University of Michigan-Flint
School of Health Professions and Studies
Physical Therapy Department

DPT STUDENT HANDBOOK
2018-2019

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Flint, MI 48502-1950

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- APTA Facebook
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- APTA Current Students Home Page
- APTA Student Assembly Home Page
- APTA Student Assembly Facebook
- APTA Student Assembly Twitter@APTASA

Michigan Physical Therapy Association (MPTA)

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Department of Public Safety....................................................................................http://www.UM-Flint.edu/safety/
Inclement Weather Policy.......................http://www.UM-Flint.edu/safety/personalsafety/weather.htm
Marian E. Wright Writing Center.................................http://www.UM-Flint.edu/writingcenter/

Student Success Center – Academic Advising........................................http://www.UM-Flint.edu/advising/
  Tutoring..........................https://www.UM-Flint.edu/tutoring/student-success-center-tutoring
Counseling Services..................................http://www.UM-Flint.edu/caps/counseling_services.htm
Accessibility Services...........................http://www.UM-Flint.edu/caps/accessibility_services.htm
Ellen Bommarito LGBTQ Center..........................................................http://www.UM-Flint.edu/lgbt/
Women’s Educational Center..........................................................http://www.UM-Flint.edu/wec/
International Center............................................................................http://www.UM-Flint.edu/international/
Student Government.............................................................................http://www.UM-Flint.edu/sgc/
Early Childhood Development Center (ECDC)......................................http://www.UM-Flint.edu/ecdc/
Office of the Ombuds...........................................................................https://www.UM-Flint.edu/dsa/ombuds.htm
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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

UM – 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
UM – Flint Physical Therapy Department

Mission Statement

The mission of the UM – Flint Physical Therapy Department is to improve human movement and function, promote health and well-being, and enhance individual’s ability to participate in and contribute to society by advancing the practice of physical therapy.

We accomplish our mission by:

- Preparing highly skilled physical therapists with the knowledge, skills and professional judgment to practice in a wide range of practice settings, use evidence-based decision making in their clinical practice, engage in continuous professional development, and function with a well-developed sense of professionalism and social responsibility in an evolving, culturally diverse, interdisciplinary system;
- Conducting research and scholarly activities that advance the evidence-based practice of physical therapy and inform the education of practitioners;
- Providing post-professional degree programs and continuing professional education supporting lifelong learning and professional advancement;
- Preparing the next generation of researchers and teachers to advance the practice of physical therapy; and
- Engaging with the multiple communities we serve and our profession to improve access to healthcare and physical therapy services.

Our work is guided by the following principles:

- Act with professional and ethical responsibility. (Professional duty, Integrity, Responsibility)
- Foster environments for collaboration, diversity, service, and accountability. (Accountability)
- Act with caring and compassion. (Caring and Compassion)
- Support and reward excellence and innovation. (Excellence)
- Create competencies for lifelong learning. (Continuing Competence)
- Use evidence-based decision making in all physical therapist practice.
- Advocate for patient-centered care, access and equity. (Altruism)
- Service to benefit our community and our profession. (Social Responsibility, Professional Duty)
UM – Flint Physical Therapy Department
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 therapy 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.
UM – 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 out-patient 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.

UM – Flint Physical Therapy Department
Physical Therapist Practice Expectations


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.
### Core Value Definitions

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<thead>
<tr>
<th>Core Value</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Accountability</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>Altruism</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>Compassion/Caring</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>
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<td>Excellence</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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<td>Integrity</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>
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<td>Professional Duty</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>Social Responsibility</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.
**UM – 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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<tr>
<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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<tr>
<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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<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>
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<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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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.

Name (Please Print)                     Date

Signature                               Date

Adopted 7/97
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<td></td>
<td>655 Fundamentals of Tests and Measures (3)</td>
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<td>681 Teaching, Learning &amp; Health Education (2)</td>
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<td></td>
<td>627 Introduction to Musculoskeletal Practice (3)</td>
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<td>648 Pharmacology (3)</td>
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<td></td>
<td>692 Integration &amp; Critical Thinking I (1)</td>
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<td>703 Biophysical Agents (2)</td>
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<td>705 Soft Tissue Techniques (2)</td>
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<td>821 Statistical Analysis Quantitative Research (3)</td>
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<td></td>
<td>Elective Courses:</td>
<td>602 Independent Research</td>
<td>INT 604 Int. Service Learning - Honduras (3)</td>
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<td>602 Independent Research</td>
<td>INT 604 Int. Service Learning - Honduras (3)</td>
<td>INT 604 Int. Service Learning - Honduras (3)</td>
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<td>41 cr</td>
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<td>12 cr + elective</td>
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<td>764 Therapeutic Exercise (3)</td>
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<td>765 Full-Time Clinical Experience (4)</td>
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<td>752 Neurovascular Examination &amp; Practice I (3)</td>
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<td>761 Pediatric Conditions (2)</td>
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<td>Elective Course:</td>
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<td>INT 604 Int. Service Learning - Honduras (3)</td>
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<td>INT 604 Int. Service Learning - Honduras (3)</td>
<td>INT 604 Int. Service Learning - Honduras (3)</td>
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<td>42</td>
<td>16 cr</td>
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<td>728 Musculoskeletal Practice: Axial Skeleton (3)</td>
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<td>641 Medical &amp; Surgical Conditions in Practice (2)</td>
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<td>685 Therapeutic Relationships &amp; Cultural Comp. (2)</td>
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<td>682 Professional Practice Management (5)</td>
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<td>893 Professional Issues (1)</td>
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<td></td>
<td>684 Integration &amp; Critical Thinking in PT II (2)</td>
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<td></td>
<td>Elective Courses:</td>
<td>602 Independent Research</td>
<td>PTP 759 Biomechanics of Sports &amp; Exercise (3)</td>
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<td></td>
<td>602 Independent Research</td>
<td>INT 604 Int. Service Learning - Honduras (3)</td>
<td>INT 604 Int. Service Learning - Honduras (3)</td>
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<tr>
<td></td>
<td>769 Advance Topics in Physical Therapy (1-3)</td>
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<td></td>
<td>1 cr</td>
<td>5 cr.</td>
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</tbody>
</table>

Total Credit Hours = 129
## ADMINISTRATIVE PROCEDURES FOR PROFESSIONAL DPT STUDENTS

<table>
<thead>
<tr>
<th>COMPUTER PRINTING</th>
<th>Open computer lab 3174 WSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>XEROXING</td>
<td>A coin operated copier is located on the 1st floor WSW and also in 3174 WSW.</td>
</tr>
<tr>
<td>NAME TAG</td>
<td>The department will provide one free name tag to the student. Each student will be required to complete a form with appropriate information. The name tag is to be worn for all clinical education experiences and when representing the department at various events. If the student requires a replacement the cost is their responsibility.</td>
</tr>
<tr>
<td>REGISTRATION</td>
<td>Before open registration of each semester, the student will be given a list of classes. Follow the directions on the list of classes. Registration is done via the web up until the first day of class.</td>
</tr>
<tr>
<td>COURSE TRANSFER REQUEST</td>
<td>A student may request transfer credit for a specific course. See Guidelines for the Transfer of Credit of Previous Course Work in Partial Fulfillment of Requirements for Professional DPT.</td>
</tr>
<tr>
<td>HEALTH INSURANCE</td>
<td>Students must provide evidence of current health insurance coverage. See Health Care Policy and Procedure.</td>
</tr>
<tr>
<td>RENEWAL OF HEALTH EVALUATION, TB TEST, HEP B, and CPR</td>
<td>All students must provide evidence of a current health evaluation (form provided), proof of a negative TB test, and proof that they have begun or completed the HEP vaccination series. Students must also provide proof of current CPR certification. These documents must be submitted to the Administrative Assistant for Clinical Education by the due date.</td>
</tr>
<tr>
<td>GRADUATION</td>
<td>In order for students to graduate from the University of Michigan – Flint, they must submit an application for graduation on or before the posted deadline (deadlines are posted in the Schedule of Classes). <a href="http://www.UM-Flint.edu/registrar/graduation_commencement.htm">http://www.UM-Flint.edu/registrar/graduation_commencement.htm</a></td>
</tr>
<tr>
<td>LICENSURE</td>
<td>The Physical Therapy Department will provide students with the information and URL’s for the licensure process no later than the semester prior to the first clinical internship (the last semester of classes on campus). Students will need to apply for licensure in the jurisdiction/state in which he/she wishes to practice. The application requires fingerprinting and a criminal background check. In addition, the student will need to pass the jurisprudence exam for that state. The student will also apply through the Federation of State Boards of Physical Therapy (FSBPT) to take the National Physical Therapy Exam (NPTE). Students in good standing may be allowed to take the NPTE during their last semester. Students may also wait until after graduation to take the NPTE. In most states an official transcript with the DPT degree posted must be mailed in to finalize the license application. The process will take 4-6 weeks after</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>Students are not eligible for employment as a Physical Therapist. Graduates may only practice as a physical therapist upon successful completion of the licensure process for the jurisdiction you are planning to work in. During your clinical education experiences, prior to accepting employment, please refer to the Work Site Relationships Policy and Procedure Job Acceptance Policy (Clinical Education Handbook).</td>
</tr>
</tbody>
</table>

Rev. 6/06; 6/07; 6/08; 6/11; 8/15
Policy and Procedure for Use of Lockers

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, inflammable 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
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.

