



NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

School of Health Sciences and Practice

DEPARTMENT OF REHABILITATION SCIENCES
DIVISION OF PHYSICAL THERAPY
D.P.T. STUDENT HANDBOOK

Academic Year 2023-2024

Please Note:

All students in the Division of Physical Therapy are subject to the policies/procedures set forth in this handbook. If the handbook is revised, students are subject to the updated handbook policies/procedures. If any information in this handbook is inconsistent with college policy, the policy of the College prevails. New York Medical College reserves the right to change policies and procedures at any time and without prior notice. Errors and omissions in published documents (written or electronic) may be corrected at any time. This handbook is provided for informational purposes only and is not a contract.

Students are required to sign a document attesting to having received and read the Graduate Student Handbook.

Handbook Updated May 2023

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Overview of the Department of Physical Therapy DPT Student Handbook

The Department of Physical Therapy DPT Student Handbook comprises policies and procedures that either replicate or further delineate the policies and procedures of the institution and school, or provide policies and procedures not included in those of the institution and school.

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Program Philosophy

Seven fundamental assumptions and associated objectives form the basis of the curriculum plan.

First, professional education in physical therapy should include a strong emphasis on foundational sciences, which include Anatomy, Histology, Physiology, Applied Physiology, Pathophysiology, Behavioral Sciences, Biomechanics and Kinesiology, Neuroscience, Pathology, and Pharmacology. These courses are taught by the faculty of the Program in Physical Therapy, and by various faculty from the School of Medicine, the Graduate School of Biomedical Sciences, and the School of Health Sciences and Practice.

Second, physical therapy is a clinical science. Therefore, students must learn a systematic approach to physical therapy examination, evaluation, diagnosis, prognosis, and intervention. It cannot be assumed that these skills will be learned in clinical affiliations. Rather, they must be explicitly integrated into the academic curriculum.

Third, physical therapy examination, evaluation, diagnosis, prognosis, and intervention should be based on sound scientific principles and investigations of clinical efficacy. Therefore, students must learn clinical reasoning based on critical analysis of the scientific and clinical literature. Scientific investigation should be taught as an integral part of usual physical therapy practice, rather than as a specialized or separate activity.

Fourth, the teaching of the science of physical therapy should be organized around the International Classification of Function (ICF) model that includes the concepts of health condition, body structure and function, activity, and participation, consistent with the APTA Guide to Physical Therapy Practice. Instead of presenting the curriculum in a body systems-based model, e.g., into musculoskeletal, neurological, and cardiopulmonary components, the curriculum is organized in blocks of conventional course work for the foundational sciences and problem-based learning tutorials and laboratories for the clinical sciences.

Fifth, clinical reasoning and critical analysis in physical therapy are high-level skills that are best learned in a self-directed, learner-centered framework. Problem-based learning provides this framework by providing an opportunity for students to take responsibility for their learning and to integrate basic and clinical science, clinical reasoning, and critical analysis on a clinical problem. Learning is done primarily in small tutorial groups and through self-directed learning.

Sixth, the specific objectives and desired outcomes of the educational process should be assessed throughout the curriculum. Testing of student competencies is viewed as an integral part of the learning process. In the clinical science courses, testing is competency based. Expected levels of competency are defined at each stage of the curriculum. In addition to faculty testing of competencies, student self-assessment is emphasized. Curricular objectives are classified for purposes of testing as relating to (1) knowledge base (short-answer tests), (2) clinical skills (practical exams), (3) clinical reasoning and analysis (evaluation of group process, written exams, and assignments), and (4) professional behavior (evaluation of group process, written and oral communications).

Seventh, clinical education needs to be integrated with the academic curriculum. The didactic education of students will consistently include clinical cases. Students will have both variety and depth of experience in their clinical assignments. Current clinical practice patterns and student performance during clinical affiliations will be evaluated and used to make appropriate modifications in the curriculum, ensuring a contemporary and valid educational framework.

Program Mission Statement

We promote the participation of the members of our diverse society through innovative learner-centered education of physical therapy students, community service, scholarship, and interprofessional collaboration. We provide contemporary preparation for physical therapy practice that will be evidence-based and personalized so clients will be able to optimize their movement capacity within available resources to maximize their life experiences.

Program Goals

- I. Educate and graduate physical therapy students with the clinical skills necessary to effectively examine, evaluate, diagnose, prognosticate, and manage the health care of clients from a culturally and socioeconomic diverse society.
- II. Educate and graduate physical therapy students with the management skills necessary to effectively provide health care services in various and changing models of health care delivery.
- III. Educate and graduate physical therapy students with the professional behaviors necessary to successfully communicate, collaborate, and work effectively with professional colleagues, clients, and other individuals associated with patient/client management.
- IV. Utilize contemporary and innovative educational strategies to promote learner-centered physical therapy education.
- V. Collaborate with scientists, physical therapy colleagues, and other health professionals to promote and achieve desirable outcomes in interprofessional education, scholarship, and service.
- VI. Conduct and disseminate scholarly activities in clinical practice, service, and teaching that provide evidence for decisions made and advances in these areas.
- VII. Provide community-based advocacy and service to culturally and socioeconomic diverse communities that benefit from physical therapy related activities.
- VIII. Educate the health care community and our diverse society in the ways physical therapy is an integral component of optimizing movement and maximizing life experiences.
- IX. Achieve within faculty, graduates, and students a culture of lifelong learning.
- X. Support the ongoing professional development of faculty, alumni, and students in areas of scholarship, teaching, and service.

Expected Program Outcomes

Graduates will be prepared to be effective practitioners of physical therapy, and to make professional contributions to physical therapy education, scholarship, and service.

Graduates will display the ability to collaborate with peers and other health professionals in clinical practice, scholarship, and service.

Graduates will display professional behaviors in all professional activities.

Graduates will be prepared to work in a wide variety of settings and roles - as clinicians, consultants, educators, researchers, and administrators.

Graduates will be able to organize and carry out health promotion, wellness, and prevention programs in their communities.

Graduates will be prepared to educate health professionals and the public in the range of physical therapy services and roles through activity in physical therapy clinical practice, education, scholarship, and community service.

Faculty, students, and graduates will be able to integrate scientific inquiry, clinical reasoning, technical skill, and social responsibility into the practice of physical therapy.

Faculty, graduates, and students will be dedicated to a lifetime of self-directed learning and professional development.

Faculty, students, and graduates will carry out health promotion, wellness, and prevention programs in their communities.

Faculty, students, and graduates will have the skills to be professionally active in addressing health and wellness issues of all members of society through pro bono service and advocacy.

Faculty will display skills in teaching, service, and an ongoing scholarly record consistent with expectations put forth by the Commission on Accreditation in Physical Therapy Education.

The program curriculum will include contemporary and innovative strategies in teaching and learning.

The program resources will include contemporary educational media and technology sufficient for student education.

The program will provide resources, mentorship, collaboration with academicians and health professionals, and professional development programming to advance the professional development of faculty, students, and graduates.

The program will assist faculty in achieving professional achievements and the university standards for promotion.

Doctor of Physical Therapy (DPT) Degree Program

GENERAL PROGRAM DESCRIPTION

The Program in Physical Therapy involves nine semesters of full-time education offered over three years of study (see 'Curriculum' section). In the first two semesters of the program (Summer I and Fall I), students take courses that are presented in a conventional lecture/laboratory format. These two semesters have a primary focus of providing a strong foundation in basic and medical sciences, with some additional course work to introduce students to the profession of physical therapy and basic assessment procedures. In the spring of the first year, students begin course work addressing patient examination, evaluation, and treatment. These areas are taught within a well-structured problem-based learning (PBL) format that runs from the spring of the first year through the summer of the third year. Problem-based learning at New York Medical College occurs through three integrated processes. One component of the PBL process is small group tutorial sessions, the second is laboratory sessions, and the third is specialized lectures. In the tutorial sessions, students work in small groups with a faculty tutor whose role is primarily that of facilitator. The tutorial groups meet two times per week for approximately two and one-half hours each time. Tutorial groups work through clinical problems carefully designed to assist students in meeting unit objectives in basic and clinical science, psychosocial, professional, and scientific inquiry concepts. The clinical problems are selected and developed to provide students with exposure to common clinical conditions and physical therapy interventions. Groups work through each problem using prior knowledge and identify areas for further study. The group facilitators assist the students in identifying pertinent objectives and learning outcomes at the appropriate level of study. Weekly specialized lectures and resource sessions serve as the second component of the PBL process. The purpose of these is to enhance students' exposure to the art and science of physical therapy. Lectures and demonstrations are provided by physical therapists, physicians, and other health professionals who work with patients similar to those described in the tutorial case studies. The third component of the PBL process is laboratory sessions, which occur four times each week in three-hour sessions. Within these laboratories, students learn skills in patient screening, diagnosis, goal planning, intervention, referral to other professionals, and outcome assessment. The laboratories are designed to complement the case studies being discussed in the tutorial sessions each week and to bring in additional cases. Thus, discussions of patient problems and the acquisition of skills in physical therapy evaluation and intervention are experienced simultaneously. In addition to problem-based learning, students continue to have traditional lecture and laboratory courses in research processes, public health, administration, and health and wellness. An elective course and advanced seminars allow students to expand their knowledge base in selected areas. This allows for the full integration of didactic study, research, discussion, and practice in the clinical skills of physical therapy.

THE DOCTORAL PROJECT:

AN OPPORTUNITY FOR PROFESSIONAL SPECIALIZATION

The Doctor of Physical Therapy (DPT) degree at New York Medical College is a clinical doctorate. As such, students are expected to carry out a culminating doctoral project. However, this need not be restricted to clinical research. Students may choose to work on a clinical research project, but may also choose to complete a project in one of two other areas commonly associated with the professional service of physical therapists: education, and public health. The model for the doctoral project process is one of apprenticeship and mentorship. In the spring of the first year, students choose from a selection of faculty sponsored research and public health projects, or select a teaching practicum in one of several program courses. Over the second and into the third year, students work with faculty advisors to develop, expand, and carry out unique aspects of the faculty sponsored project. A written manuscript is required of each student in the spring semester of the third year that demonstrates an in-depth analysis and execution of the doctoral project. The expectation is for the eventual publication and/or presentation of many of these projects in a professional forum.

COMMUNITY SERVICE PROJECT:

Beginning in the Spring semester of the first year and running through the Fall semester of year two, students work in small groups to plan and carry out a community service project. Each project is one in which students provide a physical therapy related service that attempts to meet a need within the community. Students develop a proposal for a program, provide necessary instruction and follow-up, and evaluate their results. They write up a summary of their project, and at the end of the Fall semester, they present the project to the college community in a poster format.

This project is included in the physical therapy curriculum to help students to develop the skills required to initiate, plan, and participate in community service activities. This task is also consistent with the charter of New York Medical College, which includes the goal of 'serving the underserved'. The purpose of this project is for students to develop skills and demonstrate their commitment to the professional goal of community service through a meaningful experience.

Problem-based learning at New York medical college

In the spring of the first year, students begin course work dealing with patient evaluation and treatment. These areas are taught within a well-structured problem-based learning (PBL) format that runs from the spring of the first year through the summer of the third year. Problem-based learning at New York Medical College occurs through three integrated processes. One component of the PBL process is small group tutorial sessions, the second is laboratory sessions, and the third is specialized lectures.

In the tutorial sessions, students work in small with a faculty tutor whose role is primarily that of facilitator. The tutorial groups meet two times per week for approximately two and one-half hours each time. Tutorial groups work through clinical problems carefully designed to assist students in meeting unit objectives in basic and clinical science, psychosocial, professional, and scientific inquiry concepts. The clinical problems are selected and developed to provide students with exposure to common clinical conditions and physical therapy interventions. Groups work through each problem using prior knowledge and identify areas for further study. The tutors, who are faculty or expert clinicians from local clinics, assist the students in identifying pertinent objectives and learning outcomes at the appropriate level of study.

Weekly specialized lectures and resource sessions serve as the second component of the PBL process. The purpose of these is to enhance students' exposure to the art and science of physical therapy. Lectures and demonstrations are provided by physical therapists, physicians, and other health professionals who work with patients similar to those described in the tutorial case studies.

The third component of the PBL process is laboratory sessions, which occur four times each week in three-hour sessions. Within these laboratories, students test their ideas about how to solve patient problems, and learn skills in patient screening, diagnosis, goal planning, intervention, referral to other professionals, and outcome assessment. The laboratories are designed to complement the case studies being discussed in the tutorial sessions each week and to bring in additional cases. Thus, discussions of patient problems and the acquisition of skills in physical therapy evaluation and intervention are experienced simultaneously.

Problem-based learning promotes the integration of foundational and clinical science, scientific inquiry, and clinical reasoning. The use of clinical problems provides a context for learning that is believed to make it easier for students to translate knowledge and skills to the clinical setting and improve retention of this material. The opportunity to verbalize and debate concepts in small group settings is believed to result in a dynamic learning environment and promote greater depth of understanding of educational material. Students are expected to research independently between tutorial sessions to address learning issues generated by the group. The learning and group skills associated with problem-based learning provide students a foundation for developing into lifelong learners with a scientific approach to clinical practice in physical therapy.

EVIDENCE-BASED PRACTICE

A very important benefit of the problem-based learning model used at New York Medical College is that students learn from their earliest clinical coursework to base their intervention strategies on evidence of best practice. Physical therapy is a clinical science that utilizes treatment approaches that are based on sound scientific principles and investigations of clinical effectiveness. In the Physical Therapy Program at NYMC, students learn how to establish a physical therapy diagnosis, set goals, develop a treatment plan, and modify treatments as the patient progresses. The learning of these skills is not left to the clinical affiliations. It is explicitly integrated into the academic curriculum. Furthermore, because scientific investigation is not taught as an activity separate from clinical practice, but rather as an integral part of the professional practice of physical therapy, students learn clinical reasoning based on a critical analysis of the scientific and clinical literature.

CURRICULUM

		Credits
SUMMER I	Human Anatomy and Histology	6
	Kinesiology	3
	Professional Practice I	3
FALL I	Neuroscience	4
	Human Physiology	3
	Introduction to Clinical Science in Physical Therapy	4
	Exercise Science	3
SPRING I	Clinical Science in Physical Therapy I: Acute/Orthopedics	10
	Introduction to Biostatistics	3
	Clinical Medicine for Physical Therapists	3
SUMMER II	Clinical Education I	7
	Clinical Applications of Research	3
FALL II	Clinical Science in Physical Therapy II: Neurologic/Spine Health Care in the US	10
		3
	Elective	3
SPRING II	Clinical Education II	7
	Public Health in Physical Therapy	2
SUMMER III	Clinical Science in Physical Therapy III: Pediatrics	5
	Professional Practice II: PT Administration	3
	Biomechanical Analysis of Human Gait	3
	Seminar in Clinical Decision Making for Complex Patients	3
FALL III	Professional Practice III: Scholarship and Service	3
	Public Health in Physical Therapy	2
	Clinical Education III	8
	Physical Therapy in Preventative Healthcare and Wellness	3
SPRING III	Clinical Education IV	8
	Doctoral Project	4
	Advanced Seminar in Leadership	3
	Comprehensive Written Examination	
TOTAL CURRICULUM		120

COURSE DESCRIPTIONS

SUMMER I

Human Anatomy and Histology

The Human Anatomy component of this course provides an in-depth study of the structures of the human body, especially the locations, relationships, and functions of all muscles, bones, joints, and peripheral nerves. The organs of the thorax, abdomen, pelvis, and perineum are identified, along with their blood supplies, innervations, and general functions. Gross features of the brain and spinal cord are also examined. Histology provides an overview of cells and tissues related to the epithelium, bones and cartilage, muscles, the nervous system, and the endocrine system. Students learn through readings, lectures, and laboratory dissection.

Kinesiology

This course introduces students to basic principles of functional anatomy, biomechanics, and task analysis. The course initially focuses on the identification of muscles and anatomical structures through palpation, and on principles of biomechanics. Students then learn to assess the forces and muscle activity involved in functional movements via a series of integrated lectures and laboratory experiences. The terminal course components emphasize the comprehensive analysis of functional tasks that students demonstrate through a group task analysis and presentation.

Professional Practice I

An introduction to physical therapy as a profession. Students learn the legal and historical basis of physical therapy as a scientifically based health profession. The lecture/seminar centers on the concepts of disability and participation as major foci of physical therapy practice. The importance of clearly defining and measuring outcomes is considered. Students examine the process of clinical decision-making and discuss different models of establishing a physical therapy diagnosis and using it to develop a plan of care. Students learn principles of documentation using a functional outcomes format. Students learn about cultural competence in healthcare. Students also address issues in communication, learning, professional development, professional service, and ethics.

FALL I

Neuroscience

A study of the structure and function of the central nervous system including embryology, circulation, nuclei, tracts, and functional connections. Lectures focus on basic principles of neural organization as well as the consequences of damage to the nervous systems. Laboratories provide an opportunity for students to visualize the three-dimensional structure of the brain, as well as to learn structure-function relationships in an interactive situation. Students also learn basic neurological examination and evaluation techniques in a sub-component of the course titled Neurological Examination and Evaluation.

Human Physiology

A basic course in human physiology which examines the functional characteristics of the renervous, musculoskeletal, cardiovascular, and respiratory systems. Topics include the physiology of excitable tissues, reflexes, muscle contraction, hemodynamics, micro and macro circulation, respiratory mechanics, cellular respiration, and the autonomic nervous system.

Introduction to Clinical Science in Physical Therapy

An introduction to the methods used in physical therapy to assess patient problems, establish a diagnosis, develop a treatment plan, and carry out treatment. The course emphasizes the objective and accurate measurement of motor function and the scientific rationale for using a particular assessment tool. The interview is seen as an essential source of information and a basis for selecting appropriate tests, measures and treatments. Basic skills in handling, positioning, and moving patients are addressed. Analysis of posture, measurement of joint range of motion, and muscle testing are covered in depth. Students work in small groups to carry out an Accessibility Project, which analyzes how architectural barriers affect patient mobility in the community.

Exercise Science

An introduction to the science of exercise, focusing on the use of exercise as an intervention for both prevention and rehabilitation. The course provides the scientific rationale for predicting human response to exercise, and it focuses on the acute and chronic adaptations to exercise in the musculoskeletal, cardiopulmonary, and neuromuscular systems. Also covered are healing mechanisms in various tissues, and the response of injured tissue to biomechanical forces. In addition, exercise intervention in special populations is discussed: pediatrics, geriatrics, and pregnant individuals. Finally, the course introduces selected assessment and therapeutic exercise theory and techniques. The course is taught using lecture, discussion, and laboratory experiences.

SPRING I

Clinical Science in Physical Therapy I: Acute Medical and Orthopedic Conditions

An integrated course in the theory and practice of physical therapy, using the method of problem-based learning. A series of patient problems are considered throughout the semester, each associated with a defined set of learning objectives. In this course, the problems will focus on conditions that physical therapists must assess and manage in the acute phase of illness. The primary learning experience takes place in small groups of students and relies on the students' initiative, participation, and communication. Each small group is assigned a faculty tutor whose primary roles are to guide and facilitate the learning process and to promote self and peer evaluations in the group. In addition to the tutorial groups, there are four lab sessions per week (musculoskeletal, or cardiopulmonary, and modalities). These will provide structured experiences that allow students to practice specific physical therapy assessments and techniques.

Introduction to Biostatistics

This is the first of two courses students take in research design and statistics. Topics include defining the research question, research design, choosing a sample, reliability and validity descriptive and inferential statistics (including t-test, ANOVA, chi-square, correlation and regression). Critical analysis of readings from the physical therapy and related literature constitute a major component of the course.

Clinical Medicine for Physical Therapists

This course provides students an opportunity to study common pathological processes and their impact on patient management in physical therapy across the life span. A systems model is employed to emphasize the recognition of risk factors, clinical manifestations, and pathogenesis of disease, especially in the context of their impact on prognosis and treatment planning. This model also emphasizes the pharmacological and surgical management of the selected diseases in the context of their impact on patient management.

SUMMER II

Clinical Education I

An eight-week full-time affiliation in either a hospital facility, long-term care/sub acute rehab facility, or outpatient facility is undertaken. This is the student's first full-time opportunity to perform supervised practice of newly acquired clinical skills in an actual patient care environment. Critical thinking skills, professionalism, safety, communication, and assuming responsibility for learning are emphasized and expected of the student.

Clinical Applications of Research

This is the second course students take in research design and statistics to be educated consumers of the literature and competent managers and analysts of clinical and administrative data. The focus of this course is on the application of statistical methods to research design and program development. Topics include scientific writing, survey design, design of research projects, design of program development, institutional review board role and requirements and qualitative research. Students will have independent time to develop their doctoral project methodology.

FALL II

Clinical Science in Physical Therapy II: Neurologic Conditions and Conditions of the Spine

An integrated course in the theory and practice of physical therapy, using the method of problem-based learning. A series of patient problems are considered throughout the semester, each associated with a defined set of learning objectives. In this course, the problems will focus on conditions that physical therapists must assess and manage in the chronic phase of illness. The primary learning experience takes place in small groups of students and relies on the students' initiative, participation, and communication. Each small group is assigned a faculty tutor whose primary roles are to guide and facilitate the learning process and to promote self and peer evaluations in the group. In addition to the tutorial groups, there are four lab sessions per week (musculoskeletal, or neurological, and modalities). These will provide structured experiences that allow students to practice specific physical therapy assessments and techniques.

