University of Michigan-Flint
College of Health Sciences
Physical Therapy Department

Professional DPT Student Handbook
2019-2020

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Flint, MI 48502-1950
Phone: (810) 762-3373
Fax: (810) 766-6668
Useful Links

University of Michigan-Flint
- UM-F Mission & Vision Statements
- UM-F Residency Requirements
- UM-F Student’s Rights, Responsibilities, and Policies

College of Health Sciences (CHS)
- CHS Mission Statement
- CHS Home Page
- CHS Student Appeals & Academic Standards Policies

Physical Therapy Department (PTD)
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- PTD Physical Therapy Department Faculty
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Student Services and Campus Support

Information Technology Services (ITS) .......................................................... https://www.umflint.edu/its
Office of Extended Learning (Blackboard) ..................................................... http://www.umflint.edu/oel/
Department of Public Safety ......................................................................... http://www.umflint.edu/safety/
Inclement Weather Policy......................................http://www.umflint.edu/safety/personalsafety/weather.htm
Marian E. Wright Writing Center.............................................................http://www.umflint.edu/writingcenter/
Student Success Center – Academic Advising........................................http://www.umflint.edu/advising/
  Tutoring...............................https://www.umflint.edu/tutoring/student-success-center-tutoring
  Counseling Services...............http://www.umflint.edu/caps/counseling_services.htm
  Accessibility Services............http://www.umflint.edu/caps/accessibility_services.htm
Ellen Bommarito LGBTQ Center.............................................................http://www.umflint.edu/lgbt/
Women’s Educational Center...............................................................http://www.umflint.edu/wec/
International Center..............................................................................http://www.umflint.edu/international/
Student Government.................................................................http://www.umflint.edu/sgc/
Early Childhood Development Center (ECDC).....................................http://www.umflint.edu/ecdc/
Office of the Ombuds............................................................................https://www.umflint.edu/dsa/ombuds.htm
Thompson Library..................................................................................http://libguides.umflint.edu/library
University of Michigan – Flint
Mission Statement
The University of Michigan – Flint is a comprehensive urban university of diverse learners and scholars committed to advancing our local and global communities. In the University of Michigan tradition, we value excellence in teaching, learning, and scholarship; student centeredness; and engaged citizenship. Through personal attention and dedicated faculty and staff, our students become leaders and best in their fields, professions, and communities.

University of Michigan – Flint
Vision Statement
Engaging Minds, Preparing Leaders through Academic Excellence, Student Centeredness, and Engaged Citizenship

University of Michigan – Flint
College of Health Sciences
Mission Statement
The mission of the College of Health Sciences is to educate students to the highest standard in health professions. We are dedicated to excellence and creativity in teaching, scholarship, practice, and service. Our commitment to community and professional service is enabled through campus-community partnerships, outreach initiatives, and interdisciplinary collaboration. We strive to provide the highest quality culturally appropriate health care services, health promotion, and disease prevention services while contributing to the knowledge base of professional practice.

American Physical Therapy Association
Vision Statement
Transforming society by optimizing movement to improve the human experience.

University of Michigan – Flint Physical Therapy Department
Mission Statement
The University of Michigan – Flint is a comprehensive urban university of diverse learners and scholars committed to advancing our local and global communities. In the University of Michigan tradition, we value excellence in teaching, learning, and scholarship; student centeredness; and engaged citizenship. Through personal attention and dedicated faculty and staff, our students become leaders and best in their fields, professions, and communities.

Our work is guided by the following principles:

- Act with professional and ethical responsibility.
- Foster environments for collaboration, diversity, service, and accountability.
- Act with caring and compassion.
- Support and reward excellence and innovation.
- Create competencies for lifelong learning.
- Use evidence-based decision making in all physical therapist practice.
- Advocate for patient-centered care, access and equity.
- Service to benefit our community and our profession.
University of Michigan – Flint Doctor of Physical Therapy Program

Mission Statement
The mission of the University of Michigan-Flint Doctor of Physical Therapy program is to educate students to become competent physical therapists through engagement in evidence-based practice, scholarship, and community service, thereby enhancing the health and well-being of the public.

The goal of the PT Program is to:
- Prepare students to be competent entry level physical therapy practitioners.
- Employ faculty who exemplify excellence in teaching, scholarship, and service.
- Develop and sustain the necessary infrastructure and resources to support the mission of the program and achieve the education, scholarship, and service goals of the program.

Accreditation Status
The University of Michigan – Flint is accredited by the Higher Learning Commission of the North Central Accreditation of Colleges and Schools. Accreditation was renewed in 2010.

The Doctor of Physical Therapy Program at the University of Michigan – Flint is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org.

CAPTE is the only accreditation agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) to accredit entry-level physical therapist programs.

The University of Michigan – Flint, Department of Physical Therapy offers other post-professional physical therapy degrees (PhD, tDPT) and graduate certificate programs. CAPTE does not accredit any physical therapy programs other than entry-level Doctor of Physical Therapy programs.

University of Michigan – Flint Physical Therapy Department
Curricular Plan for the DPT Program

I. Philosophy, Values, and Principles

Introduction
The philosophy of physical therapy education that forms the basis of action for the faculty of the Physical Therapy Professional Preparation DPT Program (hereafter called “DPT”) is built on values relative to
professional practice, health and illness, and relationship of human beings to present and future society. The DPT belongs to the profession of physical therapy and is sponsored by the University. The values, culture, and mores of the Physical Therapy Department and the DPT emanate from the profession. However, structural elements of the curriculum are congruent with university requirements. Membership and participation in the American Physical Therapy Association and its components is expected of faculty and strongly encouraged for students. Members of the profession support the DPT through provision of instructional support for lectures/labs on specific modules within the curriculum and provision of clinical education.

Belief in the dignity of human beings and their natural right to fulfill their potential in life is the foundation upon which all health professions are built. Preservation and/or restoration of a person’s dignity and health are the basic tenet of the practice of the health professions. Within this principle are the concepts that a person is a social being and one’s health is a state of well-being relative to his interdependent relationships between self, family, and community. Persons enter the practice of the health professions to express themselves in service to those whose well-being is either threatened or altered by illness, injury, or natural processes.

Physical therapy seeks to promote and restore health through implementation of preventive and therapeutic programs based on evaluation of body system functions relative to body movement. The physical therapist as the practitioner of physical therapy must be prepared to function as a distinct health professional in interaction with other health personnel. Continued pursuit of excellence in physical therapy education prepares an individual to integrate social, behavioral, and biological sciences essential to fulfilling the role of a physical therapy practitioner.

The intent of the faculty is to prepare a person to become “physical therapists who are doctors of physical therapy, recognized by consumers and other healthcare professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function and health.”

The practitioner is defined as a provider of physical therapy services who is capable of establishing and achieving preventive and therapeutic goals for individuals, groups, and communities that include but are not limited to client examination, evaluation, diagnosis, prognosis, and implementation of appropriate therapeutic interventions to maintain, improve, adapt and/or restore body systems relative to physical function. Implicit in this role of competencies is application of principles and practices of psycho-social factors related to health, the teaching-learning process, leadership, interpersonal and group dynamics, community awareness, and advocacy within a culturally diverse community. In fulfilling this role in the health care system, the physical therapist will be more effective if he/she is committed to the helping process and to accepting responsibility for his/her actions as they relate to others.

The model of the relationship among the faculty and between students and faculty in the didactic portion of the professional DPT is based upon a junior and senior collegial model. The collegial model is predicated on the assumption that physical therapy students are not preparing to enter the profession of physical therapy; they have entered it. Only under extraordinary circumstances is their entrance reversed by the faculty who has assumed this responsibility by virtue of their commitment to the profession. Among the key elements of this model are:

- Responsible and accountable productive personal and professional behavior
- Promotion of equal status among faculty, staff, and students
• Use of communication rather than authority strategies to modify behavior
• Expressed appreciation of each individual’s uniqueness and their individually defined strengths and weaknesses to enable mutual nurturing and to mediate productive interactions
• Time variable, performance constant model based on individual student needs and capacity
• Faculty governance model in which the director serves as an agent of the Physical Therapy faculty and staff

It is expected that academic and clinical faculty will recognize that, to the degree that a collegial model can be established and fostered in their setting, productive attitudes toward present and future learning and professional performance will occur and the joint efforts of the academic and clinical faculty will be productive.

Scope of Practice
Physical therapy educational programs have the responsibility both to lead and follow the profession. In keeping with this perspective, the professional DPT curriculum is designed to prepare students to practice at a level of practice currently associated with legal practice in the state of Michigan and CAPTE Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, Normative Model of Physical Therapist Professional Education, and the Guide to Physical Therapist Practice. The concept of diagnosis, as defined in the Guide to Physical Therapist Practice, is within the scope of physical therapy practice and is included in the curriculum. Education on diagnosis contributes to the capacity of graduates to develop the competency to be primary care providers and to recognize the type of conditions appropriate for evaluation and the circumstances under which to make appropriate keep-refer decisions.