Approved: 6/08
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
School of Health Professions and Studies
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
UNIVERSITY OF MICHIGAN – FLINT
School of Health Professions and Studies
Physical Therapy Department

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
School of Health Professions and Studies
Physical Therapy Department

Academic Standards Policy and Procedures for Professional DPT Program

I. OPERATIONAL DEFINITIONS
For the purposes of this policy, the following operational definitions are employed:
A. Admitted Students: Students who have been admitted to the Professional DPT Program but who have not commenced professional course work.
B. Professional DPT Program: three year professional program to enter the profession of physical therapy.
C. Year One: From the beginning of Fall term through the end of the Summer term in the first year of the Professional DPT Program.
D. 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.
E. 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.
F. Core faculty: Individuals appointed to and employed primarily in the Professional DOT 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.
G. Associated Faculty: Individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty.
H. Core Courses: courses in the Professional DPT Program whose course numbers are solely designated by the prefix “PTP”.
I. Support Courses: Courses in the Professional DPT Program that are jointly numbered or that are offered solely by another academic unit.
J. Grading System for the Professional DPT Program:
   1. Definitions: A, excellent; B, good; C, fair; D, poor; E, failure; F, fail; I, incomplete; Y, Course in Progress; W, officially withdrawn; P, pass, as defined by the university registrar.
   2. Grades of C- and below are considered failing grades. Courses in which a C- or below is earned do not count toward the Professional DPT degree requirements.
   3. 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 (see sections K and L).
   4. Only Professional DPT Program courses and PT Department Independent Study courses will count in the GPA calculation.
   5. Grade point scale for Professional DPT Program:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Honor Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
</tr>
<tr>
<td>Letter Grade</td>
<td>Honor Points</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>C-</td>
<td>1.7</td>
</tr>
<tr>
<td>D+</td>
<td>1.3</td>
</tr>
<tr>
<td>D</td>
<td>1.0</td>
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<td>D-</td>
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<tr>
<td>E</td>
<td>0</td>
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<tr>
<td>P*</td>
<td>0</td>
</tr>
<tr>
<td>F*</td>
<td>0</td>
</tr>
</tbody>
</table>

*Not considered in computing grade point average.

K. Incomplete: All course work and exams are required to be completed by the end of the semester. An incomplete grade may be assigned to a student by the course instructor in situations where the student was unable to complete in a timely manner the required coursework due to unforeseen circumstances. The procedures for completed courses in which an initial “I” grade is assigned are outlined in section 3.6.

L. Good Standing: A student with an overall GPA of 3.0 (on a 4.0 scale) or higher.

II. INSTITUTIONAL AUTHORITY

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 (as defined in section III).

B. 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.

III. GENERAL ACADEMIC STANDARDS POLICY

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

A. Admitted students must satisfactorily complete all requirements that are stated as a condition of their admission.
   1. If an admitted student fails to comply with conditions of admission to the Professional DPT Program:
      a. The admitted student is in violation of this policy and admission to the program will be rescinded.

B. 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.

C. DPT Degree Progression and Graduation Requirements:
   In order to graduate, students must meet ALL of the following criteria:
   1. Achieve an overall GPA of 3.0 (on a 4.0 scale) or higher, both prior to initiation of the final clinical internships (PTP 823, 824, 825) and upon completion of the degree program, and
      a. Students who do not achieve a cumulative GPA of 3.0 (on a 4.0 scale) at the completion of the didactic portion of the curriculum (Fall-Year 3) will be dismissed from the program.
   2. Receive a grade of C or C+ in no more than 3 courses in the didactic portion of the curriculum (Year 1, Year 2 and Fall Year 3)
a. Grades of C- and below are failing grades.

b. Students who fail a course during the didactic portion of the curriculum will be dismissed from the program.

3. Students must pass each of the three final internships (PTP 823, 824, 825) with a grade of B- or above except as provided in section D4.

4. A grade of C+ or below in one of the final clinical internships (PTP 823, 824, 825) is a failing grade. See Satisfactory Completion of Clinical Education Policy for procedures.

D. Academic Probation

1. Students are placed on academic probation for any semester in which their cumulative GPA falls below 3.0 (on a 4.0 scale or 5.0 on a 9.0 scale) or they fail a final clinical internship.
   a. Students on academic probation are not eligible for department scholarships. (If student has a professional misconduct violation, refer to the Professional Conduct Policy section 8.5).

2. Probationary Actions for Full-Time Students
   a. the first semester a student is placed on a probationary status, he/she will be issued a warning.
   b. The second semester a student is placed on a probationary status, he/she will be issued an up-or-out warning.
   c. If the student cannot achieve an overall GPA of 3.0 (on a 4.0 scale or 5.0 on a 9.0 scale) or higher by the end of the semester they are on up-or-out status, the student will be dismissed from the program.

3. Probationary Actions for Part-Time Students
   a. The first semester a student is placed on probationary status, he/she will be issued a warning.
   b. The third semester a student is placed on probationary status he/she will be issued an up-or-out warning.
   c. If the student cannot achieve an overall GPA of 3.0 (on a 4.0 scale or 5.0 on a 9.0 scale) or higher by the end of the semester they are on up-or-out status, the student will be dismissed from the program.

4. Probationary Actions for Students in Final Clinical Internships
   a. Students will remain on probationary status while they are repeating a failed internship.
      1. Failure in the repeat internship will result in immediate dismissal from the program.
      2. Successful completion of the repeat internship will remove the student from probationary status.

E. Resolution of Incomplete Course Grades

1. The student and the instructor must discuss the matter of the “incomplete” prior to its assignment.

2. A grade of “I” (incomplete) will automatically revert to “E” if all work is not satisfactorily completed by the end of the school week of the next semester in which the student is registered for classes.
   a. If for sufficient reasons a student cannot resolve the incomplete within the two-week period, the course instructor will determine if an extension will be granted.
   b. If an extension is recommended, a Grade Extension Request form must be approved by both the Associate Director for Professional Education and the course instructor and forwarded to the Office of the Registrar.
3. In the case where a student is enrolling in a clinical education course in the following semester, the “I” must be positively resolved before the student can participate in the clinical education course. In these cases, the time limit to resolve the incomplete course may be shorter and must be discussed with the Associate Director of Clinical Education.

4. 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+.

F. Course Final Exam Repeat
1. Availability of a repeat exam is the prerogative of the course instructor.
2. Only one repeat exam is provided if the faculty member teaching the course has specified a repeat exam in the course syllabus. If a repeat exam is offered and the repeat schedule is not specified in the course syllabus, then the student must complete the repeat by the end of the Physical Therapy Department designated final exam period.
3. Preparation for the repeat exam is the responsibility of the student.
4. 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.

G. Temporary Program Withdrawal
1. Students may request to temporarily withdraw from the Professional DPT Program with intent to return to have time to deal with matters that affect their ability to perform well in the program. Such a request is made through a letter to the Associate Director for Professional Education and must receive core faculty approval.
2. 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.
3. To re-enter the program following a temporary program withdrawal the student must:
   a. Submit a letter to the Associate Director for Professional Education requesting re-entry into the Professional DPT Program not later than 30 days before the proposed re-entry date.
   b. 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.
   c. Satisfy other requirements for return that were specified in the letter from the Associate Director for Professional Education approving the temporary program withdrawal.

IV. ACADEMIC ADVISING
A. Staff will review students’ academic performance at the end of each semester and notify faculty advisors of students who are required to receive academic advising based on the criteria in IV-C. Students will receive a letter directing them to contact their advisor.
B. Students who have less than 3.0 cumulative GPA (4.0 scale) “or” who received a grade of C+ or C during the previous academic semester will be required to prepare a written plan that addresses:
   1. Means to improve their academic performance in future courses
2. Resources/methods to review in areas of academic weakness as demonstrated by prior course performance, and
3. A statement on how the student will demonstrate completion of the plan.

The student must contact and set up a meeting with their faculty advisor to present this plan to their faculty advisor for discussion, modification, and approval within two weeks of the beginning of the next semester.

C. Students who have less than 3.0 semester GPA (4.0 scale) “or” who received grades of B- or less during the previous academic semester will be required to prepare a written plan that addresses:
   1. Means to improve their academic performance in future courses,
   2. Resources/methods to review in areas of academic weakness as demonstrated by prior course performance, and
   3. A statement on how the student will demonstrate completion of the plan.

The student must contact and set up a meeting with their faculty advisor to present this plan to their faculty advisor for discussion, modification, and approval within two weeks of the beginning of the semester.

