



# AUGUSTA UNIVERSITY

COLLEGE OF  
ALLIED HEALTH SCIENCES

DEPARTMENT OF PHYSICAL THERAPY

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DOCTOR OF PHYSICAL THERAPY  
LEARNER HANDBOOK

2023 – 2026

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## **Introduction and Purpose**

The faculty and learners of the Department of Physical Therapy have developed this Handbook to assist you. The Learner Handbook serves as the official source of Policies and Procedures related to learner activities in the Department of Physical Therapy as approved by the Dean, College of Allied Health Sciences. We hope that you find it useful. If you have questions or need clarification, please contact the Department Chair of Physical Therapy (EC-1312) or Program Director (EC-1342), phone 706-721-2141 or the Associate Dean for Academic Affairs, College of Allied Health Sciences (EC-3423), phone 706-721-2621.

**Note: In addition to the policies and procedures stated here, physical therapy learners are subject to all policies of the university as delineated in the [Augusta University Catalog](#), [Student Handbook](#) and [Student Code of Conduct](#) and Procedures and [College of Allied Health Sciences](#) web pages.**

Dr. Colleen Hergott, Department Chair, and Dr. Malorie Novak, Department Vice Chair and Program Director, Department of Physical Therapy, have an open-door policy and are available to serve as a counselor and advisor to learners with personal or adjustment problems, problems of an academic or financial nature, or any other matter of concern to learners. At the first sign of any of these problems, you should come to see them. The chairs also serve as a referral service and learner advocate dedicated to assisting you in the successful completion of this phase of your professional development. Dr. Hergott is available in her office (EC-1312, 706-721-2896) during school hours, by email ([chergott@augusta.edu](mailto:chergott@augusta.edu)) or after hours by cell phone (706-373-4169). Dr. Novak is available in her office (EC-1342, 706-721-1518) during school hours, by email ([mnovak@augusta.edu](mailto:mnovak@augusta.edu)) or by cell phone (814-758-6062).

## **Communication**

E-mail is the official method of communication between the physical therapy faculty, staff, and all learners. Therefore, it is your responsibility to check your Augusta University Outlook® e-mail account correspondence at least daily and empty your mailbox regularly so that you can receive messages. You will be accountable for a timely response to all e-mail requests.

### **NOTICE**

**Policies and programs presented in this Handbook are subject to change at any time. As changes occur in institutional policies that affect learners, you will be notified via e-mail. When external policies impact decisions, the most current iteration will be utilized.**

## **Additional Sources of Information**

[GA Open Records Act](#)

[Family Educational Rights and Privacy Act \(FERPA\)](#)

[Augusta University Student Conduct  
Americans with Disabilities Act](#)

## **Academic Calander**

All learners are strongly encouraged to refer to the Augusta University academic calendar that is available at the [Academic Calendar Quick View](#). Additional information specific to the Department of Physical Therapy can be accessed at the Augusta University Department of Physical Therapy web site.

## Physical Therapy Faculty and Staff Directory

Name	Email	Office	Office Phone Number
<b>Professor</b>			
Lori Bolgla, PT, Ph.D., MAcc, ATC CAHS Kellett Chair in Allied Health Sciences	lbolgla@augusta.edu	EC-1334	706-721-1517
<b>Associate Professors</b>			
Dustin Cox, PT, DPT, Ph.D. Certified Lymphedema Therapist		EC-	706-721-
Colleen Hergott, PT, DPT Board-Certified Geriatric Clinical Specialist Department Chair	chergott@augusta.edu	EC-1312	706-721-2896
Malorie Novak, PT, DPT, Ph.D. Certificate of Advanced Competency in Home Health Vice Chair & Program Director	mnovak@augusta.edu	EC-1342	706-721-1518
<b>Assistant Professors</b>			
Margaret Blagg, PT, DPT Board-Certified Women's Health Clinical Specialist	mblagg@augusta.edu	EC-1326	706-721-3574
Ashley Fox, PT, DPT Board-Certified Orthopaedic Clinical Specialist	afox@augusta.edu	EC-1340	706-721-4491
Vanessa Everett, PT, DPT Board-Certified Geriatric Clinical Specialist Director of Clinical Education	vaeverett@augusta.edu	EC-1332	706-721-1501
Valerie Hogan, PT, DPT, Ph.D. Director of Orthopaedic Residency Director of Post Professional Education	vhogan@augusta.edu	EC-1336	706-721-2743
Audrey Johnson, PT, DPT, Ph.D.	audjohnson@augusta.edu	EC-1328	706-731-7991
Megan Mobley, PT, DPT Board-Certified Wound Management Specialist	megmobley@augusta.edu	EC-1322	706-721-4791
<b>Staff</b>			
Pamela Edwards, BS Office Coordinator, Clinical Education	pedwards@augusta.edu	EC-1304B	706-721-2143
Tyler McNeely, BA Office Coordinator	tmcneel1@augusta.edu	EC-1314	706-721-8077

## Doctor of Physical Therapy Curriculum

SUMMER YEAR 1/SEMESTER 1			
Course Number	CRN	Course Name	Credits
CAHS 7400	33173	Anatomy	6
PTHP 7101	30331	Evidence Based Practice	3
PTHP 7111	30333	Professional Practice Expectations I	1
PTHP 7121	32725	General Concepts of Patient Management I	3
FALL YEAR 1/SEMESTER 2			
Course Number	CRN	Course Name	Credits
PTHP 7202	15985	Research 2	1
PTHP 7212	15984	Professional Practice Expectations II	1
PTHP 7221	20601	Applied Physiology	5
PTHP 7222	15980	Foundations of Physical Therapy	6
PTHP 7224	20604	General Concepts of Patient Management II	4
SPRING YEAR 1/SEMESTER 3			
Course Number	CRN	Course Name	Credits
PTHP 7303	23535	Research 3	2
PTHP 7313	23534	Professional Practice Expectations III	2
PTHP 7331	23532	Orthopaedics 1	6
PTHP 7341	23533	Medical Conditions 1	6
SUMMER YEAR 2/SEMESTER 4			
Course Number	CRN	Course Name	Credits
PTHP 8132	32724	Orthopaedics 2	3
PTHP 8191	32723	Clinical Experience I	8
FALL YEAR 2/SEMESTER 5			
Course Number	CRN	Course Name	Credits
PTHP 8003	16857	Applied Neuroscience	4
PTHP 8204	22357	Research 4	1
PTHP 8214	22356	Professional Practice Expectations IV	1
PTHP 8242	15988	Medical Conditions 2	4
PTHP 8243	19957	Medical Conditions 3	5
PTHP 8245	22355	Geriatrics	1

<b>SPRING YEAR 2/SEMESTER 6</b>			
<b>Course Number</b>	<b>CRN</b>	<b>Course Name</b>	<b>Credits</b>
PTHP 8305	32066	Research 5	1
PTHP 8315	32067	Professional Practice Expectations V	1
PTHP 8351	23537	Neuromuscular	8
PTHP 8361	32069	Management	4
<b>SUMMER YEAR 3/SEMESTER 7</b>			
<b>Course Number</b>	<b>CRN</b>	<b>Course Name</b>	<b>Credits</b>
PTHP 9106	33176	Research 6	1
PTHP 9116	33188	Professional Practice Expectations VI	1
PTHP 9144	33174	Medical Conditions 4	1
PTHP 9152	33175	Pediatrics	4
PTHP 9171	32722	Integrated Patient Management	3
<b>FALL YEAR 3/SEMESTER 8</b>			
<b>Course Number</b>	<b>CRN</b>	<b>Course Name</b>	<b>Credits</b>
PTHP 9292	15993	Clinical Experience II	16
<b>SPRING YEAR 3/SEMESTER 9</b>			
PTHP 9393	32070	Clinical Experience III	12
PTHP 9394	23541	Elective	4



## **Mission and Vision of Augusta University, the College of Allied Health Sciences, and the Doctor of Physical Therapy Program**

### **Mission of Augusta University**

Our mission is to provide leadership and excellence in teaching, discovery, clinical care, and service as a student-centered comprehensive research university and academic health center with a wide range of programs from learning assistance through postdoctoral studies.

### **Vision of Augusta University**

Our vision is to be a top-tier university that is a destination of choice for education, health care, discovery, creativity, and innovation.

### **Augusta University Values**

These values are to be upheld and practiced by every administrator, faculty, staff, employee, and student

**Collegiality** – reflected in collaboration, partnership, sense of community, and teamwork.

**Compassion** – reflected in caring, empathy, and social responsibility.

**Excellence** – reflected in distinction, effectiveness, efficiency, enthusiasm, passion, and quality.

**Inclusivity** – reflected in diversity, equality, fairness, impartiality, and respect.

**Integrity** – reflected in accountability, ethical behavior, honesty, and reliability.

**Leadership** – reflected in courage, honor, professionalism, transparency, and vision.

### **Mission of the College of Allied Health Sciences**

To provide excellence and leadership in applied health sciences teaching, discovery, clinical care, and service.

### **Vision of the College of Allied Health Sciences**

To be a nationally and internationally recognized leader in applied health sciences education, research, innovation, and service.

## **Mission of the Doctor of Physical Therapy Program**

Our mission is to develop autonomous, compassionate, and reflective physical therapists who deliver evidence-based care. We provide innovative educational opportunities in a collegial and inclusive environment. We value lifelong learning and are committed to excellence in clinical practice, scholarship, and service.

## **Vision of the Doctor of Physical Therapy Program**

Our vision is to be a leader in physical therapy education leveraging our diverse university, health system, and community relationships to provide the best return on investment for our physical therapy faculty and students.

## **The Department of Physical Therapy's Philosophy**

We, the faculty and staff, believe that the success of our graduates requires a culture of excellence attained through mutual engagement of teacher and learner in a collegial environment. We strive to develop and implement educational experiences using evidence-informed principles that inspire talented and ambitious learners to grow into autonomous health care professionals. We are committed to creating an interactive learning environment with clear, concisely stated outcomes. We serve as role models by being reflective practitioners, contemporary clinicians, scholars, and innovative educators.

## **Program Goals**

- Graduates will demonstrate the necessary skills for the competent, ethical, entry-level practice of physical therapy and the motivation for lifelong learning.
- Learners will participate in service to the community and profession.
- Learners will demonstrate critical and integrative thinking skills as applied to foundational and clinical sciences. Faculty members will contribute to improving the health of the population served through the discovery, dissemination and application of new knowledge relating to physical therapy education, research, and clinical practice.
- Faculty will demonstrate a commitment to the community and profession through service activities, consulting, continuing education, and advocacy for the PT profession.
- The PT department will be a leader in the development of creative and innovative approaches for physical therapy education.

## **Program Core Values**

A professional educational program characterized by:

- Self-directed learning
- Spiraling of content- The expected transference of content throughout the curriculum simple to complex
- Value is placed on the learning process, as well as the outcomes
- Learners are invested in their learning (engaged, participatory and interactive, seeking resources, asking questions)
- Learners are responsible for their learning
- Self-assessment and reflection
- Collaborative team approach to identifying learning needs

## **Principles**

Society and human beings are goal oriented, have a desire to learn, are influenced by their environment and the expectations of others, and function most effectively in an open and safe environment. We believe people can be trusted and wish to trust others.

## **Health Care Provision**

People are entitled to high quality health care and should participate in decisions regarding the provisions of that care. Each individual has a high degree of responsibility for his or her health care, especially in the area of being an informed consumer of and an active participant in health services.

Physical Therapy is one part of the health care system and is dedicated to the promotion of optimal human health and function, the prevention of disability, and the restoration and maintenance of function through application of scientific principles to prevent, identify, assess, correct, or alleviate acute or prolonged movement dysfunctions.

We believe that to provide the services necessary to meet the health care needs of society, physical therapy practitioners must be clinically competent, mature, self-directed, and lifelong learners who can function autonomously within a complex health care system and exhibit intellectual curiosity, openness, caring, and flexibility.

## Professional Education

We believe that to provide the services necessary to meet the health care needs of society, physical therapy practitioners must be clinically competent, mature, self-directed, and lifelong learners who can function autonomously within a complex health care system and exhibit intellectual curiosity, openness, caring, and flexibility.

We believe that an educational program designed to provide practitioners to meet the physical therapy needs of society must reflect the views of people, society, and practitioners. We believe that physical therapy practitioners need to be open-minded, thinking individuals who can critically analyze ideas, understand human nature, and who have broad interests. General education has the potential for and is designed to develop these qualities in individuals.

We believe that professional education develops or enhances clinical competence, critical thinking, communication skills, problem-solving abilities, and the formulation of value systems consistent with the profession.

The two major components of the professional education curriculum are clinical and academic experiences. We believe that the two components should be planned and implemented to be interdependent and to reinforce one another. We believe that clinical competence can only be verified in the clinical setting. The academic setting is designed to provide information and theory base which is integrated and expanded in the clinical setting.

We believe that the curriculum should be organized in a manner to integrate discrete subject matter concepts, and to stimulate problem solving, self-awareness, and the development of professional values. We believe that a curriculum designed around a competency-based approach and organized around case-based learning experiences is most effective and efficient. (*Competency-based means that learning experiences and evaluation are organized around the major performance behaviors that must be exhibited by the learners at entry into the profession.*) We believe that spiraling learning experiences throughout the curriculum enhances the acquisition, utilization, and retention of concepts and skills necessary for competent entry-level practice.

We believe that the teaching learning activity is an interactive process requiring the active participation of both the teacher and learners. We value individuality and diversity in thought and experiences and believe that a wide range of teaching methodologies should be utilized to meet the stated objectives of the learning experience.

## **Faculty Responsibilities**

The faculty believes that we have the responsibility for establishing acceptable levels of performance within the scope of practice as defined by the profession. We are also responsible for evaluating learner performance and providing feedback to the learners regarding their performance. Evaluations should be used both as a teaching tool (formative evaluation) and a certifying tool (summative evaluation). The faculty believes that preliminary clinical competence should be evaluated across courses. A critical component of the evaluation process is self-evaluation, and it is the faculty's responsibility to facilitate the development of meaningful self-evaluation skills within the learners.

