ANDERSON®
UNIVERSITY

School of Physical Therapy

College of Health Professions

2026 - 2027
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Purpose and Disclaimer

The *School of Physical Therapy* 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 **2026–2027 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
https://andersonuniversity.edu/title-ix/
Title IX Policy

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 inquires 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
Web: http://www.ed.gov/ocr

University Mission and Values

Anderson University Mission

Anderson University is an academic community affiliated with the South Carolina Baptist Convention. It offers undergraduate, graduate and professional degree programs to make graduates market-place ready and life-long competitive in knowledge, skill, and ability. It is a biblically-based Christian university that welcomes people from diverse backgrounds to be members of an academic community characterized by uncommon civility and hospitality. Rooted in the liberal arts, wholesome values, and time-honored social and economic principles, we equip graduates to be world citizens who lead productive, impactful and virtuous lives.

Anderson University Values

Anderson University takes pride in being able to function as a community rather than a conglomerate. Accordingly, we have adopted a set of community values that support our aspiration to fulfill the University's mission and achieve its vision, both of which are considerable aims. Values serve as guiding principles that shape our daily actions. These are dimensions of our community we believe are very important and should be known and understood by everyone within our institution.

- A commitment to a Christian Community
- A commitment to Liberal Arts
- A commitment to the Individual
- A commitment to a Diverse Student Body
- A commitment to Continuous Quality Improvement
- A commitment to the Future
- A commitment to Servant Leadership

For a complete overview of Anderson University's Mission, Vision, and Values, please visit: https://andersonuniversity.edu/about-au/mission-vision-values-statement/

School of Physical Therapy Overview

Program mission statement, description, purpose

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.[1] 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[2] 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."[3] 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.[4] They must also possess a high degree of emotional intelligence[5] 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.

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

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

[2] 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

[3] 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/

[4] Based on educational theories espoused by Dewey, Bruner, Kolb, and others

[5] 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.

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) [6] defines these competencies as: (1) mutual respect and shared values with other 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

[6] Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative (IPEC). Retrieved from: https://ipecollaboraive.org/resources.html.

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*.

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.

Delivery format, typical time to completion

The Doctor of Physical Therapy Degree is a traditional 8 semester full time seated graduate program. The program is housed at the University Center of Greenville (UCG) which is located at 225 S. Pleasantburg Dr., Greenville, SC 29607.

Program Goals

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 of 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.

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:

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

School of Physical Therapy Academic Policies

Program specific GPA Requirements

Students enrolled in the SoPT are required to maintain a cumulative GPA of 3.0. Cumulative GPA will be calculated at the end of each semester, after final grades have been submitted. If a student's cumulative GPA falls below a 3.0 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. See other academic policies specific to PT listed below.

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

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

Please refer to the Graduate Academic Catalog to review the Grade Appeal policy.
In 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):

