

**DEPARTMENT OF PHYSICAL THERAPY  
UNIVERSITY OF DELAWARE**

**PROGRAM POLICY DOCUMENT**

Updated: November 2012 (effective for incoming class July 2012 as per admissions agreement)

**SECTION I**

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## PURPOSE

This handbook should serve as the primary resource for students enrolled in the Doctor of Physical Therapy (“DPT”) Program (the “Program”) at the University of Delaware (the “University”). Contained within is important information on the philosophy of the Program, as well as Program-specific policies and procedures related to academic and student affairs. Policies and procedures not addressed in this manual will default to those existent within the University *Graduate Catalog* or other University publications. Students are urged to obtain and read all relevant University publications and to keep abreast of changes in practice and / or governance.

## MISSION

The mission of the Department of Physical Therapy (the “Department”) is to advance physical therapy practice by providing outstanding entry-level DPT education, post-graduate residencies, and clinical services; leading federally funded rehabilitation research; and training the next generation of rehabilitation researchers and leaders of our profession. The mission of the Program is to educate outstanding entry-level physical therapists who are critical thinkers and provide excellent physical therapy services.

## PHILOSOPHY

The Program is a University-based physical therapist educational program housed within the College of Health Sciences. The Program faculty believe the University is an appropriate environment for the education and development of future physical therapists, especially at the doctoral level.

Graduates of the Program are not only prepared as entry – level generalists, but are also suited to pursue a specialty area within the profession or to further their graduate work in a research environment. As a program within a state-supported institution of higher learning, we recognize the need and obligation to address the continually changing physical therapy needs of the State of Delaware. We also recognize the considerable commitment the State and University have made to the growth and development of this Program. The magnitude of the responsibility to develop and train effective and efficient physical therapist professionals has shaped the current curricular model and underscores the need for meticulous outcome assessment to ensure ongoing excellence.

The future of health care has always rested on the art and scientific inquiry of its practitioners. Similar to other health care professions, physical therapy is ever evolving and advancing in the quality, nature, and extent of services offered. The body of knowledge of physical therapy will undoubtedly grow through engagement of its practitioners in basic and clinical research.

The University, through the Program, is firmly committed to developing new knowledge and advancing the profession of physical therapy. The DPT curriculum is predicated on evidenced-based practice. Clinically-oriented courses draw extensively from primary source research as well as traditional theory and practice. A strong foundation in basic science is established early in the curriculum alongside courses in which students learn skills necessary for the practice of physical therapy. Opportunities for integration between didactic courses and clinical practice exist in our on-site PT clinics, a distinguishing and fundamental component of our Program.

A major goal of the DPT curriculum is to encourage students to develop skills for life-long learning as a means to remain current with best practice philosophies and approaches throughout their career. This is accomplished, in part, by educating students to be consumers of relevant literature and to make wise choices for their future continuing education experiences. Recognized clinical experts are regularly utilized as instructors in the Program in an effort to further develop the relationships between expert clinical practice and research.

It is our assertion that a physical therapist is a professional member of a health care team who views the patient or client as an individual with physical, intellectual, and psycho-social needs. It is the unity and dynamic nature of these dimensions that must be recognized and respected if the health care team is to serve humanity adequately in a multi – cultural environment. Interwoven in this philosophy is the belief in the dignity of humankind, the right to quality health care services, and the entitlement of patients and clients as active participants in the health care process. It is through such patient – provider partnerships that maintenance and / or restoration of health and well-being will best occur. To this end, physical therapists must be excellent communicators to both optimize outcomes and prevent fragmentation of care.

Physical therapists function in many roles. While their primary professional duty is to provide excellent health care and serve as patient advocates, they also act as administrators, consultants, educators, and researchers. In such, the educational preparation of the physical therapist is an integrative process, drawing from the liberal arts, basic sciences, natural sciences, and applied sciences.

The Program does not discriminate on the basis of race, color, creed, national origin, sex, age, handicap, sexual orientation, or marital status.

## STUDENT OUTCOMES

Graduates of the Program will enter the profession as physical therapist practitioners who:

1. Have demonstrated knowledge of the foundational and clinical sciences necessary to practice physical therapy.
2. Are competent in performing physical therapy examination, evaluation, diagnosis, prognosis, intervention, and assessment of patients and clients across the lifespan and in a multitude of physical therapy settings.
3. Possess the skills to use the literature to direct their everyday clinical decision making.
4. Participate in the administration of physical therapy services including delegation and supervision of support personnel, scheduling, and reimbursement activities.
5. Display professional behaviors that reflect APTA's core values of accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility in all professional interactions.
6. Demonstrate effective written, verbal and non-verbal communication skills.
7. Demonstrate a commitment to lifelong learning through participation in continuing education courses, formal post-graduate coursework, professional development, self-directed learning, and mentoring activities.

## SUITABILITY FOR THE PRACTICE OF PHYSICAL THERAPY

The collective faculty reserve the right to determine whether a student may matriculate or graduate on academic or ethical grounds, including traits of character as pertaining to professional performance. Therefore, it is the judgment and expertise of the faculty that shall authorize and ultimately determine student appropriateness for the practice of physical therapy. Students are evaluated not only on their scholastic achievement, but also on their intellectual, physical, and emotional capacities to meet the technical standards of the program's curriculum (refer to Appendices for Technical Standards and Professional Behaviors for the 21<sup>st</sup> Century). Students must demonstrate good judgment, responsibility, morality, sensitivity, and compassion, while simultaneously being able to accurately synthesize and apply knowledge in a time efficient and safe manner. Deficiencies in these standards or the inability to function accordingly may jeopardize patient care and therefore may preclude graduation from the program.

## TECHNICAL STANDARDS

The Department faculty have outlined the Technical Standards deemed essential for successful completion of the DPT curriculum. These standards, located in the Appendix, represent the essential requirements for admission, academic advancement, and graduation.

The Department acknowledges Section 504 of the 1973 Vocational Rehabilitation Act, and the ADA Amendments Act of 2008 (collectively "Disability Laws"), but maintains certain minimum technical standards must be present in the student seeking the DPT degree. While state and federal law requires the provision of reasonable accommodations in situations of documented disability, there are disabilities that cannot be accommodated based upon professional practice demands. The program does seek to be supportive of individuals who can, through reasonable accommodation, meet the core performance standards expected of a physical therapist.

Accommodation is viewed as a means of assisting students with disabilities to meet essential standards by providing them with equal opportunity to participate in all aspects of a course or clinical experience. Reasonable accommodation is not intended to guarantee that students will be successful in meeting the requirements of the course or clinical experience.

To determine if requested accommodations are feasible and reasonable, students should follow the established procedures of the University's Office of Disability Support Services ("DSS") to discuss educational needs and resources. For newly enrolled students, requests should occur with as much advance notice as possible before the start of the Program and for matriculating students, this should occur as soon as the need is identified. As there will be no retroactive accommodations, students are encouraged to request accommodation in a timely fashion.

The use of trained intermediaries to assist a student in accomplishing the curriculum requirements in the five skill areas identified in the Technical Standards document will not be permitted by the Department. Intermediaries, no matter how well trained, are applying their own powers of selection and observation, which could affect the student's judgment and performance. Therefore, no disabilities can be reasonably accommodated with an intermediary that provides cognitive support or that supplements clinical and ethical judgment.

Incoming students are required to sign the Handbook Acknowledgement and Consent to Lab Participation document prior to the completion of the first day of class. Matriculating students are encouraged to review the document on a yearly basis as the Technical Standards are subject to periodic updates (updated revision date will be reflected on the document). To assist applicants, students, and faculty in screening for deficiencies in meeting the Technical Standards of the Department, the following questions, while not inclusive, serve to highlight pertinent aspects of the document:

1. Is the student, with or without reasonable accommodations, able to observe demonstrations and fully participate in psychomotor laboratory activities?
2. Is the student, with or without reasonable accommodations, able to analyze, synthesize, extrapolate, solve problems, and make accurate and timely therapeutic judgments?
3. Does the student, with or without reasonable accommodations, have sufficient use of the senses and adequate motor and coordination skills to monitor and ensure patient safety while performing physical therapy examinations and interventions?
4. Can the student, with or without reasonable accommodations, relate to patients and establish sensitive, professional relationships with patients and others?
5. Can the student, with or without reasonable accommodations, communicate results of a physical therapy examination, or progress made with intervention, to patients, colleagues, instructors, and other providers with accuracy, clarity and efficiency?
6. Can the student, with or without reasonable accommodations, perform with precise, quick and appropriate actions in emergency situations?
7. Can the student, with or without reasonable accommodations, display good judgment and assume responsibility in the assessment and treatment of patients?
8. Can the student, with or without reasonable accommodations accept constructive feedback and respond by appropriate modifications of behavior?
9. Can the student, with or without reasonable accommodations, possess the perseverance, diligence, and consistency to complete the physical therapy curriculum and enter the independent practice of physical therapy?

**SECTION II**

**PROFESSIONAL STANDARDS  
AND  
RELATED POLICIES**

**SUBSECTIONS**

PROFESSIONAL BEHAVIOR  
PROFESSIONAL DRESS CODE  
CLASSROOM BEHAVIOR  
ACADEMIC HONESTY  
POLICY ON COPYRIGHT PROTECTION OF EDUCATIONAL MATERIAL  
ATTENDANCE POLICY  
ILLNESS  
PROFESSIONAL CONFERENCE PARTICIPATION

## PROFESSIONAL BEHAVIOR

In addition to a core of cognitive and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). Students are educated about the specific professional behaviors that relate to the physical therapy profession at multiple points throughout the curriculum. In addition to facilitated discussion on related topics, students are provided opportunities to develop self-reflective skills to determine appropriate venues / directions for professional growth and development. Professional behaviors are emphasized both in the classroom and clinical environment. A supporting document utilized throughout the curriculum on Professional Behaviors is located in the Appendix.

Violations of dress or professional behavior will result in a documented Professional Behaviors Feedback Form (see Appendix) that will be discussed and then signed by the student and the reporting faculty member. Feedback forms will be retained by the Program Director. If concerning behavior persists or if deemed egregious, the student will be required to meet with the Professional Behaviors Committee. When a student is referred to the Professional Behaviors Committee, the student will be heard by committee members and a decision will be rendered relative to an appropriate course of action. The student has the right to appeal the decision of the Professional Behaviors Committee to the Chair of the Department and appropriate University committees.

## PROFESSIONAL DRESS CODE

Whether on-site or off-site, whenever physical therapy students interact with other health professionals or patients, professional attire is expected. Such interactions include, but are not limited to, patients serving as subjects in classes, professionals from outside the University presenting guest lectures, and visits to health care facilities. It is the responsibility of the student to seek guidance from the course instructor if there is any doubt on the acceptability of a chosen outfit. Modesty in dress is the common sense rule of thumb. Students should be mindful that some outfits, although neat and stylish, may not be appropriate for a professional/clinical environment.

### General guidelines

1. Regular classroom: Students will refrain from wearing clothing that is disruptive to the educational process. Examples include, but are not limited to:
  - a. The length of shirts / tops should be adequate to cover the entire trunk at rest and during all movements by the student. No skin should be visible on the abdomen, breasts, or between the shirt and pants.
  - b. Clothing should not contain inappropriate language or symbols (i.e. – profanity or sexual innuendo).
  - c. Clothing should be in nice condition.
2. Laboratory sessions: Students are required to come to lab ready to work and donned in the appropriate attire. Unless otherwise specific, men are required to wear shorts and T-shirts, while women are required to wear shorts and a halter-type top. Tennis shoes or sneakers that are in clean and good repair should be worn. Frequently, students move directly from lecture to lab and must be prepared to dress appropriately for both environments. Students



seeking lab accommodations for cultural reasons should provide such request, in writing, to the Program Director at the start of the term for discussion and consideration.