II. Expected Student Outcomes
The APTA Minimum Required Skills of Physical Therapist Graduates At Entry-level (BOD P11-05-20-49) was published in December 2005 describing the minimum set of required skills that every graduate from a professional physical therapist program can competently perform in clinical practice. These minimum required skills are the take off point for the unique expectations by which the DPT program at UM-Flint defines its student expectations.

Expectations for student performance in the DPT curriculum progress across courses, semesters and years from lower to higher levels of the Bloom’s Taxonomy in the cognitive, psychomotor, and affective domains as students’ progress through the three year curriculum. Biological foundational science, clinical science, foundational procedure and technique, and professional practice courses are all taught from concept to example. Behavioral foundational science and the one capstone course are taught from example to concept.

A. Professional Practice Expectations
Professional practice expectations within the DPT encompass the core values of the profession (APTA Code of Ethics, APTA Standards of Practice and APTA Professional Core Values, 2010): accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Core values are modeled by the faculty in their interactions with students and with others, both inside and outside the classroom. Development of appropriate professional behaviors to achieve these professional practice expectations is facilitated in both professional and personal experiences. Components of expected professional behaviors are threaded throughout the foundational behavioral science, clinical education, service learning and capstone course. Experiential opportunities to develop cultural competence and the core values
of the profession are provided through community service experiences. Students are expected to internalize the core values of the profession and reflect this in their behaviors in the classroom, service activities, and clinical education.

B. Critical Inquiry and Scholarly Activity
Evidence-based practice and clinical decision-making principles are integrated throughout the professional didactic and clinical education courses. Critical inquiry and scholarly activity including research are important processes in physical therapy education for both student and faculty growth. Such activities provide maximal advantage to students and the profession if students are adequately prepared to undertake such activities. The faculty believes students engaged in scholarly projects become more competent users of scholarship and are better prepared for assuming responsibility for evidence-based clinical decision-making and clinical scholarship and inquiry.

C. Clinical Competency
Terminal outcomes of the educational process shall be the demonstration of competencies which are necessary for effective practice of physical therapy. The graduate of the program shall be capable of practice in a general setting. There should be an appreciation of specialized practice in the context of the entire scope of practice of the profession. Professional education should provide the graduate with the capacity to pursue clinical specialization. Students must satisfy specific evaluative criteria with different diagnostic populations, in-patient and outpatient services, as well as, in general settings serving multiple acute and chronically ill and injured patients.

D. Positive Utilization of Associated Health Professions, Support Personnel and Community
Graduates should have an understanding and recognition of the contribution of medicine and other health care disciplines to the practice of physical therapy. Physical therapy should be practiced within a patient-centered, holistic framework of health and illness. Emphasis is placed upon the practice of physical therapy in collaboration with other disciplines and support personnel in a team approach to provide optimal patient care. Flexibility of role is encouraged to the degree that it is congruent with the American Physical Therapy Association’s Standards of Practice for Physical Therapy and the Guide to Physical Therapist Practice.

REFERENCES


University of Michigan-Flint Physical Therapy Department Faculty Handbook. DPT Program Evaluation Policy and Procedure, Adopted 12/1/97; Revised 2/7/00 and 10/10/2007.

University of Michigan – Flint Physical Therapy Department
Physical Therapist Practice Expectations

Graduates of the Doctor of Physical Therapy program will meet the Professional Practice and Patient/Client Management expectations as outlined in the APTA A Normative Model of Physical Therapist Professional Education: Version 2004 (Alexandria, VA: American Physical Therapy Association) and be prepared to assume responsibilities of an autonomous healthcare professional.

I. Professional Practice Expectation: Accountability
   a. Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
   b. Have a fiduciary responsibility for all patients/clients.
   c. Practice in a manner consistent with the professional Code of Ethics.
   d. Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
   e. Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

II. Professional Practice Expectation: Altruism
   a. Place patient’s/client’s needs above the physical therapist’s needs.
   b. Incorporate pro bono services into practice.

III. Professional Practice Expectation: Compassion/Caring
   a. Exhibit caring, compassion, and empathy in providing services to patients/clients.
   b. Promote active involvement of the patient/client in his or her care.

IV. Professional Practice Expectation: Integrity
   a. Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other healthcare providers, students, other consumers, and payers.

V. Professional Practice Expectation: Professional Duty
   a. Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other healthcare providers, students, other consumers, and payers.
   b. Participate in self-assessment to improve the effectiveness of care.
   c. Participate in peer assessment activities.
   d. Effectively deal with positive and negative outcomes resulting from assessment activities.
   e. Participate in clinical education of students.
   f. Participate in professional organizations.

VI. Professional Practice Expectation: Communication
   a. Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

VII. Professional Practice Expectation: Cultural Competence
   a. Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.
VIII. Professional Practice Expectation: Clinical Reasoning
   a. Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
   b. Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

IX. Professional Practice Expectation: Evidence-based Practice
   a. Consistently use information technology to access sources of information to support clinical decisions.
   b. Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
   c. Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
   d. Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
   e. Participate in the design and implementation of patterns of best clinical practice for various populations.

X. Professional Practice Expectations: Education
   a. Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

XI. Patient/Client Management Expectation: Screening
   a. Determine when patients/clients need further examination or consultation by a physical therapist or when they need to be referred to another healthcare professional.

XII. Patient/Client Management Expectation: Examination
   a. Examine patients/clients by obtaining a history from them and from other sources, by performing systems reviews, and by selecting and administering culturally appropriate and age-related tests and measures.

XIII. Patient/Client Management Expectation: Evaluation
   a. Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

XIV. Patient/Client Management Expectation: Diagnosis
   a. Determine a diagnosis that guides future patient/client management.

XV. Patient/Client Management Expectation: Prognosis
   a. Determine patient/client prognoses.

XVI. Patient/Client Management Expectation: Plan of Care
   a. Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent and patient/client-centered.
   b. Establish a physical therapy plan of care that is safe, effective and patient/client centered.
c. Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
d. Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.
e. Monitor and adjust the plan of care in response to patient/client status.

XVII. Patient/Client Management Expectation: Intervention
a. Provide physical therapy interventions to achieve patient/client goals and outcomes.
b. Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.
c. Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
d. Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.
e. Practice using principles of risk management.
f. Respond effectively to patient/client and environmental emergencies in one’s practice setting.

XVIII. Patient/Client Management Expectation: Outcomes Assessment
a. Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
b. Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.
c. Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.
d. Use analysis from individual outcome measures to modify the plan of care.
e. Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

XIX. Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness
a. Provide culturally competent physical therapy services for prevention, health promotion, fitness and wellness to individuals, groups and communities.
b. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.
c. Apply principles of prevention to defined population groups.

XX. Practice Management Expectation: Management of Care Delivery
a. Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
b. Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
c. Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
d. Participate in the case management process.

XXI. **Practice Management Expectation: Administration/Business Management**
   a. Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
   b. Participate in financial management of the practice.
   c. Establish a business plan on a programmatic level within a practice.
   d. Participate in activities related to marketing and public relations.
   e. Manage practice in accordance with regulatory and legal requirements.

XXII. **Practice Management Expectation: Consultation**
   a. Provide consultation within the boundaries of expertise to businesses, schools, government agencies, other organizations or individuals.

XXIII. **Practice Management Expectation: Social Responsibility and Advocacy**
   a. Challenge the status quo of practice to raise it to the most effective level of care.
   b. Advocate for the health and wellness needs of society.
   c. Participate and show leadership in community organizations and volunteer service.
   d. Influence legislative and political processes.
<table>
<thead>
<tr>
<th>CORE VALUE</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td><strong>Accountability</strong></td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
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<tr>
<td><strong>Altruism</strong></td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest</td>
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<tr>
<td><strong>Compassion/Caring</strong></td>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
</tr>
<tr>
<td><strong>Excellence</strong></td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</td>
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<tr>
<td><strong>Integrity</strong></td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
</tr>
<tr>
<td><strong>Professional Duty</strong></td>
<td>Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
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<td><strong>Social Responsibility</strong></td>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
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APTA. Professionalism in Physical Therapy: Core Values BOD P05-04-02-03 nationalgovernance@apta.org
University of Michigan – Flint Physical Therapy Department
Professional Behaviors

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).

<table>
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<th>BEHAVIOR</th>
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<tr>
<td>Critical Thinking</td>
<td>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.</td>
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<td>Communication</td>
<td>The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</td>
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<td>Problem Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
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<td>Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</td>
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<td>Responsibility</td>
<td>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.</td>
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<td>Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</td>
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<td>Use of Constructive Feedback</td>
<td>The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</td>
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<td>Effective Use of Time and Resources</td>
<td>The ability to manage time and resources effectively to obtain the maximum possible benefit.</td>
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<tr>
<td>Stress Management</td>
<td>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.</td>
</tr>
<tr>
<td>Commitment to Learning</td>
<td>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.</td>
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UNIVERSITY OF MICHIGAN – FLINT
College of Health Sciences
Physical Therapy Department

Policy Statement on Curriculum Review and Revision Form

Core faculty members of the Physical Therapy Department are responsible for the review, development, revision and implementation of curriculum with input from all program faculty as well as from students, graduates and others. APTA documents such as “A Normative Model of Physical Therapy Professional Education”, CAPTE “Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists” and “A Guide to Physical Therapist Practice, Volume I and II” are utilized in this process.