Health Care in the US

A comprehensive overview of health care programs and policies in the United States. Lectures enable students to understand the major constituents involved in health care, and introduce them to current public health issues, health care delivery systems, and factors that determine health policy.

Elective

Students choose one course from the offerings of the School of Health Sciences and Practice.

SPRING II

Clinical Education II

An eight week full-time affiliation in a rehabilitation facility, OP clinic, sports medicine clinic, hospital facility, long-term care/sub-acute facility, or other specialty setting is undertaken. Students have the opportunity to practice more comprehensive and complex evaluation, treatment, and program planning skills, with supervision and increasing independence in an actual patient care environment.

Public Health in Physical Therapy

This course will provide students an overview of a wide range of contemporary issues in public health. Lectures will initially be used to orient students to the areas commonly associated with public health and to different types of public health institutions. Lectures may be supplemented by site visits that allow insight to various public health service institutions.

SUMMER III

Clinical Science in Physical Therapy III: Pediatric Conditions

This half-semester, problem-based learning course focuses on the treatment of pediatric clients. Similar to the past problem-based learning courses, a series of patient problems are considered, each associated with a defined set of learning objectives. The primary learning experience of small group tutor sessions is supplemented with laboratory sessions that allow students to practice specific physical therapy assessments and techniques. A number of labs with children provide students a sound foundation of normal and abnormal development, and field trips expose students to school-based physical therapy.

Professional Practice II

This course provides a comprehensive insight to the administrative and managerial aspects of physical therapy practice. Through a series of lectures and course projects, students become familiar with the basic principles of managing a health service. Topics include the current environment of managed care, the roles that physical therapists play as part of the health care team, principles of business management, marketing, budgeting, financial strategies, quality assurance programs, and the politics of health care delivery. As a major part of the course requirements, students research, organize, and present a formal proposal of a hypothetical clinical service for a school, health care facility, or community organization.

Biomechanical Analysis of Human Gait

A course in the quantitative and qualitative approaches to analyzing human gait, both normal and disordered. Students' knowledge in the biomechanics of gait is enhanced through labs with EMGs, orthotics, and patterns of gait across the life span. Students carry out a gait analysis of a patient using a variety of methods, including the GaitRITE® System, and present their case as a final course project.

Seminar in Clinical Decision Making for Complex Patients

In this course students will consider complex patient situations as they work on refining higher level skills in clinical reasoning and decision making in the areas of patient assessment, goal development, intervention, and discharge planning. A major focus of the course will be educating students in the psychosocial aspects of patient management. As in the PBL courses, the International Classification of Function (ICF) will be used to guide group discussions. Students will be assigned readings and receive lectures, participate in small group case-based discussions and laboratories, and have field experiences to integrate their knowledge and clinical skills.

FALL III

Professional Practice III: Doctoral Project

This course serves as a capstone to the Professional Practice I-III course series. The purpose of the course is to enhance the students' abilities to organize, implement, and complete their Doctoral Project. Over the span of the course, students will make formal presentations to share their development and progress in completing their Doctoral Project, and will receive feedback from their peers and faculty. Thus, this course will involve various discussions in the areas of research, education, and public health. Additionally, specific lectures and readings will be used to address the issues of ethics, professional writing and presentations, and other forms of scholarship and service.

Physical Therapy in Preventative Healthcare and Wellness

This course provides students insight to various aspects of preventative health care and wellness for members of society across the life span. Specific groups that are targeted include children, adolescents, women, the aging population, and immigrant groups. Students expand their knowledge in public health issues, examination and evaluation, and clinical intervention to develop skills in patient screening and the implementation of wellness programs. Previously learned pathologies are discussed with a specific focus on developing skills in identifying differential diagnoses by the recognition of patterns of clinical signs and symptoms.

Clinical Education III

This ten week full-time affiliation takes place in a rehabilitation facility, pediatric setting, sports medicine clinic, hospital facility, long-term care/sub-acute facility or other specialty setting. At this stage, the student is required to demonstrate increased flexibility and efficiency in performing skills under various circumstances. Internalization of professional ethics and values should be evidenced through exemplary professional behavior. The student is required to progress from treating 50% of a full caseload with less than 50% supervision and occasional guidance to treating a full caseload with 25% supervision and consultation for complex and unusual cases. (Note: Selected specialty rotations, such as pediatrics, may require 12 rather than 10 weeks).

SPRING III

Clinical Education IV

This ten-week clinical affiliation is the student's final opportunity to refine familiar skills and to perform some additional newly acquired skills in an actual patient care environment.

Demonstration of critical thinking skills, professionalism, safety, communication, and assuming responsibility for learning should be clearly evident throughout the affiliation. Pediatric and other specialty rotations are available at this level. Students work toward independence in the successful negotiation of a full complement of clinical responsibilities and skills during this final affiliation. The student is required to progress from maintaining a 75% caseload to a 100% full-time caseload in a cost effective manner. Entry level skills are expected in all performance areas at the end of the affiliation. Upon completion of the Clinical Education sequence, students are fully prepared to assume the roles of a staff physical therapist. (Note: Selected specialty rotations, such as pediatrics, may require 12 rather than 10 weeks).

Advanced Seminar in Clinical Leadership

This online course is designed to promote the discussion of issues germane to clinical leadership in physical therapy. The course complements and builds upon student experiences in Clinical Education. Students and faculty communicate weekly through the NYMC learning management system to discuss case studies, clinical instructorship, and other clinical activities. Controversial clinical issues in physical therapy are discussed. This course allows students to integrate their clinical education experiences with evidence-based theoretical discussions of reflective practice and clinical leadership.

Doctoral Project

The Doctor of Physical Therapy (DPT) Doctoral Project provides small groups of students the opportunity to develop skills in an area of clinical research, education, or professional service. This group process involves a critical analysis of pertinent literature, the development and execution of a scholarly activity, and analysis of the data or outcomes of the activity. The Doctoral Project is a culminating academic experience, in that the student groups integrate many of the skills acquired through formal coursework and clinical education. Student groups are closely mentored because all projects are faculty-sponsored and supervised. Each student group is required to generate a publication-ready manuscript, present a platform-based discussion of the work at the Department of Physical Therapy's annual Doctoral Project Presentation Day.

Department of Physical Therapy Clinical Education Information

The goals of the clinical education program is to prepare graduates who are able to:

- Implement evidence based practice in a variety of settings
- Provide effective physical therapy services within the context of applicable regulatory and market forces
- Adapt successfully to changes in the health care environment

The clinical education component of the physical therapy program comprises nine months of full time clinical education experiences scheduled during the second and third years of the DPT program. These thirty-six weeks are divided amongst four experiences, each from eight to ten weeks in length. Each experience occurs in a different setting, allowing students to apply their academic knowledge and practice their clinical skills in a breadth of physical therapy environments. Students are required to affiliate in one inpatient setting and one outpatient setting and are expected to work with patients with diverse medical diagnoses. Each student works with the Director of Clinical Education (DCE) to develop an individualized clinical education plan. Each plan will integrate the student's clinical education goals with NYMC requirements.

During each experience, student physical therapists work under the supervision of a licensed physical therapist, who serves as their Clinical Instructor. Each Clinical Instructor is an employee of the affiliating facility and should have at least one year of professional experience. The Clinical Instructor is responsible to evaluate the student physical therapist's clinical performance over the course of the clinical education experience. The student and Clinical Instructor, together, facilitate the student's learning during the experience. Contact between the student, Clinical Instructor and NYMC occurs on at least two occasions: a two week check-in call and a mid-term conference, which may be in person or via telephone. The DCE determines each student's final grade for the clinical education experience.

Our department has partnered with a wide variety of facilities to provide clinical education experiences for NYMC DPT students. Most sites are located within the tri-state area; however, learning opportunities exist throughout the United States, including California, Montana, Nevada, and Texas. The types of sites available include hospitals, outpatient clinics, sports medicine clinics, acute rehabilitation, long-term care, sub-acute care and pediatric facilities. Additionally opportunities are available in manual therapy clinics, dance centers, aquatic facilities, and other specialty settings.

Students should anticipate that participation in clinical education experiences may require extended travel time and additional costs related to travel, meals, and, perhaps, housing. Some clinical sites have special requirements, such as fingerprinting, background check, drug screen test, or specific titer results for immunizations. The cost of these extra requirements is often the responsibility of the student. Students are responsible to arrange for their own room, board and travel during their clinical education experiences.

Clinical Education Schedule

Summer/Fall I: matching process for CE I

Spring I: Clinical Education seminars

CE I: 8 week experience during Summer II

CE II: 8 week experience during Spring II

CE III: 10 week experience during Fall III

CE IV: 10 week experience during Spring III

Matching Process for CE I: students identify clinical education goals, priorities and other considerations, such as geographic location, transportation issues, etc., and submit in writing to the DCE. **For CE II – IV**, students choose 5-8 sites on a wish list through EXXAT, or CE Management software program. *Students should be prepared to go to each site chosen.* The DCE is responsible for determining the final placements; accounting for an individual student's learning style, clinical education goals and resources.

**NEW YORK MEDICAL COLLEGE
SCHOOL OF HEALTH SCIENCES AND PRACTICE
DIVISION OF PHYSICAL THERAPY**

COMMUNITY SERVICE PROJECT GUIDELINES

Over the Spring I, Summer II, and Fall II semesters, DPT I students work in groups to plan and carry out one of three community service projects. The goal for each project is for students to provide a physical therapy related service to address a local or underserved community need.

Race for Rehab

This service project involves the organization and oversight of the annual Race for Rehab, sponsored by the physical therapy students and Department of Physical Therapy at New York Medical College. The Race for Rehab project involves fund raising and a 5K road race and awareness day to benefit Achilles International, an organization that promotes the participation of athletes with disabilities in mainstream athletic events.

Local Community Health and Wellness

This service project involves the organization, oversight, and execution of a set of health and wellness activities for local and underserved communities. These activities may shift each year, but typically include NYMC employee postural screening for PT Month; staffing of health and wellness stations at community locations for monitoring blood pressure, heart rate, and recommending exercise; and leading warm-up activities at the annual Westchester County American Heart Association Heart Walk.

Global Outreach

This service project involves partnering with existing organizations and individuals who provide links to developing countries. This project has frequently been carried out in cooperation with The Afya Foundation, a local Westchester organization that partners with a network of donor health organizations, corporations, and individuals for the collection, refurbishing, and shipping of medical supplies to communities in need in Haiti and across the world. Afya also aides in providing rehabilitation services and training of “rehab techs” on-the-ground. TeamGO is a recent additional effort to collect and send needed equipment to Dominica.

All project groups are expected to evaluate, consider, and elaborate on the work carried out by the DPT I students of the preceding year. Groups will make contact with the respective community agency or organization, and in collaboration with that agency and the group faculty advisor, identify a need, develop a program, provide necessary instruction and follow-up, and evaluate the effectiveness and impact of their project. Students share a summary of their work to the NYMC community through a group presentation in a Community Service Project Day at the end of the Fall II semester.

Community Service Projects are included in the physical therapy curriculum to help students develop the skills necessary for the planning, execution, and assessment of a community service activity. Involvement in this project reinforces the professional value of voluntarily serving others, with no intention of personal gain. This is consistent with a core value of New York Medical College to serve local and underserved communities.

Phase I

The primary goal for each group in the first phase of this project (Fall I - Spring I semesters) is to watch in the Fall I semester the community service project presentations of second-year student groups and consider an area of interest. Although the projects are typically initiated in the Summer II and Fall II semesters, students should begin planning their project in the spring of their first year. The major steps of the first phase are:

- 1) All DPT I students attend the Department of Physical Therapy Community Service Project Presentations in the fall semester of the first year of study to see what the DPT II students achieved. At that time, the faculty will explain the Community Service Project expectations and procedures.
- 2) In the beginning of the spring semester, the DPT I students are asked to identify three student groups of relatively equal size to take on each of the three community service projects. If consensus cannot be achieved by the students, the faculty determine final group membership.
- 3) Students meet with community service project faculty advisors to further define the project and then write-up and submit a one-page **Community Service Project Plan**.
- 4) Using the feedback from the faculty advisor(s), student groups submit a draft of a **Community Service Project Proposal** by a deadline set for mid-April. This document is completed in final form and used for grading the group.

Faculty Advisors

Faculty advisors will be assigned to projects each year. Although students are encouraged to discuss their ideas with any and all faculty in the early development stages of a new project, the assigned faculty advisor is the person who will approve all project activities. Faculty advisors will meet formally with their groups at least once a month over the course of the project, excluding June and July.

Funding and resources

Funding and resources from the Department of Physical Therapy at NYMC are limited. Therefore, students must plan a project that will not require additional funding beyond what they themselves can raise/afford, unless the agency with which the group is collaborating commits funds for the project, or students themselves raise funds.

Exceptions: The Race for Rehab and Postural Screening for PT Month are projects that are co-sponsored by the Department of Physical Therapy. The Department of Physical Therapy will cover photocopy and postage costs for these projects.

COMMUNITY SERVICE PROJECT GUIDELINES

Submission of Community Service Project Plan (Deadline: As per advisor in early Spring I)

The purpose of the project plan is to provide a brief description of the proposed project so that the group can receive early feedback about whether the project will be appropriate. The project plan should be one to two pages in length and include the following information:

- Project title
- Names of group members
- Community agency that tutorial group will collaborate with
- Brief description of proposed program
- Name, title, address, and phone number of individual who will act as contact at the community agency
- Brief summary of contacts with community agency

Submission of Community Service Project Proposal (Deadline: Mid-April each year)

The proposal contains a detailed description of the program to be developed. Its purpose is to demonstrate that the proposed project is well planned and based on a sound foundation. The proposal need not be lengthy. There is no minimum length; the proposal should be written in a concise manner. Nevertheless, all required information should be present and there should be sufficient supporting narrative to justify the proposed project. The following components should be included:

- Title page with program title and names of group members
- Introduction identifying target population, need for program, and anticipated benefit (one to three pages). Include references to supporting literature, if appropriate.
- Description of proposed program (two to four pages).
- Specific Plan for measuring outcomes (attach survey or tool if appropriate).
- Brief description of the community agency and individuals with whom the student groups will collaborate. Include name, title, address, and phone number of individual who will act as contact at the community agency
- Timetable for implementation
- References
- Appendices (additional materials for project if desired)

Following evaluation of the proposal, specific suggestions for modifications and improvements of the written proposal may be made by the faculty advisor. If the proposal is found to be inadequate in detail or structure, the group may be asked to rewrite it.

Phase II

Phase II involves running the project. Although this could begin as early as the Spring I semester, this typically occurs over the Summer II and Fall II semesters. Students should base their timing of the project on what works best for the community service project, but keep in mind that the Summer II semester and early portion of the Fall II semester have the least conflict with coursework and program obligations. All projects will involve a notable time commitment.

COMMUNITY SERVICE PROJECT GUIDELINES

It is assumed that each group will hold its own members accountable for participation and contribution to the Community Service Project. The faculty advisor will communicate with all group members to assist in this process.

IMPORTANT NOTE: Students of the Department of Physical Therapy, School of Health Sciences and Practice, New York Medical College, represent the program to the community. Every effort should be made to ensure that all project activities occur without unintentional miscommunication, misjudgment, or errors. To ensure this, ALL project activities, including e-mail/written communication from students to community groups or individuals MUST BE pre-approved by the faculty advisor. It is the responsibility of students to attain the pre-approval of the faculty advisor for all program-related activities.

Phase III: Community Service Project Presentation

Phase III involves a professional-level slide presentation that summarizes the project for the campus community. Students will work with their faculty advisor(s) to prepare their presentation, but each student group is responsible for the planning and organization. Students should recognize that the creation of a high-quality presentation takes longer than anticipated, and that their advisor will likely suggest changes so please factor in time for edits. The presentation will be in December with the date/time to be announced. Each group is to provide a 15-minute overview of the project and will have an additional 5 minutes for discussion. All members should contribute to the preparation of the presentation. However, each group should select a subset of members (2-8 representatives) to orally present the work and answer questions.

Presentation Design and Details

All presentations should be in PowerPoint or an approved software program. Other formats must be cleared first by the Educational Media Department. Students are free to use any color background or visuals they believe will best represent their project in a professional manner. Students are also welcomed to add video clips to complement the presentation. The words “Community Service Project” are included in project titles so the campus community will not mistake community service project work for student research. School of Health Sciences and Practice logos are available for download on the library’s website in the poster printing section <http://guides.library.nymc.edu/c.php?g=496600&p=3399024>. Credentials are cited for faculty advisor(s) only.

Since the presentations represent community service and not research, section slides warrant some consideration. Below is a list of topics that have been included previously and would be appropriate.

Background

Purpose

Participants (not subjects)

Program or Activity – description

Outcome

Conclusion

Reference list (optional) When used, with first author’s last name and year of publication.

COMMUNITY SERVICE PROJECT GUIDELINES

Project Grading

Grading of projects will be based on the performance criteria identified in the attached two forms: 1) The Community Service Project Poster Presentation Form, completed by one of the faculty not involved with the project; and 2) The Community Service Project Faculty Advisor Form, completed by the faculty advisor of the project. The final Community Service Project grade will be the mean of the faculty scores (50%) and the faculty advisor's score (50%).

Community Service Project Presentation Form Faculty Assessment

Project name: _____ Faculty Member name: _____

I. Effectiveness of the Project

1. Successfully Communicated

A. Visual Aspects of Presentation _____ (25 pts)

- Organized
- Flows sequentially
- Visually appealing
- Sizes are appropriate (e.g. font, images)
- Clarity of message
- Appropriate level of detail

Comments:

B. Oral Presentation _____ (15 pts)

- Orally effective
- Responds well to questions
- Clarity of message
- Appropriate level of detail
- Personal reflection of what was learned from the process

Comments:

2. Was the Project Successfully Executed _____ (20 pts)

- Outcome achieved
- Appropriateness of program or activity

Comments:

3. Impact on the Community _____ (30 pts)

- Was the level of accomplishment representative of the size of the group

Comments:

II. Creativity _____ (10 pts)

Comments:

TOTAL (OUT OF 100):

_____ (100 pts)

COMMUNITY SERVICE PROJECT GUIDELINES

Community Service Project Presentation Form
Faculty Advisor Assessment

Project name: _____

Last names of group members: _____

Faculty member: _____

I. **Planned and Executed the Project Independently** _____ (20 pts)

II. **Managed Time/Stayed on Timeframe Efficiently** _____ (20 pts)

III. **Developed a Well-planned Project** _____ (20 pts)

IV. **Modified/Implemented the Project Effectively** _____ (20 pts)

V. Prepared and Effective Poster Independently (1st draft) _____ (20 pts)

TOTAL (OUT OF 100): _____ (100 pts)

The Doctoral Project: An Opportunity for Student Scholarship

The Doctor of Physical Therapy (DPT) degree at New York Medical College (NYMC) is a clinical doctorate. As such, students are expected to carry out a culminating doctoral project. However, this need not be restricted to clinical research. Students may choose to work on a clinical research project, but may also choose to complete a project in one of two other areas commonly associated with the professional service of physical therapists: education, and program development of a professional service.

The model for the doctoral project process is one of apprenticeship and mentorship. In the spring of the first year, faculty share with students project offerings in various areas of clinical research, professional service development and delivery, and teaching. Students submit three preferences for a project, Faculty assign students to groups, based on student interest, academic performance, and student interactions with project faculty advisors.

Over the second and into the third year, students work within their small groups and faculty advisors to develop, expand, and carry out identified priorities in the faculty sponsored project. A single written manuscript is required from each group of students in the spring semester of the third year that demonstrates an in-depth analysis and execution of the doctoral project. Students present their work in a platform presentation at the Department of Physical Therapy Doctoral Project Presentation Day, and as a poster at the School of Health Sciences and Practice Research and Scholarship Day.

The expectation for all projects is eventual publication and/or presentation of these projects in a professional forum. For further information, see "Doctoral Project Guidelines".



NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

School of Health Sciences and Practice

**DOCTOR OF PHYSICAL THERAPY (DPT)
DEGREE PROGRAM**

DOCTORAL PROJECT GUIDELINES

**DEPARTMENT OF PHYSICAL THERAPY
SCHOOL OF HEALTH SCIENCES AND PRACTICE
NEW YORK MEDICAL COLLEGE**

DOCTORAL PROJECT GUIDELINES

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Guidelines for the Doctor of Physical Therapy (DPT) Doctoral Project

I. Purpose of the Doctor of Physical Therapy (DPT) Doctoral Project

The Doctor of Physical Therapy (DPT) Doctoral Project provides small groups of students the opportunity to develop skills in an area of clinical research, education, or professional service. This group process involves a critical analysis of pertinent literature, the development and execution of a scholarly activity, and analysis of the data or outcomes of the activity. The Doctoral Project is a culminating academic experience, in that the student groups integrate many of the skills acquired through formal coursework and clinical education. Student groups are closely mentored because all projects are faculty-sponsored and supervised. Each student group is required to generate a publication-ready manuscript, present a platform-based discussion of the work at the Department of Physical Therapy's annual Doctoral Project Presentation Day, and a poster-based discussion at the School of Health Sciences and Practice Research and Scholarship Day. In all project matters, the School of Health Sciences and Practice Honor Code must be respected (see Attachment 1).