3. Off-site and/or clinical experiences: When PT students are interacting on or off campus with health professionals or patients, they should dress professionally. Sensible shoes with enclosed toe and heel must be worn. Requirements for professional dress are the same as in the classroom with the following additional requirements:
  - a. No jeans.
  - b. No sweatpants, sweatshirts or T-shirts.
  - c. No hats.
  - d. No distracting or dangerous clothing.

Faculty will document violations of the dress code on the Professional Behaviors Feedback Form. In addition, students may experience consequences including dismissal from class, lab, and/or other patient care activities, as well as loss of credit for time missed. Repeated infractions may result in consequences of a more serious nature.

### **CLASSROOM BEHAVIOR**

Students are expected to behave in a manner commensurate with their status as mature, intelligent, and professional adults. Actions and behaviors should reflect the student's awareness and appreciation of the importance of all instructed material. Examples of unacceptable classroom behavior include, but are not limited to: tardiness; early departure; excessive talking during lecture or the passing of written notes between students; cell phone use (cell phones must be turned off); and inattentive or distracting behavior, such as head on desk, feet on table, sleeping, doing unrelated activities during class. Computers used in the classroom are to be used only for course related activities. Checking email or engaging in course related activities not directly related to the course being instructed is strictly prohibited.

### **ACADEMIC HONESTY**

Academic dishonesty in any form, be it plagiarism, fabrication, cheating or academic misconduct, will not be tolerated and will be treated severely. The Honor Code espouses the values of truth, honesty and fairness. The Code of Conduct serves to remind students that while each individual strives for the pursuit of excellence, behavior should align with and respect the societal standards in which the effort takes place. Students are encouraged to review the Code of Conduct as posted in the Student Guide to University Policies for a more comprehensive review of the standards by which students are bound. In addition, as members of an established profession, the program faculty and students will adhere to the American Physical Therapy Association Code of Ethics. *Any* violation of that code is subject to disciplinary action up to and including dismissal from the program. A copy of the Code of Ethics will be provided in PHYT 600, Physical Therapy as a Profession.

Additional standards reflective of academic integrity and appropriate conduct on examinations / assignments follow.

1. All formal assignments and assessments are required activities. Failure to take seriously the understanding and mastery of knowledge necessary for patient care will be recorded in the student's file as a breach of professionalism.

2. The following principles apply to all mechanisms of evaluation, be it oral, written or psychomotor (practical) in nature:
  - a. It is expected that all students demonstrate academic integrity and demonstrate awareness and affirmation of the fact that one's physical therapy education is the product of one's individual effort. "Cheating" will not be tolerated and is considered a violation of the spirit of physical therapy education and, in such, will result in judicial action. "Cheating" includes, but is not limited to: plagiarism, the transmission (giving and / or receiving) of examination content to others, use of past assessments not authorized by the faculty member of record, and the transmission of information during an assessment inconsistent with the format / directions.
  - b. Unless otherwise specified, students are reminded that all work should be completed individually. Assignments and assessments given in the spirit of individual initiative should be carried out in that same fashion. Representing the contributions of others as one's own is not permitted.
  - c. Collaboration with others to prepare for exams and to complete group projects is permissible up to the limits set by the instructor of record.
  - d. Copyright restrictions and computer hardware/software should be utilized fairly and appropriately up to the limits set by the instructor of record.
  - e. Students and faculty have a responsibility to report known or suspected violations of academic integrity as this ethical responsibility rests with each individual. Making accusations in the absence of reporting such information demonstrates unethical and unprofessional behavior.

### **POLICY ON COPYRIGHT PROTECTION OF EDUCATIONAL MATERIAL**

Students may not copy or redistribute educational materials (print, audio and/or visual) they receive through their education at the University or the Department, without the express written consent of the course instructor. Dissemination or unauthorized duplication of educational materials will be considered a violation of this policy and a breach of academic integrity.

### **ATTENDANCE POLICY**

1. Attendance is defined as presence during the *entire* scheduled activity or until completion of an examination.
2. If a student is unable to attend a required activity, it is his/her responsibility to discuss the reason with the faculty member of record *in advance* of the required session in order to obtain approval for the absence. In situations of emergency, the faculty member of record should be notified as soon as possible.
3. The faculty member of record retains the right to determine if an absence is excused or unexcused.
4. Unexcused absences will follow the penalties as outlined in the course syllabus and should be reflected in student Professional Behaviors assessments. If not explicitly outlined in the syllabus, the following policies for assessments will prevail when an absence is deemed unexcused:
  - a. Zero credit on quizzes or other written examinations / assignments; at the discretion of the course instructor, the student may be permitted to engage in the assessment for a

- maximum score not to exceed half the total point value for that assignment or assessment.
- b. Zero credit for a psychomotor assessment or other practical examination; students will be permitted to take the psychomotor assessment or practical examination one time (considered 2<sup>nd</sup> attempt) and must earn the passing standard for that attempt (there are no further repeat opportunities beyond this attempt).
5. In situations of absence, the student remains responsible for the acquisition of missed material / content.
  6. Unless otherwise noted in the course syllabus, attendance at lecture is strongly recommended. The exception, however, is mandatory lecture attendance in situations wherein a guest lecturer is delivering the material. Penalties for unexcused lecture absence will align with the standards as outlined in the course syllabus.
  7. Unless otherwise exempted (with advance notification) by the faculty member of record, attendance at all laboratory sessions is required. Such standards exist for the following reasons:
    - a. Laboratory sessions place students in cooperative learning situations that promote group interaction, teamwork and assessment of both group and self.
    - b. Laboratory sessions allow experiential learning in the context of direct mentorship by faculty and the opportunity to learn from / teach peers.
    - c. Laboratory sessions promote effective communication (verbal and listening) and build skills needed for team dynamics.Unexcused lab absences will follow the penalties as outlined in the course syllabus.
  8. Attendance at clinical experiences (integrated clinical experiences, full-time clinical experiences, or lecture/laboratory sessions held off-site) is mandatory. Unexcused absences will follow the penalties as outlined in the course syllabus.
  9. Students who do not demonstrate appropriate levels of preparedness (i.e. – assignments not completed in advance of class, inappropriate attire to participate fully in activities, absence of needed supplies for participation) may be asked to leave class and may be subject to an “unexcused” absence for the session. Unexcused absences will follow the penalties as outlined in the course syllabus.

## **ILLNESS**

Any student who must miss a required class to attend to a health concern may be asked to provide medical clearance to return to lecture, lab and / or clinic. Until such clearance is received, the student may not be permitted to resume educational activities. Paperwork will be retained by the Program Director. Students unsure about the need for medical clearance should inquire with the Program Director. As a general guideline, medical clearance will be required by students in the following situations:

1. After undergoing a surgical procedure, whether inpatient or outpatient in nature.
2. Upon seeking medical attention at an Emergency Department or other Urgent Care Center given a traumatic or other high-acuity health concern.
3. After missing class or clinic greater than 3 days consecutively.

4. If experiencing a change in bone, joint or ligament stability that required medical attention.
5. If experiencing a change in central nervous system function that required medical attention.
6. If experiencing a change in cardiopulmonary system function that required medical attention.

The Department is committed to assisting students with illness in keeping pace with their academic work during their recovery. For relatively short-term changes in health status, the filming of lectures and laboratories can occur to minimize disruption to matriculation and to help maximize student achievement. However, there are situations wherein too much time may be missed or a student is unable to fulfill the technical standards of a course, therein necessitating a medical leave of absence.

Students who are ill may request lecture or laboratory video recording. Graduate Assistants have been educated on the method for assisting with camera and tripod set up, as well as in the posting of taped material. Aside from a camera available for in-house use, there exists a second camera / tripod housed in the PT clinic conference room that may be used in off-site classrooms.

Instructors who need to cancel classes due to illness will provide notification to students in as timely of a manner as possible. While mass email notification is recommended, at times that might not be possible, necessitating the posting of a cancellation notice on the classroom door. Students wishing to confirm the status of classes may call 302-831-8521.

Departmental policy forbids a student or employee from returning to the clinical or teaching environment until fever-free (un-medicated) for at least 24 hours.

The Director of the Program and the Director of Clinical Services are responsible for the coordination of efforts and protocols required to minimize transmission of contaminants during the flu season in the Department and clinic, respectively. Questions or consultations on infection control procedures in order to reduce illness should be directed to the appropriate point of contact.

### **PROFESSIONAL CONFERENCE PARTICIPATION**

Involvement in professional activities of any sort is strongly encouraged. This includes attendance at professional meetings, when possible. We are committed to providing the opportunity for students to attend one professional meeting during their educational tenure in our program. However, such attendance will depend on the student's responsibilities in regularly scheduled courses, particularly clinic. There is no guarantee that classes will be cancelled for professional meetings, nor that students will be able to attend the meeting of their choice. In the event that classes are canceled for a particular meeting, all students are encouraged to attend. In some instances, pending location, attendance may be required by the course instructor. However, clinic and direct patient care obligations supersede conference attendance. If a student elects to attend a particular meeting, he / she should communicate this desire to the course instructors/coordinators directly to determine if this is possible and if alternate make-up arrangements can occur. Such communications should be sent to course coordinators at least 3 months in advance of the meeting. As funds are available, the Department will contribute toward the cost of conference registration for one APTA national

meeting (CSM, Annual, Student Conclave) per DPT student in good standing. Students should request funding assistance to the Program Director at least 3 months in advance of the meeting. Supplemental funds may be made available for student attendance at additional conferences at the Chair's discretion. Faculty reserve the right to deny attendance for students whose academic performance is deemed marginal and whose efforts should be spent on solidifying knowledge of instructed material as opposed to undertaking additional enrichment experiences. In light of this policy, students are encouraged to consider refundable or transferrable flight and lodging accommodations.

**SECTION III**  
**ACADEMIC STANDARDS  
AND  
RELATED POLICIES**

**SUBSECTIONS**

GRADING  
EXTRA CREDIT  
CRITERIA FOR MATRICULATION  
CRITERIA FOR DISMISSAL  
WRITTEN EXAMS  
PRACTICAL EXAMS  
MISSED EXAMS  
TARDINESS TO EXAMS  
CLINICAL EDUCATION  
COURSE CONTENT  
GPA REQUIREMENTS  
PROBATIONARY STATUS  
TIME TO COMPLETE DPT DEGREE

## GRADING

Except for PHYT 821 and 822, the Department will utilize the following scale for all graded courses not considered pass/fail in nature:

\*\* Note: The grade of B- will not be awarded.

