in on time, a grade of no credit/0/F (fail) is given for the assignment. The student may petition for permission ahead of time, in writing, for an extension on the assignment due date, but only for extraordinary circumstances, and the grade may be reduced.

If a student does not receive a passing grade on any assignment, s/he is required to consult with the faculty of record for the course within one week of receipt of the grade.

There may be some assignments that the student will be allowed to repeat if he/she did not receive a passing grade. This is up to the discretion of the course faculty, and the maximum grade will be 70%/minimal competence.

Each course syllabus describes deadlines for submission of assignments.

Written assignments will be evaluated not only on content but also on grammar, spelling and clarity. Assignments that include presentations will also be graded on presentation skills. The department writing rubric is included in the handbook, as follows.

Writing Rubric<sup>1</sup>  
Department of Physical Therapy

	Excellent Meets highest expectations (10/10) <sup>2</sup>	Adequate Meets minimal expectations (7/10)	Inadequate Below expectations (5 /10)	Fail (0/10)
References in text and reference list (AMA Style)- structural only	No errors. References within text, including figures and tables, are properly located, clearly marked, and sequential. The reference list has no formatting, typographical or punctuation errors and is complete for every type of reference. There is a direct 1:1 correspondence between references within text and those in the reference list.	1 unique error (same error repeated throughout text considered one unique error) , but only with more unusual references. References within text are properly located, clearly marked and sequential. There may be an error with a reference in a figure or table. The reference list has no formatting, typographic or punctuation errors for books, journals, chapters of edited books, and electronic citations. There may be an error with more unusual sources, e.g. government reports, anonymous documents, legal citations, audio or video tapes, transcripts of broadcast material, etc. There is a direct 1:1 correspondence between references within text and those in the reference list.	1-2 unique errors (same error repeated throughout text considered one unique error). Error can occur in references within the text at any place. The reference list may have a formatting, typographic or punctuation error. There is a direct 1:1 correspondence between references within text and those in the reference list.	3 or more unique errors (same error repeated throughout text considered one unique error). Error can occur in references within the text at any place. The reference list may have a formatting, typographic or punctuation error. A reference in text may be omitted from the reference list or vice versa.
Grammar & Spelling	No spelling errors. No grammar errors. Does not use contractions. Abbreviations are correct and/or defined. Correct verb tense is used throughout the paper.	No more than one of the following: <ul style="list-style-type: none"> <li>• 1 spelling error.</li> <li>• 1 grammar error.</li> <li>• 1 use of contraction.</li> <li>• 1 incorrect abbreviation.</li> <li>• 1 verb tense error.</li> </ul>	No more than two of the following: <ul style="list-style-type: none"> <li>• 2 spelling error.</li> <li>• 2 grammar error.</li> <li>• 1 use of contraction.</li> <li>• 1 incorrect abbreviation.</li> <li>• 1 verb tense error.</li> </ul>	Any combination of the following: <ul style="list-style-type: none"> <li>• 3 spelling error.</li> <li>• 3 grammar error.</li> <li>• 2 use of contraction.</li> <li>• 2 incorrect abbreviation.</li> <li>• 2 verb tense error.</li> </ul>
Usage	No errors. Correct terminology, proper choice of language including no slang or jargon. Uses specific words with precise meaning. No evidence of bias in writing (gender, ethnicity, age, illness). Uses people first language.	Only 1 error from: <ul style="list-style-type: none"> <li>• Terminology</li> <li>• Choice of language including no slang or jargon</li> <li>• Word choice may be imprecise</li> </ul> No evidence of bias in writing (gender, ethnicity, age, illness). Uses people first language.	Only 2 errors from: <ul style="list-style-type: none"> <li>• Terminology</li> <li>• Choice of language including no slang or jargon</li> <li>• Word choice may be imprecise</li> </ul> No evidence of bias in writing (gender, ethnicity, age, illness). Uses people first language.	3 errors from: <ul style="list-style-type: none"> <li>• Terminology</li> <li>• Choice of language including no slang or jargon</li> </ul> Word choice may be imprecise AND/OR Bias in writing is evident in any one area (gender, ethnicity, age, illness). AND/OR Does not use people first language.
Organization & Logic	Organized and coherent. Themes, concepts, ideas, data, findings, descriptions, and evidence all support assertions and conclusions and are presented throughout the paper with: <ul style="list-style-type: none"> <li>▪ Clarity<sup>1</sup></li> <li>▪ Logic<sup>2</sup>,</li> <li>▪ Significance<sup>3</sup></li> </ul>	Generally organized and coherent as described to left. May have a lapse of logic, clarity or significance which may include an unclear relationship between one part of the paper and another.	Inconsistent organization and coherence. Multiple lapses in logic, clarity and/or significance that may include unclear relationships between different sections of the paper.	Mostly disorganized and incoherent. Difficult or unable to follow logic. Relationship between themes, concepts, ideas, data, findings, descriptions, evidence and the assertions or conclusions is weak and/or unclear. Focuses on less relevant aspects of the topic
Evidence	All points are well-documented and referenced using scholarly sources. Clearly differentiates between empiric studies (from any research paradigm) from essays or articles. Cited evidence is current or best-available. It is clear when the author is stating personal opinion and is only used when called for by the type of paper. Direct quotations are used sparingly and are clearly necessary.	All points are well-documented and referenced using scholarly sources. The author may give equal weight to empiric studies and other types of publications. Cited evidence is current or best available. There may be one lapse in stating opinion as fact.	No more than 2 problems with undocumented points. Cites popular press or websites along with scholarly sources. Cited evidence is not most relevant or current. Confuses opinion with fact 2 times.	≥3 problems with citing the literature. Points are not cited consistently, including from popular or lay press or websites. That evidence cited is not current or relevant. Frequently confuses opinion with facts.

<sup>1</sup> Source of the above: Paul, R and Elder, L. *How to Study and Learn a Discipline Using Critical Thinking Concepts and Tools*. Dillon Beach, CA: The Foundation for Critical Thinking, 2001: 30-31.

<sup>2</sup> The numbers in this row are guidelines to faculty and students. Faculty will adjust the actual points and/or weighting to correspond with the total points for the assignment and weighting for writing in the particular assignment to match these guidelines.

<sup>3</sup> Clarity: "Understandable; the meaning can be grasped." Questions a faculty would ask are: "Could you elaborate further? Could you be more specific? Could you give an example? Could you illustrate what you mean?"

<sup>4</sup> Logic: "the parts make sense together, no contradictions." Questions a faculty would ask are: "Does all this make sense together?" Does the beginning fit together with the end? "Does what you say follow from the evidence?"