Students must accept the above philosophy as a condition of enrollment in the professional DPT program. To ensure this acceptance, the statement below, “Statement Regarding Changes in DPT Curriculum” will be reviewed with and signed by the students at the orientation held in early summer.

Statement Regarding Changes in DPT Curriculum

Members of the Physical Therapy Department faculty are responsible for review and implementation of curriculum. I accept as a condition of enrollment in the DPT program that during my educational experience courses may be added, deleted or modified and I will abide by the faculty decision in terms of my educational requirements.

<table>
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<th>Name (Please Print)</th>
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Adopted 7/97
Reviewed 7/19
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<thead>
<tr>
<th>YR</th>
<th>Fall</th>
<th>Winter</th>
<th>S/S (16 weeks)</th>
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<tbody>
<tr>
<td>1</td>
<td>910 934 Human Anatomy &amp; Neuroanatomy (6)</td>
<td>912 Clinical Neuroscience (3)</td>
<td>027 Introduction to Musculoskeletal Practice (3)</td>
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<td>911 Kinesiology (4)</td>
<td>951 Neuropathic Conditions (3)</td>
<td>045 Pharmacology (3)</td>
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<td>950 Integrated Clinical Experience II (2)</td>
<td>040 Medical and Surgical Conditions I (2)</td>
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<td>954 Fundamentals of Patient Management (3)</td>
<td>950 Quantitative Research Methods (5)</td>
<td>050 Integration &amp; Critical Thinking I (1)</td>
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<td>955 Fundamentals of Tests and Measures (3)</td>
<td>700 Biophysical Agents (2)</td>
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<td>081 Teaching, Learning &amp; Health Education (2)</td>
<td>705 Soft Tissue Techniques (2)</td>
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<td>15 cr</td>
<td>16 cr</td>
<td>851 Statistical Analysis Quantitative Research (3)</td>
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<td>Elective Courses:</td>
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<td>052 Independent Research</td>
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<td>INT 594 Int. Service Learning-Honduras (3)</td>
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<td>2</td>
<td>704 Therapeutic Exercise (2)</td>
<td>726 Musculoskeletal Practice: Upper Quadrant (3)</td>
<td>740 Integrated Conditions (3)</td>
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<td>730 Full-time Clinical Experience (4)</td>
<td>716 Orthotics, Prosthetics, Assist. Tech. (2)</td>
<td>760 Ethics &amp; Legal issues (1)</td>
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<td>(LAST 6 WKS OF SEMESTER)</td>
<td>753 Neuromuscular Examination &amp; Practice I (4)</td>
<td>750 Generalist (3)</td>
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<td>752 Neuromuscular Examination &amp; Practice I (3)</td>
<td>721 Evidence Based Practice (1)</td>
<td>030 Musculoskeletal Practice: Lower Quadrant (3)</td>
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<td>772 Cardiovascular Conditions, Examination and Management (3)</td>
<td>725 Pulmonary Conditions, Examination and Management (3)</td>
<td>724 Professional Service Learning (1)</td>
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<td>761 Pediatric Conditions (2)</td>
<td>732 Pediatric Examination and Plan of Care (3)</td>
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<td>141 cr</td>
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<td>INT 594 Int. Service Learning-Honduras (3)</td>
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<tr>
<td>3</td>
<td>726 Musculoskeletal Practice: Axial Skeleton (3)</td>
<td>825 Clinical Internship I (6)</td>
<td>825 Clinical Internship II (6)</td>
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<td>941 Medical &amp; Surgical Conditions II (2)</td>
<td>824 Clinical Internship II (6)</td>
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<td>800 Rehabilitation &amp; Cultural Competency (7)</td>
<td>926 Social and Cultural Understanding (1)</td>
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<td>802 Professional Practice Management (3)</td>
<td>936 Integration &amp; Critical Thinking in PT II (2)</td>
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<td>803 Professional Practice Management (3)</td>
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<td>900 Clinical Practice Management (3)</td>
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<td>032 Independent Research</td>
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Rev. 6/06; 6/07; 6/08; 6/11; 8/15; 7/19
Purpose
The purpose of this policy is to facilitate the proper use of lockers within the Physical Therapy Department. Lockers are provided for students in the professional preparation program in physical therapy for the following reasons:

1. To support educational outcomes requiring laboratory clothing.
2. To provide protection for personal belongings against loss and theft.
3. To reduce the use of other educational designated space for the storage of personal belongings.
4. To make available a personal convenience for items not needed in class or lab.

Policy
Lockers are made available to students by the Physical Therapy Department under the condition that the contents of the locker are personal property and are subject to the students’ rights of privacy. A locker is available to every student. In utilizing it, the student accepts the following prohibitions and limitations in its use.

Excessive violations could result in the withdrawal of locker privileges, and/or liability for cost of repair, and/or disciplinary action under the Professional Conduct Policy.

1. The storage of dangerous and/or illegal materials is forbidden. (e.g. firearms, inflamable toxic chemicals, illegal drugs). Articles which violate the rules of UM – Flint also may not be stored (e.g. alcohol).
2. Perishables may not be left in lockers.
3. Soiled clothing which promotes offensive odors and/or a health hazard must be removed immediately upon notification. Students should report all incidences, odors, etc. to the department.
4. Lockers may not be loaned to or used by students who are not enrolled in the professional preparation program.
5. Students may not utilize unoccupied lockers without specific permission of staff of the Physical Therapy Department.
6. Students utilizing the locker area are to maintain appropriate professional conduct and decorum.
7. Attempts to force open lockers are prohibited.
8. Lockers may not be used exclusively for long term storage of non-educational related personal belongings.
9. The Physical Therapy Department and UM – Flint are not responsible for loss or theft of personal property associated with the use of the locker room facilities. If loss or theft occurs, student reports the incident to the department and the student also notifies Security.

Procedures
1. Lockers will be assigned to students during orientation to the department which is conducted prior to the commencement of studies. In case of unanticipated shortages, two students may share a locker. Locker utilization will be for the duration of the student’s professional preparation program.
2. Each student shall provide their own combination or key lock. Upon assignment of a locker, the student will provide the department secretary the combination or extra key. The combination or key of a specific locker will only be available to the student responsible for that locker upon request by that student.

3. Upon receipt of an appropriate complaint which constitutes due cause, a student’s locker may be opened by the Director of the Department under the following conditions:
   a. the student will be informed prior to entry
   b. the Director will be accompanied by one or more class officers. Should a real and imminent danger to the persons or property appear to exist, the above conditions are waived for any member of the faculty or staff.

4. Upon completion of academic classes, prior to going into full time clinical internships, the student shall remove all contents of the locker.

5. Two weeks after the completion of academic classes in Year 3, lockers not emptied shall be opened by a faculty or staff member, the contents discarded and the lock expropriated. Should difficulties arise in removal of the lock which incurs costs to the department; the student will become responsible for the cost. Students are cautioned that the Physical Therapy Department will take appropriate action should any illegal or prohibited substances be found.

6. Upon withdrawal or expulsion, the students must empty the contents of their locker and remove the lock immediately. Lockers not emptied shall be opened by a faculty or staff member, the contents discarded and the lock expropriated. Should difficulties arise in removal of the lock which incurs costs to the department, the student will become responsible for the cost. Students are cautioned that the Physical Therapy Department will take appropriate action should any illegal or prohibited substances be found.

Approved 6/08
Reviewed 7/19
Photograph/Audio/Videotape Consent Policy & Procedure

I. POLICY

It is the policy of the Physical Therapy Department to ensure the privacy, dignity, and safety of all individuals including students, patients/clients, faculty, and staff who are involved in classroom, laboratory, clinical, research, and administrative activities of the educational program. Any constituent who will be photographed, audio-taped or videotaped as a function of the regular educational program and processes involved will be required to sign a consent form. The consent will be open ended and without obligations, which means:

A. It may be used for educational and/or scholarly activities and presentations, illustrations, publications, promotional material, advertising or trade exhibitions and/or released to news media.
B. There is no time limit for which the consent is in effect. The signed form will be stored in the student’s permanent file.
C. No claims or demands for remuneration for use of such materials will be made by the subject.

II. PROCEDURE

Faculty, staff, or students of the Physical Therapy Department who wish to photograph, audiotape or videotape subjects will:

A. Acquire a Photograph/Audiotape/Videotape Consent form from Physical Therapy Department staff.
B. Discuss the content of the form with the subject.
C. Secure the dated signatures of the subject and witness on the appropriate lines.
D. Return the completed form to department staff for filing.

