



NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

School of Health Sciences and Practice

DEPARTMENT OF REHABILITATION SCIENCES
DIVISION OF PHYSICAL THERAPY
D.P.T. STUDENT HANDBOOK

Academic Year 2024-2025

Please Note:

All students in the Division of Physical Therapy are subject to the policies/procedures set forth in this handbook. If the handbook is revised, students are subject to the updated handbook policies/procedures. If any information in this handbook is inconsistent with college policy, the policy of the College prevails. New York Medical College reserves the right to change policies and procedures at any time and without prior notice. Errors and omissions in published documents (written or electronic) may be corrected at any time. This handbook is provided for informational purposes only and is not a contract.

Students are required to sign a document attesting to having received and read the Graduate Student Handbook.

Handbook Updated May 2024

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Overview of the Division of Physical Therapy DPT Student Handbook

The Division of Physical Therapy DPT Student Handbook comprises policies and procedures that either replicate or further delineate the policies and procedures of the institution and school, or provide policies and procedures not included in those of the institution and school.

CORE FACULTY OF THE DIVISION OF PHYSICAL THERAPY

<p>Janet Dolot, PT, DPT, DrPH, OCS Associate Professor of Physical Therapy and Division Chief (914) 594-4915 Room 302</p>	
<p>Catherine Curtis, PT, EdD Assistant Professor of Physical Therapy (914) 594-4918 Room 303</p>	<p>Sonia Nikki Gawronski, PT, DPT, GCS Assistant Professor of Physical Therapy Director of Clinical Education (914) 594-3075 Room 307</p>
<p>Nicholas Sheehan, PT, DPT, NCS Assistant Professor of Physical Therapy Assistant Director of Clinical Education (914) 594-4875 Room 309</p>	<p>Victor Santamaria, PT, MS, PhD, PCS Assistant Professor of Physical Therapy (914) 594-4908 Room 305</p>
<p>Kristina Welsome, PT, DPT, OCS Assistant Professor of Physical Therapy (914) 594-4907 Room 306</p>	<p>Parmveer Kaushal, PT, DPT, CCS Assistant Professor of Physical Therapy (914) 594-3566 Room 308</p>

PHYSICAL THERAPY STAFF

<p>Francesca Menta Administrative Assistant (914) 594-4917 Room 304</p>	<p>Nicholas Stasieluk Clinical Education Secretary (914) 594-4916 Room 304</p>
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DEPARTMENT INFORMATION

<p>Mailing address: New York Medical College Division of Physical Therapy Department of Rehabilitation Sciences School of Health Sciences and Practice 40 Sunshine Cottage Rd Valhalla, NY 10595</p>	<p>Main phone numbers: (914) 594-4917 (914) 594-4292 FAX</p>
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OFFICE OF THE DEAN- SCHOOL OF HEALTH SCIENCES AND PRACTICE

<p align="center">Dean: Robert Amler, MD</p> <p align="center">Vice Dean: Ben F. Johnson, PhD</p> <p align="center">Josephine Ragaini Assistant Director of Financial Analysis and Planning Room 322</p>	<p align="center">Main phone numbers:</p> <p align="center">(914) 594-4531 (914) 594-4847 (914) 594-4292 FAX</p>
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OTHER IMPORTANT PHONE NUMBERS

- Admissions** 594-4510
Michelle Novotny, Associate Dean for Admissions and Enrollment Management
Nicholas Sekkas, Director of Recruitment
- Financial Planning Office**..... 594-4491
Tony Sozzo, Associate Dean of Student Affairs
- Student & Residential Life**594-4527
Katherine Smith, Director of Student & Residential Life
- Registrar**594-4495
Eileen Romero, University Registrar
- Public Safety** 594-4577
Robert Lancia, Director of Public Safety
- Environmental Health and Safety**.....594-4078
Amy Razukiewicz, Director, Environmental Health and Safety
- Health Services**594-4235
Marisa Montecalvo, MD, Director, Health Services
- eLearning**..... 594-4819
Donna T. Berger, Director eLearning
- Office of Academic Excellence**594-3880
Erica M. Levy, M.S.Ed., Ed.M. Associate Director, Academic Support Programs
Megan Siemers Livingston, M.S.Ed. Director, Student Accommodations and Accessibility
- Office of Student Mental Health & Wellness** 594-2577
Robin Hershkowitz, LCSW-R, Senior Director, SMHW
Assistant Professor of Psychiatry, Licensed Clinical Social Worker

Program Philosophy

Seven fundamental assumptions and associated objectives form the basis of the curriculum plan.

First, professional education in physical therapy should include a strong emphasis on foundational sciences, which include Anatomy, Histology, Physiology, Applied Physiology, Pathophysiology, Behavioral Sciences, Biomechanics and Kinesiology, Neuroscience, Pathology, and Pharmacology. These courses are taught by the faculty of the Program in Physical Therapy, and by various faculty from the School of Medicine, the Graduate School of Biomedical Sciences, and the School of Health Sciences and Practice.

Second, physical therapy is a clinical science. Therefore, students must learn a systematic approach to physical therapy examination, evaluation, diagnosis, prognosis, and intervention. It cannot be assumed that these skills will be learned in clinical affiliations. Rather, they must be explicitly integrated into the academic curriculum.

Third, physical therapy examination, evaluation, diagnosis, prognosis, and intervention should be based on sound scientific principles and investigations of clinical efficacy. Therefore, students must learn clinical reasoning based on critical analysis of the scientific and clinical literature. Scientific investigation should be taught as an integral part of usual physical therapy practice, rather than as a specialized or separate activity.

Fourth, the teaching of the science of physical therapy should be organized around the International Classification of Function (ICF) model that includes the concepts of health condition, body structure and function, activity, and participation, consistent with the APTA Guide to Physical Therapy Practice. Instead of presenting the curriculum in a body systems-based model, e.g., into musculoskeletal, neurological, and cardiopulmonary components, the curriculum is organized in blocks of conventional course work for the foundational sciences and problem-based learning tutorials and laboratories for the clinical sciences.

Fifth, clinical reasoning and critical analysis in physical therapy are high-level skills that are learned in a learner-centered framework. Case-based learning provides this framework by providing an opportunity for students to take responsibility for their learning and to integrate basic and clinical science, clinical reasoning, and critical analysis on a clinical problem. Learning occurs in small groups and through self-directed learning.

Sixth, the specific objectives and desired outcomes of the educational process should be assessed throughout the curriculum. Testing of student competencies is viewed as an integral part of the learning process. In the clinical science courses, testing is competency based. Expected levels of competency are defined at each stage of the curriculum. In addition to faculty testing of competencies, student self-assessment is emphasized. Curricular objectives are classified for purposes of testing as relating to (1) knowledge base (short-answer tests), (2) clinical skills (practical exams), (3) clinical reasoning and analysis (written exams, practical exams and assignments), and (4) professional behavior (written and oral communications).

Seventh, clinical education needs to be integrated with the academic curriculum. The didactic education of students will include clinical cases. Simulated clinical experiences, and interactions with patients. Students will have both variety and depth of experience in their clinical assignments. Current clinical practice patterns and student performance during clinical affiliations will be evaluated and used to make appropriate modifications in the curriculum, ensuring a contemporary and valid educational framework.

Program Mission Statement

We promote the participation of the members of our diverse society, within available resources, through innovative learner- centered education of physical therapy students, community service, scholarship, and interprofessional collaboration. We provide contemporary preparation for physical therapy practice that will be personalized and evidence- based so clients will be able to optimize their movement and function to maximize their life experiences.

Program Goals

- I. Educate and graduate physical therapy students with the clinical skills necessary to effectively examine, evaluate, diagnose, prognosticate, and manage the health care of clients from a culturally and socioeconomic diverse society.
- II. Educate and graduate physical therapy students with the management skills necessary to effectively provide health care services in various and changing models of health care delivery.
- III. Educate and graduate physical therapy students with the professional behaviors necessary to successfully communicate, collaborate, and work effectively with professional colleagues, clients, and other individuals associated with patient/client management.
- IV. Utilize contemporary and innovative educational strategies to promote learner-centered physical therapy education.
- V. Collaborate with scientists, physical therapy colleagues, and other health professionals to promote and achieve desirable outcomes in interprofessional education, scholarship, and service.
- VI. Conduct and disseminate scholarly activities in clinical practice, service, and teaching that provide evidence for decisions made and advances in these areas.
- VII. Provide community-based advocacy and service to culturally and socioeconomic diverse communities that benefit from physical therapy related activities.
- VIII. Educate the health care community and our diverse society in the ways physical therapy is an integral component of optimizing movement and maximizing life experiences.
- IX. Achieve within faculty, graduates, and students a culture of lifelong learning.
- X. Support the ongoing professional development of faculty, alumni, and students in areas of scholarship, teaching, and service.

Expected Program Outcomes

Graduates will be prepared to be effective practitioners of physical therapy, and to make professional contributions to physical therapy education, scholarship, and service.

Graduates will display the ability to collaborate with peers and other health professionals in clinical practice, scholarship, and service.

Graduates will display professional behaviors in all professional activities.

Graduates will be prepared to work in a wide variety of settings and roles - as clinicians, consultants, educators, researchers, and administrators.

Graduates will be able to organize and carry out health promotion, wellness, and prevention programs in their communities.

Graduates will be prepared to educate health professionals and the public in the range of physical therapy services and roles through activity in physical therapy clinical practice, education, scholarship, and community service.

Faculty, students, and graduates will be able to integrate scientific inquiry, clinical reasoning, technical skill, and social responsibility into the practice of physical therapy.

Faculty, graduates, and students will be dedicated to a lifetime of self-directed learning and professional development.

Faculty, students, and graduates will carry out health promotion, wellness, and prevention programs in their communities.

Faculty, students, and graduates will have the skills to be professionally active in addressing health and wellness issues of all members of society through pro bono service and advocacy.

Faculty will display skills in teaching, service, and an ongoing scholarly record consistent with expectations put forth by the Commission on Accreditation in Physical Therapy Education.

The program curriculum will include contemporary and innovative strategies in teaching and learning.

The program resources will include contemporary educational media and technology sufficient for student education.

The program will provide resources, mentorship, collaboration with academicians and health professionals, and professional development programming to advance the professional development of faculty, students, and graduates.

The program will assist faculty in achieving professional achievements and the university standards for promotion.

Doctor of Physical Therapy (DPT) Degree Program

GENERAL PROGRAM DESCRIPTION

The Doctor of Physical Therapy program is a full-time, residential, cohort-based program that includes nine semesters of education offered over three years of study. The schedule during full-time clinical education experiences will vary and may include evening and weekend hours, depending on the placement opportunity. This doctoral degree takes three (3) years to complete and requires 120 credits.

Foundational sciences, which provide the underlying knowledge base for physical therapy practice, include Human Anatomy and Histology, Neuroscience, and Clinical Medicine and Pharmacology. At NYMC, the faculty who teach these sciences are experts in their field. Faculty from the School of Medicine and Graduate School of Biomedical Sciences are the primary faculty in Human Anatomy and Histology, Neuroscience, and Clinical Medicine and Pharmacology. Faculty from the Division of Physical Therapy assist in the teaching of these courses and also help students to apply these sciences to clinical practice in courses that include Kinesiology, Exercise Physiology, Foundational Physical Therapy Skills, as well as courses in specific clinical content areas.

The program philosophy of providing students an engaging and student-centered education in foundational sciences, clinical sciences, and professional development is readily apparent from the structure of the curriculum. In the first semester, students take Human Anatomy and Histology, which includes small group cadaver dissection. Kinesiology, the study of movement, is taught simultaneously with the anatomy course. Foundational Physical Therapy Skills introduces students to general patient examination skills. In addition, students take the first of a four-course series in Professional Practice, which addresses group process, learning styles, and professionalism in physical therapy. Thus, from the very first semester students are integrating material from the foundational sciences directly to clinical practice. The parallel processing of foundational and clinical science course work provides a direct link between these two areas of study.

The second and third semesters of the first year extend the coursework in foundational sciences to Neuroscience, Exercise Physiology, and Clinical Medicine and Pharmacology. Neuroscience introduces the structure and function of the human nervous system. Exercise Physiology presents concepts of exercise physiology that apply to all areas of physical therapy practice, from acute care to health and wellness. Clinical Medicine and Pharmacology ensures that students have a knowledge base in medical management sufficient for making physical therapy diagnoses, screening patients, and making referrals to other health team members within a health care environment that includes direct access to patients.

The second and third years of the program focus on patient management coursework, clinical education, and preparing for the National Physical Therapy Examination. Students take multiple courses related to caring for patients with diverse health conditions across the health span and across the lifespan and have the opportunity to take two elective courses during the third year of the program. Students choosing the research elective select a project offered by faculty in an area of clinical research, teaching, or public health service. Close mentoring by faculty results in project outcomes and a manuscript that is acceptable for publication or presentation at a professional meeting.

Elective Courses: An Opportunity for Professional Specialization

The Doctor of Physical Therapy (DPT) program at New York Medical College trains graduates to be competent and caring entry-level practitioners who can practice in diverse clinical environments. Because many students are ready to choose a practice area of focus prior to graduation, the program offers an opportunity for students to develop additional skills in an area of interest. This occurs through taking elective courses during year 3. The area of interest may include clinical research, psychomotor skill development and advanced clinical decision making in a specialty practice area, public health-related topics, and other topical areas. The offering of specific elective courses may vary year-to-year depending on faculty availability and student interest.

Clinical Education

Clinical education allows each student to integrate academic knowledge, refine clinical skills, and continue developing his/her/their professional self. Students expand their clinical and professional skills by evaluating and treating patients in diverse clinical settings while receiving supervision and feedback from practicing physical therapists. These clinical education experiences require students to collaborate closely with their clinical instructors in an active learning process.

The goals of the clinical education program at NYMC include: to prepare graduates who implement evidence-based practice across a variety of settings; to prepare graduates with a good understanding of regulatory and market forces affecting the provision of physical therapy care; and to prepare graduates who adapt successfully to changes in the health care environment.

The clinical education component of the physical therapy program consists of four full-time clinical education experiences, each eight to twelve weeks in length, for a total of at least thirty-six weeks. The clinical education experiences are integrated into the second and third years of the program.

To provide these clinical education experiences, the Division of Physical Therapy at NYMC partners with a wide variety of clinical institutions. While most of our affiliating institutions are located in the tri-state area, additional opportunities are available throughout the United States. Current clinical sites include acute-care hospitals, outpatient clinics, sports medicine clinics, rehabilitation hospitals, skilled nursing facilities, other long-term-care institutions, and various types of pediatric settings. Specialty affiliations at burn centers, home health care agencies, aquatic centers, in the performing arts, and at a Native American reservation are also available.

Following nine months of clinical practice under the supervision of licensed physical therapists, graduates of our program are fully prepared to meet the practice challenges of the current and future health care environments.

Evidence-Based Practice

Because physical therapy is a clinical science, evidence for the validity of clinical intervention approaches can be complex and elusive. In the Division of Physical Therapy at NYMC, students are taught to base their clinical decision-making on a system of evidence-based practice that reflects sound scientific principles, formal investigations of the effectiveness of clinical intervention strategies, and on contemporary patterns of best practice that may have yet to be formally tested. An integral goal of the program is for students to become skilled in the critical analysis of the professional practice of physical therapy.

A very important benefit of the learning environment at NYMC is that students learn from their earliest clinical coursework to base their intervention strategies on evidence of best practice. Physical therapy is a clinical science that utilizes treatment approaches that are based on sound scientific principles and investigations of clinical effectiveness. In the Doctor of Physical Therapy program at NYMC, students learn how to establish a physical therapy diagnosis, set goals, develop a treatment plan, and modify treatments as the patient progresses. The learning of these skills is not delayed until clinical affiliations but is explicitly integrated into the academic curriculum. Furthermore, because scientific investigation is taught as an integral part of the professional practice of physical therapy, students learn clinical reasoning based on a critical analysis of scientific and clinical literature.