II. Type of Doctoral Project

The type of Doctoral Project students carry out will fall into one of three areas: Clinical Research, Education, or Professional Service. The area of inquiry will be identified by the source of the information or data used, and the type of activity carried out. For some projects, the primary information and activity will be a clinical research question that involves the collection and analysis of primary data. Literature germane to the project will generally be found in journal articles or books. For others, the activity and outcomes analyzed will focus on the educational experience of a mentored teaching practicum. In this case, students will serve as teaching assistants for a faculty member, and become familiar with education literature associated with curriculum development, learning, and principles and assessment of effective teaching. A third potential area is the identification of a professional issue and the generation of a program or mechanism for addressing that issue. Activities in this domain may include the gathering of data associated with a public health issue, the development of an educational program to address a public health issue, activities carried out in collaboration with a public health organization or public institution, or the analysis of national data sets or previously

collected data. Although the source of information gathered and type of activity performed may differ from one Doctoral Project to another, all projects will require an analysis of pertinent literature, the execution of a project activity, formal presentation of the work, and the generation of a manuscript. The area of inquiry of the Doctoral Project may be an original concept or a previous Doctoral Project that is being expanded or modified. In many cases, a series of Doctoral Projects within the same area will build towards a scholarly outcome following a number of years.

Student groups should choose a manageable topic, regardless of which type of project is undertaken. Students planning to collect and analyze data are expected to demonstrate to their advisor the skills and ability to assist in the selected research. Office of Research Administration approval is usually needed for these types of projects.

III. Supervision of the Doctoral Project

The Doctoral Project is faculty-sponsored. This means that students choose the area of their Doctoral Project from the projects offered by the faculty of the Department of Physical Therapy and other programs within the School of Health Sciences and Practice. Each project offered will list the faculty sponsor. Generally speaking, the faculty sponsor will serve as the Faculty Advisor. However, in some cases Faculty Advisors may be changed, based on the expertise and advisory capacity of each faculty member. For any clinic-based projects carried out in collaboration with non-appointed clinical expert, a Faculty Advisor will be identified who will co-advise the students. The Faculty Advisor has primary responsibility for working with the student group. The Department Chair will be advised of the progress being made on each project, and may become involved if it is deemed necessary. In some cases, external readers may be involved. The Faculty Advisor will grade the project, Pass, or Fail for the Doctoral Project. Any project not accepted will need to be revised and resubmitted.

Although the Faculty Advisor is the main source of guidance for the student group's project, it is the students who are responsible to follow the process that is mutually agreed to by the students and advisor. This process includes: expectations and outcomes of student involvement in the

project, the methodology for completing the project requirements, the timelines for progressing through the project, manuscript drafts and revisions, and the quality of the final manuscript that is forwarded to the Dean's Office.

During this process, students should pursue suggestions made by the Advisor, report back on a timely basis, follow the work plan and report progress, and review all work before it is submitted, including early drafts. To avoid difficulties in reading by the Faculty Advisor, all drafts should be dated and appropriately formatted, with references, even if the manuscript is not complete.

Student groups should remain in touch with their Faculty Advisor, even if new progress on the project or a new manuscript draft is not immediately anticipated. This will enable the advisor to be aware of the student group's current status and to deter long delays in student communication that could be perceived as a signal that the student is neglecting the Doctoral Project process.

IV. Beginning to Think About the Doctoral Project (Stage One)

The Doctoral Project is much more than a long term paper. It requires a great deal of time for preparation, organization, execution, analysis, and manuscript preparation. Because the project follows from the students' academic experience, it is assumed that most of the skills required for the successful completion of the project have been acquired.

Students are assigned an area for their Doctoral Project in the spring semester of their first year of study. Faculty from the Department of Physical Therapy and from other departments and programs within the School of Health Sciences and Practice hold a meeting with first-year students to share each year's doctoral project offerings, descriptions, and literature related to the projects. A student may propose a new area of inquiry for a Doctoral Project, but only if the student can provide sufficient evidence of the feasibility of the project being completed by the time of the student's graduation, identify a group of students similarly interested in the project, and if the student identifies a faculty person qualified and willing to serve as a Faculty Advisor.

It is highly recommended that students discuss the Doctoral Project areas offered with the respective faculty sponsors before requesting a project area. It is important that the faculty sponsor and the students understand the nature of the project, the expectations for students participation, and the outcomes anticipated for the project. Students may have several interests from which to choose. The faculty sponsor has the right to encourage a student to pursue a given project area, or to advise the student to choose an alternate project. There will typically be 2 weeks between the time the Doctoral Project areas are presented to students and when students must submit their preferences for doctoral project areas. Students having difficulty deciding on a project are encouraged to discuss this with the faculty and with the Department Chair.

V. Doctoral Project Selection (Stage Two)

After 2 weeks to consider the projects offered and to discuss the projects with the faculty sponsors, students will be asked to formally submit to the Department Chair their names and three doctoral project areas of preference, prioritized as first, second, and third preferences. The Department Chair and faculty will conduct a match process and assign students to projects that best meets the preferences of students and faculty. In cases of students expressing preferences for the same projects that cannot be accommodated, the faculty may use their perceptions of student qualifications, including academic performance, professional behavior, and expressed interest in the project area, to assign students to projects. Random assignment of students to projects may be carried out in some cases. Following the completion of the match process, the Department Chair will inform the students of their assignments.

Doctoral Project Selection Form -Finalizing Project Details

To establish the objectives and goals of the Doctoral Project, the Faculty Advisor and students will complete the **Doctoral Project Selection Form** (Attachment 2) at the end of the Summer II semester. This is a two- to three-page description of the project, which must be completed and signed by the students, the Faculty Advisor, and the Department Chair. The **Doctoral Project Selection Form** contains:

1. A written proposal of the project (completed as a required course component for PT 6024 Clinical Applications of Research)

2. A list of the criteria students must meet for successful completion of the project. This list will include:
 - a) The anticipated outcomes and timeframe students must achieve in the project;
 - b) The obligations students will have in terms of professional presentations;
 - c) The expected form of acknowledgment students will receive for their contributions to the project (authorship/acknowledgment).

Once the **Doctoral Project Selection Form** has been accepted and signed by students and the Faculty Advisor, the project details are finalized.

VI. The Process of Completing the Doctoral Project

Students should take advantage of every opportunity over the two years from project selection to final manuscript submission to work on the Doctoral Project. In the first two years, this generally will be time outside of the PT class schedule. However, when possible, the faculty will tie class assignments and projects to activities that may assist the student in progression through the project. For example, within the course PT 6024 Clinical Applications of Research (Summer II) students will present the proposal of their Doctoral Project as a final project. Community Service Projects will be suggested as a potential springboard for Doctoral Projects in the areas of Physical Therapy/Public Health Service. In the Fall semester of the second year, and in the Summer and Fall semesters of the third year, specific time is planned for students to work on their projects. In addition, coursework in the Fall semester of the third year is focused on scholarship and service and independent study in the Doctoral Project.

Suggested Timelines

The following is a typical timeframe for progressing through the Doctoral Project process. Based on the nature of the project, whether the project is new or ongoing, the number of students involved, the involvement of external faculty and clinicians, and a number of other indeterminate factors, this timeline may shift. **It is the responsibility of students and the Faculty Advisor to agree on the timelines that will lead to a timely completion of the project and submission of an acceptable manuscript.**

Spring I

Students will review the Doctoral Project offerings of the faculty, will meet with faculty sponsors to discuss projects of interest, and will select a project area. Students may begin observing a project that is currently underway and reviewing literature that is pertinent to the project area.

Summer II

This is generally the first opportunity for investing dedicated time to the Doctoral Project. Students will be at Clinical Education I for 8 weeks of the initial 13 weeks of the Summer II semester. During the remaining weeks students are expected to begin orienting to the project area, review literature, develop the project, and begin writing the Introduction and Methods sections of the manuscript. Students will also begin writing the "Application to Conduct Sponsored Program or Do Research" if the project involves human subjects research that has not previously been approved. Students are expected to hand-in drafts of their Introduction and Methods sections to their advisor at least once prior to the last 4 weeks of the Summer II semester. In the Summer II semester students will be enrolled in the course, 'PTRM 6024 Clinical Applications of Research'. Students MUST submit drafts of their Introduction and Methods sections at the end of the first week of class. The final course requirements include the submission of a formal written Doctoral Project proposal and an oral presentation of the doctoral project proposal. The Doctoral Project Selection Form is completed and signed by the Faculty Advisor and students.

Fall II

Students should make every attempt to find time to work on the Doctoral Project. This might involve planning or carrying out project activities, reviewing literature, writing, or other project-related activities.

Spring II

The priority of students in the Spring II semester should be preparation and performance of clinical skills in Clinical Education II. To the extent possible, this should also be a time students continue to write drafts of sections of the Doctoral Project manuscript.

Although this may be too early for the Results and Discussion sections, by the end of Spring II students should complete a final draft of the Introduction and Methods sections.

Summer III

In the Summer III semester students should continue collecting data, carrying out project activities, and writing drafts of the manuscript. The month of August in the Summer III semester will be a major time for students to complete activities related to data collection and project activities, and to focus their attention on the writing of the manuscript. It is expected that students will be available the entire month for individual meetings with the Faculty Advisor, and for group meetings with faculty and the entire class to discuss and conduct activities that will assist students in completion of the Doctoral Project in a timely fashion.

Fall III

The first 6 weeks of the Fall III semester provides additional time and coursework to assist student groups in their completion of the Doctoral Project. Students will be enrolled in a course titled, 'PTRM 6027 Professional Practice III: Doctoral Project. This course will involve lectures and class activities geared towards the writing of the Doctoral Project manuscript. Students will present their projects to the class for peer review, feedback, and suggestions. The final draft of the Doctoral Project manuscript is expected to be submitted to the Faculty Advisor by the end of December.

Spring III

In the final semester of the program students will take an independent study course titled 'PT 7095 Doctoral Project'. This is individual time to work with the Faculty Advisor on completing the project. It is assumed this will involve the revising of the manuscript draft, and the completion of the manuscript in acceptable form. The doctoral project process culminates with the submission of a manuscript signed-off by the faculty advisor and presentation of the project at the Department of Physical Therapy's Doctoral Project Presentation Day, and the School of Health Sciences and Practice Research and Scholarship Day.

VII. Preparing the Doctoral Project Manuscript

The process of writing the Doctoral Project manuscript should lead to the submission of a professional report, paper, article, and presentation at a professional meeting. Seldom are scholarly activities begun or completed without the advice and involvement of others, and never without advanced planning, design, and preparation. The final manuscript is to be discussed early with the Faculty Advisor, along with the method of proceeding through the generation of the manuscript. Poor communication or failure to follow an orderly process may result in the rejection of a late manuscript draft that does not conform to the original project concept. Accordingly, the initial development of the Doctoral Project manuscript must follow a clear process and series of stages.

VIII. Planning and Writing the Doctoral Project Manuscript

Generation of the Doctoral Project manuscript should follow a plan that is mutually agreed to by both the student group and Faculty Advisor. They should agree on how progress of the project will be determined, the frequency and method of contact between students and Advisor, and the timing of these contacts whether based on stages of project completion or specific time intervals. They may agree to review the manuscript with the completion of specific section drafts, for example. It is urged that discussions occur at each major step of the project. Both the student group and Advisor should relate these discussions to what was agreed on in the **Doctoral Project Selection Form**. Modification of this plan should be done together. Timely graduation requires that both the student group and Advisor adhere to the timetable established by the Dean's Office. Two final copies must be received by the Department Chair by May 1st.

IX. Doctoral Project Timetable

To enable students to plan timely completion, a suggested timetable is presented:

DOCTORAL PROJECT PROCESS

TIME COMPLETION

Consideration and selection of the Doctoral Project
Approval of the Doctoral Project selection
Completion of Doctoral Project Selection Form
Submission of Drafts of the Introduction & Methods
sections of the Doctoral Project manuscript

Spring I (Mid-semester)
Spring I (End of semester)
Summer II (End of semester)
Throughout the summer:
First Drafts June 30

	Revised Draft July 31 st
Final Drafts of the Introduction & Methods sections to Advisor	August 1, Summer II
Submission of Human Subject Committee for Research Projects	August 10, Summer II
Completion of Doctoral Project activities	Summer III
Drafts of Results & Discussion sections to Advisor	Summer III- Fall III
Final draft of Doctoral Project manuscript to Advisor	December 31, Fall III
Final copy of Doctoral Project manuscript to Department Chair	April 1, Spring III
Formal Presentation of Doctoral Project: Doctoral Project Day	April, Spring III

X. Doctoral Project Manuscript Format

The Doctoral Project manuscript must follow either the style of the American Psychological Association (APA) as provided in the current edition of the Publication Manual of the American Psychological Association, or a format approved by the Faculty Advisor. Copies of the APA style guide are available in the campus library, bookstore, and on the web.

XI. Doctoral Project Manuscript Components

Title Page

The title should be a concise summary of the project topic. Although its function is to inform the reader about the project, the title also serves as a statement of article content for abstracting and information services. Since titles commonly are indexed and compiled in reference works, avoid words that serve no useful purpose. The words "Methods" and "Results" do not normally appear; nor do "A study of..." or "An experimental Investigation of..." which are implicit.

The form of the title page is provided in Attachment 3. The page should contain the student's full legal name, the title of the Doctoral Project, and the year in which the degree will be conferred.

Doctoral Project Manuscript Approval Form

The Doctoral Project Manuscript Approval Form is presented in Attachment 4. Information includes the title of the project, the student's name, and lined spaces for approval signatures and dates of acceptance. The name of the Advisor should be typed below the signature line.

Abstract

The abstract gives a concise summary of the project in a **maximum of 1000 words**. The abstract should briefly describe four components; statement of the problem, procedures or methods, results, and conclusions.

Acknowledgement Page

A page of Acknowledgements is not required, but offers an opportunity to express thanks to people who have been helpful, and to give credit to authors and publishers of used materials.

Table of Contents

The Table of Contents lists **every heading**, whether major or minor, in exactly the words that appear in the body of the document. This page is usually typed with double spacing, except for headings that would be split between two pages. An exceptionally long Table of Contents may be single spaced throughout with subordinate headings given graduated indentations. Page numbers are given at the right side of the page, each following a line of dots from the titles and headings. A List of Tables and/or List of Figures should follow the Table of Contents and conform to the same style.

Text

The text opens with an introductory section, followed by sections devoted to literature review, study methodology, results, and discussion. The text should be written using the format cited in the current edition of the Publication Manual of the American Psychological Association.

XII. Sections of the Doctoral Project Manuscript

A. Introduction

The Introduction section presents the specific problem/topic under study and relevant literature addressing that topic. It should logically orient the reader by conveying a clear sense of the content of the project, including not only what was done, but also why the project topic is important. For example, the significance of the subject being studied may be identified by statements about the magnitude of a problem relative to prevalence, epidemiology, costs, or clinical relevance. Statements regarding the importance of the problem should be supported by appropriate literature. The first page of the Introduction section is page 1, but the number does not appear.

The supporting literature serves as the basis for the project, providing background to the study, the current state of the art of a project topic, or the theoretical rationale for a study. It demonstrates the logical continuity between previous work and the work being addressed in the project. The literature cited should include published material, documents from professional sources, and in some cases, written or oral personal communications that are important to this work. The literature cited should bear directly on the core of the project. This might include literature relevant to the substantive subject area, or methodological references in support of statistical tests used. The references should emphasize relevant findings, applicable methodological issues, and major conclusions. The literature review should suggest how the findings of others may have influenced the project research and where the project fits in with the earlier work of others. The Introduction section should conclude with a statement regarding the purposes and hypotheses of the project when appropriate.

B. Methodology

This section describes in detail how the project was carried out. If the project was a teaching practicum, the course relative to the curriculum should be described. If the project involved a public health activity, the population served and how it was decided to work with this group and not others should be described. All projects should describe all variables used in the study (e.g., age, sex, time period under study), how data were collected, and the statistical tests used (when appropriate). Studies relying on other data sources, such as those relying on documents, books, journal articles, or information from a case study, should state clearly why these are not others were selected, and the basis for their selection. The methodology should enable duplication of the project.

C. Results and Findings

If primary or secondary data have been analyzed, this section summarizes the data and its statistical analysis. The data should be organized into statistical tables that are clearly labeled. The text of the Results section should provide a conceptual link between the data collected and the analysis as to the meaning of that data relevant to the experimental questions being asked. Thus, the text should refer to the data provided in the accompanying tables, and should offer the major findings and meaning of those findings, rather than merely restate what is found in the tables. A discussion of the results in relation to past findings or in terms of their contribution should be reserved for the Discussion section.

If the project involves a teaching practicum, the Results and Findings section will present a summary of the teaching practicum activities carried out, educational materials developed by the student, and course evaluations. Other materials may include copies of lecture notes and handouts, instructional materials used, lab manuals developed, and audiovisual materials such as CDs or DVDs.

If the project involves a public service project, the Results and Findings will present the materials developed for the project. This may include one or more surveys, educational materials and strategies for addressing the identified public health project, and communications with organizations and institutions,

D. Discussion

This section interprets the theoretical meaning of the results of the project. The tone of the discussion should be why the project was done, the relationship between the project and earlier work, and how the project contributes to a relevant field. For projects

involving primary data, the relevance and interpretation of the data collected should be related to previous literature and findings. For projects that involve a teaching practicum, the relevance of the experience to the professional development of the student as an educator should be addressed. Public health projects should focus on the relevance of the project activities and materials developed in relation to the public health project addressed. For this section it is often useful to refer back to the Introduction section to enable the reader to observe how the purpose of the project was accomplished. For example, the project may have confirmed the work of others, it may have provided a small or large step in the understanding of an issue, or it may have shown that an experiment or intervention had an effect on a particular variable. Each of these is a legitimate and useful outcome. The discussion should also comment on the limitations of the project and how the project, given the appropriate time and resources, might be improved by others. This may include, for example, a discussion of the project limitations placed by constraints in the student's resources or perhaps decisions made in planning the project. These insights are often useful to other students, faculty, and clinicians.

E. Appendices

An Appendix (or Appendices) provides an appropriate means for making various auxiliary materials available. Its form should follow the standards presented in the Publication Manual of the American Psychological Association.

XIII. Doctoral Project Manuscript Production: General Considerations

Paper

Throughout the project, good quality white bond paper must be used. No holes should be punched in the paper.

Print

The project must be clear, readily legible, and conform to the following requirements: 1) The height of the letters must not be smaller than 11 point; 2) Type density must be no

more than 15 characters per square inch. Figures, charts, tables and figure legends may be smaller in size as long as they are legible.

Spacing and Margins

All straight text should be double-spaced. However, quotations, footnotes, titles, table headings, figure captions and references should be single-spaced. Minimum margins of one inch on both sides and on the top and bottom of the page must be used throughout the project.

Pagination

All pages of the project must be counted and assigned a number, including prefatory material (e.g. Acknowledgements, Table of Contents), graphs, charts, tables and Appendices. The prefatory pages are to be numbered with small Roman numerals, centered at the bottom of the page. Although the title page counts as page i, the number does not appear; the other prefatory pages are numbered ii, iii, iv, etc. The remainder of the text should be numbered consecutively in Arabic numerals placed in the upper right corner of the page. As previously stated, the first page of the Introduction is page 1, but the number does not appear.

Reproduction

As a rule, photocopy is the only acceptable method for reproducing pages.

Quotations

Quotations must be absolutely accurate and reproduce the exact words, spelling and punctuation of the original, even if they are faulty. A short quotation, which occupies two lines or less of typescript, should be incorporated in the text and set off by quotation marks. A quotation of three or more typewritten lines should be typed in block style with single spacing. All lines are indented five spaces, and the first lines of paragraphs within such quotations receive an additional three spaces of indentation. **Quotation marks are not used at the beginning and end of blocked quotations.** The reference citation of each quotation must state the exact page or pages quoted.

The order of quotation marks in relation to other punctuation is often troublesome, so a summary of the rules may be helpful. In standard American practice a comma or period precedes the closing quotation mark **under all circumstances** even if only one word is quoted; a colon or semicolon usually follows the quotation mark; a question mark follows a quotation mark unless the question is part of the material quoted. (For more information on quotations, see the Publication Manual of the American Psychological Association.)

References

Reference citations lead the reader to the sources of scholarly material mentioned or quoted in a document for the purpose of verifying the author's statement or learning more about the topic. References should be as current as possible. They should also be absolutely correct. For this reason, all citations should be checked with the original source and with the bibliographical listing to ensure they are accurate in every detail. A discussion of how to cite references in the project is in the Publication Manual of the American Psychological Association. All citations in the text must be included in the reference list and all items in the reference list must be cited in the text.

Electronic correspondences such as e-mail or discussions on bulletin boards or discussion groups, are regarded by the APA as personal communication (like phone conversations or memos), because it is not recoverable by others. Personal communications are cited only within the text and not the reference page.

