

# Student Handbook



**ANDERSON<sup>®</sup>**  
U N I V E R S I T Y

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**School of Physical Therapy**

**2025-2026**

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## Program Handbook Disclaimer and Policy Overview

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The School of Physical Therapy Student handbook is intended to provide program-specific information to students to serve as a supplemental resource. **THIS HANDBOOK IS SUBJECT TO REVIEW AND REVISION. UPDATES MAY BE MADE AT ANY TIME TO REFLECT CHANGES IN POLICIES, PROCEDURES, OR PROGRAM REQUIREMENTS. STUDENTS WILL BE NOTIFIED OF CHANGES, AND IT IS THEIR RESPONSIBILITY TO REMAIN INFORMED AND CONSULT WITH THE MOST CURRENT VERSION OF THE HANDBOOK.**

This handbook does not replace the official policies outlined in the [Anderson University Academic Catalog](#). Students are expected to review and adhere to all applicable university policies. For the most current and comprehensive institutional policies, please refer to the [2025–2026 Academic Catalog](#).

The Academic Catalog details the official policies governing both undergraduate and graduate studies at Anderson University, including but not limited to:

- Admission
- Financial Aid & Scholarships
- Tuition & Fees
- Academic Programs & Courses
- Academic Policies & Calendars
- FERPA and Student Rights

The Academic Catalog contains a range of academic policies regarding educational experiences and expectations. These policies include, but are not limited to:

- Transfer Credit
- Grade Treatment Policies
- Academic Standing and Progress
- Course Completion
- Grading
- Enrollment Adjustments
- Academic Integrity
- Accessibility
- Graduation

### STATEMENT OF COMPLIANCE WITH TITLE IX

As part of the Higher Education Act Amendments of 1972, included was Title IX, which states: “No person in the United States shall, on the basis of sex, be excluded from

participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance....” Other federal and state laws also address discrimination and harassment based on sex and gender for students, staff, faculty, and third parties in higher education. Anderson University is firmly committed to establishing an environment free from such discrimination and prohibits acts including sexual harassment, sexual harassment including sexual violence (i.e., sexual assault and nonconsensual sexual touching, forcible or not), relationship abuse (including domestic and dating violence), and stalking. It is the policy of Anderson University to comply with all applicable provisions of Title IX, which prohibit discrimination (including sexual harassment and sexual misconduct or violence) based on sex in the University’s educational programs and activities. Title IX also prohibits retaliation for asserting or otherwise participating in claims of sex discrimination, harassment, or misconduct. Anderson University affirms the right of reporting parties to determine whether they wish to be involved in the University’s Title IX processes to address harassment or discrimination. It should be noted, however, that we cannot take corrective action toward behavior about which we are unaware. Regardless, the University is committed to supporting reporting parties through numerous available support services. The University encourages those who wish to receive confidential support services regarding harassment and discrimination to seek assistance from the AU Counseling Center, Thrive Wellness Center, the Campus Ministries staff, designated athletic trainers, and/or First Light. The University will also provide support to any reporting party who wishes to file a complaint of illegal behavior to Campus Safety or other local law enforcement.

For Questions or Concerns Related to Title IX, harassment or discrimination based on sex or gender, contact:

**Robyn H. Sanderson**

Title IX Coordinator

Associate Vice President for Student Development & Dean of Student Development

Office: G. Ross Anderson Jr. Student Center, Office 157

Phone: 864.231.5514

Mail: 316 Boulevard

Anderson, SC 29621

[title9@andersonuniversity.edu](mailto:title9@andersonuniversity.edu)

<https://andersonuniversity.edu/title-ix/>

[Title IX Policy](#)

[Title IX Brochure](#)

### **Notice of Non-Discrimination**

Anderson University does not unlawfully discriminate on the basis of race, color, national or ethnic origin, sex, disability, age, religion, genetic information, veteran or military status, or any other basis on which the University is prohibited from discrimination under local, state, or federal law, in its employment or in the provision of its services, including but not limited to its programs and activities, admissions, educational policies, scholarship and

loan programs, and athletic and other University-administered programs. In order to fulfill its purpose, the University may legally discriminate on the basis of religion in employment. The University has been granted exemption from certain regulations promulgated under Title IX of the Education Amendments of 1972 which conflict with the University's religious tenets.

The following person has been designated to handle inquiries or complaints regarding the non-discrimination policy including compliance with Title IX of the Education Amendments of 1972 and inquiries or complaints regarding the disability non-discrimination policy, including compliance with Section 504 of the Rehabilitation Act of 1973:

**For student related concerns, please contact:**

*Associate Vice President/Dean of Students*

Office: Student Center 321

Phone: 864.622.6014

**For employee related concerns, please contact:**

*Director of Human Resources*

Office: 316 Kingsley Road

Phone: 864.231.2061

A report may also be made to the U.S. Department of Education, Office of Civil Rights:

*U.S. Department of Education*

*Office of Civil Rights*

*400 Maryland Ave., SW*

*Washington, D.C. 20202-1328*

*1-800-421-3481*

Email Address: [ocr@ed.gov](mailto:ocr@ed.gov)

Web: <http://www.ed.gov/ocr>

## Introduction

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### Welcome to Anderson University's School of Physical Therapy!

We are excited to have you join the Anderson family in our accredited Doctor of Physical Therapy (DPT) program. Physical therapy is a rewarding profession that allows you to work one-on-one with individuals of all ages who have experienced some type of developmental anomaly, illness, or traumatic injury which has limited their ability to move and interact effectively with their environment. Physical therapists work closely with other members of the health care team to help restore functional independence in these individuals, as well as promote fitness and prevent movement dysfunction in healthy populations. Employment projections for physical therapists are expected to remain above average as the need for physical rehabilitation continues to grow in the future, particularly among aging baby boomers who are staying active later in life.

Anderson's DPT program has several distinctive features. First and foremost, we embrace our Christian heritage and beliefs which form the foundation for all that we do. Our program not only provides students with an opportunity to develop a professional career in health care but also enables them to grow and mature in their spiritual journey. Our faculty is committed to serving God by serving others. Together we create an open learning environment that shares and supports Christian values and practices. Thus, we selectively recruit students who share our service commitment and provide them with opportunities to participate in service-learning experiences as part of our DPT curriculum. Second, we are committed to maintaining a small class size (28-30 per class) which allows us to provide our students with more individualized instruction and mentoring. Our dual mentoring process assists students in acquiring and refining professional behaviors and skills through interactions with the faculty and older volunteers from the local community who serve as learning partners in our "SPICE of Life" program. Finally, our curriculum incorporates opportunities for students to pursue their individual areas of interest through advanced clinical electives, a specialty clinical education experience, and completion of a capstone project.

All of these features allow us to function as a family unit and establish meaningful, supportive relationships that we hope will last well beyond the 8 semesters you spend with us. If there is anything that I, or the rest of the faculty and staff, can do to make your educational journey proceed more smoothly, please do not hesitate to let us know. We are praying for your success as you begin your journey with us at AU!

Sincerely,

*Jessica Jacobs*

Jessica Jacobs, PT, DPT, PhD  
Program Chair, School of Physical Therapy



## About Anderson University

Anderson University was one of the first institutions of higher learning for women in the United States. In 1848, the Johnson Female Seminary was founded by the Reverend William B. Johnson, a Baptist minister and first president of the South Carolina Baptist Convention. Unfortunately, the school was forced to close during the Civil War and did not reopen. In 1910, a group of Anderson residents who wanted an institution of higher learning in their city, offered 32 acres of land and \$100,000 to the South Carolina Baptist Convention. The convention nominated a group of trustees, and Anderson College was granted a charter in 1911 by the South Carolina General Assembly. The College opened its doors in 1912 and operated as a four-year college for women until 1930. Because economic conditions at that time limited the affordability of a college education, the institution transitioned to a junior college and subsequently became coeducational.

In December 1989, the Board of Trust voted to return the College to its former status as a four-year institution beginning in the fall of 1991. This decision was affirmed by a unanimous vote of the General Board of the South Carolina Baptist Convention. In the spring of 2005, Anderson's Board of Trust again voted to transition the institution from a college to a university designation to reflect the addition of graduate programs and the reorganization of academic divisions into colleges. Thus, on January 1, 2006, Anderson College officially became known as Anderson University.

*Anderson University is an academic community, affiliated with the South Carolina Baptist Convention, providing a challenging education grounded in the liberal arts, enhanced by professional and graduate programs and a co-curricular focus on the development of character, servant leadership, and cultural engagement. This is a diverse community that is Christ-centered, people-focused, student-oriented, quality-driven, and future-directed.*

## About the School of Physical Therapy (SoPT)

In response to a growing need and demand for health professionals in the Upstate region of South Carolina, the senior leadership began to explore the feasibility of adding a College of Health Professions (CHP) as part of its 2014 strategic plan. The new college would house Schools of Nursing, Health and Human Performance, Allied Health, and Physical Therapy. Following approval by the Board of Trust in early 2016, the School of Physical Therapy (SoPT) was officially launched in 2017 with the hiring of its Founding Chair (Dr. Martha Hinman) and Director of Clinical Education (DCE, Dr. Jessica Jacobs). The newly hired faculty immediately began developing the entry-level Doctor of Physical Therapy (DPT) degree program by outlining a curriculum plan, establishing clinical education contracts, purchasing equipment and supplies, renovating laboratory and office space, recruiting faculty/staff, launching a web site to attract prospective students, and completing numerous other tasks required for its initial start-up. The first student cohort was admitted in May 2019,

shortly after the program was granted its pre-accreditation status by the Commission on Accreditation in Physical Therapy Education (CAPTE).

### **About the University Center of Greenville (UCG)**

Anderson University's SoPT is housed at the University Center of Greenville (UCG) which is located at 225 S. Pleasantburg Dr., Greenville, SC 29607. UCG is a consortium of higher education institutions dedicated to providing greater access to educational opportunities for Upstate citizens. Greenville is one of the largest cities in the Southeast without its own university. To help the community maintain a competitive edge educationally, UCG was chartered to bring undergraduate and graduate degrees from some of South Carolina's top universities to the Greenville area.

UCG occupies a facility that was formerly known as McAlister Square shopping mall. As such, UCG offers a large indoor space that is open to the public, many of whom enjoy walking for exercise on a regular basis. Within the mall, the SoPT has dedicated office, teaching, and research space along with access to a wide selection of classrooms, a large auditorium, and an electronic library.

### **About Accreditation**

Anderson University is accredited by the Southern Association of Schools and Colleges (SACS). SACS approved the developing DPT program on February 2, 2018. In addition, all entry-level education programs for physical therapists must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). In 2021, AU submitted a self-study report as part of CAPTE's review process for initial accreditation. On November 2, 2021, CAPTE voted to grant AU's DPT program its initial accreditation with its next review scheduled for 2026.

## Physical Therapy Student Pledge: “The 8As of Anderson”

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**I pledge to:**

**Accept** responsibility,

**Act** with integrity, and

**Aspire** to excellence, as I

**Acquire** the knowledge and skills needed to

**Alleviate** movement dysfunction,

**Advance** practice through research and service,

**Advocate** for the health care needs of society,  
and

**Adapt** to an ever-changing world.

## SoPT Faculty and Staff

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**Jessica Jacobs, PT, DPT, PhD**  
**Board-Certified Neurologic Clinical Specialist**  
**Program Chair and Associate Professor**

Dr. Jacobs was hired in January 2017 to develop the clinical education component of the new DPT program. In 2025, Dr. Jacobs moved into the Program Chair role. Dr. Jacobs is a 2009 graduate from the Medical University of South Carolina in Charleston and was the first to complete MUSC's post-professional residency program in neurology. Dr. Jacobs is a board-certified specialist in Neurological Physical Therapy (NCS) and an APTA-certified clinical instructor. In addition, she holds certifications in specialized rehabilitation techniques for patients with brain injury, stroke, and Parkinson's disease. She is also an item writer for the Federation of State Boards of Physical Therapy (FSBPT). In 2022, Dr. Jacobs earned her PhD in Educational Leadership from Clemson University. Her research interests include faculty development and the influence of thinking and personality styles on the clinical performance of PT students. Dr. Jacobs also loves to cook and makes her home in Greenville, SC.

**Bethany Early, PT, DPT**  
**Board-Certified Pediatric Clinical Specialist**  
**Associate Professor and Director of Clinical Education**

Dr. Early joined the faculty at Anderson University's School of Physical Therapy in March, 2022. Prior to this, she was treating the pediatric population primarily in the community and some clinic-based settings. Dr. Early holds a bachelor's degree in Biological Sciences from Ohio University (2003) and a doctorate in Physical Therapy from Northern Arizona University (2006). Dr. Early is also a Board-Certified Pediatric Clinical Specialist (2017). She moved here in 2018 from Arizona with her husband and three children, Reegan, Harper and Nixon. She is also an avid runner in the community and enjoys spending time outdoors or being active with her family.



**Matthew de Ruig, PT, DPT, DHSc, CMTPT**  
**Board-Certified Orthopedic Clinical Specialist**  
**Associate Professor and Admissions Coordinator**

Dr. de Ruig joined the faculty in May 2019 following 14 years of clinical experience in a variety of clinical settings with a focus on orthopedics, industrial rehabilitation, and treating myofascial trigger point therapy. Prior to coming to AU, he worked as a multi-site center manager for Select Physical Therapy in the Greenville

area. Dr. de Ruig earned his undergraduate degree in Kinesiology and Exercise Science from California State University in Hayward and his DPT degree from Duke University. More recently, Dr. de Ruig completed his doctorate degree (2021) in health sciences from Nova Southeastern University. Dr. de Ruig is a certified myofascial trigger point therapist (CMTPT) and has expertise in dry needling, functional capacity evaluations, and work conditioning. His research interests include the use of diagnostic ultrasound, quantitative ultrasound, and myofascial trigger point interventions. Dr. de Ruig loves playing the piano, disc golf, or whatever sport his two young sons are interested in. His wife, Marla, is also a PT, and they make their home in Traveler's Rest, SC.



**Heather Kindel, PT, PhD**  
**Associate Professor and Curricular Coordinator**

Dr. Heather Kindel joined the SoPT faculty in August of 2018 after serving as a faculty member and assistant DCE at Saint Francis University in Pennsylvania. She earned her bachelor's degree in Health Science in 1999 and her master's degree in Physical Therapy in 2001, both from Saint Francis. More recently (2018), Dr. Kindel completed her PhD in

Instructional Management and Leadership from Robert Morris University. Her clinical expertise in women's health includes a special interest in the treatment of stress urinary incontinence among female athletes. Dr. Kindel is also a certified True Colors® facilitator and enjoys helping people communicate more effectively with one another. She has been involved in physical therapy education for more than 15 years and has developed research interests in the use of mindfulness as a strategy for managing student stress. She makes her home in Easley, SC along with her husband, daughters, Jessa and Maura

**Cindy Watson, PT, DPT**  
**Board-Certified Orthopedic Clinical Specialist**  
**Associate Professor and Community Outreach Coordinator**

Dr. Watson joined the SoPT faculty in August 2018 with 23 years of clinical experience in orthopedic physical therapy in a variety of settings including level I trauma centers, hospital-based outpatient centers, and private practice. She holds a bachelor's degree in Exercise Physiology from Slippery Rock University (1985), a Master of Science in Physical Therapy from Duke University (1988), and a Doctor of Physical Therapy degree from Drexel University (2006). Dr. Watson is a board certified clinical



specialist in orthopedic physical therapy practice and has completed BoneFit™ training. Her scholarly interests primarily relate to bone health and physical therapy screening with quantitative ultrasound and clinical risk factor questionnaires to prevent fractures. Dr. Watson is also coordinating the Senior Partners in Clinical Education (SPICE) program and

is studying the impact of that program on preparing Doctor of Physical Therapy students for successful clinical practice. She has published in multiple peer-reviewed journals, taught continuing education for physical therapists, spoken at national professional meetings, and received grant funding for her clinical research. She makes her home in Greenville, SC along with her daughters Katie and Amy.