CURRICULUM

		Credits
SUMMER I	Human Anatomy and Histology	6
	Kinesiology	4
	Foundational Physical Therapy Skills	3
	Professional Practice I	1
FALL I	Neuroscience	3
	Exercise Physiology	5
	Musculoskeletal I	4
	Research Methods	3
SPRING I	Clinical Medicine & Pharmacology for Physical Therapists	4
	Cardiovascular & Pulmonary Physical Therapy	4
	Neurologic Physical Therapy I	4
	Professional Practice II	3
SUMMER II	Therapeutic Modalities	3
	Clinical Education I	7
FALL II	Neurologic Physical Therapy II	4
	Musculoskeletal Physical Therapy II	4
	Physical Therapy Management of Medical Surgical Conditions	2
	Health, Wellness, and Prevention	3
	Professional Practice III	3
SPRING II	Neurologic Physical Therapy III	3
	Musculoskeletal Physical Therapy III	4
	Pediatric Physical Therapy	5
	Clinical Decision Making for Complex Patients	4
SUMMER III	Clinical Education II	7
	Professional Practice IV	3
	Elective	3
FALL III	Clinical Education III	8
	Elective	3
SPRING III	Clinical Education IV	8
	Physical Therapy Licensure Preparation & Comprehensive Exam	2
TOTAL CURRICULUM		120

COURSE DESCRIPTIONS

SUMMER I

Human Anatomy and Histology

The primary course objective is for students to acquire a basic understanding of the structure and function of the human body, with an emphasis on the musculoskeletal system. This course covers the foundational sciences of human anatomy and selected topic areas in histology and serves as a foundation for subsequent course work in both foundational and clinical sciences.

Kinesiology

The Kinesiology course provides the students in the Doctor of Physical Therapy (DPT) degree program with a forum in which they learn to apply the basic science knowledge they are acquiring in their Anatomy course in a clinically relevant manner. A major emphasis of the Kinesiology course is for the students to develop their knowledge base related to human movement, to develop the skills of identification and palpation of various musculoskeletal structures, and to develop the skill of observation of human movement, including gait. This is accomplished through a series of lectures, discussions, labs and demonstrations.

Foundational Physical Therapy Skills

This course emphasizes therapeutic evaluation skill in the areas of musculoskeletal and functional assessments. Students are exposed to various evaluation techniques and critical clinical concepts required for Physical Therapy practice.

Professional Practice I

The three major purposes of this course are to provide students with an introduction to educational theory and group process; professionalism, ethics, and values; and the doctoring profession of physical therapy. Professionalism is explored in depth, including ethics and values, service, and the NYS practice act. Students become aware of the expectations, obligations, and responsibilities inherent to a doctoring profession, and the professional behaviors they will use to self-assess themselves and peers throughout professional development.

FALL I

Neuroscience

This course is a foundational science courses required of students in the DPT degree program in Physical Therapy during the fall semester of the first year of study. This course emphasizes a basic understanding of neuroanatomy and neurophysiology, and the application of these areas to clinical assessment. Through lectures and laboratories students learn normal neuroanatomy and neurophysiology, and the effects that neuroanatomical dysfunction has on the function of the central nervous system.

Exercise Physiology

Students will be introduced to the underlying science of applied nutrition, cardiovascular, cardiopulmonary, and neuromuscular physiology, therapeutic exercise, as well as short and longterm responses and adaptations to anaerobic and aerobic exercise testing & training, weight control, and psychology of motivation. Current issues in health and disease as they relate to genetics, gender, and age will be discussed. An emphasis will be the prevention of disease, and the ill effects of deficiency or excesses in areas of nutrition and exercise.

Musculoskeletal I

The course introduces students to a variety of musculoskeletal conditions applicable to physical therapy practice. Students are provided with opportunities to apply skills previously learned, as well develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with musculoskeletal conditions.

Research Methods

This course emphasizes the understanding of basic research design and analysis, principles of epidemiology and critical analysis of research literature. Students will review and learn new research concepts, study designs, and statistical procedures. Students will learn effective and efficient research strategies, as well as basic writing and oral communication skills, to discuss and evaluate clinical research outcomes, and apply evidence to coursework and clinical practice.

SPRING I

Clinical Medicine & Pharmacology for Physical Therapists

The focus of this course is to introduce students to the major disease conditions and associated pharmacologic agents they will encounter and provide students with an overview of medical management in relation to physical therapy practice.

Cardiovascular & Pulmonary Physical Therapy

The course introduces students to a variety of cardiopulmonary and vascular diagnoses applicable to physical therapy. Students are provided with opportunities to apply skills previously learned, as well develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with cardiovascular and pulmonary conditions.

Neurologic Physical Therapy I

This course introduces students to the clinical assessment and treatment of patients with impairments of the neurologic system. Students are exposed to various evaluation techniques and critical clinical concepts required for Physical Therapy practice and will learn foundational assessment and treatment skills while considering the neuroanatomical structures involved and the impact on neurophysiologic function.

Professional Practice II

This course will provide students with the opportunity to explore the physical therapy practice management environment, be introduced to legal considerations within the current healthcare system, consider aspects of the culturally competent clinician, and prepare for the start of Clinical Education.

SUMMER II

Therapeutic Modalities

This course is designed to foster clinical reasoning, practical clinical skills, and critical analysis in the use and application of therapeutic modalities utilized for treating various clinically related patient problems.

Clinical Education I

Clinical Education I the first course in a series of four full-time clinical education experiences. It is eight weeks long and is a required course for all DPT students. This course will provide students with the opportunity to apply their previously learned knowledge and skills to a physical therapy setting, under the supervision and mentorship of a licensed physical therapist (Clinical Instructor). Over the course of the Clinical Education course series, students will be exposed to inpatient and outpatient practice settings. As students' progress through their four clinical education experiences, it is expected that they will evolve professionally, as demonstrated by their clinical performance. Culminating clinical education experiences are based on the unique needs and professional goals of students, and the availability of clinic sites.

FALL II

Neurologic Physical Therapy II

The course introduces students to a variety of neurologic diagnoses applicable to physical therapy. Students are provided with opportunities to apply skills previously learned, as well develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with neurologic conditions with rehabilitative potential.

Musculoskeletal Physical Therapy II

The course introduces students to a variety of musculoskeletal conditions applicable to physical therapy practice. Students are provided with opportunities to apply skills previously learned, as well develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with musculoskeletal conditions.

Physical Therapy Management of Medical Surgical Conditions

The course introduces students to a variety of medical surgical conditions applicable to physical therapy practice. Students are provided with opportunities to apply skills previously learned, as well develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with medical surgical conditions.

Health, Wellness and Prevention

This course is designed to address physical therapy skills and services in the areas of preventative healthcare and wellness. The physical therapist's role in screening, and disease and injury prevention, are discussed in lecture and practiced through a series of laboratories.

Professional Practice III

This course provides students with a comprehensive overview of the American Health Care Delivery Systems, current critical health care issues related to behavioral and environmental sciences, and the impact of genomics on health. Additionally, students will engage in community outreach and participate in a community service project.

SPRING II

Neurologic Physical Therapy III

The course introduces students to a variety of neurologic diagnoses applicable to physical therapy. Students are provided with opportunities to apply skills previously learned, as well as develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with neurologic conditions of degenerative nature. Genetics, genomics and precision medicine will be explored as well.

Musculoskeletal Physical Therapy III

The course introduces students to a variety of musculoskeletal conditions applicable to physical therapy practice. Students are provided with opportunities to apply skills previously learned, as well as develop clinical reasoning, critical analysis and learn additional psychomotor skills in the areas of examination, evaluation, goal development, intervention design, intervention implementation and discharge planning for persons with musculoskeletal conditions.

Pediatric Physical Therapy

The course is designed to address the area of pediatric physical therapy practice, including an overview of normal and abnormal development. The course introduces students to a variety of conditions affecting pediatric clients and applicable to physical therapy. This course exposes students to various pathologies, and provides opportunities for learning physical therapy evaluation and intervention procedures.

Clinical Decision Making for Complex Patients

This course is designed to emphasize clinical decision making and problem solving for patients with complex clinical presentations. Students will consider complex patient situations as they work on refining higher level skills in clinical reasoning and decision making. Students will be exposed to various patient presentations across clinical settings and diagnostic categories.

SUMMER III

Clinical Education II

Clinical Education II is the second in a series of four full-time clinical education experiences. It is eight weeks long and is a required course for all DPT students. This course will provide students with the opportunity to apply their previously learned knowledge and skills to a physical therapy setting, under the supervision and mentorship of a licensed physical therapist (Clinical Instructor). Over the course of the Clinical Education series, students will be exposed to inpatient and outpatient practice settings. As students' progress through their four clinical education experiences, it is expected that they will evolve professionally, as demonstrated by their clinical performance. Culminating clinical education experiences are based on the unique needs and professional goals of students, and the availability of clinic sites.

Professional Practice IV

This course gives students an opportunity to explore leadership and business management within Physical Therapy practice. Students will have the opportunity to discuss the importance of leadership in physical therapy, recognize the impact of basic science advances on the clinical practice of physical therapy, and develop a personal leadership vision and business plan.

Elective

Students choose one course from the offerings of the School of Health Sciences and Practice.

FALL III

Clinical Education III

Clinical Education III is the third in a series of four full-time clinical experiences. It is a 10-week rotation and is a required course for all DPT students. There is a 12-week option which is preferred for some pediatric rotations. This course will provide students with the opportunity to apply their previously learned knowledge and skills to patient care, under the supervision and mentorship of a licensed physical therapist (Clinical Instructor). Over the course of their four clinical education experiences, students will be exposed to inpatient and outpatient practice settings. Culminating experiences will be chosen based upon the unique needs and professional goals of students, and the availability of clinic sites. As students' progress through the Clinical Education course series, it is expected that they will evolve professionally, as demonstrated by their clinical performance. It is expected that students will have the opportunity to practice relevant administrative and screening skills during this clinical education experience (CE III).

Elective

Students choose one course from the offerings of the School of Health Sciences and Practice.

SPRING III

Clinical Education IV

Clinical Education IV is the fourth and terminal full-time clinical experiences. It is a 10-week rotation and is a required course for all DPT students. There is a 12-week option which is preferred for some for pediatric rotations. This course will provide students with the opportunity to apply their previously learned knowledge and skills to a physical therapy setting, under the supervision and mentorship of a licensed physical therapist (Clinical Instructor). Over the course of their four clinical education experiences, students will be exposed to inpatient and outpatient practice settings. Culminating experiences will be chosen based upon the unique needs and professional goals of students, and the availability of clinic sites. As students' progress through the Clinical Education course series, it is expected that they will evolve professionally, as demonstrated by their clinical performance. It is expected that students continue to have the opportunity to practice relevant administrative and screening skills during this clinical experience (CE IV). Upon completion of the Clinical Education IV, the student is expected to have demonstrated 'Entry Level' competency. In a specialized setting (i.e. pediatric experience), student may be at the minimum Advanced Intermediate level of performance.

Physical Therapy Licensure Preparation & Comprehensive Examination

This course will prepare students for the national physical therapy licensure examination. This course will be taught by all core faculty who will serve as various content experts. Content areas will be preidentified by specific cohorts of class and agreed upon by faculty. This course will culminate in a comprehensive exam that the student must pass to graduate from the program.

Department of Physical Therapy Clinical Education Information

The goals of the clinical education program is to prepare graduates who are able to:

- Implement evidence based practice in a variety of settings
- Provide effective physical therapy services within the context of applicable regulatory and market forces
- Adapt successfully to changes in the health care environment

The clinical education component of the physical therapy program comprises nine months of full time clinical education experiences scheduled during the second and third years of the DPT program. These thirty-six weeks are divided amongst four experiences, each from eight to ten weeks in length. Each experience occurs in a different setting, allowing students to apply their academic knowledge and practice their clinical skills in a breadth of physical therapy environments. Students are required to affiliate in one inpatient setting and one outpatient setting and are expected to work with patients with diverse medical diagnoses. Each student works with the Director of Clinical Education (DCE) to develop an individualized clinical education plan. Each plan will integrate the student's clinical education goals with NYMC requirements.

During each experience, student physical therapists work under the supervision of a licensed physical therapist, who serves as their Clinical Instructor. Each Clinical Instructor is an employee of the affiliating facility and should have at least one year of professional experience. The Clinical Instructor is responsible to evaluate the student physical therapist's clinical performance over the course of the clinical education experience. The student and Clinical Instructor, together, facilitate the student's learning during the experience. Contact between the student, Clinical Instructor and NYMC occurs on at least two occasions: a two week check-in call and a mid-term conference, which may be in person or via telephone. The DCE determines each student's final grade for the clinical education experience.

Our department has partnered with a wide variety of facilities to provide clinical education experiences for NYMC DPT students. Most sites are located within the tri-state area; however, learning opportunities exist throughout the United States, including California, Montana, Nevada, and Texas. The types of sites available include hospitals, outpatient clinics, sports medicine clinics, acute rehabilitation, long-term care, sub-acute care and pediatric facilities. Additionally opportunities are available in manual therapy clinics, dance centers, aquatic facilities, and other specialty settings.

Students should anticipate that participation in clinical education experiences may require extended travel time and additional costs related to travel, meals, and, perhaps, housing. Some clinical sites have special requirements, such as fingerprinting, background check, drug screen test, or specific titer results for immunizations. The cost of these extra requirements is often the responsibility of the student. Students are responsible to arrange for their own room, board and travel during their clinical education experiences.

Clinical Education Schedule

Summer/Fall I: matching process for CE I

Spring I: Professional Practice II – Preparation for CE I

CE I: 8 week experience during Summer II

CE II: 8 week experience during Summer III

CE III: 10 week experience during Fall III

CE IV: 10 week experience during Spring III

Matching Process for CE I: students identify clinical education goals, priorities and other considerations, such as geographic location, transportation issues, etc., and submit in writing to the DCE. **For CE III – IV,** students choose 5-8 sites on a wish list through EXXAT, or CE Management software program. *Students should be prepared to go to each site chosen.* The DCE is responsible for determining the final placements; accounting for an individual student's learning style, clinical education goals and resources. The matching process for CE II may be implemented as for CE I or for CE III-IV

PROFESSIONAL DEVELOPMENT

GUIDELINES FOR DOCTOR OF PHYSICAL THERAPY STUDENTS

BECOMING A PROFESSIONAL

In the Department of Physical Therapy at New York Medical College, each student is expected to acquire, in addition to academic knowledge and psychomotor skills, the values and professional behaviors required to be a competent and caring physical therapist. The process of becoming a physical therapist begins on the first day of class in the first year and evolves progressively over the three years the student spends at NYMC.

The approach towards facilitating professional development used by the Department of Physical Therapy at NYMC utilizes a professional behavior assessment framework initially developed at the University of Wisconsin-Madison by Warren May and colleagues (Journal of Physical Therapy Education, 9:1, Spring 1995). A recent updating and revising of this framework has led to the Professional Behaviors Assessment Tool described here.

Two key elements drive this approach. First, faculty expectations regarding student professional behaviors are clearly communicated to the students. Second, students participate in the assessment of their own professional behaviors, as well as those of their classmates, to determine whether stage-appropriate levels of professional behaviors are being displayed.

The purpose of this document is to describe the expectations regarding professional behaviors for students in the Department of Physical Therapy at New York Medical College and to outline the program procedures for guiding, monitoring, mentoring, remediating when necessary, and promoting in students entry-level professional behaviors.