<u>Grade</u>	<u>Numeric Equivalent (if appropriate)</u>	<u>Quality Points</u>
A	92.50 – 100.00	4.00
A-	89.50 – 92.49	3.67
B+	84.50 – 89.49	3.33
B	79.50 – 84.49	3.00
C+	76.50 – 79.49	2.33
C	72.50 – 76.49	2.00
C-	69.50 – 72.49	1.67
D+	66.50 – 69.49	1.33
D	62.50 – 66.49	1.00
D-	59.50 – 62.59	0.67
F	< 59.49	0.00

Other grading codes:

<u>Symbol</u>	<u>Explanation</u>
I	Incomplete. This grade is awarded when mitigating circumstances exist that have precluded a student from satisfactorily completing all requirements of a given course. This is an exceptional grade that should only be used when situations arise beyond the student's control (i.e. – illness or other unavoidable absence) that require additional time for fulfillment of remaining academic obligations. An "I" will convert to an "F" within 6 weeks if outstanding academic obligations are not reconciled.
** W	Official Withdrawal. Students must petition the Program Director to withdraw from a core course within the curriculum. Compelling evidence of extenuating circumstances necessitating the withdrawal must be provided as the Department will not allow for the withdrawal solely for poor academic performance.
P	Pass. Satisfactory completion of all course requirements. Performance must be commensurate with a "C" or above if equating to letter-grade scale.
F	Fail. Unsatisfactory level of performance or completion of course requirements.
S	Satisfactory progress. Utilized for classes that span semesters.

\*\* The above withdrawal policy applies to all published University drop-add deadlines.

Elective courses are graded Pass / Fail and will not count towards a student's core degree grade point average.

## EXTRA CREDIT

Extra credit projects and assignments (outside those required for the class entity at large) designed for purposes of "pulling up" a student's grade are not permitted. Students whose academic performance places them at risk of failing should be identified as soon as possible to

enable discussion on additional resources that might be of value to promote successful completion of academic requirements.

### CRITERIA FOR MATRICULATION

1. Students must achieve an initial minimum grade of 'B' in PHYT 622 (Clinical Gross Anatomy) to proceed in the curriculum. There are no opportunities to repeat this course.
2. Students must achieve a minimum grade of 'pass' or 'C' in all required didactic coursework offered during fall and winter semesters of year 1 in order to proceed in the curriculum. There will be no opportunity to repeat these courses for a higher grade.
3. Students must achieve an initial minimum grade of 'pass' or 'C' in all required didactic courses offered in the spring semester of year 1 and beyond. Those that do not will be permitted to repeat the course *one time* to achieve the passing standard, but only after successful completion of a required didactic enrichment independent study ("DEIS"). This course will be registered under codes 666 or 866 with DEIS as the subtitle. It is important to note that registration in a DEIS may be required in multiple terms while awaiting re-entry as a full-time matriculated student.

Students who are initially unsuccessful in achieving the passing standards in courses offered in spring semester of year 1 and beyond are required to successfully pass all criteria outlined within a DEIS. Favorable completion of the DEIS will allow the student to repeat the previously failed course. Should the passing standard for the course be met during this repeat, the student may matriculate to other degree-mandated courses in subsequent semesters. The DEIS is a variable-credit, individualized independent study designed to:

- Strengthen the knowledge, skills, and / or behaviors contributory to the academic deficiency, and
- Re-expose students to foundational content areas necessary for maintenance of continued competence in anticipation of return to full-time student status.

With input from the student to ensure a meaningful learning opportunity, the Program Director, in concert with the Curriculum Committee, will outline the learning activities and standards of performance for the DEIS. It should be noted that faculty retain final authority in determining such requirements and standards. To confirm agreement of contents, both the student and Program Director will sign the DEIS. Pending successful completion of all criteria as outlined, the student will repeat the failed course the next time it is offered. There are no opportunities to repeat the DEIS if the outlined standards are not achieved. While required for ongoing matriculation in the program, the credits received through enrollment in the DEIS are above, not in lieu of, those required for graduation. Students are advised to remain in the local area when completing the DEIS as many of the learning opportunities occur on-campus.

4. Students must have an overall cumulative 3.00 grade point average ("GPA") and an overall 3.00 GPA in the courses required for the degree to participate in terminal full-time clinical internships.

Students who do not have a 3.00 overall cumulative and 3.00 degree-specific GPA prior to the terminal full-time clinical experiences will not be permitted to engage in those clinical experiences and will be required to repeat core curricular courses to facilitate a rise in GPA



to the threshold clinical matriculation standard as outlined above. Students should be reminded of the maximum four-year time frame for completion of the DPT degree.

5. Students must achieve a grade of 'A' in all clinical courses (inclusive of three integrated clinical experiences and three terminal full-time clinical experiences) to meet passing standards. Students who receive a grade of 'F' will not proceed in the curriculum, nor will they be provided the opportunity to repeat the clinical experience. Students who receive the grade of C- (C minus) will be permitted to repeat the course *one time* to achieve the passing standard, but only after successful completion of a required clinical enrichment independent study ("CEIS"). This course will be registered under codes 666 or 866 with CEIS as the subtitle. It is important to note that registration in a CEIS may be required in multiple terms until objectives are satisfied that would permit repeat of the clinical experience.

Students who qualify to participate in a CEIS given the grade of C- in PHYT 812, PHYT 821, or PHYT 822 (integrated clinical experiences) may matriculate in the curriculum and retake the integrated clinical experience at a time deemed suitable (based upon clinic availability, and successful completion of the CEIS, etc.). Students may not participate in any terminal full-time clinical experience until all integrated clinical experiences are successfully passed. Students who qualify to participate in a CEIS given the grade of C- in any terminal full-time clinical experience (PHYT 831, PHYT 833, PHYT 834) may not proceed to other full-time clinical experiences until satisfactory completion of the CEIS has occurred. A student permitted to repeat a terminal full-time clinical experience must obtain the passing standard on the repeat experience prior to enrolling in a different full-time clinical experience. There are no opportunities to repeat the CEIS if the outlined standards are not achieved.

Under the guidance and direction of a faculty committee (i.e. - DCE of record, Program Director, faculty content liaison, CCCE), students synthesize and analyze the feedback provided while on the clinical experience to help determine appropriate inclusions and objective performance metrics for the CEIS to best prepare for clinic re-entry. It should be noted that faculty retain final authority in determining CEIS requirements and standards. To confirm agreement of contents, both the student and DCE will sign the CEIS. Pending successful completion of all criteria as outlined, the student may repeat the clinical experience. There are no opportunities to repeat the CEIS if the outlined standards are not achieved. Students are advised to remain in the local area when completing the CEIS as many of the learning opportunities occur on-campus. While required for ongoing matriculation in the Program, the credits received through enrollment in the CEIS are above, not in lieu of, those required for graduation. Essentially, the CEIS is a variable-credit, individualized independent study designed to:

- Strengthen the knowledge, skills and / or behaviors contributory to the clinical deficiency, and
  - Promote student self-reflection of past performance and provide opportunity to establish goal-directed learning experiences to maximize potential for future clinical success.
6. There are no decelerated curriculum options. If, under extreme circumstances, a change in academic progression needs to occur, the pre-requisite and co-requisite curricular table will govern academic progression.
  7. Students must individually pass both the laboratory and didactic components of a course in order to proceed in the curriculum, despite overall (cumulative) course grade calculations.

8. Courses that have distinct learning components / sections may be structured so that a student must individually pass each section in order to pass the course. The passing standards as outlined in the course syllabi will prevail.
9. Students must earn the grade of P (pass) in all required pass / fail courses in order to proceed in the curriculum.

### CRITERIA FOR DISMISSAL

1. Achieving a grade less than 'B' in PHYT 622 (Clinical Gross Anatomy) will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
2. Achieving a grade less than 'pass' or 'C' in any required didactic coursework offered during fall and winter semesters of year 1 will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
3. Achieving a grade less than 'pass' or 'C' during the *repeat* (second attempt) of a didactic course offered in the spring semester of year 1 and beyond will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
4. Achieving an initial grade of 'F' or 'fail' on any integrated clinical experience or terminal full-time clinical experience will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
5. Achieving a grade less than 'A' during the *repeat* (second attempt) of any integrated clinical experience or terminal full-time clinical experience will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
6. Failing to achieve the *initial* minimum passing grade in two required courses (didactic and / or clinical) will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education. Note: Failing to successfully achieve (pass) all standards as outlined within a DEIS or CEIS will count as the second failure in the curriculum and will be grounds for student dismissal.
7. Electing not to participate in a DEIS (lack of agreement to stipulations as written) or CEIS, or failing to achieve the performance standards of the DEIS or CEIS as outlined, will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
8. Inability to obtain an overall cumulative 3.00 GPA and an overall 3.00 GPA in courses required for the degree (as required for matriculation to full-time clinical experiences) within the 4-year established timeframe for completion of the DPT degree will result in a recommendation for dismissal from the Program to the Office of Graduate and Professional Education.
9. In addition to the factors above, faculty may also vote to recommend dismissal of a student to the Office of Graduate and Professional Education for reasons including, but not limited to:

- a. Inability to function adequately in a professional capacity
- b. Inability to demonstrate competence or to ensure patient safety despite reasonable and appropriate accommodation of a qualifying physical and / or mental health problem (refer to Technical Standards)
- c. Behavior determined illegal, unethical, or so objectionable as to be inconsistent with the suitability for the physical therapy profession.

### **WRITTEN EXAMINATIONS**

1. The acceptance of oral questions during written examinations will occur at the discretion of the faculty member of record. There is no uniform policy to preclude the arrangement of an external proctor with the prohibition of asking questions during the assessment.
2. Faculty will review examination data to determine the clarity or appropriateness of a particular question in situations where less than half the class responds correctly. Faculty retain the right to accept multiple answers, retain the question “as-is,” or eliminate the question entirely from the examination (including reducing the total number of questions by which the examination is calculated).
3. Test questions may be formulated from required readings (whether discussed directly in class or not) and may be retained, at the discretion of the faculty member, regardless of the percentage of students responding appropriately.
4. No class-wide curves are permitted.

### **PRACTICAL (OR OTHER CLINICAL SKILL-BASED / INTEGRATIVE) EXAMINATIONS**

1. For courses wherein a laboratory component exists, a passing grade must be achieved on all practical examinations to successfully pass the course, regardless of the overall combined point total in the class.
  - a. A passing grade for a practical examination is deemed a 70.00%, unless otherwise noted in course syllabus.
2. Practical examinations not passed on the first attempt can be repeated a second time. Failure to pass on the second attempt will result in failure of the laboratory component and therefore failure of the course.
  - a. Faculty reserve the right to require a higher passing standard on the repeat of the practical. Such passing standards will be outlined in the course syllabus.
  - b. Students who repeat practical examinations and pass on the second attempt will retain their initial score for grade calculation, unless otherwise specified in the course syllabus.
  - c. Repeat assessments will consist of a new practical examination (different case / scenario / skill). However, faculty reserve the right to require a student to demonstrate mastery over the initial practical examination content as well should the repeat assessment embody different knowledge, skills, and behaviors than the initial assessment.

### **MISSED EXAMINATIONS**

Unless pre-approved by the faculty member of record, make-up examinations will not be permitted and a grade of zero will be awarded. Exceptions will be made only in the most extreme of situations where prior notification and excuse was not possible under the circumstances. In situations where the absence is excused, the faculty member of record will determine a suitable time for the make-up examination. The student will not incur academic penalty when absences are pre-approved and deemed “excused.”

### **TARDINESS TO EXAMINATIONS**

A student who, without prior notification and excuse, arrives late to a required examination or assessment will not be allowed extra time to compensate for the late arrival unless the student demonstrates good cause for the late arrival and that prior notification and excuse could not reasonably be given under the circumstances.

### **CLINICAL EDUCATION**

Students participating in integrated clinical experiences and full-time clinical experiences will be held to standards as outlined within the Clinical Education Handbook.