The faculty believes that we provide the learners with role models of scholarly practitioners, competent and up-to-date clinicians, researchers, and skillful educators. The faculty believes that we have the primary responsibility for establishing the learning environment in the classroom. The learners and the faculty share the responsibility for maintaining that environment. The faculty believes in a balance between faculty obligations (professional, institutional, departmental, and personal) and availability to self, to other faculty, and to learners. The control of that balance lies within the individual faculty member.

## **Learner Responsibilities**

Learners have the responsibility for their own learning. This requires openness, making choices, and accepting the consequences of those choices, soliciting, and providing feedback/guidance, participating in experiences offered, evaluating their own experiences, and seeking help when needed. The qualities of the learners that the professional program will enhance or develop are professional competence, critical thinking, self-evaluation, self-reliance, sensitivity, clear communication, respect for self and others, lifelong learning, self-confidence, creativity, responsibility, accountability, caring, and curiosity.

As junior colleagues and partners in the professional education experience, learners may be asked to participate in curriculum development, evaluation, and improvement within the Department. We have designed our curriculum to reflect this philosophy.

## **The Commission on Accreditation in Physical Therapy Education (CAPTE) Curriculum Standards**

The curriculum includes content, learning experiences, and learner testing and evaluation processes designed to students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health environment.

7A The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.

7B The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice, and applied statistics.

7C The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine, and metabolic, gastrointestinal, genital, and reproductive, hematologic, hepatic, and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

7D The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:

### **Professional Ethics, Values, and Responsibilities**

7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.

7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for PT and other health care services.

7D4 Practice in a manner consistent with the APTA Code of Ethics.

7D5 Practice in a manner consistent with the APTA Core Values.

7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.

7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

7D9 Access and critically analyze scientific literature.

7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.

7D11 Identify, evaluate, and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.

7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.

7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy, and leadership.

7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.

7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

## **Patient/Client Management**

### **Screening**

7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

### **Examination, Evaluation, and Diagnosis**

7D17 Obtain a history and relevant information from the patient/client and from other sources needed.

7D18 Perform systems review.

7D19 Select, and competently administer tests and measures<sup>52</sup> appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:

- a. Aerobic Capacity/Endurance
- b. Anthropometric Characteristics
- c. Assistive Technology
- d. Balance
- e. Circulation (Arterial, Venous, Lymphatic)
- f. Self-Care and Civic, Community, Domestic, Education, Social, and Work
- g. Cranial and Peripheral Nerve Integrity
- h. Environmental Factors
- i. Gait
- j. Integumentary Integrity
- k. Joint Integrity and Mobility
- l. Mental Functions
- m. Mobility (including locomotion)
- n. Motor Function
- o. Muscle Performance (including Strength, Power, Endurance, and Length)
- p. Neuromotor Development and Sensory Processing
- q. Pain
- r. Posture
- s. Range of Motion
- t. Reflex Integrity
- u. Sensory Integrity
- v. Skeletal Integrity
- w. Ventilation and Respiration or Gas Exchange

7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity, and participation limitations.

7D22 Determine a diagnosis that guides future patient/client management.

7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.

7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other appropriate individuals.



7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on:

- (a) the needs of the patient/client,
- (b) the role, education, and training of the PTA,
- (c) competence of the individual PTA,
- (d) jurisdictional law,
- (e) practice guidelines policies, and
- (f) facility policies.

7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

- a. Airway Clearance Techniques
- b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
- c. Biophysical Agents
- d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
- e. Integumentary Repair and Protection
- f. Manual Therapy Techniques (including mobilization/manipulation)
- g. Motor Function Training (balance, gait, etc.)
- h. Patient/Client education
- i. Therapeutic Exercise

### **Management of Care Delivery**

7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.

7D29 Delineate, communicate, and supervise those areas of the plan of care that will be directed to the PTA.

7D30 Monitor and adjust the plan of care in response to patient/client status.

7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status, and participation.

7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

7D33 Respond effectively to patient/client and environmental emergencies in one's practice setting.

7D34 Provide physical therapy services that address primary, secondary, and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.

7D35 Provide care through direct access.

7D36 Participate in the case management process.

### **Participation in Health Care Environment**

7D37 Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team

7D38 Participate in activities for ongoing assessment and improvement of quality services.

7D39 Participate in patient-centered interprofessional collaborative practice.

7D40 Use of health informatics in the health care environment

7D41 Assess health care policies and their potential impact on the healthcare environment and practice.

### **Practice Management**

7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.

7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing, and continuous quality improvement.

## **Criminal Background Checks (CBC)**

Each learner is required to complete a CBC prior to beginning the educational program. In compliance with the Augusta University Policy Library's Policy No. 707, [Applicant Criminal Background Check](#)). The Department of Physical Therapy requires that criminal background checks be conducted on conditionally accepted applicants prior to their enrollment in the DPT program. The examination and determination of information discovered through criminal background investigations will follow the section a) If the criminal background check is performed as part of the nationwide application process the policies and procedures of the selected vendor will apply.

Applicants to the Department of Physical Therapy are processed through PTCAS application service. AU DPT defers to the procedures of the PTCAS selected vendor, currently Certiphi Screening Inc. Certiphi Screening will procure a background report on program applicants at the time of acceptance. An e-mail will be sent by Certiphi Screening at the preferred email address entered in the PTCAS application by the applicant. The accepted applicant will be provided with an opportunity to reply to the contents of the report within a specified calendar day period before it is released to AU DPT for review.

The Chair of the Physical Therapy Department will review the initial criminal background report for all conditionally admitted applicants. Conditionally admitted applicants who receive an acceptable background check (no record of criminal history or other negative information) and who have continued to meet the program's academic standards, provisions of acceptance and admission requirements as specified in the conditional letter of acceptance will be granted final acceptance.

All conditionally admitted applicants who receive a criminal background check containing criminal activity will be forwarded by the Chair to the CAHS Criminal History Review Committee for review. The conditionally admitted applicant will receive a copy of the criminal background report from the college if the report indicates any problematic information or adverse events that would impact a person from obtaining a Physical Therapist License in the State of Georgia per the [Board Policies of the Georgia State Board of Physical Therapy](#). Determination of final admission decision of the conditionally admitted applicant will be made by the CAHS Criminal History Review Committee in accordance with Policy No 707 in the [Applicant Criminal Background Check](#).

If a clinical site requires a CBC:

- The clinical site may require a company they partner with be used to conduct the CBC, i.e., Precheck, Advantage, etc. The learner is expected to comply with the site requirements.
- Learners may request an update on existing reports from Certiphi with the same parameters as the original on entry to program and submit directly to clinical site.

If a clinical site requests verification of CBC:

- Upon completion of CBC, learners will upload confirmation of completion to EXXAT
- The DCE will provide verification of completion of CBC to the site as part of the pre-clinical requirements.
- If clinical site requests verification of a CBC without record of criminal history or other negative information; the criminal history review process will occur as outlined in Policy No.: 707, [Applicant Criminal Background Check](#)

## Drug Tests (DT)

If a clinical site requires DT confirmation or updated DT:

- Learners will be scheduled as soon as practical and able at the campus health center. The learner will be informed of the date and the panel of drug test required by their site by the DCE.
- Drug Test results will be provided to DCE, who will review. Any positive results will be discussed with the Department Chair.
- Any DT reported as positive must be repeated with the provided sample, or another sample tested as soon as possible. A second reported positive will be considered a positive test and will disqualify a learner from participating in the next scheduled clinical education portion of the curriculum.
- If disqualified, the learner will be referred to the Department Chair, who will inform the learner of the inability to attend the clinical internship. The learner will be referred for completion of a chemical dependency program as deemed appropriate by a Substance Abuse Professional (SAP). This process is likely to delay the graduation of the learner by increments of 12 months as they attempt to re-enter the step-lock sequence curriculum (See "Reenrollment After Withdrawal"). Rehabilitation for substance abuse is completely voluntary, but under no circumstances may a disqualified learner complete a clinical internship prior to being deemed rehabilitated by a SAP and a valid negative result for a standard drug panel which must include coverage of the previous offending positive result.
- Files of all negative DT results will be kept in a locked cabinet and only reviewed by DCE. If DT copy is required, the DCE will send the copy to the site as part of the pre-clinical requirements. If verification is required only, the DCE will provide verification of review as part of the pre-clinical requirements.
- DCE will maintain a copy of the report for 21 days after the start of the clinical, and then all copies of the report will be destroyed via the CAHS' vendor.

**\*All costs associated with CBC, DT, SAP counseling and rehabilitation processes, will be at the expense of the learner.**

## **CPR REQUIREMENT**

All learners must be certified in CPR prior to matriculation and during the entire length of the curriculum. CPR certification must be BLS for the Healthcare Provider and include AED education. Certification from the American Heart Association or the American Red Cross are preferred.

## **COLLEGE OF ALLIED HEALTH SCIENCES LAPTOP REQUIREMENT**

All learners in the DPT must have a laptop computer. Please see the [College of Allied Health Sciences Laptop Policy](#) for the specific requirements.

## **STANDARDS FOR ADMISSION, ACADEMIC PROGRESSION, AND GRADUATION**

### **Essential Abilities/ [Technical Standards](#)**

Physical therapy education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills, professional attitudes, and appropriate behavior. As such, admission, promotion, and graduation decisions will be based not only on a candidate's scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the curriculum and to graduate as skilled and effective practitioners. The Doctor of Physical Therapy (DPT) degree awarded by Augusta University certifies that the individual has acquired a broad base of knowledge, skills, and attitudes requisite for the practice of physical therapy.

To acquire the knowledge and skills to function independently in a broad variety of clinical situations and to render a wide spectrum of patient care, candidates for the Doctor of Physical Therapy degree must have abilities and skills in five areas: observation; communication; motor; conceptual (integrative and quantitative); and behavioral/social.

- ***Observation***

The candidate must be able to observe lectures, demonstrations and experiments in basic and applied sciences including, but not limited to, human anatomy and physiology, neuroscience, as well as didactic courses in physical therapy theory and practice. In addition, the learner must be able to sit quietly during class without distracting the instructor or other learners. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the functional use of the senses of vision, hearing, and palpation and is enhanced by the functional use of the sense of smell.

- **Communication**

The candidate must be able to speak, to hear, and to observe subjects to elicit information, describe changes in mood, activity, and posture, and perceive and accurately report nonverbal communications. The learner must be able to read technical English rapidly and with comprehension, communicate with instructors, peers, and other members of the health care team, by means of both spoken and written English using professional grammar and syntax in both immediate and recorded modes.

- **Motor**

Candidates should have sufficient motor function to elicit information from subjects by palpation, auscultation, percussion, manual positioning of body segments, and other evaluative procedures. A candidate should be able to do basic screening and examination (physiological measures such as vital signs), diagnostic procedures (palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, balance assessment), and evaluate electrocardiograms and radiographic studies. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment. Examples of emergency treatment reasonably required of physical therapists are cardiopulmonary resuscitation and application of pressure to stop bleeding. Additionally, candidates must be able to perform debridement of wounds and other physical therapy intervention maneuvers, where such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the proprioceptive senses.

- **Conceptual (Integrative and Quantitative)**

These abilities include measurement, calculation, reasoning, analysis, synthesis, and retention of complex information. Problem solving, the critical skill demanded of physical therapist practitioners, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

- **Behavioral/Social**

Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the physical therapy evaluation, diagnosis, and intervention, as well as the development of mature, sensitive, and effective therapeutic relationships. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the educational process as well as the clinical care of patients. Accountability, altruism, compassion, excellence, integrity, professional duty, and social responsibility are all personal qualities that are assessed during the admissions and educational processes.

The department faculty will consider admission, promotion, and graduation candidates who demonstrate the ability to perform the essential abilities listed in this document. It is the responsibility of the individual to request those accommodations, via the [Office of Disability Services](#), that the candidate feels are reasonable and needed to execute the requirements described. Technological compensation can be made for some disabilities in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation, and as such is unacceptable.

## **ACADEMIC POLICIES AND PROCEDURES**

### **Grades**

Augusta University is on the 4.0 grade point average system. The following grades are approved for use in the Augusta University and are included in the determination of the grade point average:

<b><i>Grade Description</i></b>	<b><i>Grade Points</i></b>
A 90%-100%	4.0
B 80%-89%	3.0
C 70-79%	2.0
D 60-69%	1.0
F 59% or lower	0.0
WF withdrew, failing	0.0

### **Rounding**

For calculation of final course grades in courses carrying the PTHP prefix, cumulative scores  $\geq 0.5$  will be rounded up to the nearest whole number. Scores on individual graded activities will not be rounded up to the nearest whole number for the purpose of determining mastery.



The following symbols are approved for use in the cases indicated but will not be included in the determination of the grade point average.