Exception:
A faculty member may give verbal permission to have classroom presentations by the faculty member videotaped or audio-taped for educational use only by students enrolled in that course. Such recordings may not be placed in public domain venues.
UNIVERSITY OF MICHIGAN-FLINT
College of Health Sciences
Physical Therapy Department
PHOTOGRAPH/AUDIO/VIDEOTAPE CONSENT FORM

I, _____________________________________________ (print name) give my permission for photographs, and/or audiotapes, and/or videotapes to be taken of me and used by the faculty, students, or staff of the Physical Therapy Department at The University of Michigan-Flint.

I understand that these materials may be used for educational and/or research purposes, illustrations, publications, promotional materials, advertising or trade exhibitions, and/or released to news media.

Furthermore, I will make no claims or demands for remuneration for use of such materials and I release The University of Michigan-Flint and its faculty, students and staff from any liability arising from the use of these materials created by The University of Michigan-Flint or furnished by me in connection with its production.

__________________________________________
NAME (Printed)                          DATE

__________________________________________
NAME (Signature)

__________________________________________
WITNESS NAME (Printed)    DATE

__________________________________________
WITNESS NAME (Signature)
UNIVERSITY OF MICHIGAN - FLINT
College of Health Sciences Physical Therapy Department

Policy Regarding Release of Oral or Written Information for Recommendations for Scholarships or Employment

The purpose of this policy is to clarify the type of oral or written information that may be released regarding a students' record pertaining to academic and clinical performance in the professional DPT program. Students indicate in writing on page two their choice of two options.

**OPTION ONE:** Permits the Physical Therapy Department to release information related to academic and/or clinical performance to a prospective employer who inquires either orally or in writing.

Under Option One, at the discretion of the faculty, the type of information released may include:

a. General and specific academic strengths and weaknesses
b. General and specific strengths and weaknesses as demonstrated in clinical education
c. Academic records
d. Attendance pattern
e. Scholarships and awards
f. Certifications
g. Summary of personal and professional characteristics, including behaviors in educational, professional, and University-related activities

Election of Option One may be rescinded at any time by submitting a letter stating as such to the department staff. This letter will be kept as a part of the student's record. No more than one request for each facility/agency will be honored. The student will be required to submit a separate letter for each facility/agency which requests information.

Requests for references should be directed to the student’s advisor. If the reference is provided in written format, a copy will be included in the student's permanent file and will be available to the student according to standard university guidelines regulating student access to files.

**OPTION TWO:** Does NOT permit the Physical Therapy Department to release any information to a prospective employer who inquires either orally or in writing.

Under Option Two, any oral or written request from prospective employers will be denied until such time that the department receives a letter from the student authorizing the department to release information to a specific facility/agency.
Disclaimer for communication to clinical instructors:

Physical therapists that provide clinical instruction for physical therapy students are considered members of the teaching faculty of the University of Michigan. No release is required for transmittal of information from the department to this group as part of the clinical education program.

**PLEASE CHOOSE ONLY ONE OPTION BELOW.**

**OPTION ONE:**

I have read the Policy Regarding Release of Oral or Written Recommendations for Scholarships and Employment. I authorize the Physical Therapy Department to release information described in Option One of the policy.

__________________________________________  ____________________________________________
Print Name                                      Signature

____________________________________________
Date

**OPTION TWO:**

I have read the Policy Regarding Release of Oral or Written Recommendations for Scholarships and Employment. I do not authorize the Physical Therapy Department to release any information about my academic or clinical performance to any prospective employer, scholarship, or award provider. I understand that this means that if I wish to have such information released, I will have to request this in a letter to the department as described in Option Two of the policy.

__________________________________________  ____________________________________________
Print Name                                      Signature

____________________________________________
Date
Essential Functions for Physical Therapy Students P & P

Applicants admitted to the Doctor of Physical Therapy (DPT) program must demonstrate that they possess the intelligence, integrity, compassion, humanitarian concern, physical capability, and emotional capacity necessary to succeed in a challenging curriculum as well as perform in the practice of physical therapy.

To fulfill our responsibility both to the profession and to the public to prepare DPT graduates to be competent physical therapists, the Faculty of the University of Michigan-Flint Physical Therapy Department has developed Essential Functions. Essential Functions are the cognitive, emotional, behavioral, and physical abilities required for satisfactory completion of the DPT curriculum and development of professional attributes required of all students at graduation.

While an applicant is not required to disclose the specifics of any disability, it is the applicant’s responsibility to request reasonable accommodation if they cannot demonstrate these Essential Functions without accommodation.

The following are the Essential Functions that students must be able to meet either with or without reasonable accommodation:

I. Intellectual/Conceptual, Integrative and Qualitative Skills
   A. Physical Therapists must have the skills to: obtain, interpret, and document data; solve problems and make diagnoses; make proper assessments and use sound judgment; appropriately prioritize therapeutic interventions; measure and record patient care outcomes. In addition, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of anatomic structures. These skills are critical and require these intellectual abilities: measuring, calculating, reasoning, analyzing and synthesizing.
   B. Intellectual/Conceptual, Integrative and Qualitative skills include, but are not limited to:
      1. Receive, interpret, remember, reproduce, and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate ways of processing or categorizing similar information listed in course objectives
      2. Perform a physical therapy examination of a client’s posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors. Additionally, this examination will be performed in a timely manner, consistent with the acceptable norms of clinical settings.
      3. Use examination data to formulate a physical therapy evaluation and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified, and consistent with acceptable norms of clinical settings.
      4. Incorporate information from peer-reviewed literature, from faculty, from peers and laboratory and radiological data into patient management.
      5. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner, and consistent with the acceptable norms of clinical settings.
II. Communication Skills
   A. DPT students must be able to communicate in English effectively and sensitively with patients. In addition, students must be able to communicate in English and oral and written form with faculty, other healthcare providers, and peers in the classroom, laboratory, and clinical settings. Such communication skills include hearing, speaking, reading, and writing in English. Students must have the ability to complete reading assignments and search and evaluate the literature. Students must be able to complete written assignments and maintain written records. Students must also have the ability to use therapeutic communication such as attending, clarifying, coaching, facilitating, and palpation. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.
   B. Communication Skills include, but are not limited to:
      1. Effectively communicate information and safety concerns with other students, teachers, clients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These must be done in a timely manner and within the acceptable norms of academic and clinical settings.
      2. Receive and interpret written communication in both academic and clinical settings in a timely manner.
      3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
      4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively, and efficiently in oral and written English with all members of the health care team.

III. Behavioral/Social Skills and Professionalism
   A. Students in the Department of Physical Department must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and self-motivation. Students must demonstrate sound judgment, complete the responsibilities attendant to the evaluation and care of patients, and develop mature, sensitive, and effective relationships with patients. Students must be adaptable to ever-changing environments, display flexibility, respect individual differences, and function in the face of uncertainties and stresses inherent in the educational processes as well as in clinical practice.
   B. Students must demonstrate appropriate assertiveness, ability to delegate responsibilities appropriately, ability to function as part of a physical therapy team, demonstrate organizational skills and initiate necessary to meet deadlines and manage time.
   C. Behavior/Social Skills and Professionalism examples include, but are not limited to:
      1. Maintain general good health, hygiene, and self-care in order to safeguard the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
      2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.
      3. Demonstrate appropriate effective behaviors and mental attitudes in order to maintain the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
4. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within time constraints, often concurrently.

5. Demonstrate the emotional health required for the full utilization of his or her intellectual abilities to safely engage in providing care to patients and their families within all health-related settings, including those that are rapidly changing and may be highly stressful.

6. Engage in providing safe and quality physical therapy services to patients in rapidly changing and often high stressful health-related setting without any evidence of behaviors of addiction to, abuse of, or dependence on alcohol or other drugs that have the potential to impair behavior or judgment.

IV. Motor Skills/Sensory/Observational Skills

A. The delivery of physical therapy requires gross and fine motor control. Students in the Department of Physical Therapy and as practicing physical therapists must have the physical strength, stamina, and motor control to lift and transfer patients, assist patients with ambulation, stand for prolonged periods of time, perform cardiopulmonary resuscitation (CPR); have sufficient manual dexterity, strength, and endurance to engage in physical therapy procedures that involve palpating, grasping, pushing, pulling, holding, and ensure the safety of the patient at all times.

B. DPT students must be able to observe demonstrations and participate in all curriculum educational experiences, must be able to observe patients, and be able to obtain an appropriate medical history directly from the patient or guardian. Such observation and participation necessitates the functional use of vision, hearing, and other sensory modalities.

C. Motor skills/sensory/observational skills include, but are not limited to:
   1. Physically move to lecture, lab, and clinical locations; move within rooms as needed for changing groups, partners, and workstations.
   2. Physically move in required clinical settings, to accomplish assigned tasks.
   3. Physically move quickly in an emergency situation to protect the patient (e.g. from falling).
   4. Physically move another person’s body parts to effectively perform evaluation techniques.
   5. Effectively use common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, strength, (e.g. cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer, dynamometer).
   6. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
   7. Control another person’s body in transfers, gait, positioning, exercise, and mobilization techniques.
   8. Arrange bolsters, pillows, plinth, mats, gait assistive devices, and other supports or chairs to aid in positioning; moving, lifting, pushing/pulling; providing care to a patient effectively including lifting objects that reflect a range of weight between 10-100 lbs.
   9. Competently perform and supervise CPR using guidelines issued by the American Heart Association or the American Red Cross.
   10. Legibly record thoughts in English for written assignments and tests.
11. Legibly record/document evaluations, patient care notes, and referrals, etc. into charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.