**Ana Lotshaw, PT, PhD, CCS**  
**Board-Certified Cardiovascular & Pulmonary Clinical Specialist**  
**Assistant Professor and Coordinator of Student Advisement**



Dr. Lotshaw joined the School of Physical Therapy faculty in March 2020 following almost 30 years of clinical practice in cardiovascular and pulmonary physical therapy in a multiple practice settings including acute and critical care, pulmonary rehabilitation, and the cardiothoracic transplantation team at Baylor University Medical Center, Baylor Scott and White Healthcare, Dallas Texas where she was most recently an advanced clinical specialist. Dr. Lotshaw holds a bachelor's degree in Physical Therapy from Georgia State University (1990), and a Master of Science (2002) and PhD (2007) in Physical Therapy from Texas Woman's University. Dr. Lotshaw is a board-certified clinical specialist in cardiovascular and pulmonary physical therapy (CCS in 1998, recertified 2008, 2016). Her scholarly interests include outcomes in pulmonary rehabilitation, lung transplantation, and staff development. She has published in peer-reviewed journals and textbooks, taught continuing education for physical therapists, presented at national and international professional meetings, and served on national committees for physical therapy interests. She is an avid gardener, enjoys photography and resides in Greenville, SC with her rescued Shelties, Bentley and Bradley.



**Matt Stump, PT, ScD, FAAOMPT**  
**Board-Certified Sports Clinical Specialist**  
**Assistant Professor**

Dr. Stump joined the faculty at Anderson University's School of Physical Therapy in 2021. Prior to that he spent nearly 20 years in an outpatient orthopedic setting and 10 years owning and operating an ergonomic consulting company. Dr. Stump holds a bachelor's degree in Biology from Abilene Christian University (1997), a master's degree in Physical Therapy (2001) from Hardin-Simmons University, and an ScD in Physical Therapy from Texas Tech University (2010). Moreover, he completed a Fellowship in manual orthopaedic physical therapy through the International Academy of Medicine (2013). His research interests involve strengthening across the lifespan, blood flow restriction training, and ergonomics. He



recently relocated from California to South Carolina and lives in Easley with his wife and three children, Noah, Garrett, and Reagan.



**Zachary Knox, PT, DPT**  
**Board-Certified Neurologic Clinical Specialist**  
**Assistant Professor and Coordinator of Pro-Bono Services**

Dr. Knox joined the faculty at Anderson University's School of Physical Therapy in August, 2022. Dr. Knox is a graduate of Anderson University where he earned his bachelor's degree in Kinesiology (2016) and then went on to earn his Doctor of Physical Therapy degree from Elon University (2019). He was certified as a Neurological Clinical Specialist (NCS) in 2022 and holds certifications in specialized rehabilitation techniques for patients with brain injury, concussion, vestibular impairments, and Parkinson's disease. His clinical experience is primarily in both inpatient and outpatient neurologic settings. His scholarly interests include management of central vestibular disorders, outcomes for adults with developmental disability, and cortical excitability. He lives in Anderson, SC with his wife and their first child. The new family of 3 enjoy having people over for game nights and are also avid theater lovers.

**Laura Kennedy, PT, DPT**  
**Board-Certified Neurologic Clinical Specialist**  
**Assistant Professor**

Dr. Kennedy joined the School of Physical Therapy faculty in June 2025 after 10 years of clinical practice in the outpatient neurologic and inpatient rehabilitation settings, with a focus on ALS, stroke, and Parkinson's disease populations. She holds bachelor's degrees in Biomedical Sciences and Psychology from Marshall University (2012) and a Doctor of Physical Therapy degree from Duke University (2015). Dr. Kennedy also completed a residency in neurologic physical therapy through the Medical University of South Carolina. She is a Board-Certified Neurologic Clinical Specialist (2017) and has completed additional specialty certifications in stroke and Parkinson's disease. Her scholarly interests include management of motor neuron diseases and interprofessional education. Dr. Kennedy enjoys hiking, baking, and trying out local restaurants. She lives in Taylors with her husband and son.



**Additional Faculty**

In addition, several other healthcare professionals offer instructional support by providing guest lectures, lab instruction, and supervision during students' clinical experiences. These

individuals include PT clinical specialists, nurses and nurse practitioners, physicians, occupational therapists, nutritionists, orthotists, prosthetists, pharmacists, wound care specialists, and others.



## Program Mission and Philosophy

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As a faith-based institution of higher education, we believe that learning is most effective when it is grounded in Christian values that enlighten, empower, and enrich the educational process.<sup>1</sup> Furthermore, we believe that Christian faith and values provide the impetus for serving others which is a core principle for this physical therapy education program. Although students are not required to profess any specific religious or denominational affiliation, we do preferentially admit those who have demonstrated a heart for serving others through prior involvement in altruistic activities. In addition, physical therapy faculty members are committed to being servant-leaders<sup>2</sup> as we mentor students who matriculate into our Doctor of Physical Therapy (DPT) program.

A 2013 study commissioned by the American Express company revealed how today's Americans define success. The most important factor rated by 85% of respondents, was "good health;" 66% also cited "being physically fit."<sup>3</sup> These results point to the high value Americans place on their physical health and wellness which are central to the practice of physical therapy. These American values, when coupled with our faith-based principles of education, form the mission of the DPT program at Anderson University:

*"The mission of the Doctor of Physical Therapy Program at Anderson University is to transform students into movement specialists whose practice is enlightened by scholarly evidence and reflective thinking, grounded in Christian values and professional ethics, and committed to service and lifelong learning."*

In fulfilling this mission, the DPT program seeks to enroll students who have a passion for serving others, possess a strong work ethic, demonstrate uncompromising integrity, and consistently strive for excellence. Students must be self-directed learners who enjoy actively engaging in the educational process through guided discovery, meaningful experience, and reflective thinking.<sup>4</sup> They must also possess a high degree of emotional intelligence<sup>5</sup> that enables them to effectively interact with faculty, peers, professional colleagues, and patients/clients from all walks of life. Faculty members serve as content experts, educational facilitators, professional mentors, and spiritual guides. This multifaceted role requires a commitment to lifelong learning, professional development, and spiritual growth that is demonstrated through participation in a variety of educational, scholarly, and service activities. Together, faculty and students are partners in the educational process and are mutually respected as professional colleagues.

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<sup>1</sup> Hinman MR: 2006 Linda Crane Lecture: Sources of Inspiration. *Cardiopulmonary Physical Therapy Journal*, 2006; 17(2):84-93.

<sup>2</sup> Based on Robert Greenleaf's 1970 essay, "The Servant as Leader." Accessed December 28, 2016 at <http://www.benning.army.mil/infantry/199th/ocs/content/pdf/The%20Servant%20as%20Leader.pdf>

<sup>3</sup> The Futures Company: The Life Twist Study commissioned by American Express; 2103. Accessed December 28, 2016 at <https://consulting.kantar.com/co-branded/the-american-express-lifetwist-study/>

<sup>4</sup> Based on educational theories espoused by Dewey, Bruner, Kolb, and others

<sup>5</sup> The components of emotional intelligence (EQ) espoused by Daniel Goleman include self-awareness, self-regulation, internal motivation, empathy, and social skills. *Emotional Intelligence: Why It Can Matter More Than IQ*, Bantam Books, 2005.

The DPT curriculum is the vessel used to deliver the professional knowledge, skills, and attributes needed to successfully enter practice as a physical therapist. It builds on an undergraduate education in the liberal arts and sciences that provides a foundation for developing professional competence and promoting social responsibility. Thus, the curriculum includes learning experiences which allow students to apply previously learned scientific and mathematical principles, developmental theories, humanistic values, social and historical perspectives, moral reasoning, and artistic expression to the practice of physical therapy. This intentional blending of a liberal and professional education helps prepare healthcare practitioners who have *hands that heal, minds that reveal, and hearts that feel*.

Considering the diverse nature of thinking and learning styles among both faculty and students, the DPT curriculum also includes a mix of structured and unstructured learning experiences that challenge students to progress their thinking from a relatively focused, concrete mode to a more holistic and abstract perspective as they learn to synthesize a growing body of knowledge. Given the rapid evolution of information technology and ever-changing health care delivery system, students must be prepared to acquire and integrate new information and skills as quickly as they emerge. This ability requires a conceptual understanding of the human movement system and pathology, as well as skills in critical inquiry and clinical reasoning that may be applied to any patient or management scenario. To develop these skills, the curriculum is organized around the following behavioral themes: (1) foundational content and concepts that students synthesize to thoroughly understand how the human body moves and functions; (2) clinical problems that students solve to help alleviate movement dysfunction in individuals with debilitating conditions; (3) new knowledge and skills that students seek to advance the practice of physical therapy and optimize the health of our society; (4) professional and humanistic attitudes, values, and habits that students strive to attain; and (5) opportunities for students to serve others via clinical practice, community service, and professional advocacy. The integration of these curricular themes occurs through careful sequencing of course content, planned application and repetition of key concepts, progressive clinical experiences, and ongoing professional development activities.

Additionally, the curriculum provides opportunities for students to explore and develop areas of individual interest through an advanced clinical topic course, a variety of service learning opportunities, attendance at professional meetings/conferences, and completion of a capstone project. The students' involvement in the selection of required clinical education sites provides an added opportunity to personalize their educational experience and make it more meaningful.

Finally, the DPT curriculum not only prepares students for their individual role and responsibilities as physical therapists, but it also helps them develop the core competencies needed for effective collaborative practice. The Interprofessional Education Collaborative (IPEC)<sup>6</sup> defines these competencies as: (1) mutual respect and shared values with other

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<sup>6</sup> Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative (IPEC). Retrieved from: <https://ipecollaborative.org/resources.html>.

members of the healthcare team; (2) an appreciation for the skills and resources provided by other professionals that complement the physical therapist's expertise; (3) responsive communications that are clear, timely, and respectful; and (4) team development through relationship building, shared problem-solving and accountability, use of evidence, and effective leadership. Ultimately, the desired outcome of the DPT curriculum is to graduate competent and caring physical therapists who can work with other members of the healthcare team to optimize the well-being of people living in God's global community. Thus, our program motto is: *Serving Him by serving others*.

# Program Goals

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## **GOAL # 1:**

The School of Physical Therapy will prepare competent entry-level physical therapists who are:

- clinical experts in the diagnosis and treatment of movement dysfunction;
- advocates for healthy living and physical wellness; and
- scholar-practitioners who advance the practice of physical therapy.

## **GOAL # 2:**

Students in, and graduates from, the School of Physical Therapy will exhibit:

- the core values and ethics of the physical therapy profession; and
- behaviors that are compatible with Christian faith and principles.

## **GOAL # 3:**

The School of Physical Therapy will promote and support the development of its core faculty members by:

- mentoring faculty who are at various stages in their academic careers using a variety of internal and external resources;
- regularly assessing teaching effectiveness and utilizing student and peer feedback to strengthen instructional skills;
- providing release time for clinical practice and/or professional consultation;
- facilitating the design, completion, and dissemination of scholarly work
- sponsoring or funding continuing education courses to maintain licensure, develop teaching skills, and enhance content expertise;
- encouraging involvement in professional and community service at the local, state, national, or global level; and
- providing opportunities to participate in shared governance and leadership within the university and/or school.

## **GOAL # 4:**

The School of Physical Therapy will actively engage in community activities which:

- promote physical health and wellness among the general public at a local or global level;
- provide professional learning opportunities for physical therapy clinicians in our service area; and
- further enhance the visibility and positive perceptions of the physical therapy profession and Anderson University.

## **GOAL # 5:**

The School of Physical Therapy will systematically assess its processes and outcomes to ensure fulfillment of its mission and continuous quality improvement by:

- collecting and analyzing internal survey data from students, graduates, faculty, and staff on an annual or biannual basis;
- collecting and analyzing external survey data from clinical instructors, patients/clients, employers, and the program advisory committee (PAC) on an annual basis;
- holding an annual faculty retreat (i.e., SPARK meeting) to review analyzed data, recommend needed action, and determine whether the program's strategic plan needs revision;
- reviewing and updating publicized program information, policies, and procedures on an annual basis or as needed;
- supporting program faculty in the university's promotion process;
- maintaining compliance with standards established by the Commission on Accreditation in Physical Therapy Education (CAPTE) and submitting annual reports in a timely manner.

## **Student Learning Outcomes**

Consistent with the above program goals are the following student learning outcomes (SLOs). Every course in the DPT curriculum addresses one or more of these SLOs:

1. Develop expertise in the human movement system through the synthesis of knowledge from other scientific disciplines.
2. Demonstrate entry-level competence in the diagnosis and treatment of movement dysfunction in people of all ages.
3. Access and utilize the best evidence to support clinical decision-making.
4. Promote physical health and wellness among the general public.
5. Advance the practice of physical therapy through the pursuit of scholarship, lifelong learning, advocacy, and leadership.
6. Practice physical therapy in a manner that reflects both professional and Christian values.

# Essential Functions for Physical Therapists<sup>7</sup>

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## Purpose

Students in the DPT program must acquire and integrate a large body of scientific knowledge, while simultaneously developing the clinical skills, behaviors, and attitudes necessary for physical therapy practice. The DPT faculty selects applicants who we believe have the ability to become entry-level physical therapists, ready to meet the challenges of today's healthcare environment. In accordance with the accreditation standards set forth by the Commission on Accreditation for Physical Therapy Education (CAPTE), the DPT program has the prerogative and ultimate responsibility for selecting and evaluating its students; the design, implementation, and evaluation of its curriculum; and the determination of who is eligible to receive a degree. Admission and retention decisions made by the faculty are based on both academic and non-academic factors. Enrolled students are evaluated across didactic and clinical courses to ensure that they can successfully perform the essential functions of the program required for graduation.

The DPT program meets its responsibility to society to graduate knowledgeable, competent, and caring physical therapists, by requiring students to meet academic standards as well as the essential functions of the program. Consistent performance across all of these domains is required to enter the DPT program, progress through the curriculum, and meet the requirements for graduation. Policies and procedures outlining academic requirements for entrance into the DPT program and progression through the program are located elsewhere in this handbook.

## Essential Functions Defined

Essential functions refer to the aptitudes and abilities that DPT students need to complete the professional curriculum and perform clinical skills consistent with the contemporary practice of physical therapy. Acceptable levels of mastery are judged by standards/criteria established by the core faculty, clinical faculty, examinations, and other measurements of performance. These areas of competence include:

1. **Communication** that includes verbal (oral and written) and non-verbal abilities.
2. **Motor function** that includes all psychomotor skills needed to examine patients/client and perform interventions in a safe and effective manner.
3. **Sensory function** that includes perceptual and observation skills needed to ensure safe and effective patient care.
4. **Cognitive function** that includes sufficient intellectual, conceptual, integrative, and quantitative abilities to make effective judgments about patient/client management and other practice-related tasks.