I	<p>This symbol indicates that a student was doing satisfactory work but, for non-academic reasons beyond his/her control, was unable to meet the full requirements of the course. The requirements for removal of an I are left to the respective schools; however, if a school does not designate a shorter time period, an I not satisfactorily removed after two semesters in residence will be changed to the grade of F by the registrar.</p> <p>If a student is assigned an I, the course director must notify the student in writing of the requirements for removal of the I and of the deadline for removal of the I. A copy of the notice must be submitted to the Office of the Registrar at the time the I is submitted. An e-mail notification to the student, with a copy of the e-mail sent electronically to the <a href="#">Office of the Registrar</a> meets the requirements of this policy.</p>
W	<p>This symbol indicates that a student was permitted to withdraw without penalty. Any student who withdraws on or before midterm will receive a W. Withdrawals without penalty will not be permitted after the mid-point of the total grading period (including final examinations) except in cases of hardship as determined by the appropriate academic dean.</p>
S	<p>This symbol indicates that credit has been given for completion of degree requirements other than academic course work. The use of this symbol is approved only for dissertation and thesis hours, student teaching, clinical practicum, internship, and proficiency requirements in graduate programs. Exceptions to the use of this symbol for academic course work must be submitted to the Chancellor for approval.</p>
U	<p>This symbol indicates unsatisfactory performance in an attempt to complete degree requirements other than academic course work. The use of this symbol approved only for dissertation and thesis hours, student teaching, clinical practicum, internship, and proficiency requirements in graduate programs. Exceptions to the use of this symbol for academic course work must be submitted to the Chancellor for approval.</p>
V	<p>This symbol indicates that a student was given permission to audit this course. After the last day of late registration, students may not transfer from audit to credit status or vice versa.</p>
K	<p>This symbol indicates that a student was given credit for the course via a credit by examination program approved by the respective school's faculty. (CLEP, AP, Proficiency, etc.).</p>
CP	<p>At Augusta University, this symbol designates a course that extends beyond the semester. A grade is not given until the course is completed. This symbol cannot be substituted for an "I" (Incomplete). At Augusta University, this symbol designates a course that extends beyond the semester. A grade is not given until the course is completed. This symbol cannot be substituted for an I (Incomplete).</p>

## **LEARNER PROGRESSION**

At the conclusion of each semester, the faculty will meet and discuss each learner's academic and professional performance. Learners who have undergone mastery support two or more times or who have had professionalism concerns will receive a proactive letter of counseling. If a learner continues to have performance issues in subsequent semesters, a progressive case-by-case proactive intervention will be implemented such as a Professional Development Plan. If a Professional Development Plan or other stipulation is breached, the learner will be recommended for administrative withdrawal from the program.

### **Academic Requirements for Promotion and Graduation**

For a physical therapy learner to be recommended for promotion to the next term, they must have met all requirements in terms of ability and professional behavior and obtain a passing grade in all didactic and clinical education coursework. Passing is defined as a final grade of at least 80% in any course carrying a PTHP prefix and a final grade of at least "C" in any course not carrying a PTHP prefix.

To be certified for graduation, a learner must have earned a passing grade in all required didactic and clinical educational courses and earned a cumulative grade point average of at least 3.0 in the curriculum leading to the Doctor of Physical Therapy degree. In addition, all learners must have made appropriate arrangements to discharge all financial obligations to the University.

***Final responsibility for meeting the academic and clinical requirements of the Doctor of Physical Therapy degree rests with the individual learner.***

### **Academic Probation**

Any learner in the Department of Physical Therapy whose GPA for any semester is below 3.0 (on a 4.0 scale) or whose cumulative grade point average is below 3.0 at the end of the semester will be placed on academic probation and may be subject to a department recommendation to the Dean for withdrawal. Any learner who does not have a cumulative 3.0 GPA after the first semester (summer 1) will be given until the end of the second semester (fall 1) to achieve a cumulative 3.0 GPA before being placed on academic probation. If the learner has not achieved a cumulative 3.0 GPA by the end of the third semester (spring 1), the learner will be recommended to the Dean for withdrawal.

## Withdrawal

Any termination of a learner's enrollment other than graduation that is initiated by the institution will be considered a withdrawal. Short-term leaves of absence granted by college officials that do not prevent the learner from completing the academic term are not considered withdrawals. Withdrawals may be learner initiated or administrative.

**Student Initiated Withdrawal** is voluntary withdrawal initiated by a learner not having academic trouble. A learner may initiate their own withdrawal by providing official notice to the Dean. While learners may be encouraged to discuss their withdrawal with faculty and others, the only step a learner must take to initiate a withdrawal is to provide official notice to the Dean.

Learners who voluntarily withdraw may apply for re-admission by submitting the **appropriate application for admission as a first-time learner and following** standard admissions procedures. Exceptions to this requirement may be made by the Dean.

**Administrative Withdrawal** is suspension or dismissal imposed by the institution due to academic or conduct sanctions. Suspension differs from dismissal in that a time period may be stated during which return to the program may be permitted without re-applying. A learner who has been suspended may be advised of any conditions necessary for reinstatement and may be permitted to re-enroll at the appropriate time after meeting these conditions. The point within the curriculum that the learner may be permitted to re-enroll will be individualized and determined by the identified academic or professionalism concern. The learner is responsible for all fees/expenses associated with re-enrollment and should consult with the Registrar and Financial Aid Office to make a fully informed decision regarding the impact that re-enrollment may have on financial aid and the overall cumulative GPA.

The authority to withdraw a learner for disciplinary, academic, or other appropriate reasons rests with the Dean. In addition to administrative withdrawal for academic reasons, a learner may be administratively withdrawn from the Augusta University when in the judgment of the Dean it is determined that the learner exhibits behavior which: (a) poses a significant danger or threat of physical harm to the learner or to the person or property of others, or (b) causes the learner to interfere with the rights of other members of the university community or with the exercise of any proper activities or functions of the university or its personnel, or (c) causes the learner to be unable to meet institutional academic, disciplinary or other requirements for admission and continued enrollment, as defined in the learner conduct code, Augusta University Catalog, Student Handbook and other publications of the university, or (d) casts doubts upon a learner's character and/or on the potential capabilities as a health science or basic science professional. Prior to making a decision, the Dean may consult (by complying with the [Family Educational Rights and Privacy Act](#)

([FERPA](#)) with the learner's parents and personal physician, if any, and other health professionals as appropriate.

Students who are administratively withdrawn as the result of disciplinary, academic, or other reasons may appeal the withdrawal. During the appeal process, students may or may not be allowed to attend courses at the discretion of the Dean. Withdrawn students are not eligible to participate in educational or co-curricular activities of the institution and are not eligible to use services including, but not limited to, Student Health, Student Housing, the Wellness Center, or campus parking.

The authority to withdraw a learner for failure to comply with selected administrative policies and procedures rests with the Registrar. The Registrar may administratively withdraw a learner for failure to pay tuition and fees, failure to meet the conditions of a provisional acceptance, failure to meet institutional requirements for immunizations, or failure to comply with other administrative requirements for admission or continued enrollment. Any withdrawal initiated by the Registrar shall be considered an administrative withdrawal. Learners who are withdrawn by the Registrar may only be re-admitted when they provide documentation that they have complied with the administrative policy in question. Learners may be readmitted by the Registrar as soon as the learner demonstrates compliance with the policy or regulation in question.

### **Academic Withdrawal**

A physical therapy learner shall be recommended for withdrawal whenever they fail to achieve a semester GPA of at least 3.0 following placement on probation.

A physical therapy learner shall be recommended for withdrawal whenever they fail to earn a final grade of at least 80% in any course carrying a PTHP prefix.

A physical therapy learner shall be recommended for withdrawal from the DPT program whenever they fail to earn a final grade of at least "C" in any course not carrying a PTHP prefix.

A physical therapy learner shall be recommended for withdrawal from the DPT program whenever they fail to achieve mastery (earn a grade of at least 80%) on any written or practical examination in a course with a PTHP prefix following the Mastery Support Process as described in Appendix G. Please note that scores on graded activities will not be rounded up to the nearest whole number, therefore a learner receiving a 79.9% or lower on a graded activity will not be considered to be at mastery for that activity.

A physical therapy learner shall be recommended for withdrawal whenever they fail to earn a final grade of "satisfactory" following a mastery support program in a clinical education course.

**Non-Academic Withdrawal** - Any learner may be denied permission to continue enrollment in the College of Allied Health Sciences if, in the opinion of the faculty and the Dean, the learner's knowledge, character, professionalism or mental or physical fitness cast grave doubts upon their potential capabilities as a physical therapist. Behaviors or conduct which could result in non-academic withdrawal of a physical therapy learner will normally be referred to the Program Director.

### **Reenrollment Following Withdrawal**

The DPT curriculum is arranged in a lock-step sequence such that each succeeding course is dependent on the material taught in the preceding and concurrent course(s). Courses must be completed in the curriculum sequence for each semester in order to progress to the next subsequent semester regardless of reason. Learners unable to progress due to academic performance may be offered an opportunity to return to the program on an individualized basis, with the requirements for re-enrollment stipulated within the learner's return offer. Learners unable to progress due to reasons other than academic performance, such as a lapse in professionalism, may be offered an opportunity to return to the program and will be evaluated on a case-by-case basis. No administratively withdrawn learner will be allowed to re-enroll in the Doctor of Physical Therapy program without the written permission of the Dean.

Any learner re-entering the program following administrative withdrawal must complete all stipulations specified by the faculty, including achievement of mastery (i.e., course grade of 80% or above) in all courses taken after re-entry into the program. Non-mastery of any course taken after re-enrollment following withdrawal or issues other than academic performance, such as professionalism, will result in dismissal from the program without the opportunity to re-enroll.

### **Departmental Meetings and Committees with Learner Representation**

#### *Department Faculty Meetings*

Department Faculty Meetings are scheduled by the Department Chair and are routinely held during the academic schedule. All core faculty are expected to attend all planned meetings and planned retreats, unless previously excused by the Department Chair. The faculty meeting presents a formal opportunity for all core faculty and available associated faculty and staff to address issues or concerns, make report of department and University events, and provide a venue for the review of administrative information pertinent to the operation of the department and program. Retreats allow a focused formal review of pre-determined issues or concerns. Learner identified issues may be presented through elected class representatives who attend a portion of the meeting.

Minutes are kept from each meeting by a secretary appointed by the Department Chair and are available to all department faculty and staff members on a shared electronic folder. Adjunct and associated faculty may attend meetings or request minutes and will be supplied a copy of the meeting minutes involving any issues related to their role in the department as determined by the Department Chair.

Each Doctor of Physical Therapy Class shall be represented by one non-voting learner at the Department Faculty meetings. Learner identified issues may be presented through an elected class representative, or their designee, who attends a portion of the meeting.

### **Mastery and Mastery Support Process**

The faculty has the responsibility for establishing acceptable levels of performance within the scope of practice as defined by the profession and for evaluating learner performance and providing feedback to the learners regarding their performance. Evaluations should be used both as a teaching tool (formative evaluation) and a certifying tool (summative evaluation). The faculty believes that preliminary clinical competence should be evaluated across courses and independent of courses within the academic setting. A critical component of the evaluation process is self-evaluation. It is the faculty's responsibility to facilitate the development of meaningful self-evaluation skills within the learners.

All graded activities must meet the threshold of 80%. Please note that scores on graded activities will not be rounded up to the nearest whole number, therefore a learner receiving a 79.9% or lower on a graded activity will not be considered to be at mastery for that assessment.

A learner who fails to demonstrate mastery (score 80% or higher) on any written or practical examination in a course with a PTHP prefix is subject to administrative withdrawal. One opportunity to participate in a mastery support process will be allowed for each practical or written examination. The opportunity for a second retest attempt may apply one time in the entire curriculum to a learner undergoing mastery support for a practical examination. In the case that a learner does not pass the first retest, the learner may receive one additional opportunity to continue the mastery support process and take a 3<sup>rd</sup> attempt to achieve mastery. For example, suppose a learner does not pass a practical examination. If the learner does not pass the retest for that examination, then he/she may be afforded the opportunity to continue the mastery support process and be retested a 3<sup>rd</sup> time. If the learner achieves mastery, then he/she will continue through the curriculum. If the learner fails to meet mastery on a subsequent practical examination in the current or any future course, then he/she will be allowed only one opportunity to achieve mastery as outlined above.

Participation in a mastery support process is a privilege dependent upon many factors, including, but not limited to, the learner's demonstrated investment in his or her learning.

Failure to achieve a threshold of 80% on an examination requires reassessment and achievement of a score of 80% or greater to demonstrate mastery of the objectives and to allow continued progress in the course. The highest score that a learner can make on written or practical examination used to demonstrate mastery of the material will be 80%. The final grade that will be recorded for the activity will be the average of the original score and 80%. The learner must complete all mastery support process requirements within the schedule determined by the course faculty. In all cases, the mastery support process must be completed by the date grades are due for the semester.

Graded activities other than written or practical examinations must also meet the criteria of mastery at 80% but will not be subject to the Mastery Support Process. Learners will be required to demonstrate mastery of the objectives in a process determined by the course director. The original grade will stand and there will be no additional points awarded or averaging of grades for the process. In the case of pass/fail activities, a learner will receive a passing grade once mastery is achieved according to grading criteria.

If the learner is unsuccessful on retest following the mastery support process, the procedures for recommendation for withdrawal will be implemented. The learner may be recommended for re-enrollment into the DPT program at a later date. In this case, the faculty members involved in the examination and mastery support process will provide suggestions for activities that the learner should complete prior to re-enrollment.

### **Appeal Mechanism for Academic or Administrative Sanction**

#### **[CAHS Student Appeal Process](#)**

A learner who has been recommended for withdrawal has the right to appeal this recommendation to the School Review Body of the College of Allied Health Sciences. If a learner chooses to appeal the recommendation of the Department Chair and/or Program Director, it will be recommended to the Dean that they may attend academic classes but will **not** be able to participate in any graded examination or practical examination until the complete appeal process has been concluded.

The School Review Body (SRB) is a centralized subcommittee of the School of Allied Health Sciences Faculty Council (Council) utilized at the Dean's discretion to review the due process afforded to a Learner who has received an academic sanction or who has a grievance against a faculty for perceived infringement on their rights to freely express themselves. The School Review Body serves in an advisory capacity to the Dean of the College of Allied Health Sciences to ensure that Learners who have been imposed an academic sanction or who have a grievance against a faculty (as defined below) are

provided the appropriate due process. As necessary, the SRB may hold any necessary hearings during the process to assist in rendering an appellate decision by the Dean. It is the responsibility of the faculty and the SRB to evaluate the records of academic performance and professional behavior of Learners in accordance with the policies of each department and/or program.

