

Effective August 1, 2024



Rueckert-Hartman College for Health Professions

School of Rehabilitative & Health Sciences Doctor of Physical Therapy Program

**Peter Claver Hall, Suite 403
3333 Regis Blvd.
Denver, CO 80221**

**Class of 2026
Student Handbook**

Regis University is accredited by the North Central Association of Colleges and Secondary Schools.

The Doctor of Physical Therapist (DPT) Education program at Regis University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Avenue, Suite 100, Alexandria, Virginia 22305-3085 Telephone: 703.706.3245 Email: accreditation@apta.org Website: capteonline.org. If needing to contact the program directly, please call 303-458-4910 or email heigsti@regis.edu.

Questions regarding accreditation guidelines and/or the process to report a complaint about the program and status may be directed to:

Commission on Accreditation in Physical Therapy Education
3030 Potomac Ave., Suite 100
Alexandria, VA 22305

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WELCOME



We welcome you to Regis University and look forward to sharing in the excitement and challenges to come in the next three years.

The *Doctor of Physical Therapy (DPT) Program Student Handbook* has been developed for the purpose of assisting students in understanding and applying the DPT Program policies and procedures. This handbook is reviewed and updated as needed annually and is subject to change. Students will be informed of any changes in this handbook during their time at Regis University.

Each physical therapist student is personally responsible for knowing the information in the [Regis University Student Handbook](#), *Regis University Academic Catalog*, the *DPT Program Student Handbook*, and other applicable documents. Regis University assumes that graduate students are self-directed and concerned with lifelong goals and will accept and act on this responsibility.

Failure to read and understand the policies and procedures contained in this handbook and failure to seek clarification with a school faculty member or administrator does not relieve the student of abiding by all policies and procedures. Any faculty member or administrator is available to clarify policies and to assist students through their graduate career in physical therapy.

SCHOOL & UNIVERSITY PHONE NUMBERS

All prefixes are area code (303). From a campus telephone, dial last four numbers.			
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Campus Safety			458-4122
Coors Life Direction Fitness Center			458-3563
Dayton Memorial Library			458-4030
Information Technology Services (ITS)			458-4050
Media Services			458-4265
Switchboard, Main Campus (Dial 0 if you are using an on campus)			458-4321

I. INTRODUCTION TO REGIS UNIVERSITY

HISTORY OF REGIS UNIVERSITY

In 1540, Ignatius Loyola founded the Society of Jesus, a community of companions and scholars known as the Jesuits, resolved to serve humankind. The guiding principle of the Society was that its members would meet the needs of their age and form leaders who would carry forth in their personal and professional lives a mission of service to others, a tradition of academic excellence, and service to the community. In 1877, Jesuit missionaries from Naples, Italy carried this tradition to America when they established a college, Las Vegas College, on the edge of the New Mexico desert. In 1884, that college was moved to Morrison, Colorado and renamed College of the Sacred Heart. Because the site was too remote, four years later the college moved again to its present location in northwest Denver, where eventually it was named Regis College. On July 1, 1991, the Board of Trustees changed the name Regis College to Regis University to reflect the growth in educational offerings as well as the addition of new campus sites. Regis is one of 27 Jesuit colleges and universities (six have DPT programs) nationwide.

REGIS UNIVERSITY MISSION STATEMENT

As a Jesuit Catholic university, Regis seeks to build a more just and humane world through transformative education at the frontiers of faith, reason and culture.

Elements of the mission

As a university, Regis draws from wellsprings of ancient wisdom and explores new horizons of thought and imagination to pursue truth, strive for justice, and cultivate beauty. In everything, Regis shepherds the development of the whole person in relation to the common good, asking, “How ought we to live?”

As Catholics, part of a global community of faith called to celebrate and embody God’s love in the world, Regis educates diverse students for lives of service and meaning. Regis equips them with knowledge and skills to be discerning persons in solidarity with others, especially all who are poor or whose dignity has been violated, and empowers them to care for the Earth, our common home.

As Jesuits, rooted in an Ignatian spirituality of Christian discipleship and open to the sacred in all human cultures, Regis aspires to be a community of learners who labor for a transformed world and renewed ecosystem, and who journey as companions, responsible to each other.

REGIS UNIVERSITY GRADUATE EDUCATION PHILOSOPHY STATEMENT

Graduate degree programs at Regis University emanate from and embody the University mission of educating students to take leadership roles and to make a positive impact in a changing society. These programs provide a rigorous, focused, value-centered professional education rooted in the Jesuit Catholic tradition.

Graduate education at Regis University is learner centered. Learners and faculty are full partners in an educational relationship that emphasizes academic excellence, active and collegial participation in the educational process, practical application of theory, ethical processes and decisions, and a commitment to lifelong learning.

Regis University’s graduate programs infuse professional education with Jesuit ethos and values, develop the whole person, and foster professional competence. Regis University graduate programs are characterized by:

- *Openness* – a respect for others and their perspectives
- *Optimism* – an affirmation of the goodness of the world and of the human dignity of all people in it
- *Other-centeredness* – a conscious move beyond self to an appreciation of the interconnectedness of human beings and their actions.
- *Academic Excellence* – Graduate programs are committed to academic excellence: the disciplined search for knowledge and the joy of discovery and understanding. We expect each graduate student to achieve mastery in a discipline,

including the ability to integrate and extend knowledge to contexts outside the classroom and to effectively translate theory into practice.

- *Leadership* – Graduate programs develop leaders in the service of others. In this context, leaders are communicators with vision who analyze problems, find and implement solutions, and structure and facilitate processes to make a positive impact on society.
- *Ethics* – Ethical decision making and behavior are fundamental components of graduate programs at Regis. Ethics guides individuals to make a conscious effort to integrate and broaden the considerations surrounding their decisions; and to examine carefully the consequences and implications beyond personal and organizational self-interests.
- *Social Justice* – Graduate programs strive to nurture a life of service for the common good, to cultivate respect for human diversity, and to strengthen a special concern for the poor, the marginalized, and the oppressed. By emphasizing social justice, we reinforce our commitment to be active and productive members in society and to work for change to protect the disenfranchised.
- *Global Awareness* – Graduate programs are committed to preparing learners to live, work, and lead in an increasingly interconnected global society. We strive to celebrate diversity, value the uniqueness of the individual, and instill a passion for justice for all people.

RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS: MISSION AND VALUES

Within the Jesuit, Catholic tradition of Regis University, the Rueckert-Hartman College for Health Professions is an interprofessional college embracing the following mission and values:

MISSION

Our mission is to advance the ideals of social justice and the health of our global community through innovative teaching and learning, and exceptional practice and scholarship.

VALUES

We Commit Ourselves to:

- Prioritize student-centered learning, emphasizing the care and education of the whole person.
- Nurture respect for human diversity and inclusion.
- Use evidence as the basis for education and practice.
- Demonstrate ethical behavior and values-based practice in health care.
- Provide practice and service opportunities that are transformative.
- Develop leaders who are mindful of the social determinants of health, promoting health equity and increased access to health care, with the intention of transforming the future of health delivery systems to advance the welfare of our global community.

REGIS UNIVERSITY SCHOOL OF REHABILITATIVE AND HEALTH SCIENCES

History of the School of Rehabilitative and Health Sciences

The Rehabilitative and Health Sciences matriculated its first class of 27 students in January 1995, and these students graduated in December 1996 with a Master of Science Degree in Physical Therapy. Five years after the master's degree had been established, faculty re-designed the curriculum to launch the DPT degree. The class that entered in 2001 was the first DPT class, not only at Regis University, but also in the State of Colorado, to enroll in a program offering this degree. Regis University was the twenty-second program in the nation to offer the DPT degree. Today, the ranked faculty of the School are all doctorally-prepared, aided by over 50 affiliate faculty members who assist with lab and tutorial instruction. In addition, clinical educators provide clinical instruction to students during clinical experiences. In April 2011, the DPT Program was re-accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) for a period of 10 years. From the original PT class of 27 in 1995, there are now more than 1800 graduates from all School Programs (DPT, fellowship, and HES). In just 20 years, the vision of a School that offers preeminent health programs has been realized.

The School of Rehabilitative and Health Sciences Rehabilitative and Health Sciences includes the five distinct programs, (1) Undergraduate Health and Exercise Science (HES), (2) Entry-Level Doctor of Physical Therapy (DPT), (3) Regis Pathway of the Creighton University Occupational Therapy Doctorate (OTD), (4) the Residency in Orthopaedic Physical Therapy, and (5) the Fellowship in Orthopedic Manual Therapy (FOMT). The School of Rehabilitative and Health Sciences Rehabilitative and Health Sciences has an overarching mission, vision, and strategic goals and each of the programs has its unique mission, vision, and goals consistent with that of the School.

School of Rehabilitative and Health Sciences (SOPT) Mission & Vision

School Mission

We are a progressive, value-centered team transforming leaders who optimize health, wellness, and function through evidence-based and reflective Jesuit education.

School Vision

Our inclusive, collaborative programs will transform society by advancing human participation and performance, wellness, and social justice.

Doctor of Physical Therapy (DPT) Program Mission & Vision

DPT Mission

We are an innovative, value-centered community committed to transforming lives in a diverse world through service, health promotion and optimizing movement. In the Jesuit tradition, we use reflective, evidence-based, experiential education that prepares Doctor of Physical Therapy students to become leaders and integral partners in healthcare.

DPT Vision

Our DPT program will cultivate transformative physical therapists who will engage in service, leadership, and professional excellence within a global community.

DPT Philosophy

The faculty of the School of Rehabilitative and Health Sciences believe that physical therapists must be prepared to meet the challenges of an ever-changing health care environment, be it integrating new technologies, new interventions, organizations and cost- containment approaches. To do so physical therapists must apply knowledge from the sciences and humanities to develop, enhance, maintain, and restore movement function, prevent dysfunction, and optimize health and wellness. Key components in the initial study of physical therapy include: 1) a grounding in the sciences fundamental to physical therapy; 2) an appreciation of the means through which both theory and application are developed; 3) an ability to apply theoretical concepts in practical situations; 4) a development of the roles and responsibilities of the profession 5) an understanding of diversity in terms of development, cultural background, and health care needs; 6) a responsibility to contribute to the common good and to the service of others.

A physical therapist is an applied scientist who acts as a primary entry point into the health care system for purposes of examination, evaluation, diagnosis, intervention, referral, and development of physical therapy services. When planning services, physical therapists take into consideration cultural values, beliefs and lifestyle choices, social and structural determinants of health and a clients or legal representative's, right to participate to the full extent of their abilities in making

health care decisions. Physical therapists have a professional responsibility to assess the profession critically, to challenge theories and concepts underlying physical therapy practice standards and to examine consequences of decisions and actions. Other responsibilities include fundamental fairness in all transactions, informing other health care practitioners and the public of the availability and potential value of physical therapy practice and educating future members of the profession.

The professional learning environment incorporates: 1) the student as a future professional; 2) human resources, particularly educators, health care clients, and other students; 3) environments in which the student applies professional skills and behaviors; 4) material resources such as space, equipment, and sources of information; and 5) the organizational structure with which all components interact. An optimal environment is one in which all persons are included, and diverse perspectives are valued and encouraged.

All participants in the learning environment support the mission and values of the University, the College, the School and the Profession. The DPT Program admits and develops students who are:

- Resourceful
- Sensitive to diversity
- Representative of the populations served
- Accepting of intellectual differences
- Intellectually curious
- Effective interpersonal communicators
- Challenged by ambiguity
- Willing to clarify impact of personal values
- Responsible for learning based on self-direction
- Able to use self-assessment in the learning process

Physical therapy educators include all personnel who are directly involved in facilitating learning in academic, service, and other settings. As learners, educators must demonstrate the same characteristics as students. In addition, educators' model or exemplify professional behavior and facilitate the development of these attributes in students. For these reasons, educators are involved in activities that support and facilitate teaching effectiveness, scholarship, clinical practice, and service.

Clients and patients participate voluntarily in the learning environment through their willingness to allow their health care needs to become an opportunity for learning. Students and educators respect the voluntary aspect of this involvement.

Resources and materials are necessary to permit exploration and testing of theories and concepts, and are readily accessible to learners, educators, and clients. Resources represent the range of technology available to and used by the physical therapist and clients.

The organizational structure supports and enhances the attributes and contributions of diverse students and educators. The structure places emphasis on the development of clinical decision making, leadership and professional skills coupled with feedback and supervision for the acquisition of physical therapy technical interventions and an ability to generalize knowledge and skills to a variety of complex situations. Courses serve as separate fields of study, and mechanisms for integrating information throughout the curriculum. The organizational structure also supports independent learning through the use of:

- Service Learning
- Small group student-directed learning facilitated by faculty
- Individual student development plans
- Clinical education experiences
- Interprofessional experiences
- Domestic and Global community experiences
- Professional Organization experiences
- Creative alternatives experiences for the acquisition and demonstration of competence

The Regis University Doctor of Physical Therapy graduate is prepared to practice in primary care, communicate with a variety of audiences and contribute to the advancement of the Profession. Graduates are leaders prepared to collaborate in a dynamic health care environment. They are lifelong learners committed to community service and advocacy for public welfare. Our students and faculty continue to strive and reflect on the fundamental Jesuit question "how ought we to live" and contribute to the Profession, society and the common good.

The School of Rehabilitative and Health Sciences goals, which are based on our philosophy, are to:

- Provide an educational environment in which principles that are fundamental to Jesuit tradition are integrated with ethical professional practice.
- Admit and develop students who are willing to clarify impact of their personal values and be supporters of the mission and objectives of the University, the Rueckert-Hartman College for Health Professionals and the School of Rehabilitative and Health Sciences.
- Attract and support educators who model professional behavior, excel in teaching, contribute to their profession, and support students in their reflection of "how ought we to live."
- Prepare graduates who achieve the educational outcomes of the Program.
- Develop graduates with the knowledge, skills, and attitudes to act creatively in a constantly changing health care environment.
- Develop leaders who can assume multiple roles that have a positive impact on society and the profession.
- Promote graduates who are committed to a life of service that contribute to the common good.
- Inspire life-long learners who integrate experience and knowledge in their appreciation of the individual within diverse cultures and societies.

Educational Outcomes

The graduate of the DPT Program will be able to:

1. Practice physical therapy legally and ethically in accordance with the standards of the American Physical Therapy Association: [Code of Ethics for the Physical Therapist](#), [Standards of Practice for Physical Therapy](#) and [The Guide to Physical Therapist Practice](#).
2. Use professional judgment to establish a diagnosis, prognosis, and intervention scheme that integrates critical thinking and evidence-based practice.
3. Engage in self-directed practice that promotes health, wellness, and restoration of function while serving as a primary care provider, consultant, and collaborative team member.
4. Communicate professional concepts to diverse audiences using oral, written, and non-verbal strategies.
5. Educate consumers, health care providers, and future physical therapists about physical therapy practice.
6. Delegate selective components of physical therapy practice to technical assistants.
7. Participate in scholarly activities incorporating contemporary technology for the advancement of the profession and the welfare of society.
8. Serve as leaders who assume multiple roles that have a positive impact on society and the Profession.
9. Incorporate the essentials of business management in the delivery of physical therapy services (personnel, fiscal, marketing, organizational structure, technological support, and risk management).
10. Commit to a life of learning, service, and the promotion of social justice.

II. PROGRAM REQUIREMENTS

Drug Screening and Criminal Background Check Policy

It is common practice for clinical sites to have policies requiring screening and/or criminal background checks for employees, volunteers, and students who are assigned to these sites. Regis University complies with these requirements in placing students at such sites. As a condition for enrollment and continued matriculation in academic programs involving external placements, clinical experiences, internships, or service-learning experiences, students are required to submit to drug screening tests and to participate in a criminal background prior to matriculation. Further checks will be at the discretion of Regis University or the agency sponsoring the clinical education experience. Students will submit these required compliance items to the Office of Compliance via the Regis University Complio® system.

Regis University will assist students in understanding and complying with the requirements. However, the responsibility for providing such information and the associated costs rests with the student and not with the University. Failure to comply with such testing or to provide such information as required as a condition for admission and clinical placement may result in disqualification from further study at the University. Similarly, results from drug screen tests or criminal background checks may result in disciplinary action on the part of the University, including but not limited to disqualification from further study at the University. In concert with Regis University's policy [Drug and Alcohol Policy](#) and the physical therapist's obligation for safe

and responsible patient care, students currently enrolled in the DPT Program may be asked to comply with a For-Cause and/or Random Drug Screen.

Students who have a positive drug screen test (including marijuana) or demonstrate irresponsible use of alcohol will be referred to the Dean of Students for enforcement of the Regis University Policy on Drugs and Alcohol. The student will be subject to applicable procedures including discipline, dismissal, expulsion, termination, arrest or citation, and referral by University officials for prosecution. Any student who violates this policy may be required to complete a mandatory assessment by the Office of Counseling and Personal Development and abide by the outcomes of that assessment.

For-Cause Drug Screen

A For-Cause drug screen may be requested of a student, by a representative from a clinical agency, service-learning site, field experience venue, or the School of Rehabilitative and Health Sciences. The individual initiating the For-Cause Drug Screen action will notify a DPT Faculty Administrator immediately. The DPT Faculty Administrator may have the student removed from the learning environment immediately. In order to continue the learning experience, the student will be expected to complete testing immediately upon the request.

1. Drug screening will occur at a location and by a procedure determined by the School.
2. While Regis University will assist the student in understanding the requirements for testing, the responsibility for providing information requested of them, and for the associated costs of testing and reporting rests with the student and not with Regis University.
3. The student must comply with “chain of custody” procedures for the specimen instituted by the agency obtaining and/or testing the specimen.
4. The student must provide all documentation and signatures requested by the agency obtaining and/or testing the specimen, to the Associate Dean and/or School Dean.
5. The student may be excluded from class, lab, and/or clinical while full results are pending.
6. The student will be held responsible for the cost of class, lab, and/or clinical make up.
7. Failure to submit to testing, comply with testing procedures, or provide information required as a condition of a clinical placement, internship, service learning, classroom, field, or other learning experience may result in the student’s dismissal from the agency and/or suspension and/or dismissal from the School.

Random Drug Screen

A random drug screen may be initiated for a student in Regis University DPT program at any time. The Student Affairs Committee is responsible for overseeing the Random Drug Screening process. The Associate Director of the DPT Program, Associate Dean, Director of Clinical Education or School Dean may initiate a random drug screen for any PT student at any time. Student(s) will be selected using an accepted randomizing procedure.