V. OPERATIONAL PROCEDURES
A. Student Orientation: The Associate Director for Professional Education shall review the Professional DPT Program Academic Standards Policy and Procedures with students.
B. Student Notification of Academic Standards Violations: After determination by the Professional DPT Program core faculty that an academic standards violation has occurred, the Associate Director for Professional Education will inform the student in writing:
   1. That the violation occurred,
   2. The academic consequence of the violation, and
   3. The appeal process for the academic standards sanction.
C. 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:
   1. The decision is in violation of established departmental, school or university policies or procedures.
   2. New evidence is presented which bears upon the validity of the faculty’s decision.
   3. 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 seven business days after the student has received written confirmation of the faculty’s decision.
   1. 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.
   2. 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.
3. 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. In cases involving issues of academic integrity as cited in the University catalogue, violations will be processed under the Professional Conduct Policy & Procedures for the Professional DPT Program.

E. Following appeal to the Associate Director for Professional Education, the student may seek further appeal to the Academic Standards Committee of the CHS.
   1. Students pursuing an appeal at the CHS level will find instructions and appropriate forms on the CHS webpage: http://www.UM-Flint.edu/CHS/GeneralInfo/CHS_committees.htm
   2. The decision of the Academic Standards Committee of the School of the Health Professions and Studies shall be final.

VII. RECORD KEEPING AND INFORMATION TRANSMITTAL

A. The PT Department will maintain the official departmental student record for the Professional DPT Program students.

B. In case of an appeal, appropriate student information will be forwarded to the body hearing the appeal.

C. Information related to academic discipline of a student is available to that student in their file.
UNIVERSITY OF MICHIGAN-FLINT
School of Health Professions and Studies
Physical Therapy Department

Professional Conduct Policy and Procedure for Professional DPT Program

Physical therapists should be consistently aware that the physical therapy profession is judged in part by the social and business conduct of its members. Students who enroll in the Professional DPT program within the Physical Therapy Department (PTD) agree to comply with certain obligations and responsibilities. As such, students admitted to the Professional DPT program are expected to observe approved standards of professional conduct, some of which relate to ethical principles and others which relate to expected behavior. The Professional Conduct Policy and Procedure is built on the premise that students uphold and conduct themselves at all times in a manner which demonstrates appropriate professional conduct with regard to the Core Values of the American Physical Therapy Association (APTA) [BOD P05-04- 02-03]: 1) accountability, 2) altruism, 3) compassion/caring, 4) excellence, 5) integrity, 6) professional duty, and 7) social responsibility emphasizing honesty, ethics, and sound professional behavior as they support others in maintaining these same values. The same personal integrity that prevents students from acting dishonorably or unprofessionally compels them to do something about unethical behavior that they observe in others. In the PTD collegial model, physical therapy faculty and students collectively have responsibility to uphold the standards of academic integrity, professional integrity, and accountability. This policy applies to physical therapy students in all settings including the classroom, laboratory, clinical settings, and professional activities and meetings. Physical therapy students should conduct themselves, in all situations, in a manner that reflects positively on the University, faculty, staff, profession, classmates, and on themselves.

This document describes the professional conduct policy and procedures, including the expectations for professional conduct and the responses to violations of professional conduct by students enrolled in the Professional DPT Program in the PTD. The Professional Conduct Policy and Procedure covers all students’ nonacademic and extracurricular activities including use of electronic media (e.g. cell phones, iPhones, Blackberries, social networking pages, and web pages) whether these activities take place on or off campus and whether or not they are affiliated with, sponsored by, or sanctioned by the PTD, including work and internships. Students may be sanctioned for misconduct that has an adverse impact on the University of Michigan-Flint, the Physical Therapy Department and professional programs, the student’s suitability for continued enrollment or the student’s fitness for the physical therapy profession.

1.0 PROFESSIONAL CONDUCT IN ACADEMIC AND NON-ACADEMIC SETTINGS.
1.1 Definitions and Explanations of Conduct

1.1.1 Academic Integrity: In the collegial model, the physical therapy faculty and students collectively have responsibility to uphold the standards of academic integrity. This is not only a matter of ethical behavior, but also of public safety since students who have violated the standards of academic integrity potentially lack necessary knowledge to safely and effectively treat physical therapy patients. Therefore, violations of academic integrity standards are considered very serious matters. The PTD faculty adopts by reference the University of Michigan-Flint policy on Academic Integrity, UM-Flint current catalog.

Students may not deceive for the purpose of individual gain for themselves or another person. Such deception indicates that the student is not prepared to undertake the responsibilities of professional practice. Such deception may include, but is not limited to the following:

1.1.1.1 Plagiarism: taking credit for someone else’s work or ideas, submitting a piece of work (for example an essay, research
paper, assignment, laboratory report) which in part or in whole is not entirely the student’s own work without fully and accurately attributing those same portions to their correct source.

1.1.2. Cheating: using unauthorized notes; study aids; old exams, quizzes or assignments; or information from another student or student’s paper on an examination or assignment; altering a graded work after it has been returned, then submitting the work for re-grading; allowing another person to do one’s work, then submitting the work under one’s own name.

1.1.2.1. The student is to presume that the quiz, examination or assignment is to be done independently without input from other students unless explicitly stated on a test or assignment that collaboration is allowed.

1.1.2.1.1. While taking any form of examination, a student is not permitted to ask another student for clarification on exam questions or instructions. Likewise, a student who provides another student any information during an examination is assumed to be aiding and abetting the other student.

1.1.2.1.2. Conversing with electronic media or using any form of electronic media during any form of examination to anyone other than the course instructor is strictly prohibited.

1.1.3. Fabrication: fabricating data; selectively reporting or omitting conflicting data for deceptive purposes; presenting data in a piece of work when the data were not gathered in accordance with guidelines defining the appropriate methods for collecting or generating data; failing to include a substantially accurate account of the method by which the data were gathered or collected.

1.1.4. Aiding and Abetting: providing material or information to another person when it should reasonably be expected that such action could result in the other student using these materials or information for an examination or assignment which was to be performed independent of other students.

1.1.4.1. Providing another student with information regarding the content or focus of written or practical examinations before the receiving student has completed the examinations is considered a violation of this policy.

1.1.5. Misrepresentation and Other Acts of Academic Dishonesty: Fraudulently obtaining and/or using academic materials that would give oneself an unfair advantage over other students or would deceive the person evaluating one’s academic performance.

1.1.2. Deception for the purpose of individual gain for themselves or another person violates the principles of integrity and accountability. Acts of deception indicate that the student is not prepared to undertake the responsibilities of professional practice. In addition to the Students’ Responsibilities stated in the University of Michigan-Flint catalog under the Student Rights Policy, the following activities are prohibited. Examples for each item listed below are not intended to be all-inclusive.

1.1.2.1. Falsification of Records and Official Documents:
altering documents affecting academic records; forging
a signature of authorization or falsifying or omitting necessary information on an official academic document, election form, grade report, letter of permission, petition, or any document designed to meet or exempt a student from an established department, school, or university academic regulation; falsification or unauthorized altering of information in any official academic computer file.

1.1.2.2. Identity Theft: assuming another person’s identity or role through deception or without proper authorization. Communicating or acting under the guise, name, identification, email address, signature, or indicia of another person without proper authorization or communicating under the rubric of an organization, entity, or unit that you do not have authority to represent.

1.1.3. Misuse of Community Assets Including:
   1.1.3.1. Removing or damaging assets such as library and other academic or nonacademic reference materials, information technology resources, furniture, equipment or supplies.
   1.1.3.2. Defacing or other damaging of facilities (including university-owned housing facilities).
   1.1.3.3. Tampering with fire or other safety equipment.
   1.1.3.4. Employing community assets in any activity that constitutes an attempted violation of any department, school, or university policy, procedure, guideline or rule.
   1.1.3.5. Using such assets for personal gain such as generating personal income through consulting activities.

1.1.4. Disruptive Conduct:
   1.1.4.1. Includes obstructing or disrupting classes, research projects, talks or other presentations, or other activities or programs of the school or other parts of the University.
   1.1.4.2. Includes obstructing access to department community assets or to similar resources in other parts of the University.
   1.1.4.3. Excludes any behavior protected by the university’s policy on “Freedom of Speech and Artistic Expression” (University of Michigan Standard Practice Guide 601.1).

1.1.5. Harassment: including not only sexual harassment, but also hazing, stalking, repeatedly sending e-mails, making derogatory statements on social networking pages or other electronic media, making phone calls or transmitting documents that are uninvited and unwanted, making threats, and any other wrongful conduct that seriously interferes with the work or study of any member with whom the offer is interacting in connection with any department program or activity. The university’s definition of sexual harassment can be found in the Student Rights Policy in the UM-Flint catalog.

1.2. Student Expectations for Conduct with Regard to Personal Behavior in Educational, Clinical, and Professional Settings. Students are expected to:
   1.2.1. Comply with Federal and State of Michigan laws and regulations related to licensure and professional practice (e.g., HIPAA).
   1.2.2. Comply with the University of Michigan-Flint Students’ responsibilities specified in the Student Rights Policy found in the University of Michigan-Flint catalog.
1.2.3. Comply with the policies, procedures, and guidelines established by the School of Health Professions and Studies, the Physical Therapy Department, and the Professional DPT program in which students are enrolled. In addition, students are responsible for being informed of the policies, procedures, and guidelines that govern their Professional DPT program and all updates.

