



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 2026-2027

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 2026

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Overview of the Division of Physical Therapy DPT Student Handbook

The Division 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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Doctor of Physical Therapy (DPT) Degree Program

GENERAL PROGRAM DESCRIPTION

The Doctor of Physical Therapy (DPT) program is a full-time, residential, cohort-based program that includes nine semesters of education offered over three years of study. The schedule during full-time clinical education experiences will vary and may include evening and weekend hours, depending on the placement opportunity. The DPT degree takes three (3) years to complete and requires 105 credits.

The program philosophy of providing students an engaging and student-centered education in foundational sciences, clinical sciences, and professional development is readily apparent from the structure of the curriculum. In the first semester, students take courses in Anatomy, Kinesiology, and Foundational Physical Therapy Skills. The Anatomy course provides an understanding of human anatomy structure with emphasis on the musculoskeletal, and cardiovascular and pulmonary systems. The neuromuscular, endocrine, digestive, and reproductive systems are also observed in this course. The Kinesiology course provides more detailed information regarding musculoskeletal structure while introducing students to human movement analysis. The Foundations course introduces students to general patient examination skills. Each of these courses provides the student with the foundation to understand and integrate the course materials throughout the curriculum.

The second and third semesters of the first year extend the coursework in foundational sciences to courses in Neuroscience, Physiology, Clinical Medicine and Pharmacology, and Professional Practice I. Neuroscience introduces the structure and function of the human nervous system. Physiology presents physiological concepts that apply to all areas of physical therapy practice, from acute care to health and wellness. Clinical Medicine and Pharmacology ensures that students have a knowledge base in medical management sufficient for making physical therapy diagnoses, screening patients, and making referrals to other health team members. Professional Practice I is the first of a course series which collectively address group process, learning styles, the US health care system, practice management and professionalism in physical therapy.

The second and third years of the program focus on patient management coursework, clinical education, and preparing for the National Physical Therapy Examination (NPTE). Students take multiple courses related to caring for patients with diverse health conditions across the lifespan and have the opportunity to take elective courses during the second and third years of the program. The elective courses are divided into Special Topics (ST), Research Concentration (RC), and Community Service (CS). The ST elective courses are designed to assist students in their investigation of the physical therapy specialty practice settings. Core faculty teach the ST within their areas of expertise. Students choosing the RC or CS electives select projects offered by faculty in an area of clinical research, teaching, public health, or service projects within the local community. Close mentoring by faculty results in research and community service project outcomes leading to a presentation at a professional meeting or a publishable manuscript.

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, Physiology, Clinical Medicine and Pharmacology, and Neuroscience. 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 clinical science. 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 (evidence-based practice). 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. The curriculum is presented in a traditional way through lecture and laboratory in a body-systems-based model that is supported by the foundational sciences and further illuminated through case-based learning.

Fifth, clinical reasoning and critical analysis in physical therapy are high-level skills that are learned in a learner-centered framework. Case-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 occurs in small 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 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 (written exams, practical exams and assignments), and (4) professional behavior (written and oral communications).

Seventh, clinical education is integrated with the academic curriculum. The didactic education of students will include clinical cases and simulated clinical experiences. 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 practices that will be personalized and evidence-based so clients will be able to optimize their movement and function 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. Conduct and disseminate scholarly activities in clinical practice, service, and teaching that provide evidence for decisions made and advances in these areas.
- V. Provide community-based advocacy and service to cultural and socioeconomic diverse communities that benefit from physical therapy related activities.
- VI. 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 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.