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<sup>7</sup> Adapted with permission from the DPT program at University of the Sciences in Philadelphia, PA

5. **Affective behaviors** that demonstrate emotional, social, professional, and cultural competence.

## Students with Disabilities

Individuals with learning and physical disabilities, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), may be qualified to study and practice physical therapy with or without the use of reasonable accommodations. To qualify for the study of physical therapy in the DPT program at Anderson University, students must be able to meet both our academic standards and essential functions, with reasonable accommodations, if needed. Accommodation is viewed as a means of assisting students with disabilities to meet essential standards by providing them with an equal opportunity to participate in all aspects of each learning experience (in the classroom, lab, or clinical setting) and/or providing extended time or alternative means of demonstrating their clinical competence. The granting of accommodations does not guarantee that students will be successful in meeting the requirements of any one course or clinical experience.

## Reasonable Accommodations

According to the ADA, a reasonable accommodation is any modification or adjustment to a job/work [or educational] environment that will enable a qualified applicant with a disability to perform essential job functions. For qualified students with a documented learning disability, reasonable accommodations may include such things as extended exam time, a private exam environment, or alternative testing mode. Students with documented physical disabilities may also request use of an intermediary or an auxiliary aid similar to those recommended by the Job Accommodation Network (<https://askjan.org/>). It should be understood that no disability can be reasonably accommodated with an intermediary that provides cognitive support or substitutes for essential clinical skills, or supplements clinical and ethical judgment. Such reasonable accommodations should be designed to help the student meet learning outcomes without eliminating essential program elements or fundamentally altering the DPT curriculum.

## Procedures

1. When applying for admission to the DPT Program at Anderson University, prospective students who are invited to interview must acknowledge that they have been informed about the *Essential Functions for Physical Therapy*.
2. Once a student is accepted into the program, these essential functions will be reviewed again during the program orientation session and students will sign a form indicating that they have read and understood these functions. Should a student have concerns about meeting these expectations, he/she is advised to meet with the Chair of the School of Physical Therapy.
3. If a student feels that he/she requires reasonable accommodation to successfully complete the didactic and/or clinical components of the program, he/she must contact the Center for Student Success to complete the necessary documentation for requesting accommodations.

4. Due to the time it takes to properly evaluate a student's needs and implement reasonable accommodations, students should request accommodations as early as possible. Although students may occasionally experience an unexpected need for accommodations, it is preferable to make such requests at least 30 days before the start of a course or clinical education experience. Should a student experience a change in his/her status which necessitates accommodation at any point during the DPT program, he/she should begin this process as soon as possible.
5. For accommodations needed during clinical education courses, students with disabilities should request a meeting with the SoPT Chair and the DCE as early as possible to ensure that the planned site assignments will meet their needs. Students should be advised that not every clinical site will be able to reasonably accommodate students with disabilities. In most cases, students will be strongly encouraged to disclose the nature of their disability and accommodation needs to clinical instructors at the assigned clinical site so they may optimize the learning experience and ensure patient safety.
6. Occasionally students require accommodations for temporary conditions associated with a physical injury, surgical procedure, pregnancy, etc. In those situations, students should work with the PT Chair and Office of Disability Accommodations to complete the necessary documentation.

## **Specific Behavioral Competencies Related to Essential Functions**

**COMMUNICATION:** Use of appropriate verbal, nonverbal, and written communication with all individuals when engaged in physical therapy practice, research, and education, including patients, clients, families, caregivers, practitioners, consumers, payers, and policy makers. Specifically, students must be able to:

Verbal:

- Express own ideas and feelings clearly and demonstrate a willingness and ability to give and receive feedback.
- Receive and send verbal communication in emergency situations in a timely manner according to the procedures established by each clinical setting.
- Analyze and accurately communicate information on the patient's status in a timely manner to members of the health care team, including seeking supervision and consultation as needed.
- Demonstrate interpersonal skills needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist–patient relationships.
- Communicate clearly and audibly during interactions with classmates, instructors, patients, members of the healthcare team, and others involved in the educational or patient care process.



- Listen attentively and actively in order to receive and accurately interpret oral communication.
- Communicate effectively and sensitively in English with other students, faculty, staff, patients, family, other professionals, and members of the general public in both oral and written formats.
- Elicit a thorough patient history and explain complex findings to patients and various members of the health care team using appropriate terminology.

#### Written:

- Receive, write, and interpret written communication in both the academic and clinical setting.
- Read and record observations and plans legibly, efficiently, and accurately in documents such as the patient's health care record, which may be written or electronic.
- Search for and evaluate published research/literature.
- Complete written assignments and maintain written records in both handwritten and electronic formats.

#### Non-Verbal:

- Establish a professional rapport with patients/clients, caregivers, and colleagues.
- Recognize and promptly respond to signs of emotional distress such as sadness, worry, agitation, pain, and lack of comprehension of therapist communication.
- Use non-verbal therapeutic communication techniques such as attending, clarifying, coaching, facilitating, and touching.

**MOTOR FUNCTION:** Acquisition and application of a variety of gross and fine motor skills that reflect the physical capacities needed to safely and effectively perform the job of a physical therapist in a variety of settings. Specifically, students must be able to:

- Maintain and assume a variety of positions including sitting for up to 2 hours continuously, frequent standing, walking, bending, squatting, kneeling, stair climbing, reaching forward, reaching overhead, turning, and movement of the trunk and neck in all directions.
- Manually palpate various body structures during examination and intervention procedures.
- Perform manual material handling and manipulation of various sizes and weights including lifting and transferring patients, guarding patients during gait training on level surfaces/uneven surfaces/ramps/stairs, pushing and pulling to provide resistance and to assist in maneuvering patients. Specific requirements include:
  - Safely lift up to 50 lbs. independently
  - Safely lift up to 200 lbs. with manual or mechanical assistance

- Safely push and pull up to 200 lbs.
- Demonstrate strong bilateral grasp during joint mobilization/manipulation and manually resisted exercise, bilateral gross and fine motor control and strength to perform therapeutic massage, and fine motor control to manipulate testing instruments/equipment/ writing instruments/computers.
- Balance self and provide support and balance to patients on a variety of surfaces including level and uneven ground, ramps, curbs, and stairs.
- Have sufficient endurance to continue performing a variety of exertional activities for up to 8-12 hours with occasional rest breaks.
- Respond quickly to emergency situations by physically moving patients, applying sufficient manual force to perform CPR, or assisting with patient transport during an evacuation.

**SENSORY FUNCTION:** The ability to perceive all information necessary for safe and effective patient/client management including the functional use of vision, hearing, and tactile sensations. Specifically, students must demonstrate:

Visual observation of:

- Audiovisual presentations and written materials presented in class.
- Laboratory demonstrations and procedures.
- Patients (close up and at a distance) for purpose of eliciting information and monitoring changes in their functional status (e.g., facial expression, conscious awareness, posture, and gait patterns).
- Therapeutic devices/equipment, including textual and graphic readouts, for purpose of ensuring safe and effective operations.

Auditory ability for:

- Effective auscultation/auditory evaluation including, but not limited to, the lungs, heart, apical pulse, blood pressure, bowel sounds, and joint noises.
- Environmental cues including but not limited to, telephones, overhead paging systems, equipment monitors/alarms, and verbal communications in a setting with competing ambient noise.

Tactile ability for:

- Safe application of gradient pressures during examination and intervention including, but not limited to, palpation of anatomical landmarks, muscle tone, and soft tissue restrictions; manual muscle testing; joint mobilization/manipulation; percussion; and massage.
- Appropriate manipulation of dials, sensors, and switches on all examination and therapeutic equipment.

**COGNITIVE FUNCTION:** Sufficient intellectual-conceptual abilities to obtain and process information from multiple sources to make informed clinical decisions related to patient/client management, efficiently and effectively operate a clinical practice, pursue advanced learning opportunities, and advocate for the needs of the profession and society. Specifically, students must be able to:

- Recall and retain information in an efficient manner in order to meet the minimal requirements in classroom and clinical environments to provide safe and effective patient care.
- Appraise published evidence to determine the most appropriate tests, measures, and interventions to use during a patient/client examination or treatment.
- Gather information during all patient examination and treatment procedures to make appropriate clinical decisions and/or respond to emergency situations.
- Evaluate the information gleaned from the patient/client examination, including patient history and any available medical/surgical/radiologic information, to formulate a patient/client diagnosis, prognosis, and plan of care.
- Prescribe therapeutic home programs as indicated by the results of the examination, utilizing a variety of instructional methods for patient/clients and/or family members.
- Acknowledge limitations of knowledge and/or performance in order to provide safe, effective patient care including the necessity of referring the patient/client to other healthcare professionals.
- Assess patient outcomes to determine the need for continuation of care by summarizing and interpreting changes in the patient's status over time.
- Integrate new information learned outside the classroom with prior body of knowledge to continuously improve decision-making abilities.
- Recognize the resources needed to effectively operate or manage a physical therapy clinical facility.
- Analyze current issues, payment policies, or other events that affect the delivery of health care and the practice of physical therapy.

**AFFECTIVE BEHAVIOR:** The emotional health and intelligence needed to fully utilize one's own intellectual abilities, exercise good judgment, and effectively complete all responsibilities attendant to the diagnosis and care of patients. Specifically, students must:

- Understand that his/her values, attitudes, beliefs, emotions, and experiences affect his/her perceptions and relationships with others.
- Possess the emotional stability to function effectively under stress and adapt to an environment that may change rapidly and/or unpredictably.
- Maintain mature, sensitive, and respectful relationships with patients, families, student colleagues, faculty, staff, and other health care professionals in academic and clinical environments, including highly stressful situations.

- Possess the ability to reason morally and practice physical therapy in an ethical manner.
- Demonstrate a willingness to learn and adhere to professional standards of practice.
- Possess attributes that include altruism, accountability, compassion, integrity, responsibility, grace, humility, service, justice, and tolerance.
- Interact effectively with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds in a variety of settings.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.
- Demonstrate the ability to be self-reflective.
- Maintain general good health, self-care, and hygiene in order not to jeopardize the health and safety of self or the individuals with whom one interacts.
- Possess appropriate coping strategies to manage physically, emotionally, and mentally taxing workloads; function effectively under time constraints; and proactively use available resources to maintain both physical and mental health.
- Accept suggestions and criticisms; modify behavior as needed in response to such feedback.
- Demonstrate assertiveness and respect when delegating responsibilities to physical therapy support staff.

## Professional Development & Mentoring

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In addition to the “Community Values and Expectations” described in AU’s Student Development Handbook, DPT students are expected to demonstrate professional behaviors that reflect the core values of the physical therapy profession. The faculty considers all students to be professional colleagues and assumes responsibility for assisting them in their professional development. As part of this mentoring process, each student is assigned to a faculty advisor who will meet with him/her at least once a semester. In addition to faculty advisors, students may seek guidance from the SoPT Academic Success Advisor who can assist students in obtaining support services to facilitate their plan of study or deal with personal issues that may arise.

**Please note:** Although faculty generally maintain an open door policy, there may be times when they are involved in work of a confidential or urgent nature. Thus, students should check on their availability with office staff prior to any unscheduled or impromptu meetings.

### Advising Process

During orientation of the program, a faculty member will review the advising process, guide students in a self-assessment of professional values, and help students formulate their initial Professional Development Plan (PDP). Each advisor will meet with his/her advisees, either as a group or individually. This plan will establish goals for each student to address during the initial didactic phase of the curriculum. The goals in the PDP should go beyond minimal program expectations and reflect a commitment to the professional and Christian values defined in the section below. Students will maintain a development log of activities, events, or situations in an electronic format to provide evidence of goal achievement that can be shared with their advisors and peers throughout the program. Each advisor will meet with his/her advisees individually at least once a semester to reflect on their professional development, share experiences, and overall wellbeing. Group advising meetings may also be scheduled on occasion.

During the 6<sup>th</sup> semester of the curriculum, students will update their PDPs to include goals for the terminal clinical phase of the curriculum. Evidence supporting these goals will continue to be documented in the student’s development log which will be submitted electronically to the student’s advisor at the midpoint of their final clinical experience. During the final two weeks of the curriculum when students return to campus, they will formulate a transitional PDP which will specify goals for their first 5 years of practice.

In addition to the PDPs and development logs, assessment of the student’s professional conduct will be based on adherence to the SoPT policies outlined in this handbook (e.g., courtesy, attendance, dress code, APTA membership), progression seen in the students’ self-assessments of core values, faculty observations of student behavior during classroom and lab activities, CPI ratings of professional behavior, and patient assessments of professionalism.

## Core Values of the Physical Therapy Profession

The APTA has identified eight core values related to the practice of physical therapy:

**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.

**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.

**Collaboration** is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

**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.

**Excellence** in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

**Integrity** is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

**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.

**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.

## Core Christian Values

In addition to the professional values defined above, the SoPT faculty has identified the following Christian values which relate to the practice of physical therapy:

**Grace** is an act that extends kindness, favor, good will, or mercy to another person.

**Humility** is the absence of pride; a humble person has an attitude that he/she has no greater importance than anyone else.

**Justice** is the quality of being fair and righteous when dealing with people and resources.

**Service** is an act in which one voluntarily renders assistance to someone in need.

**Tolerance** is a willingness to respect the opinions, beliefs, or practices that are different from one's own without criticism or judgment.

## **SPICE of Life Program**

A unique feature of the DPT Program at Anderson University is the SPICE of Life program. The term “spice of life” is commonly used to describe a variety of experiences that enrich our lives (“adds flavor”) and makes us more well-rounded individuals. In this program, “SPICE” is an acronym, which stands for “Senior Partners In Clinical Education.” Each DPT student is paired with an older adult in the community who has volunteered to assist them as lay mentors by providing the following types of support during the first year of their educational journey:

1. Individual feedback to the student as he/she practices newly learned clinical skills. In essence, these senior partners are volunteering to be human “guinea pigs” for students who need to practice newly learned clinical skills on someone other than a fellow student. Students rely on these volunteers to provide constructive feedback related to the clarity of the student's instructions and explanations, as well as their comfort level when the student is touching them.
2. Regular meetings with the student once or twice a month at the University Center or over lunch to informally discuss the student's progress and offer advice from a consumer perspective. Students are highly encouraged to interact with their SPICE partners at least once a month to practice newly learned skills, seek feedback on performance, and for support.
3. Psychological and spiritual support throughout the educational process. The DPT program follows a rigorous curriculum with a packed schedule that creates significant stress in the lives of most students. SPICE volunteers must be Christians with a strong faith and sense of optimism who can encourage and pray for these students as they struggle with the challenges and stresses associated with PT school.
4. Celebration of the student's success. Another goal of this program is to celebrate the accomplishments of our students. We want our SPICE partners to be active participants in these joyous occasions which include various special events throughout the program.

## **Changing Advisors**

As mature adults, DPT students are expected to establish working relationships with people from all walks of life. However, occasionally situations arise in which the mentoring relationship is not effectively meeting a student's needs. Should a student wish to be reassigned to another academic advisor or SPICE partner, he/she should meet with the SoPT Chair to discuss the rationale for the requested change. In situations where a faculty member leaves the university or a SPICE partner is no longer available to meet with the student on a regular basis, reassignment will be automatic.