1.2.3.1. As a condition of enrollment, sign the required PT Department Policy, Procedures, and Guidelines Compliance Form.

1.2.4. Conduct themselves in strict compliance with the APTA Code of Ethics, Standards for Practice, Guidelines for Professional Conduct, and Core Values. Should any conflict exist between these documents, due to differences in integration or subsequent modification, the APTA Code of Ethics takes precedence. Students receive the above documents within the first semester of the Professional DPT program.

1.2.5. Maintain a personal appearance and demeanor that reflects student professional function. Personal attire should always be neat and appropriate to the situation.

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

1.2.7. Demonstrate the highest concepts of honor and personal integrity.

1.2.8. Undertake the study of physical therapy with good intent. Students are obligated to develop to their maximum potential knowledge, skill and attitudes, as described in the Professional Socialization and Development Policy and Procedure, to equip them to meet the needs of the clients/patients they will serve.

1.3. In all learning experiences in educational, clinical, and professional setting, students will exhibit courtesy and respect for instructors, staff, other students, and patients. Students are expected to:

1.3.1. Show respect for others.

1.3.2. Provide deference for patient need in use of elevators and other clinical facility resources.

1.3.3. Refrain from using cell phones and other electronic devices for personal use during lectures, labs, and clinical education.

1.3.4. Refrain from eating in inappropriate places.

1.3.4.1. Eating in classroom lectures may be done with the permission of the instructor.

1.3.4.2. Eating in laboratory rooms is not permitted except for covered drink containers.

1.3.4.3. Eating should not occur during guest lectures.

1.3.4.4. Students should follow the policy set in the clinic regarding eating and drinking.

1.3.4.5. All garbage and spills should be addressed after eating/drinking in any area of the building or in the clinic.

1.3.5. Refrain from making inappropriately loud or boisterous noise.

1.3.6. Leave areas used for study or clinical practice in a tidy condition.

1.3.7. Follow parking regulations of the facility.

1.3.8. Use clinical facility lounges and office spaces appropriately.

1.3.9. Monitor their own personal possessions.

1.3.10. Follow the rules regarding smoking as defined by the University and clinical facilities. UM-Flint is a non-smoking campus.

1.4. In all learning experiences in classroom and laboratory settings, students will exhibit courtesy and respect for instructors, staff, and other students. Students are expected to:
1.5.1. Comply with the rules of the clinical facilities as established by the appropriate administrative authority in the settings.

1.5.2. Refrain from representing themselves as physical therapists.

1.5.3. 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 the PTD.

1.5.4. Refrain from accepting employment as a physical therapist aides after being accepted in the Professional DPT program without adequate on-site professional supervision by a qualified physical therapist.

1.5.5. Refrain from accepting employment as a credentialed physical therapist assistant unless they are professionally qualified to do so.

1.5.6. 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.

1.5.7. Conduct their clinical education experiences in strict compliance with the APTA Code of Ethics and Guide for Professional Conduct or as modified by current legal decisions and guidelines.

1.5.8. Promptly report to the Associate Director for Clinical Education any violations of the Code of Ethics and Guide for Professional Conduct which they become aware of.

1.5.9. Conduct their activities in clinical education as described in the following documents: APTA Standards of Clinical Practice, Guidelines for Professional Conduct, Code of Ethics, and all policies and procedures found in the Clinical Education Handbook.

1.6. Violations Related to Implementation of the Professional Conduct Policy and Procedure:

1.6.1. Retaliation: Retaliating against administrative staff, faculty, or student colleagues because of their participation in the Professional Conduct Process.

1.6.2. False Accusations: making false accusations regarding professional conduct of administrative staff, faculty, or student colleagues.

1.6.3. Failure to Participate in Professional Conduct Process: failing to participate in the professional conduct process in both a timely and professionally accountable manner. Specifically, failure to comply with requests of the professional conduct investigators, Professional Conduct Hearing Committee, Associate Director of Professional Education (Director of the Professional DPT Program), PTD Director, CHS Student Appeals Committee, or CHS Dean.

1.6.4. Violation of Confidentiality in Professional Conduct Process: intentionally violating the confidentiality of the professional conduct process or student record for the purpose of contributing to the deception of anyone in the physical therapy or university community.

1.7. Lack of knowledge and understanding of laws, policies, procedures, or guidelines that govern a student’s academic and professional conduct is not an acceptable defense to a charge that the student has violated this policy or the Academic Standards Policy and Procedure.

2.0 ATTENDANCE

The requirement for prompt attendance in course offerings is based upon professional realities and expectations in clinical practice as well as the educational model employed in the Physical Therapy department. The faculty, therefore, is responsible for ensuring that graduates of the program participate fully in the educational experiences of the program to maximize each graduate’s effectiveness as a physical therapist. The curriculum often requires student presence, active engagement and student initiated learning experiences as important
elements of the instructional process. Students give to as well as take from the richness of the curriculum. Therefore, student lateness or absence markedly diminishes the effectiveness of instructional efforts for both themselves and their classmates. To foster accountability as an essential, professional responsibility and to ensure that a student’s record reflects accurate attendance trends for recommendations sought for employment, education, or other purposes, records of non-attendance will be kept in the student’s file. The following additional specific rules, regulations, guidelines and remedies follow from professional requirements for responsibility, self-regulation and accountability.

2.1. In the case of death in a student’s immediate family, the Professional DPT Program provides up to three days of time off from attendance at courses that the student to attend the funeral or memorial services and to make necessary arrangements. The student must notify the Academic Advisor who will then notify the Professional DPT Program faculty. If additional time is needed, it may be requested. To make a request for additional leave away from courses, the student should contact their advisor to propose a plan to the faculty. The student’s advisor will communicate back to them the decision of the faculty. **Definitions:** The immediate family consists of a student’s spouse or other qualified adult; the son, daughter, parent, grandparent, grandchild, brother, sister (or the spouse of any of them), of either the student, the student’s spouse, the other qualified adult or any other related person living in the student’s household.

2.2. The requirements for student attendance are set by individual instructors as necessary and appropriate for courses for which they have been assigned instructional responsibility. Attendance requirements for the course are stated on the first day and will appear in writing as part of the course pack if a course pack is provided. For courses in which attendance is not mandatory, it is still necessary to notify the department of your delay or absence. All class times listed in the course pack are considered scheduled classes. Repeated absences as defined in the course pack will be considered a violation of the Professional Conduct Policy and Procedure.

2.1.1. Attendance in all Clinical Education courses is mandatory.

2.2. For absences of a short duration (parts of a day up to 2 days) or unanticipated significant tardiness whether it be for physical therapy classes, clinical education, or required non-physical therapy classes in other departments, the student is required to inform the Physical Therapy Department by reporting their absence to a PT Department staff member no later than 8:00 a.m. If it is a mid-day tardiness or absence the student must inform a PT Department Staff member as soon as possible on that day. The student is to indicate: 1) he/she will not be present, 2) the extent of the absence if known and 3) reasons or explanation. The term “personal reasons” will be considered necessary and sufficient if it is not used on multiple occasions to explain excessive absence or lateness. Staff of the Physical Therapy Department will record the information regarding the absence. At the end of the month, occurrences are recorded on an individual student attendance sheet which is housed in the student file. If a student has more than 3 occurrences in one month, the Associate Director for Professional Education will be informed and will request the Generic Abilities Contact to meet with the Student and determine if further action is required.

2.2.1. If the student is tardy or absent from a clinical internship, the student must first contact the clinic as soon as possible. After contacting the clinic, the student must then call the PT Department secretary to report his/her tardiness/absence.

2.3 For planned absences of a prolonged nature during the:
2.3.1. **Didactic portion of the program**, the student must first consult with the Associate Director for Professional Education. Extended absences are authorized at the discretion of the faculty and generally only in the case of commitments made before entering the program, personal illness requiring care death or illness in the immediate family or judicial matters requiring student presence or other similar circumstances. Should a student be unable to attend scheduled classes, he/she is required to notify each instructor involved as much in advance as possible in order to facilitate the restructuring of class learning experience and/or remediation of any anticipated student deficiencies.

2.3.2. **Clinical education portion of the program**, the student must also consult with the ADCE who has authority to act on behalf of the faculty to authorize such absences.

2.3.3. Students must fill out the attendance form at the PT Department secretary’s desk prior to their planned absence.

2.3.4. For extended absences or restrictions due to medical condition, student must submit a letter to the Associate Director for Professional Education, the Health Officer, and the ADCE from their physician indicating any restrictions on classroom, laboratory or clinical education. The physician letter should include: diagnosis, specific restrictions, and estimated duration of such restrictions. If restrictions are specified, it is up to the Associate Director for Professional Education, Health Officer, the ADCE or delegate to share this with the faculty.

2.3.4.1. All Changes in physical or mental health must be reported to the Associate Director for Professional Education, Health Officer, your assigned Co-Associate Director for Clinical Education, or delegate to share this with the faculty.