Tables, figures, charts and illustrations

Tables and figures must have one-inch margins required for pages of text. This illustrative material is numbered consecutively throughout the project. Tables are presented by number, title and page in the List of Tables in the prefatory section. Figures are treated similarly in a List of Figures. In exceptional cases, oversize tables or charts may be folded in from the right provided that the one-inch left margin is maintained. Still larger tables and charts may List of Figures. In exceptional cases, oversize tables or charts may be folded in from the right provided that the one-inch left margin is

maintained. Still larger tables and charts may be typed full size and then reduced by a photo duplication process to the standard size paper. Charts should be in black and white to the extent possible. Cross-hatching can effectively be used in place of color. Everything that cannot be typewritten should be lettered or drawn in black ink. It is generally better to use more rather than fewer tables. Tables that are central to interpreting results should be included in the Results section; less important ones can be placed in the appendices. Tables included in the text should be presented close to where they are discussed in the text. If they occupy a full page the page should be numbered.

Other Questions on Style

Consult the Publication Manual of the American Psychological Association for guidelines on punctuation, spelling, capitalization, italics, and abbreviations. In all areas where the APA manual differs from this Doctoral Project Manual, precedence should go to the APA manual.

XIV. Submission of Doctoral Project Manuscript

Students should submit two copies of the completed manuscript to their Advisor. A 'Doctoral Project Manuscript Approval Form' (Attachment 4) should be attached to the outside cover of one copy. Both copies will be sent to the Faculty Advisor who, in discussion with the additional Reader will recommend a grade of Honors, Pass, or Fail to the Department Chair. The Department Chair will review the manuscript and grade and if in agreement will forward the project to the Dean's office. If the Department Chair has any questions he/she will discuss them with the Faculty Advisor.

HONOR CODE

Purpose

Academic integrity is essential in any educational endeavor and it is expected at all times from both students and faculty. By accepting admission to the School of Health Sciences and Practice, a student commits to the ideals, ethics and conduct of their profession.

Responsibility

All faculty and students are responsible for maintaining an atmosphere of honest inquiry and academic integrity and should be familiar with the provisions of this Honor Code. They should refrain from any action violating the principles of the Code, whether in letter or in spirit.

Any alleged infractions must be reported in a timely manner to the appropriate course instructor and department chair. Failure to report an infraction is a violation of the Honor Code.

Each student is responsible for the content and the integrity of all work performed or documents submitted, including but not limited to examinations, papers, laboratory work and practicum work products. A student should never:

- Knowingly plagiarize the work of others; (See, also, the guidelines on use of Internet Sources.)
- Purposely mislead, give fraudulent assistance to, or misrepresent another student;
- Restrict the use of materials in a manner prejudicial to the interests of other students;
- Reproduce, disseminate, study or otherwise use materials known or reasonably known to be test materials obtained from or contained in examinations administered by the faculty or national standardized testing agencies, except as explicitly authorized by the faculty or the testing agency;
- Engage in any form of cheating or dishonesty in his/her coursework or research endeavors;
- Participate in academic or practicum experiences while under the influence of any substance that impairs his or her ability to function; and
- Violate the rules, policies, and procedures of affiliated institutions or practicum sites.

Procedures

Investigations of suspected violations of the Honor Code will proceed in accordance with School Procedures and the guidelines of the relevant academic program. Violation of this Honor Code may lead to dismissal from the School.

SCHOOL OF HEALTH SCIENCES AND PRACTICE
NEW YORK MEDICAL COLLEGE

Doctoral Project Selection Form

Student Name:..... Student ID Number:

I. Attach the doctoral project written proposal developed in PT 6024 Clinical Applications of Research.

II. Attach a list of the criteria the student will meet for successful completion of the project.

This list must include:

1. The anticipated outcomes the student must achieve in the project;
2. The expected form of acknowledgment of the student's contribution to the project (authorship/acknowledgment).

Submitted by _____

Student Signatures

Date _____

Approved by _____

Advisor Signature

Date

Approved by _____

Department Chair

Date

* Note: The criteria identified and agreed to in this project may be modified as the doctoral project progresses upon the mutual consent of the Student, Advisor, and Department Chair .

FORMAT FOR TITLE PAGE

**SCHOOL OF HEALTH SCIENCES AND PRACTICE
NEW YORK MEDICAL COLLEGE**

(Title)

(Author's Legal Name)

Doctoral Project Manuscript

Submitted to the Faculty of the
School of Health Sciences and Practice
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Physical Therapy
at New York Medical College

(Year)

**SCHOOL OF HEALTH SCIENCES AND PRACTICE
NEW YORK MEDICAL COLLEGE
DOCTORAL PROJECT MANUSCRIPT APPROVAL FORM**

Name of Student: _____
(Last) (First) (Middle)

Name of Student: _____
(Last) (First) (Middle)

Name of Student: _____
(Last) (First) (Middle)

Name of Student: _____
(Last) (First) (Middle)

Name of Student: _____
(Last) (First) (Middle)

Name of Student: _____
(Last) (First) (Middle)

Doctoral Project Manuscript

Title: _____

Faculty Advisor: _____

Date of Acceptance

Department Chair: _____

Date of Acceptance

PROFESSIONAL DEVELOPMENT

GUIDELINES FOR DOCTOR OF PHYSICAL THERAPY STUDENTS

BECOMING A PROFESSIONAL

In the Department of Physical Therapy at New York Medical College, each student is expected to acquire, in addition to academic knowledge and psychomotor skills, the values and professional behaviors required to be a competent and caring physical therapist. The process of becoming a physical therapist begins on the first day of class in the first year and evolves progressively over the three years the student spends at NYMC.

The approach towards facilitating professional development used by the Department of Physical Therapy at NYMC utilizes a professional behavior assessment framework initially developed at the University of Wisconsin-Madison by Warren May and colleagues (Journal of Physical Therapy Education, 9:1, Spring 1995). A recent updating and revising of this framework has led to the Professional Behaviors Assessment Tool described here.

Two key elements drive this approach. First, faculty expectations regarding student professional behaviors are clearly communicated to the students. Second, students participate in the assessment of their own professional behaviors, as well as those of their classmates, to determine whether stage-appropriate levels of professional behaviors are being displayed.

The purpose of this document is to describe the expectations regarding professional behaviors for students in the Department of Physical Therapy at New York Medical College and to outline the program procedures for guiding, monitoring, mentoring, remediating when necessary, and promoting in students entry-level professional behaviors.

Professional Behavior is the Ability to Use Knowledge in Clinical Settings

Professional behavior refers to the ability to use academic knowledge and psychomotor skills, and display appropriate values and behaviors in real clinical settings. It requires the following higher level skills:

- ™ *generalizing* from one context to another
- ™ *integrating* information from different sources
- *applying* knowledge and skills in the practice setting
- ™ *synthesizing* cognitive, affective, and psychomotor behaviors
- ™ *interacting* effectively with patients, families, the community, and other professionals

May and colleagues (1995) initially used a survey approach to identify what was initially referred to as a "core set of generic abilities" for physical therapists. Since then, these generic abilities have been used by numerous programs as a means of operationally defining the construct of professionalism and to provide a structure for students and faculty in evaluating and promoting professional development. In a later revised version of this approach the term "generic abilities" was replaced with "professional behaviors".

Ability-Based Learning is a Systematic Approach to Professional Development

The physical therapy program has instituted a systematic approach to promote and assess professional development and behaviors, rather than simply assume that students will develop appropriate professional behaviors autonomously. This approach incorporates the professional socialization process into the formal curriculum by focusing on student competence in different types of professional behaviors at key points in the curriculum.

The Professional Behaviors Assessment Tool used in this process includes four general stages of professional development in which the student reaches progressively higher levels of accomplishment: a beginning level, an intermediate level, an entry level, and post-entry level. When the entry level has been reached, the student is considered ready to function independently as a physical therapist; in other words, the student is ready for graduation. The post-entry level is used for students who show unusually high levels of professional behavior that rise above usual expectations of graduates.

In order to judge whether a student has reached a particular level of accomplishment, the professional behaviors are further elaborated into sets of criteria. These are more specific examples of behaviors that are associated with each level. The criterion for professional behaviors, specific levels of accomplishment, and the semesters in which students are expected to attain that level is described in this document.

The Development of Professional Behaviors Occurs Through Self-Assessment

Self-assessment is the fundamental method of ability-based learning. Assessment refers to a process of evaluating performance related to specific professional behaviors. Assessment is carried out by considering examples of how the individual demonstrates the particular behavior in specific contexts, judging those example behaviors against identified criteria for performance, and attempting to construct as full as possible a picture of that behavior as displayed by the learner. Here at NYMC, the initial assessment is done by the student. Thus, students learn to assess their performance according to established criteria.

Self-Assessment and Validation is Repeated Each Semester

Self-assessment and validation of the assessment is carried out during each of the semesters students are on campus. These processes involve the following: *First*, expectations regarding professional development are explained to students early in the educational program. *Second*, students learn to assess whether they have achieved these expectations. To assist in this process, after students have completed their written self-assessment (see form below) the assessments are brought to and discussed in a professional development group that includes a small number of classmates and a faculty advisor. The professional development faculty advisor assists students in this process by facilitating group discussions. *Third*, faculty members meet as a group and validate each student's self-assessment, considering relevant comments from the professional development group meetings. If the self-assessment is not considered accurate and not validated, students are required to redo the self-assessment. *Fourth*, if a student does not meet the required criteria during a particular semester, a plan of action is developed by the student and faculty advisor and approved by the faculty.

**Students Must Reach the Required Levels of Accomplishment
in Order to Progress Through the Program and Graduate**

The table below describes three levels of accomplishment of professional behaviors, and the semesters in which students are (1) expected and (2) required to achieve each level. Students are *expected* to reach the beginning level of accomplishment by the end of the Fall I semester, the intermediate level by the end of Summer II, and the entry level by the end of Fall III. Students are *required* to reach the beginning level of accomplishment by the end of the Spring I semester, the intermediate level by the end of Fall II, and the entry level by the end of Spring III. If the faculty determines that a student has not developed the level of professional development that is *required* by the end of a semester, that student will be placed on *academic probation*. This will remove the student from *good standing*, which will preclude the student from progressing on to a clinical education component of the curriculum. If this occurs, the student must meet with the faculty to establish a professional development remediation plan. Successful completion of this plan will be required for a return to *good standing*, and further advancement through the program. For further details, refer to the Student Handbook section "*Standards of Conduct of the Department of Physical Therapy*". We consider professional development to be as crucial a component of the education of students as their academic knowledge and psychomotor skills.

Level	Expected	Required
Beginning	End of fall I	End of spring I
Intermediate	End of summer II	End of fall II
Entry-Level	End of fall III	End of spring III

PROFESSIONAL BEHAVIORS

Professional behaviors are attributes, characteristics, or actions that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten professional behaviors, definitions, criteria, and stages of professional development are described by the Professional Behaviors Assessment Tool utilized by the Department of Physical Therapy to guide, monitor, mentor, remediate when necessary, and promote in students entry-level professional behaviors. See the Student Handbook section "*Professional Behaviors Assessment Tool (May, Kontney, & Iglarsh, 2009)*". The materials provided in this section are to be used by students as their primary reference when completing their professional development self-assessments.

Professional Behaviors for the 21st Century 2009-2010

Definitions of Behavioral Criteria Levels

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

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

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

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

Background Information

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

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

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

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

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

Preamble

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

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

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

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

Professional Behaviors

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

- Prioritizes problems
- Identifies contributors to problems
- Consults with others to clarify problems
- Appropriately seeks input or guidance
- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- Uses current best evidence
- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
- Adjusts plans, schedule etc. as patient needs and circumstances dictate
- Meets productivity standards of facility while providing quality care and completing non-productive work activities

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

PROFESSIONAL BEHAVIORS SELF-ASSESSMENT FORM

Student: _____ Date _____

Instructions: Assess each professional behavior, based on your assessment of your own performance SINCE ARRIVING AT NEW YORK MEDICAL COLLEGE. Circle the letter that indicates your current level of performance (**B** - Beginning Level, **I** – Intermediate Level, **E** - Entry Level, **PE** – Post Entry Level). For each of the professional behaviors provide MULTIPLE EXAMPLES of your performance in that area.

PLEASE NOTE: Self-assessment levels above the Beginning Level are considered to be inappropriate prior to completion of the first clinical experience (Clinical Education I).

Complete this form in typed format, sign and date, and make a copy. The original signed copy is to be handed in to your faculty advisor at your professional development meeting. The copy is for you to keep for your own records.

1.	Critical Thinking <i>Examples:</i>	B	I	E	PE
2.	Communication <i>Examples:</i>	B	I	E	PE
3.	Problem Solving <i>Examples:</i>	B	I	E	PE
4.	Interpersonal Skills <i>Examples:</i>	B	I	E	PE

5.	Responsibility <i>Examples:</i>	B	I	E	PE
6.	Professionalism <i>Examples:</i>	B	I	E	PE
7.	Use of Constructive Feedback <i>Examples:</i>	B	I	E	PE
8.	Effective Use of Time and Resources <i>Examples:</i>	B	I	E	PE
9.	Stress Management <i>Examples:</i>	B	I	E	PE
10.	Commitment to Learning <i>Examples:</i>	B	I	E	PE

Student: _____
(signature)

Date _____

<input type="checkbox"/> Self-assessment is valid <input type="checkbox"/> Self-assessment is not valid (Add additional comments below and/or on attached sheets). <input type="checkbox"/> Student is not yet at required level (Student must submit a written plan of action.) Comments Faculty advisor: _____ (signature)	Date _____
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PLAN OF ACTION FORM

Student's Name: _____ Professional Development Deficiency: _____

Learning Objectives <i>(to address issue)</i>	Specific Activities <i>(to achieve objectives)</i>	Outcome Measurement <i>(what student and faculty will need to see or hear to verify accomplishment)</i>

Student's Signature: _____

Date: _____

Faculty Advisor's Name: _____

Faculty Advisor's Signature: _____

Date: _____

LEVELS OF ACCOMPLISHMENT IN PROFESSIONAL DEVELOPMENT

Level	Description	Expected Accomplishment of Criteria	Required Accomplishment of Criteria
Beginning Level	Students demonstrate <i>awareness</i> of what they need to be able to accomplish, but a deeper <i>understanding</i> of the required professional behaviors may be lacking. They demonstrate stated criteria for this level but they may be <i>inconsistent</i> and not able to exhibit the skill in all contexts.	FALL I	SPRING I
Intermediate Level	Students demonstrate <i>understanding</i> of the required professional behaviors and <i>consistency</i> in meeting stated criteria for this <i>level</i> ; <i>flexibility</i> in adapting them to different contexts may still be deficient.	SUMMER II	FALL II
Entry Level	Students demonstrate <i>understanding, consistency, and flexibility</i> in their professional behaviors.	FALL III	SPRING III
Post Entry Level	Students demonstrate exceptionally outstanding <i>understanding, consistency, and flexibility</i> in their professional behaviors.		

PROFESSIONAL PORTFOLIO

The development of students as professionals involves more than simply going to classes and passing required examinations. Students are involved in various projects, writing papers and reports, and attending lectures and activities that may or may not be directly related to their current coursework, but that are directly related to development as a physical therapist. The Department in Physical Therapy at New York Medical College strongly encourages students to develop a professional portfolio that summarizes their accomplishments over their three years of study at NYMC. A portfolio is a way students can bring their experiences together.

The structure and several components of a portfolio are addressed in the course 'Professional Practice II'. Students create and submit a Resume, Professional Goals, and a Reflective Personal Statement as course requirements. An outline/draft of the portfolio is discussed in class. The final portfolio is completed independently by students by the end of April of the graduation year. Students are encouraged to submit their portfolios to their professional development advisors for review and comments.

Portfolio Organization

The professional portfolio is an independent representation of each student's development as a physical therapy professional. This is meant to be a very selective sample of your best work. Do not include every item that you have produced. If you are unsure of what to include, please contact your professional development advisor. Students should gather representative information, articles, papers, examples of documentation, brochures, and other items that are a reflection of particular experiences over their three years at New York Medical College.

The portfolio may be in electronic and/or hard copy form. If hard copy form, it should be in typewritten form, and should be placed in an appropriately sized 3- ring binder. We recommend that you use tabs to separate sections, and sheet protector inserts to display single-page items. The cover pages of each section should contain a very brief statement that summarizes and captures the essence of what is to follow. You might consider using graphics for emphasis and 'eye-appeal'. Multiple-page items, such as full reports, should be three-hole punched and placed in the binder behind the appropriate tab.

The following sections should be included in the Portfolio, in this order:

1. A Title Page
2. Table of Contents
3. Resume
4. Special recognition or awards (if applicable)-include ALL examples
5. Statement of Professional Goals
6. A Reflective Personal Statement
7. Academic Experience
8. Clinical Education Experiences
9. Community Service
10. Professional Development

Here are some suggestions for items to include in each of the major sections listed above

Professional Goals

What specific direction do you want your career to take? What type of clinical environment do you want to work in now and why? Do you plan on limiting your practice to a specific area or envision yourself as a generalist? Where do you see yourself in one year? In five years? What continuing education would you like to pursue? Do you plan on doing research or teaching?

Reflective Personal Statement

You should reflect on your development and professional growth over the past two years. What insights into yourself and what it means to be a Physical Therapist have you gained? You might include statements from your final professional development self-assessment this past Fall. This statement should be no more than 1 typewritten page

Special Recognitions or Awards

- If applicable

Academic Experience

- Papers or special assignments that you have written for various courses. Include full copies of evaluation reports or treatment plans that you have developed for courses (for example, Baby Day or Patient Day reports). These should be clean copies, without grading marks, and with identifying patient information deleted or modified (e.g. Mr. L).
- Reflection on various academic coursework or electives, including Research Electives, Grand Rounds lectures, HD Camp, etc. This might include concrete examples of work completed or final projects.
- There should be approximately between 3-4 items in this section.

Clinical Education Experiences

- Description of services delivered and patient types seen during clinical education. May provide summary comments from the Clinical Performance Instrument, and/or letters from patients or other therapists who can attest to your clinical skills
- List of in services given; provide summary of topics covered and copies of handouts if appropriate.

Community Service

- Documentation of programs or projects in which you have participated. Specifically, you should include information about the Community Service Project completed this Fall. You might include a summary of the experience, and/or any handouts/educational materials you developed.
- Volunteer Experience

Professional Development

- Summary information from conferences or lectures you have attended
- Attendance at New York State or National APTA meeting, or other involvement in professional organizations
- Political Involvement in Issues related to healthcare
- PT club activities (e.g. Race for Rehab). Include information on the event as well as your specific role



NEWYORKMEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

New York Medical College has developed policies to guide students, faculty and staff with regard to what behavior and conduct is deemed acceptable, as well as that which is considered unacceptable, at this university.

Student Code of Academic Integrity and Professionalism

Approved December 15, 2010

I. Purpose

Academic integrity and respect for the dignity of the individual are essential in any educational endeavor. In scholarly endeavors, all participants must commit themselves to truthfulness and honesty in the search for new insight and knowledge. In addition, honesty, integrity and respect in all interactions with colleagues, peers, teachers and support staff, as well as with patients and their families, are essential professional attributes.

As a community devoted to the health sciences, professionalism is a core value. The attitudes and behaviors described by the term professionalism serve as the foundation of the expectations that society has of us as members of the medical and health sciences community. Therefore, as professionals, practitioners, scientists and students, we value attitudes, behaviors and habits expected of professionals - e.g., commitments to high standards of competence and performance; integrity, honesty and ethical behavior; respect for all individuals regardless of gender, sexual orientation, race, religion, age, national origin, marital status, veteran status, disability, or occupation or level of training; meeting responsibilities and commitments; excellent communication skills, reflecting behaviors expected of professionals; maintaining appropriate relations with patients, colleagues and others; managing conflicts of interest; continuous self-improvement; and honoring the trust that is placed in us by society.

By accepting admission to New York Medical College, students commit to the ideals, ethics and appropriate conduct of their chosen profession.

[NOTE: All NYMC policies referenced in this document will be available at <http://www.nymc.edu/UniversityPolicies/>]

II. General Responsibilities

All faculty and students at NYMC are responsible for maintaining an atmosphere of honest inquiry, academic integrity and professionalism. All should be familiar with the provisions of this Code. All should strive to conduct themselves and their academic and scholarly activities within the spirit of the highest traditions of truthfulness, integrity, and respect for the rights of others. They should refrain from any action violating the principles of the Code, whether in letter or in spirit.

Each student is responsible for the content and the integrity of all work performed or documents submitted, including but not limited to examinations, papers, laboratory work, clinical rotations, practicum work products and scientific and scholarly publications. Similarly, each student has the responsibility to adhere to the principle that students and teachers have a duty to respect each other and promote a professional environment in which the educational, research and clinical missions of the university are pursued.

A student should never engage in any act of academic or professional misconduct, as described below. Examples of misconduct are provided below to assist in understanding the various types of behaviors that violate this Code. They should not be interpreted as all inclusive. That is, misconduct is not limited to the examples provided.