## Academic Information

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### Educational Philosophy of DPT Program

The philosophical framework of the curriculum was previously described in this document. The stated behavioral themes are addressed in the following courses:

- Foundational content and concepts that students **STUDY** to thoroughly understand the human movement system:
  - Clinical Human Anatomy
  - Biomechanics & Kinematics of Human Motion
  - Pathophysiology of Movement 1 and 2
  - Clinical Neuroscience
  - Pharmacology
  - Motor Development & Control
- Clinical problems that students **SOLVE** to help alleviate movement dysfunction in individuals with debilitating conditions:
  - Basic Physical Therapy Examination Skills
  - Assistive Technology & Functional Training
  - Therapeutic Exercise & Motor Learning
  - Medical Screening & Diagnostic Imaging
  - Biophysical Agents & Soft Tissue Mobilization
  - Management of Cardiovascular & Pulmonary Dysfunction
  - Management of Musculoskeletal Dysfunction 1 and 2
  - Management of Immunological & Metabolic Dysfunction
  - Management of Pediatric Trauma & Developmental Dysfunction
  - Management of Brain Trauma & Progressive Neuromuscular Dysfunction
  - Management of Spinal Cord and Peripheral Nerve Trauma
  - Management of Limb Amputations
  - Management of Special Populations
- New knowledge and skills that students **SEEK** to advance the practice of physical therapy and optimize wellness for the general population:
  - Foundations of Clinical Reasoning & Evidence-based Practice 1 and 2
  - Health Behavior & Patient Education
  - Capstone Project 1
  - Capstone Project 2
  - Capstone Project 3
  - Healthcare & Practice Management



- Professional attitudes, values, and habits that students **STRIVE** to attain:
  - Orientation to the Physical Therapy Profession
  - Health Behavior & Patient Education
  - Legal, Ethical & Regulatory Issues in Health Care
  - Psychosocial & Spiritual Issues in Health Care
  - Transition to Practice
  - Professional Development, Leadership & Advocacy
- Opportunities for students to **SERVE** others via clinical practice, community service, and professional advocacy:
  - Interprofessional Experiences
  - Clinical Education Experience 1
  - Clinical Education Experience 2
  - Clinical Education Experience 3
  - Clinical Education Experience 4

The integration of these curricular themes occurs through careful sequencing of course content, planned repetition and application of key concepts, progressive clinical experiences, and ongoing professional development activities. The curriculum also includes opportunities for students to explore and develop areas of individual interest through an elective/specialty clinical experience, a variety of service learning opportunities, attendance at professional meetings/conferences, and completion of a capstone project. The students' involvement in the selection of required clinical education sites provides an added opportunity to personalize their educational experience and make it more meaningful.

## DPT Curriculum Sequence-

(planned but subject to change at the discretion of the SoPT Curriculum Committee)

### Year 1 – Summer

Course #	Course	Credits
PT 700	Orientation to the Physical Therapy Profession	2
PT 705	Clinical Human Anatomy	7
PT 710	Biomechanics & Kinematics of Human Motion	4
PT 721	Pathophysiology of Movement 1	3
Total Credits		16

### Year 1 – Fall

Course #	Course	Credits
PT 722	Pathophysiology of Movement 2	3
PT 725	Pharmacology	2
PT 730	Basic Physical Therapy Examination Skills	4
PT 735	Assistive Technology & Functional Training	3
PT 740	Therapeutic Exercise and Motor Learning	4
PT 750	Health Care Communications & Informatics	2
Total Credits		18

### Year 1 – Spring

Course #	Course	Credits
PT 745	Foundations of Clinical Reasoning & Evidence-Based Practice 1	2
PT 770	Health Behavior & Patient Education	3
PT 755	Clinical Neuroscience	3
PT 775	Management of Cardiovascular & Pulmonary Dysfunction	4
PT 780	Interprofessional Experiences	1
PT 815	Management of Musculoskeletal Dysfunction 1	4
Total Credits		17

### Year 2- Summer

Course #	Course	Credits
PT 810	Legal, Ethical, & Regulatory Issues in Healthcare	2
PT 855	Management of Spinal Cord & Peripheral Nerve Trauma	2
PT 820	Management of Musculoskeletal Dysfunction 2	4
PT 825	Clinical Education Experience 1	8
Total Credits		16

### Year 2 – Fall

Course #	Course	Credits
PT 765	Biophysical Agents & Soft Tissue Mobilization	3
PT 800	Foundations of Clinical Reasoning & Evidence-based Practice 2	2
PT 835	Motor Development & Control	2
PT 840	Management of Immunological & Metabolic Dysfunction	2
PT 830	Clinical Education Experience 2	8
Total Credits		17

### Year 2 – Spring

Course #	Course	Credits
PT 760	Medical Screening & Diagnostic Imaging	3
PT 850	Management of Pediatric Trauma & Developmental Dysfunction	2
PT 860	Management of Brain Trauma & Progressive Neuromuscular Dysfunction	4
PT 870	Psychosocial & Spiritual Issues in Health Care	2
PT 875	Healthcare & Practice Management	3
PT 880	Capstone Project 1	1
Total Credits		15

### Year 3 – Summer

Course #	Course	Credits
PT 865	Management of Limb Amputations	1
PT 885	Capstone Project 2	1
PT 920	Clinical Education Experience 3	8
PT 950	Management of Special Populations	3
Total Credits		13

### Year 3 – Fall

Course #	Course	Credits
PT 905	Transition to Practice	1
PT 925	Clinical Education Experience 4	8
PT 945	Capstone Project 3	1
PT 940	Professional Development, Leadership & Advocacy	2
Total Credits		13

**Total Credit Hours = 125 (Completed by December graduation)**

**Total Weeks of Full-time Clinical Education = 32**

## **DPT Course Descriptions**

Course descriptions can be found in the academic catalog linked here <http://catalog.andersonuniversity.edu/content.php?catoid=24&navoid=1391>

## **Course Registration and Fee Payment**

In most cases, the Academic Success Advisor will make sure that students are enrolled in the appropriate courses each semester. Students can also register online using Workday, linked at: <https://andersonuniversity.edu/workday>.

The “Anderson Central” link at: <https://www.andersonuniversity.edu/central> may be accessed to check financial aid accounts, make payments, or request transcripts.

Course fees are consolidated across courses and only billed during fall and spring semesters.

## **Canvas Access**

Canvas is a comprehensive e-learning software system used by the University and School of Physical Therapy. Faculty will use Canvas to manage courses by posting announcements, assignments and online quizzes/exams. Throughout the program, the student will be expected to utilize this learning platform to access department and course information, handouts, complete on-line quizzes and exams, communicate with classmates and instructors via e-mail and discussion boards and access his/her grades online. Students may access Canvas with their username and password at: <https://au.instructure.com/login/saml>

## **AccessPhysiotherapy**

This database may be accessed through the AU library. It provides students with access to electronic textbooks published by F. A. Davis and McGraw-Hill. The faculty attempt to use as many textbooks from this database as possible to minimize student costs. Students can set up their own direct login to AccessPhysiotherapy once they are enrolled.

## Academic Policies

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Because students enrolled in the SoPT are adults, their academic performance and course/test grades are confidential and may not be shared with a student's parents or any other third party unless the student signs a FERPA release through the Office of the Registrar. As adult learners, students enrolled in the DPT program are expected to take full responsibility for their academic performance and take the initiative to seek help when needed.

### Common terminology and definitions:

Lab practical exam - Designed to simulate a clinical experience between the student and a patient. The following should be present:

- A patient. This may occur through patient simulation, such as using students to play the role of the patient, or through patient actors such as in using SPICE partners.
- Synthesis and clinical reasoning of a patient case, requiring the student to process through specified components of the patient client management model: examination, evaluation, diagnosis, prognosis, plan of care, and interventions.
- Evidence of clinical decision making.
- Demonstration of the affective, psychomotor, and cognitive domains within Bloom's taxonomy.
- Demonstration of essential criteria as developed by the SOPT.

Skills check - An assessment of a student's ability to perform a specific psychomotor skill. While a simulated patient may be used, the focus is skill demonstration and proficiency, rather than clinical reasoning and decision-making.

Major exams, quizzes, or projects- Exams, quizzes, or projects that are defined by the primary course instructor to be independently or collectively important to the course. These will be notated with an asterisk in the syllabus.

## Competencies

The following competency policies are unique to the SoPT and apply to all SoPT courses regardless of syllabus grade calculations:

### Demonstrating Knowledge Competency

In most didactic courses, no more than 25% of the course grade may be based on group assignments. Students who fail to achieve an average of 75% or higher on all major (20% or higher) exams, quizzes or projects that assess knowledge of course content are subject to course failure, regardless of their overall course average. In general, no exam retakes or extra credit assignments will be offered.

### Demonstrating Skill Competency

For each practical exam or skills check, a score of 75% is required along with a minimum acceptable score on any exam criteria that specifically relates to safety. Any student who

scores below 75% on a practical examination, should request a retake which will be scheduled at the instructor's convenience, following a period of remediation. The exam retake is highly recommended to be videotaped. Students who pass the exam on the second attempt will only receive the minimal passing score of 75%.

## Incomplete Grades

SoPT follows the University's policy for requesting an incomplete grade. The policy can be found at <http://catalog.andersonuniversity.edu/content.php?catoid=25&navoid=1511#incomplete-grades>

## Failing Grades

Though a previous institution may have regarded a D as passing for undergraduate courses, please note that the SoPT policy is: any grade below a "C" is considered a failing grade and may result in program dismissal. Due to the DPT program being a cohort model, students who fail a course must petition in writing to the Chair and Faculty to repeat the course without dropping behind in the cohort.

## Grade Disputes

The Graduate Catalog has a right of appeal.

<http://catalog.andersonuniversity.edu/content.php?catoid=25&navoid=1511#grade-appeals>

For the SoPT, there is an additional step which includes the Chair of the SoPT. Therefore, the line of appeal is: Instructor, Chair, Dean, Provost.

## Probation and Dismissal (*Unique policy for SoPT*)

For matters related to dismissal, the Graduate Academic Catalog policy addressing the Right to Appeal applies. The content in this section, including **Academic Probation**, **Professional Probation**, **Program Dismissal**, and the **Appeal Process** are unique to the SoPT. Students, Faculty, and Staff should follow the policy and process below.

The DPT faculty have a responsibility to exercise professional judgment, guided by the APTA Code of Ethics, in determining a student's competence to continue in the program. As educators of future healthcare providers, they bear the weight of the public's safety. Therefore, the probation and dismissal policy for the SoPT differs from the University's policy. Placing a student on academic and/or professional probation functions as a warning sign to students that they are falling below expected performance guidelines and, if left uncorrected, they may be subject to dismissal from the program.

## Academic Probation

The SoPT will communicate with the Office of the Provost when students are placed on and subsequently removed from academic probation.

Students may be placed on academic probation for reasons including, but not limited to:

- Cumulative GPA falls below 3.0. Cumulative GPA will be calculated at the end of each semester, after final grades have been submitted. The student will be given up to 2 semesters to raise the GPA to 3.0 and if they fail to do so, they will be dismissed. Students may not begin a clinical education experience if they have a cumulative GPA below 3.0. In addition, the course instructor, advisor, and program director will determine the terms of the probation, and the student will have one semester to meet them. Upon meeting the terms of the probation, the student will come off probation.
- Failing to achieve an average of 75% or higher on all major exams, quizzes or projects that assess knowledge of course content (marked by asterisk in syllabus), regardless of their overall course average. The course instructor, advisor, and program director will determine the terms of the probation, and the student will have one semester to meet them. Upon meeting the terms of the probation, the student will come off probation.
  - As a precursor to being placed on probation, a student earning any score below a 75% on a project, quiz, or exam will receive a notification and may be required to meet with the course instructor. This notification will be documented in the student record (excel spreadsheet in SOPT Canvas shell).
- If a student fails a practical examination or skills check in a course for the first time, they will be given a retake. If they pass the retake successfully, they will remain in good academic standing. If they fail the retake, they will be given additional remediation and an opportunity to retake it a second time. If they pass the second retake, they will be placed on academic probation. If they fail the second retake, they will be dismissed from the program.
- Failing to score 75% or above on a practical examination or skills check in a second course (refer to Lab Practical Exam Policy). After the second failure of a lab practical exam or skills check, the student will be given a retake. If the student has a successful retake, they will be put on probation. If the retake is unsuccessful, they will be dismissed from the program.
- Failing to score 75% or above on a practical examination or skills check in a third course (refer to Lab Practical Exam Policy). After the third failure of a lab practical exam or skills check, the student will be given a retake. If the student has a successful retake, they will be put on probation. If the retake is unsuccessful, they will be dismissed from the program.
- Unsatisfactory performance on a clinical education experience. (See Clinical Education Section in Student Handbook).

Lab Practical Exam Policy (see infographic below):

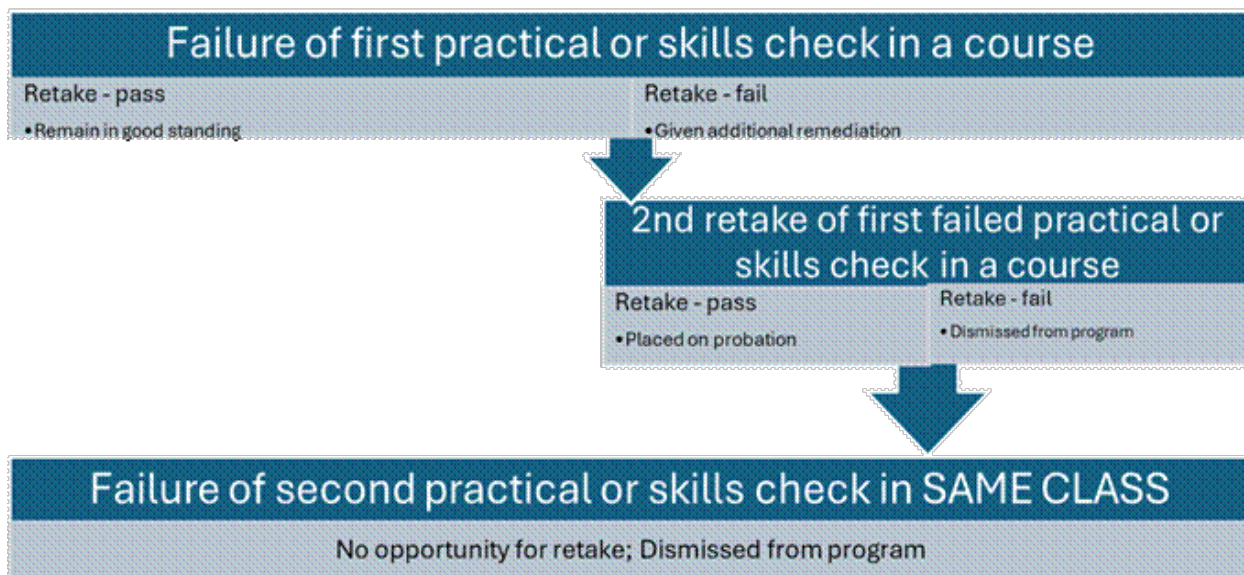
- Any student who scores below 75% on a lab practical examination or skills check will be given a retake, scheduled at the instructor's convenience following a period of remediation. Students who pass the lab practical exam or skills check on the second attempt will only receive the minimal passing score of 75%.
- Post-semester Remediation: if a student fails a lab practical examination or skills check at the end of the semester, remediation may need to be completed after the semester ends. In this case, the student will receive an Incomplete (I) grade for the course until the remediation procedures have been completed (more information regarding the "I" grade can be found at: <http://catalog.andersonuniversity.edu/content.php?catoid=25&navoid=1511#incomplete-grades>) When the faculty member agrees that the student has met the criteria to be granted an Incomplete, and he or she is willing to accommodate the request, the faculty member will download and complete a copy of the Request for an Incomplete Grade. The instructor and the student must agree on the assignments that will be submitted late, and the form must include a list of these items. Signatures by both parties on the form will be viewed as agreement to the stated requirements for completion. Once the assignments are listed and the signatures provided, the completed form must be delivered to the Registrar's Office for processing. The Request for an Incomplete Grade Form must be submitted to the Registrar before the end of the last regular class day in a semester or term. Once post semester remediation is completed, the final course grade will be calculated and the "I" grade will be adjusted to a letter grade that the student earned in the course. A post-semester remediation process will coincide with scheduled breaks and may involve the student participating in remediation during evenings or weekends to accommodate the availability of the primary course instructor.
- A student may retake one practical exam, or skills check within a course and must receive 75% or better on all subsequent practicals / skills checks to pass the course. Upon the first failure, a student will be given a retake. If they pass the retake successfully, they will remain in good academic standing. If they fail the retake, they will be given additional remediation and an opportunity to retake it a second time. If they pass the second retake, they will be placed on academic probation. If they fail the second retake, they will be dismissed from the program.
- If a student fails to score 75% or above on a practical examination or skills check in a second course, the student will be given a retake. If the student has a successful retake, they will be put on probation. If the retake is unsuccessful, they will be dismissed from the program.
- If a student fails to score 75% or above on a practical examination or skills check in a third course, they will be given a retake. If the student has a successful retake, they will be put on probation. If the retake is unsuccessful, they will be dismissed from the program.
- No more than 4 retakes (2 for the first failure, 1 each for the second and third failures) will be allowed during the program. If a student fails a fourth lab practical exam or skills check, they will be given no retake and be dismissed from the program.