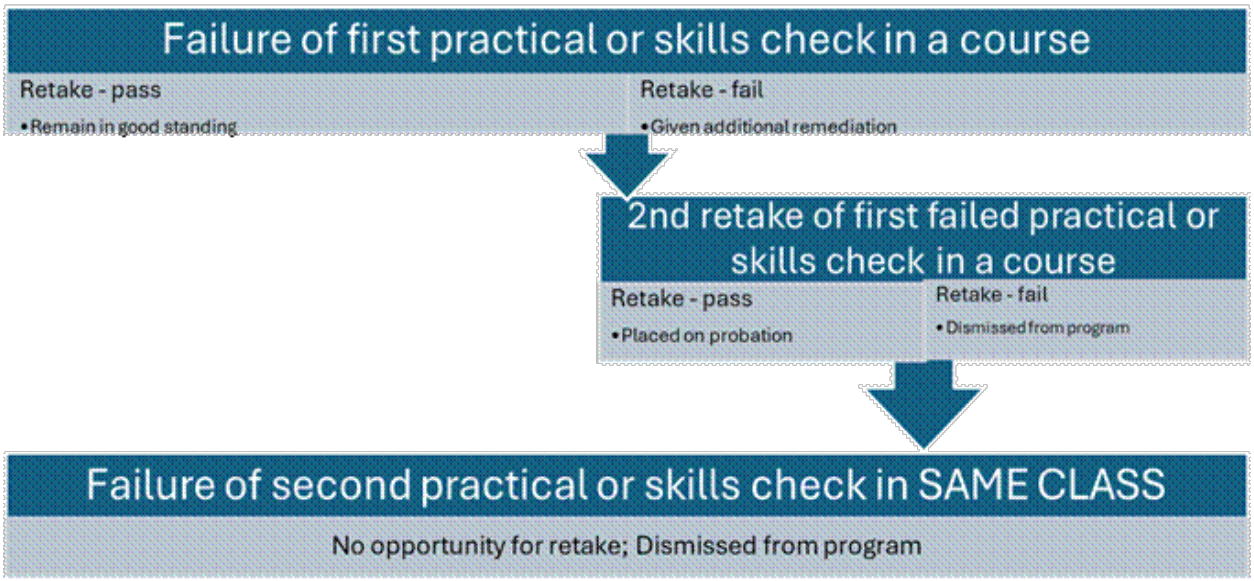
- Any student who scores below 75% on a lab practical examination or skills check will be given a retake, scheduled at the instructor's convenience following a period of remediation. Students who pass the lab practical exam or skills check on the second attempt will only receive the minimal passing score 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

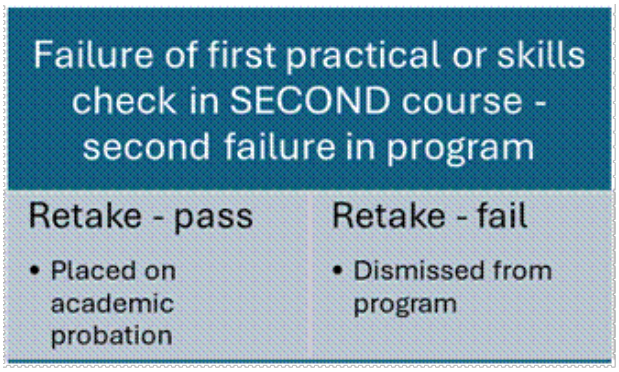
the form must include a list of these items. Signatures by both parties on the form will be viewed as agreement to the stated requirements for completion. Once the assignments are listed and the signatures provided, the completed form must be delivered to the Registrar's Office for processing. The Request 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.





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 for Dismissal

- 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.[7]
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.

[7] 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 6th semester will be dismissed from the program.

Experiential Learning

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 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 or other off-campus educational experiences, 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.

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 in the password protected Exxat program. All information gathered in health records are governed by HIPAA and FERPA and is strictly confidential. Clinical facilities will be informed that these records are complete and on file, however, some clinical facilities may request copies of immunization records. In the case a clinical facility requires a copy, information will be sent via secure electronic communication. All information gathered in health records are governed by HIPAA and FERPA and are strictly confidential.

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 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 <u>not</u> 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 *s*pecify 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.

Evaluation Structure

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.

Professional Standards and Conduct

Essential Functions for Physical Therapists

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

Students with Disabilities

The Center for Student Success determines the student's eligibility for accommodations and for eligible students, determines appropriate accommodations. For more information, see the Academic Catalog Policy on Accommodations for Students with Disabilities:

https://catalog.andersonuniversity.edu/content.php?catoid=35&navoid=2054#accommodations-for-students-with-disabilities

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.