12. Detect changes in an individual’s muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner; detect an individual’s response to environmental changes and treatment.

13. Safely apply and adjust the dials or controls of therapeutic modalities.

14. Safely and effectively position hands and apply mobilization techniques.

15. Use a telephone. Use a computer.

16. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature, and patient charts.

17. Observe active demonstrations in the classroom.

18. Receive visual information from training videos, projected slides/overheads, radiographs, and notes written on a blackboard/whiteboard.

19. Receive visual information from clients, (e.g. movement, posture, body mechanics, and gait necessary for comparison to reference standards when evaluating movement dysfunctions).

20. Receive visual information from the treatment environment (e.g. dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.).

21. Receive visual clues including facial grimaces, muscle twitching, withdrawal, etc.

22. Receive aural information from lectures and discussion in an academic and clinical setting.

23. Distinguish between normal and abnormal lung and heart sounds with a stethoscope.

Adopted July 2010
UNIVERSITY OF MICHIGAN-FLINT
College of Health Sciences
Physical Therapy Department

Academic Standards Policy

UM-Flint PTD Policy Number: 350.01 Academic Standards Policy and Procedure Professional DPT Program

Effective: 4/1/1998

Revised: 2/20/2019

Responsible Party: Student Progress Committee

Scope: Student academic performance throughout the curriculum

I. Purpose
   a. To define the academic standards and procedures for the didactic portion of the Professional DPT Program

II. Definitions
   a. Admitted students: Students who have been admitted to the Professional DPT program but who have not commenced professional course work.
   
   b. Associated faculty: Individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty
   
   c. Core faculty: Individuals appointed to and employed primarily in the Professional DPT program, including the Associate Director for Professional Education (Director of Professional DPT Program), the Associate Director of Clinical Education (ADCE), and other faculty who report to the Associate Director for Professional Education
   
   d. Professional DPT program: Three year professional program to enter the profession of physical therapy.
   
   e. Grading for the professional DPT program:
      i. A: excellent
      ii. B: good
      iii. C: fair
      iv. D: poor
      v. E: failure
      vi. F: fail
      vii. I: incomplete
      viii. Y: Course in Progress
      ix. W: officially withdrawn
      x. P: Pass
f. **Incomplete:** Grade received when all course work and exams are unable to be completed by the end of the semester.

g. **Remediation:** a plan agreed upon by both the student and faculty member designed to demonstrate mastery of the course content.

h. **Satisfactory completion of a didactic course:** Grades of C or above for didactic coursework.

i. **Support courses:** Courses in the Professional DPT program that are jointly numbered or that are offered solely by another academic unit.

j. **“Up and Out” status:** When a student on previous warning fails to obtain a 3.0 grade point average (GPA) in the next term of enrollment. If the term grade point average is a 3.0 or higher but is not sufficient to raise the cumulative GPA to a 3.0 or higher, the student will continue on up or out status. If the term GPA is below a 3.0, the student will be dismissed. Grades of “I” will be considered grades below C.

k. **Year one:** From the beginning of Fall term through the end of Summer term in the first year of the Professional DPT program.

l. **Year two:** From the beginning of the Fall term through the end of the Summer term in the second year of the Professional DPT program.

m. **Year three:** From the beginning of the Fall term through the end of the Fall term in the third year of the Professional DPT program, plus the terminal clinical education experiences and practicum.

### III. Policy

a. The core faculty of the department, acting on behalf of the University, has the responsibility of defining academic standards. The core faculty reserves the right to remove from the Professional DPT Program any student whose academic standing, in the judgment of the core faculty, is regarded as unsatisfactory.

   i. Removal from the Professional DPT Program does not imply or intend dismissal from the College of Health Sciences (CHS) or from the University of Michigan-Flint.

b. Academic Standards determinations are recommended by the Professional DPT faculty team, acted upon by the PTD faculty, and communicated to the student through the Associate Director for Professional Education. The faculty is not constrained to use these guidelines if circumstances exist, in the opinion of the faculty, to warrant deviate from the guidelines.

c. The faculty expects students to be pro-active in communicating any issues with the instructor that may impact their final course grade at the time the issues occur.

d. Once a grade is reported, it may only be changed to correct a demonstrable clerical error and then only with the approval of the Associate Director for Professional Education with the exception of an incomplete grade.

e. For grading, probation, and dismissal during clinical education courses that consist of or contain full time clinical experiences, please see the Academic Standards for Satisfactory Completion of
Clinical Education Policy and Procedures Professional DPT Program (Policy 340.01).

f. In order to graduate students must:
   i. Satisfactorily complete all didactic courses.
   ii. Satisfactorily complete clinical education courses as outlined in Academic Standards for Satisfactory Completion of Clinical Education Policy and Procedures Professional DPT Program (Policy 340.01).
   iii. Achieve an overall GPA of 3.0 (on a 4.0 scale) upon completion of the degree program.

IV. Procedures
   a. Grade Point Calculation
      a. Only Professional DPT program courses and PT Department Independent Study courses will count in the GPA calculation. Courses in which a C- or below is earned do not count toward the Professional DPT degree requirements.
      b. Grade point scale for Professional DPT program:

      | Letter Grade | Percent   |
      |-------------|-----------|
      | A           | 94.0 – 100.0% |
      | A-          | 90.0 - 93.9% |
      | B+          | 87.0 - 89.9% |
      | B           | 84.0 - 86.9% |
      | B-          | 80.0 - 83.9% |
      | C+          | 77.0 - 79.9% |
      | C           | 74.0 - 76.9% |
      | C-          | 70.0 - 73.9% |
      | D+          | 67.0 - 69.9% |
      | D           | 64.0 - 66.9% |
      | D-          | 60.0 - 63.9% |
      | E           | ≤ 59.9%     |
      | P*          | Pass        |
      | F*          | Fail        |

      *Not considered in computing grade point average.

   b. Probation during didactic program:
      a. Students are placed on academic probation for any semester in which their cumulative GPA falls below 3.0
         i. The first semester a student is placed on probationary status, he/she will be issued a warning.
         ii. The second semester a student is placed on probationary status he/she will be issued an up-or-out warning.
         iii. If the student cannot achieve an overall GPA of 3.0 or higher by the end of the semester they are on up-or-out status the student will be dismissed from the program.
      b. Students on academic probation are not eligible for department scholarships.

   c. Dismissal from the didactic program:
      a. Students who do not achieve a cumulative GPA of 3.0 at the completion of the didactic portion of the curriculum (Fall, Year 3) will be dismissed from the program.
      b. If the student cannot achieve an overall GPA of 3.0 or higher by the end of the
semester they are on up-or-out status the student will be dismissed from the program.

c. A student earning more than 3 grades below a B will be dismissed from the program.
d. A student earning a grade of C- or below will be dismissed from the program.

d. Incomplete Course Grades
   a. The student and the instructor must discuss the matter of the "incomplete" prior to its assignment.
b. A grade of "I" (incomplete) will automatically revert to "E" if all work is not satisfactorily completed within 12 months of receiving the grade.
c. Please refer to Academic Standards for Satisfactory Completion of Clinical Education Policy and Procedures Professional DPT Program (Policy 340.01) for information about incomplete courses and clinical education participation.
d. An "incomplete" that has been resolved according to the above procedure will appear on a student’s transcript along with the revised grade, e.g., I/B+.

e. Written or Practical Exam Remediation
   a. Availability of a repeat exam at the discretion of the course instructor.
b. Only one remediation exam is provided if the faculty member teaching the course has specified a remediation exam in the course syllabus. If a remediation exam is offered and the remediation schedule is not specified in the course syllabus, then the student must complete the remediation by the end of the Physical Therapy Department designated exam period.
c. Preparation for the remediation exam is the responsibility of the student.
d. The maximal achievable score on the repeat examination is 80%. Thus, if a student performs above 80% on the exam, the exam grade will be entered as an 80% in their course grade calculation.

f. Temporary Program Withdrawal
   a. Students may request to temporarily withdraw from the Professional DPT program with intent to return. Such a request is made through a letter to the Associate Director for Professional Education and must receive core faculty approval.
b. The Associate Director for Professional Education will inform the student of the faculty action in a letter to the student specifying the conditions of temporary withdrawal and return to the Professional DPT program.
c. To re-enter the program following a temporary program withdrawal the student must:
   i. Submit a letter to the Associate Director for Professional Education requesting re-entry into the Professional DPT program no later than 30 days before the proposed re-entry date
   ii. If the student has been away from the program for three semesters or more, the student must pass a comprehensive exam with a score of 74% (C) or greater to resume study. The exam will cover material from courses the student previously passed and is required to ensure that the student has adequate retention of prior coursework in order to be prepared for ongoing study in the Professional DPT program.
   iii. Satisfy other requirements for return that were specified in the letter from the Associate Director for Professional Education approving the temporary program withdrawal.
V. Operational Procedures
   a. At student Orientation, the Associate Director for Professional Education shall review the Professional DPT Program Academic Standards Policy and Procedures with students.
   
   b. Academic Performance:
      i. Staff will review students’ academic performance at the end of each semester and notify the Associate Director for Professional Education of any violations that have occurred based on the criteria in 4.b. or 4.c. The ADPE will then notify the student, instructor on record, and academic and clinical education advisors in writing: 1) that the violation occurred, 2) the academic consequence of the violation, and 3) the appeal process for the academic standards sanction.
      ii. The student will schedule a meeting with the Academic Advisor within 2 weeks of receiving a letter of notification to review academic performance.
         1. If the student does not schedule this meeting, they will receive a professional conduct violation
      iii. The Associate Director for Professional Education may waive or alter all deadlines when it is in the best interest of the student and department to do so.
   