Students placed on academic probation will be notified in writing by the SOPT Chair as soon as the probation threshold is reached. Upon receipt of notification, the student must

meet with the SoPT Chair and their academic advisor (or other designated faculty member) to discuss the terms of their probation and outline a remediation plan which may include recommendations such as tutoring, counseling, or test-taking advice. Upon satisfactory completion of the probationary terms, the student will be taken off probation.

A student may be placed on probation three times. If they qualify for probation a fourth time, they will be dismissed from the program.





Failure of first practical or skills check in SECOND course - second failure in program	
<b>Retake - pass</b> • Placed on academic probation	<b>Retake - fail</b> • Dismissed from program

### Professional Probation

Students are expected to maintain professional behaviors and control of the affective domain as specified in the essential functions and handbook. Students who do not meet these standards will be subject to the following:

1. Notification by a faculty member with written or verbal warning. After the faculty member has warned the student, the professional behavior issue/s should be documented in the SOPT Canvas Shell by completing a "Faculty Comments" form.
2. Should the professional behavior problem/s continue, the student will be required to meet with the faculty member and academic advisor to discuss professional behavior expectations.
3. In the event the behaviors continue to persist, the student will be placed on professional probation. Students placed on professional probation must meet with the SoPT Chair and their academic advisor (or other designated faculty member) to be informed on their status and outline a remediation plan.
4. Upon successful remediation, students will be removed from probation and restored to good standing.
5. If professional behavior problems begin again after the student has been removed from probation, they will automatically be placed back on probation and required to

go before faculty to discuss their situation. At that time, the patterns in professional behavior will be discussed and a recommendation will be made whether to establish another round of remediation or dismiss the student from the program.

Students on professional probation will not be allowed to participate in the clinical education component of the curriculum.

### **Program Dismissal**

Students may be dismissed from the program for reasons including, but not limited to:

- Failing to meet academic or professional behavior standards.
- Failing to meet the terms of their probation.
- Earning 3 course grades of “C.”
- Earning a grade of “D” or below in any course.
- Earning below 75% on the retake of a lab practical exam or skills check. The only exception is that the first lab practical failure will be allowed two retakes if needed.
- Earning below 75% on a second lab practical exam or skills check in the same course.
- Earning below 75% on a fourth lab practical exam or skills check in different courses in the DPT program.
- Demonstrating unsatisfactory clinical performance in a clinical education experience following remediation or failing to follow through with his/her probation plan.
- Qualifying for academic and/or professional probation for a fourth time. Students are only permitted to be on probation three times during the program.
- Students may also be dismissed for non-academic reasons including consistent demonstration of unprofessional behaviors, evidence of academic dishonesty, violation of the university’s code of conduct, or conviction of a misdemeanor or felony offense. Such incidents must be documented in writing. In most cases, students dismissed for non-academic reasons will have no opportunity for readmission.

Students dismissed from the program will be notified in writing by the SoPT Chair, as soon as the program dismissal threshold is reached.

### **Appeal Process**

- Upon receipt of the notification, the student has the right to appeal the decision. They should notify the SOPT Chair of the intent to appeal within 5 business days of receipt of the notification.
- Appeals for reinstatement must include a letter from the student that will be sent to the SOPT Chair, detailing the student’s rationale for requesting reinstatement and the plan for success in the future. Students are encouraged to meet with the SOPT Chair and/or faculty advisor to discuss their plan.

- The SOPT Chair will share this letter with faculty and faculty will discuss and vote on reinstatement of the student. The student may be asked to come before the faculty to discuss their request.
- The SOPT Chair will communicate the results in writing to the student, copying the appropriate people within the university.
- Should the faculty vote to uphold the dismissal, the student may appeal to the Dean of the College of Health Professions.

## Exams

SoPT has additional expectations for Examinations.

Examination Environment and Behavior during Examinations (For in-person, online proctored, and lab practicals)

- At no time while taking an examination shall students use cell phones or other smart devices to make or accept phone calls, text messages, emails, or other forms of electronic communication (i.e. Twitter, Facebook, or Instagram).
- Computers may not be used to browse the internet (other than any site that may be assigned by the instructor) while taking an examination.
- As per the dress code policy, students are not allowed to wear hats or beanies during the exam.
- Backpacks, bookbags, purses, briefcases, lunch bags, or any other cases, bags, containers, cell phones, smart watches and any other electronic devices must be stored in the back of the classroom during the examination.
- Students are expected to maintain confidentiality of the exam content at all times, including practical and laboratory examinations.
- Students will not be allowed to leave the examination room once testing procedures have begun, unless authorized by the instructor.
- Students who finish an examination early may leave the examination room, provided they do so quietly and without disturbing their colleagues. Students who finish the examination early and leave the room will not be allowed to re-enter the room while the examination is still in progress.
- Sharing of any course information such as, but not limited to, tests, quizzes, cases, and lab practical examinations between students and other cohorts is strictly prohibited unless approved by the instructor.
- Re-entrance into an exam is not permitted outside of the testing location for any reason. Any reopening of exams, replication or screen shooting of exam questions is prohibited and will be considered academic dishonesty.
- No form of communication (verbal, written, electronic, gestures, or any other form) will be tolerated between students or with anyone outside the classroom during any examination including lab practicals.
- When acting in the role of a "patient" during a practical exam, the "patient" should NOT position himself/herself or in any way anticipate or suggest (verbally or physically) what is expected from the student being tested. Such deviations will be considered an act of sharing information and therefore, academic misconduct. The

student being tested must verbally and physically direct ALL activities of the "patient" student.

- Practical examinations and skill checks may be videotaped by the instructor, at the discretion of the instructor, for grading and review purposes.
- For all online proctored examinations, students are to follow the outlined procedures in the "Student Procedures for Online Proctoring" which will be provided by the course instructor in the course syllabus and posted on Canvas.

## **Graduation Requirements**

Students must meet all of the following conditions to be eligible for graduation:

1. Completion of all didactic coursework in the DPT curriculum with a cumulative GPA of 3.0 or higher.<sup>8</sup>
2. Satisfactory completion of all clinical coursework with at least an "entry-level" rating on all required skills listed on the Clinical Performance Instrument (CPI) by the end of the students' final clinical experience.

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<sup>8</sup> Students not meeting the minimum academic standard will be placed on academic probation. In most cases, students who fail to meet the cumulative 3.0 GPA standard by the end of the 6<sup>th</sup> semester will be dismissed from the program.

## Other Policies

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### Access to University Center Facilities

Doors at the UCG typically open by 7:00 a.m. and are locked at 9:30 p.m. The Office Suite (B-3) is usually open Monday through Friday from 8:30 a.m. till 4:30 p.m. Students may access the Student Lounge behind the office suite outside of class hours using the keypad on the outside door in the back of the mall.

DPT classes are typically scheduled between the hours of 8:00 a.m. and 5:00 p.m. Students wishing to access the physical therapy labs outside of scheduled class time will be given a code to the laboratory doors at the beginning of the semester. Students are asked to be respectful of all students using the space. Generally, this space is reserved for educational purposes, not for extracurricular activities. While snacking and drinking are allowed during class and lab, this should not distract yourself or others from learning. In addition, please protect the plinths and flooring by having lids on all drinks. Lounge space is available at other locations throughout UCG for students to socialize or eat. A refrigerator and microwave ovens are available for DPT students in the Student Lounge on the first floor (B-3 office suite). Students have access to the student lounge after hours but are advised to not be in the lounge alone after 6:00 pm and must vacate the lounge by 11:00 pm.

Students are responsible for maintaining the cleanliness of the labs and classrooms. Books and personal items may not be stored in the classrooms or labs (classrooms are a shared space within the University Center). Books and personal belongings should be secured in the student's assigned locker when not in use.

Hi-low tables should be used with care. No sharp objects are allowed on the tables. Vinyl coverings must be cleaned at the end of the day with anti-microbial spray. Table casters should be unlocked before moving. Electrical cords should never be forcefully pulled from wall or floor sockets.

Students are assigned a locker for use while enrolled in the program. The school's administrative assistant will maintain a list of locker combinations. Students are expected to keep the locker area clean and dispose of trash in the receptacles provided.

The F.W. Symmes Library at UCG is essentially a virtual library. It provides online catalogs and databases, as well as computers and software. The library is open to all students, faculty, and staff. Workstations and group study rooms are available during library hours:

- Monday – Thursday 8:00 a.m. – 9:00 p.m.
- Friday 8:00 a.m. – 4:30 p.m.
- Saturday 8:30 a.m. – 5:30 p.m.
- Sunday 1:00 p.m. – 5:30 p.m.

The classrooms, labs, and offices at UCG are designated primarily for business and instructional purposes. Students who have children should not bring them to class or lab unless they have been invited to participate in a specific learning activity such as developmental testing or fitness screens. The consistent presence of young children in the classroom or office area creates a distraction for those who are trying to work or study.

## House Rules for Use of Student Lounge

- This lounge space is for use by AU graduate PT and nursing students only. No guests are allowed unless prior permission is received from an AU faculty member.
- For safety reasons, no student should be in the lounge alone after 6:00pm.
- All students must vacate the lounge by 11:00pm.
- The door between the restrooms and office suite must remain closed/locked during all evening and weekend hours.
- If equipment is brought down to the lounge area from the 2<sup>nd</sup> floor labs for practice purposes, it must be returned to the upstairs location within 24 hours.
- The glass board is for your use, but it should be cleaned regularly using the cleaning wipes provided.
- Students are expected to maintain the cleanliness of the lounge. Housekeeping staff will empty trash each evening during the week, but not on the weekend. They will also vacuum the lounge once a week.
- Bathroom sinks should NOT be used to clean dirty dishes – you need to take them home to wash. Likewise, do not use bathroom toilets to eliminate unwanted food items. There is a large dumpster in the rear of UCG, close to the back entrance, that can be used to dispose of large items or spoiled food.
- Do not leave fresh food in the refrigerator for more than two weeks or it may be discarded. You are encouraged to label any food items stored in the freezer with your name and date.
- No smoking or alcoholic beverages are permitted in the lounge at any time.
- Music may be played in the lounge as long as the volume does not reach a level that can be heard in the office suite, AND it does not disturb other students who may be trying to study or hold a small group meeting.
- Please report any malfunctioning equipment or damaged furniture to one of the AU administrative assistants.
- A security camera will be monitoring the outside door to the parking lot to ensure that access rules are observed.
- To ensure everyone's safety and security, please do not share the door code with anyone outside your class!
- In the event of an emergency, call 911 and share your location.

## Borrowing SoPT Equipment or Books

Students may check out books from the SoPT Reference Library for up to 48 hours through the SoPT administrative staff. Small pieces of lab equipment may also be checked out for 48 hours with permission of a faculty member. Equipment being used off-campus for School-sponsored events such as health screenings do not require prior approval.

## **Class Attendance/Absences**

Due to the professional nature of the program, attendance and punctuality to all class and laboratory activities are expected. All educational activities have been designed to provide the student with the necessary experience to function effectively as a physical therapist. Learning experiences in the curriculum have been arranged sequentially to ensure that new information and skills are integrated with previously introduced material. Punctual attendance is expected as a reflection of professional behavior.

If a student is ill and/or cannot attend for some unexpected reason (e.g., transportation problems, auto accident, sick child), it is his/her responsibility to notify one of the administrative assistants and/or course instructor via phone call, text message, or email prior to class or as soon as possible thereafter. If the student has prior knowledge of a pending absence, he/she should discuss such absences with the SoPT Chair, course instructor and/or academic advisor. Semester class schedules are planned far enough in advance that, whenever possible, students should schedule outside appointments or other events during free afternoons or semester breaks.

In general, an excused absence is one caused by an unforeseen event such as illness, injury, family emergency, or funeral. Any exams or assignments missed due to an excused absence can be made up without penalty. Absence from class to attend special professional events such as a state or national conference will be approved on a case-by-case basis by the faculty. Absence from class or clinical experiences due to other planned events of a personal nature (e.g., routine medical/dental check-ups, weddings, job interviews) are considered unexcused absences. Faculty are under no obligation to review the material missed, offer an alternate exam date, or extend assignment deadlines due to unexcused absences. Students are responsible for all information presented in class whether they are present or not. Access to the class via Zoom is generally discouraged, but will be handled on an individual basis. The instructor's primary responsibility is to teach in a face-to-face context; therefore instruction via Zoom may not be an effective mode for student learning.

Enrolled students are expected to maintain regular attendance in seated classes and regular participation in online classes. If a student consecutively misses 25% of the class noted by a lack of attendance (seated) or participation (online), the faculty member will assign an Administrative Withdrawal as soon as the 25% threshold of non-attendance or non-participation is reached. If a student has been attending and participating regularly in the course as evidenced by satisfactory submission of assignments up to the point of their disengagement from the class, a grade of Withdraw Pass will be assigned. If a student has not been attending/participating regularly and little satisfactory work has been submitted, a grade of Withdraw Fail will be assigned.

## **Criminal Background Check & Drug Screen**

All students must complete a criminal background check and drug screen prior to the clinical education portion of the curriculum. Any past criminal offenses that would make a student ineligible to obtain a license to practice physical therapy after graduation must be reported to the SoPT Chair. In some cases, this could result in immediate dismissal from the program.

The SoPT faculty and its affiliated clinical sites reserve the right to perform random drug screens on students at any time. Positive results of a drug screen will result in probation, and potential dismissal from the program, depending on the severity of use and the student's willingness to seek intervention. A positive drug test occurring during a student's clinical experience will result in immediate dismissal from the site and failure of the clinical course.