III. Misconduct: Definitions and Examples

A. Plagiarism.

Plagiarism is derived from the Latin word meaning to "kidnap". In modern terms, it is more analogous to "theft". A more formal definition employed for purposes of federal research grants is the "...appropriation of another person's ideas, processes, results, or words without giving appropriate credit" 42 CFR §93.101(c). In other words, if you present someone else's work as your own, you are stealing from that person and, in academic circles, this is a very serious violation of the principles of academic integrity, respect for others, and professionalism. This definition applies regardless of the medium from which you plagiarize and whether or not the source of the copied material is itself copyrighted

Plagiarism takes many forms. Flagrant forms include but are not limited to purchasing or copying a paper from the internet or from a fellow student or anyone else, whether or not that paper is published; copying or cutting and pasting portions of others' work (whether a phrase, sentence, paragraph, chart, picture, figure, method or approach, experimental results, statistics, etc.) without attribution; copying clinical notes/materials without personally performing the patient examination. A more subtle, but equally flagrant, form is paraphrasing or attempting to put in your own words the theories, opinions or ideas of another without proper citation. Carelessly, inadequately or inaccurately using citations is also a form of plagiarism. Fabricating citations is a very serious form and may also be considered fraudulent behavior. Re-using your own previous work without appropriate citation is a form of plagiarism, and may mislead the reader into believing that what you are currently writing or reporting is new work. Even inappropriately assuming that a fact or idea is common knowledge and, therefore, not providing a citation might be viewed as plagiarism and should be avoided.

Proper use and citation of resources is essential in all scholarly work. A class assignment, paper or thesis represents a scholarly endeavor, whether or not your work is to be "published." As such, the quality and integrity of these documents will be held to a professional standard.

B. Cheating

Generally, cheating is defined as improperly obtaining and/or using unauthorized information or materials to gain an advantage on work submitted for evaluation. Providing such unauthorized assistance to others is also cheating.

Examples of cheating include, but are not limited to: giving or receiving unauthorized assistance to or from another on quizzes, examinations, or assignments; using materials or devices not specifically authorized during any form of a test or examination; exceeding the restrictions put in place for "take home" examinations, such as unauthorized use of library sources, intranet or internet sources, or unauthorized collaboration on answers; sitting in for someone else or permitting someone to sit in for you on any form of test or examination; working on any form of test or examination beyond the allotted time; hiding, stealing or destroying materials needed by other students; and altering and resubmitting for re-grading any assignment, test or examination.

C. Misleading or Fraudulent Behavior

Misleading or fraudulent behavior, put simply, is lying and includes acts contributing to or associated with lying. It takes on any form of fabrication, falsification or misrepresentation.

Examples include, but are not limited to: making up information, data or research results; altering or manipulating information, clinical or laboratory records, practicum experiences, research results/equipment/processes; reporting such false information to gain an advantage; omitting information or data that results in misrepresenting or distorting findings or conclusions; providing false information to explain lateness or to be excused from an assignment, class or clerkship function; falsely accusing another of misbehavior or otherwise misrepresenting information about another. Providing false information about yourself, such as on an application or as part of some competition is an example of fraud, as is taking credit for accomplishments that you did not perform and, therefore, properly belongs to others. Sometimes, particularly in the case of research and other scholarly endeavors, it may be misleading **not** to provide information about yourself, such as possible conflicts of interest in which you stand to gain financially by the results of your work.

D. Research Misconduct

*The integrity of the scientific enterprise, in general and at this institution, requires adherence to the highest ethical standards in the conduct of research and research training. Students and other trainees conducting research, therefore, are bound by the same ethical guidelines that apply to faculty investigators. These standards are described briefly in the New York Medical College Guidelines/or Ethical Practices in Research and Policies/or Dealing With Instances of Alleged Violations of Ethical Standards and more fully in the US Public Health Service Policies **on Research Misconduct**.¹ Research misconduct is defined in the USPHS Policy as "fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results."*

Fabrication means making up data or pretending to have performed experiments that were not, in fact, conducted. Falsification means inappropriately manipulating data or images so that, for example, one possible conclusion or interpretation is favored over another. Plagiarism is dealt with elsewhere in this document, but may additionally constitute *research misconduct* if it is committed in the context of a research effort. Other related unethical

behaviors, such as stealing credit for research accomplishments, misappropriation of research funds, or failure to disclose significant conflicts of interest may be more properly classified as fraudulent behavior.

Allegations of research misconduct must be evaluated and, if appropriate, adjudicated by specific procedures described in the College's **Guidelines for Ethical Practices in Research** cited above.

E. Failure to Abide by Standards of Professional Behavior

*Professionalism standards preclude any behavior that may be perceived as injurious to the mental or physical well-being of another or to the academic freedom of any student. Students are expected to be familiar with and to adhere to specific standards of behavior prescribed by pertinent professional/accrediting organizations, as well as standards prescribed by NYMC. Among such university policies and guidelines are **Sexual Harassment Policy, Smoke-Free Policy and the Policy on Professional Conduct in Student-Student and Teacher-Student Relations.***

An overriding principal of professional conduct is to treat others (whether colleagues, peers, patients, faculty, staff or students) with the same respect and dignity you would wish them to show you. Among behaviors that violate these codes or standards are: making "unwelcome sexual advances, requests for sexual favors and other physical, verbal or visual conduct based on sex ... include[ing] explicit sexual propositions, sexual innuendoes, suggestive comments, sexually oriented practical jokes, or obscene language or gestures"; physically, verbally or psychologically harassing others; discriminating against another based on gender, sexual orientation, race, religion, age, national origin, marital status, veteran status, disability or occupation or level of training; taking without permission or damaging another's property; not being truthful and honest in all communications with colleagues and patients, including not acknowledging errors of omission or commission; using offensive language; failing to maintain the highest level of confidentiality on matters relating to colleagues, students and patients; failing to obtain appropriate consent from patients/clients prior to any photographing, videotaping, or other visual recording; violating any local, state or federal law or regulation. Although students retain basic rights to free speech and to offer legitimate criticisms of other members of the university community in proper contexts and forums, it is inappropriate to breach confidentiality, invade another's privacy, or to belittle or demean others in a seriously hurtful manner (including cyberbullying), whether in or out of their presence, whether on- or off-campus, whether in the real or virtual world (e.g., various web sites, blogs, social networks and media, etc.). Additionally, failing to dress in appropriate, professional attire is a sign of disrespect of others and is a violation of this Code.

Students should expect to be treated in a professional manner, consistent with this Code. Examples of behavior that violate this principle are being required or asked to perform personal services by one's supervisors; or being assessed or graded in a punitive manner (other than under the terms of this Code).

F. Inebriation

*Inebriation means being under the influence of any substance that impairs your ability to function. It is a violation of the Code of Academic Integrity and Professionalism and the University's **Policy on Drug-Free School and Campus** to appear in class, in a laboratory, at a practicum or clinical rotation site, in the library or any other public site on campus or otherwise related to NYMC while impaired by any legal or illegal substance.*

G. Failure to Attend Required Course/Clerkship Functions or other Clinical Assignments

It is the responsibility of each student to be familiar with and adhere to the attendance/absence policy of her/his school within NYMC.

In general, each student must attend all academic activities scheduled for each course or clerkship, as specified by the instructor, course director, clerkship director, director of clinical education, or research supervisor. Anticipated absences should be arranged in advance with the appropriate instructor, course or clerkship director. Lack of attendance for any reason does not relieve the student of responsibility for the material covered during her/his absence. Students may be required to make-up the time missed. Repeated absences, whether or not approved, may result in one or more of the outcomes listed below.

H. Violating University Policies and Guidelines on Electronic Communications

*It is a violation of this code to fail to adhere to the practices prescribed by the Health Sciences Library, academic departments and the administration which expand on this Code. Among the specific policies incorporated into this Code of Academic Integrity and Professionalism are the university's Health Sciences Library's **Policy on Attributing Works of Others** and the university's **Electronic Communications Policy Statement.***

Examples of email behaviors that violate this Code are: forging other users' email or attempting to read another's email; sending harassing, obscene or threatening email messages to others; sending via email copyrighted materials not within fair use guidelines or without prior permissions from the author or publisher; deleting, copying or unauthorized posting files (excluding those on the X: drive) on university's network.

I. Violating rules, policies or procedures of affiliated institutions or clinical/practicum sites.

New York Medical College students and faculty are expected to know and abide by such rules, policies and procedures as are applicable to them at any site.

Examples of such rules, policies and procedures include HIPAA and other protections of confidentiality, building access, computer use, and appropriate professional codes (Standard of Ethics).

J. Failure to report an infraction

Any alleged violations of this Code of Academic Integrity and Professionalism must be reported in a timely manner to the appropriate program/course/clerkship director, department chair, or Dean. Failure to report a violation is itself a violation of the Code.

IV. Outcomes

While this Code applies to all students in each of the College's schools, each school has its own procedures for addressing potential and actual violations of this Code. Thus, any act in violation of this Code or any allegation of misconduct related to this Code involving a student is to be reported and addressed in accordance with the procedures of the student's school.

An act of academic misconduct will have consequences. Depending on the specific nature and circumstances of one's behavior and in accordance with the rules, regulations and procedures of each school with in New York Medical College, a student who is found to have violated the Code of Academic Integrity and Professionalism may be subject to one or more of the following:

- Taking additional course(s) intended to assist the student in avoiding future misconduct.
- Redoing the work, up to and including repeating the entire class/clerkship.
- Reduction in grade on a particular submitted piece of work, segment of work required for a course/clerkship or the entire course/clerkship down to and including a failing grade.
- Indication of the disciplinary action in reference letters, licensure forms, etc.
- Limitation or revocation, either temporarily or permanently, of certain privileges, such as use of campus email or library access.
- Notification to an appropriate external agency, such as a regulatory body or accrediting agency.
- Notification of the violation to the other schools within the university
- Suspension
- Expulsion/dismissal
- Revocation of one's degree, where the violation is identified after graduation.

Other sanctions may be imposed, as deemed appropriate.

¹ 42 CFR § 93 (2005), available at http://ori.llhs.gov/documents/4_cfr_parts_50_and_93_2005.pdf

² *Supra* at §93.103.

honor code Honor Code

See Also

- [Return to University Policies »](#)
- [Print this Policy »](#)

Relevant Faculty Policies and Procedures

Faculty Use and Supervision of Adjunct Faculty

Policy:

Faculty use adjunct faculty in an appropriate manner and ensure that adjunct faculty are qualified for their roles, have appropriate supervision and feedback, and have their rights protected.

Procedure:

It is the responsibility of each full-time faculty person to oversee their assigned teaching area. When adjunct faculty contribute to the teaching area, it is the responsibility of the full-time faculty person to supervise all aspects of adjunct faculty service. This includes specifying the roles of the adjunct faculty, signing-off on hours of service submitted, assessing service performance, providing performance feedback, mentoring as appropriate, and ensuring that adjunct faculty adhere to the policies and procedures of the institution, school, department, and division. Ensuring adherence to the policies and procedures of the institution, school, department, and division will be shared with the appropriate College and University departments, for example Human Resources, Information Technology, and General Counsel. The full-time faculty person discusses all expectations with adjunct faculty and notifies the division chief if adjunct faculty are not meeting expectations. Full-time faculty are also responsible for monitoring and assuring that the safety and rights of adjunct faculty are protected throughout their delivery of service.

Adjunct faculty are used to assist and enhance the teaching of course content or provide content on areas of expertise that the full-time faculty person does not have. Adjunct faculty are not used as a substitute for a full-time faculty role unless the rationale for doing so is first discussed with and approved by the division chief.

Faculty Use of Division Administrative Staff

Policy:

Faculty use division administrative staff in an appropriate manner for department activities.

Procedure:

It is the responsibility of each full-time faculty person to be aware of the roles and responsibilities of the administrative staff and to use the administrative staff appropriately. The job descriptions of the administrative staff are kept in the division office area. Any questions regarding the appropriate use of administrative staff, by either faculty or staff, are directed to the division chief.

Professional Development Advisors

Policy:

Each of the division faculty assumes the role and responsibilities of Professional Development faculty advisor for a set of students in each of the three student cohorts.

Procedure:

The division chief, with input from department faculty, divides the incoming class of students each year into 7-8 professional development groups of 6-8 students. The chief assigns a faculty person to each group to serve as a Professional Development faculty advisor. The responsibilities of faculty advisors are to:

- Oversee and mentor advisees in academic matters
- Meet with their professional development advisee groups on a semester basis to carry out a professional development self-assessment meeting
- Provide guidance to advisees during the professional development self-assessment meeting
- Following review and any necessary reassessment by advisees, validate the self-assessments of advisees
- Carry out all processes related to meeting and mentoring of advisees whose academic status becomes Warning or Probation
- Refer advisees to appropriate academic support services when necessary
- Maintain confidentiality within administrative limits in advisee matters

Faculty Supervision of Students and Guests in Clinical Skills Laboratories

Policy:

All students and guests participating in clinical skills laboratory activities do so in a safe and supervised manner.

Procedure:

It is the responsibility of each full-time faculty person to supervise students and guests during all clinical skills laboratory activities and to assure that the safety and rights of students and guests are protected.

For students, this includes:

- Asking students prior to role playing or patient simulation activities if they have any physical limitations the faculty should be aware of
- Identifying any student who is not meeting the Essential Functions of the program
- Monitoring all faculty and student activity in laboratories to ensure that safe practices are being followed
- Making sure that all equipment used in laboratories is in proper working order and is being used safely by students

For guests, this includes:

- Making sure guests are able to enter and exit the building and laboratory area safely
- Providing guests a rest area in the laboratory
- Making sure guests are aware of and have access to restrooms, water, and other amenities during their visit.
- Monitoring all faculty and student activity in laboratories to ensure that safe practices are being followed
- Making sure that all equipment used in laboratories is in proper working order and is being used safely by faculty, students, and guests

Division Personnel Response to Student Email Messages

Policy:

Core faculty, course directors and division staff will send an initial response to student requests and questions sent via NYMC email or Canvas mail within 48 hours of receipt, except for weekends, NYMC-recognized holidays, and faculty vacations, sick time, or personal time away from campus duties. Student messages to core faculty, course directors and division staff should be sent from an approved NYMC email or Canvas mail account.

Procedure:

It is the responsibility of each core faculty member, course director, and staff person to check their email account regularly and send an initial response to students per the above-stated policy.

Student Policies and Procedures

Division of Physical Therapy DPT Student Handbook

Policy:

All students are aware of the content of the Division of Physical Therapy DPT Student Handbook and use the Handbook as a reference for appropriate student-related issues.

Procedure:

Prior to the new student registration and orientation week, incoming students are notified that a Division of Physical Therapy DPT Student Handbook is posted on the Division of Physical Therapy webpage. Within one week of the new student registration and orientation week, students sign a statement that they have read and understand the regulations and policies in the Handbook, have had the opportunity to speak with the division chief to clarify any Handbook items, and agree to abide by the Handbook regulations and policies.

Division of Physical Therapy Clinical Education Manual

Policy:

All students are aware of the content of the Division of Physical Therapy Clinical Education Manual and use the Manual as a reference for appropriate clinical education-related issues.

Procedure:

Prior to the new student registration and orientation day, incoming students are notified that a Division of Physical Therapy Clinical Education Manual is posted on the Division of Physical Therapy webpage. The Manual provides students complete information on the clinical education policies and procedures of the program.

Essential Functions

Policy:

In order to be considered for admission, and to successfully progress through the program to graduation, candidates must possess and maintain intellectual, observational, communication, motor, and behavioral abilities sufficient to meet the cognitive, psychomotor, and affective goals of the curriculum and program.

Procedure:

The Essential Functions statement and policy of the Division of Physical Therapy is listed on the program webpage under admission requirements. Applicants are provided a copy of the Essential Functions statement and policy during their interview day. The materials students complete to confirm they are accepting admission to the program include an affirmation that they have read the Essential Functions statement and policy and agree to abide to the policy.

The Essential Functions statement and policy of the Division of Physical Therapy is on the following pages.

New York Medical College
Division of Physical Therapy

Essential Functions

Graduates of the Doctor of Physical Therapy program will be expected to function as autonomous practitioners and to provide a full range of physical therapy services. In order to be considered for admission, and to successfully progress through the program to graduation, candidates must demonstrate academic accomplishment and completion of all required coursework. In addition, candidates must possess and maintain intellectual, observational, communication, motor, and behavioral abilities sufficient to meet the cognitive, psychomotor, and affective goals of the curriculum and program.

The following provide descriptions and examples of the essential or minimal functions required of candidates to the Doctor of Physical Therapy program. Examples are illustrative and do not necessarily represent an all-inclusive set of functions.

I. Intellectual Skills:

The candidate must have conceptual, integrative, and quantitative abilities sufficient to learn, teach, create, analyze, synthesize, extrapolate, make objective and subjective judgments, solve problems, organize, and implement plans. Examples include, but are not limited to:

1. Rapidly analyzing and synthesizing data from a variety of sources,
2. Determining the data needed to solve clinical problems,
3. Creating feasible solutions to problems faced in practice,
4. Prioritizing components of solutions developed in response to problems encountered.

II. Observational Skills

The candidate must have discriminatory ability in the senses of vision, hearing, touch, and smell sufficient to learn information presented, assess patients/clients, and assess diagnostic material. Examples include, but are not limited to:

1. Observing demonstrations in the classroom, laboratory, and clinical settings,
2. Viewing gross anatomy and neuroanatomical specimens,
3. Observing and interpreting various patient/client-related conditions including the cognitive, physical, and affective status
4. Observing the physical environment and presence of safety hazards,
5. Reading various technical equipment displays, assessment graphs, patient/client charts, professional literature, and notes from patients/clients, physicians and other health professionals and interpreting the significance of the information provided,
6. Using all senses to assess patients/clients both at a distance and close at hand.

III. Communication Skills:

The candidate must have the ability to speak, listen, write, draw, and observe sufficient to elicit and convey written, verbal, and non-verbal information to and from faculty, staff, administrators, peers, patients/clients, families, and health care team members. They must be able to convey and collect information rapidly, accurately, and with clarity and sensitivity. Examples include, but are not limited to:

1. Teaching and learning from faculty, peers, clinical faculty, and patients/clients,
2. Communicating all course work effectively through written, verbal, and non-verbal form,
3. Taking a patient/client's history and assessing their mood, posture, and intellectual functions,
4. Communicating effectively with patients/clients, healthcare professionals, community or professional groups, and colleagues,
5. Reporting clearly and legibly by means of documentation in patient/client charts, reports to physicians, insurance forms, and equipment order forms,
6. Responding to potentially emergent situations such as warning calls from staff or patients/clients and equipment alarms,
7. Participating in group meetings to deliver and receive information and to respond to questions from a variety of sources.

IV. Motor Skills:

The candidate must have fine and gross motor skills sufficient to perform quick precise movements, manipulate medical equipment, manipulate patient/clients' limbs and bodies, and maintain equilibrium and sustain forceful movements. In addition, the candidate must have stamina sufficient to complete the expectations of graduate level education, to travel to and from clinical education sites, and to complete the work day expectations of full-time clinical education experiences. Examples include, but are not limited to:

1. Exhibiting pain free strength and range of motion of the neck, trunk, and limbs that is within normal limits,
2. Exhibiting sufficient manual dexterity to manipulate small and large items, perform CPR, and treat acutely ill patients/clients without disturbing sensitive monitoring instruments and lines,
3. Exhibiting sufficient strength, balance, and manual dexterity to safely perform passive range of motion and mobilization/manipulation activities with patients/clients,
4. Exhibiting sufficient strength, balance, and dexterity to assist patients/clients with therapeutic exercises and functional activities.
5. Working in kneeling, semi-squat, and full-squat positions with patients/clients,
6. Lifting and moving 50 lbs from one location to another in positions of kneeling, sitting, and crouched or full standing, that may also involve twisting, pivoting, and leaning. Clinical examples include:
 - a. Lifting and moving a client with tetraplegia from a lying or side-lying position into a sitting position, which requires a therapist be able to squat, kneel, and lean over the client when lifting,

- b. Performing passive range of motion for the lower limbs of a client with hemiplegia, paralysis, or severe weakness, which requires a therapist be able to lift and move the entire lower limb while in positions that include kneeling, side sitting, and leaning,
 - c. Performing a maximal assistance transfer of a client with hemiplegia, paralysis, or severe weakness from a wheelchair to and from an exercise mat, which requires a therapist be able to lift and move the client while sitting on a stool and leaning forward, or while maintaining a prolonged squatting position and pivoting
- 7. Participating and performing independently all psychomotor expectations associated with the curriculum,
- 8. Teaching and assisting patients/clients with transfers to surfaces encountered in clinical, community, and home settings,
- 9. Walking and balancing sufficiently to:
 - a. Safely teach and assist patients/clients with ambulation on level and un-level surfaces, including stairs, with or without equipment,
 - b. Safely teach and assist patients/clients in balance activities, with or without equipment,

V. Behavioral Social Attributes:

The candidate must have mature behavior and social abilities sufficient to be composed, adaptable, resilient, punctual, decisive, thoughtful, candid, receptive, diligent, persevering, tolerant, and sensitive to others. Examples include, but are not limited to:

- 1. Prioritizing numerous tasks and maximizing productivity to achieve multiple goals in a timely fashion, including educational, administrative, and patient/client care
- 2. Adapting to changes in class schedules and program activities, in some cases with short notice,
- 3. Tolerating common challenges in clinical education experience assignments, such as delays in site assignment, limited site location options, changes in site location,
- 4. Accepting constructive criticism and responding by appropriate modification of behavior,
- 5. Developing mature, sensitive, professional, responsible, and effective relationships with faculty, staff, peers, clinical faculty, and patients/clients,
- 6. Recognizing and responding appropriately to individuals of all ages, genders, races, socioeconomic, religious, cultural backgrounds, and sexual orientations,
- 7. Coping with general stresses of a working environment along with stresses generated from working with potentially demanding patients/clients, and possible life threatening clinical situations,
- 8. Recognizing and responding appropriately to potentially hazardous situations,
- 9. Exercising sound and consistent judgment in complex situations,
- 10. Continuing to function in the face of uncertainties inherent in the clinical problems of patients.