The selected student(s):

1. Will be notified by a faculty or faculty administrator.
2. Will receive explicit written instructions for the testing procedure including timeframe, facility location, and follow-up.
3. May address questions and/or concerns about the process to a DPT Faculty Administrator or School Dean who may provide clarification or who may defer to the chair of the Student Affairs Committee.
4. May not request any variation in the testing procedure once the notification has been received by the student; nor may the School faculty or administrator sanction a variation.
5. If a student tests positive, the student may be removed from any and/or all learning environments until confirmatory testing is completed.
6. The cost of the random drug screen and reporting costs rest with the School.
7. Failure to submit to testing, comply with testing procedures, or provide information required may result in the student’s suspension and/or dismissal from the School

Cardiopulmonary Resuscitation (CPR)

All students are required to obtain and maintain current American Heart Association Health Care Provider CPR certification throughout the duration of the program. Proof of such certification is required by the end of the first semester. If the CPR certification expires prior to completion of the program, the student must recertify and submit documentation of completion. *Students are not permitted to participate in classroom or clinical experiences without current CPR certification.*

Technology Requirements/Recourses

One of the primary resources that students will use in the Doctor of Physical Therapy (DPT) Program is technology. Students use computers throughout the curriculum for communication, access to course materials, submission of assignments, computer-based examinations, movement analysis projects, clinical education, and many other professional and academic tasks. At minimum, students are required to have a laptop (Apple or PC) OR a tablet (iPad or Microsoft Surface Pro).

Current minimum system requirements for Mac, Windows, and iPad devices.

Windows Requirements:

- Operating System: 64-bit versions of Windows 10 or Windows 11.
- The versions of Windows certified for use are Windows 10 22H2, Windows 11 22H2, and Windows 11 23H2.
- CPU Processor: Non-ARM-based processor supported by your operating system.
- RAM: 4GB of usable RAM or higher
- Hard drive: 4GB or higher of available space.
- Screen resolution should be at least 1280 x 768. Scaling should be set to 100%.

Mac Requirements:

- Operating System: macOS Monterey, Ventura, or Sonoma
- CPU: Intel or M series processor. Devices using Apple's M series processors and Apple Rosetta 2 are supported.
- RAM: 4GB or higher.
- Hard Drive: 4GB or higher available space.
- Screen resolution should be at least 1280 x 768. Scaling should be set to 100%.

For iPad:

- Hardware Requirements: iPad 5+, iPad Air 2+, iPad Mini 4+, iPad Pro.
- Operating Systems: iPadOS 15, iPadOS 16, and iPadOS 17 (Only officially approved Apple versions of iPadOS are supported).
- 500 MB of free space required to commence an exam.
- iPad must not be modified (e.g. Jailbroken).

Student RegisNet account provides access to computing resources at Regis University, including the student information system (Ranger Portal), email, wireless Internet, and software downloads. Students can setup their RegisNet account by accessing the Ranger Portal Log In page.

Students are accountable for any information provided through their RegisNET account effective July 1, 2024. Faculty/staff will only communicate with students through the RegisNET email account; no other e-mail accounts are used. School communications, class announcements, and class schedule changes are examples of critical information that will be provided via student RegisNET emails.

We expect that students have the resources to produce work using Microsoft Office, either Office 2013 or Office 365, which includes: Word, Excel, Power Point, and Outlook. **All Regis students will be able to access Office 365 online and/or download Office Professional Plus to their personal computers at no cost** (more details at orientation). Students will receive suggestions for other essential applications from the program during orientation sessions.

The DPT program uses computer-based testing for all examinations across the curriculum. The software used for this testing is ExamSoft. The testing is done using either a laptop (PC or Mac, **NOT** Chromebooks) or tablet (iPad or Windows-based tablet, **NOT** Android-based tablets). Electronic testing has several advantages including quicker access to exam results, performance reports across the curriculum, and simulation of on-line testing for the national board examination.

The University has several computer labs on campus with MAC and PC computers that students may access while on campus. Mobile printing allows student printing access while on campus from any connected device. Each DPT student will receive an allocation of free printing bucks per semester. Depending on each individual's use of technology and printing choices, this may not be sufficient for your printing needs. Students may purchase additional printing by going to the Regis Copy & Print Center. Many students choose to take class notes and submit assignments electronically to minimize printing costs.

Regis University Information Technology Services (ITS) [Help Center Online](#) is your first point of contact for reporting technical issues and submitting support requests to the ITS department. Use ITS Help Center Online to submit, update and view active

support incidents and requests. It also contains a searchable knowledge base and frequently asked questions. You will need your RegisNET credentials to access. You may contact the ITS Help Center directly by calling 303-458-4050. Ranger Tech Services (RTS) is another technical resource available to students. RTS is a *free* service by students for students. It is located in Carroll Hall room 1, next to the Help Center in room 9.

Some students choose to back up their personal course files using cloud-based services such as Dropbox or Microsoft's OneDrive, which has free storage of data files (you can opt to purchase more storage). It is important to note that a student's OneDrive account is disabled and then deleted at the time a student graduates or separates from the university. We will share more information on saving, accessing, & sharing files during orientation.

Although the University is still primarily a PC-based institution, an increasing number of students and faculty use Apple Mac computers. While students are responsible for maintaining a functioning computer, the University IT Department provides limited support for student Mac and PC issues through Ranger Tech services.

Students have found value in having a smartphone to access RegisNET email, calendars, and other online resources and applications that are used in the program. These are not required, but many students find that mobile devices can help make their time on campus and in clinic more efficient and more effective.

Since all public spaces on the Regis campus have wireless Internet access, any device with wireless internet allows students to access Internet resources necessary for the program, such as library databases, course resources that may have audio and video supplements to course content, and specialized databases. Many physical therapy-related textbooks are available electronically for use on a computer and/or tablet.

Technical Standards and Disability Services

Technical Standards delineate the observational, cognitive, affective, and psychomotor skills essential to complete the program and perform as a competent practitioner of physical therapy.

Please refer to [Appendix A](#) for a detail of the Technical Standards.

Regis University is committed to ensuring equal opportunity for students with disabilities to succeed, by providing equal access to Regis Programs and services through the Office of Disability Services (ODS).

If a student has a disability that may or may not impact the Technical Standards, the student may request an appropriate accommodation through the Office of Student Disability Services. For more information, please contact:

Student Disability Services
3333 Regis Blvd
Room 225, Clarke Hall
Denver, Colorado 80221
Phone: 303.458.4941
Fax: 303.964.6595
disability@regis.edu

Students must request accommodations for documented disabilities through the Office of Disability Services and may not request accommodations directly through faculty members. Refer to the [Student Disability Services](#) section of the Regis University website.

Health Insurance

Refer to [Student Health Insurance](#)

All students must access the University Student Insurance website and either enroll in the Regis University Student Health Insurance plan or waive this coverage and provide proof of alternate, comparable health insurance coverage. If a student chooses to waive the University plan, he/she must do so before the first term on campus and every successive fall. Personal health insurance covers illness and injury in classroom and lab situations as well as any off-campus injuries/illnesses. As required by Colorado state law, the Regis University Worker's Compensation insurance policy covers all students who are injured during a clinical education experience.

Immunizations

Students are required to have evidence of a physical examination and proof of immunization prior to beginning the first semester enrollment at Regis. *Required immunizations include Tuberculosis vaccination; measles, mumps, rubella (MMR; 2); polio; diphtheria, pertussis, tetanus (DPT), influenza; and completion of the first of the three hepatitis B vaccines.* The second hepatitis B vaccine is given one month after the first and the third hepatitis vaccine is given six months after the second and can be received while students are enrolled. *Vaccinations are at the student's expense.*

Students who fail to submit documentation of the required immunizations will not be permitted to participate in classroom activities, including clinical experiences.

Additional exams and or immunizations may be required depending on clinical placement. These additional examinations and immunizations are at the student's expense. Students failing to submit documentation of such exams or immunizations will not be permitted to participate in clinical education placements and international immersion experiences.



III.CURRICULUM

Structure

Over the course of eight consecutive semesters, the curriculum is structured to provide both access to information and the opportunity to engage in and develop skills in cognitive, psychomotor, and affective domains. The central concept of the curriculum is the movement system, presented through a systems approach across the life span. The curriculum provides a strong foundation in the sciences supporting physical therapy intervention and the rationale linking theory and application to clinical practice.

Embracing the concept of “adult learning”, where instructors serve as facilitators of learning and thinking, and not solely as dispensers of knowledge, the study of structured problems and issues in small group tutorial sessions throughout the curriculum enhances integration of information from current and previous courses. Integration is further supported through the use of unified sets of objectives that express common concepts in related courses. Objective sets (matrix found in each course syllabus) have been developed for courses in the following areas:

- Foundation Sciences
- Applied Sciences
- PT Management
- Professional Issues
- Research Series
- Clinical Education

Set objectives are intended to support the integration and sequencing of content across related courses in the curriculum divisions of Foundation Sciences, Applied Sciences, PT Management, Professional Issues, Research and Clinical Education. Although not content specific, the set objectives provide standards of the expected level of student competence in cognitive, psychomotor and affective domains. ([Appendix B](#)) Achievement of the set objectives is evaluated using a variety of assessment measures, culminating with a comprehensive examination, clinical performance instrument, research presentation and defense of a Capstone presentation.

School of Rehabilitative and Health Sciences

Course Listing Categorized by Set Objective (Semester)

Foundation Sciences	Applied Sciences	Physical Therapy Management
DPT 701 Human Anatomy/Histology (I)	DPT 708 Management Applications of Physiology: MAP I (I)	DPT 732 Management Applications of Physiology: MAP II (II)
DPT 703 Biomechanics/Kinesiology-Extremities (I)	DPT 710 A & B Pharmacology (II, IV)	DPT 733 Musculoskeletal Management I (III)
DPT 704 Neuroscience (II)	DPT 730 PT Examination (II)	DPT 734 Musculoskeletal Management II (IV)
DPT 705 Biomechanics/Kinesiology-Spine (II)	DPT 719 Exercise Foundations (III)	DPT 735 Musculoskeletal Management III (V)
DPT 706 Movement Science (II)	DPT 715 Health Care Policy (III)	DPT 736 Neurological Management I (IV)
DPT 707 Examination of the Movement System (III)	DPT 712 Diagnostic Imaging and Procedures (IV)	DPT 737 Neurological Management II (V)
HCE 709 Health Care Ethics for Physical Therapists (V)/IHCE 709 Interprofessional Health Care Ethics	DPT 731–Differential Diagnosis (VI)	DPT 738 Management Applications of Physiology: MAP III (V)
DPT 716 Business Management (VII)	DPT 739 Exercise Application (VI)	

Professional Issues	Research Series	Clinical Education
DPT 770 Professional Issues/Case Management I (I)	DPT 776 Introduction to EBP (I)	DPT 750 Clinical Education I (IV)
DPT 714 Psychosocial Aspects of Health Care (III)	DPT 790 EBP I (III)	DPT 751 Clinical Education II (VI)
DPT 771 Professional Issues/Case Management II (III)	DPT 791 EBP II (V)	DPT 752 Clinical Education III (VII)
DPT 772 Professional Issues/Case & Practice Management III (IV)	DPT 792 EBP III (VII)	DPT 753 Clinical Education IV (VIII)
DPT 773 Professional Issues/Case Management IV (V)		
DPT 774 Professional Issues/Case Management V (VI)		
DPT 799 Comprehensive Exam (VII)		
DPT 796 PT Capstone (VIII)		

Longitudinal Threads

In addition to integration of information through the set objectives, several longitudinal threads exist throughout the curriculum. Longitudinal threads allow the student to develop in each topic area over the course of the 3 years in the program. See [Appendix C](#). These threads are:

- Writing Across the Curriculum
- Teaching/Learning
- Mission and Service Learning
- Leadership

The purpose of the **writing thread** is to develop graduates who have writing skills to effectively fulfill professional communication needs. To meet this challenge, graduates of the program must be able to share their knowledge in writing to communication with a wide variety of audiences including potential employers, physical therapists, members of the health care team, clinical supervisors, patients, general public, and reimbursement agents. In order to demonstrate the necessary flexibility in writing skills, the students are expected to complete the following activities in this thread: a cover letter, literature review, letter of medical necessity (general request to a physician), leadership development plan, home exercise program, advocacy letter, and letter of medical necessity (specific request to a reimbursement agent). These learning activities begin with learning objectives which incorporate writing style and format, organization, and grammar, but then build to include application of the concepts, interpreting data, incorporating prioritized findings, and persuading the audience.

The purpose of the teaching/learning thread is to develop graduates who can effectively communicate with a wide variety of audiences using a format that is congruent with the situational needs. Early in the curriculum, students have the opportunity to identify and compare different teaching and learning styles and practice various methods of oral communication. Continuing throughout the curriculum, the students participate in a number of group and individual interactions that support and develop information delivery. The outcome of this thread is to produce graduates who use a variety of educational strategies, identify and prioritize educational needs of an audience, recognize the limits of an educator, and engage in self-directed learning activities.

The purpose of the **mission and service thread** is to cultivate an understanding of personal and professional responsibilities that embody the School of Rehabilitative and Health Sciences Mission and the Regis University Mission which flow from the Jesuit Mission. Students are expected to follow the Ignatius Spirit in the “Examen of consciousness” when making professional and personal decisions.

All people are part of the same world community and, as such, deserve equal respect and access to the goods of society. Students can enhance participation of all members of society through education of themselves and others. As leaders in the community, students are also encouraged to respect human dignity through examining their values and ethical beliefs and by reflecting on how they respond to the needs of others, the impact this has on thought, and the subsequent actions needed to change individual self-centeredness and other existing conditions that compromise a sense of community in our society. The mission and service thread is organized as an integration of material throughout the curriculum. The classroom provides the content and the community provides the context for students to explore issues, give to others, utilize critical thinking, and apply professional skills. The outcome of this thread is to produce graduates who embrace a professional mission and seek opportunities to serve others including individuals, the community and society through values including advocacy, social justice and lifelong learning.

The purpose of the **leadership thread** is to cultivate the personal leader in all graduates so that they can have a positive impact in a changing global society. Related to the Jesuit mission, we seek to provide value-centered graduate education and nurture the transformation of Regis learners who become transformational leaders. The outcome of this thread is to produce graduates who show evidence of strong leadership development and who seek to provide lifelong contributions to the profession, *the healthcare system*, the community and society. Students will build skills in professional behaviors essential for engagement in interpersonal and interprofessional relationships, advocacy and organizational systems. Leadership development learning experiences are embedded in several threads and courses across the curriculum. These experiences are designed to engage students in the implementation of the five practices of exemplary leadership in a progressive manner. The classroom provides the content and the community provides the context for students to explore issues, serve others, use critical thinking and apply professional leadership skills. This process is facilitated through intentional focused reflection, guided mentorship and continuous evaluation of personal growth.

Each student will explore leadership opportunities and develop leadership skills through their participation in the following professional and curricular activities:

- 1) Students will be active members in the American Physical Therapy Association (APTA) during all three years of the program.
- 2) Students will verify attendance at national and state meetings/conferences. Students must attend a total of two professional meetings over the course of their enrollment as described in the student handbook.
- 3) Students will use the DISC Personality assessment, the Leadership Practice Inventory, and the Intercultural Development Inventory to guide their leadership development plan and assess their growth.
- 4) Students will seek guided mentorship from academic advisors and a peer accountability coach, they will also engage in focused self-reflection of evidence based personal leadership growth.
- 5) *Students will participate in college sponsored inter-professional experiences.*
- 6) Students will present evidence of their leadership development and their professional leadership plan in their capstone portfolio at the end of their academic career.

DPT Program Description

DPT program is *110 semester hours* of full-time study over eight semesters. Typically, classes are held on a five-day week format on the Lowell Campus in north Denver. Students begin each August and upon successful completion of all requirements, graduate eight semesters later with a DPT degree. This degree prepares students to be autonomous general practitioners equipped with the necessary tools to practice physical therapy in the 21st century. Graduation requirements include participation in a scholarly activity and an electronic portfolio capstone project. In addition, students are eligible to take the national physical therapy licensure examination (NPTE) in any U.S. jurisdiction.

With an evidenced-based practice perspective, graduates apply the most current medical literature to daily clinical decisions. This model enables students to successfully link theory and application to clinical practice. Numerous faculty facilitated, small group activities are also included in the curriculum. For example, clinical cases and issues are explored in small group tutorials offered in the Professional Issues series of the curriculum. These tutorials serve to extend and integrate material discussed in other courses and foster students' ability to access and apply information. Tutorials also stress development of communication, teaching skills, and ongoing professional formation and assessment.

During clinical experiences, students integrate knowledge gained from courses to refine their skills in examination, evaluation, diagnosis, prognosis, intervention, outcomes, and communication with diverse populations. Participation in clinical experiences within the program necessitates travel to various sites outside the Denver area and across the country. All expenses incurred at all clinical experiences are the responsibility of the student. Students are required to participate in a minimum of one out of state experience to facilitate an appreciation of various practice settings. Currently, the School is affiliated with more than 800 clinical sites throughout the country, as well as select international experiences. During any one clinical experience, students are given choices within a select subset of these sites.

The curriculum is designed in a core curriculum format with each student taking all courses within the designated timeline. The curriculum design along with the academic/clinical schedule are described in more detail below.

Elective Courses

Two elective courses allow students to pursue an area of study in a seminar format. These typically address areas of patient/client and professional management. Because electives have limited course enrollments, placement is achieved by use of a randomized system, matching student preferences that have been submitted to the courses offered.

RHCHP Global Health Pathway

The Global Health Pathway is a concentration available to selected students in RHCHP who seek a directed, rich, and transformative experience learning about and working with diverse populations, locally and abroad. By integrating knowledge with action, Pathway students will gain invaluable insight into contemporary global health issues through course work, global health service learning and clinical experience in local and international areas while satisfying their primary degree program requirements. Further information on the pathway is available on the Regis website page [Global Health Pathway Concentration](#).

Evaluations by Students

Course/Faculty Evaluations

Students are expected to participate in course/faculty evaluations at the conclusion of the course/semester. Course evaluations are used to assist with course and overall curriculum development and review. Evaluations are used to assist with faculty development and review, as well as faculty promotion. Evaluations are computerized and submitted anonymously. Results are automatically tabulated and results are provided to the respective course coordinator and school administrators upon closure of the evaluation period.

Independent Skills Lab

Independent Skills Labs (ISL) are scheduled each semester to allow students to practice with peers in order to practice and attain course expectations of physical therapy skills. Faculty/ affiliate faculty are available in ISL for questions, clarification and

support of student learning according to course coordinator's discretion. Specified ISLs for management courses are required for students. The structure of the ISL may vary between courses.