### **COURSE CONTENT**

Faculty reserve the right to modify curricular content and alter course requirements on a yearly basis if deemed to be in the best interest of student learning or if required by availability of resources. Students will be held accountable for content, assignments, and assessments as outlined in the syllabus corresponding to their enrollment in the particular course. Students may, however, be referred to, and to some degree held accountable for, information in courses not yet taken if required for clinical care.

### **GPA REQUIREMENTS**

Commensurate with the University policy, a student will be required to maintain a minimum cumulative GPA of 3.000 at the end of each semester to be considered in good academic standing. In addition, the University will require an overall cumulative 3.000 GPA and an overall 3.000 GPA in courses required for the degree to allow a student to graduate.

### **PROBATIONARY STATUS**

The Program will adhere to the University guidelines regarding academic probation for graduate students. This policy is clearly outlined in the *Graduate Catalog*. All academic course work must be successfully completed before a student will be allowed to participate in the clinical internship phase of the program.

### **TIME TO COMPLETE DPT DEGREE**

Students in the Program have a maximum of four years to complete the DPT degree.

**SECTION IV**

**DEPARTMENT STANDARDS  
AND  
RELATED POLICIES**

**SUBSECTIONS**

PROGRAMMATIC REQUIREMENTS  
CRIMINAL BACKGROUND CHECKS  
CREDIT BY EXAMINATION  
DEFERMENT POLICY  
WITHDRAWAL POLICY  
LEAVE OF ABSENCE POLICY  
DROP - ADD POLICY  
RIGHTS OF CLASSROOM VOLUNTEERS  
STUDENT RIGHTS  
GRADE GRIEVANCE AND OTHER RELATED ACADEMIC COMPLAINTS  
COMPLAINTS AGAINST THE DEPARTMENT  
COMPLAINTS TO CAPTE

## PROGRAMMATIC REQUIREMENTS

Immediately upon entering the program, and every year thereafter, the student must demonstrate proof of the following:

1. Seasonal flu vaccination
2. APTA membership
3. Health / medical insurance
4. Professional liability insurance

The student will not be permitted to participate in any coursework (lecture, laboratory or clinical) until all requirements are fulfilled and the student has been deemed to be in good standing. Class, lab and/or clinic absences secondary to unfulfilled requirements will be deemed “unexcused” with consequences as outlined in the course syllabus or student handbook.

There are additional requirements for students throughout the curriculum, many relating directly to clinical education (CPR, criminal background checks, HIPPA, blood-borne pathogens training, immunizations / titers / other health clearances, etc.). While completion of many of these items have been embedded into PHYT 830 (Introduction to Clinical Education), the student will be required to fulfill the unique requirements outlined by each clinical site prior to engaging in internships or other clinical experiences at that facility. The student is referred to the Clinical Education Handbook for additional information.

## CRIMINAL BACKGROUND CHECKS

All students in the Program undergo various forms of criminal background checks during their tenure at the University. Many of the hospitals and clinical sites affiliated with the Program require background checks of all student interns to ensure the safety of patients, including the University’s own Early Learning Center which won’t allow any intern placements without the successful completion of a criminal background check. In addition, most state licensing boards will inquire about prior criminal activity as part of the licensure process and/or require a criminal background check be performed. Any student concerned about possible findings on a criminal background check is encouraged to discuss the situation with the Program Director in a timely manner to determine how such findings may impact the ability to participate in core curricular courses, clinical experiences, internships and licensure.

## CREDIT BY EXAMINATION

Students who enroll in the Program may have previously earned graduate credits or degrees. Some courses may be eligible for credit by examination if the student feels he / she is adequately prepared in that area. It should be clearly noted that students may only utilize a course toward fulfilling the credit requirements of a single degree. Credits used to complete other degrees may not be transferred into a different degree at the University of Delaware. Clinical courses are not eligible for credit by examination.

To challenge a course, the student must obtain a copy of the course syllabus and review it, consult with the instructor of the course and inform him / her of their intent to challenge, have the course challenge approved by the faculty, and take a comprehensive test written by the primary instructor of the course. If the test is passed with a minimum grade of eighty percent, the Office of Graduate Studies will be notified that this course requirement has been satisfied via examination. (See the *Graduate Catalog* for more details regarding this process). In certain

instances, the student may be required to attend specific lectures or labs within the waived course if the instructor feels it is necessary. This process must be completed by the second week of classes to allow the student to withdraw or enroll in the course without penalty.

### **DEFERMENT POLICY**

Any student who wishes to request deferment of their enrollment in the Program must do so in writing to the Program Director. The reasons for deferment must be clearly articulated. The request will be considered by the Admissions Committee at the earliest possible time. Except in the most extreme of situations, a student may not defer enrollment greater than one year.

### **WITHDRAWAL POLICY**

Any student who wishes to withdraw from a core course must petition the Program Director in writing. Compelling evidence of extenuating circumstances necessitating the withdrawal must be provided as the Department will not allow for the withdrawal solely for poor academic performance.

### **LEAVE OF ABSENCE POLICY**

Any student who wishes to request a leave of absence (LOA) for personal, professional, or medical reasons must do so in writing to the Program Director. The reasons for the leave must be clearly articulated. Pending agreement, the Department will forward support for the leave of absence to the Office of Graduate and Professional Education for final approval. Except in the most extreme of situations, an approved LOA will not be greater than one year.

### **DROP – ADD POLICY**

The Department's withdrawal policy as outlined above applies to all published University drop-add deadlines.

### **RIGHTS OF CLASSROOM VOLUNTEERS**

It is the expectation that all human subjects who volunteer to participate in laboratory exercises and classroom demonstrations will be treated with dignity and respect. Students should uphold the highest standards of professionalism when interacting with classroom volunteers. It must also be made clear that subjects should be a willing volunteer and should never experience coercion or penalty for not participating (e.g., the threat of denial of services if they are a patient in our clinic). Subject confidentiality will be handled in the same manner that it is handled for all patients in our PT practice clinic. The rights and dignity of each subject will always be maintained. Subjects will always retain the right to withdraw their participation in laboratory or classroom activities without penalty. All subjects will be informed of their rights prior to participation in any classroom activity. Any violations of this policy should immediately be reported to the Department Chair.



## STUDENT RIGHTS

Physical therapy students enjoy the same rights and privileges as all other graduate students who attend the University of Delaware. Students should consult the *Graduate Catalog* and *The Official Student Handbook* for a detailed description of student rights and due process.

### GRADE GRIEVANCE AND OTHER RELATED ACADEMIC COMPLAINTS

The Department will follow the policies as outlined in the Student Guide to University Policies.

### COMPLAINTS AGAINST THE DEPARTMENT

Any individual or organization that is unsatisfied with their experience or encounter with any student, faculty or staff member of the Department at the University of Delaware is advised to file a timely written complaint with the Department.

The process for handling complaints is as follows:

1. When possible, the Department Chair shall discuss the complaint directly with the party involved within fourteen (14) business days. If at all possible, the matter shall be reconciled at this point. A letter from the Department Chair outlining the resolution of the complaint will be sent to the complainant and the matter will be closed.
2. If a resolution of the complaint is not achieved, or if the complaint is against the Department Chair, the involved party may submit a written complaint to the Dean of the College. In the event a resolution was attempted by the Department Chair but was unsuccessful, the initial complaint and records of attempted resolution shall be forwarded to the Dean. The Dean or Dean's designee shall discuss the complaint directly with the party involved, either separately or together as the circumstances require. A letter from the Dean or Dean's designee outlining the resolution of the complaint will be sent to the complainant and the matter will be closed.
3. If satisfactory resolution is not achieved, the involved party may submit a written complaint to the Provost of the University.

Complaints should be addressed to the appropriate person or persons below:

Chair Physical Therapy Department 301 McKinly Lab University of Delaware Newark, DE 19716	Dean College of Health Sciences 345 McDowell Hall University of Delaware Newark, DE 19716	Vice Provost for Graduate and Professional Education 116 Hullahen Hall University of Delaware Newark, DE 19716
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## COMPLAINTS TO THE COMMISSION ON ACCREDITATION OF PHYSICAL THERAPY EDUCATION (CAPTE)

The Commission on Accreditation in Physical Therapy Education (“CAPTE”) is an accrediting agency that is nationally recognized by the US Department of Education (“USDE”) and the Council for Higher Education Accreditation (“CHEA”). CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants.

The only mechanism through which CAPTE can act on an individual’s concerns is through a formal complaint process. For more information please visit the CAPTE Website <http://www.apta.org/CAPTE>. The formal complaint process is outlined in the CAPTE Accreditation Handbook: CAPTE Rules of Practice and Procedures: Part 11<[http://www.apta.org/AM/Template.cfm?Section=Accreditation\\_Handbook&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=362&ContentID=50140](http://www.apta.org/AM/Template.cfm?Section=Accreditation_Handbook&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=362&ContentID=50140)>.

**SECTION V**

**STUDENT LIFE**

**SUBSECTIONS**

USE OF CLASSROOM/LAB SPACE OUTSIDE OF SCHEDULED HOURS  
COUNSELING  
CLASS OFFICERS / LEADERSHIP  
PHYSICAL THERAPY GRADUATION AWARDS

## USE OF CLASSROOM / LAB SPACE OUTSIDE OF SCHEDULED HOURS

Students may utilize physical therapy controlled classroom and laboratory space (excluding the anatomy lab) outside of scheduled class time should the rooms be available. Students should inquire with the office staff to determine room availability. If not otherwise occupied, the staff will assist in reserving the room. Student access to the classroom / laboratory can only occur during normal university business hours (Monday – Friday, 7 am to 10 pm, except holidays). Faculty members reserve the right to cancel a student reservation in situations wherein the room becomes needed for other educational and / or research related activities. Unless otherwise supervised by a course instructor, the anatomy lab can only be used during class time.

## COUNSELING

Physical therapy students are expected to make their studies top priority. The Department recognizes, however, that students must balance their strong commitment to physical therapy with their commitments to their families and communities and, in as much, must engage in the self-care practices that allow them to be healthy and fully engaged with patients / clients and with the profession of physical therapy.

Students are encouraged to utilize the services of the Center for Counseling and Student Development (“CCSD”). Counseling, both individual and group, is one of the major functions of the CCSD. Students who seek such services present a wide variety of personal, career, and educational concerns. It is the CCSD’s goal to assist such individuals in identifying problems, developing alternatives, and making decisions, either by using the services offered at the CCSD or those provided by others on or off campus.

Appointments to see a counselor may be made in person or by telephone (831-2141). The student’s first contact with the CCSD will typically be an assessment in which the student and the counselor make decisions about the type of help needed. Assessment appointments preferably are made in advance and are usually scheduled within several days of the student’s request to see a counselor. Students requiring immediate help because of psychological difficulties are seen on an emergency basis.

## CLASS OFFICERS / LEADERSHIP

Class Officer Mission Statement: The purpose of the DPT Class Officers is to provide a collaborative leadership team representing all members of the DPT class and functioning as a deciding body to ensure all needs and requirements are met for the common success and advancement of the Department and the DPT Class.