DPT CURRICULUM		Credits
Summer I	Human Anatomy & Histology	3
	Kinesiology	4
	Foundational Physical Therapy Skills	2
Fall I	Neuroscience	3
	Physiology	3
	Musculoskeletal Physical Therapy I	4
	Research Methods	3
	Professional Practice I	2
Spring I	Clinical Medicine & Pharmacology for Physical Therapy	3
	Cardiovascular & Pulmonary Physical Therapy	4
	Neurologic Physical Therapy I	4
	Professional Practice II	2
	Community Service Elective (Optional)	2
	Research Concentration (Optional)	2
Summer II	Therapeutic Modalities	3
	Clinical Education I	7
	Research Concentration (Optional)	2
Fall II	Neurologic Physical Therapy II	4
	Musculoskeletal Physical Therapy II	4
	Physical Therapy Management of Medical Surgical Conditions	2
	Health, Wellness, and Prevention	2
	Professional Practice III	2
	Research Concentration (Optional)	2
Spring II	Neurologic Physical Therapy III	4
	Musculoskeletal Physical Therapy III	4
	Pediatric Physical Therapy	3
	Special Topics Elective	2
	Community Service Elective (Optional)	2
Summer III	Clinical Education II	7
	Special Topics Elective	2
	Research Concentration (Optional)	1
	Community Service Elective (Optional)	2
Fall III	Clinical Education III	8
	Special Topics Elective	2
	Research Concentration Elective (Optional)	1
	Community Service Elective (Optional)	2
Spring III	Clinical Education IV	8
	Physical Therapy Licensure Preparation & Comprehensive Exam	2
TOTAL CURRICULUM		105

DEPARTMENT OF PHYSICAL THERAPY CLINICAL EDUCATION

Clinical education allows each student to integrate academic knowledge, refine clinical skills, and continue developing his/her/their professional self. Students expand their clinical and professional skills by evaluating and treating patients in diverse clinical settings while receiving supervision and feedback from practicing physical therapists. These clinical education experiences require students to collaborate closely with their clinical instructors in an active learning process.

The goals of the clinical education program include:

- preparing graduates who implement evidence-based practice across a variety of settings;
- preparing graduates with a good understanding of regulatory and market forces affecting the provision of physical therapy care
- preparing graduates who adapt successfully to changes in the health care environment
- 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 consists of four full-time clinical education experiences, each eight to twelve weeks in length, for a total of at least thirty-six weeks. The clinical education experiences are integrated into the second and third years of the program.

To provide these clinical education experiences, the DPT program partners with a wide variety of clinical institutions. While most of our affiliating institutions are located in the tri-state area, additional opportunities are available throughout the United States and internationally. Current clinical sites include acute-care hospitals, outpatient clinics, sports medicine clinics, rehabilitation hospitals, skilled nursing facilities, other long-term-care institutions, and various types of pediatric settings. Specialty affiliations at burn centers, home health care agencies, aquatic centers, in the performing arts, and at a Native American reservation are also available.

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 for evaluating 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 and a mid-term conference. The DCE determines each student's final grade for the clinical education experience.

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 for arranging their own room, board and travel during their clinical education experiences.

Clinical Education Schedule

- Summer/Fall I: matching process for CE I
- Spring I: Professional Practice II – Preparation for CE I
- CE I: 8-week experience during Summer II
- CE II: 8-week experience during Summer III
- CE III: 10–12-week experience during Fall III
- CE IV: 10–12-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.

Matching Process for CE III – 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. The matching process for CE II may be implemented as for CE I or for CE III-IV.

PROFESSIONAL DEVELOPMENT GUIDELINES FOR DOCTOR OF PHYSICAL THERAPY

In the DPT program, 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 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 have 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.

Throughout the program, DPT students' progress as professionals will be guided, monitored, mentored, and remediated when necessary. Here is a link to the key Professional Behavior information found in the Professional Practice course series and in the Appendix (Professional Behaviors) and this link

STUDENT POLICIES AND PROCEDURES

Student Handbook

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.

Prior to the new student registration and orientation week, incoming students are notified that a 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.

Clinical Education Manual

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.

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 with complete information on the clinical education policies and procedures of the program.

Professional Development Advisors

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.

The division chief, with input from department faculty, divides the incoming class of students each year into 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

Essential Functions

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.

The Essential Functions statement and policy of the Division of Physical Therapy is listed on the program webpage under admission requirements. Prior to accepting admission to the DPT program, applicants must confirm they have read, agree with, and sign the Essential Functions statement and policy.

The Essential Functions statement and policy of the Division of Physical Therapy listed in the Appendix and this link.

Student Standards of Conduct

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

Professional education 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:

- 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.
- 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.
- 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.