### **Request for Hearing Before the SRB**

1. Upon receipt of a recommendation from a Department Chair and/or Program Director for an academic sanction or grievance response from a student, the Dean will communicate his/her decision to support or deny the recommended sanction in writing to the Student and the Department Chair and/or Program Director.
2. The Student shall have five (5) working days from receipt of the Dean's decision letter to file an appeal. The Dean's written decision will include a notice of the student's right to appeal and notice that the student should submit any additional documentation to support their appeal request. This documentation will be considered during the preliminary SRB review to determine whether or not a hearing will be granted.
3. After the appellate time frame expires, the appropriate paperwork is submitted to the Registrar for the imposed sanction (academic dismissal, academic suspension, or alternate curriculum).
4. If the Student files an appeal within five (5) working days after receipt of the written decision from the Dean, the Dean will request that the SRB convene and review the Student appeal to ensure due process was afforded.

### **Complaints Falling Outside of Due Process**

Complaints and disputes received from faculty, staff, and learners that fall outside of due process and complaints received from clinical education sites, employers of graduates, or the public will be handled initially by discussion among the parties involved. After the discussion, if the involved parties have reached a mutual agreement as to the solution, the parties shall file a statement with the Chair of the department outlining the facts of the incident and the agreed-upon solution signed by all parties to the agreement. If no solution is reached, the matter should be referred to the Chair of the department for an attempt at resolution with the advice of the advisory committee or the faculty-at-large. If no resolution is reached, the matter will be referred to the Dean of the college for an attempt at resolution. A record of the complaint, including the nature of the complaint and the disposition of the complaint will be maintained by the Department Chair. If a complaint is taken to a higher administrative office for resolution, the offices managing the complaint would house the record of the action.



## **LEARNERS' RIGHTS AND SERVICES**

### **Handicaps, Disabilities, Learning Disorders**

The Augusta University adheres to a policy of equal educational opportunities for all learners with handicaps, disabilities or learning disorders. In accordance with Section 504 of the Rehabilitation Act of 1973 and The [Americans with Disabilities Act](#), it is the policy of the Augusta University to ensure that all learners are afforded equal opportunity and access to programs and facilities. Learners are encouraged to contact the Office of [Disability Services](#) to identify their disability so Augusta University can determine what reasonable accommodation may be made. The term "accommodation" is a deliberately flexible standard to incorporate different types of disabilities, handicaps and learning disorders.

At Augusta University, determining eligibility for services and appropriate accommodations is the decision of the Provost. It is not a decision to be determined by individual faculty, a department, or a school. However, a learner given accommodations by the institution must meet the [technical standards](#) (i.e., essential skills and abilities) for admission, promotion and graduation established by the faculty of the Doctor of Physical Therapy program.

To learn more about the eligibility procedures, please see the department Chair or Augusta University Director of Student Affairs.

### **Learners' Privacy and Confidentiality of Information**

Information in learner records is considered confidential and will not be released except as allowed by [FERPA](#) law and Augusta University policy. The learner records and maintained by the Augusta University, are accessible to learner review except for financial records of parents, employment records, letters of recommendation received before January 1, 1975, and recommendation letters to which the learner has waived the right of access.

Specific details concerning those records, including names of individuals in charge of records, names of individuals with access to records, and details of the type of records, are available to any learner upon request by contacting the Office of the Vice President for Enrollment and Learner Services.

Learners who want information from their records sent to prospective employers, other institutions, etc., must submit a signed request to the registrar authorizing such release. One copy of such material will be made available upon request at no charge to the learner. Augusta University reserves the right to charge for additional copies at the same rate it costs to photocopy the material. Copies of transcripts available from other institutions will generally not be copied or sent.

The following information will be considered public directory information and may be released without learner consent; however, a learner may restrict the release of this information by annually notifying the registrar in writing by the last day of fall registration (or the initial registration if other than fall) that he/she does not want the information released.

Public directory information includes:

- Name
- Address
- Phone number
- E-mail address
- Photograph
- Program of study
- Dates of attendance
- Enrollment status
- Grade level
- Honors and Awards
- Degree Awarded

### **Student Health Services**

The student health clinic is open Monday through Friday, 8:30 a.m. to 5:00 p.m. For additional information concerning any health concern, please contact the Student Health Center at (706) 721.3448 or [Student Health Services](#).

### **Intellectual Property Rights of Learners**

Learners who submit work (e.g., data sets, exams, tests, cases, projects, lab reports, essays, research papers, films, etc.) which is eligible for copyright protection, and which is submitted as a requirement of the DPT program, are entitled to sole copyright ownership. Works or parts of works created while employed by a professor or a contracting agency are not owned by the learner (see next paragraph).

Learners have no rights, unless by prior written agreement, to any intellectual property created because of being employed by the University or by a contracting agency. If a research project is to be completed while employed through an external contract or contribution agreement, learners must be informed, in writing, of the terms of the contract, including stipulations concerning confidentiality, intellectual property ownership and publications. It is in the interest of learners, faculty, and the University to ensure that learners' publication rights for work completed as a program requirement are protected by the terms of a contract or contribution agreement.

Where the work submitted is part of a team project or a program of research, ownership may be attributed to more than one individual (learner, staff, and faculty) according to a written agreement signed by all parties who contributed to the work, regardless of the duration of the project or program.

For rights to authorship of papers, books or reports prepared by faculty but based primarily on the learner's own research project, there must be a significant intellectual and creative contribution to the work by the professor and there must be a sharing of responsibility and accountability for the content of the work by learners.

Before a work is submitted for publication, a learner co-author must have the right to review and approve the draft manuscript, including the order of authorship.

For a subsequent work based primarily on the learner's own research paper, the learner should have the right of first refusal to senior authorship, regardless of whether the final copy of the work is prepared by the learner or the professor. Second authorship for a professor is not required, nor should it be expected, if the professor mainly provides encouragement, physical facilities, financial support, critiques, or editorial contributions. In these cases, a footnote acknowledging assistance, or a contribution may be sufficient.

Where the research of a learner and a professor result in an invention which may be patentable, a memorandum of agreement should be written and signed, with the assistance of the Office of Research and/or lawyers for all parties. In this agreement, the rights of the learner, the professor and the University should be identified.

Definition of authorship per [Authorship in Faculty-Student Collaborations](#):

"To be included as an author on a scholarly publication, a learner should, in a cumulative sense, make a professional contribution that is creative and intellectual in nature, that is integral to completion of the paper, and that requires an overarching perspective of the project. Examples of professional contributions include developing the research design, writing portions of the manuscript, integrating diverse theoretical perspectives, developing new conceptual models, designing assessments, contributing to data analysis decision, and interpreting results..." (p. 1145).

The Department of Physical Therapy uses the International Committee of Medical Journal Editors document, [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) to guide decisions of authorship. Accordingly, authorship of any product that involves learner and faculty collaboration is based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Each author should be accountable for their part of the work and be able to identify which co-authors are responsible for specific other parts of the work. Authors should have confidence in the integrity of the contributions of their co-authors.

**All** four criteria for authorship should be met to be identified as authors in the work. Those who do not meet all four criteria should be noted in the acknowledgments.

#### *Order of Authorship*

The authors of an intellectual product should decide on the order of authorship together. Authorship issues should be discussed early in the course of a team's working together. Authors should specify within their disseminated manuscript or product the description of the contributions of each author and the mechanism by which the order of authorship was decided.

#### *Inclusion in Acknowledgment Section*

The acknowledgment section of an intellectual product is the appropriate format to recognize persons who do not meet the criteria for authorship but who made a contribution to the product.

#### *Authorship Grievance Procedure*

The learner and faculty collaboration team should discuss disputes over authorship. These discussions may, at the discretion of the team, involve the Physical Therapy Department Research/Scholarship Committee acting in the role of an arbitrator.

Any member of the team (faculty member, adjunct faculty, currently enrolled learner, or alumnus) may submit a grievance in writing to the Department of Physical Therapy Research/Scholarship Committee for review. Depending upon the nature of the grievance, the Committee may serve as a non-biased arbitrator between parties or make a recommendation in writing for consideration by parties. Should the grievance involve a current member of the Physical Therapy Research/Scholarship Committee, that member will not be involved with the proceedings. The Committee will convene within 30 days after receiving the grievance and provide a written recommendation within 60 days.

## **LEARNER RESPONSIBILITIES**

### **Academic Advisement**

Each learner will be assigned to a faculty advisor for general academic advisement. Learners are required to meet with their advisor approximately ***within the first 4 weeks*** of a semester except as stated in Appendix B. Learners are responsible for contacting their faculty advisor in a timely manner to arrange a meeting.

### **Professionalism Portfolio**

Each learner will maintain and periodically submit an individualized *Learner DPT Professionalism Portfolio* ("the Portfolio"). The purpose of the Portfolio is to allow learners to track and reflect upon their individual growth as professionals and to aid with progression and promotion decisions. The Portfolio will also serve as a tool for making recommendations for awards and other professional recognition. [See Appendix B for required content and review procedures.]

### **Academic Integrity**

The University recognizes honesty and integrity as being necessary to its academic function. The following regulations protect the equity and validity of the university's grades and degrees, and help learners develop standards and attitudes appropriate to academic life.

1. No learner will receive assistance not authorized by the instructor in preparing any assignment, essay, laboratory report or examination to be submitted as a requirement for an academic course.
2. No learner will knowingly give unauthorized assistance to another person in the preparation of any assignment, essay, laboratory report or examination to be submitted as a requirement for an academic course.
3. No person will sell, give, lend, or otherwise furnish to any unauthorized person material that can be shown to contain the questions or answers to any examination scheduled to be given at any subsequent date, in any course of study offered by the University excluding questions and answers from tests previously administered and authorized for release by the administering faculty member.

4. Plagiarism is prohibited. Themes, essays, term papers, tests and other similar requirements must be the work of the learner submitting it. When direct quotations are used, they must be indicated, and when the ideas of another are incorporated in the paper, they must be appropriately acknowledged.
5. Fraudulent research activity is prohibited. Misrepresentation of data collection and analysis, including falsification, fabrication or omission of data is prohibited.

Any person taking, or attempting to take, steal or otherwise procure in any unauthorized manner any material or information pertaining to the conduct of a class including tests, examinations, laboratory equipment, roll books, etc., violates this regulation.

The Department has adopted the following honor pledge for use with all graded activities:

“I have neither given nor received assistance on this assessment, nor have I seen anyone else give or receive assistance. I will not talk to anyone who has not completed the assessment about the activity.”

### **Learner Honor Board**

Each class is responsible for maintaining the honesty and integrity of its own membership. Suspected breaches of the Learner Code of Conduct will be handled by a Learner Honor Board.

#### *Purpose*

The purpose of the Honor Board is to serve in an advisory capacity to any learner(s) wishing to report an honor violation and to provide a mechanism for learners to report and discuss suspected breaches of academic integrity and unethical behavior in a non-threatening environment. The Honor Board will also serve as an "incident repository" so that inappropriate behaviors that are not reported to the Campus Judicial Body may be addressed constructively rather than ignored.

#### *Constituency*

The Honor Board will consist of two representatives from each class enrolled in the DPT program.

Members of the Board for the incoming class will be elected in mid-September of each year and members will serve until their class graduates. Interim members from the new class will be elected in June. Pictures and names of the Honor Board members will be posted in the department.

### *Duties and Responsibilities*

The Honor Board is to act as an information resource to all learners on issues related to the Augusta University Student Code of Conduct. Learners composing the Honor Board are to become well versed in all aspects of the Student Code of Conduct and the procedures for reporting a suspected act of misconduct.

### *Procedures*

Any learner who believes that he or she observes another learner cheating or demonstrating unethical behavior (e.g., stealing) will write out a full description of the incident, being as detailed as possible, sign it, and submit it to a member of the Honor Board who is not in the class in which the incident occurred.

When an Honor Board member receives a report, the member will meet with the individual who was reported to let them know that a report has been filed. It will be emphasized that this report is not a charge or accusation and is only being passed on as information. The name of the individual filing the report will NOT be disclosed at this time. The Honor Board member will also advise the person filing the report of their option to bring charges against the learner(s) by presenting them in writing to the Dean of the College of Allied Health Sciences and the campus Judicial Body through the Director of Campus Life Services. Though the Honor Board member will answer all questions, the member will not tell a learner whether charges should be filed with the campus Judicial Body. This decision belongs to the reporting learner.

### *Records*

Incident reports shall be reviewed by the Chair, Department of Physical Therapy, and then kept in a locked Honor Board file located in the department office to which the Chair shall carry the only key. When the reported learner is no longer enrolled in the DPT program, this record shall be destroyed. However, a copy of the file shall be given to the Dean and the Director of Campus Life Services if the learner is subsequently charged with a violation of the Learner Code of Conduct.

### **Attendance and Absences**

One aspect of professional behavior involves punctual attendance to all classes and labs, timely notification of unavoidable absences, and the recognition of what constitutes an excused versus an unexcused absence. This requires a fundamental commitment to the qualities of honesty, trust, fairness, respect, and personal responsibility, all of which are embraced by the Physical Therapy Program. Class attendance and punctuality is expected of all learners during their time in the program, which includes all didactic and clinical learning experiences. Punctuality demonstrates respect and courtesy to everyone and is expected in the clinical setting. If a learner must miss a class session due to an emergency or sudden illness, **they must notify the course coordinator and course instructor personally by phone or e-mail, as soon as possible.** In the

rare event of an excused absence, the learner is responsible for obtaining the necessary skills and knowledge to meet established proficiency requirements.