Elections: The selection of executive office members shall take place by secret ballot within the first 3 weeks of the fall semester of year 1. The President of the 2<sup>nd</sup> year class will extend an initial invitation for nominations whereby each class member will nominate one person for each office. Self-nominations are permissible. Following a one-week nomination period, each class member receiving a minimum of two nominations will be notified of all positions for which they were selected and asked to identify the one position for which they wish to run. Students will then write a brief narrative explaining their reasoning for accepting the nomination. Upon review of all responses, a final ballot will be produced and a formal election process scheduled at a time mutually acceptable by the 1<sup>st</sup> year class and the 2<sup>nd</sup> year class President or

representative. The candidate for each office who receives a simple majority of the cast votes will be brought before the Director of the Entry Level DPT Program for approval. In the event of a tie vote, a ballot of the leading contenders will be created and votes recast.

Requirements: The process listed above shall elect the officers for each entry level DPT class. In order to be considered and to remain an officer, each member shall meet all requirements of good academic standing.

Removal: Removal of any officer unwilling or unable to carry out the duties of his / her office may be initiated by a 2/3<sup>rd</sup> majority vote of their classmates or by directive of the Director of the Entry Level DPT Program, Chair of the Department and / or majority of the UDPT Faculty.

Vacancy: A vacancy in any office shall be filled by the vote of the executive committee in conjunction with an additional vote from the Director of the Entry Level DPT Program. An abbreviated election will occur wherein classmates will nominate one person they wish to fill the vacancy. There must be affirmation by the candidate to be placed on the ballot.

#### Officer Descriptions

President: The President, in conjunction with the Vice President, serves as the direct liaison between the DPT class and faculty and is responsible for initiation and maintenance of open, professional conversation between classmates, faculty, and staff to serve the needs of the class. The President is accountable for the planning and execution of activities set forth by the executive officers, as well as for the coordination and implementation of initiatives introduced by the faculty and staff of the Department. Further, the President is directly responsible for the election process for the subsequent executive officers.

Vice President: The Vice President works in conjunction with the President to ensure class-wide issues are presented in a timely fashion to the faculty and in a manner that accurately reflects the opinions and preference of the entire class. Class members may contact either the Vice President or President with concerns as both officers may serve as a liaison to the faculty on behalf of that / those individual(s). It is the responsibility of the Vice President and President to delegate projects, monitor progress of those projects, and offer assistance to other class officers who are in charge of specific projects.

Secretary: The Secretary is responsible for the creation and maintenance of an exam and assignment schedule for each semester, as well as for revisions to the class calendar. The Secretary is also bestowed the task of recording and distributing official meeting minutes for class officer meetings. Assisting with the planning and coordination of class events and activities is another responsibility of the Secretary. Furthermore the Secretary is responsible for updating the "DPT New Student Manual" in conjunction with the input from other executive officers. Finally, the Secretary provides assistance for departmental events wherein student representation is desired or required.

Treasurer: Once elected, the Treasurer is responsible for opening a class checking / savings account at the bank of his / her choosing. Most Treasurers create the account under his/her name, as putting it under 'The Class of 20--' requires additional paperwork given the business nature of the account. The fee structure governing class dues is determined by the class officers. Dues should be collected by the beginning of October with checks made payable to name on the class account. Finally, the Treasurer is responsible for organizing mass purchases for the class / department (i.e. - theracanes, name tags, clipboards, etc.).

Social Chair: The Social Chair organizes class and Department social events, and promotes the positive attitude and well being of classmates through the coordination of social activities. Responsibilities include, but are not limited to planning, preparing and organizing committees to arrange events such as PT prom, fall hayride, evening social outings, Thanksgiving dinner, Halloween luncheon, and staff / faculty appreciation events.

Fundraising Chair: The fundraising chair is responsible for planning and coordinating activities that will fiscally support the efforts of the class and PT club in supporting student operations and advancing the profession. These efforts include, but are not limited to planning, preparing and organizing committees to arrange events such as the Marquette challenge, PT Prom, and staff / faculty appreciation events.

APTA Liaison: The APTA Liaison is responsible for ensuring classmates are up-to-date on the business and initiatives of the APTA. The APTA Liaison should encourage attendance at as many national and state chapter meetings / conferences as possible (i.e.- National Student Conclave, Combined Sections Meeting, Annual Conference). This position works closely with the SSIG within the DPTA and APTA.

Graduate Student Senator: The Graduate Student Senator will represent the Department within the Graduate Student Senate ("GSS"). The GSS seeks to create a forum for graduate student advocacy while acting as a conduit between students, faculty, and administration at the University. The GSS supports campus-wide activities facilitating graduate student professionalism and collegiality. It also seeks to influence the course of the University through representation on University committees, by expressing views of the student body to the administration, and by communicating accomplishments to the media and administration. The 1<sup>st</sup> year senator is considered the junior and the 2<sup>nd</sup> year senator is the senior. The GSS meets once a month with each meeting lasting approximately 2 hours. Active members of the GSS are also expected to contribute to one of the GSS's internal committees which meet once a month for approximately 1 hour. It is the expectation that both the junior and senior senators remain active throughout their terms and coordinate attendance and participation in GSS and committee meetings. Finally, the Graduate Student Senator is responsible for updating the Department, including both 1<sup>st</sup> and 2<sup>nd</sup> year classes, on the University policies that affect the Department.

## **PHYSICAL THERAPY GRADUATION AWARDS**

Faculty Award: For exemplary qualities of integrity, cooperation, initiative and leadership in the Program.

Chair's Award: For special contributions to the Program.

Scholarship Award: For a high level of scholastic achievement in the Program.

Cossoy Award: For extraordinary contributions of time and effort to the Program.

Cathy Doetzer Kohlenstein Clinical Educator's Award: For outstanding contributions to the clinical education of University students.

Alumni Award: For a University graduate who has made an outstanding contribution to the Department.

Sports Residency Award: For completion of the Sports Physical Therapy Residency Program.

Orthopedic Residency Award: For completion of the Orthopedic Physical Therapy Residency Program.

Geriatric Residency Award: For completion of the Geriatric Physical Therapy Residency Program.

Cathy Doetzer Kohlenstein Scholarship: Awarded to a second year student to assist with funding for clinical education expenses.

Charles B. Barker, Sr. Scholarship: Awarded to a second year student who has successfully balanced academics and family related responsibilities.

Cossoy/Lucca Scholarship: Awarded to a second year student demonstrating substantial promise and ability to contribute to the advancement of the profession.

Stauffer Scholarship: Awarded to a UD Alumni pursuing doctoral training in the Department. (No award given until 2014 / 2015)

Paul Mettler Military Service Award: This award is given to a student with current or previous military service, or whose life while in the Program, has been directly impacted by a first generation family member serving their country.

**SECTION VI**  
**APPENDICES**

**SUBSECTIONS**

TECHNICAL STANDARDS  
PROFESSIONAL BEHAVIORS FOR THE 21<sup>st</sup> CENTURY  
PROFESSIONAL BEHAVIOR FEEDBACK FORM  
CODE OF ETHICS FOR THE PHYSICAL THERAPIST  
PRE-REQUISITE AND CO-REQUISITE CURRICULAR TABLE  
COURSE DESCRIPTIONS

**DEPARTMENT OF PHYSICAL THERAPY, UNIVERSITY OF DELAWARE TECHNICAL  
STANDARDS**

Students seeking a DPT degree from the University must meet the following technical standards, with or without reasonable accommodation. These standards serve as the essential requirements for admission, academic advancement, and graduation and are grouped into five broad categories: communication; sensory and motor coordination and function; intellectual, conceptual, integrative and quantitative abilities; and behavioral, social and professional attributes.

- I. **Observation** – The student must be able to accurately:
  - Observe demonstrations in the classroom (including projected material, films, and videos) and laboratory setting.
  - Interpret written and illustrated material both in print and in electronic form.



- Observe patients at a reasonable distance and close at hand, noting nonverbal as well as verbal signals.
- Perceive discriminating findings on radiographic images.
- Differentiate subtle and overt changes in body movement.
- Discern skin, subcutaneous masses, muscles, joints, lymph nodes and abdominal organs.
- Detect and identify changes in colors of fluids, skin, and other anatomical tissues.
- Observe and interpret changes in patient color, temperature, respiratory rate, heart rate, heart and lung sounds, muscle tone, facial expression, and vocal tone/volume.
- Discriminate numbers and patterns associated with diagnostic and therapeutic instruments and tests, such as sphygmomanometers, goniometers, therapeutic technologies, exercise equipment, and electrocardiograms.
- Observe environmental hazards to ensure safety of self and others.

*\*\*Observation necessitates the functional use of the sense of vision and is enhanced by the functional use of the sense of smell.*

II. Communication – The student must be able to skillfully:

- Read at a level sufficient to accomplish curricular requirements and provide clinical care for patients.
- Communicate logically and effectively in oral and written English with patients/clients, other members of the health care team, colleagues, insurance companies, families, and faculty.
- Read and record observations and plans legibly, efficiently, concisely, and accurately in both written and electronic form.
- Relate effectively and sensitively to patients / clients of all genders, ages, races, lifestyles, socioeconomic class, sexual orientation and cultural backgrounds.
- Convey compassion and empathy both verbally and nonverbally (actions and listening behaviors).
- Recognize and interpret significant emotional and /or non-verbal responses to promote appropriate, focused follow-up inquiry.
- Elicit and provide necessary information during interactions with patients/ clients, other members of health care team, colleagues, insurance companies, families, and faculty.
- Elicit a thorough history from patients / clients / care providers.
- Communicate complex findings in appropriate terms to patients and other members of the health care team.
- Function effectively as part of an interdisciplinary team.

III. Sensory and Motor Coordination and Function – The student must be able to accurately and adeptly:

- Attend and participate fully in all educational components within the PT curriculum in a safe and timely manner.
- Observe and process information with accuracy and efficiency via the senses: visual, auditory, exteroceptive (smell, touch, pain, temperature) and proprioceptive (position, pressure, movement, stereognosis, and vibratory) phenomena.
- Elicit information via palpation, auscultation, percussion and other diagnostic maneuvers and therapeutic procedures for patients across the lifespan.
- Palpate accurately for anatomical structures and appropriately handle involved body regions to reduce additional injury or threat of injury.
- Lift, transfer, guard, mobilize, and exercise patients of varying heights and weights, in a time efficient and safe manner, as necessary for clinical practice.

- Administer examination tests / measures, exercise protocols, and manual techniques that require resistance or facilitation for patients across the lifespan.
- Perform assessments and interventions that require manual dexterity and coordination, which include manipulating and operating physical therapy and other medical / therapeutic equipment and monitoring devices.
- Perceive, measure, and integrate information in both calm and chaotic environments.
- React safely and with appropriate body mechanics to sudden or unexpected movements of patients and / or classmates to prevent harm to self / others.
- Demonstrate ability to observe and follow universal precautions.
- Assist in emergency situations which may include responding rapidly when called, initiating CPR (moving an individual, repeatedly applying considerable chest pressure, delivering an adequate volume of artificial respiration and calling for help), and applying pressure to stop bleeding.
- Transport oneself to and within a variety of settings in a timely manner.
- Demonstrate the ability to function effectively in an environment that requires significant physical activity and attention to detail throughout the workday in a manner that does not compromise patient or therapist safety.