2.3.5. In order to clear previously established medical restrictions, a note from the physician must be submitted to the Associate Director for Professional Education, the Health Officer, and the ADCE. The letter must include the date the restrictions are removed, the physician name, clinic, clinic address and phone number.

2.4. In the extreme case that a student cannot inform a PT Department staff member regarding lateness or absence, it is acceptable for another student, family member, or a designated proxy to act on the student’s behalf. However, it remains the student’s responsibility to assure that he/she complies with provisions of the policy and procedure.

2.5. In order to avoid absence or lateness, the student may request from an individual instructor temporary reassignment to another section of a class which meets at a different class time. Such requests will be considered if they do not diminish instructional efficiency.

2.6. Absence or tardiness caused by dangerous or unanticipated travel conditions may be an excusable reason for non-compliance with this attendance policy.

2.7. Attendance at classes as scheduled takes highest priority in the educational program. Students may not attend other departmental educational opportunities that conflict with the regular class schedule, e.g. research, or miss class to complete course assignments in another class, e.g. to get all of the clinical education paperwork turned in on time unless the student gets approval from the course instructor.

2.8. Inability to attend rescheduled classes in non-regular class times must be discussed with the course instructor.
2.9 Students are cautioned that extensive tardiness and multiple unplanned and unexplained absences will be noted by instructors and may influence grades and future employer references, as well as lead to violation of the professional conduct policy. Instructors are especially sensitive to unexplained absences which occur prior to major examinations or prior to or immediately after recesses or holidays.

2.10 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.

2.11 Students are expected to attend regularly scheduled class meetings and comply with requests of elected class officers.

2.12 Students are expected to attend specially scheduled meetings with the Physical Therapy Department Director, Associate Director for Professional Education, or his/her designee. Exceptions may be granted by the Director, Associate Director for Professional Education or his/her designee in special circumstances.

3.0 ATTIRE AND PERSONAL HYGIENE

3.1 Educational Settings. In the labs, clean, non-ornamental clothing is to be worn. Appropriate underclothing and outer clothing allowed unrestricted movement and exposure of body parts necessary for laboratory activities. Individual instructors will provide specific guidelines for the courses they teach.

3.2 Clinical Settings. Standards of clinical attire vary from clinic to clinic. Final approval for clinical attire is to be given by the clinical instructor of the facility to which you are assigned. The standards below reflect general agreement of acceptability of all clinical education sites.

3.2.1 Standards for both men and women. Students are to abide by the dress regulations of the facility to which they are assigned and in all cases must be dressed in a professionally acceptable manner: neat, clean and well-coordinated with conservative fit.

3.2.1.1 Extreme colors and styles are not acceptable. Examples of extreme colors and styles include, but are not limited to: bright colors, unmatched patterns, insufficient skirt or pant length.

3.2.1.2 No exposed midriff in the front or the back is allowed.

3.2.1.3 Socks or hosiery are required at all times.

3.2.1.4 Shoes must be clean, comfortable, stable, secure, and have safe non-skid soles.

3.2.1.4.1 No Sandals, backless shoes or tennis shoes.

3.2.1.4.2 No open toe or sling back style shoes.

3.2.1.4.3 Brown, navy, black, or cordovan color preferred.

3.2.1.5 A hip length, long sleeved white lab coat is acceptable.

3.2.1.6 Name pins should be worn and must include the description “student physical therapist” if name tags are supplied by clinical facility, there must be the description “SPT” or “Student” added after the student’s name.

3.2.1.7 Hair styles should be neat and off the face and shoulders. Long hair should be fastened with hair fasteners of neutral color and used for the purpose of securing the hair, not for decoration.

3.2.1.8 Hair color should be natural / Neutral color.

3.2.1.9 Personal cleanliness and hygiene are to be maintained at all times. Perfumes, colognes, or aftershave lotions should be used with caution since they can sometimes be nauseating to people who are ill or may trigger allergic reactions.
3.2.1.9. Minimal amounts of conservative jewelry may be worn. Jewelry must be simple in taste and unobtrusive.
   3.2.1.9.1. A watch with a second hand must be worn or available on their person.
   3.2.1.9.2. Small earrings (no more than two per ear) which are not distracting may be worn. For safety reasons, dangle earrings are not acceptable. Size of the earrings should be no larger than size of a dime.
   3.2.1.9.3. No oversized rings or dangling necklaces are permitted. A ring with a flat band is acceptable if it does not interfere with treatment.
   3.2.1.9.4. No bracelets are allowed.

3.2.1.10. Current cultural trends of body piercing are not acceptable in the health care environment, other than those specified above for the ear. Any piercing, other than the ears, for cultural beliefs must be approved by the ADCE.

3.2.1.11. Tattoos must be covered at all times.

3.2.1.12. Nails should be appropriate length (no longer than ¼ inch), clean, and manicured. Artificial nails and tips are not acceptable for infection control purposes.

3.2.2. Standards only for men:
   3.2.2.1. Solid color full-length dress slacks (preferably khaki, black, navy or gray). No Denim or corduroy.
   3.2.2.2. Solid color dress shirt. Shirt tails must be tucked in.
   3.2.2.3. Appropriate undergarments should be worn to include undershirt and appropriate fitting underwear.
   3.2.2.4. Facial hair is to be clean shaven or kept neatly trimmed and clean. Beards and moustaches must be coverable by a mask and special masks must fit tight.

3.2.3. Standards for women:
   3.2.3.1. Solid color full-length dress slacks (preferably khaki, black, navy or gray). No denim or corduroy.
      3.2.3.1.1. No Capri or crop pants.
      3.2.3.1.2. Pant length must be 1 inch from bottom of shoes.
   3.2.3.2. Solid color dress shirt or blouse.
      3.2.3.2.1. Shirt must be modest – low necklines and excessively loose or tight shirts are not acceptable.
      3.2.3.2.2. No sleeveless or cap-sleeve shirts
      3.2.3.2.3. No see-through fabrics.
      3.2.3.2.4. Appropriate undergarments should be worn to include bra, camisole if needed, and appropriate fitting underwear.

3.3 Personal Grooming/Hygiene. Students are expected to give consideration to those studying with them. It is expected that students will be clean and neat and aware of socially acceptable standards and methods of personal self-care and abide by them. Lack of such standards may lead to educational inefficiency as well as endanger the health of others.

4.0 PROPER USE OF EDUCATION RESOURCES
Students are to use the educational resources of the Physical Therapy Department in a professionally accountable fashion according to the following procedures.

4.1 Educational Resources. Books and AV resources are provided for ready reference use by both students and faculty. Under limited circumstances, laboratory equipment may be loaned out to students for educational purposes only.
   4.1.1 Bound volumes of the Journals, all books and reference materials maintained by the
Physical Therapy Department may not be removed from the building.

4.1.2. Student designated software may only be used within the William S. White Building. The software and books are only available between the hours of 8-5 p.m.

4.1.3. Removal and use of such educational resources requires the student to complete a Request for Removal and Use of University Equipment form. The forms are available from the office staff. The student’s request is subject to availability.

4.1.4. Removal and use of audiovisuals may be authorized by office staff.

4.2 **Equipment.** Removal and use of PT Department equipment must be authorized by a PT Department faculty member. Students must complete the form entitled Request for Removal and Use of University Equipment and have it signed by a PT Department faculty member prior to removal of equipment from the building.

4.2.1. When equipment is returned, the student is responsible to show the equipment to the PT Department secretary who will document receipt of the returned materials on the Request for Removal and Use of University Equipment form.

4.2.2. The student is responsible to return the equipment to its proper storage location.

4.3 If a Student fails to comply with the timely return of books, audiovisual materials, or equipment the following action will occur:

4.3.1 First offense in a given semester or term within an academic year – Student will be given a written warning.

4.3.2. Second offense in a given semester or term within an academic year – Student will not be allowed to remove any item from the building for the remainder of the semester or term in which the violation occurs. Student will be given a written warning.

4.3.3. Third offense in a given semester or term within an academic year – student will not be allowed to remove any item from the building for the remainder of the academic year in which the violation occurs. Student will be given a written warning.

4.3.4. First offense in a given semester or term within a new academic year – if a student has had a 2nd or 3rd offense within a previous academic year the student will not be allowed to remove any item from the building for the remainder of the academic year. Student will be given a written warning.

5.0 **PROPER USE OF GENERAL PHYSICAL FACILITIES**

Students are to use the physical resources of the Physical Therapy Department in a professionally accountable fashion according to the following procedures.

5.1 Teaching laboratories may be used during unscheduled times during regular building hours until the beginning of the exam period each semester when laboratories will be secured for examination purposes. Scheduling of the teaching laboratories is done by the Department secretary and other staff members.

5.1.1. No access to the William S. White building or the PTD laboratories is permitted when the building is closed, e.g. on Sundays and holiday periods.

5.1.2. For weekend and Saturday use, the student must be accompanied by another physical therapy student.

5.1.3. The laboratory must be left in order with all equipment returned to its proper storage place.

5.1.4. Laboratory supplies with single use applications such as sterile gloves and some of the electrodes may only be used with permission of the PT Department faculty member who teaches the course in which the supplies are utilized.