Professional Behavior is the Ability to Use Knowledge in Clinical Settings

Professional behavior refers to the ability to use academic knowledge and psychomotor skills, and display appropriate values and behaviors in real clinical settings. It requires the following higher level skills:

- ™ *generalizing* from one context to another
- ™ *integrating* information from different sources
- *applying* knowledge and skills in the practice setting
- ™ *synthesizing* cognitive, affective, and psychomotor behaviors
- ™ *interacting* effectively with patients, families, the community, and other professionals

May and colleagues (1995) initially used a survey approach to identify what was initially referred to as a "core set of generic abilities" for physical therapists. Since then, these generic abilities have been used by numerous programs as a means of operationally defining the construct of professionalism and to provide a structure for students and faculty in evaluating and promoting professional development. In a later revised version of this approach the term "generic abilities" was replaced with "professional behaviors".

Ability-Based Learning is a Systematic Approach to Professional Development

The physical therapy program has instituted a systematic approach to promote and assess professional development and behaviors, rather than simply assume that students will develop appropriate professional behaviors autonomously. This approach incorporates the professional socialization process into the formal curriculum by focusing on student competence in different types of professional behaviors at key points in the curriculum.

The Professional Behaviors Assessment Tool used in this process includes four general stages of professional development in which the student reaches progressively higher levels of accomplishment: a beginning level, an intermediate level, an entry level, and post-entry level. When the entry level has been reached, the student is considered ready to function independently as a physical therapist; in other words, the student is ready for graduation. The post-entry level is used for students who show unusually high levels of professional behavior that rise above usual expectations of graduates.

In order to judge whether a student has reached a particular level of accomplishment, the professional behaviors are further elaborated into sets of criteria. These are more specific examples of behaviors that are associated with each level. The criterion for professional behaviors, specific levels of accomplishment, and the semesters in which students are expected to attain that level is described in this document.

The Development of Professional Behaviors Occurs Through Self-Assessment

Self-assessment is the fundamental method of ability-based learning. Assessment refers to a process of evaluating performance related to specific professional behaviors. Assessment is carried out by considering examples of how the individual demonstrates the particular behavior in specific contexts, judging those example behaviors against identified criteria for performance, and attempting to construct as full as possible a picture of that behavior as displayed by the learner. Here at NYMC, the initial assessment is done by the student. Thus, students learn to assess their performance according to established criteria.

Self-Assessment and Validation is Repeated Each Semester

Self-assessment and validation of the assessment is carried out during each of the semesters students are on campus. These processes involve the following: *First*, expectations regarding professional development are explained to students early in the educational program. *Second*, students learn to assess whether they have achieved these expectations. To assist in this process, after students have completed their written self-assessment (see form below) the assessments are brought to and discussed in a professional development group that includes a small number of classmates and a faculty advisor. The professional development faculty advisor assists students in this process by facilitating group discussions. *Third*, faculty members meet as a group and validate each student's self-assessment, considering relevant comments from the professional development group meetings. If the self-assessment is not considered accurate and not validated, students are required to redo the self-assessment. *Fourth*, if a student does not meet the required criteria during a particular semester, a plan of action is developed by the student and faculty advisor and approved by the faculty.

Students Must Reach the Required Levels of Accomplishment in Order to Progress Through the Program and Graduate

The table below describes three levels of accomplishment of professional behaviors, and the semesters in which students are (1) expected and (2) required to achieve each level. Students are *expected* to reach the beginning level of accomplishment by the end of the Fall I semester, the intermediate level by the end of Summer II, and the entry level by the end of Fall III. Students are *required* to reach the beginning level of accomplishment by the end of the Spring I semester, the intermediate level by the end of Fall II, and the entry level by the end of Spring III. If the faculty determines that a student has not developed the level of professional development that is *required* by the end of a semester, that student will be placed on *academic probation*. This will remove the student from *good standing*, which will preclude the student from progressing on to a clinical education component of the curriculum. If this occurs, the student must meet with the faculty to establish a professional development remediation plan. Successful completion of this plan will be required for a return to *good standing*, and further advancement through the program. For further details, refer to the Student Handbook section "*Standards of Conduct of the Department of Physical Therapy*". We consider professional development to be as crucial a component of the education of students as their academic knowledge and psychomotor skills.

Level	Expected	Required
Beginning	End of fall I	End of spring I
Intermediate	End of summer II	End of fall II
Entry-Level	End of fall III	End of spring III

PROFESSIONAL BEHAVIORS

Professional behaviors are attributes, characteristics, or actions that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten professional behaviors, definitions, criteria, and stages of professional development are described by the Professional Behaviors Assessment Tool utilized by the Department of Physical Therapy to guide, monitor, mentor, remediate when necessary, and promote in students entry-level professional behaviors. See the Student Handbook section "*Professional Behaviors Assessment Tool (May, Kontney, & Iglarsh, 2009)*". The materials provided in this section are to be used by students as their primary reference when completing their professional development self-assessments.

Professional Behaviors for the 21st Century 2009-2010

Definitions of Behavioral Criteria Levels

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

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

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

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

Background Information

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

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

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

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

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

Preamble

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

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

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

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

Professional Behaviors

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

2. **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 SELF-ASSESSMENT FORM

Student: _____ Date _____

Instructions: Assess each professional behavior, based on your assessment of your own performance SINCE ARRIVING AT NEW YORK MEDICAL COLLEGE. Circle the letter that indicates your current level of performance (**B** - Beginning Level, **I** – Intermediate Level, **E** - Entry Level, **PE** – Post Entry Level). For each of the professional behaviors provide MULTIPLE EXAMPLES of your performance in that area.

PLEASE NOTE: Self-assessment levels above the Beginning Level are considered to be inappropriate prior to completion of the first clinical experience (Clinical Education I).

Complete this form in typed format, sign and date, and make a copy. The original signed copy is to be handed in to your faculty advisor at your professional development meeting. The copy is for you to keep for your own records.

1.	Critical Thinking <i>Examples:</i>	B	I	E	PE
2.	Communication <i>Examples:</i>	B	I	E	PE
3.	Problem Solving <i>Examples:</i>	B	I	E	PE
4.	Interpersonal Skills <i>Examples:</i>	B	I	E	PE

5.	Responsibility <i>Examples:</i>	B	I	E	PE
6.	Professionalism <i>Examples:</i>	B	I	E	PE
7.	Use of Constructive Feedback <i>Examples:</i>	B	I	E	PE
8.	Effective Use of Time and Resources <i>Examples:</i>	B	I	E	PE
9.	Stress Management <i>Examples:</i>	B	I	E	PE
10.	Commitment to Learning <i>Examples:</i>	B	I	E	PE

Student: _____
(signature)

Date _____

<input type="checkbox"/> Self-assessment is valid <input type="checkbox"/> Self-assessment is not valid (Add additional comments below and/or on attached sheets). <input type="checkbox"/> Student is not yet at required level (Student must submit a written plan of action.) Comments Faculty advisor: _____ (signature)	Date _____
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PLAN OF ACTION FORM

Student's Name: _____ Professional Development Deficiency: _____

Learning Objectives <i>(to address issue)</i>	Specific Activities <i>(to achieve objectives)</i>	Outcome Measurement <i>(what student and faculty will need to see or hear to verify accomplishment)</i>

Student's Signature: _____

Date: _____

Faculty Advisor's Name: _____

Faculty Advisor's Signature: _____

Date: _____

LEVELS OF ACCOMPLISHMENT IN PROFESSIONAL DEVELOPMENT

Level	Description	Expected Accomplishment of Criteria	Required Accomplishment of Criteria
Beginning Level	Students demonstrate <i>awareness</i> of what they need to be able to accomplish, but a deeper <i>understanding</i> of the required professional behaviors may be lacking. They demonstrate stated criteria for this level but they may be <i>inconsistent</i> and not able to exhibit the skill in all contexts.	FALL I	SPRING I
Intermediate Level	Students demonstrate <i>understanding</i> of the required professional behaviors and <i>consistency</i> in meeting stated criteria for this <i>level</i> ; <i>flexibility</i> in adapting them to different contexts may still be deficient.	SUMMER II	FALL II
Entry Level	Students demonstrate <i>understanding, consistency, and flexibility</i> in their professional behaviors.	FALL III	SPRING III
Post Entry Level	Students demonstrate exceptionally outstanding <i>understanding, consistency, and flexibility</i> in their professional behaviors.		

PROFESSIONAL PORTFOLIO

The development of students as professionals involves more than simply going to classes and passing required examinations. Students are involved in various projects, writing papers and reports, and attending lectures and activities that may or may not be directly related to their current coursework, but that are directly related to development as a physical therapist. The Department in Physical Therapy at New York Medical College strongly encourages students to develop a professional portfolio that summarizes their accomplishments over their three years of study at NYMC. A portfolio is a way students can bring their experiences together.

The structure and several components of a portfolio are addressed in the course 'Professional Practice III'. Students create and submit a Resume, Professional Goals, and a Reflective Personal Statement as course requirements. An outline/draft of the portfolio is discussed in class. The final portfolio is completed independently by students by the end of April of the graduation year. Students are encouraged to submit their portfolios to their professional development advisors for review and comments.

Portfolio Organization

The professional portfolio is an independent representation of each student's development as a physical therapy professional. This is meant to be a very selective sample of your best work. Do not include every item that you have produced. If you are unsure of what to include, please contact your professional development advisor. Students should gather representative information, articles, papers, examples of documentation, brochures, and other items that are a reflection of particular experiences over their three years at New York Medical College.

The portfolio may be in electronic and/or hard copy form. If hard copy form, it should be in typewritten form, and should be placed in an appropriately sized 3- ring binder. We recommend that you use tabs to separate sections, and sheet protector inserts to display single-page items. The cover pages of each section should contain a very brief statement that summarizes and captures the essence of what is to follow. You might consider using graphics for emphasis and 'eye-appeal'. Multiple-page items, such as full reports, should be three-hole punched and placed in the binder behind the appropriate tab.

The following sections should be included in the Portfolio, in this order:

1. A Title Page
2. Table of Contents
3. Resume
4. Special recognition or awards (if applicable)-include ALL examples
5. Statement of Professional Goals
6. A Reflective Personal Statement
7. Academic Experience
8. Clinical Education Experiences
9. Community Service
10. Professional Development

Here are some suggestions for items to include in each of the major sections listed above

Professional Goals

What specific direction do you want your career to take? What type of clinical environment do you want to work in now and why? Do you plan on limiting your practice to a specific area or envision yourself as a generalist? Where do you see yourself in one year? In five years? What continuing education would you like to pursue? Do you plan on doing research or teaching?

Reflective Personal Statement

You should reflect on your development and professional growth over the past two years. What insights into yourself and what it means to be a Physical Therapist have you gained? You might include statements from your final professional development self-assessment this past Fall. This statement should be no more than 1 typewritten page

Special Recognitions or Awards

- If applicable

Academic Experience

- Papers or special assignments that you have written for various courses. Include full copies of evaluation reports or treatment plans that you have developed for courses (for example, Baby Day or Patient Day reports). These should be clean copies, without grading marks, and with identifying patient information deleted or modified (e.g. Mr. L).
- Reflection on various academic coursework or electives, including Research Electives, Grand Rounds lectures, HD Camp, etc. This might include concrete examples of work completed or final projects.
- There should be approximately between 3-4 items in this section.

Clinical Education Experiences

- Description of services delivered and patient types seen during clinical education. May provide summary comments from the Clinical Performance Instrument, and/or letters from patients or other therapists who can attest to your clinical skills
- List of in services given; provide summary of topics covered and copies of handouts if appropriate.

Community Service

- Documentation of programs or projects in which you have participated. Specifically, you should include information about the Community Service Project completed this Fall. You might include a summary of the experience, and/or any handouts/educational materials you developed.
- Volunteer Experience

Professional Development

- Summary information from conferences or lectures you have attended
- Attendance at New York State or National APTA meeting, or other involvement in professional organizations
- Political Involvement in Issues related to healthcare
- PT club activities (e.g. Race for Rehab). Include information on the event as well as your specific role

School of Health Sciences and Practice Procedures for Addressing Violations of the Student Code of Academic Integrity and Professionalism

Procedures

The procedures described below are to be followed by all students and faculty in the event of a suspected or alleged violation of the Code of Academic Integrity. Subsequent to notification of an alleged/suspected violation of this code, email between the parties may not be used to communicate official matters related to these proceedings. While an Honor Code matter is pending, the student shall receive an 'INC' grade and/or not be awarded her/his degree.

Notification

Prompt notification of the suspected or alleged violation of the Code to the chair/program director is required. This notification must be specific as to the identity of the accused, the nature of the violation, and to the extent possible the evidence of misbehavior. While it is preferable that this notification be in writing, it is not required. No accusation made anonymously will be pursued. All communication regarding alleged infractions will remain confidential.

Initial Investigation

Within five business days of notification, the chair/program director will inform the vice dean and, if necessary, review the procedures to be followed and any prior history of Code violations by the accused student. If the matter would clearly warrant suspension or worse, the vice dean should initiate the formal hearing process immediately (see below).

Unless the accusation clearly warrants suspension or worse, the chair/program director should discuss the situation with the instructor. The chair/program director should arrange a meeting with the accused student (and with the instructor, if appropriate) to attempt to resolve the matter. This process should not take more than 10 business days. At this meeting, the student should be informed of the accusation and shown a copy of the procedures to be followed, as laid out in the Code of Academic Integrity. The student should be given the option of:

- continuing the discussion at present or
- bringing the matter up before the hearing committee (see below).

If the student wishes to continue, s/he should be shown evidence in hand and asked for his/her response and any additional information/evidence that is pertinent. The chair/program director should determine and inform the accused student of the appropriate action to be taken. Implications of this action should also be reviewed with the student – e.g., if the course is to be graded 'F', how this impacts her/his academic standing. If the student challenges the chair's/program director's determination and resolution, the matter should be referred to the hearing committee.

Within five business days following this discussion, the chair/ program director reports the outcome to the vice dean. If the matter is resolved at this stage, the chair/program director prepares a draft letter to the student for review by the vice dean. The letter will detail the accusation, the process followed, the agreed upon resolution, and the student's right to appeal. The approved letter will be sent to the student and a copy retained by the vice dean.

Hearing

If the accused misconduct warrants suspension or worse, or if the student prefers a more formal process, or if the student does not accept the chair's/program director's resolution, the vice dean will appoint a hearing committee within five business days of determination of need. This committee is to be composed of two students (one from the evening program and one from SLP or PT) and three independent faculty members, one of whom shall be the chair of the committee. The chair of the committee, within five days of appointment, should send a letter to the student describing the process to date (i.e., how the matter came to the committee), the procedures to be followed, including the student's rights, and the date of a hearing. The hearing date should be not less than 10 or more than 20 business days from the post mark date of the letter.

The hearing committee will proceed with its investigation of the process to date and obtain any additional information it needs (witnesses, advice, documentation). It will hold a hearing at which this information is reviewed with the student. The student will be given the opportunity to make a statement. The student may be accompanied by a representative or advisor, but this representative/advisor may not address the committee or any witnesses. This hearing should be viewed as an opportunity for further fact-finding and clarification.

After the hearing, the committee has 5 business days to deliberate and agree on a resolution. At the end of this period, the committee prepares a draft letter for review by the vice dean detailing the hearing process, the committee's findings, the action recommended, and, if appropriate, the student's right to appeal. The approved letter is sent to the student not later than 10 business days after the conclusion of the hearing. A copy of the letter and all supporting documentation is retained by the vice dean.