Capstone Portfolio

A capstone portfolio is a compilation of materials, evidence and termed artifacts which confirm learning experiences across the curriculum. This portfolio should be a reflection on the student's professional development over the course of the DPT program based on the stated educational outcomes. In the final semester of the Program, students prepare their electronic capstone portfolio in the DPT 796 Physical Therapy Capstone course.

The goals of the capstone portfolio are to:

- Foster thoughtful reflections on planned career development
- Develop a professional role commensurate with a doctoring profession
- Provide evidence of the application of knowledge

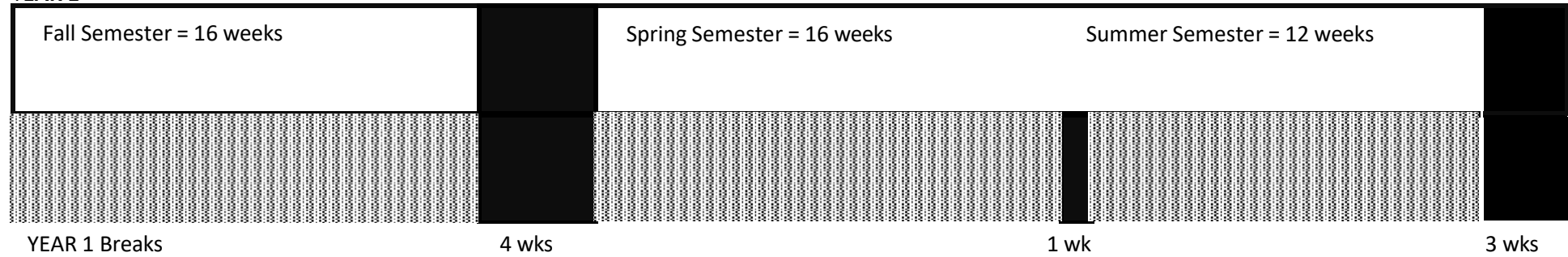
Additional expectation details are included in [Appendix D](#).

Regis University Professional Doctor of Physical Therapy Curriculum

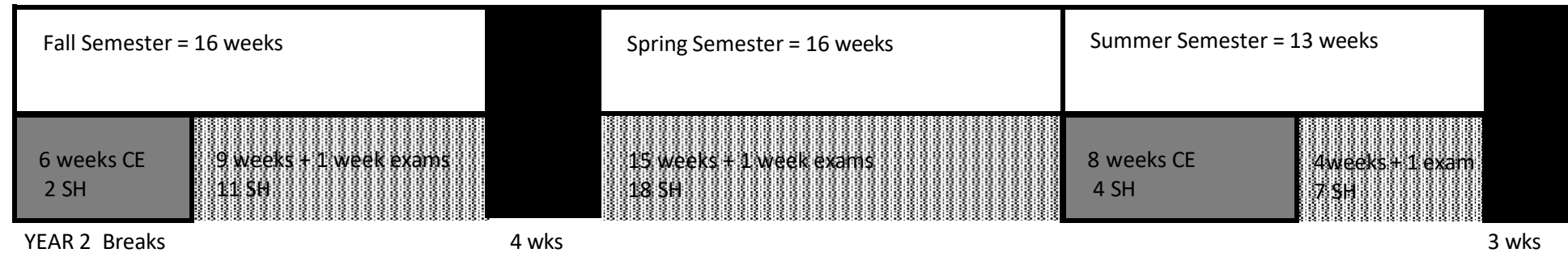
Yr	SEMESTER I (Fall)		SEMESTER II (Spring)		SEMESTER III (Summer)		
	COURSE	SEM HRS	COURSE	SEM HRS	COURSE	SEM HRS	
I	DPT 701 Human Anatomy and Histology	6	DPT 704 Neuroscience	4	DPT 707 Examination of the Movement System	4	
	DPT 703 Biomechanics/Kinesiology-Extremities	3	DPT 705 Biomechanics/Kinesiology-Spine	2	DPT 714 Psychosocial Aspects of Healthcare	3	
	DPT 708 Management Applications of Physiology: MAP I	3	DPT 706 Movement Science	2	DPT 719 Exercise Foundations	1	
	DPT 770 Professional Issues/Case Management I	1	DPT 710A Pharmacology	1	DPT 733 Musculoskeletal Management I	3	
	DPT 776 Introduction to Evidence Based Practice	3	DPT 730 PT Examination	3	DPT 771 Professional Issues/Case Management II	2	
				DPT 732 Management Applications of Physiology: MAP II	4	DPT 790 EBP 1	2
	Total		16	Total	16	Total	15
Yr	SEMESTER IV (Fall)		SEMESTER V (Spring)		SEMESTER VI (Summer)		
II	DPT 710B Pharmacology	1	DPT 735 Musculoskeletal Management III	3	DPT 715 Health Care Policy	2	
	DPT 712 Diagnostic Imaging and Procedures	2	DPT 737 Neurological Management II	5	DPT 731 Differential Diagnosis	2	
	DPT 734 Musculoskeletal Management II	3	DPT 738 Management Applications of Physiology: MAP III	5	DPT 739 Exercise Application	2	
	DPT 736 Neurological Management I	3	DPT 773 Professional Issues/Case Management IV	1	DPT 751 Clinical Education II	4	
	DPT 750 Clinical Education I	2	DPT 791 EBP II	1	DPT 799 Comprehensive Exam	0	
	DPT 772 Professional Issues/Case & Practice Management III	2	HCE 709 Health Care Ethics for Physical Therapists/IHCE 709 Interdisciplinary Ethics	3			
	Total		13	Total	18	Total	10
Yr	SEMESTER VII (Fall)		SEMESTER VIII (Spring)				
III	DPT 716 Business Management	2	DPT 753 Clinical Education IV	6			
	DPT 740 Management of the Movement System	2	DPT 796 Physical Therapy Capstone	1			
	DPT 752 Clinical Education III	5					
	DPT 774 Professional Issues/Case Management V	2					
	DPT 780/781E-W- Topics in Physical Therapy	2					
	DPT 792 EBP III	2					
Total		15	Total	7	TOTAL	110	

Academic – Clinical Sequence

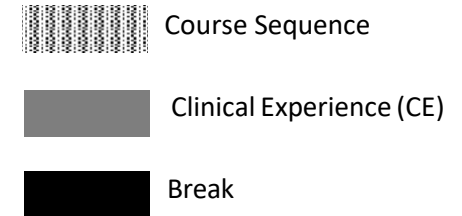
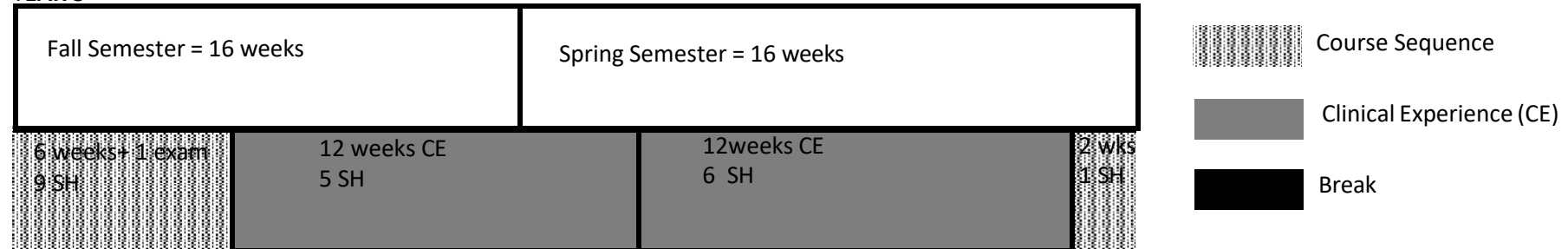
YEAR 1



YEAR 2



YEAR 3



Course Descriptions

Total semester hours (SH) are designated for each course.

DPT 701. HUMAN ANATOMY AND HISTOLOGY (6). Examines normal gross anatomy and histology across the lifespan. Explores relationships of the musculoskeletal, nervous, integumentary, and cardiopulmonary systems at the cellular, tissue, organ, and system level. Neuromusculoskeletal embryology is included. Co-requisite: DPT 770. NOTE: Laboratory includes cadaver dissection.

DPT 703. BIOMECHANICS AND KINESIOLOGY-EXTREMITIES (3). Investigates the structure and function of tissues during movement. Explores kinematic, kinetic and muscle function relationships of extremity single and multi-axis joints. Laboratory includes principles and methods of evaluation for muscle and joint function for extremities.

DPT 704. NEUROSCIENCE (4). Studies the structure/function of the nervous system across the lifespan. Includes cellular, systemic, and clinical pathology discussions of peripheral and central neural components. Examines sensations, perceptions, cognition, and muscle control as well as introduces pathology and basic examinations of these systems. Prerequisite: DPT 701. NOTE: Laboratory included.

DPT 705. BIOMECHANICS AND KINESIOLOGY - SPINE (2). Investigates structure and function of tissues during movement. Explores kinematic, kinetic and muscle function relationships of axial single and multi-axis joints. Laboratory includes principles and methods of evaluation for TMJ /Spine muscle and joint function. Prerequisite(s): DPT 701 and DPT 703.

DPT 706. MOVEMENT SCIENCE (2). Investigates the theoretical principles of motor learning and motor control. Analysis of the motor behavior approach to movement science and clinical intervention is discussed. Co-requisite: DPT 704. NOTE: Laboratory included.

DPT 707. Examination of the Movement System (4). Analyzes neural recruitment of muscle, kinematic and kinetic characteristics of multi-joint movement patterns in the extremities across the lifespan. Balance, upper extremity function, transitional movement, and gait are addressed. Prerequisite: DPT 705. NOTE: Laboratory included.

DPT 708. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP I (3). Studies physiologic principles necessary for physical activity, physiologic changes and adaptations that occur with exercise and the associated effects of physical activity on health and wellness across the lifespan. Addresses measurement of fitness and development of training programs to improve physical fitness. NOTE: Laboratory included.

DPT 710A. PHARMACOLOGY (1). Investigates pharmacokinetic and pharmacotherapeutic principles in light of clinical application, therapeutic and adverse effects, and drug interactions. Emphasizes knowledge of the relationship between medications and physical therapy interventions to improve patient/client outcomes. Co-requisite: DPT 732.

DPT 710B. PHARMACOLOGY (1). Continuation of 710A. Investigates pharmacokinetic and pharmacotherapeutic principles in light of clinical application, therapeutic and adverse effects, and drug interactions. Emphasizes knowledge of the relationship between medications and physical therapy interventions to improve patient/client outcomes. Prerequisite: DPT 710A.

DPT 712. DIAGNOSTIC IMAGING AND PROCEDURES (2). Introduces the foundations and principles of diagnostic imaging and procedures used in clinical management to include radiographic imaging, MRI and electrophysiologic studies. Rationales and guidelines for examination selection are discussed. Performs nerve conduction and needle EMG studies. Examines basic interpretation of diagnostic imaging as well as interpretation of EMG and nerve conduction studies. Prerequisite: DPT 704. NOTE: Laboratory included.

DPT 714. PSYCHOSOCIAL ASPECTS OF HEALTH CARE (3). Explores the physical therapist's role and evidence-based strategies for effective interprofessional management of patients with biopsychosocial considerations related to disability, chronic pain, mental health, substance use, spirituality, loss, physical abuse, culture and diversity.

DPT 715. HEALTH CARE POLICY (2). Explores major forms of health care delivery and how they interact with physical therapy services. Investigates practice settings, organizational structures, reimbursement mechanisms, and the impact of managed care from a fiscal, quality, and legal perspective.

DPT 716. BUSINESS MANAGEMENT (2). Introduces principles of strategic planning, market analysis, personnel, fiscal, and total quality management through development of a business plan. Applies legal boundaries and ethical guidelines related to service provision issues.

DPT 719. EXERCISE FOUNDATIONS (1). Investigates principles of therapeutic exercise in relationship to clinical interventions. Integrates individual exercise prescription for optimal health across the lifespan. Focuses on basic principles for identification, intervention, modification and progression of therapeutic exercises. Pre-requisite: DPT 708. Laboratory included.

DPT 730. PHYSICAL THERAPY EXAMINATION (3). Introduces physical therapy examination, evaluation, and diagnosis within a clinical decision-making framework referencing the *Guide to Physical Therapist Practice*. Prerequisite(s): DPT 701, DPT 703 and DPT 708. NOTE: Laboratory included.

DPT 731. DIFFERENTIAL DIAGNOSIS (2). Applies clinical decision-making principles to differential diagnosis of clients with movement system dysfunction across multiple systems. Explores the primary care practitioner's role in reviewing systems to differentiate movement system disorders from those requiring a referral. Prerequisite(s): DPT 735, DPT 737 and DPT 738. NOTE: Laboratory included.

DPT 732. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP II (4). Studies physiology and pathophysiology of the cardiovascular and pulmonary systems across the lifespan. Incorporates physiologic principles in the physical therapy management of patients with cardiovascular and pulmonary conditions. Co-requisite: DPT 710A. Prerequisite(s): DPT 701 and DPT 708. NOTE: Laboratory included.

DPT 733. MUSCULOSKELETAL MANAGEMENT I – LOWER EXTREMITY (3). Initiates patient management strategies for individuals with musculoskeletal problems. This course emphasizes individuals with lower extremity musculoskeletal problems. Includes therapeutic exercise, manual therapy, and modalities for lower extremity regions. Prerequisite: DPT 730; NOTE: Laboratory included.

DPT 734. MUSCULOSKELETAL MANAGEMENT II – SPINE (3). Develops patient management strategies for individuals with musculoskeletal problems. This course emphasizes lumbopelvic and thoracic regions. Includes therapeutic exercise, manual therapy, and modalities for individuals with lumbopelvic and thoracic regions. Prerequisite: DPT 733. NOTE: Laboratory included.

DPT 735. MUSCULOSKELETAL MANAGEMENT III – UPPER EXTREMITY (3). Refines patient management strategies for individuals with musculoskeletal problems. This course emphasizes upper extremity, craniofacial and cervical spine. Includes therapeutic exercise, manual therapy, and modalities for upper extremity, craniofacial and cervical conditions. Prerequisite: DPT 734. NOTE: Laboratory included.

DPT 736. NEUROLOGICAL MANAGEMENT I (3). Studies the intervention for individuals with neurological dysfunction based upon neurophysiological and pathokinesiological mechanisms resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes application and integration of theoretical constructs, evidence-based practice, examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes. Prerequisite(s): DPT 704, DPT 706, DPT 707, DPT 710, DPT 730 and DPT 732. NOTE: Laboratory included.

DPT 737. NEUROLOGICAL MANAGEMENT II (5). Continues the study of interventions for individuals across a lifespan with neurological dysfunction based upon neurophysiological and pathokinesiological mechanisms resulting in pathology, impairments, functional limitations, and disabilities. Emphasizes evidence-based clinical decision making for examination, evaluation, diagnosis, prognosis, intervention, and measurement of outcomes. Prerequisite: DPT 736. NOTE: Laboratory included.

DPT 738. MANAGEMENT APPLICATIONS OF PHYSIOLOGY: MAP III (5). Studies physiology and pathophysiology of the gastrointestinal, renal, endocrine, immune and integumentary systems across the lifespan. Incorporates identification of signs and symptoms associated with disease. Discusses management of patients with conditions, affecting these systems or a combination of systems. Prerequisite: DPT 732. NOTE: Laboratory included.

DPT 739. EXERCISE APPLICATIONS (2). Integrates individual exercise interventions for optimal health across the lifespan. Focuses on the identification, intervention, and progression of therapeutic exercises for patients in various phases of rehabilitation. Laboratory included. Prerequisite(s): DPT 735, DPT 737 and DPT 738. NOTE: Laboratory included.

DPT 740. MANAGEMENT OF THE MOVEMENT SYSTEM (2). Applies clinical decision-making principles for the management of individuals with movement system dysfunction, across multiple systems, for special areas of practice including geriatrics, pediatrics, ergonomics, orthotics and prosthetics. Applies management principles across episodes of care. Prerequisite(s): DPT 735, DPT 737, and DPT 738.

DPT 750. CLINICAL EDUCATION I (2). Focuses on examination, evaluation, and intervention techniques in a clinical setting. Utilizes written and oral interpersonal communication skills with patients/ clients, family, and other staff. Emphasizes professional socialization, self-assessment, and critical thinking. Pass/No Pass grading only.

DPT 751. CLINICAL EDUCATION II (4). Emphasizes application of comprehensive prevention, examination, evaluation, diagnosis, prognosis, intervention, and outcome strategies for clients with cardiopulmonary, musculoskeletal, and/or neuromuscular problems in a clinical setting. Requires refinement of interpersonal communication skills, role delineation, and professional behaviors. Prerequisite: DPT 750. Pass/No Pass grading only.

DPT 752. CLINICAL EDUCATION III (5). Focuses on the integration and application of all previous courses and clinical work in relationship to the development, enhancement, and restoration of movement function, the prevention of movement dysfunction, and non-patient care opportunities. Prerequisite: DPT 751. NOTE: DPT 752 and DPT 753 are a 24-week combined clinical experience. Length and timing of clinical placements at any one facility may vary.

DPT 753. CLINICAL EDUCATION IV (6). Continues the focus of DPT 752. In addition to the refinement of critical thinking and clinical decision making, emphasizes the autonomous practice and professional socialization in the clinical setting. Non-patient care opportunities will also be included. Prerequisite: DPT 752. NOTE: DPT 752 and DPT 753 are a 24-week combined clinical experience. Time may be divided into a number of clinical placements of varied lengths and practice settings.

DPT 760E-W. INDEPENDENT STUDY IN PHYSICAL THERAPY (1-6). Advanced study in specific topic of interest in the areas of practice, research, or education developed by contract and conducted under the supervision of a faculty member. This is an optional course that is offered with the permission of the faculty. Prerequisite: Graduate standing and permission of instructor required.

DPT 770. PROFESSIONAL ISSUES/CASE MANAGEMENT I (1). Begins a six-course sequence. Introduces mission and philosophy, curriculum model, and service learning. Explores student values, principles of teaching, learning and aspects of professionalism. NOTE: Laboratory and service learning included.