5.1.5. Students, who use teaching laboratories for research purposes, must still abide by the supervision requirements stated in the Scholarly Activity Policy and Procedure.
5.2. Students may not use office telephones except in emergency and with permission.

5.3. Students must obey parking rules of the University.

5.4. Students must abide by the UM-Flint designated smoke free campus.

5.5. Mail Boxes. Each student should monitor a mail box assigned to her/him. Mail boxes in the reception area may be used only for messages, return of papers, and other appropriate purposes. Each faculty and staff member will also have a box.

5.6. Bulletin Board. Students in the Physical Therapy Department may display items on the student bulletin boards in the appropriate designated section. Class officers are responsible for the appearance of the individual class sections on the bulletin boards throughout each semester. The following procedures for placement of items on student bulletin boards will be followed:

5.6.1. All Items to be displayed must be stamped, dated and approved by the University of Michigan-Flint Physical Therapy Department staff and signed by submitter.

5.6.2. Items not stamped will be removed and disposed of appropriately.

5.6.3. Approval for items to be displayed on student bulletin boards will be in effect for only one term and therefore will be removed by staff at the end of each semester. Remaining items will be kept in the Physical Therapy Department for one week into next semester and can be claimed. Any unclaimed items will be disposed of appropriately.

5.6.4. Items may be re-approved for display if space is available.

5.6.5. Size of items may be limited to 8”x11” unless special permission is received.

5.6.6. A faculty and/or staff member may remove any item that is not dated stamped or they deem inappropriate.

6.0 REPORTING PROCEDURE
Inability to abide by the policies and procedures in this document indicates that a student lacks sufficient maturity, stability, dedication or control of his/her conduct to practice physical therapy in a manner that is accountable.

6.1. Any reasonable suspicion of a student’s violation of this policy and procedure observed by a fellow student is required to be reported promptly to the course instructor or to the observing student’s faculty advisor. The report should be in writing on the Professional Conduct Incident Report form unless the urgency of the matter warrants an immediate oral report. In the case, the observer should follow up with a written report of the event within 24 hours.

6.2. Anyone reporting a suspected violation may request anonymity to the extent feasible given the necessary investigation procedures.

6.3. Failure by any student to report legitimate suspicions of violations will be viewed as nonconformance with the APTA Core Values of accountability, integrity, professional duty, and social responsibility.

7.0 PROFESSIONAL CONDUCT POLICY ACCOUNTABILITY PROCEDURES

7.1. Student Orientation. Students are informed of the Professional Conduct Policy and Procedure as part of their orientation to the Professional DPT program and in the orientation to clinical education. This orientation will include information regarding treatment of violations of the policy.
7.2. The PTD Professional Conduct Committee:
   7.2.1. Operates to make determinations in reported violations of professional conduct by students.
   7.2.2. Is constituted with the following membership:
   7.2.2.1. A quorum of Physical Therapy Department faculty with the exception of the Associate Director for Professional Education.
   7.2.2.2. Two students, one in their first year of study and one in their second year of study in the Professional DPT program will be appointed to the committee.
   7.2.2.2.1. Students are appointed by the Associate Director for Professional Education for one year terms from January 1-December 31.
   7.2.2.2.2. Only the student who is not a classmate of the student for whom the hearing was called will participate in the hearing.
   7.2.2.2.3. The student serving on the case is not permitted to divulge any information about the case to other students, family, or community members.
   7.2.2.3. One of the departmental Associate Directors of will serve as the chair of the committee.

7.3. Attempts. An attempt to commit an act prohibited by this code may be punished to the same extent as a completed violation.

7.4. Notice of Violations (see Appendix 1 for flow chart of process). Any faculty, staff, or student who becomes aware of a violation of the Policy and Procedure to Enhance Professional Conduct will promptly inform the student of the violation and provide guidance to the student with regard to approaches to remediate the difficulty.
   7.4.1. All violations of this policy and procedure will be logged by the involved faculty, staff, or student into the student file within 48 hours of the event using the Professional Conduct Incident Report and Plan (see Appendix 2), even if the violations are minor. The form documents a brief description of the incident, a statement from the student that he/she accepts responsibility for the violation, and a description of how the student plans to correct the violation.
   7.4.2. The faculty, staff, or student filing the report will then notify the chair of the PTD Professional Conduct Committee within 24 hours of the submission of the Incident Report.

7.5. The Chair of the Professional Conduct Committee will determine if a preliminary investigation is necessary. If the incident has been adequately resolved, the Chair of the Committee will submit a note to the student indicating that no further investigation of the incident will occur unless additional evidence is subsequently presented. Copies of the letter will go to the student file with notification to the faculty advisor and the Associate Director for Professional Education. The Chair will also notify the originator of the report that the professional conduct investigation process has been initiated.

7.6. Preliminary Investigation. A preliminary investigation will be conducted within 4 working days of determination by the Chair of the Physical Therapy Department Professional Conduct Committee that an investigation is necessary.
   7.6.1. The preliminary investigation will be conducted by a PTD faculty member who is not involved in the case and the student committee representative who is the same program, but not a classmate of the involved student.
   7.6.1.1. The PTD Professional Conduct Committee Chair is responsible to appoint the preliminary investigators within 24 hours after being notified in writing of the
purported violation of professional conduct.

7.6.1.2. The preliminary investigators have 4 working days after being appointed to investigate a case to investigate and make a preliminary recommendation to the chair of the PTD Professional Conduct Committee.

7.6.2. Examples of preliminary investigation include, but are not limited to interviews of the accused student and the person who accused the student.

7.6.3. The investigators will submit their findings in writing to the chair of the DPT Professional Conduct Committee. The committee chair in consultation with two other committee members will determine among the following courses of action:

7.6.3.1. The accusation is unwarranted.
   7.6.3.1.1. A letter documenting the result of the preliminary investigation will be placed in the student file

7.6.3.2. The violation is minor and can be readily resolved without a full investigation or hearing.
   7.6.3.2.1. This letter must include documentation of how the violation will be resolved and must be signed by both the Chair of the PTD Professional Conduct Committee and the involved student.

7.6.3.3. A full investigation and hearing are warranted.

7.6.4. Within 24 hours following review of the information from the preliminary investigation, a letter documenting the result of the preliminary investigation will be provided to the student with copies made for the student file, faculty advisor, and program director.

7.7. Full investigation. If a full investigation is deemed necessary, the student will be notified promptly in writing by the PTD Professional Conduct Committee Chair via certified mail, email, student mailbox, and/or phone call, that a hearing will be scheduled by the Chair within one week of the determination of the outcome of the preliminary investigation. If the chair determines that a longer period of time is needed to thoroughly investigate the case the hearing will be delayed, but must occur no more than three weeks after the determination of the preliminary investigation.

7.7.1. The PTD Professional Conduct Committee Chair and the two investigating members of the committee who reviewed the findings of the preliminary investigation will do further investigation if necessary before the scheduled hearing and submit a written report and any supporting evidence at least 24 hours in advance of the scheduled hearing.

7.7.2. The PTD Professional Conduct Committee Chair will ask the student under investigation to submit to the committee a written statement regarding the accusation and any supporting evidence at least 24 hours in advance of the scheduled hearing. All evidence to support the case must be presented in writing at this time. Evidence submitted after this time will not be considered.

7.7.3. If the student wishes to have witness present at the hearing, he/she must submit a list of potential witnesses to the chair of the PTD Professional Conduct Committee at least 48 hours in advance of the scheduled hearing.

7.7.4. If the student wishes to have an advisor at the hearing, he/she must submit the name of the advisor and whether or not he advisor is an attorney to the chair of the PTD Professional Conduct Committee at least 48 hours in advance of the scheduled hearing.

7.7.4.1. The role of a student advisor during the hearing is limited to providing advice directly to the student. The advisor will not be permitted to speak directly to the PTD Professional Conduct Committee or other witnesses.

7.8 Professional Conduct Hearing.

7.8.1. The student will be asked to make a presentation of his/her case to the committee.

7.8.1.1. Only evidence and written statements submitted to the Professional Conduct Committee Chair 24 hours prior to the hearing will be considered. The committee is
best able to make an informed decision only if all evidence pertinent to the case is presented before or during the departmental hearing.

7.8.1.2. The student may have an advisor present during the hearing. The role of an advisor during the hearing is limited to providing advice directly to the student. The advisor will not be permitted to speak directly to the Committee or other witnesses.

7.8.2. The committee will then be allowed to question the student.

7.8.3. Witnesses may testify.

7.8.3.1. Witnesses the accused student invites will testify first.

7.8.3.2. Witnesses the chair invites based on the preliminary investigation will testify second.

7.8.3.3. Committee members may question all witnesses.

7.8.3.4. The accused student may question witnesses invited by the chair of the committee.

7.8.3.5. The chair of the PTD Professional Conduct 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.

7.8.4. The hearing will be closed to the public and will be audio recorded. A party to the hearing may request a copy of the recording.

7.8.4.1 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.