<sup>5</sup> Significance "focused on important aspects." The questions a faculty would ask are: "Is this the most important problem to consider? Is this the central idea to focus on? Which of these facts are most important?"

## **DISPUTE AND PROBLEM RESOLUTION**

If a student has a dispute concerning a grade or an interpersonal problem with a faculty member, s/he should go directly to that faculty member to discuss the problem. If the course is team-taught, it may be appropriate to consult the faculty of record (course coordinator/lead instructor) for the course. If these avenues of resolution have been fully explored and exhausted and there is still an unresolved issue, then the student should discuss the issue with the Department Chair. For further dispute resolution procedures, refer to University Catalog.

## **STUDENT PROBATION, SUSPENSION AND DISMISSAL (also see University catalog).**

A student in the Doctor of Physical Therapy Program whose cumulative GPA falls below 2.7 (a B- average) will be placed on academic probation. A student on academic probation must attain a minimum of a 2.7 term GPA for each subsequent didactic term until their cumulative GPA is a minimum of 2.7. Once the student's cumulative GPA raises to 2.7 or above, the student will be removed from academic probation. Once removed from academic probation, if the student's cumulative GPA falls below 2.7, the student will be dismissed from the program.

A student who does not pass one didactic or clinical course will have one opportunity to repeat the course at its next offering. If the student does not pass the course on the second attempt, the student will be dismissed. The physical therapy curriculum is sequential. Both didactic and clinical courses must be taken in sequence. Therefore, a student cannot continue on in the curriculum while waiting to repeat a course. A student with two or more instances of a D, F, or U recorded on his/her/hir transcript will be dismissed.

## **TRANSITION TO REDUCED-LOAD STUDY PLAN**

DPT students who are struggling to succeed in the program while enrolled with a full load may request and/or may be counseled to temporarily transition to a reduced-load study plan, in order to provide the student with the opportunity to successfully progress through the program. A reduction in load must be approved by the Department Chair. The decision is made by the Chair in consultation with the student's advisor, and only after all other options to provide the student with adequate learning support have been explored and found insufficient to address the individual's situation.

## **ACADEMIC LEAVE OF ABSENCE AND DISMISSAL (See University Catalog)**

### **PERSONAL LEAVE OF ABSENCE (See University Catalog)**

Personal leave of absence is a voluntary leave that may be granted to students in good academic standing for compelling reasons. The Department Chair and the Vice President of Enrollment & Student Services approve such leaves.

At the discretion of the University, a student may be granted a leave of absence of up to one year. A leave of absence is considered non-punitive, in that it does not remove a student from being considered in good standing in the program. Students who re-enter must comply with policies and curriculum patterns in effect at the time of re-entry. The leave of absence

form is obtained from the Office of the Registrar and is required to initiate the leave of absence status.

Re-entry: Student must notify the registrar and Department Chair within 60 days of re-enrollment of intent to re-enroll. If the student does not notify the registrar and the Chair, the University will assume that the student has withdrawn and his/her place will not be held.

### **BEHAVIOR PROBATION and DISMISSAL**

All students are expected to conduct themselves in a professional manner in the classroom, laboratory, and clinical environments. They must adhere to the standards, ethics, procedural, and legal requirements pertaining to physical therapists. Students who violate the polices contained in the DPT Student Handbook, University Code of Ethics and University Code of Conduct (See University Catalog), Physical Therapy Code of Ethics, and federal and/or state laws will be subject to disciplinary action, which may include behavioral probation or dismissal from the program.

### **PROFESSIONAL BEHAVIORS PROBATION POLICY AND PROCEDURE ( Revised 08/21/15)**

All students are expected to conduct themselves in a professional manner in the classroom, laboratory, and clinical environments. Students are expected to adhere to the standards, ethics, procedural, and legal requirements pertaining to Physical Therapists. Those students who violate Physical Therapy Departmental and/or University policy, University and/or Physical Therapy Professional Code of Ethics, state or federal law will be subject to disciplinary action, which may range from placement on Professional Behaviors Probation to dismissal from the DPT program.

Examples of unprofessional behaviors include but are not limited to: habitual tardiness (classroom, clinic, other situations); not turning in completed clinical paperwork and/or documentation in a timely manner; inadequate/inappropriate communications (lack of, untimely, disrespectful, dishonest, etc.); inappropriate use of social media (posting information about clinical sites, individual faculty, students, and/or patients that is identifiable, or could be perceived by anyone involved as slanderous or malicious, posting information that could contributing to academic dishonesty or cheating, etc.); inappropriate use of personal devices such as smartphones (inappropriate/non-course related texting, messaging, or emailing in class, doing on-line shopping while in class, checking/posting to Facebook/Instagram while in class, etc.).

**Note:** All individual faculty are expected to address behaviors they witness as soon as appropriate, in person with the student(s) involved, and also to consult with the Department Chair as soon as possible after the incident occurs.

1. The Professional Behaviors Committee (PBC) is a standing committee of 2-3 DPT faculty members selected by department faculty.
2. A faculty member who witnesses or was told of a potential violation that may result in professional behavior probation discusses the incident with the Department



Chair. The Department Chair makes a determination, based on the nature and severity of the alleged offense, to either:

- a. Start a formal investigation to gather further information regarding details of the alleged violation;
  - b. Direct the faculty member who witnessed the violation to resolve the situation directly with the student. This may involve a referral to the PBC for review, assistance and recommendations.
  - c. Send the case to the PBC for further investigation.  
Note: if the Department Chair is the person who witnessed the alleged violation, s/he will refer the case to the PBC for further investigation.
3. The following procedures will be followed if the Department Chair initiated a formal investigation (option 2.a.):
- a. Based on the result of the investigation, the Department Chair may decide to place the student on professional behaviors probation.
  - b. The Department Chair writes the terms of the professional behavior probation and, together with the student's faculty advisor, meets with the student to discuss the terms of the probation.
4. The following procedures are followed if the Department Chair directs the faculty member who witnessed the violation to resolve the situation with the student (option 2.b.):
- a. The faculty member who witnessed the potential violation may make a recommendation to place the student on professional behaviors probation. In this case the PBC meets with the faculty to review the case.
  - b. If the PBC agrees with the probation recommendation, the faculty who witnessed the violation and the student's faculty advisor writes the terms of the professional behavior probation.
  - c. The PBC reviews the terms with the Department Chair and if approved, the faculty member with the student's faculty advisor meet with the student to discuss the terms of the probation.
  - d. Items 6-10 below will then be followed.
5. The following procedures will be followed if the issue was sent to the PCB for further investigation (option 2.c.):
- a. This committee investigates the allegation and makes the determination if the potential violation merits a professional behavioral probation. The committee develops the terms of the professional behavior probation together with the students faculty advisor.
  - b. The PBC reviews the terms with the Department Chair and if approved, the faculty member who witnessed the violation, the student's advisor and at least one member of the PBC meet with the student to discuss the terms of the professional behavior probation.
  - c. Items 6-10 below will then be followed.