Appeal

Any appeal of the outcome of the initial investigation or the hearing committee's decision should be directed to the vice dean and must be post-marked no later than 15 business days after the date of the letter from the chair/program director or the hearing committee. The appeal must be in writing and must detail the bases for challenging the finding of facts and/or the sanctions imposed. The vice dean and an independent department chair will review all material and, if they determine it is necessary, request/grant an interview with the student (and his/her representative/advisor), seeking additional statements and clarification. This meeting, if needed, should occur within 15 business days of the date of the appeal letter. If new evidence is presented, the vice dean should refer the matter back to the hearing committee. Otherwise, the vice dean with the aid of the independent department chair should present their findings and recommendation to the Dean. Upon the Dean's acceptance of the findings/recommendations, the Dean notifies the student on the outcome of the appeal. Resolution of the appeal should occur within 20 days of the appeal letter or, if needed, the appeal meeting. This resolution is final.

Relevant Faculty Policies and Procedures

Faculty Use and Supervision of Adjunct Faculty

Policy:

Faculty use adjunct faculty in an appropriate manner and ensure that adjunct faculty are qualified for their roles, have appropriate supervision and feedback, and have their rights protected.

Procedure:

It is the responsibility of each full-time faculty person to oversee their assigned teaching area. When adjunct faculty contribute to the teaching area, it is the responsibility of the full-time faculty person to supervise all aspects of adjunct faculty service. This includes specifying the roles of the adjunct faculty, signing-off on hours of service submitted, assessing service performance, providing performance feedback, mentoring as appropriate, and ensuring that adjunct faculty adhere to the policies and procedures of the institution, school, department, and division. Ensuring adherence to the policies and procedures of the institution, school, department, and division will be shared with the appropriate College and University departments, for example Human Resources, Information Technology, and General Counsel. The full-time faculty person discusses all expectations with adjunct faculty and notifies the division chief if adjunct faculty are not meeting expectations. Full-time faculty are also responsible for monitoring and assuring that the safety and rights of adjunct faculty are protected throughout their delivery of service.

Adjunct faculty are used to assist and enhance the teaching of course content or provide content on areas of expertise that the full-time faculty person does not have. Adjunct faculty are not used as a substitute for a full-time faculty role unless the rationale for doing so is first discussed with and approved by the division chief.

Faculty Use of Division Administrative Staff

Policy:

Faculty use division administrative staff in an appropriate manner for department activities.

Procedure:

It is the responsibility of each full-time faculty person to be aware of the roles and responsibilities of the administrative staff and to use the administrative staff appropriately. The job descriptions of the administrative staff are kept in the division office area. Any questions regarding the appropriate use of administrative staff, by either faculty or staff, are directed to the division chief.

Professional Development Advisors

Policy:

Each of the division faculty assumes the role and responsibilities of Professional Development faculty advisor for a set of students in each of the three student cohorts.

Procedure:

The division chief, with input from department faculty, divides the incoming class of students each year into 7-8 professional development groups of 6-8 students. The chief assigns a faculty person to each group to serve as a Professional Development faculty advisor. The responsibilities of faculty advisors are to:

- Oversee and mentor advisees in academic matters
- Meet with their professional development advisee groups on a semester basis to carry out a professional development self-assessment meeting
- Provide guidance to advisees during the professional development self-assessment meeting
- Following review and any necessary reassessment by advisees, validate the self-assessments of advisees
- Carry out all processes related to meeting and mentoring of advisees whose academic status becomes Warning or Probation
- Refer advisees to appropriate academic support services when necessary
- Maintain confidentiality within administrative limits in advisee matters

Faculty Supervision of Students and Guests in Clinical Skills Laboratories

Policy:

All students and guests participating in clinical skills laboratory activities do so in a safe and supervised manner.

Procedure:

It is the responsibility of each full-time faculty person to supervise students and guests during all clinical skills laboratory activities and to assure that the safety and rights of students and guests are protected.

For students, this includes:

- Asking students prior to role playing or patient simulation activities if they have any physical limitations the faculty should be aware of
- Identifying any student who is not meeting the Essential Functions of the program
- Monitoring all faculty and student activity in laboratories to ensure that safe practices are being followed
- Making sure that all equipment used in laboratories is in proper working order and is being used safely by students

For guests, this includes:

- Making sure guests are able to enter and exit the building and laboratory area safely
- Providing guests a rest area in the laboratory
- Making sure guests are aware of and have access to restrooms, water, and other amenities during their visit.
- Monitoring all faculty and student activity in laboratories to ensure that safe practices are being followed
- Making sure that all equipment used in laboratories is in proper working order and is being used safely by faculty, students, and guests

Division Personnel Response to Student Email Messages

Policy:

Core faculty, course directors and division staff will send an initial response to student requests and questions sent via NYMC email or Canvas mail within 48 hours of receipt, except for weekends, NYMC-recognized holidays, and faculty vacations, sick time, or personal time away from campus duties. Student messages to core faculty, course directors and division staff should be sent from an approved NYMC email or Canvas mail account.

Procedure:

It is the responsibility of each core faculty member, course director, and staff person to check their email account regularly and send an initial response to students per the above-stated policy.

Student Policies and Procedures

Division of Physical Therapy DPT Student Handbook

Policy:

All students are aware of the content of the Division of Physical Therapy DPT Student Handbook and use the Handbook as a reference for appropriate student-related issues.

Procedure:

Prior to the new student registration and orientation week, incoming students are notified that a Division of Physical Therapy DPT Student Handbook is posted on the Division of Physical Therapy webpage. Within one week of the new student registration and orientation week, students sign a statement that they have read and understand the regulations and policies in the Handbook, have had the opportunity to speak with the division chief to clarify any Handbook items, and agree to abide by the Handbook regulations and policies.

Division of Physical Therapy Clinical Education Manual

Policy:

All students are aware of the content of the Division of Physical Therapy Clinical Education Manual and use the Manual as a reference for appropriate clinical education-related issues.

Procedure:

Prior to the new student registration and orientation day, incoming students are notified that a Division of Physical Therapy Clinical Education Manual is posted on the Division of Physical Therapy webpage. The Manual provides students complete information on the clinical education policies and procedures of the program.

Essential Functions

Policy:

In order to be considered for admission, and to successfully progress through the program to graduation, candidates must possess and maintain intellectual, observational, communication, motor, and behavioral abilities sufficient to meet the cognitive, psychomotor, and affective goals of the curriculum and program.

Procedure:

The Essential Functions statement and policy of the Division of Physical Therapy is listed on the program webpage under admission requirements. Applicants are provided a copy of the Essential Functions statement and policy during their interview day. The materials students complete to confirm they are accepting admission to the program include an affirmation that they have read the Essential Functions statement and policy and agree to abide to the policy.

The Essential Functions statement and policy of the Division of Physical Therapy is on the following pages.

**New York Medical College
Division of Physical Therapy**

Essential Functions

Graduates of the Doctor of Physical Therapy program will be expected to function as autonomous practitioners and to provide a full range of physical therapy services. In order to be considered for admission, and to successfully progress through the program to graduation, candidates must demonstrate academic accomplishment and completion of all required coursework. In addition, candidates must possess and maintain intellectual, observational, communication, motor, and behavioral abilities sufficient to meet the cognitive, psychomotor, and affective goals of the curriculum and program.

The following provide descriptions and examples of the essential or minimal functions required of candidates to the Doctor of Physical Therapy program. Examples are illustrative and do not necessarily represent an all-inclusive set of functions.

I. Intellectual Skills:

The candidate must have conceptual, integrative, and quantitative abilities sufficient to learn, teach, create, analyze, synthesize, extrapolate, make objective and subjective judgments, solve problems, organize, and implement plans. Examples include, but are not limited to:

1. Rapidly analyzing and synthesizing data from a variety of sources,
2. Determining the data needed to solve clinical problems,
3. Creating feasible solutions to problems faced in practice,
4. Prioritizing components of solutions developed in response to problems encountered.

II. Observational Skills

The candidate must have discriminatory ability in the senses of vision, hearing, touch, and smell sufficient to learn information presented, assess patients/clients, and assess diagnostic material. Examples include, but are not limited to:

1. Observing demonstrations in the classroom, laboratory, and clinical settings,
2. Viewing gross anatomy and neuroanatomical specimens,
3. Observing and interpreting various patient/client-related conditions including the cognitive, physical, and affective status
4. Observing the physical environment and presence of safety hazards,
5. Reading various technical equipment displays, assessment graphs, patient/client charts, professional literature, and notes from patients/clients, physicians and other health professionals and interpreting the significance of the information provided,
6. Using all senses to assess patients/clients both at a distance and close at hand.

III. Communication Skills:

The candidate must have the ability to speak, listen, write, draw, and observe sufficient to elicit and convey written, verbal, and non-verbal information to and from faculty, staff, administrators, peers, patients/clients, families, and health care team members. They must be able to convey and collect information rapidly, accurately, and with clarity and sensitivity. Examples include, but are not limited to:

1. Teaching and learning from faculty, peers, clinical faculty, and patients/clients,
2. Communicating all course work effectively through written, verbal, and non-verbal form,
3. Taking a patient/client's history and assessing their mood, posture, and intellectual functions,
4. Communicating effectively with patients/clients, healthcare professionals, community or professional groups, and colleagues,
5. Reporting clearly and legibly by means of documentation in patient/client charts, reports to physicians, insurance forms, and equipment order forms,
6. Responding to potentially emergent situations such as warning calls from staff or patients/clients and equipment alarms,
7. Participating in group meetings to deliver and receive information and to respond to questions from a variety of sources.

IV. Motor Skills:

The candidate must have fine and gross motor skills sufficient to perform quick precise movements, manipulate medical equipment, manipulate patient/clients' limbs and bodies, and maintain equilibrium and sustain forceful movements. In addition, the candidate must have stamina sufficient to complete the expectations of graduate level education, to travel to and from clinical education sites, and to complete the work day expectations of full-time clinical education experiences. Examples include, but are not limited to:

1. Exhibiting pain free strength and range of motion of the neck, trunk, and limbs that is within normal limits,
2. Exhibiting sufficient manual dexterity to manipulate small and large items, perform CPR, and treat acutely ill patients/clients without disturbing sensitive monitoring instruments and lines,
3. Exhibiting sufficient strength, balance, and manual dexterity to safely perform passive range of motion and mobilization/manipulation activities with patients/clients,
4. Exhibiting sufficient strength, balance, and dexterity to assist patients/clients with therapeutic exercises and functional activities.
5. Working in kneeling, semi-squat, and full-squat positions with patients/clients,
6. Lifting and moving 50 lbs from one location to another in positions of kneeling, sitting, and crouched or full standing, that may also involve twisting, pivoting, and leaning. Clinical examples include:
 - a. Lifting and moving a client with tetraplegia from a lying or side-lying position into a sitting position, which requires a therapist be able to squat, kneel, and lean over the client when lifting,

- b. Performing passive range of motion for the lower limbs of a client with hemiplegia, paralysis, or severe weakness, which requires a therapist be able to lift and move the entire lower limb while in positions that include kneeling, side sitting, and leaning,
 - c. Performing a maximal assistance transfer of a client with hemiplegia, paralysis, or severe weakness from a wheelchair to and from an exercise mat, which requires a therapist be able to lift and move the client while sitting on a stool and leaning forward, or while maintaining a prolonged squatting position and pivoting
- 7. Participating and performing independently all psychomotor expectations associated with the curriculum,
- 8. Teaching and assisting patients/clients with transfers to surfaces encountered in clinical, community, and home settings,
- 9. Walking and balancing sufficiently to:
 - a. Safely teach and assist patients/clients with ambulation on level and un-level surfaces, including stairs, with or without equipment,
 - b. Safely teach and assist patients/clients in balance activities, with or without equipment,

V. Behavioral Social Attributes:

The candidate must have mature behavior and social abilities sufficient to be composed, adaptable, resilient, punctual, decisive, thoughtful, candid, receptive, diligent, persevering, tolerant, and sensitive to others. Examples include, but are not limited to:

- 1. Prioritizing numerous tasks and maximizing productivity to achieve multiple goals in a timely fashion, including educational, administrative, and patient/client care
- 2. Adapting to changes in class schedules and program activities, in some cases with short notice,
- 3. Tolerating common challenges in clinical education experience assignments, such as delays in site assignment, limited site location options, changes in site location,
- 4. Accepting constructive criticism and responding by appropriate modification of behavior,
- 5. Developing mature, sensitive, professional, responsible, and effective relationships with faculty, staff, peers, clinical faculty, and patients/clients,
- 6. Recognizing and responding appropriately to individuals of all ages, genders, races, socioeconomic, religious, cultural backgrounds, and sexual orientations,
- 7. Coping with general stresses of a working environment along with stresses generated from working with potentially demanding patients/clients, and possible life threatening clinical situations,
- 8. Recognizing and responding appropriately to potentially hazardous situations,
- 9. Exercising sound and consistent judgment in complex situations,
- 10. Continuing to function in the face of uncertainties inherent in the clinical problems of patients.

While technological compensation can be made for some disabilities in certain of these areas, the Division of Physical Therapy must be fully satisfied that a candidate can perform in a reasonably independent manner and complete the essential functions of the entire curriculum of required courses and electives. The use of a trained intermediary to substitute for any of the functions above is not acceptable because the candidate's activities would be mediated by someone else's power of observation, selection, interpretation, or physical performance.

Candidates who lose the ability to meet any of the essential functions of the Division of Physical Therapy following matriculation into the program may need to take a medical or administrative leave until all essential functions can be met. If the inability to meet any of the essential functions becomes chronic, the candidate may need to withdraw or be dismissed from the program.

Approved by the School of Health Sciences and Practice Academic Policy Committee 10/11/16
Revised 5/7/23 to reflect administrative structure change from *Department* to *Division*.

Student Standards of Conduct

Policy:

Students follow the standards of conduct of the institution, school, and division in all division-related activities, including clinical education experiences.

Procedure:

Professional education in physical therapy involves more than academic course work and clinical education. Equally important is the process by which students are educated in the values and responsibilities of the profession of physical therapy. Students are expected to and abide by the Code of Ethics and Guide to Professional Conduct of the American Physical Therapy Association. In addition:

1. Students are expected to conduct themselves in a professional manner at all times. This requires a respectful attitude toward patients, fellow students, faculty, guest lecturers, and others in all settings (clinical, classroom, laboratory, field trips, clinical education sites, etc.). Unprofessional or otherwise disruptive behavior will not be tolerated. Repeated violations of this principle will be considered grounds for remedial work or dismissal from the program.
2. Attendance is required at all scheduled classes and laboratory sessions, unless otherwise indicated by the instructor. If a student must miss a class, due to illness or family emergency, he or she must notify the instructor, in advance if possible. Repeated unexcused absences and/or late arrivals at class will be grounds for dismissal from the program. (See Attendance Policy.)
3. Students are required to be present and on time for all scheduled days of clinical education. Because students are involved in critical patient care duties, a pattern of unexcused absence or late arrival may be grounds for failure of the clinical education course.
4. One of the most important elements of professional behavior is honesty and integrity. Lack of honesty in clinical situations may have serious, even fatal consequences for patients. Therefore, evidence of dishonesty, cheating, plagiarism, or other violations of academic integrity will be viewed as extremely serious and will be considered grounds for immediate dismissal from the program. All students are required to adhere to the New York Medical College Code of Academic Integrity and Professionalism and The Student Code of Academic Integrity and Professionalism.
5. Each semester, students are expected to demonstrate achievement of certain levels of accomplishment in professional behavior (see Student Professional Behavior).
6. A student who is placed on academic probation because of a failure to attain the required level of professional behavior will not be allowed to progress on to the clinical education components of the program. In this case, the student will be required to meet with his or her professional development advisor and the division chief to create a plan for demonstrating the required level of professional behavior. A student who does not achieve the required level of professional behavior within the timeline of the plan will be dismissed from the program.
7. Based on the regulations and standards discussed above, the School of Health Sciences and Practice reserves the right to dismiss or to deny admission, registration, readmission, or graduation to any student who, in the judgment of the faculty, is determined to be unsuited for the study or practice of physical therapy.

Student Professional Behavior

Policy:

Students are to display professional behavior in all division-related activities.