## **Dress Code and Personal Appearance**

A student's personal appearance is an extension of the SoPT and will reflect on how visitors, patients, and colleagues view the student, the program, and the profession of physical therapy. Thus, students are expected to maintain professional standards of language, communication skills, hygiene, and professional attire. Business casual attire is appropriate for students during class sessions, while laboratory dress is required for planned labs. Appropriate lab attire includes shorts of sufficient length to completely cover the buttocks, leggings, or warm-up pants; shirts with no offensive wording/graphic, holes, tears, or tattered appearance; and closed-toed shoes, preferably athletic shoes. Females should make preparations for disrobing the upper body for observation of the spine, posture evaluation, etc. by wearing a sports bra or bathing suit top under their t-shirts. Cadaver dissection lab attire may include medical scrubs and/or lab coats. Students are expected to dress in a casual, yet professional manner for class. This means slacks or skirts/dresses worn with a blouse or collared shirt. Thus, clothing such as athletic wear, pajama pants, scrubs, leggings (unless worn under other clothing), strapless shirts and flip flops are not acceptable in the classroom. Bermuda-style shorts may be worn in the classroom, but not athletic shorts. Use your judgment. Clinic clothes (dress pants and program polo shirts) are required for all part-time clinical experiences or field trips. See section on clinical education for appropriate attire during full-time clinical experiences.

In addition, students are expected to observe the following guidelines to present a professional appearance:

- Men and women must remove hats and sunglasses when indoors during any class, lab, or clinical activity. Shoes must be worn except during designated lab sessions.
- When in the clinical setting, facial jewelry, other than simple earrings, must be removed. Any clinic policies related to the covering of tattoos should be followed.
- Personal cleanliness is essential. Regular bathing, hair washing, and use of deodorant are part of personal cleanliness. The application of perfume, cologne, scented lotion, or body spray is not allowed because these fragrances may trigger an allergic response in some people.
- Long hair in men or women must be pulled back or neatly restrained so that it will not interfere with therapy activities. Extreme hairstyles and/or unnatural hair colors are unacceptable. Final determination of appropriate appearance of hair for any given clinical experience will be made by the faculty member responsible for each course. Beards and mustaches are permissible but should be kept neatly trimmed.



- Fingernails must be neatly manicured (not chipped) and kept short and clean, at a length that will not interfere with the duties of a physical therapist (e.g., palpating or assisting with body movements).
- Jewelry should be kept to a minimum (e.g., one or two rings and simple earrings); necklaces and bracelets should be avoided because some patients may grab at these pieces and cause injury.
- No chewing gum is allowed in the lab or clinical setting.
- Revealing clothing (e.g., tank tops, halter tops, midriffs, tube tops, swim tops, or any other low-cut top) is not permitted, except when indicated for lab activities. Proper undergarments must be worn but should not be visible.
- The use of tobacco products is strictly prohibited on campus grounds as well as all clinical settings.
- When in the clinical setting, students should wear university-issued name tags/IDs, and follow the clinic dress code.

## **Email/Texting Etiquette**

Students are encouraged to communicate directly with faculty and staff whenever possible. Email and text messages should never be used as a substitute for direct communications simply because you want to avoid face-to-face interaction. However, when direct communication is not feasible or practical, students should observe the following rules of etiquette when sending an email or text message:

- Always include a subject heading in emails and allow at least 24 hours for a response (longer on weekends or breaks).
- When sending an email or text message, always sign your name. Do not rely on faculty/staff to recognize your email address or phone number.
- Avoid the use of text abbreviations, jargon, and emojis that may not come through correctly.
- Be concise and do not send large attachments that cannot be downloaded. When attachments must be sent, use a standard document format such as Word, PDF, JPEG image, or EXCEL file.
- Be courteous and respectful. Avoid using all CAPS and exclamation points in your message as this is generally construed as shouting.
- Never send a text or email message when you are upset or angry about a situation. Draft the message and send it to yourself first. After you have read it, if you still wish to send the message, it is advisable to wait a few hours before hitting the “Send” button. Remember, emails are retrievable documents that may become part of your permanent or legal record.
- When sending the same email to multiple people, place the recipients’ email addresses in the “BCC” line so they do not see the addresses of everyone on your mailing list.

## Handling Complaints

Any student who is dissatisfied with his/her experience at the University or in the DPT program may file a complaint through the [Student Complaint Procedure](#) or by emailing: [studentcomplaints@andersonuniversity.edu](mailto:studentcomplaints@andersonuniversity.edu).

Students also have a right to file a complaint with the Commission on Accreditation in Physical Therapy Education (CAPTE). Complaints made to CAPTE must address specific elements of the accreditation standards in which the student feels the program has not demonstrated compliance. Evidence on non-compliance must be provided.

Complaints to CAPTE should be addressed to:

Senior Director, Department of Accreditation  
American Physical Therapy Association  
3030 Potomac Ave. Suite 100  
Alexandria, VA 22305-3085  
Phone: 703-706-3240

## Lab Participation

Supervision of all lab learning activities is provided by program faculty or guest instructors who are licensed healthcare professionals. These faculty members are responsible for assuring clinical education sites that students are safe and competent in performing these clinical procedures in a simulated lab environment prior to interacting with real patients. Thus, the faculty provides close direction and feedback to students both individually and as a class.

Students are expected to participate in all learning experiences as both a healthcare professional and as a simulated patient. Details of lab learning activities may be obtained from the course syllabus or instructor(s). Examples of these learning activities include observation of posture and movement patterns, physical examination, exercises, transfer and gait training, application of various biophysical agents and assistive devices, and manual therapy techniques such as soft tissue massage and joint mobilization. Thus, all students are expected to be willing to palpate one another as they learn to perform these skills in a safe and effective manner. They are also expected to preserve the modesty of their lab partners by properly positioning and draping them when performing various examination and treatment procedures. In the event that a student has an underlying health condition or a cultural/religious custom that precludes his/her full participation in the planned lab activities, it is the student's responsibility to inform the lab instructor ahead of time, so that appropriate modifications or accommodations can be arranged. Students are not typically exempt from lab participation unless they have a contagious health condition or a disability in which the skill being performed would be contraindicated.

## Photographing or Videotaping Class/Lab Activities

Students often wish to create memories of their educational experiences by taking photos or videos during class/lab activities. However, the impromptu recording of other students or faculty may occasionally create some discomfort. Thus, students must always request permission before taking a photo or video of a classmate or instructor during class. No photos should be taken that include individuals other than faculty or students unless those individuals have provided prior consent.

## Social Media

The SoPT has official social media pages on various social media outlets. These accounts are controlled by the SoPT faculty social media coordinator. So far, these accounts are:

- Facebook: Anderson University DPT
- Instagram: @andersondpt

Students are welcome, and encouraged, to “tag” posts and send information and photos to the faculty social media coordinator to be posted on official accounts. The decision to officially post anything to the official SoPT social media accounts is at the discretion of the faculty social media coordinator.

If the cohort has the desire to start a student / non-official, closed-group, social media account the student social media coordinator should contact the faculty social media coordinator for guidance. Per University policy, student accounts must be closed/private, be labeled as student accounts, may not use any official AU graphics, and may not have any version of “Anderson University DPT” in their title. If the cohort wants a social media page, on any outlet, the faculty social media coordinator must be contacted to provide an overview of University policy regarding student accounts.

Students should use good judgment in selecting items for posting on personal/private, public, and closed-group social media accounts as these reflect on the image of the School of Physical Therapy and Anderson University.

Unauthorized posting of any instructional activities (i.e., classroom lectures, lab demonstrations, patient interactions) on the internet (i.e., YouTube, Facebook, other social media outlets) is strictly prohibited without consent of the faculty. Violation of this policy may have serious consequences including probation or program dismissal.

## Professional Organization Membership

The American Physical Therapy Association (APTA) is the national organization dedicated to serving the physical therapy profession. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

All SoPT students are required to become student members of the APTA and maintain that membership until graduation. A significant member benefit is access to *Physical Therapy*

(official journal of the American Physical Therapy Association) as well as other databases that provide access to full text articles which may be required assignments in some courses. Students with special interests may also choose to join one of more specialty sections with APTA. In addition, students may wish to become actively involved in student governance, activities, and events sponsored by APTA. More information can be found at <https://www.apta.org/for-students>.

## **Protection of Human Subjects**

The Human Subjects Committee (HSC) at Anderson University (AU) is established pursuant to federal regulations. The HSC is a committee composed of faculty from multiple disciplines who review all proposed AU human subjects research to ensure that the safety and welfare of subjects are protected. All human subject research requires review and approval by the HSC prior to subject recruitment and data collection, and prior to the use of extant data or private information. The AU HSC members have the responsibility for reviewing all research involving human subjects conducted by AU faculty, students, or staff, regardless of the source of funding. An overview of information regarding the Human Subjects Committee will be reviewed in PT 745: Foundations in Clinical Reasoning and Evidence-Based Practice 1.

Students may be asked to participate in research studies being conducted within the School, College, or University. Student participation should be voluntary and not associated with any academic benefit such as earning extra credit in a course for which he/she is currently enrolled. Such enticement may be viewed as coercive.

## **Student Governance within the SoPT**

Each student cohort have positions that serve on various SoPT committees, and aid to support the class. Positions may be recommended by faculty or voted on by peers:

1. Class Envoy – faculty appointed (attends faculty meetings to report on class activities, communicate concerns, etc.)
2. Admissions Representatives (attends SoPT Recruitment & Admissions Committee meetings; helps coordinate interview days and recruitment events)
3. Special Events Representative (serves on SoPT Special Events Committee to help faculty/staff plan various program events)
4. Managing Secretary (tracks quiz/exam schedule for each course, assignment deadlines, and dates for other SoPT events on master calendar)
5. Corresponding Secretary (sends thank you notes and invitations to program guests and supporters; tracks and posts job announcements)
6. Community Outreach Representatives (serves on the SoPT Community Outreach Committee to help plan community service activities)
7. Student Mentoring Coordinators (match enrolled students with incoming students in a “Big Brother-Big Sister” program)
8. Fundraising Coordinators (organize class fundraising activities)
9. Co-pastors (lead the class in prayer as needed, plan devotionals)

## **Student Records and Information Disclosure**

The program will adhere to all university policies regarding FERPA regulations. Information on FERPA can be found at

<http://catalog.andersonuniversity.edu/content.php?catoid=25&navoid=1512>

Clinical education requirements (such as immunization records, background checks, drug screens) may be shared with clinical partners as documented in the clinical affiliation agreement. The DCE may share professional behavior problem areas with clinical instructors (CI) as a way of assisting the student while on clinical rotations. Students who have documented learning or physical disabilities are encouraged to share this information directly with their clinical instructor so that any needed accommodations may be arranged in advance. The DCE may only share this information with the CI after obtaining the student's written consent.

## **Use of Electronic Devices in Class**

Unless instructed otherwise, students must refrain from using cell phones or computers for talking or messaging during class or lab; ringtones on phones should be silenced. Engaging in social media is forbidden during class and laboratory times. No cell phones, smartwatches, or other electronic devices are allowed in the classroom during an exam. Students caught violating this policy will be given one warning. Repeated offenses will result in dismissal from class and potential professional probation.

# Emergency and Safety Procedures

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## General Security Measures at UCG

Any police emergency should be addressed by calling 911.

UCG and McAlister Square are under the jurisdiction of the Greenville Technical College Police Department. Any safety, security, or crime issues should be immediately reported to Greenville Technical College Police via one of the emergency phones at UCG or by calling: 864-250-8911. UCG and McAlister Square are also under the jurisdiction of the Greenville City Police Department (headquarters is approximately 1.8 miles from UCG) and there is a Greenville Police Department Sub-Station in the Publix located on the property at McAlister Square.

During UCG's hours of operation Monday through Friday, there is a uniformed Safety Officer from the Greenville Technical College Police Department onsite. In the evening, the Safety Office can be contacted by an individual or by UCG staff to request an escort for someone walking to their vehicle. If the Safety Officer cannot be reached, contact the Greenville Technical College Police Dispatch at the number listed above. The mobile phone number for the uniformed Safety Officer is: 864-380-1489.

UCG has installed 12 high-definition security cameras with a 1-Terabyte recording system. There are two cameras on the front parking lot, one covering the main sidewalk entering the building, two in the UCG main entrance foyer, three covering interior locations where UCG member universities have suites, one over the AU College of Health Professions back entrance, one in the foyer between the auditorium and library, one in the nursing corridor downstairs at UCG, one in the upstairs hallway by the tiered classrooms, and one on the back parking lot. Emergency phones are located on each main hallway upstairs in the classroom areas. These phones automatically dial Greenville Technical College dispatch when the phone is picked up.

## Classroom intruder / active shooter

To preserve privacy and security during laboratory sessions, doors should remain closed and locked. Students and faculty can access these rooms using the keypads on the door. In the event that an uninvited person intrudes into a classroom and threatens the safety of the instructor(s) and students, the following steps have been recommended by law enforcement personnel and the Department of Homeland Security:

### RUN and escape, if possible.

- Getting away from the shooter or shooters is the top priority.
- Leave your belongings behind and get away.
- Help others escape, if possible, but evacuate regardless of whether others agree to follow.
- Warn and prevent individuals from entering an area where the active shooter may be.
- Call 911 when you are safe, and describe the shooter, location (room number), and visible weapons.

### HIDE, if escape is not possible.

- Get out of the shooter's view and stay very quiet.
- Silence all electronic devices and make sure they won't vibrate.
- Lock and block doors, close blinds, and turn off lights.
- Don't hide in groups - spread out along walls or hide separately to make it more difficult for the shooter.
- Try to communicate with police silently using text messages or social media to tag location.
- Stay in place until law enforcement gives you the all clear signal.
- Your hiding place should be out of the shooter's view and provide protection if shots are fired in your direction (large textbooks and back packs are recommended).

### FIGHT as an absolute last resort.

- Commit to your actions and act as aggressively as possible against the shooter.
- Recruit others to ambush the shooter with makeshift weapons like chairs, books, etc.
- Be prepared to cause severe or lethal injury to the shooter.
- Throw items and improvise weapons to distract and disarm the shooter.
- Utilize large books and backpacks, if available, as chest protectors if shooting occurs.

### ASSIST law enforcement personnel.

- Keep hands visible and empty.
- Know that law enforcement's first task is to end the incident, and they may have to pass injured people along the way.
- Officers may be armed with rifles, shotguns, and/or handguns and may use pepper spray or tear gas to control the situation.
- Officers will shout commands and may push individuals to the ground for their safety.
- Follow law enforcement instructions and evacuate in the direction they come from, unless otherwise instructed.
- Take care of yourself first, and then help the wounded before first responders arrive.
- If the injured are in immediate danger, try to get them to safety.
- While waiting for first responders to arrive, provide first aid. Apply direct pressure to wounded areas; use tourniquets if needed. Turn wounded people onto their sides if they are unconscious and keep them warm.

## **Medical Emergencies and Personal Injuries**

Should a student, staff member, or visitor experience a cardiac event or other life-threatening condition while at the UCG, students or staff should initiate resuscitation procedures immediately while another person calls 911. Be sure to state your name and exact location. Do not hang up until the dispatcher has all the needed information. Automated External Defibrillators (AEDs) are located in the hallway outside the PT labs, if needed.