AU academic integrity and student conduct policies in catalog

For a complete overview of Anderson University's academic integrity and honor code policies visit:
https://catalog.andersonuniversity.edu/content.php?catoid=35&navoid=2054#academic-honesty-and-dishonesty

For a complete overview of Anderson University's student conduct policies visit:
https://catalog.andersonuniversity.edu/content.php?catoid=36&navoid=2076#student-conduct-process

Note: While portions of the Student Handbook and Student Conduct Policy are written with undergraduate, residential students in mind, the expectations for professional behavior, ethical conduct, and community standards apply to all students, including those enrolled in graduate and professional programs.

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.

Student Resources

Program specific support

In addition to the "Community Values and Expectations" described in AU's Student 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 6th 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.

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.

Emergency and Safety Procedures

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.

Psychological Crisis

Psychological crises may include a faculty, student, or staff member who is extremely agitated, depressed, anxious, hallucinating, delusional, violent, or suicidal, and poses a potential threat to him/herself or others. Such individuals should be taken to a private area, if possible, and kept as calm as possible until professional help arrives (call or text the suicide and crisis lifeline 988, the SC Department of Mental Health Crisis Center 833-364-2274, or 911). Never leave the individual unattended. The Mental Health First Aid acronym "ALGEE" should be followed:
A = Approach, assess for risk of suicide or harm, and assist.
L = Listen nonjudgmentally.
G = Give reassurance and information.
E = Encourage appropriate professional help.
E = Encourage self-help and other support strategies.

Should an individual suspect that someone is at risk for suicide, they should intervene at once using the QPR approach:
Q = Question the individual about whether he/she is having suicidal thoughts. Don't be afraid to be direct and use the word "suicide" in your questioning.
P = Persuade the individual to seek help. Once the question has been asked, listen attentively and do not interrupt or pass judgment on what the individual is saying. Encourage the individual to seek professional help and offer to go with him/her.
R = Refer the individual to a qualified mental health professional on campus or in the local community or call the suicide and crisis lifeline at 988.

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 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.

Appendix A – Consent to Participate in Research

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.

_____
Print Name

_____ _____
Signature Date

_____ _____
Witness Signature Date

Appendix B – Consent to be Photograph or Recorded

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

Appendix C – Assumption of Risk, Waiver, and Release of Liability

SCHOOL OF PHYSICAL THERAPY
ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

Participant Name: _____

Phone: _____ **Email:** _____

Address: _____

Activity: _____

Voluntary Participation

I understand that my participation in the Activity is completely voluntary, and I am participating as a non-compensated guest of Anderson University. I may discontinue participation at any time.

Assumption of Risk

I acknowledge that participation may involve risks, including but not limited to: physical contact during student clinical skill practice, risk of minor or serious injury, illness, or emotional discomfort, and travel to/from meetings or events.

I voluntarily assume all risks, known and unknown, associated with participation.

Health & Responsibility

I certify that I am physically and mentally able to participate and will consult my healthcare provider if needed. I understand that I am responsible for my own health decisions and limitations, I am not covered by University insurance, and that I am responsible for any medical costs incurred.

I authorize emergency medical treatment if necessary and accept financial responsibility.

Release and Waiver of Liability

In consideration of my participation, I release, waive, and discharge Anderson University, its Board of Trustees, employees, students, and agents from any and all liability, including claims arising from negligence, related to personal or emotional injury, illness or disability, property damage or loss, and death.

Covenant Not to Sue & Indemnification

I agree not to bring any claims or lawsuits against Anderson University related to my participation. I further agree to indemnify and hold harmless the University from any claims arising from my involvement.

Acknowledgments

I understand and agree that:

- I must follow all University policies and program guidelines
- Participation includes interaction with students for educational purposes
- Either I or the University may end participation at any time
- This agreement is governed by the laws of South Carolina
- If any portion is found unenforceable, the remainder remains in effect.

Acknowledgment of Understanding

I have read and understand this waiver. I am signing it voluntarily and understand that I am giving up substantial legal rights, including the right to sue.

Signature

Signature: _____ Date: _____

Printed Name: _____

Appendix D – Injury Report Form

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