Procedure:

The operational definition of professional behavior, the behavioral markers and division expectations, and the processes of professional development used in the program is shared with students in the first semester of the program. A written description of these is found in the DPT Student Handbook, which is posted on the Division of Physical Therapy webpage. The school policy on Satisfactory Academic Progress includes criteria for professional behavior.

Student Response to Division Staff Email Messages

Policy:

Students will respond to core faculty, course directors and division staff email messages within 48 hours of receipt, except for weekends, NYMC-recognized holidays, semester breaks and official leaves of absence. Core faculty, course directors and division staff will send email messages only to each student's approved NYMC email or Canvas mail account.

Procedure:

It is the responsibility of each student to check their NYMC email and Canvas mail accounts daily and send an initial response to faculty and staff per the above-stated policy.

Student Dress Code

Policy:

Students follow the division dress code for all division-related activities, including during clinical education experiences.

Procedure:

The division dress code is discussed with students during new student registration and orientation, prior to first semester laboratories, and prior to clinic visits. The dress code is located in the DPT Student Handbook and in the Clinical Education Manual. Students who fail to comply with the dress code are in violation of the Policy for Satisfactory Academic Progress and will be counseled accordingly.

Class Attendance

I. PURPOSE

The purpose of this policy is to specify the expectations and guidelines governing student attendance and absence from the New York Medical College School of Health Science and Practice Doctor of Physical Therapy Program (“NYMC-SHSP-DPT”).

II. POLICY

Attendance at all DPT Program Lecture, Laboratory and Tutorial course sessions, DPT Program Related Events and Activities, and Clinical Education dates is mandatory unless otherwise indicated by course faculty.

III. RATIONALE

On time class Attendance and Participation is essential to our DPT Program. The NYMC-SHSP-DPT curriculum has been carefully designed to ensure that students attain the educational objectives stated by CAPTE. Students' direct engagement in the learning process is required to fulfill these objectives and for completion of the requirements for the DPT degree.

Research indicates that class attendance is strongly associated with class grades (GPA) in college and study habits and skills (Credé et al., 2010). Moreover, the collegial nature of the Problem-Based Learning approach applied in our DPT curriculum makes attendance at all classes vital to merit class grades, maximize academic success, and promote an optimal learning experience for the entire student cohort. The cumulative and progressive nature of the coursework within the DPT program is such that each course builds upon knowledge, concepts, and clinical skills that are learned and integrated across the lectures, labs, and tutorials organized every year. Therefore, for every student to successfully complete each one of the DPT courses and ensure readiness for passing the National Physical Therapy Examination (NPTE), our DPT program at NYMC follows a strict attendance policy as outlined below.

IV. SCOPE

This policy applies to all NYMC-SHSP-DPT students.

V. PROCEDURES

A. ATTENDANCE

1. Required Attendance at all DPT Program Lecture, Laboratory and Tutorial sessions, DPT Program Related Events and Activities, and Clinical Education experiences is mandatory unless otherwise indicated by course faculty.
 - a. As a general guideline, students are expected to be present and on time for all classes Monday through Friday as shown on the academic calendar, course syllabus, and LMS calendar, and responsible for identifying all mandatory educational activities at the start of each course, or semester.
 - b. When participating in mandatory online synchronous educational activities, students are expected to have their cameras open unless advised by the course director.

- c. Specific activities listed in the academic calendar are subject to change due to unforeseen circumstances, not limited to inclement weather. At times, it may become necessary to schedule make-up activities, including examinations, during unscheduled time or immediately prior to vacation periods.
- d. Students are expected to schedule off-campus travel only during vacation periods so as not to conflict with the class schedule as shown on the academic calendar.

2. ABSENCE

- a. If a student must be absent from class due to an unavoidable circumstance (see below for potential examples), the student is responsible to notify the Course Director.
- b. If the absence occurs during a PBL class, the student is responsible to notify the Component Coordinator and PBL Tutor, or Practical/Oral/Component Exam Examiner (as applicable).
- c. If the absence occurs during a Clinical Education Experience, the student must notify their Clinical Instructor and the Director of Clinical Education and/or Assistant Director of Clinical Education supervising their experience.
- d. Notification to faculty must be in advance via email and/or telephone. If the nature of the absence does not allow for notification prior to the session, the student is responsible to notify the appropriate personnel after the missed class as soon as possible (within 24 hours) to justify such absence.
- e. Any absence must be approved by course faculty to be considered excused. Students may be required to provide official documentation to support the need for an excused absence. Excusable reasons for missing a class include:
 - Illness
 - Bereavement
 - Family emergency
 - Attending a conference in the field of Health Sciences
 - Attending a planned and approved DPT program-related activity
- f. It is critical for students to understand that informing the instructor of an absence, even in advance, does not guarantee that the absent time will be considered an excused absence.
- g. In the event of any absence, students are responsible for obtaining missed class material presented during the full length of the absence. Class material includes, but is not limited to, content posted on E-Learning site, assigned readings and pre-class activities, in-class lectures, content or in-class activities, group discussions, quizzes, homework, skill labs, and tutorial discussions. It is at the discretion of each individual faculty member, course instructor, or PBL tutor to determine necessary make-up material and set a deadline to provide it.
- h. If the absence is from a PBL tutorial session, students must submit, to their tutor, any preparatory work or tutorial assignment expected for the missed session.
- i. If the absence is due to a (+) COVID-19 infection and the student is instructed to isolate (by NYMC Health Services), the student may Zoom into lecture or lab sessions and/or have the lab session recreated. This accommodation is limited to the period of isolation determined by NYMC Health Services.

B. LATENESS

1. Students are required to be present and prepared at the beginning of every lecture, lab, tutorial, and clinical education session as well as remain present and engaged until the end of the session.
 - a. Being consistently late to class puts students at risk of missing important material and causes substantial distractions to the instructor and other students attending the class.
 - b. An arrival is considered late when the student arrives for an in-person or online session after the scheduled starting time of the session, as defined by the course syllabus or LMS calendar.

2. Two unexcused late arrivals to any type of class during the same course will be considered an unexcused absence.
3. In the NYMC DPT program, recurrent lateness is considered unprofessional behavior; therefore, a student with episodes of recurrent lateness may be at risk of not meeting the required level of Professional Development.
 - a. Students should notify the instructor or tutor via email and/or telephone of an anticipated lateness prior to the start of the class session. If that is not possible, late arrivals should be explained and formally documented (i.e., proof of lateness) no more than 24 hours after the session.
 - b. Students who arrive late are expected to remain engaged for the remainder of the class.

C. MONITORING ATTENDANCE AND LATENESS

1. Students will be required to sign their name and date on a daily attendance sheet at the beginning of each class session.
2. Any student who falsifies a name, signature, or date will be considered in violation of the New York Medical College Academic Integrity Policies and subject to the consequences therein.
3. If the student arrives after the attendance sheet has been collected, the student receives an unexcused absence unless this late arrival is formally justified within 24 hours (see section “lateness” for more details).
4. All absences (approved and/or unapproved), lateness, or need to leave during or early from required academic or educational activities will be recorded by the course director(s), along with the reason for such absences.

D. NON-COMPLIANCE WITH ATTENDANCE POLICY

1. Students will be considered out of compliance with the attendance policy if they are absent (excused and/or unexcused) for more than 15% of the total course sessions, as defined by the syllabus.
2. Student absence for 15%-33% of total course sessions may result in any of the following:
 - Loss of the privilege of remediating course content
 - Professional Behavior Action Plan
3. Student absence for more than 33% of total course sessions may result in either of the following:
 - Course Withdrawal
 - Course Failure
4. The loss of the privilege of remediating course content, a Professional Behavior Action Plan or a course failure may risk a student’s Academic Standing and Progression in the program.
5. Students are subject to the standards of evaluation (for example, tutorial participation) for each course, despite any and all absences and/or lateness.
6. The student, their faculty advisor, and the DPT program director will be notified by the course instructor or tutor in writing when the student has more than 15% absence from total course sessions and/or multiple lateness to class sessions.

7. Impact on Professional Behavior Validation
 - a. Students with multiple unexcused absences and/or multiple lateness to class may not be validated for the Professional Behaviors of the 21st Century and may be put on an Action Plan for Professional Development as outlined in the student handbook.
 - b. Students who are not validated by the faculty will be informed by their faculty advisor of the consequences.
 - c. Lateness and unexcused absences are inconsistent with the following beginner level professional behaviors:
 - Responsibility
 - Professionalism
 - Effective use of time and resources

E. APPEAL AFTER NOTIFICATION OF NON-COMPLIANCE WITH ATTENDANCE POLICY

1. A student has the right to appeal any consequences levied as a result of violation of the attendance policy.
2. This appeal should be made in writing to the course instructor, tutor, or Director of Clinical Education, and the DPT division chief within 3 business days of notification of the violation of the attendance policy and corresponding consequences.
3. The appeal will lead to a hearing with an ad hoc DPT academic integrity committee.
4. A successful appeal may lead to elimination or modification of initial consequences.
5. An unsuccessful appeal will uphold initial consequences.

Make-up Examinations

Policy:

Students may take an examination at a time that is different from the regularly scheduled time if they have received approval from the course coordinator.

Procedure:

Students requesting to take an examination on a day other than the scheduled examination day must attain approval to do so by the course coordinator. Approval will be given only in the case of a personal or family event of unusually high importance or in the case of a family or personal emergency or a religious holiday that precludes them from being in school on the day of the exam. If at all possible, they must inform the course director before the date of the examination. If an illness or injury is the reason for the request, the course director may request a note (from the student's medical provider) excusing the student from class. Students who take a make-up examination must avoid all discussion, either general or specific, with other students regarding the content of the examination after the regularly scheduled examination has taken place.

Use of Cell Phones

Policy:

It is the policy of the Division of Physical Therapy that students do not use their cell phones, e-mail and or text message in class.

Procedure:

Students are required to have their phones stored out of view during classes and exams. Students who need to use their phone secondary to an emergent situation should notify the instructor prior to class and use the phone and or text message outside the classroom. Students who are text messaging, e-mailing or using their phones in class may be asked to leave the class by the instructor. No phone use, e-mail or text messaging is permitted during exams.

Clinical Skills Laboratories - Student Responsibilities

Policy:

Students have general responsibilities they must follow for use of the clinical skills laboratories.

Procedure:

The general responsibilities of students are shared with students prior to the first laboratory session in the first semester of the program. These responsibilities are also located in the DPT Student Handbook.

General Responsibilities include:

1. Students are to attend all scheduled labs
2. Students are to arrive on time to all scheduled labs
3. Students should be dressed in proper attire at the start of lab
4. Food or beverages are allowed in the labs, only if the cleanliness of the labs is not negatively impacted (for example, negative impacts include empty wrappers not disposed properly, stains left on lab furniture, linens, and/or equipment, crumbs left on the floor, lab furniture, or equipment.),
5. After completion of a lab session, all equipment should be returned to its original location

Lab Maintenance responsibilities include:

1. Students are to assist in keeping the labs clean.
2. Students must tidy-up the lab at the conclusion of all formal labs, or when the labs are used for practice. This includes:
 - Returning plinths and all equipment (including modalities) to proper location
 - Replacing pillow cases and plinth linens
 - Cleaning any equipment as requested by the faculty person overseeing the lab session
 - Closing all windows and blinds
 - Make sure doors are locked
 - Other duties that may be requested by the faculty person overseeing the lab session
 -

Policy on Student Access to Clinical Skills Laboratories for Independent Study Outside of Formal Class Time and Program Use

Policy:

Students are allowed to use the clinical skills laboratories outside of formal class time.

Procedure:

1. Students will be responsible for identifying times they may use the labs for independent use outside of formal classes and other program uses.
2. The doors to lab rooms 102 and 111 will remain unlocked for easy access by students.
3. The door to lab room 135 (CSL 2) will be locked, requiring access with a key.
4. Students will check-out a lab room key by contacting the Administrative Assistant, signing out and signing back in the key.
5. **Students signing out the key are responsible for signing the key back in; students are not allowed to transfer the key to another student for return.**
6. The key may be checked-out during regular weekday hours (8:30 a.m. to 4:30 p.m.)
7. If students are planning to use the laboratory later than 5:00 on a weekday, or on a weekend day, they must sign-out the key between 8:30 a.m. to 4:30 p.m. and sign-in the key the first thing the next business day.
8. Generally, students will be able to use the laboratory seven days a week.
9. The PT Lab rooms are to be used for course-related activities only unless a separate activity has been cleared by the division chair or faculty.
10. While using the laboratories, students are expected to conduct themselves in a professional manner at all times.
11. Only physical therapy students and faculty are permitted in the laboratory.
12. The laboratory must be straightened up after use. All equipment must be returned to the proper place. All food wrappers, cups, or waste must be discarded in the appropriate receptacles.
13. Under no circumstances should equipment, books, models, or other materials be removed from the laboratory without the explicit permission of division chief or faculty.
14. Under no circumstances should students use therapeutic equipment they have not been trained by faculty to use.
15. The door to rooms 102 and 111 must be closed when students leave the room.
16. The door to CSL 2 must be locked when students leave the room.
17. All windows must be closed and/or locked when students leave the room.
18. Under no circumstances should the fire doors leading outside the building be propped open
19. COVID-related policies updated 9/1/23:
 - Students must know and follow all NYMC COVID-19 policies:
<https://www.nymc.edu/about-nymc/policies/covid-19-mask-ppe-and-distancing/#/d.en.245706>
 - Students must clean the lecture table area and plinths they have used with cleaning solution followed by sanitizer after ending their use of the lecture and/or lab space.

Repeated violation of one or more of these policies will result in students losing their right to independent access to the clinical skills laboratories outside of assigned class times.

Potential Student Health Risks Associated with the Education Program

Policy:

All students are aware of the potential health risks associated with the education program, including clinical education.

Procedure:

The Division of Physical Therapy Essential Functions required of applicants for admission to the program and for matriculated students to complete the program are posted on the program webpage and included in the DPT Student Handbook. During new student registration and orientation the potential student health risks associated with the education program are discussed. Prior to the first full-time clinical education experience students are informed of the potential health risks associated with clinical practice.

Student Submission of Course Evaluations

Policy:

All students are required to complete and submit an anonymous course evaluation for each of the courses they complete. Assessment of a course is considered to be an important element of completing a course.

Procedure:

During the last week of each course, the department administrative secretary sends students an electronic course evaluation that is to be completed and returned within one week following the end of the course. The course evaluation returns in an anonymous format so students cannot be linked directly to a course evaluation. The division administrative secretary receives a notice when a student has submitted a course evaluation and is able to track the return of course evaluations. An e-mail reminder is sent to students who fail to submit a course evaluation on time.

Comprehensive Examination

Policy:

As a condition for graduation, students are required to pass a Comprehensive Examination in the last semester of their third year of study.

Procedure:

The Comprehensive Examination is a computer-based examination that is presented in a format similar to the National Licensure Examination. The Comprehensive Examination uses a formally tested examination tool (Online Advantage®, Scorebuilders) as the basis for examination, with an item analysis conducted after student scores are received. Students are informed of the examination format and encouraged to preview a demonstration of the student version by going to the Scorebuilders site.

The examination is organized into four one-hour components. The first two components are taken from 10:00-12:00, a lunch break is provided from 12:00-1:00, and the third and fourth components are taken from 1:00-3:00.

Students are required to achieve a minimal score of 70% to pass the examination. If a student does not pass, a second attempt of the examination is taken one week later, using an alternate version of the original examination. If a student does not pass the second time, graduation may be delayed to allow the student the opportunity to carry out with program faculty a process of remediation of areas of weakness. The remediation process will include a careful analysis of errors, consultation with the NYMC Office of Student Academic Support, and review of content areas as indicated by the error analysis. The details of the review will be determined by the student and faculty. A student who fails the examination a third time may be dismissed from the program.