IV. Intellectual, Conceptual, Integrative and Quantitative Abilities – The student must be able to accurately:

- Synthesize a large body of knowledge in the basic, clinical, and behavioral sciences at a level deemed appropriate by faculty and CAPTE in a short period of time.
- Incorporate new information from peers, instructors, and the literature in both the classroom and clinical settings.
- Comprehend, memorize, measure, calculate, reason, analyze, and synthesize information in an efficient and timely manner.
- Recall and retain information in an efficient and timely manner.
- Comprehend three-dimensional relationships and understand the spatial relationships of structures.
- Interpret graphs (i.e. – EKG) describing biologic relationships
- Identify key findings from a history, examination or medical record; provide assessment (inclusive of diagnosis, prognosis and goals); construct an evidence-based plan of care; and modify interventions/approaches in a timely manner as warranted based upon patient presentation.
- Apply critical reasoning and problem-solving approaches during emergent and non-emergent situations.
- Function in complex environments that require simultaneous engagement in multiple tasks or activities.
- Create effective solutions to problems faced in clinical and academic settings.
- Identify and communicate the limits of one's knowledge to others when appropriate.
- Accurately self-assess performance to continually improve professional skills.

V. Behavioral, Social and Professional Attributes – The student must:

- Practice in a safe, ethical and legal manner, following guidelines for standard practice as established by federal, state, and local law, the University, clinical facilities, the APTA, and related professional organizations.
- Meet externally-imposed deadlines and time-requirements.
- Possess the emotional health for full use of intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities pursuant to the educational process and to the care of patients.

- Tolerate physically, emotionally, and mentally demanding workloads.
- Function effectively when stressed and proactively make use of available resources to help maintain both physical and mental health.
- Adapt to changing environments, and display flexibility to learn and function in the face of uncertainties inherent in the clinical problems of patients.
- Take responsibility for oneself and for one's behaviors (including all actions, reactions and inactions), during the academic and clinical phases of one's education with the intent of developing a plan for professional growth and lifelong learning.
- Accept appropriate suggestions and criticism and, when necessary, respond by modification of behavior.
- Develop mature, effective, and appropriate relationships with all members of the learning and working community.
- Demonstrate communications and mannerisms necessary for effective participation in a collegial, functionally-integrated group.
- Demonstrate personal hygiene and attendance necessary for effective participation in academic and clinical activities.
- Demonstrate tolerance, altruism, honesty, empathy, integrity, respect for self and others, diligence, interest, and motivation during interactions in both the classroom and clinical settings.

## PROFESSIONAL BEHAVIORS FOR THE 21<sup>ST</sup> CENTURY 2009-2010

### **Definitions of Behavioral Criteria Levels**

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

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

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

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

### **Background Information**

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

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

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

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

work groups included Directors of Clinical Education (DCE's), Academic Faculty, CCCE's and CI's from all regions of the United States.

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

### **Preamble**

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

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

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

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

**Professional Behaviors** Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

## PROFESSIONAL BEHAVIORS

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

### ***Beginning Level:***

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

### ***Intermediate Level:***

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

### ***Entry Level:***

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

### ***Post-Entry Level:***

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

2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

**Beginning Level:**

- ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- ❖ Recognizes impact of non-verbal communication in self and others
- ❖ Recognizes the verbal and non-verbal characteristics that portray confidence
- ❖ Utilizes electronic communication appropriately

**Intermediate Level:**

- ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- ❖ Restates, reflects and clarifies message(s)
- ❖ Communicates collaboratively with both individuals and groups
- ❖ Collects necessary information from all pertinent individuals in the patient/client management process
- ❖ Provides effective education (verbal, non-verbal, written and electronic)

**Entry Level:**

- ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- ❖ Maintains open and constructive communication
- ❖ Utilizes communication technology effectively and efficiently

**Post-Entry Level:**

- ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- ❖ Effectively delivers messages capable of influencing patients, the community and society
- ❖ Provides education locally, regionally and/or nationally
- ❖ Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

**Beginning Level:**

- ❖ Recognizes problems
- ❖ States problems clearly
- ❖ Describes known solutions to problems
- ❖ Identifies resources needed to develop solutions
- ❖ Uses technology to search for and locate resources
- ❖ Identifies possible solutions and probable outcomes

**Intermediate Level:**

- ❖ Prioritizes problems
- ❖ Identifies contributors to problems
- ❖ Consults with others to clarify problems

- ❖ Appropriately seeks input or guidance
- ❖ Prioritizes resources (analysis and critique of resources)
- ❖ Considers consequences of possible solutions

***Entry Level:***

- ❖ Independently locates, prioritizes and uses resources to solve problems
- ❖ Accepts responsibility for implementing solutions
- ❖ Implements solutions
- ❖ Reassesses solutions
- ❖ Evaluates outcomes
- ❖ Modifies solutions based on the outcome and current evidence
- ❖ Evaluates generalizability of current evidence to a particular problem

***Post-Entry Level:***

- ❖ Weighs advantages and disadvantages of a solution to a problem
- ❖ Participates in outcome studies
- ❖ Participates in formal quality assessment in work environment
- ❖ Seeks solutions to community health-related problems
- ❖ Considers second and third order effects of solutions chosen

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

***Beginning Level:***

- ❖ Maintains professional demeanor in all interactions
- ❖ Demonstrates interest in patients as individuals
- ❖ Communicates with others in a respectful and confident manner
- ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons
- ❖ Maintains confidentiality in all interactions
- ❖ Recognizes the emotions and bias that one brings to all professional interactions

***Intermediate Level:***

- ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions
- ❖ Establishes trust
- ❖ Seeks to gain input from others
- ❖ Respects role of others
- ❖ Accommodates differences in learning styles as appropriate

***Entry Level:***

- ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action
- ❖ Responds effectively to unexpected situations
- ❖ Demonstrates ability to build partnerships
- ❖ Applies conflict management strategies when dealing with challenging interactions
- ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

***Post-Entry Level:***



- ❖ Establishes mentor relationships
- ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

**Beginning Level:**

- ❖ Demonstrates punctuality
- ❖ Provides a safe and secure environment for patients
- ❖ Assumes responsibility for actions
- ❖ Follows through on commitments
- ❖ Articulates limitations and readiness to learn
- ❖ Abides by all policies of academic program and clinical facility

**Intermediate Level:**

- ❖ Displays awareness of and sensitivity to diverse populations
- ❖ Completes projects without prompting
- ❖ Delegates tasks as needed
- ❖ Collaborates with team members, patients and families
- ❖ Provides evidence-based patient care

**Entry Level:**

- ❖ Educates patients as consumers of health care services
- ❖ Encourages patient accountability
- ❖ Directs patients to other health care professionals as needed
- ❖ Acts as a patient advocate
- ❖ Promotes evidence-based practice in health care settings
- ❖ Accepts responsibility for implementing solutions
- ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings

**Post-Entry Level:**

- ❖ Recognizes role as a leader
- ❖ Encourages and displays leadership
- ❖ Facilitates program development and modification
- ❖ Promotes clinical training for students and coworkers
- ❖ Monitors and adapts to changes in the health care system
- ❖ Promotes service to the community

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

**Beginning Level:**

- ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- ❖ Demonstrates awareness of state licensure regulations

- ❖ Projects professional image
- ❖ Attends professional meetings
- ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

***Intermediate Level:***

- ❖ Identifies positive professional role models within the academic and clinical settings
- ❖ Acts on moral commitment during all academic and clinical activities
- ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- ❖ Discusses societal expectations of the profession

***Entry Level:***

- ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- ❖ Discusses role of physical therapy within the healthcare system and in population health
- ❖ Demonstrates leadership in collaboration with both individuals and groups

***Post-Entry Level:***

- ❖ Actively promotes and advocates for the profession
- ❖ Pursues leadership roles
- ❖ Supports research
- ❖ Participates in program development
- ❖ Participates in education of the community
- ❖ Demonstrates the ability to practice effectively in multiple settings
- ❖ Acts as a clinical instructor
- ❖ Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

***Beginning Level:***

- ❖ Demonstrates active listening skills
- ❖ Assesses own performance
- ❖ Actively seeks feedback from appropriate sources
- ❖ Demonstrates receptive behavior and positive attitude toward feedback
- ❖ Incorporates specific feedback into behaviors
- ❖ Maintains two-way communication without defensiveness

***Intermediate Level:***

- ❖ Critiques own performance accurately
- ❖ Responds effectively to constructive feedback
- ❖ Utilizes feedback when establishing professional and patient related goals
- ❖ Develops and implements a plan of action in response to feedback
- ❖ Provides constructive and timely feedback

***Entry Level:***

- ❖ Independently engages in a continual process of self-evaluation of skills, knowledge and abilities
- ❖ Seeks feedback from patients/clients and peers/mentors
- ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- ❖ Uses multiple approaches when responding to feedback
- ❖ Reconciles differences with sensitivity
- ❖ Modifies feedback given to patients/clients according to their learning styles

***Post-Entry Level:***

- ❖ Engages in non-judgmental, constructive problem-solving discussions
- ❖ Acts as conduit for feedback between multiple sources
- ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- ❖ Utilizes feedback when analyzing and updating professional goals

**8. Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

***Beginning Level:***

- ❖ Comes prepared for the day's activities/responsibilities
- ❖ Identifies resource limitations (i.e. information, time, experience)
- ❖ Determines when and how much help/assistance is needed
- ❖ Accesses current evidence in a timely manner
- ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards
- ❖ Self-identifies and initiates learning opportunities during unscheduled time

***Intermediate Level:***

- ❖ Utilizes effective methods of searching for evidence for practice decisions
- ❖ Recognizes own resource contributions
- ❖ Shares knowledge and collaborates with staff to utilize best current evidence
- ❖ Discusses and implements strategies for meeting productivity standards
- ❖ Identifies need for and seeks referrals to other disciplines

***Entry Level:***

- ❖ Uses current best evidence
- ❖ Collaborates with members of the team to maximize the impact of treatment available
- ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care
- ❖ Utilizes community resources in discharge planning
- ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate

- ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities

***Post-Entry Level:***

- ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)
- ❖ Applies best evidence considering available resources and constraints
- ❖ Organizes and prioritizes effectively
- ❖ Prioritizes multiple demands and situations that arise on a given day
- ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

***Beginning Level:***

- ❖ Recognizes own stressors
- ❖ Recognizes distress or problems in others
- ❖ Seeks assistance as needed
- ❖ Maintains professional demeanor in all situations

***Intermediate Level:***

- ❖ Actively employs stress management techniques
- ❖ Reconciles inconsistencies in the educational process
- ❖ Maintains balance between professional and personal life
- ❖ Accepts constructive feedback and clarifies expectations
- ❖ Establishes outlets to cope with stressors

***Entry Level:***

- ❖ Demonstrates appropriate affective responses in all situations
- ❖ Responds calmly to urgent situations with reflection and debriefing as needed
- ❖ Prioritizes multiple commitments
- ❖ Reconciles inconsistencies within professional, personal and work/life environments
- ❖ Demonstrates ability to defuse potential stressors with self and others

***Post-Entry Level:***

- ❖ Recognizes when problems are unsolvable
- ❖ Assists others in recognizing and managing stressors
- ❖ Demonstrates preventative approach to stress management
- ❖ Establishes support networks for self and others
- ❖ Offers solutions to the reduction of stress
- ❖ Models work/life balance through health/wellness behaviors in professional and personal life

10. **Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

***Beginning Level:***

- ❖ Prioritizes information needs
- ❖ Analyzes and subdivides large questions into components
- ❖ Identifies own learning needs based on previous experiences
- ❖ Welcomes and/or seeks new learning opportunities
- ❖ Seeks out professional literature
- ❖ Plans and presents an in-service, research or cases studies

***Intermediate Level:***

- ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- ❖ Applies new information and re-evaluates performance
- ❖ Accepts that there may be more than one answer to a problem
- ❖ Recognizes the need to and is able to verify solutions to problems
- ❖ Reads articles critically and understands limits of application to professional practice

***Entry Level:***

- ❖ Respectfully questions conventional wisdom
- ❖ Formulates and re-evaluates position based on available evidence
- ❖ Demonstrates confidence in sharing new knowledge with all staff levels
- ❖ Modifies programs and treatments based on newly-learned skills and considerations
- ❖ Consults with other health professionals and physical therapists for treatment ideas

***Post Entry Level:***

- ❖ Acts as a mentor not only to other PT's, but to other health professionals
- ❖ Utilizes mentors who have knowledge available to them
- ❖ Continues to seek and review relevant literature
- ❖ Works towards clinical specialty certifications
- ❖ Seeks specialty training
- ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- ❖ Pursues participation in clinical education as an educational opportunity

**PROFESSIONAL BEHAVIOR FEEDBACK FORM****Student's Name:****Date:****Person Completing Report:**

The purpose of this form is to promote the student's awareness of their behavior (as it relates to one of the categories listed below) as witnessed in a recent situation.