6. The completed student advising record must contain the following information:
  - a. Discussion with the student regarding the specific violation that led to the professional behavior probation.
  - b. Terms of the professional behavior probation, including the following:
    - i. Length of the professional behavior probation (in terms of months or terms). There may be instances where the student is placed on professional behavior probation for the remainder of the program.
    - ii. Specific actions or behaviors that the student is expected to demonstrate (or not demonstrate) during the probation period.
    - iii. Consequences if the student fails to demonstrate actions or behaviors specified in item ii (the consequences could range from receiving a failing grade in a specific course to dismissal from the program).
    - iv. If the student demonstrates the behaviors in the timeframe outlined in b. ii, the professional behavioral probation will end.
7. The Department Chair, PBC representative, Faculty person who initiated the professional behaviors probation and the student's faculty advisor sign the advising form.
8. A copy of the signed advising form is given to the student and one copy is given to the student's faculty advisor. Additionally, one copy is forwarded to the Assistant Academic Vice President of Student Services at SMU), who will determine whether or not the nature of the issue leading to professional behaviors probation necessitates notification of the Registrar and notation on the student's permanent record. The original signed form will be filed together with the student's academic record in a folder located in the PT Administrative Assistant's office.
9. Once the student has satisfied the terms of the professional behavior probation as outlined on the form, following procedures will be followed:
  - a. The faculty advisor makes a recommendation to the Department Chair (in the case of 2.a and 2.b) or the PBC (in the case of 2.c) to remove the student from the professional behavior probation. If the Department Chair or committee (whichever is appropriate for the situation) agrees with the recommendation, a letter will be generated removing the student from probation. A copy of this letter will be given to the student, the faculty advisor, while the original copy of this letter will be filed together with the student's academic record in a folder located in the Administrative Assistant's office.
10. The student may petition for early removal of the probation. To do so, the student must write a letter addressed to the faculty advisor asking for early removal of the probation, with rationale for the request. The faculty advisor then makes a recommendation as stated in Item 9 above.

11. In cases where the violation involves academic integrity, it is the responsibility of the student's faculty advisor to notify faculty of record about the student's professional probation status for all courses in which the student is enrolled. This notification occurs each term the student remains on professional behaviors probation.

## **DISABILITY SERVICES**

Samuel Merritt University recognizes disability as an aspect of diversity that is integral to society and to the campus community. It is the policy and practice of Samuel Merritt University to create inclusive learning environments. The Disability Resource Center (DRC) works with students and faculty to create accommodations when necessary to provide equal access to University services and facilities. If you would like to discuss disability-related needs, please contact the DRC for a confidential appointment at [drc@samuelmerritt.edu](mailto:drc@samuelmerritt.edu). Accommodations cannot be applied retroactively, so please reach out early. Elisa Laird-Metke ([elaird-metke@samuelmerritt.edu](mailto:elaird-metke@samuelmerritt.edu)), the Director of Disability Resource Center, can address any questions about student disability accommodations. Further information for faculty about classroom accessibility and implementing disability accommodations can be found on the DRC website at <https://www.samuelmerritt.edu/drc/facultyFAQ>.

## **TITLE IX STATEMENT**

Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources here: [http://www.samuelmerritt.edu/sexual\\_violence/smu\\_policy](http://www.samuelmerritt.edu/sexual_violence/smu_policy)

## **DROP/ADD COURSES in DPT PROGRAM (See University Catalog)**

## **WITHDRAWAL FROM A COURSE (See University Catalog)**

## **PHYSICAL THERAPY LAB PROCEDURES**

1. Be dressed appropriately for each class session.
2. Physical Therapy/Human Performance Labs: Men should wear shorts or bathing suit. Women should wear a two-piece bathing suit or shorts and sports top that exposes shoulders and spine. It is recommended to wear layers to help control body temperature/comfort levels while in lab.
3. Anatomy Lab: Long white lab coats and/or scrubs, gloves and close-toed shoes.
4. Have area around treatment tables clear of books and other non-essential articles.
5. You are responsible for your own body & protecting it from injury. Inform the instructor and your lab partner immediately should you have any precautions or contraindications, discomfort, pain, or unusual signs and /or symptoms during the laboratory sessions.
6. Keep food/beverages, pens, belts with buckles and shoes off the treatment tables and mats.
7. Classroom chairs and treatment tables, and all other department equipment are to remain in the classroom at all times.
8. Keep laboratories/classrooms clean and neat at all times. This includes putting equipment away at the end of class. Classes may designate a rotating cleanup crew.

## **EQUIPMENT**

Equipment in the laboratories is not allowed to leave the laboratory. This will ensure equal access for all students at all times. Some equipment may be placed in the library on reserve. For special circumstances, equipment may be loaned out by special permission from the Faculty of Record.

There is an annual equipment safety check/calibration performed on all equipment owned and maintained by the Department of Physical Therapy. Equipment maintenance records are available in the program administrative assistant's office.

## **LABORATORY ACCESS**

1. L810 and PMOB 360 (PT Labs) are accessible using card access from 7:00 a.m. to 10:00 p.m. seven days/week to all students. The PT Labs are closed when the Peralta Pavilion and/or Peralta Medical Office Buildings are closed, which includes all legal holidays. The PT Labs are also closed during breaks between terms, when a class is in session, or when a continuing education course is being offered in the lab area. Lab access to the Physical Therapy Labs are by your student ID card. There is a swipe box located next to one of the doors.
2. Lab access to the Anatomy Lab is by your student ID through the upper parking level door.
3. Remember to request security escort between buildings after dark.

## **ELECTRONIC DEVICE USE POLICY- CLASSROOM, MEETINGS AND EXAMINATIONS (established 02/12/14)**

The intent of electronic device use during class sessions, meetings and specific examinations is to facilitate learning. Any use of technology other than for learning purposes is not allowed during these times. This includes but is not limited to surfing the web unrelated to course content, utilizing social media sites, and checking and sending email or instant messages . Additionally activities utilizing technology that promote dishonest or illegal behavior is strictly prohibited by the department.

Please refer to individual syllabi for any additional instructions regarding the use of electronic devices in the classroom. Instructors have the right to implement new or additional policies on use of electronic devices in their specific courses if policy changes become necessary, or if misuse of these devices becomes a problem. Infractions of this policy will constitute an academic policy and integrity violation, and will be dealt with per University and DPT department policy.