DPT 771. PROFESSIONAL ISSUES/CASE MANAGEMENT II (2). Introduces health care delivery systems, regulation of and legal requirements for clinical practice and documentation and the role of the physical therapist and physical therapist assistant. Uses evidence from the literature and other available sources to discuss clinical situations in small group tutorials with faculty facilitation. These tutorials use problem-based learning concepts. Expands application of communication and teaching/learning theory. Prerequisite: DPT 770. NOTE: Laboratory and service learning included.

DPT 772. PROFESSIONAL ISSUES/CASE AND PRACTICE MANAGEMENT III (1). Expands concepts of problem-based learning using patient scenarios. Discusses diversity, scope of practice, and professionalism in clinical settings, as well as difference in management and leadership roles, payment processes and financial implications for providing services. Prerequisite: DPT 771. NOTE: Laboratory and service learning included.

DPT 773. PROFESSIONAL ISSUES/CASE MANAGEMENT IV (1). Continues problem-based learning using patient scenarios to expand the application of communication and teaching/learning theory and the role of a doctoring profession. Jesuit mission, evaluating strategies for competency-based education, conflict resolution and clinical negotiation skills are integrated into the tutorials. Prerequisite: DPT 772. NOTE: Laboratory and service learning included.

DPT 774. PROFESSIONAL ISSUES/CASE MANAGEMENT V (2). Fosters reflection on the development of professional roles related to the 3 Capstone pillars: Reflective Practitioner, Doctoring Profession and Applying Knowledge. Enhances mentorship and teaching skills through EBP presentations of clinical case reports and educational sessions to peers and first year DPT students. Explores refinement of intraprofessional communication and delegation skills in PT/PTA simulation. Prerequisite: DPT 773. NOTE: Laboratory included.

DPT 776. INTRODUCTION TO EVIDENCE BASED PRACTICE (3). Explores research methodologies used in health care research. Examines descriptive and inferential statistics, and evidence-based practice principles. Addresses literature searches and evidence-based analysis of research reports with a focus on treatment effectiveness studies.

DPT 780E-W. TOPICS IN PHYSICAL THERAPY I (1). Advances study in topics of interest related to physical therapy practice.

DPT 781E-W. TOPICS IN PHYSICAL THERAPY II (1). Advances study in topics of interest related to physical therapy practice.

DPT 790. EVIDENCE BASED PRACTICE I (2). Introduces clinical research and narrative review projects. Reviews ethical constraints and obligations of research. Introduces survey research methods and seeking research funding. Addresses critical analysis of research reports, with a focus on diagnostic literature. Prerequisite: DPT 776.

DPT 791. EVIDENCE BASED PRACTICE II (1). All students examine data, perform statistical analyses. Narrative review groups present results in publishable format. Clinical Research groups collect data, submit Introduction/Methods in publication format, and outline anticipated Results/Tables/Figures. Critically analyze the prognostic literature. Prerequisite: DPT 790.

DPT 792. EVIDENCE BASED PRACTICE III (2). Culmination of the EBP Series in which students compose final manuscripts and present scholarly works reflecting the integration of EBP. Prerequisite: DPT 791.

DPT 796. CAPSTONE (1). Focuses on the culmination of the student's clinical and professional development based on the portfolio presentation. Clinical education reflections and curricular review are also included in the capstone.

DPT 799. COMPREHENSIVE EXAM (0). Administered following the completion of all academic requirements of the curriculum with the exception of completing clinical case reports, other clinical education requirements and capstone course. Serves as the component of the capstone experience that measures success of curricular outcomes and prepares the student for the licensure examination. Pass/No Pass grading only.

HCE 709. HEALTH CARE ETHICS FOR PHYSICAL THERAPISTS (3). Examines ethical issues and moral reasoning processes in health care. Philosophical and faith-based foundations including Catholic moral tradition, sociocultural influences, professional codes, and organizational and personal ethical norms are explored. Ethical issues are examined with emphasis on leadership and the practice of physical therapy. Students will analyze ethical dilemmas and evaluate ethical practice using ethical theory, moral argument, and case studies. NOTE: A required course in the Doctor of Physical Therapy program. Offered on campus.

Registration

The Office of Admissions will process all students' registration for the first academic semester. Student's will receive notice of all course requirements and registration deadlines for each subsequent semester. Additional information and support can be found on the [Enrollment Services](#) web page.

Add/Drop

Students follow the add/drop policy date ([click here](#)) published by the University Registrar for semester-long courses. Requests to drop one or more course(s) requires the signature of the Associate Dean. Students who drop a course must understand that this jeopardizes their ability to progress in the program because prerequisite courses exist that have been identified in Course Descriptions (pages 12-16). Dropping a course will require updating the student's degree plan.

Course Overload

A student may participate in independent study as a course overload for any term with the permission of the faculty of record, the faculty advisor, and a DPT Faculty Administrator.

Course Withdrawal

Refer to the Regis University [Withdrawal Policy](#)

Withdrawal from a course after the withdrawal period has expired requires the signatures of the Associate Dean and the School Dean and must be substantiated by a letter from a licensed health care practitioner. Course withdrawal jeopardizes a student's progression in the program and will require updating the degree plan to comply with the needed extension to complete remaining coursework.

Name Change

Regis University maintains an educational record for each student who is or has been enrolled at the University. These records are maintained under the name on the student's application for admission to Regis. If you want to change your name on educational records, please submit a [Change of Name Affidavit](#).

IV. CLINICAL EDUCATION PROGRAM

The Clinical Experience (CE) Selection Process

Description of Clinical Experience Types

Each student will complete four clinical experiences unless the last experience is a 6-month, combined CE (clinical education) III/IV experience. Students will complete a minimum of one rural, one out of state experience, one complex and one outpatient (OP) MSK experience. To ensure a variety of clinical experiences students cannot complete more than 24 weeks in the same type of clinical setting during CE II, III and IV. One of the final three experiences must include an outpatient musculoskeletal setting. The student is expected to confer with their Clinical Education Advisor to confirm requirements will be met during the placement processes. General guidelines for care classifications follow:

- **Complex settings** include hospitals, acute rehab, sub-acute rehab, skilled nursing facilities (SNF), long term acute care (LTAC), IP/OP Mixed settings, Home Health, OP Neuro, and some pediatric and OP Mixed experiences. Teamwork and inter-professional practice are expected.
- **Outpatient MSK settings include orthopedic (private, corporate or hospital based), facilities.** Patients that are generally medically stable with orthopedic diagnoses and are typically seen in outpatient facilities.

Participation in clinical experiences within the program necessitates travel to sites outside the Denver area and across the country. All expenses incurred at all clinical experiences will be the responsibility of the student. Some experiences may provide exposure in more than one clinical concentration area (e.g., inpatient and outpatient), but each experience can only fulfill the requirement in one clinical concentration area based on the majority of the patient population seen by the student. Students will be provided advice from their clinical advisor to ensure all clinical education requirements have been satisfied prior to making selections for the final clinical internship. Some clinical sites have additional requirements such as interviews or applications.

Rural and Out of State Expectations

All students are expected to complete *at least one rural and one out of state experience*. Please note, it is possible that students will need to complete more than one rural and/or out of state experience depending on site availability and desired clinical concentration area for any given experience.

Rural

Rural experiences are those that meet specific guidelines established by this School, which are based on the US Census Bureau and the patient population served by the facility. Rural areas are defined by this School as being those that contain a population of 80,000 people or less and are more than 30 miles from a metropolitan area with a population of more than 80,000. County populations may also be considered. Some Colorado sites with a larger population are deemed rural as their populations are underserved with regards to healthcare.

Out of State

Students are expected to participate in at least one out of state experience to facilitate an appreciation of various practice models. Costs associated with out of state clinical experiences will be the student's responsibility. Global health alternative experiences will not satisfy this requirement. In some rare instances, a student may have a hardship situation that necessitates a request to receive a waiver of the out of state and rural expectation. Students in this situation must first speak to their clinical advisor. Waiver requests must be submitted in writing to the Director of Clinical Education. The department's decision to grant hardship requests will be based on the issues presented and on the fact that students are given adequate time to prepare relationally, financially, emotionally, mentally, and strategically in order to participate for out of state experiences. Hardship waivers will not be granted for issues relating to lack of planning, preparation, finances, or desire to be in state.

Alternative Experiences

Students may participate in one Global Health Pathway experience. International Experiences will provide physical therapy under the supervision of a Clinical Instructor. In order to assure that students receive adequate time in traditional clinical experiences, Global Health Pathway experiences that occur during CE courses are limited to one per student.

Students interested in international clinical experiences must go through an interview/application process and will take the Global Health elective. The students selected will work with their clinical education advisor to select sites that will accommodate an international experience. Successful completion of all CE coursework may be required to attend international immersion experiences.

Restrictions on Clinical Placements

In order to facilitate diversity and variety of experience, and to avoid challenges related to changing roles within a facility (e.g., previously worked as a tech, ATC, etc.), students are not allowed to select a clinical experience at a facility where they have previously worked or where they have volunteered more than 240 hours. Students will also not be allowed to participate in a clinical experience where they have a current or previous personal relationship with their Clinical Instructor, staff member, or another student.

New Site Requests

Students who wish to participate in a clinical experience at a clinical facility that does not currently affiliate with Regis University must talk to their clinical education advisor. Students should not contact any clinical education site regarding a clinical education placement without direction from their clinical education advisor or the Director of Clinical Education. Students must also complete a New Site Request and Commitment Form. After the discussion with the clinical advisor, the student may be guided to visit the site to determine further interest. Students should not discuss specifics of clinical affiliations or contractual agreements with sites when/if they visit the site and should not take action to contact a site to arrange their own clinical experiences. The Clinical Education Team must approve all requests for new sites before action is taken to pursue a clinical agreement with a new site.

All requests for new sites should be submitted to your clinical advisor at least **3 months** prior to the estimated lottery date of the requested experience. Receipt of a new site request does not guarantee that the Clinical Education Team will agree to pursue the clinical site. Decisions regarding the establishment of new sites will be handled on an individual basis based on the type of clinical experience, needs of the student, needs of the physical therapy program, and potential for accommodating students in the future. The following guidelines should be considered by students requesting sites, as they are the criteria used by the Clinical Education Team in determining whether to pursue a clinical agreement with a new site:

1. The clinical site philosophy for patient care and clinical education are compatible with those of the Regis University, School of Rehabilitative and Health Sciences program.
2. Clinical site ownership must abide by legal boundaries and APTA policies. For example, a physician cannot own the clinical site.
3. The Clinical Faculty provide an active, stimulating environment appropriate for the learning needs of students, and are open to current research and discussion of the best evidence available.
4. Roles of physical therapy personnel within the clinic are clearly defined and distinguished from one another according to state and federal laws and regulatory agencies.
5. Physical therapy staff is adequate in number to provide an educational program for students.
6. Physical therapy Clinical Instructors have a minimum of one year of clinical experience and demonstrate a willingness to work with students.
7. The clinical site encourages SCCE and CI training and development. It is preferred that the CI has attended the APTA credentialing course.

Students who have set up a new clinical site will be assigned to that site and will not participate in the selection process for that experience. The new site will then become part of the clinical education site database and will go into future offerings. Students who request new sites for a specific experience will be expected to commit to utilize the clinical experience if a space is confirmed

First-Come First-Served (FCFS) Clinical Sites or Corporate Site List

Along with a list of reserved sites for each clinical experience, students will have access to the first come first served (slot-based) and corporate site (location-based) lists. Students can request an experience from the first come first serve (slot-based) or corporate (location-based) list after they have clinical advisor approval and have signed a student commitment contract indicating that they are committed to completing their clinical experience at the site. Students may only submit to either a first come first served (slot-based) OR a corporate site (location-based) list for the same clinical experience at one time. The student must wait for the resolution of the first request before submitting a second request. Student assignment to an FCFS or corporate site is pending site availability. Students placed at corporate or first come first served sites will not participate in the class lottery. To facilitate depth and breadth of clinical experiences students may only complete one experience, with the same care classification, within a single corporation.

Computer-assisted Matching Procedures

Exxat is a computer assisted matching program that the School of Rehabilitative and Health Sciences uses to assist in the placement of students for clinical experiences. After researching the sites offered for a specific experience and talking with their clinical advisor, students enter their top 10 choices of clinical sites for each experience. On occasion less than 10 choices will be required.

Students will be notified of this exception.

- Dependent on a number of factors relative to sites available for any experience and the number of students requesting the same site, not all students may be matched during the initial Exxat selection process. If this occurs, the unmatched students may: (1) select a clinical site from the offers list or (2) consider other sites that meet the student's CE requirements
- Some clinical experiences require students to apply and possibly interview for these opportunities.

Off Cycle Students

Students who are off the traditional clinical experience sequence either due to academic or personal reasons will be placed into a clinical site by their clinical advisor. The clinical advisor or Director of Clinical Education will collaborate with the clinical facility and the student to clarify learning objectives.

Students Requiring Accommodations due to Disabilities

If a student with disabilities requires significant accommodations as determined by Regis University Office of Disability Services (ODS), the clinical advisor in collaboration with the student and ODS will place the student in a site that will provide necessary accommodations.

Cancellations

If a student experience is cancelled by a clinical facility, the student will be given a list of available sites. The student will select their top 3 choices for the clinical advisor to confirm availability. If the student's clinical education requirements cannot be met with the list of available sites, the clinical advisor will contact other Regis clinical sites to request a student clinical experience.

Clinical Education Course Policies

Compliance

Students must submit all required documents to the online server, Complio, prior to admission. Students are required to be fully compliant at all times. Full compliance is necessary to participate in the clinical education lottery, to request a clinical site, or to participate in a clinical experience. In addition, each student is responsible for maintaining a copy of their health status report, immunization record, American Heart Association CPR certification, proof of insurance that they will have available, should documentation of compliance be required by a clinical site. Clinical sites may require additional student drug screens, criminal background checks and/or onboarding student fees prior to the start of an experience that will be paid by the student.

Clinical Attendance

Students are expected to arrive on time at the clinical setting prepared for daily clinical activities. Students are also expected to follow the schedule of their Clinical Instructor (CI) including weekends and/or holidays. Any clinical absence may jeopardize a student's ability to successfully meet clinical objectives as well as inconvenience the clinical site. If a student will be absent from the clinic during any portion of a clinical experience, **for any reason**, they must first discuss the absence with their clinical advisor, receive pre-approval, discuss arrangements to make up missed days, and complete an absence request in Exxat. In the case of emergencies or illness, both the clinical site/CI and Regis clinical advisor must be contacted immediately. An absence request in Exxat must also be completed. Clinical and academic faculty reserve the right to require students to make up any missed clinical times. Students required to make up a clinical absence(s) are required to do so based on clinical faculty availability and convenience. Any absence may require an extension of a clinical experience, or the addition of time to a following clinical experience.

Independent Learning Plan

Any student that must miss 3 or more days or 24 or more hours, whichever is less, of clinical time related to illness or injury will be placed on an Independent Learning Plan. Documentation of illness or injury from a medical provider may be required. The Independent Learning Plan might include time in the clinic and independent learning opportunities such as APTA clinical courses or special projects assigned by the Clinical Education Team.

If a student would like to attend an **American Physical Therapy Association sponsored meeting** (e.g., NEXT or Combined Sections Meeting), a State Chapter meeting, National Student Conclave, or any other type of conference or continuing education event, they must first receive permission from their clinical advisor and must then seek permission of the clinical facility's Site Coordinator of Clinical Education (SCCE) and Clinical Instructor(s) *before* making travel arrangements, and complete an absence request in Exxat.. Students should always be prepared to make up any missed clinical days. Students must also be aware that some clinical facilities may not approve days off for these types of events and plan accordingly.

Incident Reports

Students are required to report immediately any errors of omission or commission (incidents) involving a patient to the Clinical Instructor. If required, an incident report must be filled out according to clinical facility policy. The Clinical Advisor should be called immediately, and *a Regis University incident report must be completed and emailed to the Director of Clinical Education*. Any *student injury* should be reported immediately to the Clinical Faculty member and the clinical advisor and addressed according to the Regis University Workers Compensation policy.

Clinical Site Policies

Students are expected to understand and follow policies and procedures of each clinical setting to which they are assigned and be familiar with the State Practice Act where the experience occurs. When in any clinical setting, the student is accountable directly to their assigned clinical instructor and SCCE. The student will respect the patient's right to refuse physical therapy services rendered by the student. According to most state laws, students should report any suspected physical abuse of children or elders of patients/clients to their CI.

Curricular Practical Training (CPT). International Students must receive CPT authorization for clinical education placement. CPT forms are found on the University's Office of Global Education webpage. [International Student Forms](#)

HIPAA

HIPAA (the Health Insurance Portability and Accountability Act of 1996) requires that all providers of health care be trained in privacy and security procedures under this Act. In preparation for the first clinical rotation, students will be required to participate in a HIPAA education program. A post education test must be passed with a grade of 80% or higher before students can participate in their clinical experience. Students are expected to inquire about and follow any HIPAA policies specific to their clinical site. Students are expected to maintain patient confidentiality and to practice according to sound professional and ethical principles.

Prior to taking or electronically storing written/electronic materials at a facility, students are expected to request permission to do so from the CI, SCCE or appropriate person at the facility. Examples of written/electronic material may include but is not limited to patient care protocols, home exercise programs, patient education materials or and administrative information.

Student Injury

Any student injury should be reported immediately to the Clinical Instructor and the clinical advisor and addressed according to the Regis University Workers Compensation policy. Students need to complete and sign an Employer's First Report of Injury and submit to the Regis University Human Resources Department within 24 hours of the injury.

Dry Needling

Students are able to participate in **dry needling (DN)** interventions on patients under the direct supervision of their clinical instructor (CI) in specific state jurisdictions which allow licensed physical therapists to perform this intervention. The decision to allow students to participate in this intervention technique is at the discretion of those CIs. For students to provide DN they are required to meet the individual state requirements such as the Colorado requirement to have completed at least 30 hours in DN education (no more than 10 theoretical), which may be completed during the physical therapists entry level education.

Particular reference is made to the current PT Practice Act and Rules:

Colorado 732-1-1.5 Section 1.5 J (PT Rules)

To be deemed competent to perform dry needling, a physical therapist must successfully complete a formalized course of study provided by a qualified licensed healthcare provider that:

- a.** Includes a minimum of fifty hours of education of which forty hours must be in-person education. The education may be broken up into more than one part. A physical therapist is permitted the limited practice of dry needling once the physical therapist has completed thirty hours, as long as such practice is confined to the scope of the education already successfully completed. All parts of this education must be successfully completed within four years.
- b.** Includes specific knowledge and psychomotor objectives.
- c.** Includes clinical decision-making.
- d.** Includes written and psychomotor assessment of knowledge and skills.