- |   |  |
|---|--|
| <input type="checkbox"/> Critical Thinking    | <input type="checkbox"/> Professionalism                     |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Use of Constructive Feedback        |
| <input type="checkbox"/> Problem Solving      | <input type="checkbox"/> Effective Use of Time and Resources |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Stress Management                   |
| <input type="checkbox"/> Responsibility       | <input type="checkbox"/> Commitment to Learning              |
| <input type="checkbox"/> Other                |  |

Describe situation observed:Describe actions taken including student response:

Student signature: \_\_\_\_\_

Date:

\_\_\_\_\_

Faculty member signature: \_\_\_\_\_

Date:

\_\_\_\_\_

Additional Comments from Student:

*Please forward signed original to DPT Program Director.*

### **CODE OF ETHICS FOR THE PHYSICAL THERAPIST**

*HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]*

#### **Preamble**

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

#### **Principles**

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (Core Values: Altruism, Compassion, Professional Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
- 4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.



- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)

- 8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapy services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

**PRE-REQUISITE AND CO-REQUISITE CURRICULAR TABLE**

\*Faculty reserve the right to modify and/or alter this table to maximize educational outcomes.

**KEY:**

- ▣ Enrollment restricted to DPT students.  
 ⌘ Enrollment open to graduate students from other programs with permission of course instructor and agreement of DPT Program Director (student must submit petition for enrollment).

Course	Enrollment	Pre-Requisite(s)	Co-Requisite(s)
<b>SUMMER DPT 1</b> (second summer session)			
<b>PHYT 600</b> (1-credit, pass/fail) PT as a Profession	▣	N/A	PHYT 622
<b>PHYT 622</b> (6-credits, letter graded) Clinical Gross Anatomy	▣	N/A	N/A
<b>FALL DPT 1</b>			
<b>PHYT 641</b> (1-credit, pass/fail) Rounds I		N/A	N/A
<b>PHYT 604</b> (4-credits, letter graded) Functional Anatomy and Biomechanics	⌘	PHYT 622	N/A
<b>PHYT 624</b> (2-credits, letter graded) Basic Evaluation Techniques	▣	PHYT 622	PHYT 604
<b>PHYT 631</b> (4-credits, letter graded) Physical Therapy in the Acute Care Environment	▣	PHYT 622	PHYT 801 PHYT 624
<b>PHYT 635</b> (2-credits, letter graded) Thermal Agents and Soft Tissue Techniques	▣	PHYT 622	PHYT 624
<b>PHYT 801</b> (3-credits, letter graded) Medical Science I – General Medicine	▣	PHYT 622	PHYT 631
<b>WINTER DPT 1</b>			
<b>PHYT 620</b> (1-credit, letter graded) Educational Process in Community Health	▣	All prior core PT courses	PHYT 830
<b>PHYT 632</b> (3-credits, letter graded) Applied Physiology I	▣	PHYT 622 PHYT 631 PHYT 801	N/A
<b>PHYT 830</b> (2-credits, pass/fail) Introduction to Clinical Education	▣	All prior core PT courses	PHYT 620
<b>PHYT 626 (Elective)</b> (3-credits,	⌘	PHYT 622	N/A

<i>pass/fail</i> ) Advanced Regional Anatomy			
<b>SPRING DPT 1</b>			
<b>PHYT 642</b> (1-credit, <i>pass/fail</i> ) Rounds II		N/A	N/A
<b>PHYT 606</b> (3-credits, <i>letter graded</i> ) Research	∞	Satisfied via admission pre-requisites for DPT students	N/A
<b>PHYT 623</b> (4-credits, <i>letter graded</i> ) Clinical Neuroscience	∞	PHYT 622 PHYT 631 PHYT 801 PHYT 632	PHYT 633 PHYT 634
<b>PHYT 633</b> (3-credits, <i>letter graded</i> ) Applied Physiology II	∞	PHYT 622 PHYT 631 PHYT 801 PHYT 632	PHYT 623 PHYT 634
<b>PHYT 634</b> (4-credits, <i>letter graded</i> ) Electrotherapy	∞	∞ PHYT 622 Physics requirement satisfied via admission pre-requisites for DPT students	PHYT 623 PHYT 633
<b>PHYT 821</b> (3-credits, <i>letter graded with A, C-, or F</i> ) Orthopaedic Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 821 or PHYT 822</i>	∞	All prior PT courses	N/A
<b>PHYT 822</b> (3-credits, <i>letter graded with A, C-, or F</i> ) Neurologic / Older Adult Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 821 or PHYT 822</i>	∞	All prior PT courses	N/A
<b>SUMMER DPT 2</b> ( <i>first summer session</i> )			
<b>PHYT 608</b> (4-credits, <i>letter graded</i> ) Musculoskeletal Evaluation and Treatment	∞	PHYT 622 PHYT 604 PHYT 624 PHYT 632 PHYT 633 PHYT 634	PHYT 802
<b>PHYT 802</b> (4-credits, <i>letter graded</i> ) Medical Science II – Orthopaedics and Musculoskeletal Imaging	∞	PHYT 622 PHYT 604 PHYT 624 PHYT 632 PHYT 633 PHYT 634	PHYT 608
<b>SUMMER DPT 2</b>			

<i>(second summer session)</i>			
<b>PHYT 807</b> (5-credits, letter graded) Emergency Responder and Advanced Seminar <i>**Emergency Responder content (course to be sustained and then continued in Winter/Spring DPT 2)</i>	☒	All prior core PT courses	N/A
<b>PHYT 809</b> (3-credits, letter graded) Psychosocial Aspects of Health and Disease	☒	All prior core PT courses	N/A
<b>PHYT 821</b> (3-credits, letter graded with A, C-, or F) Orthopaedic Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 812, PHYT 821 or PHYT 822</i>	☒	All prior PT courses	N/A
<b>PHYT 822</b> (3-credits, letter graded with A, C-, or F) Neurologic / Older Adult Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 812, PHYT 821 or PHYT 822</i>	☒	All prior PT courses	N/A
<b>PHYT 812</b> (1-credit, letter graded with A, C-, or F) Pediatrics Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 812, PHYT 821 or PHYT 822</i>	☒	All prior PT courses	N/A
<b>FALL DPT 2</b>			
<b>PHYT 643</b> (1-credit, pass/fail) Rounds III		N/A	N/A
<b>PHYT 803</b> (3-credits, letter graded) Medical Science III – Neurology	☒	PHYT 622 PHYT 623 PHYT 801	PHYT 804
<b>PHYT 804</b> (4-credits, letter graded) Neurophysiologic Evaluation and Treatment	☒	PHYT 622 PHYT 604 PHYT 624 PHYT 631 PHYT 801 PHYT 632 PHYT 623 PHYT 633	PHYT 803
<b>PHYT 805</b> (4-credits, letter	☒	PHYT 600	N/A

graded) Rehabilitation		PHYT 622 PHYT 604 PHYT 624 PHYT 631 PHYT 801 PHYT 620 PHYT 632 PHYT 623 PHYT 633	
<b>PHYT 806</b> (3-credits, letter graded) Geriatrics	☒	All prior core PT courses	N/A
<b>PHYT 821</b> (3-credits, letter graded with A, C-, or F) Orthopaedic Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 812, PHYT 821 or PHYT 822</i>	☒	All prior PT courses	N/A
<b>PHYT 822</b> (3-credits, letter graded with A, C-, or F) Neurologic / Older Adult Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 812, PHYT 821 or PHYT 822</i>	☒	All prior PT courses	N/A
<b>PHYT 812</b> (1-credit, letter graded with A, C-, or F) Pediatrics Integrated Clinical Experience <i>*if enrolled in an ICE this semester, student placed in either PHYT 812, PHYT 821 or PHYT 822</i>	☒	All prior PT courses	N/A
<b>WINTER DPT 2 / SPRING DPT 2</b> (courses may cross traditional semester dates)			
<b>PHYT 626 (Elective)</b> (3-credits, pass/fail) Advanced Regional Anatomy	☒	PHYT 622	N/A
<b>PHYT 614 (Elective)</b> (3-credits, pass/fail) Sports and Orthopaedics	☒	PHYT 622 PHYT 604 PHYT 624 PHYT 608 PHYT 802	N/A
<b>PHYT 808</b> (4-credits, letter graded) Spine Management	☒	PHYT 622 PHYT 604 PHYT 624 PHYT 801 PHYT 623	PHYT 821 or PHYT 822 (if not already compete)

		PHYT 634 PHYT 608 PHYT 802	
<b>PHYT 810</b> (2-credits, letter graded) Clinical Management and Administration	☐	PHYT 600 PHYT 830	PHYT 821 or PHYT 822 (if not already compete)
<b>PHYT 811</b> (4-credits, letter graded) Pediatrics	☐	All prior core PT courses	N/A
<b>PHYT 807</b> (5-credits, letter graded) Emergency Responder and Advanced Seminar <i>**Advanced Seminar topics (completion of course from DPT2, second summer session)</i>	☐	All prior core PT courses	N/A
<b>PHYT 644</b> (1-credit, pass/fail) Rounds IV		N/A	N/A
<b>PHYT 812</b> (1-credit, letter graded with A, C-, or F) Pediatrics Integrated Clinical Experience <i>*students may be placed in 2 consecutive, not concurrent ICEs during this blended term (PHYT 812, PHYT 821, or PHYT 822)</i>	☐	All prior PT courses	N/A
<b>PHYT 821</b> (3-credits, letter graded with A, C-, or F) Orthopaedic Integrated Clinical Experience <i>*students may be placed in 2 consecutive, not concurrent ICEs during this blended term (PHYT 812, PHYT 821, or PHYT 822)</i>	☐	All prior PT courses	N/A
<b>PHYT 822</b> (3-credits, letter graded with A, C-, or F) Neurologic / Older Adult Integrated Clinical Experience <i>*students may be placed in 2 consecutive, not concurrent ICEs during this blended term (PHYT 812, PHYT 821, or PHYT 822)</i>	☐	All prior PT courses	N/A
<b>SUMMER / FALL DPT 3</b>			
<b>PHYT 831</b> (4-credits, letter graded with A, C-, or F) Full-time Clinical Experience – Medically Complex	☐	All prior core PT courses	N/A
<b>PHYT 833</b> (4-credits, letter graded with A, C-, or F)	☐	All prior core PT courses	N/A

Full-time Clinical Experience – Rehabilitation			
<b>PHYT 834</b> (4-credits, letter graded with A, C-, or F) Full-time Clinical Experience - Elective	☐	All prior core PT courses	N/A

**UNIVERSITY OF DELAWARE  
PHYSICAL THERAPY PROGRAM COURSE DESCRIPTIONS**

**PHYT 600: PT as a Profession (1 credit)**

The ethics, licensure laws and practice of physical therapy will be explored. The Guide to Physical Therapy Practice will be introduced and the importance to effective practice discussed.