While technological compensation can be made for some disabilities in certain of these areas, the Division of Physical Therapy must be fully satisfied that a candidate can perform in a reasonably independent manner and complete the essential functions of the entire curriculum of required courses and electives. The use of a trained intermediary to substitute for any of the functions above is not acceptable because the candidate's activities would be mediated by someone else's power of observation, selection, interpretation, or physical performance.

Candidates who lose the ability to meet any of the essential functions of the Division of Physical Therapy following matriculation into the program may need to take a medical or administrative leave until all essential functions can be met. If the inability to meet any of the essential functions becomes chronic, the candidate may need to withdraw or be dismissed from the program.

Approved by the School of Health Sciences and Practice Academic Policy Committee 10/11/16
Revised 5/7/23 to reflect administrative structure change from *Department* to *Division*.

Student Standards of Conduct

Policy:

Students follow the standards of conduct of the institution, school, and division in all division-related activities, including clinical education experiences.

Procedure:

Professional education in physical therapy involves more than academic course work and clinical education. Equally important is the process by which students are educated in the values and responsibilities of the profession of physical therapy. Students are expected to and abide by the Code of Ethics and Guide to Professional Conduct of the American Physical Therapy Association. In addition:

1. Students are expected to conduct themselves in a professional manner at all times. This requires a respectful attitude toward patients, fellow students, faculty, guest lecturers, and others in all settings (clinical, classroom, laboratory, field trips, clinical education sites, etc.). Unprofessional or otherwise disruptive behavior will not be tolerated. Repeated violations of this principle will be considered grounds for remedial work or dismissal from the program.
2. Attendance is required at all scheduled classes and laboratory sessions, unless otherwise indicated by the instructor. If a student must miss a class, due to illness or family emergency, he or she must notify the instructor, in advance if possible. Repeated unexcused absences and/or late arrivals at class will be grounds for dismissal from the program. (See Attendance Policy.)
3. Students are required to be present and on time for all scheduled days of clinical education. Because students are involved in critical patient care duties, a pattern of unexcused absence or late arrival may be grounds for failure of the clinical education course.
4. One of the most important elements of professional behavior is honesty and integrity. Lack of honesty in clinical situations may have serious, even fatal consequences for patients. Therefore, evidence of dishonesty, cheating, plagiarism, or other violations of academic integrity will be viewed as extremely serious and will be considered grounds for immediate dismissal from the program. All students are required to adhere to the New York Medical College Code of Academic Integrity and Professionalism and The Student Code of Academic Integrity and Professionalism.
5. Each semester, students are expected to demonstrate achievement of certain levels of accomplishment in professional behavior (see Student Professional Behavior).
6. A student who is placed on academic probation because of a failure to attain the required level of professional behavior will not be allowed to progress on to the clinical education components of the program. In this case, the student will be required to meet with his or her professional development advisor and the division chief to create a plan for demonstrating the required level of professional behavior. A student who does not achieve the required level of professional behavior within the timeline of the plan will be dismissed from the program.
7. Based on the regulations and standards discussed above, the School of Health Sciences and Practice reserves the right to dismiss or to deny admission, registration, readmission, or graduation to any student who, in the judgment of the faculty, is determined to be unsuited for the study or practice of physical therapy.

Student Professional Behavior

Policy:

Students are to display professional behavior in all division-related activities.

Procedure:

The operational definition of professional behavior, the behavioral markers and division expectations, and the processes of professional development used in the program is shared with students in the first semester of the program. A written description of these is found in the DPT Student Handbook, which is posted on the Division of Physical Therapy webpage. The school policy on Satisfactory Academic Progress includes criteria for professional behavior.

Student Response to Division Staff Email Messages

Policy:

Students will respond to core faculty, course directors and division staff email messages within 48 hours of receipt, except for weekends, NYMC-recognized holidays, semester breaks and official leaves of absence. Core faculty, course directors and division staff will send email messages only to each student's approved NYMC email or Canvas mail account.

Procedure:

It is the responsibility of each student to check their NYMC email and Canvas mail accounts daily and send an initial response to faculty and staff per the above-stated policy.

Student Dress Code

Policy:

Students follow the division dress code for all division-related activities, including during clinical education experiences.

Procedure:

The division dress code is discussed with students during new student registration and orientation, prior to first semester laboratories, and prior to clinic visits. The dress code is located in the DPT Student Handbook and in the Clinical Education Manual. Students who fail to comply with the dress code are in violation of the Policy for Satisfactory Academic Progress and will be counseled accordingly.

Class Attendance

I. PURPOSE

The purpose of this policy is to specify the expectations and guidelines governing student attendance and absence from the New York Medical College School of Health Science and Practice Doctor of Physical Therapy Program (“NYMC-SHSP-DPT”).

II. POLICY

Attendance at all DPT Program Lecture, Laboratory and Tutorial course sessions, DPT Program Related Events and Activities, and Clinical Education dates is mandatory unless otherwise indicated by course faculty.

III. RATIONALE

On time class Attendance and Participation is essential to our DPT Program. The NYMC-SHSP-DPT curriculum has been carefully designed to ensure that students attain the educational objectives stated by CAPTE. Students' direct engagement in the learning process is required to fulfill these objectives and for completion of the requirements for the DPT degree.

Research indicates that class attendance is strongly associated with class grades (GPA) in college and study habits and skills (Credé et al., 2010). Moreover, the collegial nature of the Problem-Based Learning approach applied in our DPT curriculum makes attendance at all classes vital to merit class grades, maximize academic success, and promote an optimal learning experience for the entire student cohort. The cumulative and progressive nature of the coursework within the DPT program is such that each course builds upon knowledge, concepts, and clinical skills that are learned and integrated across the lectures, labs, and tutorials organized every year. Therefore, for every student to successfully complete each one of the DPT courses and ensure readiness for passing the National Physical Therapy Examination (NPTE), our DPT program at NYMC follows a strict attendance policy as outlined below.

IV. SCOPE

This policy applies to all NYMC-SHSP-DPT students.

V. PROCEDURES

A. ATTENDANCE

1. Required Attendance at all DPT Program Lecture, Laboratory and Tutorial sessions, DPT Program Related Events and Activities, and Clinical Education experiences is mandatory unless otherwise indicated by course faculty.
 - a. As a general guideline, students are expected to be present and on time for all classes Monday through Friday as shown on the academic calendar, course syllabus, and LMS calendar, and responsible for identifying all mandatory educational activities at the start of each course, or semester.
 - b. When participating in mandatory online synchronous educational activities, students are expected to have their cameras open unless advised by the course director.

- c. Specific activities listed in the academic calendar are subject to change due to unforeseen circumstances, not limited to inclement weather. At times, it may become necessary to schedule make-up activities, including examinations, during unscheduled time or immediately prior to vacation periods.
- d. Students are expected to schedule off-campus travel only during vacation periods so as not to conflict with the class schedule as shown on the academic calendar.

2. ABSENCE

- a. If a student must be absent from class due to an unavoidable circumstance (see below for potential examples), the student is responsible to notify the Course Director.
- b. If the absence occurs during a PBL class, the student is responsible to notify the Component Coordinator and PBL Tutor, or Practical/Oral/Component Exam Examiner (as applicable).
- c. If the absence occurs during a Clinical Education Experience, the student must notify their Clinical Instructor and the Director of Clinical Education and/or Assistant Director of Clinical Education supervising their experience.
- d. Notification to faculty must be in advance via email and/or telephone. If the nature of the absence does not allow for notification prior to the session, the student is responsible to notify the appropriate personnel after the missed class as soon as possible (within 24 hours) to justify such absence.
- e. Any absence must be approved by course faculty to be considered excused. Students may be required to provide official documentation to support the need for an excused absence. Excusable reasons for missing a class include:
 - Illness
 - Bereavement
 - Family emergency
 - Attending a conference in the field of Health Sciences
 - Attending a planned and approved DPT program-related activity
- f. It is critical for students to understand that informing the instructor of an absence, even in advance, does not guarantee that the absent time will be considered an excused absence.
- g. In the event of any absence, students are responsible for obtaining missed class material presented during the full length of the absence. Class material includes, but is not limited to, content posted on E-Learning site, assigned readings and pre-class activities, in-class lectures, content or in-class activities, group discussions, quizzes, homework, skill labs, and tutorial discussions. It is at the discretion of each individual faculty member, course instructor, or PBL tutor to determine necessary make-up material and set a deadline to provide it.
- h. If the absence is from a PBL tutorial session, students must submit, to their tutor, any preparatory work or tutorial assignment expected for the missed session.
- i. If the absence is due to a (+) COVID-19 infection and the student is instructed to isolate (by NYMC Health Services), the student may Zoom into lecture or lab sessions and/or have the lab session recreated. This accommodation is limited to the period of isolation determined by NYMC Health Services.

B. LATENESS

1. Students are required to be present and prepared at the beginning of every lecture, lab, tutorial, and clinical education session as well as remain present and engaged until the end of the session.
 - a. Being consistently late to class puts students at risk of missing important material and causes substantial distractions to the instructor and other students attending the class.
 - b. An arrival is considered late when the student arrives for an in-person or online session after the scheduled starting time of the session, as defined by the course syllabus or LMS calendar.

2. Two unexcused late arrivals to any type of class during the same course will be considered an unexcused absence.
3. In the NYMC DPT program, recurrent lateness is considered unprofessional behavior; therefore, a student with episodes of recurrent lateness may be at risk of not meeting the required level of Professional Development.
 - a. Students should notify the instructor or tutor via email and/or telephone of an anticipated lateness prior to the start of the class session. If that is not possible, late arrivals should be explained and formally documented (i.e., proof of lateness) no more than 24 hours after the session.
 - b. Students who arrive late are expected to remain engaged for the remainder of the class.

C. MONITORING ATTENDANCE AND LATENESS

1. Students will be required to sign their name and date on a daily attendance sheet at the beginning of each class session.
2. Any student who falsifies a name, signature, or date will be considered in violation of the New York Medical College Academic Integrity Policies and subject to the consequences therein.
3. If the student arrives after the attendance sheet has been collected, the student receives an unexcused absence unless this late arrival is formally justified within 24 hours (see section “lateness” for more details).
4. All absences (approved and/or unapproved), lateness, or need to leave during or early from required academic or educational activities will be recorded by the course director(s), along with the reason for such absences.

D. NON-COMPLIANCE WITH ATTENDANCE POLICY

1. Students will be considered out of compliance with the attendance policy if they are absent (excused and/or unexcused) for more than 15% of the total course sessions, as defined by the syllabus.
2. Student absence for 15%-33% of total course sessions may result in any of the following:
 - Loss of the privilege of remediating course content
 - Professional Behavior Action Plan
3. Student absence for more than 33% of total course sessions may result in either of the following:
 - Course Withdrawal
 - Course Failure
4. The loss of the privilege of remediating course content, a Professional Behavior Action Plan or a course failure may risk a student’s Academic Standing and Progression in the program.
5. Students are subject to the standards of evaluation (for example, tutorial participation) for each course, despite any and all absences and/or lateness.
6. The student, their faculty advisor, and the DPT program director will be notified by the course instructor or tutor in writing when the student has more than 15% absence from total course sessions and/or multiple lateness to class sessions.
7. Impact on Professional Behavior Validation
 - a. Students with multiple unexcused absences and/or multiple lateness to class may not be validated for the Professional Behaviors of the 21st Century and may be put on an Action Plan for Professional Development as outlined in the student handbook.
 - b. Students who are not validated by the faculty will be informed by their faculty advisor of the consequences.
 - c. Lateness and unexcused absences are inconsistent with the following beginner level professional behaviors:
 - Responsibility
 - Professionalism
 - Effective use of time and resources

E. APPEAL AFTER NOTIFICATION OF NON-COMPLIANCE WITH ATTENDANCE POLICY

1. A student has the right to appeal any consequences levied as a result of violation of the attendance policy.
2. This appeal should be made in writing to the course instructor, tutor, or Director of Clinical Education, and the DPT division chief within 3 business days of notification of the violation of the attendance policy and corresponding consequences.
3. The appeal will lead to a hearing with an ad hoc DPT academic integrity committee.
4. A successful appeal may lead to elimination or modification of initial consequences.
5. An unsuccessful appeal will uphold initial consequences.

Make-up Examinations

Policy:

Students may take an examination at a time that is different from the regularly scheduled time if they have received approval from the course coordinator.

Procedure:

Students requesting to take an examination on a day other than the scheduled examination day must attain approval to do so by the course coordinator. Approval will be given only in the case of a personal or family event of unusually high importance or in the case of a family or personal emergency or a religious holiday that precludes them from being in school on the day of the exam. If at all possible, they must inform the course director before the date of the examination. If an illness or injury is the reason for the request, the course director may request a note (from the student's medical provider) excusing the student from class. Students who take a make-up examination must avoid all discussion, either general or specific, with other students regarding the content of the examination after the regularly scheduled examination has taken place.

Use of Cell Phones

Policy:

It is the policy of the Division of Physical Therapy that students do not use their cell phones, e-mail and or text message in class.

Procedure:

Students are required to have their phones stored out of view during classes and exams. Students who need to use their phone secondary to an emergent situation should notify the instructor prior to class and use the phone and or text message outside the classroom. Students who are text messaging, e-mailing or using their phones in class may be asked to leave the class by the instructor. No phone use, e-mail or text messaging is permitted during exams.

Clinical Skills Laboratories - Student Responsibilities

Policy:

Students have general responsibilities they must follow for use of the clinical skills laboratories.

Procedure:

The general responsibilities of students are shared with students prior to the first laboratory session in the first semester of the program. These responsibilities are also located in the DPT Student Handbook.

General Responsibilities include:

1. Students are to attend all scheduled labs
2. Students are to arrive on time to all scheduled labs
3. Students should be dressed in proper attire at the start of lab
4. Food or beverages are allowed in the labs, only if the cleanliness of the labs is not negatively impacted (for example, negative impacts include empty wrappers not disposed properly, stains left on lab furniture, linens, and/or equipment, crumbs left on the floor, lab furniture, or equipment.),
5. After completion of a lab session, all equipment should be returned to its original location

Lab Maintenance responsibilities include:

1. Students are to assist in keeping the labs clean.
2. Students must tidy-up the lab at the conclusion of all formal labs, or when the labs are used for practice. This includes:
 - Returning plinths and all equipment (including modalities) to proper location
 - Replacing pillow cases and plinth linens
 - Cleaning any equipment as requested by the faculty person overseeing the lab session
 - Closing all windows and blinds
 - Make sure doors are locked
 - Other duties that may be requested by the faculty person overseeing the lab session

Policy on Student Access to Clinical Skills Laboratories for Independent Study Outside of Formal Class Time and Program Use

Policy:

Students are allowed to use the clinical skills laboratories outside of formal class time.

Procedure:

1. Students will be responsible for identifying times they may use the labs for independent use outside of formal classes and other program uses.
2. Students will check-out a lab room key by contacting the Administrative Assistant, signing-out and signing back in the key.
3. **Students signing out the key are responsible for signing the key back in; students are not allowed to transfer the key to another student for return.**
4. The key may be checked-out during regular weekday hours (8:30 a.m. to 4:30 p.m.)
5. If students are planning to use the laboratory later than 5:00 on a weekday, or on a weekend day, they must sign-out the key between 8:30 a.m. to 4:30 p.m. and sign-in the key the first thing the next business day
6. Generally, students will be able to use the laboratory seven days a week.
7. The PT Lab rooms are to be used for course-related activities only unless a separate activity has been cleared by the division chair or faculty.
8. While using the laboratories, students are expected to conduct themselves in a professional manner at all times.
9. Only physical therapy students and faculty are permitted in the laboratory.
10. The laboratory must be straightened up after use. All equipment must be returned to the proper place. All food wrappers, cups, or waste must be discarded in the appropriate receptacles.
11. Under no circumstances should equipment, books, models, or other materials be removed from the laboratory without the explicit permission of division chief or faculty.
12. The door to the laboratory must be locked when students leave the room.
13. Under no circumstances should the fire doors leading outside the building be propped open
14. COVID-related policies updated 5/22/23:
 - Students must know and follow all NYMC COVID-19 policies: <https://www.nymc.edu/about-nymc/policies/covid-19-mask-ppe-and-distancing/#/d.en.245706>
 - Students must wear face masks when using the lab room for simulated patient care activities.
 - The air scrubbers and dehumidifiers must be left on at all times in the Chouake Clinical Skills Lab (CCSL) when the lecture area is being used by students.
 - Students must clean the lecture table area and plinths they have used with cleaning solution followed by sanitizer after ending their use of the lecture and/or lab space.

Repeated violation of one or more of these policies will result in students losing their right to independent access to the clinical skills laboratories outside of assigned class times.

Potential Student Health Risks Associated with the Education Program

Policy:

All students are aware of the potential health risks associated with the education program, including clinical education.

Procedure:

The Division of Physical Therapy Essential Functions required of applicants for admission to the program and for matriculated students to complete the program are posted on the program webpage and included in the DPT Student Handbook. During new student registration and orientation the potential student health risks associated with the education program are discussed. Prior to the first full-time clinical education experience students are informed of the potential health risks associated with clinical practice.

Student Submission of Course Evaluations

Policy:

All students are required to complete and submit an anonymous course evaluation for each of the courses they complete. Assessment of a course is considered to be an important element of completing a course.

Procedure:

During the last week of each course, the department administrative secretary sends students an electronic course evaluation that is to be completed and returned within one week following the end of the course. The course evaluation returns in an anonymous format so students cannot be linked directly to a course evaluation. The division administrative secretary receives a notice when a student has submitted a course evaluation and is able to track the return of course evaluations. An e-mail reminder is sent to students who fail to submit a course evaluation on time.

Comprehensive Examination

Policy:

As a condition for graduation, students are required to pass a Comprehensive Examination in the last semester of their third year of study.

Procedure:

The Comprehensive Examination is a computer-based examination that is presented in a format similar to the National Licensure Examination. The Comprehensive Examination uses a formally tested examination tool (Online Advantage®, Scorebuilders) as the basis for examination, with an item analysis conducted after student scores are received. Students are informed of the examination format and encouraged to preview a demonstration of the student version by going to the Scorebuilders site.

The examination is organized into four one-hour components. The first two components are taken from 10:00-12:00, a lunch break is provided from 12:00-1:00, and the third and fourth components are taken from 1:00-3:00.

Students are required to achieve a minimal score of 70% to pass the examination. If a student does not pass, a second attempt of the examination is taken one week later, using an alternate version of the original examination. If a student does not pass the second time, graduation may be delayed to allow the student the opportunity to carry out with program faculty a process of remediation of areas of weakness. The remediation process will include a careful analysis of errors, consultation with the NYMC Office of Student Academic Support, and review of content areas as indicated by the error analysis. The details of the review will be determined by the student and faculty. A student who fails the examination a third time may be dismissed from the program.

The Comprehensive Examination is a mechanism of ensuring that students have retained important information in the foundational sciences over the course of the program, that they have integrated foundational sciences with clinical sciences, and that they are able to apply these areas of study to clinical practice. This is also a way of making sure that students are adequately prepared to take the National Licensure Examination. Monitoring the passing rates of graduates on the Comprehensive Examination is used as one measure of whether the educational goals of the program are being attained.

Program Policies and Procedures

Academic Regulations

Policy:

Students are aware of and abide by the academic regulations of the institution, school, and division.

Procedure:

The academic regulations of the institution, school, and division are accessible to students and discussed at new student registration and orientation. The regulations are posted on the institution, school, and division webpages and in the DPT Student Handbook.

Academic Regulations

<https://www.nymc.edu/school-of-health-sciences-and-practice-shsp/shsp-academics/academic-regulations/>

Enrollment Status

The programs in Physical Therapy and Speech-Language Pathology enroll only full-time students.

For the MS in Biostatistics and Public Health programs the number of credits taken establishes a student's enrollment status, which is determined each term. Students are considered to be full time when enrolled in 8 or more credits during any Fall or Spring semester. During the summer session, 4 credits constitutes full-time enrollment. Students with fewer credits are considered part time. To be eligible for financial aid and/or loan deferment, during the Fall and Spring semesters a student must take at least 4 credits.

Student Category Definitions:

Matriculated Student – Applicants who have received a bachelor's degree with A GPA of 3.0 from an accredited undergraduate institution and have met the other admissions requirements may, at the discretion of the Admissions Review Committee, be accepted as a matriculated (pursing a degree) student.

Conditional Admissions Student - Applicants whose undergraduate GPA is under 3.0, may, at the discretion of the Admissions Review Committee, be accepted as conditional admissions students. Upon completion of a minimum of 6 and maximum of 9 credits with a grade point average of 3.0 (grades of B) or higher, the status of conditional admissions students will be reviewed and the committee may remove the conditional status and hold on the student's continued registration. Financial aid is available per federal guidelines. If the student does not meet the 3.0 GPA criterion, earn grades of B or better in all courses, demonstrate required skills and competencies for each course, and uphold the Code of Academic Integrity, he/she will be prohibited from enrolling in any further coursework and will be administratively withdrawn from the school.