7.8.5. Upon completion of questioning, the accused student will be excused from the hearing and the committee will deliberate in private to determine an outcome.

7.8.5.1. A finding that the accused student is responsible for the alleged violation must be based on the totality of the evidence with the preponderance of the presented evidence supporting the committee’s conclusion.

7.8.6. The chair of the committee will prepare a formal letter for the student outlining the charges, evidence supporting the committee’s determination, sanction if any, and a reference to the appeal process. The student must be notified of the outcome of the hearing through this letter within one week of the hearing. A copy of this letter will be placed in the student’s file.

8.0. POSSIBLE PROFESSIONAL CONDUCT SANCTIONS.

The following list of sanctions is not necessarily intended to be all inclusive. In some cases, a combination of sanctions may be imposed. Sanctions are effective immediately following student notification of the hearing outcome unless otherwise specified in the letter from the PTD Professional Conduct Committee chair. Possible sanctions include:

8.1. Formal Reprimand. Informing the student in writing that he/she has violated the code and that future violations will be dealt with more severely.

8.2. Professionalism and Ethics Counseling with the Student’s Advisor. A regular schedule of counseling meeting will be arranged with the student’s faculty advisor or his/her designee.

8.3. Educational Project. Completion of a class, workshop or project to help the student understand why his/her behavior was inappropriate and/or how to avoid a future violation.
8.4. Service. Performance of one or more tasks designed to benefit the school or the nearby community and to help the student understand why his/her behavior was inappropriate.

8.5. Disciplinary Probation. Designation if a period of time during which the student will not be in good standing with the Professional DPT Program. Students not in good standing are restricted from applying for special affiliations and some scholarships.

8.6. Transcript Notation. A notation on the student’s transcript that a failing grade in a course was related to an academic integrity violation.

8.7. Suspension. Temporary removal of a student from the Professional DPT Program for a specified or unspecified period, which will be permanently noted on the transcript. There can be stipulated conditions for re-admission to the student’s program as well as a time limit for meeting those stipulations.

8.8. Withholding a Degree. Withholding of the student’s degree until stated sanction requirements have been met. There may be a deadline set for meeting the requirements which, if not met, will result in the student’s loss of eligibility to receive the degree at any time in the future.

8.9. Expulsion. Permanent dismissal from the program, which will be permanently noted on the student’s transcript.

**9.0. APPEAL PROCESS**

9.1. The sanctioned student has a right of appeal to the Associate Director of Professional Education. The appeal to the Associate Director of Professional Education should be written on the PT Department Professional Conduct Appeal form. The appeal form must be received by the Associate Director of Professional Education no later than five business days after the student has received written confirmation of the decision of the Professional Conduct Committee. During the departmental and school appeal process 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 until their appeals are resolved since only students in good standing are permitted to proceed into these courses.

9.1.1. The student must specify the basis for the appeal on the PT Department Professional Conduct Appeal Form that is submitted to the Associate Director of Professional Education.

9.1.2. No new evidence is permitted in the appeal process.

9.2. Upon receipt of notification of appeal, the Associate Director for Professional Education will in a timely manner hear the appeal.

9.2.1. During the appeal, the Associate Director for Professional Education will hear comments from:

9.2.1.1. The student if the student requests to be present during the appeal.

9.2.1.1.1. The student may have an advisor present during the appeal. The role of a student advisor during the appeal is limited to providing advice directly to the student. The advisor will not be permitted to speak directly to the
Associate Director for Professional Education.

9.2.1.2. A PTD faculty member representative from the Professional Conduct Committee.

9.2.1.3. No witnesses will be permitted in the appeal.

9.3. The Associate Director for Professional Education may grant the appeal if any of the following conditions exist.

9.3.1. the decision is in violation of established departmental, school or university policies or procedures.

9.3.2. the decision is clearly prejudicial, grossly inequitable or academically indefensible.

9.4. Following appeal to the Associate Director for Professional Education, the student may seek further appeal to the Student Appeals Committee of the School of Health Professions and Studies.

9.4.1. If pursuing an appeal at the school level, the student should contact the Dean’s Office for a copy of the policy and procedures relative to student appeals.

9.4.2. The decision of the Student Appeals Committee of the College of Health Sciences is final. (Pending approval of the revised CHS Student Appeals Policy and Procedure)

10.0 RECORD KEEPING AND INFORMATION TRANSMITTAL

10.1. The Chair of the Professional Conduct Committee and the Associate Director for Professional Education shall record essential elements of the process and place them in the student’s file in the PT Department.

10.2. In case of an appeal, appropriate records and documentation will be forwarded to the body hearing the appeal.

10.3. Records related to academic discipline of a student are available to that student in their file.

Section Below Revised 8/96
Section 2.2.1 – Attendance, Subsections 2.2.1.1., 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
Incident observed by student, staff or faculty member

Professional Conduct Incident Report and Plan filled out by observing person, involved student and faculty advisor

Incident Report reviewed by Chair of Professional Conduct Committee (PCC) who determines next steps

Issue resolved. Chair of PCC submits note to student with copies to faculty advisor, Director and student file

Preliminary investigation occurs and investigators submit written report to Chair of PCC

PCC Chair and two other members of PCC review investigators report to determine next step

Accusation is unwarranted. Chair of PCC submits note to student with copies to faculty advisor, Director, and student file

Violation is minor and is resolved through counseling with Chair of PCC who then submits note to student with copies to faculty advisor, Director, and student file

Full investigation and hearing indicated. Full investigation report from investigators and statement from student with supporting evidence turned into Chair of PCC at least 24 hours before hearing

Professional Conduct Hearing
PROFESSIONAL CONDUCT INCIDENT REPORT AND PLAN, FORM

The purpose of this document is to report incidents of suspected professional conduct violations as specified in the Professional Conduct Policy and Procedure for PTD Professional Programs. Reporting of suspected professional conduct violations alerts faculty to work with the student to improve their understanding of professional expectations in the field of physical therapy. Suspected incidents may be reported by faculty, staff, or students. The “Student Comments/Plan for Improvement of Program Area” will be filled out by the student after discussion with their generic abilities 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 a Physical Therapy Department staff member.

Student: ___________________________ PT Course: ________________
Date Report Submitted: ____________________

Incident Date: ________________
Faculty/Staff/Student Reporting Incident: ________________________________

Description of Incident:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Contributing Factors: -
_____________________________________________________________________________________
_____________________________________________________________________________________

Potential Consequences:
_____________________________________________________________________________________

Student Comments/Plan for Improvement of Problem Area:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Resolution/Plan:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Student Signature: ___________________________ Date: ___________________________

Signature of Reporting Individual: ___________________________ Date: ______________________

Presence of student signature indicates that the student has read and discussed the incident with the reporting faculty/staff/student. Incident Reports are subject to review by the Chair of the PT Professional Conduct Committee. Further action by the Committee will be considered on a case-by-case basis. Refer to the Professional Conduct Policy and Procedure for PTD Professional Programs located in your student handbook for possible sanctions.

Copies to: Student’s File, Chair of PT Professional Conduct Committee File with faculty advisor and Associate Director for Professional Education notified of the incident
Academic, Professional Development, and Clinical Education Advising Policy

**Purpose:**
The faculty and staff of the Physical Therapy Department (PTD) at the University of Michigan-Flint can play an active role in the advisement of students in academic, professional, and clinical education realms. The purpose of academic advising is to provide an opportunity for students and faculty to discuss academic matters. The purpose of professional development advising is to mentor students in developing professional attributes and core values. The purpose of clinical education advising is to provide direction to the student in pursuit of their professional goals.

**General Advising Principles:**
1. All students enrolled in the Professional Doctorate of Physical Therapy program are assigned to a faculty member holding an appointment in the Physical Therapy Department (PTD) for both academic and professional development advising and a faculty member holding an administrative appointment in Clinical Education within the PTD.
2. Assignments are made by the department staff.
3. Student assignments to a faculty member may be changed upon mutual consent of the faculty member and student advisee and the Associate Director of Professional Education. Such changes encompass all aspects of the advising role.
4. The student’s assigned advisor will be available to serve as an advisor, teacher, and mentor for students who are meeting and exceeding academic and professional development outcomes as well as for those demonstrating problems in either academic or professional behaviors.
5. Students may also seek informal advising from other physical therapy faculty members. When this occurs, the faculty member may refer the student to their primary advisor if follow-up is necessary.
6. Student issues that involve personal or emotional counseling beyond the scope of traditional advising will be referred to Counseling, Accessibility and Psychological Services or a counselor of the students’ choice.
7. Students in the entry-level DPT program are considered adult learners and have had at least 4 years of undergraduate academic experience prior to matriculation into the DPT program. Consequently, students are encouraged to meet with their advisor on an “as needed” basis for academic, professional, clinical and/or career mentoring purposes.
   7.1 One time each semester the faculty will review the progress of all students considering academic, professional and clinical performance
   7.2 Students identified by the faculty as having concerns in one or more areas of student performance will be required to meet with their faculty advisor within one week of notification of such requirement.
   7.3 The faculty advisor and the student will discuss the areas of concern and, if necessary, a formal plan will be made to help the student progress in the professional DPT program
8. The faculty advisor will document the advising session in one or more of the following ways:
   8.1 Document faculty advising notes on SIS Student Record
   8.2 Utilize the Academic and Professional Advising Summary form and document on the student’s record on SIS that the form was completed and summarize any plan.
   8.3 Utilize the Core Values and Professional Behaviors/Generic Abilities Form and document that the form was completed on the student’s record on SIS summarizing strengths and concerns.
9. The faculty advisor may require one or more follow-up advising meetings.
Letters of Recommendation for Scholarships, Awards, and Employment.