1. Electronic devices are allowed for accessing course materials, note taking and other academic uses as authorized by the instructor. If a student is observed using an electronic device for unauthorized purposes (see above), the instructor/facilitator has the authority to ask the student to turn off and store the device or leave the class/meeting.
2. Violation of the electronic device policy during class sessions or during meetings for the first time will result in a warning to the student. The instructor who observed the violation completes an advising form and notifies the student's faculty advisor. A second violation in any course will result in the student being placed on a professional behaviors probation (please refer to the student handbook for details).
3. If there is a need to check or receive phone, email or text messages during class sessions or meetings (for example, a parent with a sick child or similar needs), the student must inform the instructor/facilitator in advance about this need, and receive permission from the instructor/facilitator.
4. In the case of examinations, students should ask those who may need to get in touch with the student during the exam to contact the department administrative assistant. The department administrative assistant will then contact the course instructor who will then inform the student.
5. Students must ask and receive permission from the instructor before audio recording, video recording or photographing any portion of a class session. If a student has received permission, the content audio recorded, video recorded or photographed is strictly for individual use only. This material is not to be reproduced in any manner and not to be distributed or posted on the internet in any way. This includes class-specific Facebook pages or any other such site. All course materials, including handouts, are copyrighted by the respective faculty author and by Samuel Merritt University. The faculty member reserves the right to deny the

student's request for permission to audio record, video record or photograph during class at their discretion.

6. During examinations, all cell phones must be turned off and brought to the front of the classroom and left for the duration the student is taking the examination. All other electronic devices must be turned off and stored in a secure location throughout the duration of the examination. Certain electronic devices may be allowed for a specific purpose as determined by the instructor. Students who violate this rule will be asked to leave the examination room, will not be allowed to complete the exam and will receive a failing grade for the exam. Additionally violations will be handled consistent to the policy on academic dishonesty (refer to the student handbook and University Catalogue for details).

## **SECURITY**

It is highly recommended that students call security for an escort on campus or to their cars after dark. Call the phone extension for Security posted by the phones on campus fifteen minutes before you want to depart.

Propping open lab and classroom doors while class is in session is not allowed. This presents a security risk, and has been prohibited by SMU security and facilities departments. All doors are to be closed upon completion of class or student work in all campus areas.

## **RESPONDING TO GENERAL MEDICAL, CARDIORESPIRATORY, ORTHOPAEDIC AND ALL OTHER MEDICAL EMERGENCIES ON CAMPUS**

Examples include but are not limited to: breathing cessation, severe bleeding, concussion with loss of consciousness or confusion lasting > 15 minutes, suspected neck or spinal injury, fracture, dislocation, eye or face injury, seizures, any other injury or illness resulting in poor vital signs such as decreased blood pressure, weak pulse, or signs of shock.

### AT THE TIME OF THE INCIDENT

If you discover a medical emergency on campus, immediately perform all of the following steps, as appropriate:

Call 911 using your cell phone or 9-911 using the campus phones.

- Remain calm when speaking to the Dispatcher.
- Give your name, location and emergency.
- Look for an Emergency Medical Bracelet or Necklace.
- Tell the dispatcher if an ambulance or medical assistance is needed.
- Use personal protective equipment.
- If no neck/ spinal injury or seizure is suspected, place person on back and elevate legs 6 to 12 inches.
- If no spinal injury is suspected and there is suspicion of seizure, vomiting or excessive secretions, lie person on their left side.

- Don't move person with neck/spinal injury unless environmental risks will cause more harm (i.e. fire).
- Elevate bleeding extremities; maintain direct pressure; control bleeding with a thick cloth.
- If the person is not breathing, has no pulse and you are trained in CPR, you may begin immediately after calling 911.
- Seizures: clear area around the person; don't restrain or place anything in person's mouth.
- Do not transport injured/impaired individuals to the emergency room with wheelchairs or gurneys. You must call Emergency Medical Services to transport any individuals from campus.

#### FOLLOWING A MEDICAL INCIDENT

- Contact the Department Chair and/or the Director of Clinical Education (for clinical course incidents) to notify him/her of the incident.
- The Department Chair will notify the Vice-President and/or the Assistant Vice-President of Enrollment and Student Services, who will notify the student's emergency contact person using the emergency contact information on file (for incidents occurring on campus).
- The Department Chair will also notify the faculty that student is not allowed to return to class until a medical clearance is received.
- Complete an incident report and submit to the Department Chair within 24 hours of the incident; chair will email faculty and DCE the student's status.

#### MEDICAL CLEARANCE TO RETURN TO CAMPUS

Any student who is involved in a general medical, cardiorespiratory, orthopedic or other medical emergency must obtain a medical clearance to return to classes, including clinical courses.

- This clearance can be obtained from the student's personal physician, emergency room physician or from the University student health center.
- No student will be allowed to attend class following a medical emergency without a medical clearance.
- The clearance must be submitted to the Department Chair. The Department chair will be responsible for notifying the faculty that the student is allowed back into class/clinic.

#### **ATTIRE**

Professional attire (also referred to as "clinic" attire) is mandatory when community participants are present in class or lab sessions; during Patient/Client Management practical exams; conducting research in the presence of participants/professionals; during some guest lectures; and for all clinical experiences. This is a professional program and professionals may be judged, in part, by how they dress in the professional setting. Professional attire includes the following: close-toed shoes, slacks or skirts (as appropriate), and an appropriately modest top/collared shirt. Casual T-shirts (e.g., with

writing on it), sweat suits, jeans, running shoes, tank tops, sandals, or shorts will not be accepted. Longer hair should be restrained so that it will not fall into the student therapist's face or onto the patient/participant during work. Students will be asked to leave class/laboratory/clinical if not dressed appropriately.

### **GENERAL ATTENDANCE**

Attendance and participation in all classroom and laboratory experiences is required and essential for successful completion of the program. Part of demonstrating that students are able to accept the responsibilities of clinical placement in future terms includes demonstrating to the course instructors the ability to be on time to class. It is the responsibility of the student, before the scheduled class, lab or other experience, to **request** an excused absence from the Faculty of Record if unable to attend. Excused absences **may** be granted in extraordinary circumstances, at the discretion of faculty. If any additional, specific course policies on attendance or tardiness apply to a course, they are contained in the syllabus for that course. Unexcused absences greater than one class session per term may result in a drop in the final course grade one level and will be counseled by the faculty. There may be some courses where class attendance is your only requirement for a passing grade. Therefore, if you do not attend all required classes, you will not receive a passing grade in the class. We, as a faculty, view promptness as a professional behavior. Faculty will make every effort to be on time and expect you to be ready at the start of class so that material will not have to be repeated. We also expect students to remain present during the entire class session so that they may benefit from all the material presented and all classroom activities.