Non-Matriculated and Certificate Students - Applicants to "stand-alone" credit-bearing graduate certificate programs are accepted as non-matriculated students, and remain in this status for the duration of the program, even if the total number of credits exceeds nine. Non-degree applicants taking 3-9 credits may be considered as non-matriculated students. No financial aid is available per federal guidelines.

Transcripts and Release of Information

The Family Education Rights and Privacy Act of 1974, as amended, prohibits the release of educational records by institutions without the specific written consent of the student or alumnus/a.

Instructions on requesting an official transcript.

<https://www.nymc.edu/current-students/student-services/registrar/transcripts/>

Student Grade Reports

Students enrolled in classes may view final grades and print an unofficial copy of their transcript in the TouroOne Portal (<https://touroone.touro.edu/sso/login>).

System of Grades

The system of grades and points assigned to each grade is as follows:

Grade Point

A = 4.0

A- = 3.7

B+ = 3.3

B = 3.0

B- = 2.7

C+ = 2.3

C = 2.0

C- = 1.7

F = 0.0 Failure

A student who ceases to attend classes but does not officially withdraw from a course will automatically receive a failing grade. Other designations are:

INC - Incomplete

AUD - Audit

W - Withdrawal

WF - Withdraw/Failing

GNR - Grade Not Reported

MT - Multi-term

P - Pass

H - Honors (for thesis only)

Calculating Grade Point Average (GPA)

Each credit earned generates a specific number of quality points according to the letter grade earned. Grade point average is determined by dividing the total number of a student's quality points by the total number of credits for which a grade has been assigned.

Example:

Credit Hours Grade Point Quality Points

3 x 4.0 (A) = 12.0

3 x 3.3 (B+) = 9.9

3 x 3.0 (B) = 9.0

30.9 ÷ 9 = 3.43

The GPA for this student is 3.43.

A grade for transferred credits is not calculated in the student's grade point average. However, transferred credits are applied toward the completion of degree requirements.

Course Evaluations

Course evaluations are a course requirement

The School of Health Sciences and Practice **requires** each student to complete a course evaluation for each course taken.

Incomplete Coursework

A student who has completed a substantial portion of the course requirements but is unable to complete a course for reasons of health, change of job location, a family emergency or other exceptional circumstance, must submit a written request to the course instructor for an "Incomplete." If the reason is deemed appropriate, the student will receive the grade "INC" (Incomplete) for the course. Failure to complete the work by the end of the Fall or Spring semester following the term in which the course was taken will result in a grade of "F."

Both the student and the instructor are notified by the Registrar that an "INC" has been converted to an "F." Upon receipt of this notice, the instructor may request an extension, subject to the Chair's approval, not to exceed one additional fall or spring semester. Any extension in excess of two consecutive fall or spring semesters must be requested by the Dean as an exceptional case since the passage of time often brings changes to course content.

Course Audit

No audits of Physical Therapy and Speech-Language Pathology courses are permitted. Students who do not wish to receive credit for a Public Health course may register as auditors. Such students must formally register and pay tuition and any fees associated with the course. However, they are not required to take exams or submit assignments.

A student may change from credit to audit status (or vice versa) for a course through the add/drop period. A written request from the student, signed by the Dean, must be made to the Office of the Registrar.

Withdrawal from a Course or Withdrawal from the School

After the drop deadline, students may withdraw from a course through the 10th week of a 15-week term and through the sixth week of an eight-week term. Withdrawal from a course is indicated on a student's transcript by a grade of W (withdraw) or W/F (withdraw, failing). The W/F grade is recorded if the student is failing the course **and** more than 50% of the final grade has been determined.

To officially withdraw from a course, students must submit the to the Registrar's Office.

Students who stop attending a course but do not officially withdraw will receive an "F". Before dropping a course, it is highly recommended that a student discuss the matter with the instructor and/or the appropriate program advisor.

Students who receive a "W" or "W/F" may retake the course for credit provided they reregister and pay to take the course again.

Students who wish to withdraw entirely from the School of Health Sciences and Practice should speak with their Department Chair or Program Director to initiate the process.

[View our refund policies \(https://www.nymc.edu/current-students/student-services/bursar/tuition-and-fees/school-of-health-sciences-and-practice/\)](https://www.nymc.edu/current-students/student-services/bursar/tuition-and-fees/school-of-health-sciences-and-practice/) located on the NYMC Bursar's website.

Repeating Courses

Students who do not meet a minimum grade requirement in a core or concentration course may be required to repeat the course. Similarly, students may wish to repeat a course in which a grade of “F” was received in order to remove that grade from the calculation of the GPA.

When a student repeats a course, the transcript will reflect the repetition and each letter grade. Only the later of the two grades will be calculated in the student’s grade point average. Credit for the course will be given only once.

Satisfactory Academic Progress and Good Academic Standing

Students are required to maintain **Satisfactory Academic Progress** (SAP) towards a degree at all times. View the School of Health Sciences and Practice Policy on Satisfactory Academic Progress (pdf). (<https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/PolicyonSatisfactoryAcademicProgressintheSchoolofHealthSciencesandPractice9.7.16.pdf.pdf>)

Change of Program

A matriculated M.P.H. student who wishes to change his/her degree or certificate program of concentration should send a request to the Chair or Program Director of the new program, along with a form, and a new personal statement for review and approval.

If the Chair/Program Director agrees to accept the student into the new program, he/she will sign the form and forward it to the Chair of the student’s former program for signature. The Chair of the student’s former program will forward the form to the Dean’s Office for final approval or denial. The Vice Dean will sign the form and forward it to the Registrar.

Transfer of Credits

A matriculated public health student who has completed graduate courses at another accredited institution may be permitted to transfer earned credits. Applicants must have earned a minimum grade of B, course credits must not have been applied toward a degree that was granted at another institution, courses must be appropriate to the student’s program at the School of Health Sciences and Practice, and have been completed within the past 5 years. For M.P.H. degree candidates, a maximum of 9 credits are transferable. For DrPH degree candidates, a maximum of 12 credits are transferable. Students must submit the Transfer of Credit Form (</media/schools-and-colleges/nymc/pdf/shsp/TransferofCreditForm.pdf>), available online, in the Office of the Registrar or in the Admissions Office, to the Department Chair/Program Director, along with course descriptions and/or

course syllabi. The vice dean is responsible for making the final determination of acceptance or denial of transfer credit(s). View the Transfer of Credits in the School of Health Sciences and Practice (</media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/TransferofCreditsintheSHSP.pdf>) policy.

Leave of Absence, Maintenance of Matriculation and Reapplication

A student may be allowed a leave of absence for a period of up to one year following the semester of last attendance. Leaves for all matriculated students must be approved by the Department Chair and the Vice Dean. Leaves for non-matriculated students in the Public Health programs must be approved by the Vice Dean. View the form to request a Leave of Absence (<https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/LeaveofAbsence.pdf>). View our located on the NYMC Bursar's website.

A student must obtain permission from the Department Chair before taking a leave of absence in the semester preceding graduation.

A matriculated public health student who is not on a leave of absence and who is not registered for course credits must maintain academic standing by registering for maintenance of matriculation and by paying the maintenance of matriculation fee (the cost of one-half credit) for a period of time not to exceed four consecutive semesters. The matriculation fee is only charged during the fall and spring semesters. During the summer the fee is \$0. An activity fee is not required, but a network access fee is required. This and the maintenance of matriculation fee entitle the student to the services of the library, the computer center, and academic/thesis advising.

Students who are not on a leave of absence and do not pay the Maintenance of Matriculation fee over the course of one year will be considered to have withdrawn from the School. It will be necessary for them to reapply to continue studies.

Individuals who have previously applied to the School, but never registered and wish to attend must repeat the admission process if more than a year has lapsed since the original application. Also, a student who has not been enrolled for more than one year must reapply. This involves submission of all documents and the payment of all fees required for admission. Students will then adhere to the policies and course requirements that are current at the time of readmission.

Change of Address

Continuing students should notify the Office of the Registrar in writing of any changes of address or phone numbers.

Applicants should notify the Admissions Office of any changes in address or phone numbers that have occurred after submission of their application and before enrollment. If a student is currently corresponding with a particular department on campus, it is recommended that the department also be notified of any changes in address and phone.

Application to Graduate

A student (candidate) who wishes to receive his/her degree at Spring Commencement must submit a completed application to the Office of the Registrar no later than December 1st of the previous year. All degree requirements, except courses in which the candidate is currently enrolled, must be completed by April 1.

Students will be permitted to graduate only after they have fulfilled all academic requirements and financial obligations to the College.

Comprehensive Exam Requirements

A student who completes master's degree requirements later than the fourth anniversary of the semester of entry into the School of Health Sciences and Practice may be required to pass a comprehensive written examination as part of the requirements for the degree. This examination is in addition to the comprehensive written examination that is required as a culminating experience for M.P.H. distance education students.

Student Code of Academic Integrity and Professionalism

Academic integrity is essential in any educational endeavor and it is expected at all times from both students and faculty. By accepting admission to New York Medical College, students commit to the ideals, ethics and conduct of their profession and of the institution. The Student Code of Academic Integrity and Professionalism (<https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/StudentCodeofAcaIntegrity.pdf>) outlines responsibilities and expected behaviors. Suspected violations of the Student Code of Academic Integrity and Professionalism are investigated in accordance with established Procedures (https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/Procedures-Student_Code_of_Academic_Integrity_and_Professionalism.pdf) as well as the guidelines of the relevant academic program and may lead to dismissal from the school.

Student Grievance Procedure

A student who believes that he or she has not received equitable treatment by a member of the faculty may register a formal grievance. Grievances concerning course grades are appropriate only when the grade constitutes one of a number of factors that, together, may represent a pattern of inequitable treatment of the student. In all cases, course instructors have final responsibility for assigning course grades. [View the Student Grievance Procedures \(https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/SHSPStudentGrievance.pdf\).](https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/SHSPStudentGrievance.pdf)

ADDITIONAL ACADEMIC REGULATIONS OF THE DIVISION OF PHYSICAL THERAPY

The Division of Physical Therapy adheres to the School of Health Sciences and Practice academic regulations. The following are additional academic regulations of the Division of Physical Therapy.

1. The minimum numerical score for passing written and laboratory examinations is '70%'. Students may continue in a course involving several written examinations if a single examination score falls below 70%. However, the average written examination numerical score for the entire course must be at or above 70% for a student to pass the course.
Note: Two exceptions to this rule exist:
 - 1) Clinical Science in Physical Therapy I and Clinical Science in Physical Therapy II. Because these courses are taught in a modular format, students must pass EACH written examination with a minimal score of 70% to pass the course;
 - 2) For courses that involve only a single written examination, students must achieve a 70% for that single written examination.
2. Students who score less than 70% on any examination may be at risk for failing the course; they must arrange a meeting with the course director to review the examination and discuss how examination performance might be raised. They will likely be referred to the Office of Student Academic Support.
3. Students who score 70% - 80% on any written examination must arrange a meeting with the Office of Student Academic Support AND the course director to review the examination and discuss how examination performance might be raised.
2. Students who complete a course (with multiple written examinations) with an average written examination score below the minimal passing score of 70% *may* be offered the chance to remediate the written examinations. To qualify for remediation, the following three conditions must be met:
 - 1) The cumulative average written examination score of students **MUST** be between 65- 69,
 - 2) Students **MUST** have evidence of having met with the course director or with the professional staff of the Office of Student Academic Support during the course to discuss how they might improve their examination performance,
 - 3) Students **MUST** be meeting the applicable standards of professional development.
3. Physical therapy education requires mastery of both academic knowledge and clinical skills. Therefore, many of the professional courses have both written and practical

examinations. For physical therapy courses that include practical examinations, students must pass EACH practical examination with a minimal score of 70%. A student who fails a practical examination will be given up to two opportunities to re-take the practical exam following a review of the failed performance by the course director. Students who successfully pass the re-examination will receive the minimal score for passing the examination (70%). Failure to successfully pass the re-examinations will result in an examination and course failure.

4. Students who score 70% - 80% on any practical examination must arrange a meeting with the course director to review the examination and discuss how examination performance might be raised.
5. Students who complete a course with a course score below the minimal passing score of 70% *may* be offered the chance to remediate the course. In order to qualify for remediation, the following three conditions must be met:
 - 1) The course score of students **MUST** be between 65- 69,
 - 2) Students **MUST** have evidence of having met with the course director or with the professional staff of the Office of Student Academic Support during the course to discuss how they might improve their course performance,
 - 3) Students **MUST** be meeting the applicable standards of professional development.
6. The specifics of the remediation activity designed for any course or written examination will be determined by the course director. These activities may include retaking an examination, taking a comprehensive course examination, or completing a defined remediation project. Meeting with the NYMC Office of Student Academic Support will likely be required. Students who fail a written examination in Clinical Science in Physical Therapy I, Clinical Science in Physical Therapy II, in any courses that involve a single written examination, or ANY laboratory practical examination in a physical therapy course, will be required to pass that examination before the end of the course. Students who successfully remediate an examination will receive a grade of 70%. Students who successfully remediate an average written examination score will receive an average written exam score of 70%. Students who successfully remediate a course will receive a grade of 70%. Failure to successfully remediate the course or examination(s) within two remediation attempts will result in a course failure.
7. When the need for remediation is identified at the end of a course, students will NOT receive a course grade until the remediation project is successfully completed. Failure to remediate successfully within two weeks will be the grounds for a course failure and halt student progression in the program. NOTE: Students in the process of remediation will be

considered to NOT be in good standing, and not be allowed to progress to a clinical education experience until the remediation is completed.

8. Students who fail a didactic course will not be able to progress in the program without retaking and passing the course. Permission to repeat a course is contingent upon approval of the faculty, who will thoroughly review the student's academic performance. Because of the fixed sequence of the curriculum, needing to repeat a didactic course will require students to take a leave of absence, leave their current cohort of students, and retake the course joining the succeeding cohort of students. This will delay graduation by one year. A student who is allowed to repeat a course may also be required to audit one or more other program courses when returning to the program, even if these courses were already passed, because of the interruption in program progression caused by the leave of absence.
9. Students who fail a clinical education course will be required to retake the course. When possible, this will occur by students repeating the failed course in place of the next scheduled clinical education course. In this case, all subsequent clinical education courses will be pushed back in sequence, with the last clinical education course likely occurring in the summer semester following the usual graduation date in Year III. Thus, failure of any clinical education course may result in a delayed graduation. Failure of two clinical education courses will be the grounds for dismissal from the program.
10. Students who are on academic probation due to their GPA will not be able to progress to clinical education. In this case, students will need to retake selected courses to raise their GPA above the probation benchmark. They will have up to one year to do this. The courses to be retaken will be determined by the faculty. Because of the fixed sequence of the curriculum, needing to repeat a didactic course will require students to leave their current cohort of students, and retake the course by joining the succeeding cohort of students. This will delay graduation by one year. A student who is allowed to repeat one or more courses may also be required to audit one or more other program courses, even if these courses were already passed, because of the interruption in program progression caused by not being able to progress to clinical education due to academic probation status. As an alternative to retaking selected courses, students may have the option of taking an independent study course to address learning challenges and help raise GPA above the probation benchmark.
11. To ensure student confidentiality in the issuing of grades, grades will not be posted in public. Instead, they are posted under the course name on the New York Medical College learning management system. Students have access to their grades only on this site and on their transcripts.

12. All questions regarding examination and course project grading should be addressed privately and directly through a meeting with the student and the course director.
13. To ensure student confidentiality in the issuing of grades, grades will not be posted in public. Instead, they are posted under the course name on the New York Medical College learning management system. Students have access to their grades only on this site and on their transcripts.
14. All questions regarding examination and course project grading should be addressed privately and directly through a meeting with the student and the course director.
15. A course evaluation is used in all department courses and is considered to be a required component of a course. (The evaluations will protect student anonymity, but the submission of evaluations by students is tracked to ensure adherence.) Students will have access to an online course evaluation toward the end of a course or PBL component. It is due following the final graded activity.
16. It is the academic policy of New York Medical College that a student must have a cumulative grade point average of 3.00 or higher in order to graduate.

Remediation Procedures for the Program of Physical Therapy

If a student scores less than 70% on a written exam, they will contact the professor within three days of receiving their grade, to discuss what contributed to their poor grade and discuss strategies to implement that may improve their performance. The student may be required to complete a written and/or verbal remediation, as determined by the professor. The student will also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student scores less than 70% on a practical exam, they will contact the professor within three days of receiving their grade, to discuss what contributed to their poor grade and discuss strategies to implement that may improve their performance. The student will be required to retake the practical exam. They may re-take the exam up to two times to achieve a passing score. The maximum allowable score following a successful retake is 70. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student scores less than 70% on an oral exam, they will contact the professor within three days of receiving their grade, to discuss what contributed to their poor grade and discuss strategies to implement that may improve their performance. The student may be required to complete a written and/or verbal remediation, as determined by the professor. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student received a Tutor Warning Note during one of the PBL courses, the student will contact their tutor and professional development advisor within three days to discuss what contributed to receiving the warning note and discuss strategies to implement that may improve their performance. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

If a student struggles with a clinical education course, as documented by a learning contract and/or a failure in a course, the student will work with their Clinical Instructor and/or the Director (or Assistant Director) of Clinical Education to discuss what contributed to their struggles and discuss strategies to implement that may improve their performance. The student may also be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their clinical performance.

If a student's GPA dips below 3.0 and they are placed on academic warning or academic probation, the student will meet with their professional development advisor to develop a plan for raising their GPA. As part of the plan, the student may be referred* to the Office of Academic Support (OSAS) for assistance with strategies to improve their academic performance.

*Referral to OSAS may be directly from the faculty person to OSAS without specific communication between the faculty and student.



**POLICY ON SATISFACTORY ACADEMIC PROGRESS
IN THE SCHOOL OF HEALTH SCIENCES AND PRACTICE**

Dated: July 13, 2016

Supersedes: Satisfactory Academic Progress policy dated June 20, 2016

I. PURPOSE

Establish guidelines for documenting student academic progress and standing.

II. POLICY

Students are required to maintain Satisfactory Academic Progress (SAP) toward a degree at all times across four components:

1. A grade point average (GPA) that meets or exceeds the defined graduation standard of 3.0 – A Satisfactory Grade Point Average for good academic standing is a B average as represented by an overall GPA of 3.00 or above. Students pursuing the MPH degree must also achieve a minimum grade of B in program core and required courses. Courses in which a grade of B is not attained may have to be repeated at the discretion of the program director or department chair.
2. Satisfactory completion of all clinical education requirements – Satisfactory completion of clinical education requirements requires students to achieve a passing grade or a GPA of 3.00 or above, depending on their program, in all clinical education requirements.
3. Adherence to the Student Code of Academic Integrity and Professionalism in all settings (classroom, clinic, practicum sites, offices, & laboratories) – Adherence to professional conduct standards requires students to comply with the Student Code of Academic Integrity and Professionalism and the applicable Professional Code of Ethics and/or Scope of Practice.
4. Timely fulfillment of degree requirements – Timely fulfillment of degree requirements requires completion of degree requirements within the stated time limits, maintenance of continuous enrollment and enrollment in the courses needed for graduation. These time limits are:
 - MPH–5 years
 - DrPH–8 years beyond the master's degree
 - DPT–3 years
 - MS, SLP–2 years

Under extraordinary circumstances, an extension of time limits to fulfill degree requirements may be granted by the Dean upon recommendation of the Vice Dean.

A student who meets all components is said to be in Good Academic Standing. Students must be in good academic standing to continue their studies and receive a degree.

III. SCOPE

Applies to all students in SHSP.

VI. PROCEDURES

A. Public Health students who do not achieve a minimum grade of B in the program core courses or required courses will be evaluated individually by the Program Director and Department Chairperson for competency in order to determine future progress in the program. A student may be required to re-take any course(s) in which the minimum grade was not achieved. Students are only allowed to re-take a course one time. If a student does not obtain the minimum required grade of a B upon retaking a course, that student will not be eligible to continue in that MPH concentration or DrPH degree.

1. Academic Warning: a student may be placed in warning status for each of the following:
 - a. The student's GPA falls below 3.00 but remains at 2.8 or above.
 - b. The student receives a grade of W (Withdrawn) or WF (Withdrawn Failing) in half or more of the credits originally attempted in that semester or in one of the core or required program courses.
 - c. The student obtains an incomplete grade or withdraws from a course that he or she is repeating in which he or she has previously received a grade of Inc (Incomplete) or W (Withdrawn).
 - d. The student withdraws from, or receives an incomplete in a course and subsequently fails the same course.
 - e. The student maintains a GPA that qualifies for good academic standing, but is failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and benchmarks, including those relating to Practicum.
 1. A student who has been placed into warning status will be notified by the Vice Dean by mail. This letter will instruct the student to consult with the department chair or program director to determine what steps must be

taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify their academic deficiency. The student may continue to receive Title IV aid.