**PHYT 622: Clinical Gross Anatomy (6 credits)**

Structural and functional aspects of regions of body under study are emphasized by means of human cadaver, lectures, and demonstrations. Clinical significance of anatomical structure is stressed.

**Rounds Series****PHYT 641: Rounds I – Year 1 (1 credit)****PHYT 642: Rounds II - Year 1 (1 credit)****PHYT 643: Rounds III – Year 2 (1 credit)****PHYT 644: Rounds IV - Year 2 (1 credit)**

Clinical cases presented by faculty, clinical faculty, doctoral students, PT residents and DPT students in Grand Rounds format for discussion by all students in the physical therapy graduate program.

**PHYT 604: Functional Anatomy and Biomechanics (4 credits)**

Gives a description of normal and abnormal human movement. Emphasis on joint structure and function and gait using arthrokinematic and osteokinematic analysis. Evaluation procedures such as EMG, cinematography and computer simulations utilized.

**PHYT 624: Basic Evaluation Techniques (2 credits)**

Provides an understanding of the philosophy and practice of patient evaluation and physical therapy diagnosis. Muscle performance testing and measurement of joint motion of the extremities will be emphasized.

**PHYT 631: Physical Therapy in the Acute Care Environment (4 credits)**

Presents diagnoses commonly seen in the acute care environment. The pathological, anatomical, evaluation, documentation and treatment considerations in managing these diagnoses are discussed.

**PHYT 635: Thermal Agents and Soft Tissue Techniques (2 credits)**

An introduction to thermal modalities and soft tissue mobilization techniques commonly used in current physical therapy practice.

**PHYT 801: Medical Science I - General Medicine (3 credits)**

Lectures in pathology, clinical medicine, cardiology and pharmacology across the lifespan. Implications for physical therapy are emphasized.

**PHYT 620: Educational Process in Community Health (1 credit)**

The learning / teaching process as defined in the Guide to Physical Therapy Practice, is the focus of this course. This course will be divided over three years. During the first winter session students will be presented with the didactic portion of the course. The second winter session (after the students have had a clinical experience) they will make a required presentation to the class. Additionally, students will develop education programming based on the outcomes of their service learning projects in summer of year 3.



**PHYT 632: Applied Physiology I (3 credits)**

In-depth analysis of the physiological mechanisms of the cardio-pulmonary system. Lectures in normal and abnormal function of this system. Emphasis on cardiopulmonary testing and rehabilitation techniques including stress tests and pulmonary function tests. 3 credits

**PHYT 830: Introduction to Clinical Education (2 credits, pass / fail)**

This course is designed to prepare students for academic progression into their clinical affiliations. Prior to a student starting a clinical affiliation, he/she is required to cover a number of clinically relevant topics. Upon completing this course, students will be given the knowledge and skills necessary to prevent, recognize, and provide care for sudden cardiac or respiratory distress. They will learn the current federal laws in place to protect an individual's privacy in the medical setting. Other topics of interest include understanding how to handle infectious and hazardous materials, and understanding the process of state required background checks to protect the public in positions of sensitivity. The class will consist of lectures and labs to complete the objectives of the course.

**PHYT 626: Advanced Regional Anatomy (Elective, 3 credits, pass / fail)**

Structural and functional aspects of regions of the body under study are emphasized by means of a dissection of a specific region of the human body.

**PHYT 606: Research (3 credits)**

An overview of methodological issues in the conduct of physical therapy research. Topics include scientific method, experimental design, statistical procedures and technical writing. Student expected to critically analyze current physical therapy literature.

**PHYT 623: Clinical Neuroscience (4 credits)**

A study of the structure and function of the human nervous system with major emphasis on the cause-effect relationships between lesions and their symptoms. Emphasis on the neural mechanisms controlling movement.

**PHYT 633: Applied Physiology II (3 credits)**

Discusses the research on the effects of exercise on the various patient populations (not including cardiopulmonary). Emphasis placed on the musculoskeletal system and on exercise prescription and progression.

**PHYT 634: Electrotherapy (4 credits)**

Provides an understanding of the physiological basis for the use of physical agents and electrotherapy. Emphasis placed on patient evaluation and clinical applications of modalities used in physical therapy clinics.

**PHYT 608: Musculoskeletal Evaluation (4 credits)**

Emphasizes research on the physiological basis of immobilization and remobilization. The diagnoses, prognosis, treatment, consultation and basis for referral of orthopedic and musculoskeletal disorders is examined.

**PHYT 802: Medical Sciences II – Orthopedics & Musculoskeletal Imaging (4 credits)**

Orthopedic pathology, medical and surgical management of musculoskeletal conditions across the lifespan with implications for physical therapy intervention. Includes radiology.

**PHYT 803: Medical Science III - Neurology (3 credits)**

Lectures of basic principles of neurology throughout the lifespan. Emphasis placed on medical principles related to diseases most frequently encountered in physical therapy practice.

**PHYT 804: Neurophysiologic Evaluation & Treatment (4 credits)**

Basic evaluation and treatment methods for managing patients with neurological dysfunctions. Analysis of these methods in light of current issues and theories of motor control, motor learning and neurobehavioral plasticity. Emphasis on learning strategies for treatment rather than through details of specific approaches.

**PHYT 805: Rehabilitation (4 credits)**

Rehab 805 presents the theory and skills needed for the management of patients commonly seen in inpatient and outpatient rehabilitation settings. Instructors and guest lecturers are experts in the evaluation and program planning of patients in their area of interest. This course involves lecture and lab components. Site visits and direct interaction with patients is included.

This is a team taught course. As such, instructors and lecturers have freedom to organize their sections to best fit their expertise and the clinical environment as they view it. Students should anticipate different teaching styles and slightly different levels of expectations from each section. Students are highly encouraged to ask questions and engage in discussion.

**PHYT 806: Geriatrics (3 credits)**

A comprehensive view of the geriatric physical therapy patient will be presented. To that end this course has two basic components: a psychosocial component and a physical therapy practice component.

The psychosocial component will provide an in depth discussion of the demographics of the elderly in the United States, theories of aging, transition to old age, dementia, sexuality, and falls. It will also address the perceptions clinicians and society has on aging and the elderly. Ageism will be also be addressed in some depth.

The physical therapy practice component of the course will address those medical conditions commonly found in the elderly that require physical therapy intervention. At the conclusion of the course, the student will be expected to be able to discuss the necessary current practice management strategies for geriatric physical therapy patients, taking into account the psychosocial and physical aspects of his/her geriatric patient.

**PHYT 809: Psychosocial Aspects of Health and Disease (3 credits)**

Discusses the psychosocial characteristics of patient populations and therapists that impact on the rehabilitation process. Death and dying, social implications of illness diagnosis and other topics are discussed.

**PHYT 808: Spine Management (4 credits)**

Discusses the biomechanics, pathophysiology and disability associated with spine pain and dysfunction. Includes an understanding of the role of physical therapy evaluation in the determination and implementation of physical therapy interventions.

**PHYT 810: Clinical Management and Administration (2 credits)**

Discusses concepts of administration and issues in the management of hospital clinics, private practice and consultative ventures. Students introduced to current trends in billing and reimbursement strategies being used by clinicians.

**PHYT 811: Pediatrics (4 credits)**

Instruction in the theory, research and clinical skills necessary for the comprehensive management of pediatric clients and their families. Emphasis on the incorporation of modern developmental science into evidenced-based program plans.

**PHYT 807: Emergency Responder & Advanced Seminar (5 credits)**

Lectures pursue various topics in greater depth and develop advanced clinical skills. Topics include wound care, hand therapy, women's health issues, vestibular rehabilitation and aquatic therapy.

**PHYT 614: Sports and Orthopaedics (Elective, 3 credits, pass / fail)**

This course is an advanced orthopedics course with emphasis in sports related injuries. We will discuss evaluation and intervention of the athlete in the various major joints of the body, as well as, other related topics in sports and orthopedics.

**Part-time Integrated Clinical Experiences****PHYT 821: Orthopaedic Integrated Clinical Experience (3 credits)**

This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum. PHYT 821 is a semester long, part-time clinical experience conducted under the supervision of qualified physical therapists in the University of Delaware Physical Therapy Sports and Orthopedic Clinic to provide a wide range of professional learning opportunities and clinical training.

**PHYT 822: Neurologic/Older Adult Integrated Clinical Experience (3 credits)**

This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum. PHYT 822 is conducted under the supervision of qualified physical therapists in the University of Delaware Neurologic and Older Adult Therapy Clinic Physical to provide a wide range of professional learning opportunities and clinical training.

**PHYT 812: Pediatric Integrated Clinical Experience (1 credit)**

Mentored clinical experience in pediatric healthcare facilities.

**Full-time Clinical Internships****PHYT 831: Full-time Clinical Experience: Medically Complex (4 credits)**

A ten-week, full-time clinical experience wherein students will participate in the PT management of patients with acute health and/or multisystem complexity needs. Preference will be given inpatient hospital placement, though consideration will be given to settings with patients with multisystem and fluctuant health needs.

**PHYT 833: Full-time Clinical Experience: Rehabilitation (4 credits)**

A ten-week, full-time clinical experience wherein students will participate in the physical therapy management of patients in a rehabilitation setting.

**PHYT 834: Full-time Clinical Experience: Elective (4 credits)**

A ten-week, full-time clinical experience wherein students will participate in the physical therapy management of patients. Students may choose from a range of practice settings.

**DEPARTMENT OF PHYSICAL THERAPY****UNIVERSITY OF DELAWARE****HANDBOOK ACKNOWLEDGEMENT**

My signature and date below demonstrates that I have read, accept, and will abide by the policies and standards as documented in the Student Handbook, including but not limited to the Technical Standards and Professional Behaviors for the 21<sup>st</sup> Century documents. Further, I have knowledge of the implications resultant from deviation from the academic and professional standards outlined within this Policy Document.

I recognize that it is my responsibility to review the Student Handbook on a yearly basis to ascertain pertinent updates. I also understand that changes may be instituted during the time that I am a student in this program.

Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Print) \_\_\_\_\_

Witness Signature \_\_\_\_\_

**CONSENT TO LAB PARTICIPATION**

My signature and date below provides my informed consent to serve as a subject during the instruction, practice and examination of various physical therapy techniques and procedures.

I agree to be treated by my instructors, guest lecturers, and / or classmates during any or all lab, lecture or testing sessions for the duration of my tenure in the Program. I understand that all efforts will occur to ensure my modesty and safety. Should I feel uncomfortable with any draping, manner of touch, or treatment, I will appropriately address the involved individual. If I fail to obtain satisfactory resolution, I will discuss the issue with my instructor, Program Director, or Department Chair.

I will follow the dress code for lab as explained in the Program Policy Document and course syllabi and am aware of the implications resultant from lack of compliance.

I will provide academic and clinical faculty with advance notice of any allergies, such as latex, nylon fibers, or asthmatic conditions and will alert faculty of any precautions or contraindications I may have that may influence my ability to safely participate in laboratory sessions.

Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_