Academic Regulations

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

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

DPT Program Academic Policies

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.

The minimum numerical score for passing all examinations, and a course is 70%.

- 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. Because of the fixed sequence of the curriculum, needing to repeat a didactic course will require students to take a leave of absence. This will delay graduation by one year.
- 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 and potentially delay graduation.
- 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. The courses to be retaken will be determined by the faculty. This will delay graduation by one year.
- All questions regarding examination and course project grading should be addressed privately and directly through a meeting with the student and the course coordinator.
- 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.

SHSP Academic Policies (from SHSP Handbook)

Academic Warning:

A student will be placed in warning status if one or more of the following are met:

- The overall GPA falls between 2.67 and 3.0 from the fall semester of year 1 through the end of year 2.
- The student does not attain the expected level of accomplishment in professional development behaviors by the expected timeframe, as defined in the Professional Behaviors for the 21st Century section of the Physical Therapy Student Handbook.
- A student who has been placed into warning status will be notified by the Vice Dean by email.
 - This letter will instruct the student to consult with the division chief to determine what steps must be taken to regain good academic standing.
 - The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify their academic deficiencies.
 - 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.

Academic Probation:

A student will be placed on academic probation if one or more of the following are met:

- 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.
- 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.
- The student does not attain the expected level of accomplishment in professional development behavior by the required timeframe, as defined in the Professional Behaviors for the 21st Century 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 division chief to determine what steps must be taken to regain good academic standing.
 - The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify the academic deficiencies.
- 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.

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. Minimum passing levels are determined by the program faculty.

- 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.
- 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 email.
 - This letter will instruct the student to consult with his/her division chief to determine what steps must be taken to regain good academic standing.
 - The student will be required to consult with his/her division chief for appropriate course selections and other strategies to rectify the academic deficiency.

Dismissal:

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

- Dismissal may result if one or more of the following are met:
 - A student fails a single course and does not receive faculty approval to repeat the course.
 - A student fails a course he or she is repeating.
 - A student fails any two courses in the curriculum.
 - A student fails to attain the required level of accomplishment in professional development behavior 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.

Frequency of Monitoring:

Academic progress is reviewed by the division chief 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.

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.
- If the student fails to attend without cause, the Committee shall proceed in his/her absence.
- The Committee will present its findings and recommendations 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.

Student Professional Behavior

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

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 year 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

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.

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

DPT students are required to be aware of each days events and dress accordingly.

During the curriculum the standard for dress is situational.

Lecture: students may dress casually (except when there are Guest Speakers – see below)

Lab: All students must be properly attired to participate in lab. Proper lab attire should allow for free body movement and palpation of anatomical structures, observation of movement and performance of examination and intervention techniques. Footwear should be rubber soled and allow for good balance when performing a variety of activities. It is suggested for students to wear layers, as temperatures in the classrooms may vary.

*Please notify the instructor if this lab attire is not consistent with one's personal, cultural, or religious beliefs, so that accommodation can be made.

Guest Speakers: Business casual dress is required when guest speakers are teaching or presenting.

Class Attendance

Attendance at all DPT program lecture and laboratory course sessions, DPT program related events and activities, and clinical education dates are **mandatory** unless otherwise indicated by course faculty.

Attendance

Students are expected to be **present and on time for all classes and mandatory educational activities.**

When participating in mandatory online synchronous educational activities, students are expected to have their **cameras open** unless advised by the course coordinator.

Student attendance will be monitored by the course coordinator

Absence

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 coordinator.

Remediation

To pass a course, the student must achieve a 70% average on all quizzes and examinations.

If a student's cumulative 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 Excellence (OAE) for assistance with strategies to improve their academic performance.

Examinations and Quizzes

- A student scoring less than **70%** on any exam should contact the course coordinator
- The student may be required to complete a remediation, as determined by the course coordinator.
- The student may be referred* to the OAE for assistance with strategies to improve their academic performance.