VI. APPEAL PROCESS
   a. Students to whom the academic discipline policy is applied have a right of appeal to the Associate Director for Professional Education if they believe any of the following conditions exist:
      i. the decision is in violation of established departmental, school or university policies or procedures.
      ii. new evidence or mitigating circumstances
      iii. the decision is clearly prejudicial, grossly inequitable, or academically indefensible.
   
   b. The appeal to the Associate Director for Professional Education must be written on the PT Department Academic Standards Appeal Form. The appeals form must be received by the Associate Director for Professional Education no later than 7 business days after the student has received written confirmation of the dismissal.
      i. The student must specify the basis for the appeal on the PT Department Academic Standards Appeal form that is submitted to the Associate Director for Professional Education.
      ii. All evidence relevant to the appeal claim must be presented to the Associate Director for Professional Education prior to or at the time of the appeal hearing. The Associate Director for Professional Education is best able to make an informed decision only if all evidence pertinent to the case is presented before or during the departmental appeal hearing.
      iii. During the departmental and school appeal processes the student may not be enrolled in courses for which the student has not successfully completed the prerequisite courses.
   
   c. Upon receipt of notification of appeal, the Associate Director for Professional Education will review the appeal and provide a written determination within 15 working days.
   
   d. Following appeal to the PT Department Director, the student may seek further appeal to the Academic Standards Committee of the CHS.
      i. Students pursuing an appeal at the CHS level will find instructions and appropriate
forms on the CHS webpage:

ii. The decision of the Academic Standards Committee of the CHS shall be final.

VII. RECORD KEEPING AND INFORMATION TRANSMITTAL
   a. In case of an appeal, appropriate student information will be forwarded to the body hearing the appeal.
   b. Information stored in the student file related to academic performance is available upon request for review.

Adopted date:
Revised April 1998
Revised July 1998
Revised August 1999 (6.3.2. and 6.3.3.)
Revised August 2001 (sections: 4.0, 5.0, 8.3, 9.0)
Revised August 2002 (section 9.0)
Revised September 2004 (sections: 4.2 and 4.3)
Revised August 2007 (entire document)
Revised June 2009 (entire document)
Revised August 2009 (section 1.10.5)
Revised June 2010 (section 4.3)
Revised June 2012
Revised June 2013 (section 3.0, 6.4)
Revised Feb. 2019
UNIVERSITY OF MICHIGAN-FLINT
Physical Therapy Department
Misconduct Policy and Procedure for PTD Academic Programs

UM-Flint PTD Policy Number: 350.03
Effective: 08/01/1996
Revised: 7/17/2019
Responsible Party: The Student Progress Committee, PTD Professional, and Post-professional faculty as appropriate

Scope: Umbrella policy setting forth the academic and non-academic expectations for students enrolled in all PTD academic programs.

I. Purpose
   a. To establish standards of behavior and conduct consistent with professional, scholarly, and general expectations of PT students enrolled in the DPT, tDPT & Ph.D. program.

II. Definitions
   a. ADCE: Associate Director for Clinical Education
   b. ADPE: Associate Director for Professional Education
   c. ADPPCPD: Associate Director for the Post-Professional Clinical Professional Development
   d. ADPhDPT: Associate Director for the Ph.D. in Physical Therapy program
   e. False Accusations: making knowingly untrue accusations regarding misconduct of administrative staff, faculty, or student colleagues.
   f. Hearing Committee: the Hearing Committee will consist of a quorum of the Physical Therapy department faculty (with the exception of the ADPE, ADPPCPD, or ADPhDPT as appropriate).
   g. Retaliation: actions against administrative staff, faculty, or student colleagues because of their participation in the Conduct process.
   h. Student Consultant: a confidant of the student outside of the university that may or may not be the student’s legal representative.
   i. Student Progress Committee: a standing committee comprised of three faculty members of the Physical Therapy Department who will follow outlined process and procedures for conduct involving Professional DPT students. The committee for tDPT and PhD students will consist of three faculty members involved in the tDPT or PhD in PT programs, as appropriate.
   j. Violation of Confidentiality in Professional Conduct Process: intentionally and impermissibly breaching the confidentiality of those individuals participating in the outlined misconduct process.

III. Policy
    PT Students are expected to:
   a. Read and understand this Policy. Lack of knowledge of what is prohibited conduct is not an acceptable defense or justification for violations of this Policy, and it is the student’s responsibility to understand what is and isn’t prohibited conduct.
   b. Understand that any attempts to commit an act prohibited by any portion of this policy may be punished to the same extent as a completed violation.
c. Abide by the University of Michigan-Flint Code of Student Conduct. ([https://www.umflint.edu/rights-and-responsibilities](https://www.umflint.edu/rights-and-responsibilities))

d. Abide by the University of Michigan-Flint Policy of academic integrity as outlined in the Students Rights and Responsibilities section of the University of Michigan Flint Catalog. ([http://catalog.umflint.edu/content.php?catoid=2&navoid=80](http://catalog.umflint.edu/content.php?catoid=2&navoid=80))

e. Abide by the University of Michigan-Flint Information Technology policies and procedures. ([http://www.umflint.edu/its/policies](http://www.umflint.edu/its/policies))

f. Comply with Federal and State of Michigan laws and regulations related to licensure and professional practice (e.g. HIPAA).

g. Comply with the policies, procedures, and guidelines established by the College of Health Sciences, the Physical Therapy Department, the Professional DPT program, the transitional DPT program, and the Ph.D. in PT program, and/or the clinical facility in which they are completing a clinical experience. ([http://catalog.umflint.edu/content.php?catoid=2&navoid=80](http://catalog.umflint.edu/content.php?catoid=2&navoid=80))


i. Maintain a personal appearance and demeanor that reflects their professional function. Personal attire should always be neat and appropriate to the situation. This entails following a particular course’s or clinical site’s dress code.

j. Comply with the required non-discrimination policies of the University and clinical sites and avoid any conduct that is discriminatory or harassing.

k. Exhibit courtesy and respect for instructors, staff, other students, patients, and facilities in all settings.

l. In all clinical settings, professional DPT students are expected to:
   ii. Refrain from representing themselves as physical therapists.
   iii. Refrain from assuming the role of a student physical therapist unless they are in a clinical education course and have been assigned to the site by a faculty member or are participating in a PTD sponsored activity.
   iv. Refrain from accepting or participating in employment as a physical therapy aide or technician after being accepted in the Professional DPT program without adequate on site professional supervision by a qualified physical therapist.
   v. Meet the expectations for their function as specified in the agreement for affiliation established by the University with the clinical site in which they are placed.
   vi. Promptly report to the Associate Director of Clinical Education any violations of the APTA Code of Ethics and Guide to Professional Conduct which they become aware of.

m. Follow attendance policies as outlined within individual course syllabi.
   i. Students may not attend other departmental educational opportunities that conflict with the regular class schedule (e.g. research, missing class to complete course assignments for another class, to get all of the clinical education paperwork completed on time) unless the student gets prior approval from the course instructor.
For all absences, students are responsible to seek out their course instructors in a timely manner to determine how to make-up any missed assignments or examinations if make-up is possible, reasonable and/or indicated in course syllabi.

n. Attend scheduled class meetings and comply with the requests of elected class officers.
o. Attend specially scheduled meetings with a faculty member as needed.