Tardiness is a disruption to the course instructor and fellow learners. Learners are considered tardy if they arrive for class **after the instructor has begun class activities**. Please see the following related to implications from excessive tardiness:

- a. First & second offense - verbal warning with email follow up
- b. Third offense - 2% off final course grade
- c. Each additional unexcused tardy or absence - 2% off final course grade

In the event of more than one unexcused absence, the learner's final course grade will be reduced by 2% per class session. A learner may be denied the opportunity for mastery support in the case of two or more unexcused absences. The faculty retains the right to require attendance at all scheduled academic offerings as a condition for continuing in the program or for special activities where attendance is the only way to obtain the desired skills. Learners with two or more consecutive absences must provide a documented excuse. Specific attendance requirements for clinical education experiences are contained in the Clinical Education Section of this Learner Handbook.

The Department defines the following as acceptable reasons for excused absences: (a) serious illness, (b) illness or death of a family member, (d) major religious holiday, and (e) other circumstances found to fit "reasonable cause for nonattendance" by the course coordinator. Learners anticipating an absence for a major religious holiday are responsible for notifying the course instructor and/or coordinator in writing of anticipated absences no later than the second day of class in the course. In the rare event of a prolonged excused absence, learners are required to contact both the program director and chair for guidance, support, and regular communication.

Documented mandatory training related to military service is considered an excused absence and learners should inform faculty at the start of the semester to accommodate missed assignments or examinations. Accommodation will only be made for the actual days of the training. Learners should plan to meet deadlines and attend scheduled exams around the required travel and training. Adjustments to scheduled class assignments and assessments will only be made for the specific days of training that occur during the school week.



## Learner Professional Attire

### Policy Statement

Learners must follow professional dress requirements at all educational activities, including daily lectures, laboratory activities, clinical rotations, community service, and service learning.

### Process and Procedure

1. From the first day of orientation, learners are representing the Department of Physical Therapy and the profession. Learners are expected to dress in attire that appears neat and professional, thus demonstrating respect for the program, clients, and profession.

2. Learners **MUST** wear their AU issued identification badge indicating learner status at all times.

3. **Items that are considered professional include:** dress slacks, top-of-the-knee length or longer skirts, top-of-the-knee length, or longer khaki shorts (or other color), top-of-the-knee length or longer dresses, dress jeans, button-down blouses/shirts, collared blouses/shirts, and polo shirts.

4. **Items that are considered unprofessional include:** jeans that are ripped, workout/gym attire, oversized clothing, visible undergarments, low rise pants, strapless tops, or exposed midriffs. Clothing with logos or slogans that pertain to alcohol, sex, and sorority/fraternity parties are not professional attire and are not permitted. Learners should pay close attention to the length of their shorts and dresses.

5. **During laboratory experiences,** learners are required to wear appropriate clothing for the activity that day. Learners may be required to expose different areas of their skin. Shorts must be worn during laboratory when the lower extremity must be exposed. Learners should be properly covered during class breaks when moving beyond the lab space. Faculty have the right to require specific dress during laboratory experiences.

6. **For all patient encounters to include community clinical immersion experiences, clinical rotations, lab practical examinations and OSCEs specifically:** Learners with pierced ears shall wear only one small stud earring. Dangling earrings or hoops are not permitted for safety reasons during laboratory activities and clinical experiences. No more than one ring per hand. Body piercing jewelry will only be worn in the ear. No other areas of the body should be visible with body piercing jewelry. All visible tattoos must be covered. Avoidance of perfumes and after shaves is strongly recommended. Shoes should be closed toe, closed heel, non-slip, and flat heeled for safety. Artificial fingernails are not allowed, and natural tips must be groomed to less than ¼ inch long. Hair must be neat and clean; hair below the shoulders must be pulled back. Extreme variations

of hairstyle and hair color are not permitted. Clothing should not restrict movement. Scrubs or causal dress for laboratory and clinical experiences may be appropriate and is at the discretion of the course faculty and clinical site to determine. Lab coats should be available at all times to wear when going into clinical areas requiring professional attire.

7. Learners are expected to conform to the dress code of the clinical facility. If the clinical facility does not provide a dress code, learners are expected to conform to the AU DPT program dress code as described in the Learner Handbook. The AU DPT policy is the minimum standard for all clinical rotations. Clinical sites may have additional dress code requirements which must be followed. It is the learner's responsibility to check with the clinic for dress code requirements before attending. Clinical sites have the right to refuse a learner for inappropriate dress.

8. Faculty have the right to have specific dress requirements for class including professional business dress and removal of jewelry. Please refer to individual faculty syllabi for these requirements.

### Business Professional Attire

For business professional attire, suits are required. Suits have a jacket and pant, or skirt and it is preferred that the jacket and pant/skirt are of a matching set. No casual shoes such as tennis shoes are permissible. Skirts are to be of an appropriate length that would allow the participants to sit and move comfortably. Business Professional Attire is expected for events such as, but not limited to, the White Coat Ceremony, PT Day at the Capitol, etc.

### **Citizenship**

As junior colleagues and partners in the professional education experience, learners may be asked to participate in curriculum development, evaluation, and improvement within the Department. Learners are required to complete all curricular and exit surveys in order to progress to the next semester and graduate. Learners are expected to complete course surveys at the end of each semester for each course.

### **Copier/Fax Machine**

Learners may not use the departmental copier. Copiers are available in the library for learners. Learners may receive course related information by fax in the department at (706) 721-3209.

## **Criminal Conviction Disclosure**

Learners are continually required to disclose in writing to their Dean and/or the Department Chair criminal convictions occurring since completing the application for admission. (Pre-application for admission criminal record disclosure is required on the application for admission.) Criminal convictions include adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but it does include "no contest" pleas, first-offender treatment, convictions under appeal, and convictions which have since been pardoned. Minor traffic offenses are those which do not involve driving while under the influence of alcohol and other drugs, which did not result in imprisonment, and for which a fine of less than \$250 was imposed. Disclosures should be made within 30 days of conviction.

## **Drug and Alcohol Abuse**

The following statement of policy is designated to emphasize, in fairness to all members of the University community, the possible repercussions of the illicit use of drugs or alcohol. In addition to the policies of Augusta University and the Board of Regents concerning abuse of drugs and alcohol, numerous and serious sanctions are imposed under State and Federal laws regarding the unlawful possession, distribution, or use of illicit drugs and alcohol.

The use of illegal drugs such as marijuana, cocaine, and LSD carries serious penalties. Under Georgia law, mere possession of an illegal drug may constitute a felony and could result in serious monetary fines, as well as imprisonment for 20 years or more. Similarly, the unauthorized use of legal, prescription drugs may constitute a felony and carries serious penalties.

Georgia law may impose serious sanctions for drug-related crimes, including loss of or ineligibility for a professional license, or employment with any state agency. In addition, Augusta University will suspend or expel any learner convicted of a drug-related felony, effective the date of the conviction.

While not an illegal drug per se, alcohol may also be abused and may result in criminal penalties. Persons convicted of operating a motor vehicle while under the influence of alcohol may lose their drivers' license, receive substantial fines, or go to prison.

It is the policy of Augusta University that learners committing criminal acts on or off campus will be treated as citizens of the community. Augusta University cannot protect members of its community, including faculty, staff, and learners, who commit criminal offenses. This applies to drug-related crimes as well.

### **Learner Use of Department Space and Equipment**

Equipment may be signed out by learners to augment scheduled learning experiences after first obtaining permission from a faculty member. The learner signs a form, which is kept by the faculty member or designated office support staff. Both the learner and the faculty member or designated office support staff are responsible for the security of the equipment and returning it to its proper place at the conclusion of the learning experience. The learner is responsible for returning the equipment to that particular faculty member or office support staff and seeing to it that his or her name is removed from the form.

### **Personal Use of Department Space and Equipment**

The department space and equipment may not be used for personal reasons except where there is written permission of the Chair.

### **Community Use of Department Space and Equipment**

The PT space and certain equipment may be used for service to the community with permission of the Chair. However, educational activities always come first. Faculty members and learners assume personal responsibility for the equipment and PT space.

### **Borrowing Department Equipment**

Equipment borrowed by learners, faculty, or other departments on campus should be signed out in the notebook in the front office. The following should be provided: date, name, department, and telephone number, name of equipment, and serial number or Augusta University number. When equipment is returned, the date should be entered in the notebook.

### **Emergencies**

It is the policy of the Department of Physical Therapy that all full-time faculty, staff, learners, and residents associated with the department provide and allow to keep on record an up-to-date contact list for use by administration in the event of a health or safety emergency.

Departmental administrative staff will collect or update personal contact information for every full-time person on or before the first day of every semester. This information will be stored in a locked cabinet, accessible only to administrative staff and the Department Chair. This emergency contact may be utilized only if authorized by the Chair or another AU Academic Officer. In addition, the Director of Clinical Education is authorized to contact a learner directly in the event of an emergency encountered during times of active full-time clinical education internships.

For the purposes of this policy, a medical emergency is defined as an observed acute and significant deterioration in an individual's health status. Examples of medical emergencies include choking, fainting, sudden loss of memory or functional abilities, inability to breathe, and allergic reactions. For the purposes of this policy, an accident is defined as an incident that may likely cause personal physical injury. Examples of accidents include falls, burns, wounds, and automobile trauma. Examples are provided as illustrations and are not intended to be inclusive.

In the event of a medical emergency, one should first assess the situation using the skills and abilities appropriate to their individual training. Employees should provide initial first aid and CPR using the skills and abilities appropriate to their individual training, making sure to use proper universal precautions, as necessary. The employee should also notify the proper authorities by dialing 2-911 from the nearest campus phone, or 911 from their cell phone. Give the building or location where aid is needed, specific location within the building, type of problem, individual's condition, sequence of events, and medical history, if known. Have someone stay with the injured individual until help arrives. Do not move the individual; keep the individual still and comfortable. Once help arrives, stay out of the way unless assistance is requested.

If injured, employees should follow protocol regarding Worker's Compensation through their department. Others should be referred to their primary care physician or to a primary care medical facility.

For those requiring minor first aid, a first aid kit is available in the Department of Physical Therapy far left cabinet above the printer and fax counter. It is checked and restocked monthly for inventory or after each use.

For non-emergency medical situations or security concerns, call the 24-hour Campus Safety Number at (706)721-2911.

- Cardiac or Respiratory Arrest
  - Initiate CPR and get assistance if possible.
  - Call 1-2911-Public Safety. Tell them you need an ambulance equipped for cardiac arrest in Building EC, Physical Therapy Department (1<sup>st</sup> Floor).
  - A defibrillator (AED) is located outside the main entrance to the Department in the lobby.

- Fire
  - Remove persons in immediate danger and close doors and windows to affected area.
  - Activate the nearest fire alarm and call Public Safety extension 1-2911.
  - Calmly notify other personnel in the area
  - Attempt to extinguish the fire by using the proper extinguisher.
  - All personnel should evacuate the building and assemble at its front entrance outside. Do not return to the building until an "all clear" is given.
  - Remain calm. Never run or yell "fire."

## **HIV/ Acquired Immune Deficiency Syndrome (AIDS)**

This general policy recognizes the diversity of the academic and clinical requirements of the various schools and departments. Specific information regarding particular programs may be secured from the appropriate department and /or Dean. In general, all learners should be aware that:

- The curricula will incorporate the basic principles of infection control and prevention. It is the responsibility of each learner to be knowledgeable of such principles and strictly adhere to the universal precautions presented.
- Any learner with patient-care responsibilities who knows or has reason to believe that he or she has human immunodeficiency virus (HIV) infection is required to immediately report this information to the Augusta University hospital epidemiologist in accordance with hospital policy and to his or her Dean. Failure on the part of the learner to report a known HIV infection may result in disciplinary action, up to and including dismissal.
- Suspected HIV exposure by learners of the Augusta University, or by learners sponsored through a program of Augusta University, during the course of their assigned duties, should be reported immediately by the learner to his or her clinical supervisor in accordance with the policies of the hospitals in which he or she has assigned duties. Learners participating in clinical activities at the Augusta University Hospital and Clinics are subject to its policies on HIV infection.
- Augusta University will carefully conform to state and federal laws regarding discrimination toward learners with HIV infection. All information pertaining to the condition and /or clinical assignment of a learner with known or potential HIV infection or AIDS will be considered confidential information.

Additional information and counseling about AIDS and related issues (i.e., educational, financial, career implications) may be obtained from the Learner Health Center or Hospital Epidemiology.

## **Blood & Body Fluid Exposure Protocol**

### **If on campus:**

1. Cleanse wound with soap and water, or irrigate splash areas (i.e., eyes, mucous membranes) with normal saline or water.
2. Notify attending/nurse supervisor to order lab from source patient.
3. Fill out Campus Incident Report Form. Please record source's name and pertinent demographics **(KEEP COPY)**.
4. Report to Student Health (1-3448), located in Pavilion II, Monday-Friday, 8:30 a.m.-5:00 p.m. If closed, report to Augusta University ER (1-4951) within 3 hours of injury.
5. For questions, call Pepline @ 1-888-448-4911.

### **Immunizations**

All entering Augusta University learners must provide the Augusta University Student Health Service with sufficient evidence that they are fully immunized or have proof of immunity with serological titer against mumps, rubella (German measles), rubeola (red measles), polio, tetanus, diphtheria, hepatitis B, varicella (chicken pox) and any other medical condition authorized by Augusta University and/or the University System of Georgia. An immunization card can be obtained at Student Health that will serve as official documentation that the learner is fully immunized. Vaccination against hepatitis A and meningococcus is not required for enrollment but is strongly recommended before beginning clinical education experiences.

### **Information Systems Security and Computer Use**

Information systems resources are to be used as expressly authorized by Augusta University administration and management. The appropriate use and protection of all information systems and associated resources is expected from all users including faculty, learners, employees, and visitors throughout the institution. "Appropriate use" of information systems resources is defined as use which is for the purpose of furthering the mission of Augusta University.