### **INFORMED CONSENT**

It is the policy of the Department of Physical Therapy to inform potential participants of the expectations, possible risks, and potential benefits involved during their participation in any and all University related classes, activities, or assignments. This statement, and the procedures and forms related to it, identifies specific cases for which informed consent is requested. All faculty and students are expected to obtain informed consent for all procedures undertaken with any individuals, under any circumstances, whether specified in this document or not.

Potential participants include any volunteers or recruited individuals participating in survey, interview, evaluation, or treatment procedures, in the classroom, on campus, or in the community. Participants may include: individuals referred by self or health care personnel, family members or friends of students or University employees, members of the student body, employees of the University including faculty, or members of the greater community.

Informed consent may be obtained tacitly, as when students practice procedures on each other in classroom and practice situations. In such cases, students are expected to inform course instructors and whoever is performing the procedures immediately should they have any precautions or contraindications, discomfort, pain, or unusual signs and/or



symptoms during the laboratory sessions. Students are reminded that they are responsible for their own bodies and for protecting themselves from potential injury.

Informed consent may be obtained verbally, as when students or faculty members agree to participate in a demonstration of a procedure for a class or university activity. Verbal consent is implied in this instance if a participant replies to questions in a survey or interview, having been informed of the use(s) to which replies will be put and confidentiality is assured.

It is the expectation of the Department of Physical Therapy that all individuals have the right and duty to decide whether or not to participate in any particular activity, and that all University students and faculty are fully capable of refusing to participate in activities or portions thereof that would be deleterious to their health and safety. In cases where accommodations for lack of ability to maintain the required technical standards for the program (see SMU DPT website for technical standards statement), students may be counseled to seek advice/assistance from the University's Disability Resource Center.

Written documents of informed consent must be obtained when participants are asked to demonstrate in front of a class or classes of students, or when students will be performing interview, evaluative, or intervention procedures on individuals either in or outside of class as part of classroom assignments.

The form to document informed consent is provided via the Course Learning Management System for courses where this applies, and is also found in the appendix of this handbook.

### **ACCREDITATION STATUS AND COMPLAINTS**

The Department is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) and complies with all requirements of the Commission and the accreditation status. If a student has a complaint about the Department or University regarding compliance with the Accreditation Standards, CAPTE generally recommends that all internal mechanisms are exhausted prior to filing a complaint. A student has the right to file a formal complaint regarding the Department's non-compliance with these standards. Information about the complaint process can be obtained by visiting the following link to CAPTE's website <http://www.capteonline.org/Complaints/>.

## **PROFESSIONALISM, PROFESSIONAL FORMATION AND GENERIC ABILITIES**

### **PHILOSOPHY**

Our purpose as a faculty is to prepare professionals, specifically, competent generalist physical therapist practitioners. Part of the definition of a profession is that its practitioners set and uphold standards of behavior for the safety and benefit of society. Behavioral standards have been documented by physical therapist practitioners and are expected of all within the profession.

The Code of Ethics established by the American Physical Therapy Association (APTA) is binding for all members. The APTA Code of Ethics and Guide for Professional conduct are available at the APTA website. Students are expected to read and be familiar with the expectations in each of the documents.

We as a faculty expect professional behaviors to apply to students and faculty in the Doctor of Physical Therapy curriculum. The intent of the faculty is to inform students of behaviors that are expected of them, and to model those behaviors as professionals. Our purpose in identifying gaps between observed and expected behaviors is to assist students in developing and implementing a plan to meet the expected behaviors of a physical therapy professional. A few of the expectations are reproduced here, in language adapted to apply to students.

This list is not intended to replace or detract from the Code of Conduct published in the University Student Handbook, or other applicable school or clinical sources of behavioral expectations. Instead, it is intended to identify some of the underlying behaviors characteristic of professionals.

### **CODE OF ETHICS**

The students of Samuel Merritt University feel a deep responsibility to themselves as well as to their profession. Samuel Merritt University has adopted a Code of Ethics listed in the University Catalog. Since this code is an integral part of the university and the student body, every student enrolled in Samuel Merritt University is expected to support it. In addition, the Department of Physical Therapy has adopted a Professional Behaviors Guideline listed below. This governs the behavior of faculty and students in the Department of Physical Therapy.

### **BEHAVIORAL EXPECTATIONS**

- Come to (and return to) class on time, physically, emotionally and intellectually prepared.
- Look alive. Give your undivided attention to class activities.
- Complete all assignments, quizzes, tests, and paperwork in a timely and adequate manner.
- Be consistently respectful towards faculty, peers, and guests (lecturers, visitors) at all times.
- Own your own opinions and viewpoints. Start sentences with "I."

- Be at class while classes are in session. A student may ask and may receive permission for planned time away during the academic year only under extraordinary circumstances. It is best to be aware of the academic calendar before committing to any travel plans.
- If you have an unexpected absence (e.g., sudden illness or accident) you must notify the course faculty of record in advance or as soon as reasonably possible afterwards if advance notification is impossible. Students who are ill are expected to take care of themselves to recover, including missing class if necessary, with appropriate notification of faculty. It is wise and considerate to avoid exposing classmates to illnesses.

### **COMMUNICATION AND PROFESSIONAL FORMATION**

In a profession, concerns about one's peers and colleagues are discussed directly with that person whenever possible and it is feasible. If one notices or suspects illegal or unethical action by a physical therapist or physical therapist assistant, a member of the profession has the legal and ethical obligation to report that action to appropriate authorities. These reports cannot be made anonymously, but they may, in some circumstances, remain confidential. This is the same expectation of the members of the Department of Physical Therapy (including students, faculty, clinical faculty and staff.) The faculty cannot respond to allegations made anonymously about any other student or member of the Department. All members of the Department, including students, should express concerns or allegations that are founded in fact to any member of the faculty or members of Student Services staff. Insofar as it is possible, these allegations will be kept confidential if so requested. If the allegation cannot be kept confidential, the person to whom the concern or allegation is made will talk to the person making the allegation. An example where the identity of the person making an allegation might need to be revealed is an allegation of sexual harassment.

*See the university catalogue, university and department student handbooks, clinical handbooks, and individual course syllabi for additional specific behaviors.*

### **PROFESSIONALISM IN PHYSICAL THERAPY, CORE VALUES, APTA**

The American Physical Therapy Association (APTA) has published the core values of professionalism in physical therapy. These core values are:

- Accountability
- Altruism
- Compassion/caring
- Excellence
- Integrity
- Professional Duty
- Social Responsibility

The Department of Physical Therapy supports these values and fosters their development and strengthening among the students in the program. The APTA core values are found on the APTA website.