If a student, staff member, or visitor sustains a traumatic injury at the UCG, first aid procedures should be initiated until the individual can be transported to an appropriate medical facility for further treatment. In the event of a seizure, anaphylactic episode, fainting spell, hyper- or hypoglycemic episode, care should be taken to ensure an open airway and

monitor vital signs until help arrives. Never leave the individual unattended. An incident report should be filled out once the individual recovers or is removed from the facility.

## **Fire / Explosions**

If a small fire should break out in a classroom, lab, or office space at UCG, faculty/staff or students in the area should attempt to smother it or use a fire extinguisher to put it out using a side-to-side sweeping motion. Always keep your back to the nearest exit to avoid being trapped. Fire extinguishers are located in the hallway outside the PT labs. If the fire is large or spreading quickly, immediately close the door, evacuate the area, and pull the nearest fire alarm. If smoke is thick, get down close to the floor and crawl to the nearest exit. In the event of an explosion, assist those who may be injured; cover burn injuries with a cool, wet cloth/towel, if possible.

## **Bomb threat**

If a student or faculty/staff member see or receive a suspicious item/package, do not attempt to touch or move the object. Call 911. Immediately evacuate the immediate area and notify the UCG Safety Officer.

## **Threatening Weather Conditions**

In the event of a tornado, students and faculty/staff at UCG should seek shelter in an interior space on the first floor, away from doors and windows or large open spaces in the mall. Should other inclement weather conditions such as snow, ice, hail, or severe thunderstorms arise while at UCG, students and staff will be advised as to the safest course of action, depending on the potential severity of weather conditions. For latest updates, call the university's 24-hour hotline number: 864-622-6057.

## **Handling of Hazardous Materials**

Students and faculty should always practice universal precautions during lab activities that may expose them to hazardous materials. These precautions include proper handwashing and donning of gloves, mask, and/or gown when handling potentially harmful substances or contaminated body parts. Even chemicals that are generally considered to be benign have potential to be hazardous under specific circumstances. All students must complete online training on the handling of blood-borne pathogens prior to their participation in gross anatomy lab experiences.

In the event of a minor chemical spill, alert people in the immediate area of the spill, and avoid breathing vapors from the spill. If someone has been splashed with chemicals, immediately flush the affected area with water for at least 15 minutes then refer for follow-up medical care. Try to confine the spill to a small area using an appropriate neutralizing or absorbent material (i.e., sand, sawdust, cat litter). Then place the saturated material into a sealable plastic bag/container and label it as hazardous waste.

If the spill includes contaminated blood or body fluids, thoroughly wash exposed skin with soap and water for at least 10 seconds. If the skin has been broken, apply a local antiseptic



and cover with a bandage. If eyes, mouth, and/or mucous membranes are exposed to body fluids, rinse the affected area(s) thoroughly with water for at least 10 seconds. Blood-contaminated items such as gloves, bandages, clothing and paper towels, should be placed in a red blood-containment bag and disposed of according to the policy of the clinical facility. In the event that a student or faculty/staff member suspects exposure to infected blood/body fluid (e.g., HIV or hepatitis), follow-up medical attention is highly recommended.

## **Exposure to Other Health and Safety Risks**

Student safety is of utmost importance. Students who have bodily injuries or underlying health conditions that could be aggravated by participating in certain lab or clinical activities or could endanger the safety of other students or patients, are obligated to inform the faculty member or clinical instructor of their limitations prior to the onset of the learning activity. Students who are pregnant or taking medications that increase their susceptibility to contagious pathogens, or pose a health risk to an unborn child, should request exemption from working with students or patients who have known infectious conditions. In the event of a pandemic, students are expected to follow guidelines issued by the University as well as local, state, and federal government agencies.

Students who are working with therapeutic equipment in the lab or clinical setting that appears to be malfunctioning should immediately inform a faculty member or clinical supervisor of the problem and label the equipment as “out of order” until it can be re-inspected or repaired. Should a student experience an injury due to malfunctioning equipment, he or she should complete the Injury Report Form appended to this handbook and submit it to the course instructor or SoPT Chair. If injuries are severe and require immediate medical attention, the student will be referred to the nearest urgent care clinic or emergency room.

# Clinical Education

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## Philosophy of Clinical Education

Clinical education is an essential component of the physical therapy education curriculum. The clinical education program at Anderson University includes a series of courses integrated throughout the curriculum plan. Clinical experiences blend the academic information with the “hands-on” clinical experience. Students will participate in direct delivery of physical therapy services in a variety of settings under the direction and supervision of one or more clinical instructors.

The overall goals of the clinical education program are for students to:

- Apply knowledge and skills learned in the classroom in a variety of clinical settings;
- Gain clinical experience and competence as a physical therapist in a variety of settings across the lifespan and continuum of care;
- Continue to develop professional behaviors and promote the PT profession;
- Graduate as an entry-level movement specialist who can thrive in any physical therapy practice setting.

To achieve the above goals, students should select clinical education sites that provide a range of experiences ***across the continuum of care and lifespan***. Therefore, students are required to complete at least one experience in an inpatient setting, one in an outpatient setting and one in a specialty area/setting of choice.

## Structure of the Clinical Education Program

The clinical education portion of the curriculum consists of a variety of part-time interprofessional clinical experiences as well as 32 weeks of full-time clinical experiences:

- One eight-week clinical experience occurring during the second half of summer semester of year two; focus of this experience is either outpatient or inpatient care.
- One eight-week clinical experience occurring during the second half of the fall semester of year two; focus of this experience is either outpatient or inpatient care.
- Two final clinical experiences (eight weeks) occurring after the completion of the didactic portion of the curriculum in the last fall and spring semesters; the focus of these clinical experiences will be outpatient, inpatient, long-term care, or specialty setting.

## Competency Prior to Clinical Education

All students must demonstrate readiness to engage in clinical education. The following standards must be met required prior to engaging in full-time clinical experiences:

1. Completion of all previous academic coursework with a minimum cumulative GPA of 3.0 or higher.
2. Completion of all laboratory practical exams and skill checks with a minimum score of 75% grading and no safety concerns.
3. Satisfactory demonstration of essential functions and professional behavior as reported by program faculty.

## Clinical Education Roles

***The Director of Clinical Education (DCE)*** is the core faculty member at AU primarily responsible for supervising the implementation and ongoing evaluation of the clinical education process. The DCE is responsible for communicating with clinical education faculty all information needed to facilitate planning and supervision of a student's experience at the clinical site. The DCE also assists clinical education faculty in the management of any issues that arise during a clinical experience that may impede successful completion of the experience.

### Director of Clinical Education

- Serve as a liaison between the University and the clinical site;
- Maintain current clinical education affiliation agreements;
- Assess clinical sites to ensure quality in education provided to students;
- Provide development activities for clinical education faculty based on an ongoing needs assessment;
- Solicit and maintain a list of current clinical experiences;
- Assure current University coverage for general and professional liability insurance;
- Assign physical therapy students to appropriate clinical sites based on an optimal match between student educational needs and clinical site availability;
- Communicates to the student any additional placement requirements of a site such as providing curriculum vitae/resume, scheduling and attending an interview with site staff or other such procedures specific to an individual site;
- Make periodic visits and/or telephone calls to the clinical site to assess student progress and make suitable recommendations regarding supervision and learning opportunities for the student;
- Serves as a liaison to clinical education faculty to problem-solve strategies and activities to maximize the educational experience for a student;
- Provide advisement to students before, during, and after clinical experiences as needed;
- Evaluate student competence and submit grades for clinical courses;
- Notifies clinical sites of clinical development and training offerings available;
- Collect and summarize clinical education program outcome data;
- Provides formal feedback and recommendations to the SoPT Chair and core faculty about curricular needs identified by trends in the clinical education data that is collected and analyzed.

### SoPT Core Faculty

- Assure that only students who meet academic and other professional expectations are cleared for placement in a clinical site;
- Inform students of the laws and regulations they are expected to comply with during clinical experiences including the state practice act and rules, appropriate documentation and billing practices, HIPAA and OSHA regulations, and all other

known policies/procedures of the clinical site including those specified by The Joint Commission;

- Instruct students in and require students to maintain the confidentiality of all patient information/interactions;
- Determine expectations for professional development, skill acquisition, and clinical competence for each clinical experience;
- Assist the DCE in assessing students' progress during clinical experiences and offering recommendations for remediation whenever a student's performance falls below expected standards; and
- Support the clinical site's decision to dismiss a student from the facility for unprofessional behavior or substandard clinical performance when such behaviors/performance have been consistently observed and documented.

### SoPT Clinical Education Faculty

The clinical education faculty for the SoPT is comprised of respected members of the physical therapy community who collaborate with the academic program in the delivery of the clinical education program. Clinical education faculty members include the Site Coordinator of Clinical Education (SCCE) and Clinical Instructors (CI). Clinical education faculty members provide direct development, supervision and mentoring to student physical therapists and may contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the SoPT through formal and informal feedback processes.

### Site Coordinator for Clinical Education (SCCE)

The individual at the clinical site who administers, manages, and coordinates the assignment of CIs to incoming physical therapy students. The SCCE also develops the clinical education program for the clinical site by designing and coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists to serve as CIs, and developing the instructional skills of the CIs. The SCCE works with the DCE to execute a clinical affiliation agreement. The SCCE is the focal point for communication between the clinical site and the academic program including sharing clinical site information with the school, completing/updating the clinical site information form (CSIF), completing survey instruments, and providing oversight to the student's clinical education experience. In some facilities, the SCCE acts as a neutral third party to help resolve conflict between the CI and the student.

### Clinical Instructor (CI)

The CI is a licensed physical therapist at the clinical facility who directly supervises, instructs, and assesses the student during his/her clinical experience.

Minimum requirements for an individual to serve as a CI for a student physical therapist include:

- Licensed physical therapist in the jurisdiction in which they practice.
- Minimum of one year of experience in clinical practice

- Evidence of clinical competence (determined by the SCCE or clinic supervisor) in the area of practice in which the student is assigned; and
- An expressed desire to mentor physical therapy students (as confirmed by the SCCE or clinic supervisor)

Preferred qualifications for a clinical instructor also include:

- APTA CI credentialing
- Clinical specialty certification

To serve as effective mentors and educators, it is expected that the CI and SCCE will:

- Maintain current licensure within their jurisdiction while supervising a student;
- Have sufficient experience and professional development to manage the student clinical education program and manage an individual student's clinical education experience;
- Be familiar with the SoPT's curriculum to understand the expectations for student performance during and upon completion of a given clinical experience;
- Provide students with an appropriate orientation to facility policies/procedures (i.e. documentation, billing, patient and employee scheduling, supervision of support personnel, equipment maintenance, emergency procedures);
- Design learning experiences that address the clinical education objectives established by the SoPT;
- Discuss objectives and planned learning experiences with the student;
- Implement teaching methods that are conducive to the student's learning needs;
- Alter learning experience based on the student's level of competence and developmental needs or interests;
- Provide critical feedback on a regular basis to enhance the student's current level of competence;
- Assess student achievement with formative and summative tools provided by the school for the experience;
- Inform students of all pertinent policies and procedures specific to the facility to ensure compliance;
- Provide students with an appropriate level of supervision to ensure patient safety and high-quality care;
- Ensure that all student assignments, paperwork, and documentation assigned by the facility are complete before the conclusion of the student's clinical experience.
- Maintain open lines of communication with faculty in the SoPT;
- Communicate any incidents/concerns to the DCE as soon as problems are identified;
- Provide formative and summative evaluations of the student's performance to the SoPT; and
- Provide feedback to the SoPT regarding trends in student performance relative to demands of contemporary professional practice.

### Student

- Upholds the legal and ethical standards of the profession and the jurisdiction of their clinical education experiences;

- Upholds all policies and procedures governing the delivery of physical therapy services at the clinical site;
- Upholds standards of the profession including core values, code of ethics, and standards of practice;
- Integrates and applies all information taught within the academic curriculum.
- Demonstrates professionalism in all interactions;
- Demonstrates effective verbal and written communication skills;
- Demonstrates measurable progress toward entry-level clinical and professional competence;
- Completes all assignments, paperwork, and documentation before the conclusion of the clinical education experience;
- Completes all formal and informal assignments given by clinical faculty during clinical education experience to facilitate knowledge base, clinical reasoning, and professional development;
- Assesses his/her own learning needs and develops strategies to address those needs;
- Seeks, accepts, and incorporates constructive feedback into future interactions;
- Demonstrates effective use of time and available resources;
- Develops and utilizes critical thinking and problem-solving skills; and
- Maintains contact with DCE throughout clinical experiences.

All students enrolled in the SoPT are introduced to the core values of the physical therapy profession as well as Christian values identified by the SoPT faculty beginning in the first semester. Core values include accountability, altruism, excellence, compassion/caring, integrity, professional duty and social responsibility. The Core Christian values include grace, humility, justice, service, and tolerance. These values should be at the foundation of clinical and academic performance. Clinical experiences provide an excellent opportunity for students to demonstrate these values as they interact with patients, caregivers, colleagues and other health professionals. Students are expected to demonstrate professionalism at all times. Any concerns in the student's behavior or professionalism should be communicated to the DCE as soon as possible

## **Clinical Site Assignments and Attendance**

### Overview

- Clinical Site eligibility: for a clinical site to participate in the SoPT clinical education program, a clinical affiliation agreement between the facility and Anderson University must actively exist which outlines the responsibilities of each party. AU recruits sites that can provide the students with opportunities to practice and perform professional responsibilities, demonstrates appropriate supervision and professional role modeling, and provides meaningful learning experiences.
- Availability of clinical sites: AU has clinical affiliation agreements with facilities throughout South Carolina as well as neighboring states and facilities throughout the

United States. On March 1st of each year, all affiliated clinical sites receive a voluntary commitment notice requesting clinical education opportunities for the next calendar year. Based on information received from each clinical site, the students are presented with a list of available clinical sites several months before the start date of each experience.

- The clinical experience assignment process: Students are assigned to clinical facilities using a computer-matching program. After discussions with the DCE, students submit a list of six to eight sites where they are willing to be placed. A list of available clinical sites with the designated setting types (e.g., outpatient, pediatrics, inpatient rehab, acute care, etc.) is given to the students during the assignment process. Students who fail to submit their list of preferred sites by the designated deadline will forfeit their selection privilege. Students are encouraged to research the available sites by reviewing the clinical site information forms (CSIF) which are found in the Exxat education management software. Students should keep in mind that staffing patterns, types of patients treated, etc., may have changed since the completion of the CSIF. At times when no match can be established the DCE and student will work together to find an alternate solution.
- Learning Accommodations: Students with documented disability needs must meet with the DCE to discuss the accommodation needs specific to each clinical site and provide consent for the DCE to contact the SCCE to discuss the feasibility of arranging these accommodations. If a site is unable or unwilling to provide the needed accommodations, the DCE will work with the student to find an alternate clinical site. Students who are not requesting accommodations are encouraged to meet with the DCE to discuss their situation in a good faith effort to avoid misunderstandings regarding the student's learning abilities and needs.
- Establishing new clinical contracts: Any contact with clinical sites for the purpose of establishing an agreement must be initiated by the DCE or other SoPT faculty member. Under **no circumstances** should a student contact a clinical facility to request a clinical experience assignment. Students who violate this policy will be placed on probation and lose their selection privilege.
- If a student wishes to affiliate with a clinical facility that AU does not have an agreement with, the student should submit the following information in writing to the DCE: facility name, contact information, and reason for requesting the site.