IV. Process and Procedure

a. Reporting an Alleged Violation
i. Anyone may report an alleged violation of this Policy. If appropriate, individuals may submit their report via a Professional Conduct Incident Report and may also report their concern to a relevant course instructor, to the student’s faculty advisor, a program director, or to the Chair of the Professional Conduct Committee directly. In turn, those individuals should report the matter to the Chair of the Professional Conduct Committee.
ii. Anyone reporting a suspected violation may request anonymity when reporting a potential violation. Anonymity will be maintained unless the submitter grants permission or we are otherwise required by policy or law to provide this information. Anonymity cannot be guaranteed.
iii. If possible, all reports should be made within 2 business days of the occurrence of the misconduct or when an individual becomes aware of the alleged misconduct.
iv. Retaliation and false accusations will not be tolerated and may result in additional conduct violations.
v. A student who is accused of a violation of this Policy is not required to participate in the resolution / investigative process. If a student wishes not to participate, the matter will continue in their absence. We encourage all students to participate fully in the process.
vi. Investigative, resolution and appeal processes are administrative functions and are not subject to the same rules of civil or criminal proceedings. Because some violations of these standards are also violations of law, students may be accountable to both the legal system and the University.

b. Case Disposition
i. Concerns or complaints submitted against a PT student will be reviewed to determine the appropriate body to intake, review and/or resolve the matter. Matters may be directed to the following resources and/or individuals depending on the nature of the complaint and alleged violation:
   1. Department Chair/Director/Associate Directors/advisor(s)
   2. Diversity, Equity, and Inclusion Officer
   3. Physical Therapy Department Student Progress Committee (SPC)
   4. An official in another University school/college (e.g., if student alleged misconduct occurred while enrolled in another program or school)
   5. University of Michigan-Flint Student Code of Conduct Resolution Process
   6. Office of Institutional Equity
   7. The Division of Public Safety and Security
ii. For those matters to be managed and resolved within the PT Program (which will typically include academic misconduct matters), refer to the Cases Managed by PT Program section.

V. Cases Managed by PT Program

a. The Initial Review
i. The appropriate SPC will promptly notify a student who is accused of a violation and, prior to the initiation of a full hearing, will conduct an initial review of the reported allegation.

ii. Within 5 business days of receipt of the alleged violation, the SPC conducts initial review. Results of the initial review could result in any of the following:
   1. SPC determined no further action is needed. Chair of SPC informs student in writing.
   2. SPC determines remediation is needed. Specifics on remediation will be determined on a case by case basis. Chair of SPC submits note to student with copies to faculty advisor, appropriate AD, and the PTD Director.
   3. SPC determines that a hearing is warranted to resolve the allegation. The PT department faculty will be made aware of the situation and the hearing will be scheduled within three weeks. Chair of SPC will notify the student of the date and time of the full hearing. Please see appendix 1 for hearing procedures.

b. Hearing
   i. The Hearing will be facilitated and orchestrated by the Chair of the SPC and the Hearing Committee will consist of a quorum of the Physical Therapy department faculty (with the exception of the ADPE, ADPPCPD, or AdPhDPT as appropriate).
   ii. Students participating in a hearing may have an advisor present, who may be an attorney. The role of an advisor during the hearing is limited to providing advice directly to the accused student. The consultant will not be permitted to speak directly to the faculty or other witnesses.
   iii. The Chair of the PTD Student Progress Committee has the right to limit the number of witnesses if their testimony is expected to be redundant or limit the amount of time provided to witnesses if the information is redundant or irrelevant to the case.
   iv. Hearings are closed to the public and will be audio recorded except for deliberations. A party to the hearing may request a copy of the recording up and until the appeals process is exhausted. All recordings of the proceedings will be controlled by the Physical Therapy Department. No court reporters, stenographers, videographers, or similar professionals are permitted without the prior consent of the Physical Therapy Department.
   v. Students who have allegations pending and that have not yet been heard by the Hearing Committee may continue to take classes but may only participate in clinical experiences at the discretion of the ADPE in consultation with the ADCE(s). If the ADPE permits the student to participate in clinical experiences, the ADPE may do so upon the condition that the allegations are disclosed to clinical sites.

VI. Appeal Process
a. A student found responsible for a violation has a right of appeal to the ADPE, ADPPCPD, or ADPhDPT, as appropriate utilizing the following process:
   i. The appeal to the appropriate Associate Director should be written on the PT Department Misconduct Appeal Form.
   ii. The appeal form must include the basis for appeal and be received by the Associate Director no later than five business days after the student has received written confirmation of the decision of the Student Progress Committee.
   iii. No new evidence is permitted in the appeal process.
   iv. During the appeal processes the student may continue to take classes as long as the student does not present a potential threat to others in the university. However, students will be prohibited from proceeding into any clinical internships (PTP 629,
630, 730, 823, 824, and 825) until their appeals are resolved since only students in good standing are permitted to proceed into these courses.

b. Within two weeks of receiving the Appeal Form, the AD will issue a written statement to the student either confirming, modifying or reversing the Hearing Committee’s decision. The appeal is final and no further appeals are permitted.

VII. **Record Keeping and Information Transmittal associated with a Professional Conduct Violation**
a. The Chair of the Professional Conduct Committee and the appropriate Associate Director shall record essential elements of the process and place them in the student's file in the PT Department.

Adopted date: 7-17-19 Replaces old Professional Conduct Policy

**Professional Conduct Policy:**
Sections below Revised 8/96:
- Section 2.2.1 - Attendance, Subsections 2.2.1.1., 2.2.1.2., 2.2.1.4., 2.2.1.7., 2.2.1.8
- Section 2.3.4 - General Use of Facilities, Subsections 2.3.4.1., 2.3.4.2., 2.3.4.3.

Revised August 1999 (7.4.2. and 7.4.3.)
Revised June 2000 (2.2.1.)
Revised August 2001 to replace MPT with DPT and Section 2.1.7.
Revised August 2002 (2.3 & 2.3.4.)
Revised August 2003 (2.1.7)
Revised June 2006 (2.1.7)
Revised August 2006 (2.2.1.3)
Revised November 2007 (entire document)
Revised June 2008 (1.2, 1.3, 7.5)
Reviewed July 2009
Revised September 2010
Revised June 2012
Revised July 2014
Appendix 1

At least 2 business days in advance of the Hearing:
   All potential witnesses’ names must be provided to the chair of the
   Student Progress Committee.
   If the student wishes to have a consultant present at the hearing,
   he/she must submit the name of their consultant. If the consultant is
   an attorney, the student is required to divulge that information to the
   chair of the SPC.
   Student under investigation may submit to the hearing committee a
   written statement regarding accusation and any supporting evidence.

The hearing will occur in this order:
   The student will make a presentation of his/her case to the committee.
   The faculty can then question the student.
   Witnesses will then testify.
      Witnesses invited by the accused student will testify.
      The committee can then question the accused student’s witnesses
      Witnesses the chair invites based on the preliminary investigation will testify.
      The student can then question the witnesses called by the committee chair.
   The accused student will then be excused from the hearing for committee deliberation in private.

The student will be notified of the outcome of the hearing within 10 business days via a formal
letter prepared by the Chair of Student Progress Committee informing the student whether they
have been found “responsible” or “not responsible” for the alleged violation and the applicable
sanctions. The letter will also inform the student of the appeals process. Sanctions are effective
immediately, pending appeal, following a student notification of the hearing outcome unless
otherwise specified in the notification letter from the Student Progress Committee chair.
MISCONDUCT INCIDENT REPORT

The purpose of this document is to report incidents of suspected misconduct violations as specified in the Misconduct Policy and Procedure for PTD Programs. Suspected incidents may be reported by faculty, staff, or students. The “Student Comments/Plan for Improvement of Problem Area” will be filled out by the student after discussion with their faculty advisor or a faculty member if the incident occurred in a class session. The faculty member with whom the student met will fill out the “Resolution/Plan” section of the form. Turn in form to the Chair of the Student Progress Committee.

Student: _____________________  PT Course: __________________  Date Report Submitted __________

Incident Date: ________________

Faculty/Staff/Student Reporting Incident (optional): ______________________________

Description of Incident:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Student Comments (optional):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature of Reporting Individual (optional): ____________________________________
Date: ______________________

Presence of student signature indicates that the student has read and discussed the incident with the reporting faculty/staff/student. This is not required for form completion. Incident Reports are subject to review by the Chair of the Student Progress Committee. Further action by the Committee will be considered on a case-by-case basis.

Copies to: Student’s File, Chair of PT Student Progress Committee File, Faculty advisor and appropriate Associate Director notified of the incident
Misconduct Appeal Form

Submit this form to the ADPE, ADPPCPD, or ADPhDPT as appropriate within 5 business days of receiving written confirmation of the decision of the Hearing Committee

Student Name: ____________________________ Date Filed: ____________________________

Student Signature: ________________________________________________________________

Basis for appeal: (Check all that apply)

_____ The decision made by the Hearing Committee is in violation of established departmental, school or university policies or procedures.