The Comprehensive Examination is a mechanism of ensuring that students have retained important information in the foundational sciences over the course of the program, that they have integrated foundational sciences with clinical sciences, and that they are able to apply these areas of study to clinical practice. This is also a way of making sure that students are adequately prepared to take the National Licensure Examination. Monitoring the passing rates of graduates on the Comprehensive Examination is used as one measure of whether the educational goals of the program are being attained.

Program Policies and Procedures

Academic Regulations

Policy:

Students are aware of and abide by the academic regulations of the institution, school, and division.

Procedure:

The academic regulations of the institution, school, and division are accessible to students and discussed at new student registration and orientation. The regulations are posted on the institution, school, and division webpages and in the DPT Student Handbook.

Academic Regulations

<https://www.nymc.edu/school-of-health-sciences-and-practice-shsp/shsp-academics/academic-regulations/>

Enrollment Status

The programs in Physical Therapy and Speech-Language Pathology enroll only full-time students.

For the MS in Biostatistics and Public Health programs the number of credits taken establishes a student's enrollment status, which is determined each term. Students are considered to be full time when enrolled in 8 or more credits during any Fall or Spring semester. During the summer session, 4 credits constitutes full-time enrollment. Students with fewer credits are considered part time. To be eligible for financial aid and/or loan deferment, during the Fall and Spring semesters a student must take at least 4 credits.

Student Category Definitions:

Matriculated Student – Applicants who have received a bachelor's degree with A GPA of 3.0 from an accredited undergraduate institution and have met the other admissions requirements may, at the discretion of the Admissions Review Committee, be accepted as a matriculated (pursing a degree) student.

Conditional Admissions Student - Applicants whose undergraduate GPA is under 3.0, may, at the discretion of the Admissions Review Committee, be accepted as conditional admissions students. Upon completion of a minimum of 6 and maximum of 9 credits with a grade point average of 3.0 (grades of B) or higher, the status of conditional admissions students will be reviewed and the committee may remove the conditional status and hold on the student's continued registration. Financial aid is available per federal guidelines. If the student does not meet the 3.0 GPA criterion, earn grades of B or better in all courses, demonstrate required skills and competencies for each course, and uphold the Code of Academic Integrity, he/she will be prohibited from enrolling in any further coursework and will be administratively withdrawn from the school.

Non-Matriculated and Certificate Students - Applicants to “stand-alone” credit-bearing graduate certificate programs are accepted as non-matriculated students, and remain in this status for the duration of the program, even if the total number of credits exceeds nine. Non-degree applicants taking 3-9 credits may be considered as non-matriculated students. No financial aid is available per federal guidelines.

Transcripts and Release of Information

The Family Education Rights and Privacy Act of 1974, as amended, prohibits the release of educational records by institutions without the specific written consent of the student or alumnus/a.

Instructions on requesting an official transcript.

<https://www.nymc.edu/current-students/student-services/registrar/transcripts/>

Student Grade Reports

Students enrolled in classes may view final grades and print an unofficial copy of their transcript in the TouroOne Portal (<https://touroone.touro.edu/sso/login>).

System of Grades

The system of grades and points assigned to each grade is as follows:

Grade Point

- A= 4.0
- A- = 3.7
- B+ = 3.3
- B = 3.0
- B- = 2.7
- C+ = 2.3
- C = 2.0
- C- = 1.7
- F = 0.0 Failure

A student who ceases to attend classes but does not officially withdraw from a course will automatically receive a failing grade. Other designations are:

- INC - Incomplete
- AUD - Audit
- W – Withdrawal
- WF – Withdraw/Failing
- GNR - Grade Not Reported
- MT - Multi-term
- P - Pass
- H - Honors (for thesis only)

Calculating Grade Point Average (GPA)

Each credit earned generates a specific number of quality points according to the letter grade earned. Grade point average is determined by dividing the total number of a student's quality points by the total number of credits for which a grade has been assigned.

Example:

Credit Hours Grade Point Quality Points

$$3 \times 4.0 \text{ (A)} = 12.0$$

$$3 \times 3.3 \text{ (B+)} = 9.9$$

$$3 \times 3.0 \text{ (B)} = 9.0$$

$$30.9 \div 9 = 3.43$$

The GPA for this student is 3.43.

A grade for transferred credits is not calculated in the student's grade point average. However, transferred credits are applied toward the completion of degree requirements.

Course Evaluations

Course evaluations are a course requirement

The School of Health Sciences and Practice **requires** each student to complete a course evaluation for each course taken.

Incomplete Coursework

A student who has completed a substantial portion of the course requirements but is unable to complete a course for reasons of health, change of job location, a family emergency or other exceptional circumstance, must submit a written request to the course instructor for an "Incomplete." If the reason is deemed appropriate, the student will receive the grade "INC" (Incomplete) for the course. Failure to complete the work by the end of the Fall or Spring semester following the term in which the course was taken will result in a grade of "F."

Both the student and the instructor are notified by the Registrar that an "INC" has been converted to an "F." Upon receipt of this notice, the instructor may request an extension, subject to the Chair's approval, not to exceed one additional fall or spring semester. Any extension in excess of two consecutive fall or spring semesters must be requested by the Dean as an exceptional case since the passage of time often brings changes to course content.

Course Audit

No audits of Physical Therapy and Speech-Language Pathology courses are permitted. Students who do not wish to receive credit for a Public Health course may register as auditors. Such students must formally register and pay tuition and any fees associated with the course. However, they are not required to take exams or submit assignments.

A student may change from credit to audit status (or vice versa) for a course through the add/drop period. A written request from the student, signed by the Dean, must be made to the Office of the Registrar.

Withdrawal from a Course or Withdrawal from the School

After the drop deadline, students may withdraw from a course through the 10th week of a 15-week term and through the sixth week of an eight-week term. Withdrawal from a course is indicated on a student's transcript by a grade of W (withdraw) or W/F (withdraw, failing). The W/F grade is recorded if the student is failing the course **and** more than 50% of the final grade has been determined.

To officially withdraw from a course, students must submit the to the Registrar's Office.

Students who stop attending a course but do not officially withdraw will receive an "F". Before dropping a course, it is highly recommended that a student discuss the matter with the instructor and/or the appropriate program advisor.

Students who receive a "W" or "W/F" may retake the course for credit provided they reregister and pay to take the course again.

Students who wish to withdraw entirely from the School of Health Sciences and Practice should speak with their Department Chair or Program Director to initiate the process.

[View our refund policies \(https://www.nymc.edu/current-students/student-services/bursar/tuition-and-fees/school-of-health-sciences-and-practice/\)](https://www.nymc.edu/current-students/student-services/bursar/tuition-and-fees/school-of-health-sciences-and-practice/) located on the NYMC Bursar's website.

Repeating Courses

Students who do not meet a minimum grade requirement in a core or concentration course may be required to repeat the course. Similarly, students may wish to repeat a course in which a grade of "F" was received in order to remove that grade from the calculation of the GPA.

When a student repeats a course, the transcript will reflect the repetition and each letter grade. Only the later of the two grades will be calculated in the student's grade point average. Credit for the course will be given only once.

Satisfactory Academic Progress and Good Academic Standing

Students are required to maintain **Satisfactory Academic Progress** (SAP) towards a degree at all times. View the School of Health Sciences and Practice Policy on Satisfactory Academic Progress (pdf). (<https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/PolicyonSatisfactoryAcademicProgressintheSchoolofHealthSciencesandPractice9.7.16.pdf.pdf>)

Change of Program

A matriculated M.P.H. student who wishes to change his/her degree or certificate program of concentration should send a request to the Chair or Program Director of the new program, along with a form, and a new personal statement for review and approval.

If the Chair/Program Director agrees to accept the student into the new program, he/she will sign the form and forward it to the Chair of the student's former program for signature. The Chair of the student's former program will forward the form to the Dean's Office for final approval or denial. The Vice Dean will sign the form and forward it to the Registrar.

Transfer of Credits

A matriculated public health student who has completed graduate courses at another accredited institution may be permitted to transfer earned credits. Applicants must have earned a minimum grade of B, course credits must not have been applied toward a degree that was granted at another institution, courses must be appropriate to the student's program at the School of Health Sciences and Practice, and have been completed within the past 5 years. For M.P.H. degree candidates, a maximum of 9 credits are transferable. For DrPH degree candidates, a maximum of 12 credits are transferable. Students must submit the Transfer of Credit Form (</media/schools-and-colleges/nymc/pdf/shsp/TransferofCreditForm.pdf>), available online, in the Office of the Registrar or in the Admissions Office, to the Department Chair/Program Director, along with course descriptions and/or course syllabi. The vice dean is responsible for making the final determination of acceptance or denial of transfer credit(s). View the Transfer of Credits in the School of Health Sciences and Practice (</media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/TransferofCreditsintheSHSP.pdf>) policy.

Leave of Absence, Maintenance of Matriculation and Reapplication

A student may be allowed a leave of absence for a period of up to one year following the semester of last attendance. Leaves for all matriculated students must be approved by the Department Chair and the Vice Dean. Leaves for non-matriculated students in the Public Health programs must be approved by the Vice Dean. View the form to request a Leave of Absence (<https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/LeaveofAbsence.pdf>). View our located on the NYMC Bursar's website.

A student must obtain permission from the Department Chair before taking a leave of absence in the semester preceding graduation.

A matriculated public health student who is not on a leave of absence and who is not registered for course credits must maintain academic standing by registering for maintenance of matriculation and by paying the maintenance of matriculation fee (the cost of one-half credit) for a period of time not to exceed four consecutive semesters. The matriculation fee is only charged during the fall and spring semesters. During the summer the fee is \$0. An activity fee is not required, but a network access fee is required. This and the maintenance of matriculation fee entitle the student to the services of the library, the computer center, and academic/thesis advising.

Students who are not on a leave of absence and do not pay the Maintenance of Matriculation fee over the course of one year will be considered to have withdrawn from the School. It will be necessary for them to reapply to continue studies.

Individuals who have previously applied to the School, but never registered and wish to attend must repeat the admission process if more than a year has lapsed since the original application. Also, a student who has not been enrolled for more than one year must reapply. This involves submission of all documents and the payment of all fees required for admission. Students will then adhere to the policies and course requirements that are current at the time of readmission.

Change of Address

Continuing students should notify the Office of the Registrar in writing of any changes of address or phone numbers.

Applicants should notify the Admissions Office of any changes in address or phone numbers that have occurred after submission of their application and before enrollment. If a student is currently corresponding with a particular department on campus, it is recommended that the department also be notified of any changes in address and phone.

Application to Graduate

A student (candidate) who wishes to receive his/her degree at Spring Commencement must submit a completed application to the Office of the Registrar no later than December 1st of the previous year. All degree requirements, except courses in which the candidate is currently enrolled, must be completed by April 1.

Students will be permitted to graduate only after they have fulfilled all academic requirements and financial obligations to the College.

Comprehensive Exam Requirements

A student who completes master's degree requirements later than the fourth anniversary of the semester of entry into the School of Health Sciences and Practice may be required to pass a comprehensive written examination as part of the requirements for the degree. This examination is in addition to the comprehensive written examination that is required as a culminating experience for M.P.H. distance education students.

Student Code of Academic Integrity and Professionalism

Academic integrity is essential in any educational endeavor and it is expected at all times from both students and faculty. By accepting admission to New York Medical College, students commit to the ideals, ethics and conduct of their profession and of the institution. The Student Code of Academic Integrity and Professionalism (<https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/StudentCodeofAcaIntegrity.pdf>) outlines responsibilities and expected behaviors. Suspected violations of the Student Code of Academic Integrity and Professionalism are investigated in accordance with established Procedures (https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/Procedures-Student_Code_of_Academic_Integrity_and_Professionalism.pdf) as well as the guidelines of the relevant academic program and may lead to dismissal from the school.

Student Grievance Procedure

A student who believes that he or she has not received equitable treatment by a member of the faculty may register a formal grievance. Grievances concerning course grades are appropriate only when the grade constitutes one of a number of factors that, together, may represent a pattern of inequitable treatment of the student. In all cases, course instructors have final responsibility for assigning course grades. [View the Student Grievance Procedures \(https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/SHSPStudentGrievance.pdf\).](https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/SHSPStudentGrievance.pdf)

ADDITIONAL ACADEMIC REGULATIONS OF THE DIVISION OF PHYSICAL THERAPY

The Division of Physical Therapy adheres to the School of Health Sciences and Practice academic regulations. The following are additional academic regulations of the Division of Physical Therapy.

1. The minimum numerical score for passing written and laboratory examinations is '70%'. Students may continue in a course involving several written examinations if a single examination score falls below 70%. However, the average written examination numerical score for the entire course must be at or above 70% for a student to pass the course.
Note: Two exceptions to this rule exist:
 - 1) Clinical Science in Physical Therapy I and Clinical Science in Physical Therapy II. Because these courses are taught in a modular format, students must pass EACH written examination with a minimal score of 70% to pass the course;
 - 2) For courses that involve only a single written examination, students must achieve a 70% for that single written examination.
2. Students who score less than 70% on any examination may be at risk for failing the course; they must arrange a meeting with the course director to review the examination and discuss how examination performance might be raised. They will likely be referred to the Office of Student Academic Support.
3. Students who score 70% - 80% on any written examination must arrange a meeting with the Office of Student Academic Support AND the course director to review the examination and discuss how examination performance might be raised.
2. Students who complete a course (with multiple written examinations) with an average written examination score below the minimal passing score of 70% *may* be offered the chance to remediate the written examinations. To qualify for remediation, the following three conditions must be met:
 - 1) The cumulative average written examination score of students **MUST** be between 65- 69,
 - 2) Students **MUST** have evidence of having met with the course director or with the professional staff of the Office of Student Academic Support during the course to discuss how they might improve their examination performance,
 - 3) Students **MUST** be meeting the applicable standards of professional development.

3. Physical therapy education requires mastery of both academic knowledge and clinical skills. Therefore, many of the professional courses have both written and practical examinations. For physical therapy courses that include practical examinations, students must pass EACH practical examination with a minimal score of 70%. A student who fails a practical examination will be given up to two opportunities to re-take the practical exam following a review of the failed performance by the course director. Students who successfully pass the re-examination will receive the minimal score for passing the examination (70%). Failure to successfully pass the re-examinations will result in an examination and course failure.
4. Students who score 70% - 80% on any practical examination must arrange a meeting with the course director to review the examination and discuss how examination performance might be raised.
5. Students who complete a course with a course score below the minimal passing score of 70% *may* be offered the chance to remediate the course. In order to qualify for remediation, the following three conditions must be met:
 - 1) The course score of students **MUST** be between 65- 69,
 - 2) Students **MUST** have evidence of having met with the course director or with the professional staff of the Office of Student Academic Support during the course to discuss how they might improve their course performance,
 - 3) Students **MUST** be meeting the applicable standards of professional development.