1.0 Faculty members who have met periodically with a student advisee is better able to write a letter of recommendation for that student.

1.1. Students should review criteria for scholarships and awards to determine their eligibility for the award.

1.2. Students should approach their faculty advisor for letters of recommendation at least two weeks prior to scholarship/award/other before the deadline. A request falling within that two week grace period may be granted at a faculty member’s discretion. (determination of special circumstances)

1.3. Students should provide the following information for each letter of recommendation:
1.3.1. Resume
1.3.2. Scholarship or award criteria
1.3.3. Other information as appropriate for faculty to write a positive letter of recommendation.

1.4 If a second letter is required for scholarships, the student may approach any other faculty for a recommendation. The time frame of two weeks will still be in effect. Students still must provide two weeks advance notice.

2. Reasons for denial of a student request for a scholarship recommendation letter:

2.1. Release of information form has not been signed by the student.

2.2. The student is not in good standing as defined by the Academic Standards Policy and Procedures, Professional DPT Program and Professional Conduct Policy and Procedure for Professional DPT Program.

2.3. The student does not meet the criteria stated in the scholarship guidelines eligibility criteria.

2.4. The advisor has a conflict of interest with the scholarship application (e.g. serves on the selection Committee)

2.5. The student does not present enough time for letter to be written given faculty commitments. (e.g. 2 weeks minimum advance notice)

2.6. The faculty member declines to provide a letter of recommendation.

Clinical Education Advising Responsibilities of PT Students

1. Students will be assigned one of the Co-Associate Directors of Clinical Education as a clinical advisor and will meet them on an as needed basis and as required for the clinical education program

Adopted July 2008
Revised July 2009
Revised June 2010
Revised June 2012
Revised April 2013
Revised August 2014
UNIVERSITY OF MICHIGAN-FLINT  
School of Health Professions and Studies  
Physical Therapy Department  
Academic and Professional Development Advising Summary Form

Student Name: ____________________________________________________________

<table>
<thead>
<tr>
<th>Topics to be Discussed</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Current academic performance</td>
<td></td>
</tr>
<tr>
<td>Current clinical performance</td>
<td></td>
</tr>
<tr>
<td>Professional Development</td>
<td></td>
</tr>
<tr>
<td>• APTA membership</td>
<td></td>
</tr>
<tr>
<td>• Core Values</td>
<td></td>
</tr>
<tr>
<td>• Professional Behaviors</td>
<td></td>
</tr>
<tr>
<td>Service Hours</td>
<td></td>
</tr>
<tr>
<td>Financial Issues</td>
<td></td>
</tr>
<tr>
<td>• FAFS</td>
<td></td>
</tr>
<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</td>
<td>Acct</td>
</tr>
<tr>
<td>IS</td>
<td>Alt</td>
</tr>
<tr>
<td>CS</td>
<td>CC</td>
</tr>
<tr>
<td>TR</td>
<td>Exc</td>
</tr>
<tr>
<td>CF</td>
<td>Int</td>
</tr>
<tr>
<td>PS</td>
<td>PD</td>
</tr>
<tr>
<td>P</td>
<td>SR</td>
</tr>
<tr>
<td>R</td>
<td></td>
</tr>
<tr>
<td>CT</td>
<td></td>
</tr>
<tr>
<td>SM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Core Values</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>TR</td>
<td>Exc</td>
</tr>
<tr>
<td>CF</td>
<td>Int</td>
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<tr>
<td>PS</td>
<td>PD</td>
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<tr>
<td>P</td>
<td>SR</td>
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<tr>
<td>R</td>
<td></td>
</tr>
<tr>
<td>CT</td>
<td></td>
</tr>
<tr>
<td>SM</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>Written Verbal Non-Verbal Respect Confidentiality Use of personal space</td>
<td>1. Initiates active listening skills (CF)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>2. Maintains two-way information: email, mailbox, call-in, faculty/staff/student groups (CF)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>6. Articulates ideas(CT)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Category: Life Long Learning</th>
<th>Criteria</th>
<th>Ranking #1 Date:</th>
<th>Ranking #2 Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Feedback Tolerance to Ambiguity Problem Solving</td>
<td>1. Seeking and responding to feedback from multiple sources (Acct)</td>
<td>(N) 1 (L) 2 (S) 3 (M) 4 (A) 5</td>
<td>(N) 1 (L) 2 (S) 3 (M) 4 (A) 5</td>
</tr>
<tr>
<td></td>
<td>2. Assuming responsibility for learning and change (Acct)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance (CF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Demonstrates a positive attitude toward learning; offers own thoughts and ideas; identifies need for further information (CL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Educating peers in a manner that facilitates the pursuit of learning (Acct)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Conveying intellectual humility in professional and interpersonal situations (Exc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Demonstrating a tolerance for ambiguity (Exc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Pursuing new evidence to expand knowledge (Exc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Sharing ones’ knowledge with others (Exc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Begins to examine multiple solutions to a problem (PS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Raises relevant questions; considers all available information (CT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Knowing one’s limitations and acting accordingly (Int)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Demonstrates acceptance of limited knowledge and experience (IS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Ranking#1 Date:</th>
<th>Ranking#2 Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Self 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>
</tr>
<tr>
<td>2. Preserving the safety, security of individuals in all professional contexts (PD)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Promoting community volunteerism (SR)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<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>
</tr>
<tr>
<td>5. Understanding an individual’s perspective (CC)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<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>
<td>1 2 3 4 5</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>9. Respects cultural and personal differences of others; non-judgmental about lifestyles (IS)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Category: Excellence</th>
<th>Criteria</th>
<th>Ranking #1: _______</th>
<th>Ranking # 2_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>1. Demonstrating investment in the PT profession (Exc)</td>
<td>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<tr>
<td>Career Development</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>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>3. Maintaining membership in APTA (Acct)</td>
<td>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>4. Abides by facility p/p; projects professional image; continuous regard for all (P)</td>
<td>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>5. Adhering to the highest standards of the profession (Int)</td>
<td>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>6. Articulating and internalizing stated ideals and professional values (Int)</td>
<td>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<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>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>8. Taking pride in one’s professions (PD)</td>
<td>(N) 2 3 4 5</td>
<td>(N) 2 3 4 5</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Category: Accountability</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>
</tr>
<tr>
<td>Adaptive 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>
</tr>
<tr>
<td>Moral Behavior</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>
</tr>
<tr>
<td>Ethical Behavior</td>
<td>3. Abiding by rules, regulations, and laws applicable to the profession (Int)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td></td>
<td>5. Being trustworthy (Int)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<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>
</tr>
</tbody>
</table>

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 listed below 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 http://www.UM-Flint.edu/pt and I am responsible to read that information. I understand that the Professional DPT Program has assigned an advisor to me and that I can seek clarification from my advisor or from any faculty member including the Associate Director of Professional Education (Director of the Professional DPT Program).

Name: ____________________________________________________________
(Please Print) __________________________ Signature __________________________
Date: __________________________

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

The Physical Therapy Department Webpage location for the DPT Student Handbook and Clinical Education Handbook is http://www.UM-Flint.edu/pt/ProfessionalDPT.htm. The two handbooks are indexed in the left column on this webpage. The two handbooks may be downloaded from the webpage and are in Adobe PDF format. The policies in the handbooks that must be read include the following:

- Academic, Professional Development, and Clinical Education Advising Policy
- Administrative Standards Policy and Procedure
- Administrative Procedures for DPT Students (Health Insurance, Graduation, Licensure, Registration, etc) Guidelines for Class Officers
- Policy Statement on Curriculum Review and Revision
- Emergency Procedures
- Essential Functions of Physical Therapy Students Policy and Procedure
- Guidelines for the Transfer Credit of Previous Course Work in Partial Fulfillment of Requirements for Professional DPT Program
- Guidelines for Student Inquiry to APTA
- Inclement Weather Policy
- Photograph/Audio/Videotape Consent Form
- Professional Conduct Policy and Procedure for PTD Professional Programs
- Policy Regarding Release of Oral or Written Information for Recommendations for Scholarship or Employment
- Satisfactory Completion of Clinical Education (See Clinical Education Handbook)
- Social Media Guidelines
- Student Conclave Liaison Policy and Procedure
- Student Health with Regard to Participation in Clinical Education (see Clinical Education Handbook)
- Student Scholarly Dissemination Policy and Procedure (see Clinical Education Handbook)
- Procedure to Facilitate Student Understanding and Compliance with Established Policies and Procedures
- Policy and Procedure for Use of Lockers