Remediation Process

- Students are expected to achieve 70% on each examination and quiz
- Remediation may include written, oral, or practical examination by the course coordinator
- When necessary students will be provided with up to 3 opportunities to remediate an examination or quiz as determined by the course coordinator
- When remediated the student will receive a maximum score of 70% on any exam or quiz

Remediation of Clinical Education Courses

- 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 of Clinical Education to discuss what contributed to their struggles and discuss strategies to implement that may improve their performance.
 - If a student receives a learning contract, they will have until the end of their scheduled experience to meet expected performance standards for the learning contract and for the experience. If the site is agreeable, the experience may be extended to facilitate goal achievement.
 - If a student fails one clinical education experience, they will need to repeat the experience. Failure of two clinical education experiences is grounds for dismissal from the program.
 - If a student does not meet expected performance at the final point of an experience without receiving a learning contract, it will be determined by the Director of Clinical Education, in consultation with the Clinical Instructor and/or Site Coordinator of Clinical Education, and DPT Program Director, if the student can remediate the experience or must retake the experience.
- The student may also be referred* to the OAE for assistance with strategies to improve their clinical performance.

Comprehensive Examination

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

- The Comprehensive Examination is a computer-based examination that is presented in a format similar to the National Physical Therapy Examination (NPTE). The Comprehensive Examination uses a formally tested examination tool 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 other documents.
- Students are required to achieve a minimal score as determined by the program director. If a student does not pass, a second attempt of the examination is taken 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 OAE, 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.

Clinical Skills Laboratories: General Student Responsibilities

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

The general responsibilities of students are shared with students prior to the first laboratory session in the first semester of the program and when necessary during each course within the curriculum.

General Responsibilities include:

- Students should be dressed in proper attire at the start of lab
- Food or beverages are allowed in the labs at the discretion of the faculty.
- After completion of a lab session, the lab should be restored to its original state. This includes tidying up and cleaning the lab, and returning all equipment to its original location.

Clinical Skills Laboratories: Outside of Formal Class Time and Program Use

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

Generally, students will be able to use the laboratory seven days a week.

- The lab rooms **102 and 111** are open to students. Prior to leaving these rooms the doors should be closed.
- The lab room **135 (CSL 1)** will be locked. Students can obtain a key from the Administrative Assistant. Students obtaining a key are responsible for returning the key and restoring the lab for future use.
- Students signing out the key are not allowed to transfer the key to another student for return.
- The PT lab rooms are to be used for course-related activities only unless a separate activity has been cleared by the division chief or faculty.
- Only physical therapy students and faculty are permitted in the laboratory.
- Under no circumstances should equipment, books, models, or other materials be removed from the laboratory without the explicit permission of division chief or faculty.
- Under no circumstances should students use therapeutic equipment they have not been trained by faculty to use.
- **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.**

Clinical Skills Laboratories: Faculty Supervision of Students and Guests

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

It is the responsibility of each full-time faculty 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

Potential Student Health Risks Associated with the Education Program

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

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 educational program are discussed. Prior to the first full-time clinical education experience students are informed of the potential health risks associated with clinical practice.

CAPTE

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

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

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.

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

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.

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 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)

Appendix

DPT Program Professional Behaviors

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:

TM*generalizing* from one context to another

TM*integrating* information from different sources

r• *applying* knowledge and skills in the practice setting

TM*synthesizing* cognitive, affective, and psychomotor behaviors

TM*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

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

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

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

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

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

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

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

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

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

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: _____

Date _____

(signature)

- Self-assessment is valid
- Self-assessment is not valid (Add additional comments below and/or on attached sheets).
- Student is not yet at required level (Student must submit a written plan of action.)

Comments

Faculty advisor: _____

Date _____

(signature)

PLAN OF ACTION FORM

Student's Name: _____ Professional Development Deficiency: _____

Learning Objectives

Specific Activities

Outcome Measurement

<i>(to address issue)</i>	<i>(to achieve objectives)</i>	<i>(what student and faculty will need to see or hear to verify accomplishment)</i>

Student's Signature: _____

Date: _____

Faculty Advisor's Name: _____

Date: _____

Faculty Advisor's Signature: _____

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 III'. 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

DPT Program 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*.

SHSP Handbook