The formalized course of study set forth in section (4) of this Rule may be completed during the physical therapist's entry level education. To apply this education to the requirements in section (4) of this Rule, the remaining parts of the education must be successfully completed within four years of the date of original licensure.

Dry needling shall not be delegated and must be directly performed by a qualified physical therapist including needle removal and post treatment assessment.

Clinical Education Performance Expectations

All clinical experiences, which include DPT 750 (CE I), DPT 751 (CE II), DPT 752 (CE III) and DPT 753 (CE IV), will be graded on a Pass/Fail basis. The expectations for satisfactory performance on the CEI Student Assessment Tool and Clinical Performance Instrument (CPI used for CE II, III and IV) are specifically outlined in each clinical education course syllabus. Ratings will be reviewed by the clinical advisor to ensure that each student performs at a minimal acceptable level. The performance criteria used by the clinical advisor to determine a Pass/Fail grade will be based on the final assessment given by the Clinical Instructor. The determination of the final grade is made by the course coordinator in conjunction with the Director of Clinical Education. Students are required to meet the expectations of the Clinical Education Passport as defined in the course syllabus to receive a passing grade.

Consequences of Less than Satisfactory Clinical Performance including Professional Behaviors

If student performance is not satisfactory during the clinical experience, the clinical education advisor, course coordinator and Director of Clinical Education will conduct a review process to determine eligibility to pass the clinical experience or if additional remediation is required.

Students receiving less than the specified criteria outlined above will receive an Incomplete/Failure and be placed on probation for the clinical experience. The opportunity to remediate an incomplete clinical experience will be based on input from the School Dean, Director of Graduate Studies and Assessment, Director of Clinical Education, Clinical Advisor, clinical faculty and the student. If eligible for remediation, the student will be required to complete additional time in the clinical environment and may be required to register for an additional 1 CH independent study in clinical education. The clinical advisor and Director of Clinical Education will determine the location, type and length of additional remediation activities. All requirements must be completed by the end of the semester following the semester in which the incomplete grade was assigned unless in the case of a medical leave from the University. A student will only be allowed one clinical remediation throughout the 3-year program. If a student receives a 2nd incomplete in a subsequent clinical experience they will be considered for academic dismissal.

Students who fail a clinical experience for reasons explained in the Disciplinary Review Process section of this manual will not be permitted to remediate and will not be able to continue in the program. Handling a failed clinical experience will follow the same procedures as a failed grade as defined in the University Bulletin.

IV. ACADEMIC PROGRESSION AND BEHAVIORAL CONDUCT

Grading System

a. The School of Rehabilitative and Health Sciences grading system for graduate programs is as follows:

<u>Grade</u>	<u>Grade Point</u>	<u>Score</u>	<u>Description</u>
A	4.00	93-100	Outstanding scholarship
A-	3.67	90-92	Outstanding scholarship
B+	3.33	87-89	Superior Work
B	3.00	83-86	Satisfactory
B-	2.67	80-82	Satisfactory
C+	2.33	77-79	Satisfactory
C	2.00	73-76	Unsatisfactory (remediation)
C-	1.67	70-72	Unsatisfactory (remediation)
D+	1.33	67-69	Unsatisfactory (suspension)
D	1.00	63-66	Unsatisfactory (suspension)
D-	0.67	60-62	Unsatisfactory (suspension)
F	0.00	Below 60	Failure (no credit; suspension)
Z	0.00		Failure by absence (no credit)
Pass			Successful completion of course (credit awarded)
Fail			Failure of course (no credit followed by suspension)

(W) Withdrawal - Withdrawal may occur from the day following the end of the published add/drop period through the published withdrawal period (see [Academic Calendar](#)).

(I/-) Incomplete - If a grade of Incomplete is approved by the instructor, grade is awarded at the discretion of the instructor and is submitted with an alternate grade (i.e. I/D, I/F). Please do not assign an I/B for example, if the student has not earned a B for the class thus far. When the final grade is posted, the "I/-" is removed and the earned grade is recorded on the transcript (e.g. "A", "B", "C").

(I/N) Incomplete - In Clinical Education courses, DPT 799 Comprehensive Exam, and DPT 796 Physical Therapy Capstone or other courses in the program taken on a pass/no pass basis, the instructor will submit an "I/N" indicating an incomplete. When the course requirements have been met, the "I/N" is removed and replaced by a Pass.

(Y) Instructor did not submit grades by the deadline.

b. Grade of Pass/No Pass - Pass/No Pass grading is required for PT clinical education courses, the comprehensive examination and the Physical Therapy Capstone.

Grades of Incomplete

1. Grades of Incomplete should only be assigned to students experiencing unforeseen circumstances, for example, that an accident, an illness, a death, or a major life transition has occurred.
2. If a grade of Incomplete is approved by the instructor, grade is awarded at the discretion of the instructor and is submitted with an alternate grade (i.e. I/F). A student must submit a written request (or school form) to the instructor that an incomplete grade be assigned. The length of time and the remaining requirements to complete the course are determined by the instructor; however, the maximum length of time for completion is the end of the following semester. If the work needed to complete the course is not satisfactorily completed, the incomplete will revert to a final letter grade (i.e., IF to F or **IN to No Pass**).
3. A student must arrange with the course coordinator to receive a grade of incomplete prior to the last day of class. The form in [Appendix E](#) is used for this request. This form is signed by the student, instructor, academic advisor, and a DPT Faculty Administrator.
4. Students on probationary status may not receive an Incomplete grade without the written permission of a DPT Faculty Administrator.

Appeal of Disputed Course Grades

All grade appeals must be initiated within the first four weeks of the semester or term following receipt of the grade that is being challenged.

The following procedure is to be followed if students wish to protest a grade received in a course.

1. The student first contacts the instructor whom assigned the grade and reviews the issues to determine if the grade can be changed. If the grade remains in dispute, the student should follow step 2.
2. The student contacts the Associate Dean in writing to protest the disputed grade. The Associate Dean arranges for the chair of Student Affairs Committee to call a meeting in which either step “a” or step “b” will be followed, depending upon the circumstances.
 - a. If the grade in dispute does not affect the student’s ability to progress in the program (i.e. grades of 77% or better), the following procedure applies:

Both the student and the instructor submit written statements explaining the issue to the chair of Student Affairs, with a copy to the other party, including any supporting documentation. The chair of Student Affairs convenes the Student Affairs Committee and reviews all the documentation submitted to determine the validity of the challenge. The Committee may choose to seek additional information from other sources, if indicated by the circumstances. The Committee makes a decision about the disputed grade and the chair conveys that decision in writing to the student and instructor.
 - b. If the grade in dispute prevents the student from progressing in the program (grades of 76% or lower), the following procedure applies:

The chair of Student Affairs convenes the Student Affairs Committee to review the case. The Associate Dean participates as a non-voting *ex-officio* member of the committee. The Committee reviews all the documentation submitted to determine the validity of the challenge. The Committee may choose to seek additional information from other sources, if indicated by the circumstances.

Following a review of the evidence and other relevant information by the Committee, a recommendation is made to the Associate Dean. The Associate Dean new information deemed appropriate and decides on the dispute. The Associate Dean then notifies the student and the instructor of the decision in writing. If either party wishes to further contest the committee’s solution, step 3 should be followed.
 - c. In steps a or b, oral presentations to the committee are permitted at the Committee’s sole discretion and if permitted the committee will receive oral presentations from both sides.
 - d. The student has the right to ask for a substitute for one of the Student Affairs Committee members, which substitute will be selected by the Committee chair. If the instructor of record is the chair or member of the Student Affairs Committee or a DPT Faculty Administrator, they will not serve on the Student Affairs Committee and the School Dean will appoint an alternate.
3. The instructor or student may appeal the decision of the Student Affairs Committee or the Associate Dean to the School Dean within two weeks of receipt of the decision. The School Dean reviews the proceedings to date, obtains any new information deemed appropriate and makes the final determination. The School Dean notifies all parties in writing. The decision of the School Dean is final.

RETENTION AND PROGRESSION IN DPT PROGRAM

Failure to meet minimum academic requirements, demonstrate academic integrity, exhibit appropriate professional behavior or adhere to safety standards may result in the sanctions as described below:

Students are notified of a change in academic status by a letter from the Associate Dean, but failure to provide or receive the notice does not invalidate the action taken. Probation, suspension, and dismissal designations are recorded on the permanent academic record (transcript). For information on calculating GPA see [Appendix F](#).

Program Progression

A student needs a minimum grade of “C+” or better in each course in order to progress in the PT program. If a grade of “C” or “C-” is received in any of the course requirements, the student must remediate the course within the following semester in order to progress (for specifics, see Remediation section below).

Remediation

A grade of C or C- for a course must be remediated. The initial grade will be changed to a C+ following successful remediation of the C or C- grade. Final course grades of D or F cannot be remediated. Refer to the Academic Suspension section in the Student Handbook for consequences. The process of remediation begins the first week of the ensuing semester following receipt of the grade of C or C-. During this week, a remediation contract with input from the student and instructor is developed that outlines format, content, and evaluation method as well as and the end date for the remediation contract. See Appendix G. This contract is finalized and signed by the student, instructor, and Program Director.

The agreed upon remediation must be successfully completed by the end of the semester following the receipt of an unsatisfactory grade. Failure to successfully complete the remediation process by this time cancels the student’s ability to participate in a clinical education experience. An exception to this policy is available during semester IV. Students may participate in the DPT 750 Clinical Education I while remediating a “C” or “C-” grade received in Semester III. However, students may not participate in any subsequent clinical education experiences until remediation for a “C” or “C-” in a previous semester course is completed.

Students should be aware that completion of a remediation must occur at least nine business days prior to the start of the clinical education experience. It should again be noted that failure to participate in a clinical education experience may limit a student’s ability to progress through the remainder of the curriculum. (Since courses are offered once a year, this may necessitate stepping out until the next academic year.) Students should refer to Program Progression (above) for consequences. If the initial remediation is not successful, one more remediation activity may be permitted as determined by the course instructor as long as time remains within the originally designated remediation contract date. If remediation attempts continue beyond the contract date (in cases of subsequent clinical experiences) or the semester ends, this will necessitate stepping out until the next academic year. If the remediation is not successful, the student is considered to have an un-remediated “C” or “C-” and is suspended from the program.

Academic Probation

When a student’s cumulative grade point average falls below 3.00, the student is placed on academic probation. A student is allowed a maximum of two probation semesters during the length of the program. The School’s expectation is that the student will make every effort to raise his/her cumulative GPA to 3.00 in the first probationary semester in order to return to good academic standing. If it is not possible for a student on probation to raise the cumulative GPA to a 3.00, the student will be suspended. See section on Academic Suspension. A student on academic probation is not allowed to participate in clinical education experiences. Academic Probation is noted on the permanent academic record (transcript).

A student who has been placed on academic probation must meet with the Program Director within the first two weeks of the semester in which the probation begins to provide an oral assessment of why academic difficulties occurred and develop a plan for resolving these difficulties. Following this meeting, a student must meet with their academic advisor within the next two weeks of the semester. Failure to do so may result in academic suspension. Course coordinators for all courses in which the student is enrolled while on probation will be advised of each student who is on academic probation. Students not meeting this requirement will be requested to withdraw from the Program.

Academic Suspension

A student who receives a grade lower than a “C-” in a course or more than 2 “C”s throughout the program will be suspended. In addition, if a student’s cumulative grade point average is less than 3.000 for more than two semesters, they are suspended from the program. A student who fails a clinical experience will be reviewed for suspension from the program.

Academic Suspension renders the student ineligible to participate in PT academic activities including academic course work (the student may not attend lectures/labs), clinical course work, and project course work for the remaining sequence of course offerings with their respective class.

The student may apply for consideration of readmission to the program for the next academic year. Academic Suspension is noted on the Official Academic Transcript.

A student who is suspended must surrender the Regis University identification card and key cards to the Program’s administrative assistant.

Academic Dismissal

Academic Dismissal is action taken by the Program that *renders a student ineligible to return to Regis University for any program of study*. For this action to be taken, a student must have been suspended for academic reasons, been readmitted to the DPT Program on academic probation, and subsequently failed to achieve the required cumulative GPA of 3.000. Academic Dismissal is recorded on the permanent academic record (transcript).

Appeal Procedure: Academic Suspension/Dismissal

Upon being notified in writing of suspension or dismissal, students who wish to appeal the decision should do the following:

1. Write a letter of appeal to the Associate Dean within thirty (30) working days of the date on the letter of notification. This letter of appeal should include:
 - a. The student’s assessment of how the academic problems came about.
 - b. A description of any extenuating circumstances that affected the student’s academic record.
 - c. A clear plan to address the student’s academic deficiencies.
2. The student may submit supporting statements from their advisor, other faculty members, or external medical providers with letter of appeal by the designated deadline to the Student Affairs Committee. The Committee reviews the materials provided by the student and makes a recommendation on the appeal to Associate Dean. The Associate Dean makes a final decision and notifies the student in writing of the decision regarding the student’s appeal.

Final Appeal Procedure – Suspension/Dismissal

All decisions by the Associate Dean regarding a student’s suspension or dismissal may be appealed in writing to the School Dean. The appeal should be submitted to the School Dean within 5 business days of notification by the Associate Dean. The School Dean may require a personal interview with the student before a decision is reached. The decision of the School Dean is final.

Petition For Readmission of Academic Suspension/Dismissal

A student who wishes to petition for consideration of readmission to the program following a suspension must complete a three-phase process.

1. The student must meet with the chair of Student Affairs, the Associate Dean, and their former advisor to discuss and formulate a guidance plan to address academic and behavioral needs during the period of suspension. In addition, the student may be requested to meet with course coordinators to assist with providing academic guidance in this process.
2. The student must follow the written guidance plan formulated by Student Affairs during the period of the suspension.
3. The student will complete a letter to formally petition for readmission. This letter, detailing the student’s actions and outlining plans that were completed to correct his/her previous academic difficulties must be submitted to the Associate Dean and Chair of Student Affairs *at least two months prior to the beginning of the semester* for which the student is requesting readmission.

The student must arrange to provide the Student Affairs Committee with all supporting documents (transcripts of credit earned elsewhere since attending the University, letters of recommendation, letters of expert judgment, etc.) related to the requirements established.

Members of the Student Affairs Committee will review the student's application for readmission and render a decision based on the merits of the reasons that the student gives in support of possibilities that better work can be expected in the future. Requests for readmission are considered on a case-by-case basis. Readmission will be approved when prospects for better academic performance can be demonstrated.

Although a student wishing to return after academic suspension must prepare a written letter requesting readmission, a student may be asked to support his/her application through a personal appearance before the Student Affairs Committee. Students must be prepared to clarify or extend written information during a scheduled meeting with the Student Affairs Committee.

Note: A student will not be allowed to reenter the program for a minimum of one semester to allow that student time to become more clearly aware of their educational goals and to reflect on their academic record. The Student Affairs Committee may require certain conditions for enrollment in independent study or testing to verify retention of material previously completed in the school.

A student readmitted after suspension re-enters the program on probation, ineligible for remediation or further probationary semesters. *Readmission may also include independent study course enrollment and completion of competency exams to ensure retention of previously completed material, while taking new coursework.*

Readmission is granted in very limited circumstances when an applicant has clearly demonstrated that they can and is likely to continue to perform academic work that meets acceptable program standards.

Academic Withdrawal

A student who chooses to withdraw from the program *must give formal written notice of this decision to the Associate Dean.* In addition, a [Withdrawal Form](#) must be completed by the student and signed by the Associate Dean. Any student who withdraws may be readmitted to the program without reapplication and review if:

1. The student was in good academic standing (GPA is 3.0 or better) before withdrawing.
2. The student returns to the program within one calendar year of withdrawing.

Students who meet these criteria *must submit a written request for readmission to the Associate Dean at least two months prior* to the beginning of the semester for which readmission is requested. Students may be required to pass a competency exam verifying retention of previous course material or enroll in independent study course(s) to update information. If the stated conditions are not met, the student must apply and be accepted for readmission to the program. Initial acceptance into the program does not guarantee re-admittance.

Regis University Identification Cards/Regis University Property

Any student who withdraws from the program or is suspended or dismissed must surrender their Regis University identification card and any Regis University property to a DPT Faculty Administrator.

Academic Integrity

Please see the Regis University [Academic Integrity Policies](#)

Professional Behaviors

In addition to cognitive knowledge and psychomotor skills, educators and practicing professions have recognized that a repertoire of behaviors is required for success in any given profession. The identified behaviors that constitute professional behaviors in the profession of Physical Therapy was developed to acknowledge the changing healthcare environment and the APTA's Vision Statement and reflects professional advancement to the Doctor of Physical Therapy degree; "Professional Behaviors for the 21st Century 2009-2010" (May et al, 2008-2009).

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 tool is intended to represent and be applied to student growth and development in the classroom and the clinic. “Professional Behaviors for the 21st Century 2009-2010,” presented in Appendix H, contains behavioral criteria for the practicing clinician. Each Professional Behavior is defined and then divided into development levels. This document and criteria will provide examples to support the professional behavior assessment process at Regis University.

It is critical that students, academic and clinical faculty, use the Professional Behaviors tool in the context of physical therapy. For example, a learner may possess strong communication skills in the context of student life, but that learner may be in the processes of developing physical therapy communication skills needed to be successful as a professional in a health care context.

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 academic and clinical environment. Students will demonstrate successful integration of the professional behaviors into their academic, clinical and community experiences in order to complete their degree plan. The criteria listed in Appendix H will be used as examples one might demonstrate, but the list is not exhaustive. The Professional Behaviors tool allows the learner to build and strengthen skills in the affective domain to augment the cognitive and psychomotor domains. See specific criteria in [Appendix H](#).

Progress in exhibiting professional behaviors is one factor used to evaluate overall student performance throughout the curriculum and may influence clinical placement. At periodic intervals through the program, students will complete a self-assessment of their progress toward successful integration of professional behaviors into the academic, clinical and community settings. The self-assessment of *professional behaviors will be submitted electronically to the assigned advisor’s assignment submission folder in the Doctor of Physical Therapy folder* housed on the Learning Management System. The form is reviewed by the student’s advisor who will provide written feedback, based on faculty observations and comments. Following the completion of the written assessment, each student will meet with their faculty advisor to discuss their progress toward achievement of entry-level professionalism. When a student is not making sufficient progress in their professional behaviors, faculty may implement an action plan to address the behavior issues [Appendix I](#). Each professional behavior is expected to be exhibited at professional entry-level by the completion of semester eight in order to receive a faculty recommendation for the Doctor of Physical Therapy degree. Inadequate progress in professional behaviors may result in the student not graduating from the program. Refer to degree award section of the *Student Handbook* and the section on Academic Integrity, Disciplinary Status and Penalty.