_____ The decision of the Hearing Committee is clearly prejudicial, grossly inequitable, or academically indefensible.

_____ The sanctions are disproportionate to the nature of the violation.

Statement citing evidence to support the indicated basis for appeal:

Form approved by Physical Therapy Faculty: Nov. 2007
Revised 6/08
Revised 6/12
Revised 3/2019
UNIVERSITY OF MICHIGAN-FLINT  
College of Health Sciences  
Physical Therapy Department  
Academic and Professional Development Advising Summary Form

Student Name: 

<table>
<thead>
<tr>
<th>Topics to be Discussed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current academic performance</td>
<td></td>
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<tr>
<td>Current clinical performance</td>
<td></td>
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<tr>
<td>Professional Development</td>
<td></td>
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<td>• APTA membership</td>
<td></td>
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<td>• Core Values</td>
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<tr>
<td>• Professional Behaviors</td>
<td></td>
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<tr>
<td>Service Hours</td>
<td></td>
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<tr>
<td>Financial Issues</td>
<td></td>
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<td>• FAFSA</td>
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<tr>
<td>• Financial Aid</td>
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<tr>
<td>Personal Issues</td>
<td></td>
</tr>
<tr>
<td>Class Relations</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Plan: The student will

- Request tutoring
- Utilize writing center
- Consult health care provider services
- Contact Student Services
- Contact Women’s Center
- Other:

Faculty Signature          Date

Student Signature           Date

Note: Both faculty and student signatures acknowledge that the advising meeting occurred with the above information discussed.
Physical Therapy Core Values and Professional Behaviors/Generic Abilities Form

This document was designed by the Student Professional Development Committee of the professional preparation Physical Therapy program at the University of Michigan-Flint. It is intended to be used as a learning and monitoring tool for the professional socialization of physical therapy students. The committee integrated the Generic Abilities and Core Values endorsed by the APTA within this document. A student may be requested to complete this form at one or more points in the physical therapy professional education program. Failure to comply

Categories were arranged to best fit on the page and do not reflect a prioritization preference. A few criteria were reworded to suit the UM-F program. After each criterion the reader will find a parenthetical acronym indicating the source of each criterion. Consult the key below for the expanded meaning of the acronym and the source document for the criteria.

KEY

<table>
<thead>
<tr>
<th>Generic Abilities/Professional Behaviors</th>
<th>Core Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL Commitment to Learning</td>
<td>Acct</td>
</tr>
<tr>
<td>IS Interpersonal Skills</td>
<td>Alt</td>
</tr>
<tr>
<td>CS Communication Skills</td>
<td>CC</td>
</tr>
<tr>
<td>TR Effective Use of TIME RESOURCES</td>
<td>Exc</td>
</tr>
<tr>
<td>CF Constructive Feedback</td>
<td>Int</td>
</tr>
<tr>
<td>PS Problem Solving</td>
<td>PD</td>
</tr>
<tr>
<td>P Professionalism</td>
<td>PD</td>
</tr>
<tr>
<td>R Responsibility Critical</td>
<td>SR</td>
</tr>
<tr>
<td>CT Thinking Stress</td>
<td></td>
</tr>
<tr>
<td>SM Management</td>
<td></td>
</tr>
</tbody>
</table>

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Student Name: _____________________________________________

Faculty Advisor Name: _______________________________________
Circle your perception of your performance on each of the following items using the following scale:

1 = None of the time (N)  
2 = Little of the time (L)  
3 = Some of the time (S)  
4 = Most of the time (M)  
5 = All of the time (A)

<table>
<thead>
<tr>
<th>Category: Communication</th>
<th>Criteria</th>
<th>Ranking #1 Date:</th>
<th>Ranking #2 Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(N)  (L)  (S)   (M)  (A)</td>
<td>(N)  (L)  (S)   (M)  (A)</td>
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<tr>
<td>Written Verbal</td>
<td>1. Initiates active listening skills (CF)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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<tr>
<td>Non-Verbal Respect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality Use</td>
<td>2. Maintains two-way information: email, mailbox, call-in, faculty/staff/students groups (CF)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>of personal space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Communicating accurately to others: content (Acct)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td></td>
<td>4. Uses correct written grammar; accurate spelling and expression; writes legibly (CS)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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<tr>
<td></td>
<td>5. Recognizes impact of non-verbal communication; maintains eye contact (CS)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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<tr>
<td></td>
<td>6. Articulates ideas (CT)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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<tr>
<td></td>
<td>7. Preserving confidentiality of individuals in all professional contexts (PD)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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<tr>
<td></td>
<td>8. Communicating effectively, both verbally and non-verbally with others taking into consideration individual differences in learning styles, language, cognitive abilities, etc. (CC)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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<tr>
<td></td>
<td>9. Communicates with respectful confident manner; respects personal space of patients and others (IS)</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
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Comments:
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<td>(N) (L) (S) (M) (A)</td>
<td>(N) (L) (S) (M) (A)</td>
</tr>
<tr>
<td>Use of Feedback</td>
<td>Tolerance to Ambiguity</td>
<td>Problem Solving</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
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<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Seeking and responding to feedback from multiple sources (Acct)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>2. Assuming responsibility for learning and change (Acct)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>3. Actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance (CF)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>4. Demonstrates a positive attitude toward learning; offers own thoughts and ideas; identifies need for further information (CL)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>5. Educating peers in a manner that facilitates the pursuit of learning (Acct)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>6. Conveying intellectual humility in professional and interpersonal situations (Exc)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>7. Demonstrating a tolerance for ambiguity (Exc)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>8. Pursuing new evidence to expand knowledge (Exc)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>9. Sharing ones’ knowledge with others (Exc)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>10. Begins to examine multiple solutions to a problem (PS)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>11. Raises relevant questions; considers all available information (CT)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>12. Knowing one’s limitations and acting accordingly (Int)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>13. Demonstrates acceptance of limited knowledge and experience (IS)</td>
<td>1 2 3 4 5</td>
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Comments:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Ranking #1 Date:</th>
<th>Ranking #2 Date:</th>
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<tr>
<td><strong>Altruism</strong></td>
<td>(N) (L) (S) (M) (A)</td>
<td>(N) (L) (S) (M) (A)</td>
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<tr>
<td><strong>Compassion</strong></td>
<td></td>
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<tr>
<td><strong>Caring</strong></td>
<td></td>
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<tr>
<td>To Self</td>
<td></td>
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<tr>
<td>To Others: Patients, Clients, Faculty, Staff, Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Confronting harassment and bias among ourselves and others (Int)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>2. Preserving the safety, security of individuals in all professional contexts (PD)</td>
<td>1 2 3 4 5</td>
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<tr>
<td>3. Promoting community volunteerism (SR)</td>
<td>1 2 3 4 5</td>
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<tr>
<td>4. Understanding socio-cultural, psychological and economic influences on the individual’s life in their environment (CC)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>5. Understanding an individual’s perspective (CC)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>6. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases (CC)</td>
<td>1 2 3 4 5</td>
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<tr>
<td>7. Recognizing the patient’s/client’s emotional and psychological aspects of care (CC)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>8. Demonstrating respect for others and considers others as unique and of value (CC)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>9. Respects cultural and personal differences of others; non-judgmental about lifestyles (IS)</td>
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Comments:
<table>
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<tr>
<td>Professionalism</td>
<td>1. Demonstrating investment in the PT profession (Exc)</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Career</td>
<td>2. Adhering to the code of ethics, standards of practice and p/p that govern the conduct of professional activities (Acct)</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Development</td>
<td>3. Maintaining membership in APTA (Acct)</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>4. Abides by facility p/p; projects professional image; continuous regard for all (P)</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>5. Adhering to the highest standards of the profession (Int)</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>6. Articulating and internalizing stated ideals and professional values (Int)</td>
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<tr>
<td></td>
<td>7. Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations (SM)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>8. Taking pride in one’s professions (PD)</td>
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<tr>
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<tbody>
<tr>
<td>Adaptive Behavior Moral Behavior Ethical Behavior</td>
<td>1. Acknowledging and accepting consequences of his/her actions (Acct)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>2. Demonstrates dependability, punctuality; follows through on commitments; recognizes own limits (R)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>3. Abiding by rules, regulations, and laws applicable to the profession (Int)</td>
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<td>1 2 3 4 5</td>
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<td></td>
<td>4. Recognizes moral and ethical dimensions within PT education and professional practice settings (Int)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>5. Being trustworthy (Int)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>6. Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitation; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in a timely fashion(TR)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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Comments:

Summary of Strengths:

Summary of Areas to Improve:
PROFESSIONAL DPT POLICY, PROCEDURES, AND GUIDELINES COMPLIANCE FORM

Compliance with existing policies and procedures is mandatory. Changes in existing policies and procedures supersede existing policies and procedures and become immediately effective for all students enrolled in the professional DPT program unless otherwise noted in the individual policy and/or procedure.

I am aware that I will receive such changes as they may occur. I acknowledge I have read and fully understand the policies and procedures that are within the DPT Student Handbook and Clinical Education Handbook. I also understand that it is my responsibility to seek answers to questions that I have regarding information that is not clear to me. Furthermore, I may locate that information for DPT students at UM-Flint in these handbooks and at https://www.umflint.edu/pt/current-students and I am responsible to read that information. I understand that the Professional DPT Program has assigned a faculty advisor and a clinical education advisor to me and that I can seek clarification from my advisor or from any faculty member including the Associate Director of Professional Education.

Name: ____________________________________________________________________________
(Please Print)  Signature

Date: ____________________________

To be signed, dated, and returned at the DPT student orientation.