The information systems user is responsible for the proper use and protection of resources. All users of information systems resources are expected to comply with existing Augusta University Policies and Procedures and those of the University System. In addition, users are expected to honor copyrights and software licenses and comply with all Federal and state laws including those prohibiting slander, libel, harassment, and obscenity. Users must obey laws prohibiting the private use of state property. Information that is confidential by law, including educational and medical records, must be protected.



Users must be aware that information stored or transmitted electronically (or via computer), including e-mail, may be subject to disclosure under open record laws. Users should have no expectation of privacy for information stored or transmitted using Augusta University information resources except for records or other information that is confidential by law (i.e., medical and educational records).

### **Participation of Learners in Educational Experiences**

Augusta University is committed to presenting an exemplary educational experience for all its learners. In meeting this goal, the components of each course of instruction and of each educational program are carefully selected for content and suitability. Learners who anticipate problems in carrying out any part of their curriculum because of moral, religious, or other reasons must consult with the appropriate program or course director prior to enrolling. Each problem will be carefully considered in an attempt to resolve the difficulty in a manner consistent with Augusta University's educational standards. However, the institution is not obligated to provide alternative educational experiences or to waive required parts of its courses or programs.

### **Professional Behaviors**

Learners will exhibit appropriate professional behaviors in class, labs, and clinical experiences. Appropriate professional behavior demonstrates respect for others, personal integrity, and responsibility. A learner may be denied permission to continue in the curriculum if, in the opinion of the faculty, the learner's knowledge, character, and mental or physical capacity cast serious doubt upon the learner's potential to function as a physical therapist.

Unacceptable behaviors include, but are not limited to, the following:

- Is not sufficiently prepared for class activities.
- Does not fully participate in class activities.
- Is not wearing appropriate dress for laboratory sessions.
- Does not bring tools needed to conduct an examination.
- Does not notify faculty of absence.
- Arrives late to class sessions.
- Is inattentive during class activities (e.g., studies other course materials during class, rests feet on plinth, etc.)
- Uses personal computer/other electronic devices during class sessions for purposes not related with the task at hand (e.g., checking e-mail, sending text messages, reviewing Facebook postings, online shopping, etc.)
- Uses inappropriate language.
- Asks questions that infer no advanced preparation of material.
- Does not alter behavior based on previously received feedback.
- Acts in an unprofessional manner during interactions with colleagues
- Does not fulfill responsibilities related to group activities.

- Fails to clean up after self at the end of class sessions.
- Face-to-face and/or cyber bullying to peers, faculty, or staff

### **Tobacco-Free Environment Policy Statement**

Because of the deleterious effects of tobacco use, the Augusta University, Augusta University Health, Inc., and the Physicians Practice Group have committed to a tobacco-free campus for the purpose of promoting a healthy environment for all persons, including faculty, learners, staff, visitors, and others who visit the campus. The Augusta University prohibits the use of tobacco products on any property owned, leased, or controlled by the Augusta University, Augusta University Health, Inc., or the Physicians Practice Group.

For the entire Tobacco-Free Environment policy text, please see the Augusta University Administrative Policy at <https://www.augusta.edu/compliance/policyinfo/policy/tobacco-free-policy.pdf>.

### **Telephones**

Personal cellular phones should be silenced and stored out of sight during all instructional and assessment activities. Cellular phones should not be visible during lectures or labs and may only be used during breaks. Learners may use the departmental fax machine only with the permission of faculty or staff or in an emergency.

### **Use of the Building at Night and on Weekends**

Learners are welcome to use the department's classrooms, labs, and computer lab for educational purposes after hours and on weekends. All outside doors to the Health Sciences Building will be locked after 6:00 p.m. and will reopen at 7 a.m. on weekdays. Learners can enter the building during these times by using their smart cards.

### **Classroom Security**

Regular classroom hours: 7:30 a.m. to 5 p.m. Classroom doors will be unlocked by faculty or staff each morning and locked again at the end of the day. Learners needing access to classrooms before or after regular classroom hours will use the keypad-controlled lobby entrance to the physical therapy suite. Prior arrangements for access to the classrooms need to be made with the office manager. The lobby doors in each classroom are to remain locked and closed at all times except, while classes are in session, the lobby doors may be used for breaks, lunch, etc.

## Learner Organizations and Fundraising Activities

Learner organizations, including class cohorts with designated officers (e.g., DPT Class of...., PTSA, etc.), are independent associations. They are not agents or representatives of Augusta University and are in no way authorized or empowered to enter into any agreement, contract, or understanding on behalf of Augusta University or the Department of Physical Therapy. Any provision or understanding that purports to bind Augusta University to learner organizations or their activities is null and void.

Class officers and representatives should contact the Chair of the Department of Physical Therapy before distributing any promotional materials or engaging in any fundraising activities that could affiliate them with Augusta University or the Department of Physical Therapy.

## NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE)

Learners may request permission from the Program Director to sit for the licensure exam prior to graduation.

The FSBPT allows learners the opportunity to take the NPTE 90 days prior to degree conferment assuming that they are “on track” for degree conferment from a CAPTE-accredited program. As the state of Georgia allows learners to take the NPTE prior to degree conferment, *this policy only allows learners to take the NPTE prior to degree conferment for licensure in the state of Georgia. Any learner requesting to take the NPTE for licensure in another state or jurisdiction other than the state of Georgia cannot apply until after degree conferment.*

## Criteria for Eligibility

1. This opportunity **ONLY** applies to learners wishing to take the NPTE in April for licensure in the **state of Georgia**. Should a learner plan to practice in another state (i.e., not in the state of Georgia), the learner must take the NPTE for licensure in Georgia and then request endorsement/reciprocity to any other state once the Georgia license is conferred. Otherwise, learners taking the NPTE for licensure in any state other than Georgia must take the NPTE after degree conferment.
2. The learner must have an overall professional program GPA of a 3.80 (with no rounding). Any learner with a GPA of 3.79 or below will not meet this criterion.
3. The learner cannot have required mastery support on more than two (2) graded activities throughout the **entire** Doctor of Physical Therapy curriculum.
4. The learner cannot have **any** professionalism issues requiring address by faculty or administration at any time.
5. The learner must affirm all paperwork related to professionalism (e.g., *semester PPDP, clinical education paperwork*) was properly submitted in a timely manner.
6. The learner must have evidence of exemplary performance (e.g., CPI feedback) during PTHP 8191, 9292, and 9393.
7. The learner cannot have required to repeat a course in a subsequent year due to academic suspension.

Procedures for requesting permission of the Program Director to sit for the NPTE in April will be distributed during the summer semester of the third year of the DPT curriculum.

### **CONFERENCE ATTENDANCE and APTA MEMBERSHIP**

All learners are required to attend at least one APTA or APTA GA sponsored conference (i.e., IMPACT, CSM, National Student Conclave) prior to PPE 6 (Semester 7). All learners are required to maintain an active student membership in the APTA during their entire time in the DPT curriculum.

### **MANDATORY FEE WAIVER POLICY**

Pursuant to the Georgia Board of Regents, Augusta University can waive certain fees imposed on learners if they are off campus for an entire semester. The reason for this waiver is to allow learners who cannot utilize Augusta-based services a waiver for certain mandatory fees. Learners can access the policy at

<https://www.augusta.edu/compliance/policyinfo/policy/mandatory-student-fee-waiver-policy.pdf>

## **APPENDIX A: Class Representative Position Descriptions**

President: The President shall be chief executive officer of the organization, shall preside at all organization meetings, and shall chair the Executive Committee. The President shall be an ex-officio member of all committees. The President shall perform the duties customary to office and such additional duties as directed by the Executive Committee.

Vice-President: The Vice-President shall succeed the President of the organization if the President resigns or is unable to continue in office. The Vice President shall serve on committees in an ex-officio capacity and shall perform all other duties as assigned by the President.

Treasurer: The Treasurer shall keep the financial records of the PTSA and shall be responsible for: (1) maintaining accurate accounting records; (2) authorizing and signing checks approved by the Association; and (3) reporting financial status and each Association meeting. The Treasurer shall also perform additional duties as assigned by the President.

Secretary: The Secretary shall keep the non-financial records of the organization and shall be responsible for: (1) recording the minutes of the Association meetings to be sent in a monthly email to all general and associate members; (2) recording minutes of the Executive Association meetings; (3) maintaining a current list of membership with telephone numbers, email addresses, and mailing addresses; and (4) maintain the Association's email account daily. The Secretary will also perform additional duties as assigned by the President.

Service Chair: The Service Chair shall be responsible for providing service opportunities at Augusta University and within the community at all meetings and shall host at least one service-based event per term. The Service Chair will also perform additional duties as assigned by the President. This elected representative will also serve the role of a learner member on the Service committee and will be a liaison between the class and committee.

Social Chair: The Social Chair shall be responsible for hosting one learner appreciation event per year. The Social will also perform additional duties as assigned by the President.

Members-at-Large: The members at large must be representative of both the health professionals and the pre-health professionals of the general membership. These members are responsible for serving as a liaison between general membership and the Executive Committee.

APTA GA Representative: The APTA GA Representative is responsible for communicating all APTA GA information and updates to the Augusta University Class of 20XX. The APTA GA representative serves as a liaison between any state APTA GA members and the members of the Augusta University community.

Honor Code Representatives: The Honor Code representatives are responsible for maintaining order and ensuring all rules and regulations of the Augusta University DPT Program are upheld and abided by for the Class of 20XX. In the case of an Honor Code Violation, the Honor Code Representatives will act as liaisons between the involved learner, faculty members, and Augusta University officials.

Clinical Education Representative: This elected representative will also serve the role of a learner member on the Clinical Education Committee and will be a liaison between the class and committee.

## **APPENDIX B: Advisement and the Professionalism Portfolio in the DPT Curriculum**

### Policy

It is the policy that every learner will maintain and submit an individualized *Learner DPT Professionalism Portfolio* (“the Portfolio”) as described by procedure. The purpose of the Portfolio is to allow learners to track and reflect upon their individual growth as professionals and to aid with progression and promotion decisions. The Portfolio will also serve as a tool for making recommendations for awards and other professional recognition. The final portfolio will be completed in PPE VI per the syllabus.

### Procedure

1. Learners will follow guidelines for scheduling and attending advisement sessions with their assigned advisor each semester per Appendix C.
2. Learners may request additional meetings with advisors at any time.
3. The Portfolio will be included, as a graded course requirement per the syllabus, for designated courses in the DPT curriculum including Professional Practice Expectations VI. An evaluation rubric for the Portfolio will be developed for each course.
4. Other mechanisms for triggering a formal review (commendations and/or concerns) by the Academic Success Committee include, but are not limited to, learner self-report, course, or clinical faculty report, and/or DCE report.

### Contents of Portfolio\*(subject to change with notice)

#### Required

1. Permanent Address, phone number and email (Not AU account)
2. Learner resumé
3. Core Values Assessment(s)
  - a. First semester in PPE 1
  - b. Other applicable semesters
4. Verification or recognition for service
  - a. Professional
  - b. Community
5. Creation of both a Portfolium and LinkedIn account
6. At least three page, 12-point, Arial font, double-spaced, in-depth self-reflection on *professional* growth since matriculation into DPT program.
  - a. Includes summary of personal and professional growth through advisement throughout curriculum
7. Proof of continued membership in the APTA
8. Recognitions or awards
  - a. Formal
  - b. Informal (such as letters of commendations from clinical supervisors or patients)

9. Continuing/Advanced Education and certifications/verification of attendance at one State or National professional conference
  - a. CMS, National Student Conclave, IMPACT, etc.

## II. Optional

1. Research contributions, products, presentations, clinical education material

## Learner Advisement

1. Learners will meet with their advisor at least one time/semester within the first four weeks of class during semesters 2, 3, 5, 6, and 7. During semester 1, the learner will meet with their advisor between weeks 6 – 7.
2. Learners will take the 60 question Adaptiv Resilience Factor Inventory (RFI) prior to their advisement session for semesters 1, 5, and 7. This should take about 15 minutes. Use the number on the back cover of the *Resiliency Workbook* to access the RFI at: [https://www.adaptivlearning.com/haygroup\\_resilience](https://www.adaptivlearning.com/haygroup_resilience). **Save** the results for future reference. You will not be able to return to this page once you exit it.
  - a. Refer to page 6 of the *Resiliency Workbook*. Review your results. The areas in which the learner scored lower than the Adaptiv norm are those in which the learner should focus their time in professional growth and development. The areas in which the learner scored higher than the Adaptiv norm are the learner's current strengths.
    - i. Note: Resilience is a continuum across the lifespan. For this reason, the learner will take the RFI a total of three times while in the DPT curriculum.
  - b. The learner will determine which of the seven resiliency factors that they scored lowest in compared to the norm. That is the first area in which the learner should begin their professional growth.
3. Next, learners will create an account at: <https://www.robertsoncooper.com/iresilience/>. Once the account is created, the learner will take the i-Resilience survey. The results of the survey need to be **saved** for future reference. This survey is used to help the learner to understand how they see themselves in the areas of confidence, purposefulness, adaptability, and social support. The detailed results in section one will provide factors that hinder and help the learner's resilience. In section two, the learner will be provided with areas for growth in each of the four areas. This survey will be completed prior to the learner's advisement appointment during semesters 1, 5, and 7.



Learner's Name: \_\_\_\_\_

**Semester 1**

**Resilience Factor Inventory (RFI) Summary**

	Emotional Regulation	Impulse Control	Causal Analysis	Self-Efficacy	Realistic Optimism	Empathy	Reaching Out	Resilience Quotient
Your Profile								
Adaptiv Norm								

**Area of growth focus:** \_\_\_\_\_

**What is your plan to facilitate your growth in this area?**

### **i-Resilience Summary**

Rank, from 1 – 4, your confidence, purposefulness, adaptability, and social support based on your i-resilience report. Number 1 will be your strongest component of resilience and number 4 will be the component of resilience with the most opportunity for growth.