6. The specifics of the remediation activity designed for any course or written examination will be determined by the course director. These activities may include retaking an examination, taking a comprehensive course examination, or completing a defined remediation project. Meeting with the NYMC Office of Student Academic Support will likely be required. Students who fail a written examination in Clinical Science in Physical Therapy I, Clinical Science in Physical Therapy II, in any courses that involve a single written examination, or ANY laboratory practical examination in a physical therapy course, will be required to pass that examination before the end of the course. Students who successfully remediate an examination will receive a grade of 70%. Students who successfully remediate an average written examination score will receive an average written exam score of 70%. Students who successfully remediate a course will receive a grade of 70%. Failure to successfully remediate the course or examination(s) within two remediation attempts will result in a course failure.
7. When the need for remediation is identified at the end of a course, students will NOT receive a course grade until the remediation project is successfully completed. Failure to remediate successfully within two weeks will be the grounds for a course failure and halt student progression in the program. NOTE: Students in the process of remediation will be considered to NOT be in good standing, and not be allowed to progress to a clinical education experience until the remediation is completed.
8. Students who fail a didactic course will not be able to progress in the program without retaking and passing the course. Permission to repeat a course is contingent upon approval of the faculty, who will thoroughly review the student's academic performance. Because of the fixed sequence of the curriculum, needing to repeat a didactic course will require students to take a leave of absence, leave their current cohort of students, and retake the course joining the succeeding cohort of students. This will delay graduation by one year. A student who is allowed to repeat a course may also be required to audit one or more other program courses when returning to the program, even if these courses were already passed, because of the interruption in program progression caused by the leave of absence.
9. Students who fail a clinical education course will be required to retake the course. When possible, this will occur by students repeating the failed course in place of the next scheduled clinical education course. In this case, all subsequent clinical education courses will be pushed back in sequence, with the last clinical education course likely occurring in the summer semester following the usual graduation date in Year III. Thus, failure of any clinical education course may result in a delayed graduation. Failure of two clinical education courses will be the grounds for dismissal from the program.

10. Students who are on academic probation due to their GPA will not be able to progress to clinical education. In this case, students will need to retake selected courses to raise their GPA above the probation benchmark. They will have up to one year to do this. The courses to be retaken will be determined by the faculty. Because of the fixed sequence of the curriculum, needing to repeat a didactic course will require students to leave their current cohort of students, and retake the course by joining the succeeding cohort of students. This will delay graduation by one year. A student who is allowed to repeat one or more courses may also be required to audit one or more other program courses, even if these courses were already passed, because of the interruption in program progression caused by not being able to progress to clinical education due to academic probation status. As an alternative to retaking selected courses, students may have the option of taking an independent study course to address learning challenges and help raise GPA above the probation benchmark.
11. To ensure student confidentiality in the issuing of grades, grades will not be posted in public. Instead, they are posted under the course name on the New York Medical College learning management system. Students have access to their grades only on this site and on their transcripts.
12. All questions regarding examination and course project grading should be addressed privately and directly through a meeting with the student and the course director.
13. To ensure student confidentiality in the issuing of grades, grades will not be posted in public. Instead, they are posted under the course name on the New York Medical College learning management system. Students have access to their grades only on this site and on their transcripts.
14. All questions regarding examination and course project grading should be addressed privately and directly through a meeting with the student and the course director.
15. A course evaluation is used in all department courses and is considered to be a required component of a course. (The evaluations will protect student anonymity, but the submission of evaluations by students is tracked to ensure adherence.) Students will have access to an online course evaluation toward the end of a course or PBL component. It is due following the final graded activity.
16. It is the academic policy of New York Medical College that a student must have a cumulative grade point average of 3.00 or higher in order to graduate.

Remediation Procedures for the Program of Physical Therapy

If a student scores less than 70% on a written exam, they will contact the professor within three days of receiving their grade, to discuss what contributed to their poor grade and discuss strategies to implement that may improve their performance. The student may be required to complete a written and/or verbal remediation, as determined by the professor. The student will also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student scores less than 70% on a practical exam, they will contact the professor within three days of receiving their grade, to discuss what contributed to their poor grade and discuss strategies to implement that may improve their performance. The student will be required to retake the practical exam. They may re-take the exam up to two times to achieve a passing score. The maximum allowable score following a successful retake is 70. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student scores less than 70% on an oral exam, they will contact the professor within three days of receiving their grade, to discuss what contributed to their poor grade and discuss strategies to implement that may improve their performance. The student may be required to complete a written and/or verbal remediation, as determined by the professor. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student received a Tutor Warning Note during one of the PBL courses, the student will contact their tutor and professional development advisor within three days to discuss what contributed to receiving the warning note and discuss strategies to implement that may improve their performance. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student struggles with a clinical education course, as documented by a learning contract and/or a failure in a course, the student will work with their Clinical Instructor and/or the Director (or Assistant Director) of Clinical Education to discuss what contributed to their struggles and discuss strategies to implement that may improve their performance. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their clinical performance.

If a student's GPA dips below 3.0 and they are placed on academic warning or academic probation, the student will meet with their professional development advisor to develop a plan for raising their GPA. As part of the plan, the student may be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

*Referral to OSAS may be directly from the faculty person to OSAS without specific communication between the faculty and student.



NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

School of Health Sciences and Practice

POLICY ON SATISFACTORY ACADEMIC PROGRESS

Dated: March 13, 2024

Supersedes: Policy on Satisfactory Academic Progress dated July 13, 2016

Last Review: March 13, 2024

I. PURPOSE

To establish guidelines for documenting student academic progress and standing in the New York Medical College (“NYMC”) School of Health Sciences and Practice (“SHSP”).

II. POLICY

It is the policy of the SHSP that students are required to maintain Satisfactory Academic Progress (SAP) toward a degree at all times across four (4) components.

III. SCOPE

This policy applies to all students in SHSP.

IV. PROCEDURES

- A. General Satisfactory Academic Progress
 1. A Grade Point Average (“GPA”) that meets or exceeds the defined graduation standard of 3.0
 2. A Satisfactory Grade Point Average for good academic standing is a “B” average as represented by an overall GPA of 3.0 or above
 3. Students pursuing the MPH degree must also achieve a minimum grade of “B” in program core and required courses.
 4. Courses in which a grade of “B” is not attained may have to be repeated at the discretion of the department chair/division chief.
 5. Satisfactory completion of all clinical education requirements - Satisfactory completion of clinical education requirements require students to achieve a passing grade or a GPA of 3.00 or above, depending on their program, in all clinical education requirements.

- B. Adherence to the Student Code of Academic Integrity and Professionalism in all settings (classroom, clinic, practicum sites, office and laboratories).
 - 1. Adherence to professional conduct standards requires students to comply with the Student Code of Academic Integrity and Professionalism and the applicable Professional Code of Ethics and/or Scope of Practice.
- C. Timely fulfillment of degree requirements
 - 1. Timely fulfillment of degree requirements requires completion of degree requirements within the stated time limits, maintenance of continuous enrollment and enrollment in the courses needed for graduation. These time limits are:
 - a. MPH – five (5) years
 - b. DrPH – eight (8) years beyond the Master’s degree
 - c. DPT – three (3) years
 - d. MS, SLP - two (2) years
 - 2. Under extraordinary circumstances, an extension of time limits to fulfill degree requirements may be granted by the Dean upon recommendation of the Vice Dean.
 - 3. A student who meets all components is said to be in Good Academic Standing. Students must be in good academic standing to continue their studies and receive a degree.
- D. Public Health/Bioethics
 - 1. Students who do not achieve a minimum grade of B in the program core courses or required courses will be evaluated individually by the department chair for competency in order to determine future progress in the program.
 - a. A student may be required to re-take any course(s) in which the minimum grade was not achieved.
 - b. Students are only allowed to re-take a course one (1) time.
 - c. If a student does not obtain the minimum required grade of a B upon retaking a course, that student will not be eligible to continue in that MPH concentration or DrPH degree.
 - 2. Academic Warning: a student may be placed in warning status for any of the following:
 - a. The student's GPA falls below 3.00 but remains at 2.8 or above.
 - b. The student receives a grade of W (Withdrawn) or WF (Withdrawn Failing) in half or more of the credits originally attempted in that semester or in one (1) of the core or required program courses.
 - c. The student obtains an incomplete grade or withdraws from a course that he or she is repeating in which he or she has previously received a grade of Inc (Incomplete) or W.
 - d. The student withdraws from or receives an incomplete in a course and subsequently fails the same course.

- e. The student maintains a GPA that qualifies for good academic standing but is failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and benchmarks, including those relating to Practicum.
 - f. A student who has been placed into warning status will be notified by the Vice Dean by mail.
 - i. This letter will instruct the student to consult with the department to determine what steps must be taken to regain good academic standing.
 - ii. The student will be required to consult with his/her department chair for appropriate course selections and other strategies to rectify their academic deficiency.
 - iii. The student may continue to receive Title IV aid.
 - g. Students who have been in warning status for two (2) active semesters and who have failed to achieve a GPA of 3.0 will be placed on academic probation.
 - h. A student who maintains a GPA that qualifies for good academic standing, but who is currently in warning status for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues in one active subsequent semester will also be placed on academic probation.
3. Academic Probation: a student will be placed on academic probation if his/her cumulative GPA falls below 2.8.
- a. A student placed on academic probation will be notified by the Vice Dean by email.
 - i. This letter will instruct the student to consult with his/her department chair to determine what steps must be taken to regain good academic standing.
 - ii. The student will be required to consult with his/her department chair for appropriate course selections and other strategies to rectify the academic deficiency.
 - b. Students on academic probation will be allowed two (2) active semesters to demonstrate improvement and restore themselves to either academic warning or good academic standing.

- c. If the student has not improved his or her cumulative GPA to at least above the probation threshold by the end of two (2) academic semesters, the student will be dismissed. If the cumulative GPA has been restored to above the probation threshold but is still below 3.00 at the end of two (2) academic semesters, the likelihood that the student will be able to graduate within the required time frame will be re-assessed and a decision to continue the student in warning status or to dismiss the student will be made.
 - d. A student who maintains a GPA that qualifies for good academic standing, but who is currently on academic probation for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues within a year will be dismissed.
 - e. Any student placed on probation may continue to receive Title IV aid for the first such semester or payment period while in this status.
 - i. Students who remain in probation status for subsequent semesters, however, will not be eligible to receive Title IV aid for those subsequent semesters or payment periods.
 - ii. Reclassification to warning status during the probation period may be considered as a sign of adequate progress towards restoration of good academic standing, as outlined in the terms of the individual student's probation and will restore the student's eligibility for Title IV aid dependent upon other factors such as financial need and enrollment status.
4. Dismissal: a student may be dismissed for failing to maintain satisfactory academic progress. Dismissal will also result if one (1) or more of the following are met: a student fails a course he or she is repeating after a prior failing grade, a student fails any two (2) courses in the curriculum, or a student fails two (2) consecutive courses.
- a. Any student who has been dismissed will be notified by the Vice Dean by mail. The letter will advise the student of the right to appeal and the deadline for submitting a request for an appeal. Dismissal will become effective four weeks from the date of the letter.
 - b. Any appeal of dismissal should be directed to the Vice Dean and must be post-marked no later than ten (10) business days after the date of the dismissal letter.
 - i. The appeal must be in writing and must detail the basis for challenging the finding of facts and/or the sanctions imposed.
 - ii. The Vice Dean will appoint and convene an *ad hoc* Faculty Committee within ten (10) business days of the receipt of the appeal letter to review all material.

- iii. The student shall be notified of the date, time and place of the Committee meeting at which the student shall have the right to appear.
 - iv. Legal representation is not permitted at this meeting. In the event that the student fails to attend without cause, the Committee shall proceed in his/her absence.
 - v. The Committee will present its findings and recommendation to the Vice Dean who will notify the student about the outcome of the appeal within ten (10) business days of the meeting, with a copy of the notification letter to the Dean.
 - vi. The student shall have the right to appeal the decision of the Committee by submitting a letter directly to the Dean within ten (10) business days of receipt of the decision of the Committee.
 - vii. The Dean shall review all relevant material and issue his decision within ten (10) business days from the date of receipt of the student's letter.
 - viii. This resolution is final.
- c. A student who is dismissed will not be readmitted,
5. Frequency of Monitoring: academic progress is reviewed by the department chair and the Vice Dean and is documented and reported to the Dean at a minimum at the end of each semester in which the student is enrolled or upon a student's returning from leave of absence.

E. Speech-Language Pathology

- 1. Academic Warning: A student will be placed in warning status if the overall GPA falls between 2.70 and 3.0 at the end of the first fall semester.
 - a. Students on academic warning status will not be allowed to continue in practicum during the warning period.
 - b. Students who pass a course with a grade of C or C- or who do not demonstrate mastery of course-related knowledge and skills will be required to successfully complete an academic remediation plan.
 - c. The plan will be developed by the faculty member and student and approved by the department chair/division chief.
 - d. A student who has been placed into warning status will be notified by the Vice Dean by mail.
 - e. This letter will instruct the student to consult with the division chief to determine what steps must be taken to regain good academic standing.
 - f. The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify their academic deficiency.
 - g. The student may continue to receive Title IV aid.

2. Academic Probation: A student will be placed on academic probation if the overall GPA falls below 2.70 at the end of the first *fall* semester or if the overall GPA falls below 3.0 at the end of the first spring, first summer, or second fall semesters.
 - a. Students on academic probation will not be allowed to continue in practicum during the probation period and will be required to successfully complete an academic remediation plan.
 - b. The plan will be developed by the faculty member(s) and student and approved by the division chief. Students on academic probation at the end of first spring, first summer, or second fall semesters may be dismissed from the program.
 - c. A student placed on academic probation will be notified by the Vice Dean by email.
 - i. This letter will instruct the student to consult with his/her division chief to determine what steps must be taken to regain good academic standing.
 - ii. The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify the academic deficiency.
3. Clinical Probation: Students are enrolled in clinical practica each semester and are expected to progress through their clinical work meeting or exceeding minimum performance levels for successive clinical placements.
 - a. Students who receive a grade of B- in a clinical practicum will be placed on probation and will be required to repeat the practicum.
 - b. Students on clinical probation will be required to successfully complete a Clinic Remediation Plan.
 - c. The plan will be written to provide specific goals and objectives for clinical knowledge and skills that must be demonstrated during the remediation semester.
 - d. The formal plan will be developed with the clinical education director, appropriate clinical educator(s), and the student and approved by the division chief.
 - e. If, at the end of the repeated practicum, the student receives a B- or below, that student will be dismissed from the program.
 - f. A student placed on clinical probation will be notified by the Vice Dean by mail.
 - i. This letter will instruct the student to consult with his/her division chief to determine what steps must be taken to regain good academic standing.
 - ii. The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify the academic deficiency.

- g. A student will not be certified for graduation from the program if, in the opinion of the faculty, the student does not demonstrate acceptable clinical skills.
 - i. The student may be permitted to enroll in one (1) additional clinical practicum in order to demonstrate a level of clinical knowledge and skills acceptable to the faculty.
 - ii. Failure to demonstrate acceptable clinical knowledge and skills during the additional practicum experience will result in dismissal from the program.
4. Any student placed on academic or clinical probation may continue to receive Title IV aid for the first such semester or payment period while in this status.
 - a. Students who remain in probation status for subsequent semesters, however, will not be eligible to receive Title IV aid for those subsequent semesters or payment periods.
 - b. Reclassification to warning status during the probation period may be considered as a sign of adequate progress towards restoration of good academic standing, as outlined in the terms of the individual student's probation, and will restore the student's eligibility for Title IV aid dependent upon other factors such as financial need and enrollment status.
 5. Dismissal: If a student fails a required course in the speech-language pathology curriculum, he or she will be dismissed from the program unless able to demonstrate that the failure was not part of a pattern of poor academic performance in academic courses.
 - a. If allowed to continue (by approval of the faculty of the Department of Speech-Language Pathology), the student may be granted a one-year leave of absence, subject to approval by the division chief and the Dean and resume the program the next time the failed course is offered.
 - b. If the leave of absence is approved, the student will, upon returning, enroll in only the previously failed course and will be considered to be in academic probation status (see above).
 - c. The student will not participate in clinical activities while remediating the failed course. The student will not be eligible to graduate until the clinical experience deficit is made-up.
 - d. If a student fails a second, different course after successfully completing a course remediation, that student will be dismissed from the program.
 - e. If a student fails two (2) or more courses in a semester, that student will be dismissed from the program.
 - f. Students who fail a clinical practicum (grade of "C" or lower) may be dismissed from the program depending upon the consideration of the division chief.
 - g. A student may be dismissed for failing to maintain satisfactory academic/clinical progress.