Unprofessional Conduct/ Behavioral Misconduct

All Rueckert-Hartman College for Health Professions students are bound by the provisions of the [Regis University Student Handbook](#) the Regis University *Bulletin*, and the DPT Program *Student Handbook*, including, but not limited to, the Standards of Conduct and general University policies and procedures. The Regis University Student Handbook is available or obtained in the Office of Student Life located in the Student Center.

Incidents of unsafe behavior or unprofessional conduct in a clinical or academic setting are also grounds for disciplinary action, including, but not limited to suspension or expulsion from the program.

Examples of unprofessional conduct or unsafe behavior include:

- A pattern of unsafe clinical performance.
- Inadequate development of expected professional behaviors ([Appendix H](#)).
- Any action of omission or commission that results in serious injury or harm to another.
- Disrespectful, abusive or dishonest interaction with patients, families, staff, faculty or peers.
- Violation of a client’s right to confidentiality.
- Performance of a criminal act.
- Abuse of drugs or illegal use or possession of controlled substances. Note: because use of marijuana remains a Federal offense, use of this substance remains illegal for every student in the program.
- Failure of a for-cause or random drug screen and/or failure to comply with a request for a for-cause or random screen.
- Failure to follow the policies and procedures of the clinical agency.
- Academic dishonesty.
- Manipulation, alteration, removal or destruction of other student/faculty/University/clinical faculty/staff materials

and/or equipment.

- Unauthorized use of Regis University or clinical agency equipment inclusive of computer accounts, records, and files.
- Violations of the professional standards of conduct and ethics of the Profession.
- Other prohibited conduct as defined by Regis University, the Rueckert-Hartman College for Health Professions and the school, department, or program.
- Other conduct or behavior that is unprofessional or unsafe as determined by the discretion of the School or Program.
- And other actions that constitute prohibited conduct identified in the [Regis University Student Handbook](#)

Behavioral Misconduct – Review of Violations

The faculty member and/or responsible supervisor (clinical instructor) making the initial judgment of unsafe or unprofessional behavior in an academic or clinical setting shall inform the student of the behavior issue and notify Associate Dean and DCE, if applicable. If in the judgment of the faculty member and/or responsible supervisor the nature of the behavior warrants immediate action, the student may be removed from the classroom or clinical area until the review process has been completed. Once the action has been reported, the student must meet with Associate Dean who will determine whether further review is required, or whether the student will receive a written warning that subsequent violations must not occur. If Associate Dean determines that further review is required to determine the appropriate sanction, the Student Affairs chair will be notified to call a meeting of the Student Affairs Committee for a hearing with the student to review the allegations. If conduct violates University policy or code of conduct, the student will be referred to the University Dean of Students Office for review.

If the student fails to appear at the hearing and the failure of appearance, the student shall be deemed to have waived the right to a hearing. In such cases the Associate Dean may proceed to apply such sanctions as deemed appropriate, notifying the School Dean of the action.

Prior to a hearing, the student will be provided with written copies of relevant reports regarding the circumstances and facts of the case to be used at the hearing. The student may make use of another student, faculty or staff member as an advocate during the hearing. Advocates are to support the student during a hearing and cannot present evidence or substitute for the student's role in offering evidence or questions. The School reserves the right to bar individuals from participating as advocates who have failed to observe the standards of conduct, or who have failed to assist and advise the student properly on the process. The chair of the Student Affairs committee has sole discretion for making this determination.

Committee members participating will have the right to request the presence and testimony of witnesses relevant to the case, and can interview involved parties, including the student, about the facts of the case. The student shall have the right to hear any testimony related to the case that may adversely affect him/her and to question persons giving such testimony. The student is allowed to present witnesses on his/her behalf.

In deliberating the outcome, the Student Affairs Committee will make its decision on facts based on preponderance of evidence available for their review, including, but not limited to, testimony from witnesses, written statements and other relevant information. In conflicting testimony or statements, the committee will determine as they see fit which version of events is more credible. The Student Affairs Committee will render a decision: the sanction imposed will be sent to the student by the Committee chair. Actions taken may range from: warning, probation, suspension or expulsion for behavioral misconduct.

Behavioral Misconduct –Disciplinary Management

Following the hearing, the Student Affairs Committee shall make a determination of the facts of the case and recommend sanctions if appropriate. Sanction options include, but are not limited to:

Professional Behavior Warning

An official sanction given in writing to notify the student of his/her misconduct, warning that subsequent violations must not occur.

Course Failure

An official sanction that will render the student to be suspended from the School.

Disciplinary Probation

An official sanction that places a student in a status such as any subsequent misconduct during the period of probation will result in additional discipline, including suspension or expulsion. The period of probation is determined by the Student Affairs Committee conducting the disciplinary hearing.

Disciplinary Suspension

An official sanction that prohibits the student from attending or participating in any University activities for a designated time period, typically to include the remainder of the semester in which the offense occurred. A written request to return to the School on expiration of the suspension must be presented to Associate Dean at least *two months* prior to the time the student wishes to re-enroll.

Disciplinary Dismissal

An official sanction permanently prohibiting the student from attending the University. Notifications appear on the student's transcript for five (5) years. Following that period, a student may petition the University to have this notation removed from the transcript.

Notification of the results of the review by the chair of Student Affairs Committee shall be provided in writing to the student as identified in the records of the University and to the School Dean.

Final Appeal Process for Discipline for Behavioral Misconduct

All decisions regarding a student's behavioral misconduct may be appealed by the student in writing to the School Dean. The appeal should be submitted to the School Dean within 5 business days of notification of the Student Affairs Committee decision. The School Dean will review all documentation in the case and may require a personal interview with the student before a decision is reached. The decision of the School Dean is final.

GRADUATION AND COMMENCEMENT

Degree Award

Students graduate the semester that all requirements are met and documentation of such is received by the Office of the Registrar. Incomplete grades and late application for graduation may delay graduation to a subsequent semester.

Graduation Application

Graduation applications are due several months prior to graduation. A schedule of graduation dates, commencement dates, and due dates for graduation applications can be found on the Regis website: [Graduation Application](#). The application is completed online, printed, and signed before submission to the Registrar's office. The application may either be faxed (303-964-5536) or emailed as an attachment to the address identified on the form.

Financial Clearance

Diplomas, transcripts, and licensure release information are not released if any financial indebtedness to Regis University exists. Students must clear their student account and arrange an exit interview in the Student Accounts Department prior to graduation. Information regarding payment of charges is located in the Tuition, Fees, Room and Board charges in the General Information section of the *University Bulletin*.

Commencement Activities

Commencement is the ceremony marking graduation. Attendance at commencement exercises is encouraged. Each student's intent to participate in commencement occurs through notification of the Office of the Registrar by filing the "Application for Graduation". Graduate students are allowed to march in commencement if they are within six (6) semester hours of completing their degree requirements. Graduates are listed in the commencement program for the commencement in which they march. In most cases, graduate students in Physical Therapy participate in the Spring commencement ceremonies since students complete all degree requirements at the end of the spring semester.

Graduation With Honors

Graduate students who have completed the degree requirements for the Doctor of Physical Therapy degree with a cumulative grade point average of 3.850 or better in 700-level courses are awarded graduate honors. The diploma and Regis University transcript include an honors designation for honors graduates.

Transcripts and Degree Posting

Regis University has authorized the National Student Clearinghouse to provide transcript ordering ([Transcript Request](#)). Transcript costs are identified on the website. In addition, transcripts may be ordered in person by going to the 4th floor of Main Hall. A photo ID is required, and the student should allow time for the request to be processed. Transcripts that include posting of the DPT degree are required by state licensing agencies.

VI. PROGRAM POLICIES

Academic Advising

A faculty advisor is assigned to all Doctor of Physical Therapy students. This advisor will assist students to successfully progress through the program. Faculty advisors have years of experience helping students of all backgrounds and ages to self-assess and to assist you in your personal and professional growth.

Students are required to meet with their advisors a minimum of once a semester to facilitate an ongoing dialogue and develop professional behaviors, complete portfolio requirements, and address graduation criteria throughout their studies. Conflicts with the assigned advisor must be presented in writing to a DPT Faculty Administrator.

Access To Classroom and Laboratories

The School of Rehabilitative and Health Sciences office is open from 7:30 A.M. to 5:30 P.M. Monday through Friday. Students are encouraged to use the classrooms and laboratories on campus during these hours whenever possible. Students have access to the clinical lab and the cadaver lab until 9:45 P.M. for independent study. These labs are available to students on weekdays and weekends, unless posted otherwise. From time-to-time, the clinical laboratory is unavailable on weekends to allow for other university classroom activities. The clinical, cadaver, and research labs are accessed with a key card assigned to students at the beginning of the program and encoded on the student's ID. Students should report loss of an ID to allow access coding to be inactivated.

PT classrooms and labs are expected to be maintained in a clean, organized manner and ready for use by the next class. The Clinical lab (PCH 409) is expected to be returned to the posted setup after use with three chairs and one rolling stool and one step stool at each High/low table. High/Low tables must be returned to desk level, and flat with casters locked. The sliding folding dividers must be collapsed and be fully hidden in the compartments. Linen should be put away in hampers or the storage closet and all equipment is to be returned to designated storage areas. During lab and ISL, personal belongings such as books, notes, water bottles, plastic food storage containers, and clothing should be stored in the student's locker.

Appointments With Faculty

Faculty are eager to support students outside of scheduled class hours and establish office hours on a regular basis for this purpose. Office hours are outlined in each course syllabus. Additional office hours may be needed during registration, examination periods, and prior to beginning clinical experiences. If for some reason you would like to meet with a faculty member outside these hours, you must make an appointment.

The School's administrative coordinators and administrative assistants also have access to DPT Faculty Administrators and School Dean's calendar to schedule meetings. Students should be aware that faculty are also involved in institutional committee work, clinical work, research, and other professional and community responsibilities during hours when they are not teaching. Therefore, students are encouraged to use office hours whenever possible.

Assessment

As stated in the admission guidelines, adherence to the *Core Values for the Physical Therapist* ([Appendix K](#)) and *Standards of Practice for Physical Therapy* ([Appendix L](#)) as described by the American Physical Therapy Association shall be a continuing part of assessment of all students in all courses and activities relating to or pertaining to the program.

Attendance and Participation

The Regis DPT Program is designed to be an in person on campus program. Attendance is one of the professional responsibilities for a DPT student. It is expected that every student will be available for all classes between 8 am and 5 pm M-F during the entire semester including finals week for the entire 3-year curriculum. Some class sessions may be scheduled at times other than those noted in the syllabus or school calendar. This is necessary to accommodate guest speakers and experiential learning activities.

Missing class puts a student and their future patients at a severe disadvantage due to the loss of collaboration and interactive learning that takes place in the classroom. There is no substitute for hands-on interaction with course instructor(s) and fellow students, and these experiences cannot be easily replicated.

The majority of course sessions will be delivered in person with occasional virtual offerings for guest lectures and special events. Faculty will designate dates of virtual learning in the course syllabus. If in-person attendance is not possible, then the student should discuss the circumstances with the course coordinator and arrange to make up missed material (including arranging peers to coordinate a zoom meeting or record the session. Additional learning activities may be necessary to check for understanding. Course Coordinators will include specific course attendance and participation expectations and consequence of an absence in course syllabi.

With the exception of a medical emergency or illness, all examinations/quizzes must be taken at the scheduled time. Students who miss an examination (written or practical or skill check), fail to submit an assignment, or fail to participate in a scheduled activity due to an absence *may* receive a grade of zero for that examination, assignment, or activity. Specific course expectations and actions taken will be up to the discretion of the course coordinator as published in the course syllabus. Grade actions performed by the course coordinator are considered final but may be appealed by submitting a written letter to the student affairs committee.

Students should not finalize work schedules or other personal commitments until course syllabi and schedules are provided. Any potential conflicts should be discussed with faculty BEFORE any travel arrangements or commitments are made. It is the student's responsibility to be aware of attendance policies for each class and the potential consequences for unexcused absences.

Tardiness is a form of absence. Students should take into account all contingencies in order to be on time for every scheduled class and lab session. Being late is equal to being absent for at least a portion of class/lab time and may be disruptive to a speaker or class already in session.

The Absence form in [Appendix J](#) must be completed as soon as an absence occurs or, if known ahead of time, is anticipated. The form allows a student to quickly inform faculty and enter information and attach files (picture, PDF, Word document, URL) if needed for documentation purposes.

Excused absences will only be considered for the following reasons:

- **Bereavement:** Immediate family only (student's spouse, parents, siblings, children, grandparents, father/mother-in-law, son/daughter-in-law, or grandchild). One day allowance for local funeral and three-day allowance for out-of-town.
- **Emergency (Non-Health):** Automobile accident, severe weather that leads to a closing or delayed start of the University or an official emergency statement issued in the student's living area that makes travel to school impossible, unwise, or unsafe.
- **Health (Personal):** Verified illness or hospitalization. Note from physician verifying illness or hospitalization may be required for documentation.
- **Health (Immediate Family):** Immediate family members (as listed above) with terminal or acute illness or scheduled surgery.
- **Religious observance**
- **Jury Duty/Court Summons.** A copy of the summons is required for documentation.
- **Military Duty:** Deployment for three consecutive days or less may be considered excused. Note: longer deployment should be handled through a leave of absence request. A copy of the military orders is required for documentation.
- **University/School Approved Activity:** Attending school sanctioned professional conferences, scholarly competitions, student forums and educational programs. Verification from school dean, advisor, or course faculty is required for documentation.

Absences due to incomplete preparation, social obligations (weddings, graduations, birthdays)/conflicting appointments, or for student's convenience will always be considered unexcused absences and subject to make up criteria as outlined in the syllabus by the course coordinator.

In the case of a medical or significant family emergency that results in an extended period of absence from any course, it is the student's responsibility to set an appointment either in person or via email to meet with a DPT Faculty Administrator and course coordinators to develop a plan to make up missed class time and assignments. The final decision to allow make up of class assignments rests with the course coordinator.

In the case of illness, each student is personally responsible for calling or emailing the instructor of the absence as a professional courtesy. This absence does not relieve the student of the responsibility for discussed materials or assignments. Many courses incorporate small group dialogue and grades are affected if students do not actively participate or if they come to class unprepared to discuss expected materials. Absences of more than 3 consecutive days must be substantiated by a written letter from a licensed health care practitioner.

Classroom Etiquette

Hats, Laptops/tablets, cell phones and watches are prohibited during test times unless the course coordinator permits their use. *Cell Phones:* Cell phones *will be turned off or placed on 'silent mode'* when classes are in session.

Laptop/Tablet Usage in Class/lab: While laptops/tablets have the ability to facilitate problem solving and active learning in the classroom, there are also disadvantages to their use that disengages students from the learning experience (i.e., checking email, making online purchases, etc.). Within the classrooms/lab, students are expected to use their laptops/tablets as a learning tool. Students should:

- Only use laptops for taking notes and other specific classroom activities as assigned by the instructor in the course.
- Engage in class activity, making eye contact, attending to discussion, and participating in assigned instructional activities.
- When guest lecturers are present, only use of laptops/tablets may occur when permitted by the course instructor.

Emergency Management Plan

All students should familiarize themselves with the Regis University [Emergency Management Plan](#). Regis University has established the *RU Alert Emergency Notification* system. This system will notify and give directions to students in case of emergency, dangerous system or campus closure. In the event of such emergency or campus closure, notification will be sent through RU Alert via text messages, voice messages, and email announcements. All students must sign up for RU Alert through the [RUAlert website](#).

Campus Closure

The decision on whether or not to close the University for inclement weather rests with the University administration. Once a decision is made to close the University, students will be alerted through the RU Alert system. Refer to the [Inclement Weather Policy on the Regis University website](#).

Class Cancellations/Schedule Changes

In case of illness or unplanned absence of a faculty member, the faculty member will contact the School office. The administrative staff will assist the faculty member in notifying students in the class of the cancellation if a substitute is not available and the cancellation is during regular office hours. The instructor will either attempt to reschedule the class at a later date in the semester or will arrange for other strategies to make-up for the missed class. Faculty members with known schedule absences will make prior arrangements for a substitute or reschedule the class with prior notice to all the students. The Associate Dean and DPT Associate Director are notified of all class cancellations/schedule changes.

While faculty attempt to maintain a predetermined class schedule, there inevitably are changes in order to accommodate a guest lecture or ensure clinic accessibility, possibly during evening hours. Every attempt is made to inform students of class schedule changes in advance. Students should also make every attempt to be flexible with their scheduling to enable participation in these special classes. Lack of attendance does not alleviate student responsibility for the material.

Communication & Citations

The student will be communicating through numerous formats, including oral, written, and electronic methods throughout the curriculum. Etiquette for all communications, including e-mail, should follow similar rules and expectations including correct grammar, clarity in expression of ideas, and appropriate presentation of the writer as a developing professional. The student is

expected to evaluate the impact of this communication prior to transmission or presentation of the information. In the absence of specific guidelines in a course syllabus formatting of all scholarly work/papers should follow the AMA Guide. For specific guidelines on the proper citations, please consult the following text:

Iverson C, Flanagan A, Fontanarosa PB, et al., eds. *American Medical Association manual of style: A guide for authors and editors*. 10th ed. Philadelphia, PA: American Medical Association; 2007.

Dayton Memorial library has an online quick reference [guide](#) for AMA citations.

Credit Hour Policy

The DPT curriculum is designed to be within 20-28 average actual contact hours per week. In accordance with RHCHP graduate practices, the curriculum design also follows an accelerated adult learning model. The credit hour policy ensures that student contact time is standardized throughout the curriculum.

Contact Hours-Actual Contact Hours

A 50-minute lecture equals 1 contact hour

A 2-hour and 50-minute lab equals 1 contact hour of lecture and 2 contact hours of lab

Semester Hour- Contact Hour

1 SH course=15 contact hours per semester

Degree Plan

During orientation a DPT Faculty Administrator will review all graduate course work and requirements that must be completed for graduation and the student and the Associate Dean will electronically sign a Degree Plan outlining these requirements. Before graduation, the student and their Academic Advisor will sign the Degree Plan to confirm that the student has completed the coursework and requirements as stated in the Plan indicating the student is eligible to graduate.