<b>Component</b>	<b>Ranking</b>
Confidence	
Purposefulness	
Adaptability	
Social Support	

**Area of growth focus:** \_\_\_\_\_

**What is your plan to facilitate your growth in this area?**

## Advisement Screening

Area	Notes
Academic	
Financial	
Mental Well-Being	
Physical Well-Being	
Professionalism	
Relationships (CATMEs)	
Safety	
Spiritual	
Other	

### Resources:

[Academic Success Center](#)  
[APTA Financial Solutions Center](#)  
[Diversity & Inclusion](#)  
[Enrollment & Student Affairs](#)  
[Financial Aid](#)  
[Jags Care](#)  
[Campus Police](#)  
[Registrar's Office](#)  
[Spiritual Wellness](#)  
[Student Counseling & Psychological Services](#)  
[Student Health](#)  
[Testing & Disability Services](#)  
[Wellness Hub](#)

Learner's Name: \_\_\_\_\_

**Semester 2**

**Area of RFI focus from semester 1:** \_\_\_\_\_

**How is your resiliency plan going? What modifications, if any, do you need to make?**

**Component of i-Resilience focus from semester 1:** \_\_\_\_\_

**How is your resilience plan going? What modifications, if any, do you need to make?**

## Advisement Screening

Area	Notes
Academic	
Financial	
Mental Well-Being	
Physical Well-Being	
Professionalism	
Relationships (CATMEs)	
Safety	
Spiritual	
Other	

### Resources:

[Academic Success Center](#)  
[APTA Financial Solutions Center](#)  
[Diversity & Inclusion](#)  
[Enrollment & Student Affairs](#)  
[Financial Aid](#)  
[Jags Care](#)  
[Campus Police](#)  
[Registrar's Office](#)  
[Spiritual Wellness](#)  
[Student Counseling & Psychological Services](#)  
[Student Health](#)  
[Testing & Disability Services](#)  
[Wellness Hub](#)

Learner's Name: \_\_\_\_\_

**Semester 3**

**Area of RFI focus from semester 1:** \_\_\_\_\_

**How is your resiliency plan going? What modifications, if any, do you need to make?**

**Component of i-Resilience focus from semester 1:** \_\_\_\_\_

**How is your resiliency plan going? What modifications, if any, do you need to make?**

**In what ways are preparing for your first clinical education experience as it relates to resiliency?**

## Advisement Screening

Area	Notes
Academic	
Financial	
Mental Well-Being	
Physical Well-Being	
Professionalism	
Relationships (CATMEs)	
Safety	
Spiritual	
Other	

### Resources:

[Academic Success Center](#)  
[APTA Financial Solutions Center](#)  
[Diversity & Inclusion](#)  
[Enrollment & Student Affairs](#)  
[Financial Aid](#)  
[Jags Care](#)  
[Campus Police](#)  
[Registrar's Office](#)  
[Spiritual Wellness](#)  
[Student Counseling & Psychological Services](#)  
[Student Health](#)  
[Testing & Disability Services](#)  
[Wellness Hub](#)

Learner's Name: \_\_\_\_\_

**Semester 5**

**Resilience Factor Inventory (RFI) Summary**

	Emotional Regulation	Impulse Control	Causal Analysis	Self-Efficacy	Realistic Optimism	Empathy	Reaching Out	Resilience Quotient
Your Profile								
Adaptiv Norm								

**Area of growth focus:** \_\_\_\_\_

**What is your plan to facilitate your growth in this area?**

**How has your RQ changed since completing your first clinical experience?**



### **i-Resilience Summary**

Rank, from 1 – 4, your confidence, purposefulness, adaptability, and social support based on your i-resilience report. Number 1 will be your strongest component of resilience and number 4 will be the component of resilience with the most opportunity for growth.

<b>Component</b>	<b>Ranking</b>
Confidence	
Purposefulness	
Adaptability	
Social Support	

**Area of growth focus:** \_\_\_\_\_

**What is your plan to facilitate your growth in this area?**

**How has your i-Resilience changed since completing your first clinical experience?**

## Advisement Screening

Area	Notes
Academic	
Financial	
Mental Well-Being	
Physical Well-Being	
Professionalism	
Relationships (CATMEs)	
Safety	
Spiritual	
Other	

### Resources:

[Academic Success Center](#)  
[APTA Financial Solutions Center](#)  
[Diversity & Inclusion](#)  
[Enrollment & Student Affairs](#)  
[Financial Aid](#)  
[Jags Care](#)  
[Campus Police](#)  
[Registrar's Office](#)  
[Spiritual Wellness](#)  
[Student Counseling & Psychological Services](#)  
[Student Health](#)  
[Testing & Disability Services](#)  
[Wellness Hub](#)

Learner's Name: \_\_\_\_\_

**Semester 6**

**Area of RFI focus from semester 5: \_\_\_\_\_**

**How is your resiliency plan going? What modifications, if any, do you need to make?**

**Component of i-Resilience focus from semester 5: \_\_\_\_\_**

**How is your resiliency plan going? What modifications, if any, do you need to make?**

## Advisement Screening

Area	Notes
Academic	
Financial	
Mental Well-Being	
Physical Well-Being	
Professionalism	
Relationships (CATMEs)	
Safety	
Spiritual	
Other	

### Resources:

[Academic Success Center](#)  
[APTA Financial Solutions Center](#)  
[Diversity & Inclusion](#)  
[Enrollment & Student Affairs](#)  
[Financial Aid](#)  
[Jags Care](#)  
[Campus Police](#)  
[Registrar's Office](#)  
[Spiritual Wellness](#)  
[Student Counseling & Psychological Services](#)  
[Student Health](#)  
[Testing & Disability Services](#)  
[Wellness Hub](#)

Learner's Name: \_\_\_\_\_

**Semester 7**

**Resilience Factor Inventory (RFI) Summary**

	Emotional Regulation	Impulse Control	Causal Analysis	Self-Efficacy	Realistic Optimism	Empathy	Reaching Out	Resilience Quotient
Your Profile								
Adaptiv Norm								

**Area of growth focus:** \_\_\_\_\_

**What is your plan to facilitate your growth in this area?**

**How will you use this opportunity to prepare for your terminal clinical experiences and entry-level practice?**

### **i-Resilience Summary**

Rank, from 1 – 4, your confidence, purposefulness, adaptability, and social support based on your i-resilience report. Number 1 will be your strongest component of resilience and number 4 will be the component of resilience with the most opportunity for growth.

<b>Component</b>	<b>Ranking</b>
Confidence	
Purposefulness	
Adaptability	
Social Support	

**Area of growth focus:** \_\_\_\_\_

**What is your plan to facilitate your growth in this area?**

**How will you use this opportunity to prepare for your terminal clinical experiences and entry-level practice?**

## Advisement Screening

Area	Notes
Academic	
Financial	
Mental Well-Being	
Physical Well-Being	
Professionalism	
Relationships (CATMEs)	
Safety	
Spiritual	
Other	

### Resources:

[Academic Success Center](#)  
[APTA Financial Solutions Center](#)  
[Diversity & Inclusion](#)  
[Enrollment & Student Affairs](#)  
[Financial Aid](#)  
[Jags Care](#)  
[Campus Police](#)  
[Registrar's Office](#)  
[Spiritual Wellness](#)  
[Student Counseling & Psychological Services](#)  
[Student Health](#)  
[Testing & Disability Services](#)  
[Wellness Hub](#)

## **APPENDIX C: Attribute Descriptions for Generic Abilities**

### **Attribute Descriptions for Generic Abilities: \***

- 1) Commitment to Learning
  - a. Identify problems and prioritize your learning needs.
  - b. Demonstrate a positive attitude toward learning; seek and welcome new learning opportunities.
  - c. Set personal and professional goals.
  - d. Offer your own thoughts and ideas during learning activities.
  - e. Research and study areas when you identify lacking knowledge.
- 2) Interpersonal Skills
  - a. Maintain professional demeanor in interactions as each situation demands.
  - b. Communicate with others in a respectful, confident manner.
  - c. Demonstrate acceptance of any limitations in your knowledge and experience
  - d. Demonstrate respect for all peers, faculty, and staff within and outside of this department.
  - e. Demonstrate responsibility and accountability for your own actions.
  - f. Respond appropriately to unexpected situations.
  - g. Talk about difficult issues with sensitivity and objectivity.
  - h. Approach others appropriately to discuss a difference in opinion.
- 3) Communication Skills
  - a. Recognize the impact of non-verbal communication: eye contact, active listening, body language.
  - b. Demonstrate effective active listening skills.
  - c. Use standardized English for oral and written communications, using logical organization, correct grammar and accurate spelling and expression.
  - d. Mediate conflict if necessary, using effective professional and interpersonal communication techniques.
  - e. Submit professionally written papers and assignments, according to recommended or prescribed format.
- 4) Effective Use of Time and Resources
  - a. Focus on the task at hand without dwelling on past mistakes.
  - b. Use unscheduled time efficiently.
  - c. Respect demands on others' time and make arrangements accordingly.
  - d. Set priorities and reorganize as needed.
  - e. Demonstrate the ability to say "No" when this would be most effective.
  - f. Advance personal and professional goals while maintaining expected workload.



- 5) Use of Constructive Feedback
  - a. Demonstrate active listening skills during feedback sessions.
  - b. Perform ongoing self-assessment and actively seek peer and faculty feedback and help.
  - c. Use feedback to establish professional goals.
  - d. Provide constructive and timely feedback to peers and faculty (academic and clinical) and staff as appropriate.
  - e. Engage in non-judgmental, constructive problem-solving discussions. Reconcile differences in feedback with sensitivity.
- 6) Problem-Solving
  - a. State problems and potential solutions clearly utilizing appropriate assertiveness skills.
  - b. Examine multiple solutions to problems.
  - c. Consider consequences/effects of possible solutions.
  - d. Accept responsibility for implementing solutions to problems.
  - e. Participate in efforts to examine and resolve problems in community.
- 7) Professionalism
  - a. Abide by program and professional association (APTA) codes and positions.
  - b. Demonstrate honesty, courage, and continuous regard for all.
  - c. Project professional image
  - d. Act on moral commitment
  - e. Seek and emulate positive professional role models.
  - f. Participate actively in professional associations (regional, state, national)
  - g. Act in leadership role when called or led to do so.
  - h. Support and engage in research.
- 8) Responsibility
  - a. Demonstrate dependability and punctuality.
  - b. Follow through on commitments.
  - c. Accept responsibility for actions and outcomes.
  - d. Offer and accept help when needed.
  - e. Encourage accountability among peers and class communities.
- 9) Critical Thinking
  - a. Raise relevant questions.
  - b. Consider available information (based on knowledge and experience) and articulately offer ideas.
  - c. Recognize gaps in knowledge and seek further information/understanding.
  - d. Demonstrate an openness to be challenged with new and/or contradictory ideas and information.
  - e. Justify suggested solutions to problems.
  - f. Recognize own biases and suspend judgmental thinking.
  - g. Challenge others to think critically.

10) Stress Management

- a. Recognize own stressors or problems and seek help as needed.
- b. Recognize distress or problems in others and help them recognize these.
- c. Maintain professional demeanor in all situations.
- d. Maintain balance between professional and personal life, establishing appropriate/healthy outlets to cope with stressors.
- e. Demonstrate effective affective responses in all situations, including remaining calm in urgent situations.
- f. Prioritize multiple commitments and obligations.
- g. Recognize when problems are out of your control or unsolvable.
- h. Offer solutions for stress reduction for individual peers and in classroom community.

\*From: May, W., Morgan, B. et al. *Model for Ability-Based Assessment in Physical Therapy Education*. Journal of Physical Therapy Education. 9:1, 3-6, Spring 1995

**Generic Abilities\* Applied to Classroom Settings**

\*From: May, W., Morgan, B. et al. *Model for Ability-Based Assessment in Physical Therapy Education*. Journal of Physical Therapy Education. 9:1, 3-6, Spring 1995

<b>Generic Ability</b>	<b>Descriptions</b>	<b>Examples of Expected Classroom Behaviors</b>	<b>Examples of Unacceptable Classroom Behaviors</b>
Commitment to Learning	<ul style="list-style-type: none"> <li>• Identify problems and prioritize your learning needs</li> <li>• Demonstrate a positive attitude toward learning; seek and welcome new learning opportunities</li> <li>• Set personal and professional goals</li> <li>• Offer your own thoughts and ideas during learning activities</li> <li>• Research and study areas when you identify lacking knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Prepared and self-directed learner</li> <li>• Identifies own needs and seeks assistance</li> <li>• Regularly attends and is on time for classes, labs, and clinical internships</li> <li>• Notifies instructor of absences in accordance with Learner Handbook.</li> </ul>	<ul style="list-style-type: none"> <li>• Uninterested</li> <li>• Uninvolved</li> <li>• Unprepared</li> <li>• Does not take responsibility for own learning</li> <li>• Actions distract from a positive learning environment</li> <li>• Late for class</li> <li>• Often absent</li> </ul>