## **EXCELLENCE, VALUES AND VIRTUES IN THE SMU DOCTOR OF PHYSICAL THERAPY PROGRAM**

### **Excellence in physical therapy as an informed and engaged *practice*:**

- Physical therapy is a practice:
  - in which we act with awareness of our patient and what that patient values, wants and needs as a whole person in society
  - in which we use the research literature combined with what we have learned through our experience as physical therapists.
- Physical therapists are engaged with:
  - patients, peers, other health care practitioners and members of society.
- Physical therapists are informed by:
  - the professional literature, experience and the profession.
- The faculty believes that certain values and virtues are critical in physical therapy practice, whether one is a student or faculty member. These values and virtues are evident in the behavior of the members of this community. These values and virtues are critical on your path towards becoming a physical therapist.
- It is important to realize that becoming a physical therapist *is a way of being, not only learning to do* physical therapy.

### **STATEMENT OF VALUES AND VIRTUES**

**The following values and virtues underpin who we are as physical therapists with each other and with our patients. These descriptions provide examples of ways we translate values and virtues into our daily actions and interactions.**

#### **Compassion**

- Compassion is virtue that must be evident in daily life as a physical therapy student and in your practice as a physical therapist.
- Compassion consists of an active regard for the interests of other people and concern for their welfare. In the context of PT education, these people include patients, clients, classmates, faculty and staff.

#### **Empathy and caring**

- Compassion is a precursor to empathy and caring.

- Empathy can be thought of as the imaginative awareness of the life of the other person with a deep appreciation for the uniqueness of that individual and the differences that are integral to our lives together.
- Caring is the expression of the compassion and empathy you have through discernible and meaningful actions to meet the needs of others.

### **Commitment to learning with thoughtful introspection**

- The willingness to see oneself as a physical, emotional, intellectual, psychological, developmental and spiritual work-in-progress is critical to lifelong learning.
- With a commitment to learning comes the obligation to critically reflect on your state of being and continuing to work on where you need and want to go.
- Successful learning is predicated on perseverance in the face of obstacles, the ability to receive and integrate constructive feedback, and engage with faculty, patients and fellow students.

### **Trust**

- Trust means you can believe in and rely on other people with confidence they are acting in the best interests of all concerned.
- You can foster trust by following the “platinum rule”: Do unto others as they would do unto themselves if they could.
- When you share or receive private information, you know the information is kept private.

### **Integrity**

- Integrity involves reliability and integration of the “sense of self” into actions.
- Integrity includes “speaking forth” about the reasons for your actions.
- When acting with integrity, your actions will match your words, thoughts, and intentions.
- When faced with a deadline on a paper and you find information on the Internet, you resist the temptation to cut and paste it into the paper and instead think, analyze and use your own words, even though it takes longer.

### **Honesty**

- Being truthful with others and self is the essence of honesty. Honesty is a foundation of trust and integrity.
- When you are honest, you recognize your limits and act accordingly.
- All of us in the community of this physical therapy program recognize that the ability to act with honesty can be challenged, and support one another in the ability to do so.
- When working with a lab partner on a manual therapy technique, you tell your partner if their handling feels uncomfortable, rough, or not firm enough.

### **Respect**

- Respect includes abiding by social and professional norms of courtesy and humility.
- Respect means that you approach and hold ideas, people (including yourself) or things (a river or a tree) in high regard.
- Respect stems from the idea that people have inherent dignity.
- Treating others as fellow human beings, despite all manner of differences is elemental in respect.
- Respect is evident when you offer the kindest possible interpretation towards others that is consistent with reality.
- In anatomy, you honor the person whose remains you are studying.
- If a classmate asks questions that you know the answer to or think were already covered in class, you consider that person might need more time to learn the material.
- In the physical therapy lab, you take care of the treatment tables, skeletons, and other equipment.

### **Responsibility and Accountability**

- Being responsible means fulfilling commitments and acting with the highest personal, interpersonal and professional standards. Assuming ownership for one's actions or lack of action is integral to responsibility.
- Taking an active role in your own educational experience by preparing and participating fully is part of responsibility.
- Make assertions and requests directly to the people involved.
- Ask questions and express concerns in a constructive manner to the people involved.
- We recognize that everyone makes mistakes and is not perfect. Owning up to your mistakes or short-comings is evidence of responsibility and accountability.
- If someone says or does something that bothers you, you talk directly to that person in a constructive and helpful way instead of telling other people.

### **Courage**

- Courage is the ability to address and deal fairly with ideas, beliefs, and viewpoints that can engender strong feelings and reactions.
- To act with courage, you discern situations in which you must call up that courage.
- Acting with courage means you resist the temptation to take the easy path or short-cut if it means it will short-change your opportunity to learn and grow.
- Your courage includes the mental or moral strength to venture and persevere in the face of fear, adversity or difficulty.

### **Professionalism, professional duty, social responsibility and altruism**

- On the path towards becoming a physical therapist, you will constantly encounter opportunities to act "as if" you are a member of the profession.

- When these opportunities present themselves, you will be called upon to provide effective physical therapy services to each patient.
- When doing so as a student you are reliant on the mentorship of faculty and clinicians.
- In this process, you will strive to provide optimal physical therapy services that exhibit a deep and abiding respect for the importance of the relationship between you and the patient.
- Altruism is a cornerstone of the health professions. Patients come to you implicitly trusting that you put their interests above your own. As a student engaged in learning to become a physical therapist, altruism is a particular challenge. You must be able to seek the advice of clinical instructors to provide the best possible care to your patients and be willing to sacrifice your learning to the needs of the patients when necessary.
- You will also have the opportunity to advance and represent the profession while meeting the needs of society through service and advocacy. This broader social responsibility fosters trust and respect between members of society and members of the profession.

### **PROFESSIONAL DEVELOPMENT ASSESSMENT (PDA) & GOAL SETTING**

In order to provide a conceptual framework or structure within which to facilitate students' awareness of components of their professional formation, the faculty have developed a template that students will use to self-assess their performance and discuss their progress in various components of professional formation with their faculty advisor at regular intervals as they progress through the curriculum.

This template can also be thought of as a “visible”, more “concrete” tool by which to bring to awareness and track the “invisible” ways that students transform and develop, as they become members of the physical therapy profession. The focus and outcome of this transformation is the student “becoming” a physical therapist; this is very different from simply learning how to “do” physical therapy. Students should will complete this self-assessment periodically throughout the program, as noted on the advising schedule, and discuss their progress and goals with their faculty advisor.