The degree plan outlines the courses and graduation requirements that follow the *Regis University Bulletin* and specific program policies that are in effect the first day of class. Should any conflict between the *Regis University Bulletin* and the *School Student Handbook* appear, the parties agree that the *School Student Handbook* provisions in effect at the time of this signing will prevail. The degree plan will be reviewed and signed by each student during orientation. This electronic form is housed in the School's records, and at the student's request, will be emailed to him/her. If a Degree Plan is not signed prior to the Semester I deadline, a 'hold' will be placed on the student's account by the Office of Admissions, prohibiting future registration. Notification will be sent to each student whose registration has been restricted. The hold will restrict registration until a signed degree plan is completed, at which time the hold will be removed and registration will be allowed. See [Appendix M](#).

Dress Standard

As developing doctoral health care professionals, physical therapist students are expected to exemplify professionalism in educational, community and clinical environments. Your appearance is inseparable from your professional identity and strongly contributes to your patients' and the public's impression of you, your school, and your profession.

Professional Dress Standard: Applies to all professional conferences and ceremonies, service learning and clinical education experiences, simulation lab sessions, skill checks, practical exams, guest speaker presentations, and selected classroom sessions as directed by the academic course coordinators or clinical facility policy).

Students should be aware that dress expectations may vary depending on classroom, clinical, or service settings and modifications may be necessary commensurate with the formality, policy and physical requirements of the setting. In general, your dress should be appropriate for the setting and activity and allow freedom of movement while maintaining modesty and a safe, professional working environment.

- Students are encouraged to wear business casual shirts, pants or skirts typically worn in a physical therapy clinic environment.
- Students must wear shoes at all times that coincide with professional attire and a safe environment.
- Open toe sandals or sandals without a back strap are not acceptable when performing patient gait assistance or transfers.
- Students must demonstrate personal grooming and hygiene.
- Regis University name tags should be worn for any off-campus activities, conferences and clinical experiences.
- Business suits or jackets are encouraged at professional conferences.

The following items are not consistent with professional dress:

- Dirty or torn clothing or shoes
- Torn, light washed or splattered bleached jeans
- Revealing shirts, pants, shorts or skirts
- Caps, hats, or headwear during exam or testing session unless for religious reasons
- Facial piercings (nose, lip, eyelash, tongues), or jewelry that may interfere with physical therapy practice.
- Acrylic nails or nail length that interferes with physical therapy practice
- Clothing with Explicit language, symbols, pictures or messages

Clinical Lab Dress Standard Applies to all clinical lab activities unless otherwise directed by course coordinator.

Lab attire is designed to allow students the opportunity to perform clinical examination and intervention skills on each other and to permit appropriate mobility and exposure of body parts while preserving modesty through appropriate draping techniques. Typical attire includes athletic shorts, t-shirt, sports bra or swimsuit top and shoes and socks according to lab activity.

Anatomy Lab Dress Standard

Specific dress requirements are necessary for protection from blood-borne pathogens and/or hazardous materials in some basic science labs. In these labs students must wear

- Lab coat or gown with scrub top/bottom or any casual clothes worn beneath
- Shoes with closed toe
- Gloves (double glove for dissection)
- Eye protection as appropriate for activity

When a student is in violation of the dress policy, faculty members should discuss this with the student and a DPT Faculty Administrator will be notified. Students with inappropriate dress may be asked to leave a classroom or event. Repeated infractions of the dress policy will result in a discussion with a DPT Faculty Administrator and may place the student in academic jeopardy regarding professional behavior.

E-mail

Students will be provided with an email address and account in the Regis University system, RegisNET. This is the official form of electronic communication for the University. Students are accountable for any information relayed via their RegisNET account. Faculty and staff must communicate with students through this email account. The University may send correspondence exclusively through email regarding important matters including financial aid, policy announcements, meeting and event notifications, and academic information.

Students should check their Regis e-mail daily as faculty/staff use this system for general communication, updates, and class information on a routine basis. Information on accessing the Regis e-mail account through the student's home computer can be found in [Appendix N](#).

Exams

Competency Skills

Competency skills are included in various courses for the purpose of ensuring that the student is competent in patient/client management skills prior to clinical experiences. Competency skills emphasize psychomotor skills, rationale for the application of the skill, patient and therapist safety, and are identified as essential for the particular course of study.

Competency skills shall constitute no more than 25% of a course grade. If a student fails a competency skill because of safety related issues or fails to achieve at least 70% for the skill, they are permitted to retake the skill check a second time and may earn no higher than the equivalent of 70% that will be averaged into the course grade according to the course syllabus. The student will have a maximum of TWO attempts to pass each competency skill. Students not passing a skill on the first attempt because of safety-related issues or fails to achieve at least 70% for the skill MUST seek additional help (available from the course coordinator or through special arrangements during Independent Skill Labs (ISL) and practice the skill prior to arranging to re-take the skill. If a student FAILS TO PASS the skill on the second attempt because of safety-related issues or fails to achieve at

least 70% for the skill, the student WILL RECEIVE A FAILING GRADE FOR THE COURSE. A failing grade results in the student being placed on academic suspension. Students should refer to policies stated in the progression and retention section of this Handbook for clarification. Skills in some cases may be components of a skill set (i.e. manual muscle testing, goniometry, joint mobilization/ manipulation). In these instances, sampling of individual muscles, joints, and/or tasks within a body region may be used to test these skills. It is the student's responsibility to be proficient in all skills presented in the individual courses. Results of the competency skills exams will be returned to students within 7 days and/or prior to additional skills testing.

Comprehensive Examination

A requirement of graduation as stated on the degree plan is successful completion of a comprehensive examination (DPT 799) administered in Semester VII. The comprehensive exam reflects curricular material presented during enrollment in semesters 1-VI. An overall score of 75% is required for successful completion of the comprehensive examination.

If a student is unsuccessful in passing the first comprehensive examination, the student is given an opportunity to take another version of the comprehensive examination. Should a student not pass the second examination with a 75% or better, the student will be required to meet with the Associate Director of DPT Program, Course Coordinator and their academic advisor to develop a remediation plan which address the student's deficits on the two examination attempts. The student will be administered a third comprehensive examination within semester VII at a date/time that is agreed upon by the student, Course Coordinator, Associate Director of DPT Program, and academic advisor. Should the student not pass the third examination with a 75% or better, additional remediation may be required which may delay the student's progression to their final clinical experience.

Practical Exams

Practical exams shall constitute no more than 30% of a course grade. The practical examination is a percentage of the overall course grade as stated in the evaluative criteria of the syllabus. Grading of the practical examination is based on selected essential criteria as designed by course faculty. Faculty will grade practical exams according to rubrics developed to fit each course containing a practical exam. Practical examinations are most often presented as multiple station case-based format\facilitating the case management review processes. For this reason, practical examinations test a combination of cognitive, psychomotor, and affective skills. In addition, safety will always be judged as a pass-fail performance but will not be included in the practical examination grade. The student must perform in a safe manner that minimizes risk to the patient, self, and others. Failure to demonstrate safety during any attempt of the practical exam will necessitate retaking the entire practical exam. If following the first attempt the student has not earned a minimum of 77% for the practical examination, they will be required to complete a Practical Development Plan Agreement ([Appendix R](#)) with the course coordinator prior to a second attempt. In order to pass the second attempt practical examination, the student must achieve a minimum of 77%. The successful retake of the practical exam will result in a score of 77%. The second attempt of the practical examination before beginning of the next semester. Results of the practical exam will be returned to students prior to the clinical experience or within 7 days whichever would be the earlier notification. If a student FAILS TO PASS the practical exam on the second attempt because of safety-related issues or fails to achieve at least 77% for the practical, the student WILL RECEIVE A FAILING GRADE FOR THE COURSE. A failing grade results in the student being placed on academic suspension. Students should refer to policies stated in the progression and retention section of this Handbook for clarification.

Individual Evaluative Assignments

Individual assignments (which include written examinations, tests and quizzes) shall constitute a minimum of 50% of the evaluative activities in a single course as outlined in the course syllabus. (Exceptions: Professional Issues and Elective courses do not have minimum requirements for individual work)

Students are required to take all exams and quizzes at the scheduled time. This includes finals week which extends through Friday at 5:00 pm. Do NOT make holiday or other plans that require you to leave before 5:00 pm. The only exceptions to this policy are for medically documented illness or extenuating circumstances of an extraordinary nature or to meet ADA requirements. In such cases, students are responsible for discussing the situation with a DPT Faculty Administrator who will speak with faculty involved first before completing an exam change request form, inclusive of rationale for request. See [Appendix O](#). A DPT Faculty Administrator will approve or deny an alternate test time. This decision will be forwarded to the faculty member and the test will be scheduled at the faculty member's convenience. Makeup exams cover the same objectives and

provide the student with similar options for demonstrating competence as the original examination. However, an alternate exam format is typical. *During testing sessions, students are expected to remain in the classroom until turning in their examination.* If a student needs to leave the exam room, they will be asked to turn in their exam to the instructor and it will be graded as if complete. Because exams require a quiet environment for most students, we ask that distractions be kept to a minimum. This includes, but is not limited to, leaving the area to converse with classmates following an exam. Seating is arranged in order to provide maximum spacing between students in the classroom. With the exception of a writing instrument and any previously designated approved materials/instruments, all reading materials, electronic devices including smartphones, watches, backpacks, etc., must be placed in a designated location within the classroom or left in the student's locker. **During testing sessions, faculty will not answer questions.**

Exam Results

Results of exams are provided within seven days of the exam unless the exam includes essay or short answer responses. In these cases, students should expect exam results within 14 days. Extenuating obligations of the faculty may extend this time frame; however, in this case, the instructor will notify students of the situation. All students have the right to a proctored exam review; however, *exams will not be returned to students.* In any situation, students will receive feedback on an exam (test score) prior to taking a second exam in the same course. Exam scores are not posted but are returned in a confidential manner using electronic means or student mailboxes. Student mailboxes are considered confidential to each individual student.

Handling School/Program Complaints that Fall Outside Due Process

1. This policy for addressing school/program complaints excludes complaints for which there is an established University, College, or School policy or procedure, including grade appeals, academic dismissal appeals, grievances, or allegations of harassment based on any characteristics protected by law. Such matters are covered in the Physical Therapy Student Handbook, the University Student Conduct Policies, or through the Office of Diversity, Equity and Inclusive Excellence. Complaints that do not fall into the realm of due process can take many forms ranging from student complaints, parent complaints, clinical education site complaints, employer complaints or general complaints from either internal or external to the University.
2. University legal counsel is available to support any investigation or process needing such input.
3. An individual who has a concern/complaint following an experience/encounter with any student, faculty, or staff member is welcome to communicate their complaint. Program complaints are recognized as an opportunity for program improvement and should be expressed with this end in mind. A complainant can choose to communicate a complaint either informally and formally.
4. If the complainant chooses, the complaint can be communicated informally by contacting the party(s) involved (e.g. course coordinator, faculty member, A DPT Faculty Administrator, Director of Clinical Education, Dean, staff member, student) to discuss the issue. In this case, there is no documentation of the complaint.
5. If the complainant prefers, a formal written complaint can be filed with the School Dean. Such a complaint must be communicated in writing and be signed. If the complaint is regarding the School Dean, that complaint should be directed to the RHCHP Academic Dean.
6. The complaint should state with specificity the facts giving rise to the complaint, the names of persons who have knowledge of the events surrounding the complaint, and the relief sought. It should be signed by the person filing the complaint. All parties to the process will seek to maintain the confidentiality of the process; however, it is recognized that circumstance may compel further disclosure to other persons, particularly if the facts implicate possible violations of law, University policy, or foreseeable risk of harm to any person. The School Dean will maintain a file of all written Program Complaints for a period of five (5) years.
7. Complaints should be addressed to:
Regis University
School of Rehabilitative
and Health Sciences 3333
Regis Blvd. G-4 Denver, CO
80221
ATTN: School Dean
8. The School Dean (or RHCHP Academic Dean) will address the issue with the involved party within 10 working days of receipt of the letter and will seek resolution of the issue. The resolution action will be communicated to all parties in writing.
9. Should the complainant not be satisfied with the resolution of the issue at the School level, the complainant can forward the complaint to the RHCHP Academic Dean. In such a circumstance, the School Dean will forward a written summary of the situation to date.
10. The written complaint shall be filed with the RHCHP Academic Dean within ten (10) working days of receipt of the complaint resolution letter from the School Dean. Upon receipt of the complaint, the RHCHP Academic Dean shall evaluate the merits of the complaint and identify a course of action. A letter summarizing the RHCHP Academic Dean's action shall be filed with the complaint letter in the Program Complaint file.
11. Should the complainant not be satisfied with the resolution of the issue at the College level, the complaint can be made to the Provost Office. The Provost shall evaluate the merits of the complaint and identify a course of action. A letter summarizing the Provost's action shall be filed with the complaint letter in the Program Complaint file.
12. Retaliation against an individual who files a complaint is prohibited and can lead to disciplinary action independent of the complaint process. This action is the responsibility of the School Dean in communication with the RHCHP Academic Dean, the University Provost, and the Office of the General Counsel.

Health Issues/Leave of Absence

Some health issues including pregnancy may affect the student's ability to progress in the program. When a student experiences a change in health status, they are encouraged to notify their faculty advisor, the Director of Clinical Education (DCE), and a DPT Faculty Administrator. Depending on the condition, the Disability Services office may need to be contacted if the condition limits one or more [major life activities](#) as defined by the ADA. The student's options include remaining in school full-time, going on a part-time track, or taking a leave of absence (LOA) from the program. For the student to remain in the program, they must be able to meet the [Technical Standards](#) requirements of the program or do so with reasonable accommodations. The student may be asked to provide a letter of approval for participation from their health care provider.

A part-time course of study may be developed for a student as a result of health issues but will be handled on an individual basis. Such a course of study will require extended time for program completion. This course of study will be developed collaboratively by Associate Dean, faculty advisor, DCE, and the student and will be signed by all parties.

Graduate students must make their request for a LOA, in writing, to the Dean of the School. All students are strongly encouraged to discuss their leave request with Associate Dean and School Dean in advance of making the written request for a LOA so the Dean can assist the student in identifying the right options for the student. If a LOA is requested due to a pregnancy related condition, childbirth or sexual misconduct, the student should contact the EO & Title IX Coordinator.

Each LOA will be negotiated, in writing, with the expectations for reentry and/or return clearly articulated in writing prior to the start of leave.

Family Educational Rights and Privacy Act (FERPA)

Refer to the [FERPA](#) section of the Regis University website

Grade Reports

Official Grade Reports

Final grade reports are accessed through Ranger Portal. In order to get a final grade report mailed, a student must request a copy through Ranger Portal. Ranger Portal has a first time tutorial link that will walk students through how to obtain a username and password. The website for this tutorial is <https://RangerPortal.regis.edu/datatel/openweb/newuser.html>. Questions regarding Ranger Portal should be directed to the ITS Help Desk at 303-458-4050.

Unofficial Notification of Grades

Unofficial notification of grades is done at the discretion of each course coordinator. Students who receive grades lower than a C+ are contacted by the course coordinator prior to submission of grades to the Office of the Registrar.

The School of Rehabilitative and Health Sciences at Regis University conforms to fair information practice and is compliant with the Family Educational Rights and Privacy Act (FERPA). At the discretion of the course coordinator and in accordance with this act, each student will be given the opportunity to obtain course grades, examination grades, and other materials via alternate non-secured methods to expedite notification. Regis University recognizes RegisNet email accounts as the official method of delivery of secure information and will only use this domain for official notification beyond use of Ranger Portal.

Health Risks and Standard Precautions

There are numerous health risks associated with being a student physical therapist, including but not limited to 1) exposure to infectious diseases, 2) exposure to toxic substances, 3) strains and sprains, and trauma from slips, trips and falls, 4) injury related to role as a subject or simulated patient.

The faculty are committed to educating students in practices that minimize these risks during all learning and practice activities. The Occupational Safety and Health Administration (OSHA) has established guidelines regarding universal precautions and blood borne pathogens. Each student is expected to complete required OSHA training at the beginning of the program and retraining each subsequent year prior to participating in clinical experiences. Failure to comply with this annual requirement may result in a delay in progression and the ability to participate in the clinical experiences.

Faculty will provide students with information regarding potential health risks they may encounter within their respective courses, as well as policies and procedures governing use of standard precautions, storage and use of any hazardous materials, safety regulations, emergency procedures including the proper and safe use of all equipment. It is the student's responsibility to comply with all policies, procedures, and regulations. Faculty who teach courses involving community activities will also provide students with this information.

Injuries sustained off campus during non-school related activities or any acquired illnesses should be reported to course coordinators and a DPT Faculty Administrator in cases where the student's ability to meet course requirements or Technical Standards has been compromised.

Laboratory Incident Report

If a faculty member, a student, or a lab participant/volunteer has a medical emergency or is injured in a clinical laboratory or in the simulation laboratory, the following steps should be followed:

1. Call 911 in the case of a life-threatening illness or injury (breathing emergency, cardiac emergency, severe bleeding)
2. Call Campus Safety (303-458-4122) immediately
3. Complete the online [Injury and Illness Form](#) within 24 hours.

Student injuries in the classroom or labs are not covered by worker's compensation.

Lab Release - Student's Consent To Participate

Due to the nature of this professional program, students are expected to practice and serve as subjects for PT evaluation and intervention techniques and participate in other laboratory experiences throughout the program. Demonstration of a variety of clinical practices are required in the classroom to demonstrate student competence prior to clinical experiences. Each semester in the program, students are asked to complete the Clinical Laboratory Participant Release of Liability form ([Appendix P](#)). This Release of Liability is to be completed by each student at the beginning of each semester. Once completed, each student will save a copy in the D2L™ Doctor of Physical Therapy course Assignment section in the folder designated for the specific semester indicated. It is the responsibility of the student to inform course coordinators of any changes which may alter the student's capability to participate in clinical laboratory activities during the course of the semester. The student must submit a new Lab Release form and health care provider documentation if participation restrictions for medical reasons extend beyond 3 days.

Office Staff

The School administrative staff are a valued and an integral part of the School. They are support staff to the full and part time faculty and as such maintain heavy workloads. Students should not request to use administrative staff phones, computers, or other equipment. Phones for student use are located in designated areas and classrooms/labs for local calls only. Copiers are located in the library, student center, PCH, and Loyola Hall.