- h. Any student who has been dismissed will be notified by the Vice Dean by mail. The letter will advise the student of the right to appeal and the deadline for submitting a request for an appeal. Dismissal will become effective four (4) weeks from the date of the letter.
 - i. A student who is dismissed will not be readmitted,
2. Frequency of Monitoring: Academic and clinical progress is reviewed by the division chief and the Vice Dean, documented and reported to the Dean at a minimum at the end of each semester in which the student is enrolled, or upon a student's returning from leave of absence.
 3. Appeal: Any appeal of dismissal should be directed to the Vice Dean and must be post-marked no later than ten (10) business days after the date of the dismissal letter.
 - a. The appeal must be in writing and must detail the basis for challenging the finding of facts and/or the sanctions imposed.
 - b. The Vice Dean will appoint and convene an *ad hoc* Faculty Committee within ten (10) business days of the receipt of the appeal letter to review all material.
 - c. The student shall be notified of the date, time and place of the Committee meeting at which the student shall have the right to appear.
 - d. Legal representation is not permitted at this meeting. In the event that the student fails to attend without cause, the Committee shall proceed in his/her absence.
 - e. The Committee will present its findings and recommendation to the Vice Dean who will notify the student about the outcome of the appeal within ten (10) business days of the meeting, with a copy of the notification letter to the Dean.
 - f. The student shall have the right to appeal the decision of the Committee by submitting a letter directly to the Dean within ten (10) business days of receipt of the decision of the Committee.
 - i. The Dean shall review all of the relevant material and issue his decision within ten (10) business days from the date of receipt of the student's letter.
 - ii. This resolution is final.

F. Physical Therapy

1. Academic Warning: A student will be placed in warning status if one or more of the following are met:
 - a. The overall GPA falls between 2.67 and 3.0 from the fall semester of year 1 through the end of year 2.
 - b. The student does not attain the expected level of accomplishment in professional development behaviors by the expected timeframe, as defined in the Professional Behaviors for the 21st Century section of the Physical Therapy Student Handbook.

- c. A student who has been placed into warning status will be notified by the Vice Dean by email.
 - a. This letter will instruct the student to consult with the division chief to determine what steps must be taken to regain good academic standing.
 - b. The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify their academic deficiency.
 - c. The student may continue to receive Title IV aid.
 - d. Students who have been in warning status for two active consecutive semesters and who have failed to make adequate progress towards rectifying their academic deficiencies will be placed on academic probation. Adequate progress will be determined in relation to the timelines criteria specified in the student letter.
 - e. A student who maintains a GPA that qualifies for good academic standing, but who is currently in warning status for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues in two active subsequent semesters will also be placed on academic probation.
2. Academic Probation: A student will be placed on academic probation if one or more of the following are met:
- a. The GPA falls below 2.67 from the fall semester of year 1 through the end of year 2; or if the GPA falls below 3.0 during year 3.
 - b. A student fails a single didactic or clinical education course. Permission to repeat a course will be contingent upon approval of the faculty, who will thoroughly review the student's academic performance.
 - c. The student does not attain the expected level of accomplishment in professional development behavior by the required timeframe, as defined in the Professional Behaviors for the 21st Century section of the Physical Therapy Student Handbook.

- d. A student placed on academic probation will be notified by the Vice Dean by mail.
 - i. This letter will instruct the student to consult with his/her division chief to determine what steps must be taken to regain good academic standing.
 - ii. The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify the academic deficiency.
- e. Students on academic probation will be allowed one academic year to rectify the academic deficiencies in their record and restore themselves to good academic standing.
- f. If the student has not improved his or her cumulative GPA to at least above the probation threshold by the end of one academic year, the student will be dismissed. If the cumulative GPA has been restored to above the probation threshold but is still below 3.00 at the end of one academic year, the likelihood that the student will be able to graduate within the required time frame will be re-assessed and a decision to continue the student in warning status or to dismiss the student will be made.
- g. A student who maintains a GPA that qualifies for good academic standing, but who is currently on academic probation for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues within a year will be dismissed.
- h. Any student placed on probation may continue to receive Title IV aid for the first such semester or payment period while in this status. Students who remain in probation status for subsequent semesters, however, will not be eligible to receive Title IV aid for those subsequent semesters or payment periods.
- i. Reclassification to warning status during the probation period may be considered as a sign of adequate progress towards restoration of good academic standing, as outlined in the terms of the individual student's probation, and will restore the student's eligibility for Title IV aid dependent upon other factors such as financial need and enrollment status.
- j. Physical therapy students who are on academic probation will not be allowed to progress onto the Clinical Education components of the program. However, *if* the failure of a clinical education course was the reason for being placed on academic probation, the student may be allowed to repeat the course, contingent upon the approval of the faculty.

3. Clinical Probation: In addition to achieving acceptable levels of academic performance, a student must attain acceptable clinical skills. Students are enrolled in clinical education courses in the second and third years of the program. To pass each clinical education course students are required to meet or exceed specific levels of clinical performance. Minimum passing levels are determined by the program faculty.
 - a. Students who do not meet minimum levels of clinical and professional performance in a clinical education course will receive a grade of "Fail". Such students may be allowed to repeat the course, contingent upon approval of the faculty, who will thoroughly review the academic and clinical performance of students.
 - b. Students who are re-taking a clinical education course will be placed on probation until the course is passed.
 - c. Students who fail the same clinical education course twice, or who fail any two clinical education courses, will be dismissed from the program.
 - d. A student placed on clinical probation will be notified by the Vice Dean by email.
 - i. This letter will instruct the student to consult with his/her division chief to determine what steps must be taken to regain good academic standing.
 - ii. The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify the academic deficiency.
4. Dismissal: A student may be dismissed for failing to maintain satisfactory academic progress.
 - a. Dismissal may result if one or more of the following are met:
 - i. A student fails a single course and does not receive faculty approval to repeat the course.
 - ii. A student fails a course he or she is repeating.
 - iii. A student fails any two courses in the curriculum.
 - iv. A student fails to attain the required level of accomplishment in professional development behavior for two active consecutive semesters.

- b. Any student who has been dismissed will be notified by the Vice Dean by mail.
 - i. The letter will advise the student of the right to appeal and the deadline for submitting a request for an appeal.
 - ii. Dismissal will become effective four weeks from the date of the letter.
- 5. Frequency of Monitoring: Academic progress is reviewed by the division chief and the Vice Dean, documented and reported to the Dean at a minimum at the end of each semester in which the student is enrolled, or upon a student's returning from leave of absence.
- 6. Appeal: Any appeal of dismissal should be directed to the Vice Dean and must be post-marked no later than ten (10) business days after the date of the dismissal letter.
 - a. The appeal must be in writing and must detail the basis for challenging the finding of facts and/or the sanctions imposed.
 - b. The Vice Dean will appoint and convene an *ad hoc* Faculty Committee within ten (10) business days of the receipt of the appeal letter to review all material.
 - c. The student shall be notified of the date, time and place of the Committee meeting at which the student shall have the right to appear.
 - d. Legal representation is not permitted at this meeting.
 - e. If the student fails to attend without cause, the Committee shall proceed in his/her absence.
 - f. The Committee will present its findings and recommendation to the Vice Dean who will notify the student about the outcome of the appeal within ten (10) business days of the meeting, with a copy of the notification letter to the Dean.
 - g. The student shall have the right to appeal the decision of the Committee by submitting a letter directly to the Dean within ten (10) business days of receipt of the decision of the Committee.
 - h. The Dean shall review all of the relevant material and issue his decision within ten (10) business days from the date of receipt of the student's letter. This resolution is final.

V. EFFECTIVE DATE

This policy shall be effective immediately.

VI. POLICY MANAGEMENT

Executive Stakeholder: Dean, School of Health Sciences and Practice Oversight Office:
Dean's Office, School of Health Sciences and Practice

Notification of Students in Academic Warning, Probation, Return to Good Academic Standing, and Dismissal

Policy:

All students are formally notified of changes in their academic standing by the Vice Dean of the School of Health Sciences and Practice.

Procedure:

The Vice Dean of the School of Health Sciences and Practice receives a grade report of all students at the end of each semester. In accordance with the Policy on Satisfactory Academic Progress, the Vice Dean notifies students by letter of a change in their academic status. The procedures associated with a change in academic status are found in the Policy on Satisfactory Academic Progress, located on the School of Health Sciences and Practice webpage under the section on Academic Regulations.

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DATE:

Dear

Attached is a copy of your Satisfactory Academic Progress Plan that we discussed in our meeting on _____. As agreed, our next meeting date to discuss your academic progress is _____. An end of the semester meeting will take place on _____. Please contact me as your Professional Development Advisor before then if you have any questions.

Discussed with the student had ample opportunity to ask questions on the date indicated below.

_____	_____
Student	Date

_____	_____
Professional Development Advisor	Date

Satisfactory Academic Progress Plan for Warning Status

Issue	Goal	Strategy(ies)	Achieved
SAP Policy	Review SHSP Policy & Procedure Satisfactory Academic Progress	Access SAP Policy & Procedure at: https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/PolicyonSatisfactoryAcademicProgressintheSchoolofHealthScienceandPractice9.7.16.pdf.pdf	
GPA	Achieve \geq 3.0 <i>cumulative</i> GPA by the end of this semester	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	

Planned Meeting Dates with Professional Development Advisor: _____.

Additional meetings will take place as needed.

This plan was discussed and the student had ample opportunity to ask questions on the date indicated below.

Student Date

Professional Development Advisor Date

Chief, Division of Physical Therapy Date

DATE:

Dear **Student**:

Attached is a copy of your Satisfactory Academic Progress Plan that we discussed in our meeting on _____. As agreed, our next meeting date to discuss your academic progress is _____. An end of the semester meeting will take place on _____. Please contact me as your Professional Development Advisor before then if you have any questions.

Discussed with the student had ample opportunity to ask questions on the date indicated below.

_____	_____
Student	Date

_____	_____
Professional Development Advisor	Date

Satisfactory Academic Progress Plan for Probation Status

Issue	Goal	Strategy(ies)	Achieved
SAP Policy	Review SHSP Policy & Procedure Satisfactory Academic Progress	Access SAP Policy & Procedure at: http://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/PolicyonSatisfactoryAcademicProgressintheSchoolofHealthScienceandPractice9.7.16.pdf.pdf	
GPA	Achieve \geq 2.67 <i>cumulative</i> GPA by 1 semester	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	
GPA	Achieve \geq 3.0 <i>cumulative</i> GPA by 3 semesters	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	
GPA	Achieve \geq 3.0 <i>semester</i> GPA x 3 semesters	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	
Generic Abilities	Achieve required level by 1 semester		

Planned Meeting Dates with Professional Development Advisor: _____; _____.

Additional meetings will take place as needed.

This plan was discussed and the student had ample opportunity to ask questions on the date indicated below.

_____	_____
Student	Date

_____	_____
Professional Development Advisor	Date

_____	_____
Chief, Division of Physical Therapy	Date

Maintaining Compliance with the Commission on Accreditation in Physical Therapy Education (CAPTE) Accreditation Policies

Policy:

The Doctor of Physical Therapy program is in compliance with all policies of the Commission on Accreditation in Physical Therapy Education (CAPTE).

Procedure:

As stated in the School of Health Sciences and Practice Bylaws, the duties of the program director include administrative leadership of the division. This duty includes maintaining the accreditation status of the Doctor of Physical Therapy program. The program director is aware of all CAPTE accreditation policies, monitors program activities, and ensures that the Doctor of Physical Therapy program maintains its compliance with all CAPTE policies.

Class Sizes

Policy:

The Doctor of Physical Therapy program classes are maintained at a size appropriate for the resources of the institution, school, and department and in accordance with the policies of the Commission on Accreditation in Physical Therapy Education.

Procedure:

The Doctor of Physical Therapy program admissions goal and incoming class size is set each year in collaboration with the institution's administration, the Dean of the school, and the School Office of Enrollment Management. Applicants are informed of the expected class size on the New York Medical College program page of the Physical Therapy Centralized Application Service (PTCAS), and at the time of their interview day visit at NYMC. A rolling admission process is used to prevent over enrollment:

1. During the interview day visit, applicants are informed that if accepted, their seat in the class is NOT reserved until we have received their deposit.
2. At the same time, applicants are informed of the intended class size for that year and are told that deposits will be accepted only up to the intended class size.
3. Applicants are informed that if their deposit is received after the class size is met, they have the option of having their deposit returned or they may request to be placed on a waiting list in case a deposit that has already been received is forfeited.
4. In these conversations, it is stressed that applicants should not submit a deposit until they are sure they want to attend. The difficulties caused by forfeited deposits - not only to the program, but to other applicants, are explained.
5. The acceptance letter includes very specific language, reiterating the policy of not reserving a spot in the class until a deposit has been received.
6. This language is confirmed on the student enrollment form, which students sign and return.
7. Daily deposit reports, which include date and time of deposit, are monitored carefully. Updates including the current number of deposits are sent to stakeholders in the enrollment process.
8. Each student submitting a deposit is sent an email, acknowledging the deposit and congratulating them on choosing NYMC.
9. The PTCAS-supplied list of students who have submitted deposits to multiple programs is closely monitored. If a student who has already sent a deposit to the program appears, the student is contacted immediately and asked to clarify their status with the program.
10. If a student decides to forfeit a deposit, the admissions committee reviews its list of qualified candidates and offers an alternate student an admission spot.

Handling Complaints Regarding the Division of Physical Therapy

Policy:

All formal complaints regarding the Division of Physical Therapy are recorded, analyzed, and appropriate actions are taken.

Procedure:

All formal complaints regarding the Division of Physical Therapy are forwarded to the division chief through the involved parties. The division chief speaks with the involved parties individually to gather pertinent data on the complaint from different perspectives. Once the facts of the complaint are gathered, the division chief calls a meeting of all involved parties to discuss the complaint, the actions to be taken, and goals for resolution of the problem underlying the complaint. Informal student complaints are handled between the Professional Development faculty advisor and division chief. Informal clinical site complaints are managed by the Director(s) of Clinical Education who will inform the division chief of the situation. The division chief maintains a record of all complaints received, an analysis of the basis and substance of the complaints, a summary of actions taken, and the degree to which the issues underlying the complaints are resolved.

Reports to the Commission on Accreditation in Physical Therapy Education (CAPTE)

Policy:

Students in the program and other stakeholders may register a signed, written complaint to the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association.

Procedure:

CAPTE requires a complainant to exhaust institutional grievance and review mechanisms prior to forwarding any complaint to CAPTE, and to include evidence of this in the complaint materials. CAPTE will not intervene on behalf of individuals or act as a court of appeal for students. CAPTE will take action only when it believes practices or conditions indicate the program may not be in substantial compliance with the Evaluative Criteria for Accreditation or CAPTE's Statement on Academic Integrity in Accreditation. A copy of these documents may be obtained by contacting the Department of Accreditation of the American Physical Therapy Association.

Student Acknowledgment of Reading of the Division of Physical Therapy
DPT Student Handbook and Understanding of the Division of Physical Therapy
Regulations and Policies

**Student Acknowledgment of
Reading of the Division of Physical Therapy Student Handbook and
Understanding of the Division of Physical Therapy Regulations and Policies**

I, _____ acknowledge that I have read all sections of the
(printed student name)

Division of Physical Therapy Student Handbook, the related links and documents identified in the Student Handbook, and fully understand the regulations and policies of the Division of Physical Therapy.

I have been offered the opportunity to speak with the Division Chief to clarify any areas of the Division of Physical Therapy Student Handbook and regulations and policies of the Division of Physical Therapy that were unclear to me.

I agree to abide by all regulations and policies of the Division of Physical Therapy and understand the academic and administrative consequences should I not do so.

(Student Signature)

(Date)