#### Additional Rules

- A student may not be assigned to a clinical site in which:
  - He/she is currently or has been recently employed;
  - He/she has agreed to work upon graduation from the DPT program; or
  - An immediate family member, spouse, or close friend is employed or has financial interest in the company.
- The DCE reserves the right to alter clinical site assignments based on the special needs of students.

- There is no guarantee that the students will be placed in a clinical facility that is located in Greenville or one of its surrounding communities.

### Requesting a Change in Clinical Site Placement

Clinical experiences are often confirmed with a clinical site 6 to 12 months in advance. Once the clinical experiences are assigned and confirmed, no changes will be made unless the clinical site cancels or students request a change due to “extreme circumstances.” Students should submit a written request for change that cites a specific, legitimate reason for the request. In most cases, a more convenient location is not considered a legitimate reason. A quality learning experience for the student will be the prime determinant for changing or canceling a clinical placement. When a change is made, the DCE will work with the student to set up an appropriate alternative clinical experience.

### Communicating with Assigned Sites

Once the student is notified of his/her clinical placement, he/she is responsible for contacting the clinical site and communicating with the SCCE and/or the CI 6 weeks in advance of the scheduled experience. The student may ask the contact person questions regarding dress code, grooming, arrival time, working hours, and other facility expectations. Students should confirm all site requirements including health information, mandatory training, background checks, etc. directly with the site. Much of the information regarding the facility is already documented in the Clinical Site Information form if it has been returned by the facility.

Prior to the start of the experience, the student will complete the paperwork needed to comply with and adhere to all of the requested documentation outlined in the clinical agreement. Each facility may have additional or different requirements; some of the common requirements include proof of immunizations, background check, CPR certification, and HIPAA training. All documents must be uploaded to the Exxat education management software 6 weeks prior to the start of the clinical. These documents should not expire during the experience. Failure to complete requirements could result in loss of clinical experience and delay in graduation.

### Attendance Policy

Each student is expected to follow the schedule of his/her CI(s) during clinical education experiences. Absence from the clinic is not allowed without prior consultation with both the DCE and CI. If a student must miss a clinical day for illness or emergency reasons, the student is required to:

- Contact the CI as soon as possible and in advance of the scheduled arrival time.
- Contact the DCE after contacting the clinical site.

Attendance at professional conferences during weekdays must be cleared with the DCE prior to the clinical experience start date; these plans will be discussed with the SCCE or CI at the clinical site.

A personal day off for special events (e.g., weddings and graduations) may be arranged with the SCCE or CI. The plan for this day off and the plan to make up the time should be



communicated to the DCE. Vacation time will not be approved. Time off for job interviews will be granted at the discretion of the CI based on clinic schedules and ability to make up the time missed. However, SoPT recommends that students not be granted more than two days off for this purpose per experience.

While on clinical experiences, students follow the holidays observed by the facility; these may not be the same as AU holidays.

More than 2 total absences during any clinical experience for any reason requires the student to make up the time. Absences may constitute grounds for remediation and extension of the clinical experience to allow the student to make up for the missed days. The CI and DCE will collaborate in this decision and recommend an extension based on student performance, complexity of the caseload, and lack of opportunity to make up missed days on weekends.

### Before a Student's Arrival at a Clinical Facility

The SoPT will send pertinent information to the clinical site no later than 4 weeks before the scheduled experience via the Exxat education management software. The SoPT staff will contact the site to confirm receipt of information and clarify any facility requirements the student must fulfill. A Clinical Education Packet containing the following forms and information is shared with the facility to assist the SCCE and CI in planning the educational experience.

- Student overview information
- Course syllabus outlining student performance expectations
- Descriptions of and access to all formative and summative student evaluation instruments

Student overview information will include current contact information and emergency contact information for use by the clinical site. Also, the student will include information on previous clinical experiences, learning styles, updated learning goals and objectives applicable to new clinical experience and any personal information the student would like the site to know before arrival. Other documents such as CPR, immunization records, background checks, drug screens will be provided based on affiliation agreement.

### Travel and Lodging

Clinical experience sites are located throughout the state and across the nation. The purpose of the clinical education portion of the curriculum is to expose students to therapy practice across the lifespan and the continuum of care in a variety of settings and geographic regions. Students should anticipate the financial impact of traveling and living out of town for their clinical experiences. Students are expected to provide for expenses incurred during all phases of clinical education. Students must assume the financial and personal obligations associated with travel, including housing arrangements, transportation, and meals. Students are not guaranteed placement within the upstate of South Carolina, and may at times have to find alternate housing.

## Personal Appearance

Students are responsible for presenting a clean, neat, and professional appearance that creates a positive impression of AU. Students are to abide by the facility dress code policy. If no policy is in place, students should wear dress pants and polo shirts or other business attire. Proper identification should be worn at all times to identify the student by name and as a student physical therapist. CIs have the right to send a student home, if the student is not dressed and groomed according to the facility's policies. Students will be expected to make up that time.

## Identification

Students must wear nametags/IDs at all times to identify themselves as students. Introductions to patients or other visitors should include the student's first and last names followed by "student physical therapist." Be aware that patients reserve the right to refuse to be examined or treated by a student. If this should occur, the student should respect the patient's wishes and not feel offended. The student should simply relinquish the patient's care to his/her clinical instructor or another licensed physical therapist.

## Medical Emergencies

If a student becomes ill while on a clinical experience, he/she should notify the CI/SCCE immediately. Students should not participate in patient care if they are experiencing a medical issue that would impede his/her ability to provide care or jeopardize patient safety. The CI/SCCE may suggest a local medical physician/clinic that could provide non-emergency care. In the event of an emergency, the student is expected to go to the nearest emergency room or call 911. The cost associated with any emergency or medical service is the responsibility of the student. For other emergencies (such as serious illness of a close family member), the student should consult the DCE or SoPT Chair.

## Reporting Student Injuries during Clinical Education Experiences

All occupational exposures (needle-stick injury, splash exposure, musculoskeletal injuries, etc.) are required to be reported to Anderson University's School of Physical Therapy as soon as possible. The student should take the below action:

1. Immediate notification of the appropriate individual at the clinical site and AU's SoPT after the incident occurs, and seek treatment, if necessary.
2. Completion of the injury reporting form by the student and the clinical instructor.
3. Submission of the above form to the DCE within 48 hours of the occurrence.

## Expected Level of Supervision

Students are expected to be "learning workers" yet require direct, on-site supervision. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. Other learning opportunities that do not involve direct physical therapy patient care may occur with the supervision of other healthcare providers. Students and/or CIs are required to report any problems related to supervision to the DCE immediately so they can be resolved without delay.

## Professional Liability Insurance

All students currently registered for clinical education courses in the SoPT are covered by professional liability protection. This protection provides limits in excess of \$2,000,000 per occurrence and \$5,000,000 in the annual aggregate. Insurance coverage verification letters are available to students and clinical facilities upon request.

## **Evaluation of Student Performance**

### Assessing Progress

Formal assessment of the student's progress will be given at the mid-term and end of the experience using the APTA PT CPI. The APTA CPI requires students and CIs to complete a one-time, two-hour continuing education training session through the APTA learning center. Instructions for rating performance are included in this training. Students will also receive feedback from the DCE or another designated faculty member near the midpoint of the clinical experience via a face-to-face visit or telephone/video conversation. A final debriefing with the DCE will occur following completion of the clinical experience with the entire class; individual conferences may also be scheduled as needed.

The evaluation process informs students of their current level of competence and where they need to target their skill development. During CP 1 & 2, students are expected to have many areas which require further skill development.

### Grading

The APTA CPI is used to document skills needed for entry-level practice. Determination of each student's grade is made by the DCE for each specific clinical experience and is based on the clinical faculty's comments, CPI scores, and timely completion of all required tasks and assignments (see course syllabus for specific grading criteria).

Any concerns regarding grading will be discussed with the student. Unsatisfactory student performance will typically result in an individualized remediation plan and academic probation for the student. The individualized plan will be developed by the DCE with input from the student, CI, SCCE, SoPT chair, and core faculty. The options available to remediate with a passing grade may include, but are not limited to:

- Additional time at that facility or another facility;
- An additional clinical assignment of appropriate length;
- Additional didactic coursework followed by another clinical assignment of appropriate length.

The need for additional clinical instruction will be arranged by the DCE and may delay a student's graduation. If a student demonstrates unsatisfactory clinical performance following remediation, or if the student fails to follow through with his/her probation plan, the student will be dismissed from the program.

## Health and Safety Regulations

### Health Insurance

Proof of the student's current health insurance coverage must be provided to the SoPT before beginning the clinical experience portion of the curriculum. Injuries and accidents may occur during a student's clinical experience. If medical attention is required, any costs incurred with treatment are the responsibility of the student, not the SoPT, the University, or the facility.

### Health Records

The student is required to maintain a current immunization record on file with the SoPT. Clinical facilities will be informed that these records are complete and on file, however, some clinical facilities may request copies of immunization records.

### Immunizations

Most clinical sites require documentation that the student has current immunizations or verification that they are free of communicable diseases. The most common are:

- PPD test annually (or negative chest x-ray)
- MMR or proof of immunity via titers to detect German Measles
- Hepatitis B or proof of immunity via titers
- Tetanus or Tdap within past ten years as an adult (proof of vaccination)
- Varicella (Chicken Pox) or proof of immunity via titers
- Influenza vaccine
- COVID-19 vaccine

Anderson University strongly encourages COVID-19 vaccination for all employees and students. Most clinical partners are requiring vaccination as well. While some clinical partners will allow medical or religious exemptions, most do not. Therefore, students who wish to remain unvaccinated must sign a waiver indicating that the University cannot guarantee their clinical placement, nor assure their graduation from the DPT program.

It is the student's responsibility to inquire about requirements for health documentation and to provide needed documentation in accordance with clinical site policy. If the SoPT requirements are not inclusive of the requirements specific to the clinical facility in which he or she is placed for the clinical experience, **the student is responsible for complying with all health and immunization requirements as specified by the clinical site.**

### Drug/Alcohol Screening and Criminal Background Checks

A Criminal Background Check (CBC) and Drug Screen (DS) are required prior to onset of clinical education courses at the student's expense. The SoPT tracks each student to ensure compliance with this requirement. If facilities require additional requirements or an updated DS and CBC, this information must be communicated to the program via the CSIF and in confirmation communication with the DCE. The student is responsible for all costs related to DS and CBC. All information gathered in the process of DS and CBC is governed by

HIPAA and FERPA and is strictly confidential. This information is to remain between the facility and the University and may not be revealed to any other party without written permission from the student.

#### American Heart Association BLS for Healthcare Providers/CPR Certification

It is the responsibility of *each student* to be certified in Basic Life Support (BLS) for Healthcare Providers by the American Heart Association. This certification includes Adult/Child/Infant CPR and Automatic Electronic Defibrillator (AED) training. Students are required to submit certification in “BLS for Healthcare Professionals” prior to the start of the program. CPR certification must be maintained throughout the student’s time in the program. It is the responsibility of the student to maintain a copy of their CPR card in their Exxat account and produce the card as requested by the clinical site.

#### Americans with Disabilities Act (ADA) Requirements

Due to the ADA privacy requirements, SoPT faculty and staff are prohibited from discussing information related to a student’s disability with clinical site personnel without prior authorization from the student. However, when a student is requesting accommodations during his/her clinical experiences, written consent must be provided so the DCE can discuss any special needs with the SCCE/CI *prior to* the student’s arrival. Because patient safety is of ultimate concern to clinical faculty, the program has a legal responsibility to disclose any limitations a student might have that could potentially interfere with his/her ability to safely interact with patients/clients. In cases where a student is not requesting accommodations, he/she is still encouraged to engage in a proactive, open dialogue with clinical faculty about his/her educational needs to ensure realistic performance expectations. Should problems arise later due to an undisclosed disability, clinical faculty are neither obligated nor expected to alter their performance assessment. Thus, full disclosure is recommended to any student with a documented disability prior to embarking on any full-time clinical experience in order to maximize learning and optimize successful completion of the clinical education experience.

#### Confidentiality Outside of Patient Care

Students are reminded that all information related to a given clinical site is the property of that site. Students who wish to use or present information related to their patients or the administrative operation of that clinic must obtain written permission from the clinical site.

#### Health Insurance Portability and Accountability Act (HIPAA)/Patient Confidentiality

HIPAA identifies protected health information (PHI). Under all circumstances, students are prohibited from disclosing PHI or disseminating PHI via verbal, electronic, or any other means. This act ultimately protects patients’ right to privacy and confidentiality. Students will receive introductory training during the first semester of the program. Further onsite training is typically required prior to each clinical experience. The information contained within a patient’s medical record is confidential and may not be released to anyone without the patient’s written consent. Students have the right to access specific patient information only as it relates to their physical therapy evaluation and treatment or screening to determine the

need for PT services. Students may not access information on patients who are not receiving PT services. Students must also be aware of the public nature of most healthcare environments and the potential that their comments may be overheard and taken out of context. Thus, any discussions regarding a patient's care plan that include the patient's name or other PHI, must occur in private settings where confidentiality is assured.

#### Occupational Safety and Health Administration (OSHA) Requirements

OSHA requirements specify the protective measures of all healthcare personnel in order to prevent the spread of communicable disease. Completion of OSHA training ensures that students can demonstrate the proper hand-washing technique, apply personal protective devices in the presence of potential or confirmed infections, integrate isolation precautions, and provide proof of current immunization records and screening for active tuberculosis. Students will complete OSHA training during their first semester.

## **SCHOOL OF PHYSICAL THERAPY**

### **CONSENT TO PARTICIPATE IN RESEARCH**

As a student in the Doctor of Physical Therapy Program at Anderson University, I understand I will be participating in various activities including laboratory experiments, in-class activities, and various learning experiences. While such activities may improve my personal and professional knowledge and skills, I understand that such information may also benefit others. Therefore, I agree that any data collected, including de-identified admissions data or in class during learning experiences, may be used for experimental purposes. I acknowledge that information collected for research purposes may be published in appropriate journals or presented at professional meetings. In such publications or presentations, I understand that my identity will be kept strictly confidential.

My signature certifies that I have decided to fully participate in this educational experience and that I have had adequate opportunity to discuss these requirements with the SoPT Chair and/or appropriate faculty members to have all of my questions answered to my satisfaction.

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Print Name

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Signature

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Date

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Witness Signature

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Date

**SCHOOL OF PHYSICAL THERAPY**  
**CONSENT TO BE PHOTOGRAPHED OR RECORDED**

I, \_\_\_\_\_ agree to allow faculty and/or students from the School of Physical Therapy at Anderson University to photograph, videotape, or audiotape me during my participation in educational or research activities. I hereby grant permission for these photos or recordings to be used in the following manner, provided no personal information accompanies these images:

\_\_\_\_\_ For teaching purposes in the classroom or laboratory setting

\_\_\_\_\_ In publications (textbooks or journal articles) authored by Anderson University faculty or students

\_\_\_\_\_ For marketing purposes on the School's web page or in other promotional materials

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Injury Report Form

### Student Information

Student Name:	
Phone Number:	

### Incident Information

Date and Time of Incident:	
Location:	
Supervisor:	

Description of Incident and any related injuries:	
Was medical attention required?	
If yes, whom did you see?	
Date of Visit:	Office Number:

Student Signature	Date

### School of Physical Therapy Chair Acknowledgement

Comments:	
Chair Signature	Date