The Clinical Performance Instrument used for assessing student performance during clinical experiences contains criteria that are directly related to the generic abilities. The student will consult with the DCE and/or the faculty advisor to address problems that arise during clinical experiences related to professional behaviors or the “generic abilities”.

### **Components**

#### **Section I: Generic Abilities Self-Assessment**

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are required for success in the

profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92<sup>1</sup>.

Generic Ability	Definition
1. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
2. Communications Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied purposes.
3. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes
4. Interpersonal Skills	The ability to interact effectively with families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
5. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
6. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
7. Use of Constructive Feedback	The ability to identify sources of and seek feedback and to effectively use and provide feedback for improving personal interaction.
8. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources
9. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors
10. Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

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<sup>1</sup> May, W. Opportunity Favors the Prepared. (Self-published manuscript)  
 May, W., Morgan, B. et al. Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 9:1, 3-6, spring, 1995.



## Section II: Self-Reflections on Components of Developing as a Professional throughout the DPT Curriculum

Critical self-reflection is a hallmark of expert physical therapists. Critical self-reflection develops habits of thought that build a foundation of excellence in physical therapists who strive for continuous improvement of their practice. Because of the centrality of critical self-reflection in expert practice, students have the opportunity to practice critical self-reflection during their education in the DPT program. This process of self-reflection is a critical element in the program whereby students can take a longer view back and forward in their reflection about their growth towards entering the profession of physical therapy. As they progress through the DPT curriculum, students write a series of critical self-reflections describing their development in each aspect of professionalism listed below. For each component, students critically self-reflect on the following three questions:

- 1) How do I see myself today? What have I learned?
- 2) How have I have changed and grown?
- 3) How would I like to change and develop further in my professional life? Where do I need to grow?

Students also write a holistic reflection that is an overview or summary reflection of their professional practice; their way of being or their conception of their professional identity. Who am I as a physical therapist? This holistic reflection is greater than a summary of each section. It is greater than the sum of the parts.

<b>Component</b>	<b>Description</b>
1. Philosophy of physical therapist practice	Professional education is about becoming a member of a profession. Because it is a developmental process, you don't start out there. A philosophy of practice is about who we are and what we value as physical therapists. Included within your philosophy of practice are the core values of physical therapists. A philosophy of practice is your lens or perspective through which you see the world. You can think of it as your frame of reference through which you approach your professional practice. It can also be thought of as your worldview in your work as a professional. Examples of components of a philosophy of practice are how people with disabilities are integrated into society, how self-efficacy and independence among patients and clients is promoted, and how we view movement and function as the core of physical therapist practice.
2. Clinical reasoning	The process within which you act things out and make decisions. It is the essence of physical therapy practice. Clinical reasoning is a complex and invisible process that is difficult to briefly describe in a concrete manner. It is where you bring all of who you are as a PT and a person into your relationship with your patients to guide how you collaborate with your patients to create and carry out the best possible plan of care. As an entry-level practitioner, it is the practical demonstration of all that you have learned as a PT in all facets of your professional education.

3. Developing understanding of teaching and learning	Learning about learning, and yourself as a learner; and, learning about teaching and yourself as a teacher are at the core of your development towards becoming a physical therapist. Learning is at the center of your success in professional education during PT school and afterwards in practice. Understanding how patients and clients learn and how then to effectively help them learn is essential in professional practice. Finally professionals have the obligation to continue to develop and teach future physical therapists, either as clinical instructors or teachers. Learning about learning and teaching in the clinical environment is also essential to fulfilling this role.
4. Cultural competence	We consider culture and diversity in their broadest sense of their meaning. Developing how culture and cultural values influence an individual's health and health care decisions is imperative for effective physical therapist practice. Cultural competence means identifying, respecting and acting with consideration for patients' & clients' differences, values, preferences, and expressed needs in all professional activities. Becoming culturally competent requires changing the way people think about, understand and interact with the world around them.
5. Ethics	In ethical practice, a physical therapist uses special methods and approaches to examine and then act when faced with situations that have a moral dimension. It includes reflection on that action and its outcomes. All health care, at its heart, is an ethical act. It includes how we perceive and create our relationships with our patients, their caregivers, and our colleagues. Therefore, it is interwoven with our philosophy of practice and our clinical reasoning.
6. Developing professional behaviors	Professional behaviors are the foundation for your work as a student and your practice as a physical therapist. They shape how you act with your fellow students, teachers, patients and other health care practitioners. In some ways they are encompassed within or the expression of your values, your ethics, your approaches to teaching and learning, your clinical reasoning and your philosophy of practice. These behaviors are part of the admission and selection process for this program. Developing these behaviors and making them an integral part of yourself is part of joining the profession of physical therapists.

**Selected references:**

Christensen, N, Jones, MA, Edwards I and Higgs, J Helping physiotherapy students develop clinical reasoning capability, p 389-396

Jensen, G, Resnik, L, & Haddad, A. Expertise and clinical reasoning, p 123-135.

Both in: Higgs, J, Jones, MA, Loftus, S, & Christensen, N. Clinical reasoning in the health professions. 3rd ed. Amsterdam: Elsevier; 2008.

## Timeline for PDA and Regular Advising Meetings

	Fall	Spring	Summer
<b>Year 1</b>	<p><b>Complete Initial PDA</b> Required. Submit to faculty advisor during the Fall term, a week after PDA has been introduced.</p>	<p><b>Regular Faculty Advisor Meeting I</b> Required. Review initial PDA, update goals and plan to reflect accumulated DPT I experience, and discuss any other relevant issues.</p>	<p><b>Regular Faculty Advisor Meeting I</b> (first regular meeting may occur during spring or summer, prior to first full time clinical experience)</p>
<b>Year 2</b>	<p><b>CPI</b> Required. Self-Assessment and CI Assessment</p> <p><b>Update PDA after clinical experience</b> Submit to faculty advisor early in Spring term.</p>	<p><b>Regular Faculty Advisor Meeting II</b> Required. Review updated PDA, discuss progress and discuss updated goals and plans for further development. Discuss any other relevant issues.</p>	<p><b>Regular Faculty Advisor Meeting II</b> (second regular meeting may occur during spring or summer term)</p> <p><b>CPI</b> Required. Self-Assessment and CI Assessment</p>
<b>Year 3</b>	<p><b>Faculty Advisor Meeting Optional</b> As determined by faculty advisor</p>	<p><b>Update PDA</b></p> <p><b>Regular Faculty Advisor Meeting III</b> Required. Scheduled during graduation week. Review final PDA, reflect on professional formation journey to date, and develop plans for future development as enter independent practice.</p> <p><b>CPI</b> Self-Assessment and CI Assessment</p>	

## DOCUMENTS AND FORMS



The purpose of my participation in

(course number, name of learning activity) has been fully explained to me

by \_\_\_\_\_ and I have had the opportunity to seek answers to my questions regarding the activities to which I am consenting. It is my understanding that students and faculty may: (1) ask questions regarding my health history and status, (2) contact my health care provider if necessary (3) perform examination procedures, (4) perform physical therapy interventions, (5) photograph, video and/or audio record my participation in these activities.