<p>Interpersonal Skills</p>	<ul style="list-style-type: none"> <li>• Maintain professional demeanor in interactions as each situation demands</li> <li>• Communicate with others in a respectful, confident manner</li> <li>• Demonstrate acceptance of any limitations in your knowledge and experience</li> <li>• Demonstrate respect for all peers, faculty, and staff within and outside of this department</li> <li>• Demonstrate responsibility and accountability for your own actions</li> <li>• Respond appropriately to unexpected situations</li> <li>• Talk about difficult issues with sensitivity and objectivity</li> <li>• Approach others appropriately to discuss a difference in opinion</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates discussion to resolve conflicts</li> <li>• Actively listens</li> <li>• Modifies communication based on listener.</li> <li>• Respects cultural and personal differences including gender, age, and personal space.</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate non-verbal communication</li> <li>• Sleeps in class</li> <li>• Feet are on table/desktop.</li> </ul>
<p>Communication Skills</p>	<ul style="list-style-type: none"> <li>• Recognize the impact of non-verbal communication: eye contact, active listening, body language</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes impact of non-verbal communication</li> <li>• Modifies written, verbal, and non-verbal communication</li> </ul>	<ul style="list-style-type: none"> <li>• Writes illegibly, unorganized</li> <li>• Verbal and nonverbal messages are inconsistent.</li> <li>• Uses computers and other electronic</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrate effective active listening skills</li> <li>• Use standardized English for oral and written communications, using logical organization, correct grammar, and accurate spelling and expression</li> <li>• Mediate conflict if necessary, using effective professional and interpersonal communication techniques</li> <li>• Submit professionally written papers and assignments, according to recommended or prescribed format</li> </ul>	<p>to meet needs of audiences (e.g., patients/clients, caregivers, colleagues)</p> <ul style="list-style-type: none"> <li>• Able to communicate message in several different ways</li> <li>• Maintains open, honest, constructive, and timely communication.</li> </ul>	<p>devices for non-course-related activities during class lecture and laboratory sessions</p>
<p>Effective Use of Time and Resources</p>	<ul style="list-style-type: none"> <li>• Focus on the task at hand without dwelling on past mistakes</li> <li>• Use unscheduled time efficiently</li> <li>• Respect demands on others' time and make arrangements accordingly</li> <li>• Set priorities and reorganize as needed</li> <li>• Demonstrate the ability to say "No" when this would be most effective</li> </ul>	<ul style="list-style-type: none"> <li>• Plans ahead</li> <li>• Uses all available resources</li> <li>• Independently seeks answers</li> <li>• Respects time commitments of others</li> <li>• Comes to class (lectures and labs) prepared</li> <li>• Timely completion of all assignments and readings</li> <li>• Dresses appropriately for labs in</li> </ul>	<ul style="list-style-type: none"> <li>• Asks questions that indicate that the learner is unprepared or has not made use of available resources, including faculty</li> <li>• Learner is unprepared for lecture/lab</li> <li>• Fails to clean up after self at the end of class sessions</li> </ul>

	<ul style="list-style-type: none"> <li>• Advance personal and professional goals while maintaining expected workload</li> </ul>	<p>accordance with syllabus</p> <ul style="list-style-type: none"> <li>• Actively participates in lectures and labs</li> <li>• Informs instructor if circumstances exist that might affect ability to safely participate.</li> </ul>	
Use of Constructive Feedback	<ul style="list-style-type: none"> <li>• Demonstrate active listening skills during feedback sessions</li> <li>• Perform ongoing self-assessment and actively seek peer and faculty feedback and help</li> <li>• Use feedback to establish professional goals</li> <li>• Provide constructive and timely feedback to peers and faculty (academic and clinical) and staff as appropriate</li> <li>• Engage in non-judgmental, constructive problem-solving discussions</li> <li>• Reconcile differences in feedback with sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• Actively listens and demonstrates positive attitude toward feedback when provided</li> </ul>	<ul style="list-style-type: none"> <li>• Is resistant to feedback</li> <li>• Unable to recognize own weaknesses</li> <li>• Becomes defensive in response to feedback when provided</li> </ul>
Problem-Solving	<ul style="list-style-type: none"> <li>• State problems and potential solutions clearly utilizing appropriate assertiveness skills</li> </ul>		

	<ul style="list-style-type: none"> <li>• Examine multiple solutions to problems</li> <li>• Consider consequences/effects of possible solutions</li> <li>• Accept responsibility for implementing solutions to problems</li> <li>• Participate in efforts to examine and resolve problems in community</li> </ul>		
Professionalism	<ul style="list-style-type: none"> <li>• Abide by program and professional association (APTA) codes and positions</li> <li>• Demonstrate honesty, courage, and continuous regard for all</li> <li>• Project professional image</li> <li>• Act on moral commitment</li> <li>• Seek and emulate positive professional role models</li> <li>• Participate actively in professional associations (regional, state, national)</li> <li>• Act in leadership role when called or led to do so</li> <li>• Support and engage in research</li> </ul>	<ul style="list-style-type: none"> <li>• Projects a professional image in all situations through appearance and interactions including with peers, faculty, staff, clinical supervisors, patients/clients, and during patient demonstrations, field trips, and attending conferences</li> <li>• Wears name tag for all labs and off campus class requirements</li> <li>• Abides by the <i>Augusta University Learner Conduct Code</i> and APTA Code of Ethics.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequently and/or consistently demonstrates unprofessional behavior by violating examples of expected behaviors</li> </ul>
Responsibility	<ul style="list-style-type: none"> <li>• Demonstrate dependability and punctuality</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates accountability for actions and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Unreliable</li> <li>• Places blame on others for the outcomes</li> </ul>

	<ul style="list-style-type: none"> <li>• Follow through on commitments</li> <li>• Accept responsibility for actions and outcomes</li> <li>• Offer and accept help when needed</li> <li>• Encourage accountability among peers and class communities</li> </ul>	<ul style="list-style-type: none"> <li>• Is dependable, punctual, and timely with all assigned activities</li> <li>• Assumes responsibility for learning and change</li> <li>• Maintains confidentiality of information</li> </ul>	<p>and consequences of their personal choices and actions</p> <ul style="list-style-type: none"> <li>• Shares confidential information without prior approval</li> </ul>
Critical Thinking	<ul style="list-style-type: none"> <li>• Raise relevant questions</li> <li>• Consider available information (based on knowledge and experience) and articulately offer ideas</li> <li>• Recognize gaps in knowledge and seek further information/ understanding</li> <li>• Demonstrate an openness to be challenged with new and/or contradictory ideas and information</li> <li>• Justify suggested solutions to problems</li> <li>• Recognize own biases and suspend judgmental thinking</li> <li>• Challenge others to think critically</li> </ul>		
Stress Management	<ul style="list-style-type: none"> <li>• Recognize own stressors or problems and seek help as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritizes and organizes commitments and responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Allows stress to affect professional behavior</li> </ul>

	<ul style="list-style-type: none"><li>• Recognize distress or problems in others and help them recognize these</li><li>• Maintain professional demeanor in all situations</li><li>• Maintain balance between professional and personal life, establishing appropriate/healthy outlets to cope with stressors</li><li>• Demonstrate effective affective responses in all situations, including remaining calm in urgent situations</li><li>• Prioritize multiple commitments and obligations</li><li>• Recognize when problems are out of your control or unsolvable</li><li>• Offer solutions for stress reduction for individual peers and in classroom community</li></ul>	<p>to decrease stress</p> <ul style="list-style-type: none"><li>• Recognizes when problems are unsolvable</li><li>• Handles unexpected changes appropriately</li></ul>	<ul style="list-style-type: none"><li>• Fails to recognize stress in others to modify interactions with them</li></ul>
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## **APPENDIX D: Core Values for the Physical Therapist and Physical Therapist Assistant**

**HOD P09-21-21-09** [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-

07-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

- **Altruism**

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

- **Collaboration**

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

- **Compassion and Caring**

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

- **Duty**

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

- **Excellence**  
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Inclusion**  
Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.
- **Integrity**  
Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.
- **Social Responsibility**  
Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

#### **Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

**Last Updated:** 12/14/2021

**Contact:** [governancehouse@apta.org](mailto:governancehouse@apta.org)

## **APPENDIX E- Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media<sup>1</sup>**

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions, and practices. Significant educational benefits can be derived from this technology, but learners need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions, or colleagues (peers and faculty) and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for Doctor of Physical Therapy learners and the profession in the appropriate use of the internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The Department of Physical Therapy is committed to maintaining respect for the core values of freedom of speech and academic freedom.

Learners are reminded that they must meet multiple obligations in their capacity as future health professionals, as members of the profession, and the American Physical Therapy Association, and as clinical affiliates of hospitals and other institutions. These obligations extend to the use of the internet at any time, whether in a private or public forum.

### **General Guidelines for Appropriate Internet Use**

These Guidelines are based on several foundational principles:

- The importance of privacy and confidentiality to the development of trust between learners, faculty, staff, and patient volunteers.
- Respect for colleagues and co-workers in an inter-professional environment,
- The tone and content of electronic conversations should remain professional.
- Individual responsibility for the content of blogs and other social networking forums.
- The permanency of published material on the Web, and
- That all involved in health care have an obligation to maintain the privacy and security of patient records and personal information in any form or any medium, whether written, printed, photographic, electronic, or otherwise.

### **Posting Information about Colleagues and Co-Workers**

Respect for the privacy rights of colleagues and co-workers is important in an inter-professional environment. If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission, preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behavior.

<sup>1</sup> Adapted from Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media, University of Toronto Faculty of Medicine.  
<http://www.facmed.utoronto.ca/Assets/ume/registrar/Guidelines+for+Appropriate+Use+of+the+Internet.doc>

## **APPENDIX F- Mastery Support Process Procedures**

If a learner does not meet mastery in a course with a PTHP prefix, a mastery support process consisting of the following three essential parts will be offered to the learner:

1. Identification and evaluation of knowledge and/or skill(s) deficits through methods such as:
  - a. Test item analysis performed by the learner
  - b. Review of practical exam performance. Faculty would be available for learners to review their practical feedback (recommended to do this within a week of the practical so the recollection of the performance is fresh). Learners would be responsible for requesting a meeting and reviewing their feedback form prior to the meeting with the faculty.
2. Development and implementation of an action plan to correct the deficits in knowledge and/or skills
  - a. For written examination:
    - i. Discussion of the results of the test item analysis with a course faculty member.
    - ii. Discussion of suggested strategies and learning activities to improve understanding of concepts and knowledge in the areas of concern
    - iii. Documentation of the major points of the discussion will be documented and signed by faculty and learner.
  - b. For practical examinations:
    - i. Discussion of the details of the skills or knowledge that were found to be deficient during the practical examination.
    - ii. Discussion of suggested strategies for preparing for the practical retest include practice with a faculty member and/or videotaping practice with a classmate followed by review with a faculty member.
    - iii. Documentation of the details of the skills or knowledge that were found to be deficient would be agreed upon and signed by learner and faculty. The document will clearly state the expectation of the practical retest. (see template titled "Documentation Template for the Mastery Support Process: Practical Examination" on the following page).
3. Reassessment to evaluate mastery of the necessary knowledge and/or skills.

Learner: \_\_\_\_\_  
 Semester: \_\_\_\_\_

Course: PTHP \_\_\_\_\_

Instructor: \_\_\_\_\_

Date	Mastery Support Process	Comments	<u>Initials</u> Instructor & learner
	Reviewed practical performance with learner		
	Discussed reason for non-mastery <ul style="list-style-type: none"> <li>▪ Learner's perception</li> <li>▪ Instructor's perception</li> </ul>		
	Discussed possible remediation strategies <ul style="list-style-type: none"> <li>▪ Videorecording of practice sessions</li> <li>▪ Practice case scenarios with peers</li> <li>▪ Practice case scenarios with instructor</li> <li>▪ Review of didactic instruction</li> <li>▪ Practice individual skills</li> <li>▪ Other</li> </ul>		
	Developed a remediation plan to include the following learning activities: (may circle above activities, specify in Comments or see attached sheet )		
	Discussed terms for re-testing <ul style="list-style-type: none"> <li>▪ Type of case/problem to expect</li> <li>▪ Who will be evaluating the learner</li> <li>▪ Videotaping of performance</li> <li>▪ Where it will occur</li> <li>▪ When it will occur</li> </ul>		
	Documented time spent with learner in mastery support activities (attach document if necessary)		

**Entire plan must be signed prior to retesting**

Learner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX G- Receipt of Learner Handbook and Acknowledgement of Understanding**

My signature below indicates that I have been shown where I can find electronic access to the DPT Learner Candidate Handbook for Augusta University Doctor of Physical Therapy (AU DPT) program.

I acknowledge that it is a requirement of the AU DPT that I complete a criminal background check prior to starting the DPT program and that it is my responsibility as a learner to contact any planned licensing authorities to determine if I will be eligible for licensure.

I also acknowledge that I may be required to have additional criminal background checks performed prior to clinical affiliations and or during application for licensure. I understand that I may be prevented from attending clinical affiliations, completing the DPT program, and obtaining a physical therapy license because of negative information contained in a criminal background check.

I understand that laboratory sessions are a required element in my education at Augusta University's Doctor of Physical Therapy Program and that by signing this form I give my consent to my participation in all laboratory sessions.

I understand that it is my responsibility to inform the instructor if I have medical concerns that may interfere with my participation in any laboratory exercise and that it is my responsibility to consult with my physician if there are questions pertaining to my full participation in laboratory sessions.

I acknowledge that I am participating voluntarily and that it is my responsibility to learn indications, contraindications, and precautions in advance of allowing any clinical technique or procedure to be performed on me.

I also understand that Augusta University's Doctor of Physical Therapy faculty and instructors will help me understand the indications, contraindications, precautions, and techniques of all procedures in which I will be asked to participate, either as clinician or subject and that to the best of my knowledge, I am safe to perform the assigned procedures and have the procedures performed on me by fellow learners and faculty/instructors. I confirm that I have or will disclose all pertinent information to Augusta University Doctor of Physical Therapy faculty and can safely participate in the laboratory sessions.

I release my fellow learners, faculty/instructors, Augusta University and its representatives and employees from all claims and liability arising out of, or relating in any way to, my participation in laboratory sessions, whether I may be acting as learner, subject, clinician, or otherwise.

I understand that my academic progress and grades will be discussed amongst core faculty, associated faculty, and clinical faculty with the intent of enhancing my learning experience and furthering my success in the program. I understand the Program's progression process, professionalism, and academic expectations and the consequences of not meeting the described standards.

**I acknowledge full responsibility for becoming familiar with and understanding the contents of this document.**

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Learner Name (Print)

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Learner Name (Signature)

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Date Signed