- f. Students who have been in warning status for two active semesters and who have failed to achieve a GPA of 3.0 will be placed on academic probation.
 - g. A student who maintains a GPA that qualifies for good academic standing, but who is currently in warning status for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues in one active subsequent semester will also be placed on academic probation.
2. Academic Probation: a student will be placed on academic probation if his/her cumulative GPA falls below 2.8.
- a. A student placed on academic probation will be notified by the Vice Dean by mail. This letter will instruct the student to consult with his/her department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify the academic deficiency.
 - b. Students on academic probation will be allowed two active semesters to demonstrate improvement and restore themselves to either academic warning or good academic standing.
 - c. If the student has not improved his or her cumulative GPA to at least above the probation threshold by the end of two academic semesters, the student will be dismissed. If the cumulative GPA has been restored to above the probation threshold, but is still below 3.00 at the end of two academic semesters, the likelihood that the student will be able to graduate within the required time frame will be re-assessed and a decision to continue the student in warning status or to dismiss the student will be made.
 - d. A student who maintains a GPA that qualifies for good academic standing, but who is currently on academic probation for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements

and who has not made adequate progress to address these specific issues within a year will be dismissed.

- e. Any student placed on probation may continue to receive Title IV aid for the first such semester or payment period while in this status. Students who remain in probation status for subsequent semesters, however, will not be eligible to receive Title IV aid for those subsequent semesters or payment periods. Reclassification to warning status during the probation period may be considered as a sign of adequate progress towards restoration of good academic standing, as outlined in the terms of the individual student's probation, and will restore the student's eligibility for Title IV aid dependent upon other factors such as financial need and enrollment status.*
- 3. Dismissal: a student may be dismissed for failing to maintain satisfactory academic progress. Dismissal will also result if one or more of the following are met:
 - a. A student fails a course he or she is repeating after a prior failing grade*
 - b. A student fails any two courses in the curriculum.*
 - c. A student fails two consecutive courses**

Any student who has been dismissed will be notified by the Vice Dean by mail. The letter will advise the student of the right to appeal and the deadline for submitting a request for an appeal. Dismissal will become effective four weeks from the date of the letter.

Any appeal of dismissal should be directed to the Vice Dean and must be post-marked no later than ten (10) business days after the date of the dismissal letter. The appeal must be in writing and must detail the basis for challenging the finding of facts and/or the sanctions imposed. The Vice Dean will appoint and convene an ad hoc Faculty Committee within ten (10) business days of the receipt of the appeal letter to review all material. The student shall be notified of the date, time and place of the Committee meeting at which the student shall have the right to appear. Legal representation is not permitted at this meeting. In the event that the student fails to attend without cause, the Committee shall proceed in his/her absence. The Committee will present its findings and recommendation to the Vice Dean who will notify the student about the outcome of the appeal within ten (10) business days of the meeting, with a copy of the notification letter to the Dean. The student shall have the right to appeal the decision of the Committee by submitting a letter directly to the Dean within ten (10) business days of receipt of the decision of the Committee. The Dean shall review all of the relevant material and issue his decision within ten (10) business days from the date of receipt of the student's letter. This resolution is final.

A student who is dismissed will not be readmitted,

4. Frequency of Monitoring: academic progress is reviewed by the program director and/or department chair and the Vice Dean, and is documented and reported to the Dean at a minimum at the end of each semester in which the student is enrolled or upon a student's returning from leave of absence.

B. Speech-Language Pathology

1. Academic Warning: A student will be placed in warning status if the overall GPA falls between 2.70 and 3.0 at the end of the first fall semester. Students on academic warning status will not be allowed to continue in practicum during the warning period. Students who pass a course with a grade of C or C- or who do not demonstrate mastery of course-related knowledge and skills will be required to successfully complete an academic remediation plan. The plan will be developed by the faculty member and student and approved by the department chair.

A student who has been placed into warning status will be notified by the Vice Dean by mail. This letter will instruct the student to consult with the department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify their academic deficiency. The student may continue to receive Title IV aid.

2. Academic Probation: A student will be placed on academic probation if the overall GPA falls below 2.70 at the end of the first *fall* semester or if the overall GPA falls below 3.0 at the end of the first spring, first summer, or second fall semesters. Students on academic probation will not be allowed to continue in practicum during the probation period and will be required to successfully complete an academic remediation plan. The plan will be developed by the faculty member(s) and student and approved by the department chair. Students on academic probation at the end of first spring, first summer, or second fall semesters may be dismissed from the program.

A student placed on academic probation will be notified by the Vice Dean by mail. This letter will instruct the student to consult with his/her department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify the academic deficiency

3. Clinical Probation: Students are enrolled in clinical practica each semester and are expected to progress through their clinical work meeting or

exceeding minimum performance levels for successive clinical placements. Students who receive a grade of B- in a clinical practicum will be placed on probation and will be required to repeat the practicum. Students on clinical probation will be required to successfully complete a Clinic Remediation Plan. The plan will be written to provide specific goals and objectives for clinical knowledge and skills that must be demonstrated during the remediation semester. The formal plan will be developed with the clinical education director, appropriate clinical educator(s), and the student and approved by the department chair. If, at the end of the repeated practicum, the student receives a B- or below, that student will be dismissed from the program.

A student placed on clinical probation will be notified by the Vice Dean by mail. This letter will instruct the student to consult with his/her department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify the academic deficiency

A student will not be certified for graduation from the program if, in the opinion of the faculty, that student does not demonstrate acceptable clinical skills. The student may be permitted to enroll in one additional clinical practicum in order to demonstrate a level of clinical knowledge and skills acceptable to the faculty. Failure to demonstrate acceptable clinical knowledge and skills during the additional practicum experience will result in dismissal from the program.

4. Any student placed on academic or clinical probation may continue to receive Title IV aid for the first such semester or payment period while in this status. Students who remain in probation status for subsequent semesters, however, will not be eligible to receive Title IV aid for those subsequent semesters or payment periods. Reclassification to warning status during the probation period may be considered as a sign of adequate progress towards restoration of good academic standing, as outlined in the terms of the individual student's probation, and will restore the student's eligibility for Title IV *aid* dependent upon other factors such as financial need and enrollment status
5. Dismissal: If a student fails a required course in the speech-language pathology curriculum, he or she will be dismissed from the program unless able to demonstrate that the failure was not part of a pattern of poor academic performance in academic courses. If allowed to continue (by approval of the faculty of the Department of Speech-Language Pathology), the student may be granted a one-year leave of absence, subject to approval by the Department Chair and the Dean, and resume the program the next

time the failed course is offered. If the leave of absence is approved, the student will, upon returning, enroll in only the previously failed course and will be considered to be in academic probation status (see above). The student will not participate in clinical activities while remediating the failed course. The student will not be eligible to graduate until the clinical experience deficit is made-up.

If a student fails a second, different course after successfully completing a course remediation, that student will be dismissed from the program.

If a student fails two or more courses in a semester, that student will be dismissed from the program.

Students who fail a clinical practicum (grade of "C" or lower) will be dismissed from the program.

A student may be dismissed for failing to maintain satisfactory academic/clinical progress.

Any student who has been dismissed will be notified by the Vice Dean by mail. The letter will advise the student of the right to appeal and the deadline for submitting a request for an appeal. Dismissal will become effective four weeks from the date of the letter.

A student who is dismissed will not be readmitted.

6. Frequency of Monitoring: Academic and clinical progress is reviewed by the department chair and the Vice Dean, documented and reported to the Dean at a minimum at the end of each semester in which the student is enrolled, or upon a student's returning from leave of absence.
7. Appeal: Any appeal of dismissal should be directed to the Vice Dean and must be post-marked no later than ten (10) business days after the date of the dismissal letter. The appeal must be in writing and must detail the basis for challenging the finding of facts and/or the sanctions imposed. The Vice Dean will appoint and convene an *ad hoc* Faculty Committee within ten (10) business days of the receipt of the appeal letter to review all material. The student shall be notified of the date, time and place of the Committee meeting at which the student shall have the right to appear. Legal representation is not permitted at this meeting. In the event that the student fails to attend without cause, the Committee shall proceed in his/her absence. The Committee will present its findings and recommendation to the Vice Dean who will notify the student about the outcome of the appeal within ten (10) business days of the meeting, with a copy of the notification letter to the Dean. The student shall have the right to appeal the decision of the

Committee by submitting a letter directly to the Dean within ten (10) business days of receipt of the decision of the Committee. The Dean shall review all of the relevant material and issue his decision within ten (10) business days from the date of receipt of the student's letter, This resolution is final.

C. Physical Therapy

1. Academic Warning A student will be placed in warning status if one or more of the following are met:
 - a. The overall GPA falls between 2.67 and 3.0 from the fall semester of year 1 through the end of year 2.
 - b. The student does not attain the expected level of accomplishment in professional development behaviors (Generic Abilities) by the expected timeframe, as defined in the Generic Abilities section of the Physical Therapy Student Handbook.

A student who has been placed into warning status will be notified by the Vice Dean by mail. This letter will instruct the student to consult with the department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify their academic deficiency. The student may continue to receive Title IV aid.

Students who have been in warning status for two active consecutive semesters and who have failed to make adequate progress towards rectifying their academic deficiencies will be placed on academic probation. Adequate progress will be determined in relation to the timelines criteria specified in the student letter.

A student who maintains a GPA that qualifies for good academic standing, but who is currently in warning status for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues in two active subsequent semesters will also be placed on academic probation

2. Academic Probation: A student will be placed on academic probation if one or more of the following are met:
 - a. The GPA falls below 2.67 from the fall semester of year 1 through the end of year 2; or if the GPA falls below 3.0 during year 3.
 - b. A student fails a single didactic or clinical education course. Permission to repeat a course will be contingent upon approval of the faculty, who will thoroughly review the student's academic performance.

- c. The student does not attain the expected level of accomplishment in professional development behavior (Generic Abilities) by the required timeframe, as defined in the Generic Abilities section of the Physical Therapy Student Handbook.

A student placed on academic probation will be notified by the Vice Dean by mail. This letter will instruct the student to consult with his/her department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify the academic deficiency.

Students on academic probation will be allowed one academic year to rectify the academic deficiencies in their record and restore themselves to good academic standing.

If the student has not improved his or her cumulative GPA to at least above the probation threshold by the end of one academic year, the student will be dismissed. If the cumulative GPA has been restored to above the probation threshold but is still below 3.00 at the end of one academic year, the likelihood that the student will be able to graduate within the required time frame will be re-assessed and a decision to continue the student in warning status or to dismiss the student will be made.

A student who maintains a GPA that qualifies for good academic standing, but who is currently on academic probation for failing to maintain satisfactory academic progress because of lapses in enrollment or slow progress in fulfilling other program requirements and who has not made adequate progress to address these specific issues within a year will be dismissed.

Any student placed on probation may continue to receive Title IV aid for the first such semester or payment period while in this status. Students who remain in probation status for subsequent semesters, however, will not be eligible to receive Title IV aid for those subsequent semesters or payment periods. Reclassification to warning status during the probation period may be considered as a sign of adequate progress towards restoration of good academic standing, as outlined in the terms of the individual student's probation, and will restore the student's eligibility for Title IV aid dependent upon other factors such as financial need and enrollment status

Physical therapy students who are on academic probation will not be allowed to progress onto the Clinical Education components of the program. However, if the failure of a clinical education course was the reason for being placed on academic probation, the student may be allowed to repeat the course, contingent upon the approval of the faculty.

3. Clinical Probation: In addition to achieving acceptable levels of academic performance, a student must attain acceptable clinical skills. Students are enrolled in clinical education courses in the second and third years of the program. To pass each clinical education course students are required to meet or exceed specific levels of clinical performance on the Clinical Performance Instrument (CPI) of the American Physical Therapy Association. Minimum passing levels are determined by the program faculty.
 - a. Students who do not meet minimum levels of clinical and professional performance in a clinical education course will receive a grade of "Fail". Such students may be allowed to repeat the course, contingent upon approval of the faculty, who will thoroughly review the academic and clinical performance of students.
 - b. Students who are re-taking a clinical education course will be placed on probation until the course is passed.
Students who fail the same clinical education course twice, or who fail any two clinical education courses, will be dismissed from the program.

A student placed on clinical probation will be notified by the Vice Dean by mail. This letter will instruct the student to consult with his/her department chair or program director to determine what steps must be taken to regain good academic standing. The student will be required to consult with his/her department chair or program director for appropriate course selections and other strategies to rectify the academic deficiency.

4. Dismissal: A student may be dismissed for failing to maintain satisfactory academic progress. Dismissal will result if one or more of the following are met:
 - a. A student fails a single course and does not receive faculty approval to repeat the course.
 - b. A student fails a course he or she is repeating.
A student fails any two courses in the curriculum.
 - d. A student fails to attain the required level of accomplishment in professional development behavior (generic abilities) for two active consecutive semesters.

Any student who has been dismissed will be notified by the Vice Dean by mail. The letter will advise the student of the right to appeal and the deadline for submitting a request for an appeal. Dismissal will become effective four weeks from the date of the letter.

5. Frequency of Monitoring: Academic progress is reviewed by the department chair and the Vice Dean, documented and reported to the Dean at a minimum at the end of each semester in which the student is enrolled, or upon a student's returning from leave of absence.

6. Appeal: Any appeal of dismissal should be directed to the Vice Dean and must be post-marked no later than ten (10) business days after the date of the dismissal letter. The appeal must be in writing and must detail the basis for challenging the finding of facts and/or the sanctions imposed. The Vice Dean will appoint and convene an *ad hoc* Faculty Committee within ten (10) business days of the receipt of the appeal letter to review all material. The student shall be notified of the date, time and place of the Committee meeting at which the student shall have the right to appear. Legal representation is not permitted at this meeting. In the event that the student fails to attend without cause, the Committee shall proceed in his/her absence. The Committee will present its findings and recommendation to the Vice Dean who will notify the student about the outcome of the appeal within ten (10) business days of the meeting, with a copy of the notification letter to the Dean. The student shall have the right to appeal the decision of the Committee by submitting a letter directly to the Dean within ten (10) business days of receipt of the decision of the Committee. The Dean shall review all of the relevant material and issue his decision within ten (10) business days from the date of receipt of the student's letter. This resolution is final.

V. EFFECTIVE DATE

This policy shall be effective as of the date signed below.

VI. POLICY MANAGEMENT

Responsible Executive: Dean, School of Health Sciences and Practice
Responsible Officer: Vice Dean, School of Health Sciences and Practice
Responsible Office: School of Health Sciences and Practice

APPROVED:



Edward C. Halperin, M.D., M.A.
Chancellor for Health Affairs and
Chief Executive Officer

7/13/10
Date

Notification of Students in Academic Warning, Probation, Return to Good Academic Standing, and Dismissal

Policy:

All students are formally notified of changes in their academic standing by the Vice Dean of the School of Health Sciences and Practice.

Procedure:

The Vice Dean of the School of Health Sciences and Practice receives a grade report of all students at the end of each semester. In accordance with the Policy on Satisfactory Academic Progress, the Vice Dean notifies students by letter of a change in their academic status. The procedures associated with a change in academic status are found in the Policy on Satisfactory Academic Progress, located on the School of Health Sciences and Practice webpage under the section on Academic Regulations.

Satisfactory Academic Progress Plan for Warning Status

Issue	Goal	Strategy(ies)	Achieved
SAP Policy	Review SHSP Policy & Procedure Satisfactory Academic Progress	Access SAP Policy & Procedure at: https://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/PolicyonSatisfactoryAcademicProgressintheSchoolofHealthScienceandPractice9.7.16.pdf.pdf	
GPA	Achieve \geq 3.0 <i>cumulative</i> GPA by the end of this semester	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	

Planned Meeting Dates with Professional Development Advisor: _____.

Additional meetings will take place as needed.

This plan was discussed and the student had ample opportunity to ask questions on the date indicated below.

Student Date

Professional Development Advisor Date

Chief, Division of Physical Therapy Date

Satisfactory Academic Progress Plan for Probation Status

Issue	Goal	Strategy(ies)	Achieved
SAP Policy	Review SHSP Policy & Procedure Satisfactory Academic Progress	Access SAP Policy & Procedure at: http://www.nymc.edu/media/schools-and-colleges/nymc/pdf/shsp/shsp-policies/PolicyonSatisfactoryAcademicProgressintheSchoolofHealthScienceandPractice9.7.16.pdf.pdf	
GPA	Achieve ≥ 2.67 <i>cumulative</i> GPA by 1 semester	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	
GPA	Achieve ≥ 3.0 <i>cumulative</i> GPA by 3 semesters	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	
GPA	Achieve ≥ 3.0 <i>semester</i> GPA x 3 semesters	<ol style="list-style-type: none"> 1. Meet with Professional Development Advisor to discuss challenges and specific studying strategies. 2. Meet with instructors as needed to address specific content areas. 3. Specific Strategies: 	
Generic Abilities	Achieve required level by 1 semester		

Maintaining Compliance with the Commission on Accreditation in Physical Therapy Education (CAPTE) Accreditation Policies

Policy:

The Doctor of Physical Therapy program is in compliance with all policies of the Commission on Accreditation in Physical Therapy Education (CAPTE).

Procedure:

As stated in the School of Health Sciences and Practice Bylaws, the duties of the program director include administrative leadership of the division. This duty includes maintaining the accreditation status of the Doctor of Physical Therapy program. The program director is aware of all CAPTE accreditation policies, monitors program activities, and ensures that the Doctor of Physical Therapy program maintains its compliance with all CAPTE policies.

Class Sizes

Policy:

The Doctor of Physical Therapy program classes are maintained at a size appropriate for the resources of the institution, school, and department and in accordance with the policies of the Commission on Accreditation in Physical Therapy Education.

Procedure:

The Doctor of Physical Therapy program admissions goal and incoming class size is set each year in collaboration with the institution's administration, the Dean of the school, and the School Office of Enrollment Management. Applicants are informed of the expected class size on the New York Medical College program page of the Physical Therapy Centralized Application Service (PTCAS), and at the time of their interview day visit at NYMC. A rolling admission process is used to prevent over enrollment:

1. During the interview day visit, applicants are informed that if accepted, their seat in the class is NOT reserved until we have received their deposit.
2. At the same time, applicants are informed of the intended class size for that year and are told that deposits will be accepted only up to the intended class size.
3. Applicants are informed that if their deposit is received after the class size is met, they have the option of having their deposit returned or they may request to be placed on a waiting list in case a deposit that has already been received is forfeited.
4. In these conversations, it is stressed that applicants should not submit a deposit until they are sure they want to attend. The difficulties caused by forfeited deposits - not only to the program, but to other applicants, are explained.
5. The acceptance letter includes very specific language, reiterating the policy of not reserving a spot in the class until a deposit has been received.
6. This language is confirmed on the student enrollment form, which students sign and return.
7. Daily deposit reports, which include date and time of deposit, are monitored carefully. Updates including the current number of deposits are sent to stakeholders in the enrollment process.
8. Each student submitting a deposit is sent an email, acknowledging the deposit and congratulating them on choosing NYMC.
9. The PTCAS-supplied list of students who have submitted deposits to multiple programs is closely monitored. If a student who has already sent a deposit to the program appears, the student is contacted immediately and asked to clarify their status with the program.
10. If a student decides to forfeit a deposit, the admissions committee reviews its list of qualified candidates and offers an alternate student an admission spot.

Handling Complaints Regarding the Division of Physical Therapy

Policy:

All formal complaints regarding the Division of Physical Therapy are recorded, analyzed, and appropriate actions are taken.

Procedure:

All formal complaints regarding the Division of Physical Therapy are forwarded to the division chief through the involved parties. The division chief speaks with the involved parties individually to gather pertinent data on the complaint from different perspectives. Once the facts of the complaint are gathered, the division chief calls a meeting of all involved parties to discuss the complaint, the actions to be taken, and goals for resolution of the problem underlying the complaint. Informal student complaints are handled between the Professional Development faculty advisor and division chief. Informal clinical site complaints are managed by the Director(s) of Clinical Education who will inform the division chief of the situation. The division chief maintains a record of all complaints received, an analysis of the basis and substance of the complaints, a summary of actions taken, and the degree to which the issues underlying the complaints are resolved.

Reports to the Commission on Accreditation in Physical Therapy Education (CAPTE)

Policy:

Students in the program and other stakeholders may register a signed, written complaint to the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association.

Procedure:

CAPTE requires a complainant to exhaust institutional grievance and review mechanisms prior to forwarding any complaint to CAPTE, and to include evidence of this in the complaint materials. CAPTE will not intervene on behalf of individuals or act as a court of appeal for students. CAPTE will take action only when it believes practices or conditions indicate the program may not be in substantial compliance with the Evaluative Criteria for Accreditation or CAPTE's Statement on Academic Integrity in Accreditation. A copy of these documents may be obtained by contacting the Department of Accreditation of the American Physical Therapy Association.

Student Acknowledgment of Reading of the Division of Physical Therapy
DPT Student Handbook and Understanding of the Division of Physical Therapy
Regulations and Policies

**Student Acknowledgment of
Reading of the Division of Physical Therapy Student Handbook and
Understanding of the Division of Physical Therapy Regulations and Policies**

I, _____ acknowledge that I have read all sections of the
(printed student name)

Division of Physical Therapy Student Handbook, the related links and documents identified in the Student Handbook, and fully understand the regulations and policies of the Division of Physical Therapy.

I have been offered the opportunity to speak with the Division Chief to clarify any areas of the Division of Physical Therapy Student Handbook and regulations and policies of the Division of Physical Therapy that were unclear to me.

I agree to abide by all regulations and policies of the Division of Physical Therapy and understand the academic and administrative consequences should I not do so.

(Student Signature)

(Date)