I have been informed of the potential risks and benefits associated with my participation in these activities. Specifically, my potential risks may include: \_\_\_\_\_

\_\_\_\_\_.

Specifically, my potential benefits may include: \_\_\_\_\_

\_\_\_\_\_.

Reasonable attempts to minimize my risk are assured by \_\_\_\_\_.

I understand that photographs, videotapes or audio pertaining to my participation will be de-identified and may be used for learning purposes to benefit [  ] students, [  ] faculty, and [  ] clinical team. These types of media may also be used in [  ] scientific publications, and [  ] presentations to the general public. Please specify which type of media to which you **do not** consent the use of in the boxes provided: P = photo, A = audio, V = video. If you consent to the use of all media types, please mark the box with an X. I know that I have the right to withdraw consent at any time, without prejudice. I understand that my confidentiality and autonomy enjoy absolute respect and protection.

Participant's PRINTED Name

Participant's Signature

Date

Faculty/Student's PRINTED Name

Faculty/Student's Signature

Date

**SAMUEL MERRITT UNIVERSITY  
Doctor of Physical Therapy Program  
450 30th Street, Oakland, CA 94609  
(510) 869-6241 fax (510) 869-6282**

**Authorization, Consent, and Release  
For Physical Therapy Evaluation/Intervention  
By a Physical Therapist Student**

\_\_\_\_\_, the undersigned, have volunteered to be a participant for  
\_\_\_\_\_ who is/are currently student/s  
(name of students)

in the Doctor of Physical Therapy program at Samuel Merritt University.

- I understand that the above named student/s is/are not currently licensed to practice as physical therapist.
- I realize that the purpose of my interaction with student/s is to provide them with a learning experience, in partial fulfillment of current course requirements.
- I understand that the student/s will be supervised by faculty members of the department of physical therapy.
- I understand I should be appropriately screened by the student for relevant screening procedures prior to participating.
- I have been informed of any and all risks related to injury that could occur in the course of acting as a patient, and that I may elect to discontinue participation at any time, for any reason.
- I accept responsibility for informing the student immediately of any discomfort, pain, or any other concerns I may have that arise during the interaction.

The undersigned has entered into this agreement voluntarily, in order to assist the student/s in their educational process. The undersigned acknowledges and agrees to hold this student, Samuel Merritt University and its faculty and employees harmless from and against any claim for injury or compensation for injury or loss resulting from the activities authorized by this agreement.

Signature: \_\_\_\_\_ Date and time \_\_\_\_\_

Signature of Witness \_\_\_\_\_

## OCCUPATIONAL INJURIES AND CLINICAL STUDENT INJURIES

### On Oakland Campus -

**SHEBR Employee Health/Occupational Medicine Dept:**  
3232 Elm Street, Oakland, CA 94609  
(510) 869-8920 Monday-Friday  
Hours 8:00 a.m. - 12:00 noon and 1:00 p.m. - 4:30 p.m.

#### 1. Employee/Clinical Student/Work Study Student - **ON THE DAY OF OCCURRENCE**

- a. Report injury to Manager and complete the [Report of Occupational Injury or Illness Form](#).
- b. *Immediately* contact SHEBR EH/OM Dept. (510-869-8920) between 8:00 a.m. and 4:30 p.m. Monday-Friday, to report the injury and schedule an appointment to be evaluated. Take [Report of Occupational Injury or Illness form](#) to appointment.
- c. After hours, or if the injury is an *emergency* (unable to continue to work; cannot wait until next morning), go to the Emergency Department and report to SHEBR EH/OM per above, the next morning.
- d. Fill out [Employee Injury Information](#) form and [Employer's Report of Occupational Injury or Illness \(DLSR 5020\)](#), found on the SMU Human Resources [Forms and Documents](#) Web page under Worker's Compensation.
- e. Report to Lisa Tullis, SHEBR Workers Compensation Coordinator, 510-655-4000 ext 3561, fax number (855) 771-0326

#### 2. Manager - **ON THE DAY OF OCCURRENCE**

- a. Complete Supervisor Accident Report – **Note this must be completed within 3 days of occurrence.**
- b. Direct employee (student) to report to SHEBR Workers Compensation
- c. Verify that the employee (student) has called SHEBR EH/OM and scheduled an appointment for evaluation and treatment.

### **ALL Clinical Students, Work-Study Students, On-line Students and Learning Center Employees**

#### 1. Employee/Students - **ON THE DAY OF OCCURRENCE**

- a. Report injury to Clinical Instructor/Manager and complete a [Report of Occupational Injury or Illness](#) form *immediately* contact SHEBR
- b. SHEBR Workers Compensation Coordinator, Lisa Tullis, 510-655-4000 ext. 3561, to report the injury and schedule an initial appointment with a doctor. Take a copy of the form to the appointment.
- c. After hours, or if the injury is an *emergency* (unable to continue to work; cannot wait until next morning), go to the Emergency Department and contact SHEBR HR Disability Management per above, the next morning.
- d. Fill out [Employee Injury Information](#) form [and Employer's Report of Occupational Injury or Illness \(DLSR 5020\)](#) found on the SMU Human Resources [Forms and Documents](#) Web page under Worker's Compensation.

#### 2. Clinical Instructor/Manager - **ON THE DAY OF OCCURRENCE**

- a. Complete Supervisor portion of the [Report of Occupational Injury or Illness form](#) - **Note this must be completed with 3 days of occurrence**
- b. Direct employee/student to report to SHEBR Workers Compensation Coordinator (see contact information above)
- c. Verify that the employee has called SHEBR Workers Compensation and scheduled an appointment for evaluation and treatment.

## **WHERE TO FIND OTHER ONLINE DOCUMENTS OR RESOURCES**

- Samuel Merritt University's Physical Therapy webpage, scroll to the bottom of the page and visit hyperlinked resources (SMU Total Access login required to view)
- Samuel Merritt University's website, DPT Clinical Education Pages
- Canvas Learning Management System for individual courses and for additional clinical education course materials