Organizations

American Physical Therapy Association

Faculty and students must maintain membership in the American Physical Therapy Association (Applications for membership are available online on the APTA website at <http://www.apta.org>). Supporting the professional association is a critical way to network with professional colleagues, demonstrate professional responsibility and contribute to the growth of the profession of

physical therapy. Graduates are encouraged to actively participate in the APTA at the local, state, and national level throughout their professional career. Sections of the APTA are the special interest and clinical interest groups in which membership is optional. The Student Assembly is a component to which students are automatically assigned due to their membership class when joining the APTA.

The [Colorado Chapter of the American Physical Therapy Association](#) is the component of the Association to which the student is assigned based on the location of the school. The Colorado Chapter provides many benefits to its members such as continuing education programs, professional representation in legislative and *regulatory* issues, *support for reimbursement issues* and opportunities to meet and work with other physical therapists in professional events outside of clinical activities. Students are eligible and encouraged to participate in the chapter as members of chapter committees as well as the student special interest group (SIG).

Required Professional Conference Attendance

By participating in state/national APTA conferences, students will:

- Incorporate the latest research across multiple specialty areas in the field of physical therapy so as to support their development as evidence-based practitioners
- Network with nationally recognized leaders in the field
- Examine the global issues facing our profession and how individuals can indeed make a difference
- Communicate the roles of special interest groups (APTA - SIGs) of the profession that typically have presentations/meetings during these conferences (again as a means to further student career development plans)
- Investigate the governance of professional associations
- Explore legislative and health policy issues that impact the PT profession
- Join faculty in a professional experience that is outside of the typical classroom

As a graduation requisite related to professional behavior, each student is required to verify attendance at national and state professional meetings/conferences. *Students must attend a total of two professional meetings over the course of their enrollment, according to the following guidelines:*

- ***One national APTA conference:*** APTA Combined Sections Meeting (CSM), including at least 1 full day of programming.
- ***One state APTA meeting:*** APTA Colorado Chapter Fall Symposium, including a full day of educational programming and chapter business meeting.

Student expenses related to participation in state conferences and a national conference during the program are included in estimated school expenses for financial aid purposes. Students are required to submit documentation of attendance to the School's administrative assistant for each conference attended. Failure to meet this obligation may delay a student's graduation.

Alpha Sigma Nu

Alpha Sigma Nu is the national honor society of Jesuit colleges and universities in the United States. Election to membership in Alpha Sigma Nu is based on scholarship, service, and an understanding of and loyalty to, the Jesuit educational tradition.

Selection to Alpha Sigma Nu is one of the highest honors that can be given to a student at a Jesuit campus.

Membership applications and deadlines are published each semester, with most applicants submitting materials in their final semester of enrollment. Students with a 3.5 or better grade point average are eligible to apply to Alpha Sigma Nu. Assessment is based on:

- GPA
- Written essay
- Two letters of recommendation

Policy on Treating Students-Faculty Clinic

Promoting mental and physical health is of the utmost importance to the DPT Program community. Students should seek help promptly for any health condition that arises during enrollment. Because the State of Colorado statute licensing physical therapists (CRS 12-41) allows individuals to directly access a physical therapist without a physician referral or prescription, students often turn to Regis University physical therapist faculty for their care. Faculty are encouraged to refer the student to the appropriate practitioner at the on-campus student health clinic for medical services, or RegisCares PT clinic for a physical therapy examination and/or treatment. However, ongoing intervention for subacute, chronic, or relapsing conditions has the potential to present a conflict for faculty who are, at the same time, treating a student and teaching and evaluating them in a DPT class. In such a case, referral to another practitioner is the preferred course of action following an examination and intervention to decrease the acuity of the condition. Students utilizing the services of a physical therapist at Student Health or RegisCares will have charges submitted to their insurance company and be responsible for any cost-sharing (co-pays/deductibles) that are required based on their insurance plan.

Responsible Use of School Rooms & Equipment

Regis University School of Rehabilitative and Health Sciences space and equipment resources are critical to the teaching and research mission of the program, and should be cared for by all students, faculty, and staff. The SOPT Assistant Dean is responsible for scheduling annual preventive maintenance check of equipment and calibration. Students should *report damaged, broken or malfunctioning equipment to the Assistant Dean and lab coordinator promptly* to prevent injury to another person using the equipment, and so that it can be promptly labeled and adequately repaired or replaced.

The School of Rehabilitative and Health Sciences maintains a supply of clinical equipment in the skills lab and storage areas for the expressed purpose of having equipment available for classroom demonstration and student practice. This requires that the equipment be available in the classroom for faculty demonstration. Equipment can be made available for loan to faculty or students and must be signed out with the designated staff person and promptly returned after use.

Any equipment that is taken out for loan must be signed out and kept no longer than 3 days unless other specific arrangements are made and approved by a DPT Faculty Administrator. Upon return, all equipment must be signed in by the designated staff member and returned to its storage. *Failure to follow these loaning guidelines will result in the loss of loaning privileges and possible financial responsibility.*

Service Learning

In keeping with the Jesuit tradition, The Center for Service Learning in the Rueckert-Hartman College for Health Professions (RHCHP) at Regis University serves as a resource for faculty and students to connect academic/didactic course objectives with community-based learning opportunities. Service learning is integrated into the core curriculum to promote an understanding of personal responsibilities and appreciation for the diversity of our global community.

Our goal is that students will not only gain an understanding of their ability to impact the community and make a recognizable difference, but also to recognize their responsibility to use their gifts and talents to contribute to a more just world. Students reflect on how they respond to the needs of others, the impact this has on thought and subsequent actions needed to change existing conditions.

Students participating in Service Learning must complete their assigned responsibilities as outlined in [Appendix C](#), Curricular Threads, Mission and Service Learning section. Many sites offer orientation sessions that vary in length.

Responsible use of Technology and Social Media

Social media is a form of communication that needs to be handled professionally and responsibly. Because this is an amplified and permanent form of communication, it should be treated with greater vigilance.

1. The School of Rehabilitative and Health Sciences adheres to the [Responsible use of University Technology Resources](#) as well as the [Social Media Policy](#).
2. The School of Rehabilitative and Health Sciences has adopted the following standards for social media:
 - Students shall consider whether to interact with faculty/staff (and patients) on social media or create separate personal and professional social media profiles.
 - Note that if connections (friends, links, contacts) are established on social media sites between faculty/staff and students, that communication becomes a part of a student's professional representation of Regis University
 - Students shall not misrepresent when they are speaking for themselves or Regis University, other organizations, institutions, clinical sites or employers
 - If an individual identifies content posted to social media by a colleague that appears unprofessional, s/he has a responsibility to bring that to the attention of the individual that has posted the content so that s/he can remove it or take other appropriate action
 - Students engaging in social media activities shall demonstrate appropriate conduct in accordance with the APTA [Code of Ethics for the Physical Therapist](#), Regis University Mission and, and the School of Rehabilitative and Health Sciences professional behaviors of conduct.
3. Violations of this policy will be handled in a similar manner as other professional behavioral issues.
 - a. Refer to [Appendix H](#) which addresses professional behavior conduct.

Student Concerns and Questions Regarding Policy

The School administrative staff can answer general questions about School policy; however, they are not the appropriate people to direct complaints or questions regarding specific courses or academic policies. Student concerns or questions regarding policy should be directed first to an individual faculty member, and if an acceptable solution cannot be made with the faculty member, the student should contact his/her assigned faculty advisor. If a satisfactory resolution is not made, the student is welcome to address his/her concerns to a DPT Faculty Administrator. Student representatives elected by the student body can also participate in relaying student concerns to appropriate faculty members, committees, or a DPT Faculty Administrator.

Student-Faculty Conflicts

In the case of any student conflict with an instructor or faculty advisor other than a grade dispute, students should follow this procedure:

- First, the student should discuss conflict with the faculty member within three (3) working days of the conflict with the intention of finding a satisfactory resolution.
- Second, if discussion with the faculty member does not result in a satisfactory resolution of the conflict, the student should contact and discuss the conflict with their assigned faculty advisor. The faculty advisor may choose to bring together the faculty member and the student in a three-way discussion.
- Third, if a satisfactory resolution still cannot be reached, the student may submit a written summary of his/her concerns to a DPT Faculty Administrator by email with a copy to the faculty advisor. If the conflict involves the DPT Faculty Administrator, the written summary should be submitted to the School Dean. If the conflict involves the School Dean, the written summary should be submitted to the RHCHP Academic Dean. The appropriate administrator will arrange mediation discussions with the involved student and faculty member within five (5) working days of receiving the request from the student.
- In the absence of a mediated resolution to the perceived conflict, the issue may be referred to the School or College Dean.

Student Lockers

Lockers are made available for student use in storing school supplies and personal items. Students will be assigned a locker for use each academic year. Lockers are available to protect the stowed backpacks, jackets, and other items in the locker during lab sessions. This provides a lab room that permits safe movement of faculty and students without endangering people. Each student may have only one locker. Students provide their own locks on the locker.

Student's use of a locker does not diminish the school's ownership or control of the locker. The school retains the right to inspect the locker and its contents to insure that the locker is being used in accordance with its intended purpose, and to eliminate hazards, maintain sanitary conditions, attempt to locate lost or stolen materials, or any other material forbidden by school rules. No perishable items are to be stored long term in a locker. Students are not permitted to affix stickers, photos, pictures to the interior or exterior of the locker. *Students should report any damage or needed repairs to the administrative assistant for the School of Rehabilitative and Health Sciences.*

All lockers must be vacated at the end of each semester. Lockers not cleaned out by the end of each semester will be opened, the lock will be cut, and contents destroyed. The school is not responsible for lost or missing items, either before or after a locker is cleared.

Student Participation in Governance

Students select representatives to serve on various committees including the DPT Program Curriculum Committee, and DPT Program Clinical Education Team. In addition, student input is solicited in faculty search committees and task forces as relevant. The governance process is further defined in PT 770 Professional Issues I and in [Student Government Standing Rules](#).

Student Professional Liability Insurance

Students carry student professional liability insurance through the group University policy. This insurance premium is assessed as a student fee and is renewed on an annual basis. This policy covers students during all approved student clinical experiences while in the program. The policy also requires appropriate student supervision while in the clinical setting. Students must not take on responsibility which is above their capacity in any student experience. Certain clinical situations require proof of such insurance. The student can request verification of insurance from the Administrative Coordinator for Clinical Education.

VI. AWARDS

There are several Awards and Scholarships that students may be eligible to apply or be nominated for during their time at Regis. Awards/Scholarships change frequently in their requirements and are not offered every year. For the most up-to-date information, contact a faculty representative from the Regis School of Rehabilitative and Health Sciences Awards Committee and/or refer to the listing under D2L (Doctor of Physical Therapy Ongoing Course) which is updated on an annual basis. The major awards and their (brief) requirements are listed below:

AWARDS INTERNAL to the REGIS COMMUNITY

Excellence in Leadership Award (Regis University, School of Rehabilitative and Health Sciences)

Awarded to a graduating student, conferred at convocation

At least three of the following criteria in the area of Leadership must be met to receive this award.

The student must have:

- Demonstrated a sustained commitment to actively promoting the profession of physical therapy and serving the community that has noticeably exceeded the level of commitment of one's peers.

- Demonstrated leadership of others in exploring behaviors, values and motivation for change while promoting positive change within groups.
- Actively sought out opportunities to foster their own leadership development, as well as contributing to the development of leadership in others
- Displayed awareness and sensitivity to diverse populations while fostering collaboration and building relationships.

Excellence in Service Award (Regis University, School of Rehabilitative and Health Sciences)

Awarded to a graduating student, conferred at convocation

At least four of the following criteria in the area of Service must be met to receive this award.

The student must have:

- Participated in service projects beyond that required by the School of Rehabilitative and Health Sciences
- Demonstrated a sustained commitment to service that has noticeably exceeded the level of commitment of one's peers. This could include a deep commitment to direct or indirect service or philanthropic projects, advocacy efforts, awareness building, etc.
- Embraced the role of advocacy, service, and social justice in the physical therapy profession and greater community
- Demonstrated sensitivity to the needs of diverse populations
- Made a positive impact through innovation and vision to serve a patient, the community, and/or the physical therapy profession
- Demonstrated evidence of commitment to a future life of service for the common good, respect for human diversity, and a special concern for the poor, the marginalized, and the oppressed
- Displayed commitment to be an active and productive member in society and to work for structural change to protect the disenfranchised.
- Advocated for the public welfare and the common good by integrating Jesuit values as a student with evidence of plans to incorporate these values in future personal and professional pursuits.

Clinical Achievement in Physical Therapy Award (School of Rehabilitative and Health Sciences)

Nominated by clinical instructors, awarded to a graduating student, conferred at convocation

The purpose of this award is to recognize a graduating physical therapy student who exemplifies excellence in clinical achievement consistent with the mission of Regis University and Department of Physical Therapy.

The selection of the recipient of this award is based upon demonstrated excellence in the following areas:

- Clinical management skills (evaluation/intervention/judgment)
- Interpersonal skills (communication/teaching ability/team player/reliable/flexible)
- Cognitive skills (problem solving/critical thinking)
- Maturity (self-assessment/accept and give constructive feedback/stress management)
- Leadership (assertive/resourceful/directed)
- Professionalism (commitment to learning/potential for contribution to the profession)
- The nominated student is one who above all other classmates has shown exemplary clinical skills and attitude.

Excellence in Scholarly Activity Award (School of Rehabilitative and Health Sciences)

- The "Excellence in Scholarly Activity" award is given to a student who has demonstrated sustained commitment to generating, disseminating, applying, and contributing to evidence-based practice and scholarly work. Student performance throughout the curriculum on assignments related to evidence-based practice, critical inquiry, and research are taken into consideration.

Notarianni Family Scholarship in Memory of Elissa A. Notarianni (Notarianni Family and SOPT)

Awarded to a first year student (application-based, deadline June)

Requirements for Application:

- Applicant must be in good academic standing upon completion of his/her first semester with a minimum grade point average of 3.25.
- Applicant must have a demonstrated financial need.

- Applicant must have submitted a FAFSA to the Federal Processor prior to March 5th of the current year.
- Applicant must include a cover letter requesting consideration for the scholarship.
- Applicant must submit a three-page essay that:
 - Describes the importance of basic sciences in the practice of physical therapy discussing the role of the basic sciences in the applicant's personal and professional development at Regis University.
 - Includes a personal introduction of the applicant, sharing his/her family background, current dependents, and financial need.
 - Describes the potential impact to his/her education, should the scholarship be awarded.

AWARDS EXTERNAL to the REGIS COMMUNITY

Pauline Cerasoli "ACE" Award for Academic and Clinical Excellence - Outstanding PT Student (Colorado Chapter of the APTA)

Awarded to a 3rd year student at Colorado Annual Symposium

Criteria: APTA/Colorado Chapter Student member, Student currently enrolled in or graduated in last 6 months from accredited PT education program; Based on

- Academic and Clinical Excellence
- Community and Professional Involvement
- Effective Interpersonal Skills
- Leadership Ability
- Committed to Personal Achievement (Perseverance)
- Potential to Contribute to the PT Profession

Mary McMillan Scholarship Award (Foundation for Physical Therapy, APTA)

Awarded to a 3rd year student (www.apta.org/honorsawards) (1 nomination per University, deadline December 1)

Student within one year of graduation. The intent of the award is to recognize those students who exhibit superior scholastic ability and potential for future professional contribution. Awards are made on a competitive basis. Recipients will be selected on the basis of the following criteria:

- superior scholastic performance,
- past productivity,
- evidence of potential contribution to physical therapy and
- service to the American Physical Therapy Association.

Minority Scholarship Award (APTA)

Awarded to a 3rd year student (www.apta.org/honorsawards)

The applicant must be a US citizen or legal permanent resident and a member of one of the following racial/ethnic minority groups: African American or Black, Asian, Native Hawaiian or other Pacific Islander, American Indian/Alaska Native and Hispanic/Latino.

- In the year this award is to be given, the student must be enrolled in the final academic year of an accredited or developing professional physical therapist education program. The student must complete all degree requirements (clinical and didactic) and/or be eligible to graduate within the next 12-month period.
- The student must show evidence of contributions in the areas of minority affairs and services and high scholastic achievement.
- The student must possess potential for superior achievements in the profession of physical therapy as well as professional excellence as a physical therapist.

Outstanding Physical Therapy Student Award (Orthopedics Section of the APTA)

https://www.orthopt.org/uploads/content_files/files/Student_Award.pdf (nomination based, deadline November 1)

- The student shall excel in academic performance in both the professional and prerequisite phases of their educational program
- The student shall excel in academic performance in both the professional and prerequisite phases of their educational program

- The student shall demonstrate exceptional nonacademic achievements, representing initiative, leadership, and creativity.

VIII. GENERAL POLICIES & SERVICES

Change of Address

Students are expected to inform the School of any change in their current or permanent address or telephone number. A current address is where a student can be contacted immediately. A permanent address is what a student considers his/her primary residence, although the student may not be residing there while attending Regis University. Each student must notify the University Registrar's office as well as the program administrative assistant of a change in name using this [Change of Address Form](#).

Compliance With Exposure Control, Hazardous Communication, and Fire Evacuation

Students are expected to follow appropriate Hazardous Material Communication and Infection Control Policies as appropriate to the environment whether it be classroom, laboratory, or clinical setting. Specific policies and procedures are introduced at student orientation, discussed in courses throughout the program, and reviewed in clinical affiliations.

Students are expected to follow evacuation policies as stated in the [Regis University Emergency Preparedness Guide](#). Please note evacuation meeting places for appropriate buildings on campus ([Appendix Q](#)).

Employment

Graduate education is expected to be rigorous. Employment is discouraged; however, if you choose to work, remember that this does not excuse you from class participation and responsibilities. Some students may choose to work as an aide or technician prior to graduation. If you choose to do this, be sure to adhere to the following policies:

1. Students may only perform duties for the job description for which they are hired and no more, even if they have had the academic background. Be sure to read and understand the job description.
2. Students must not evaluate or develop treatment plans for patients or carry out any treatment plans without the direct onsite supervision of a licensed physical therapist.
3. Students must not fill in for therapist absences.
4. Physical Therapy students cannot be designated as a Physical Therapist Assistant no matter how far along they are in the program.
5. Regis University liability insurance (required for clinical experiences) does not cover students in situations of employment during enrollment. Be sure the employer has adequate coverage.

These policies are written to protect your future professional career as a physical therapist. Do not allow yourself to be placed in a position of accepting more responsibility than you ethically and legally can take. Failure to adhere to these policies could constitute a breach in ethical or legal conduct that could result in your actions being reported to the Department of Regulatory Agency of the State of Colorado.

Financial Aid

Financial aid is limited for graduate students, however the University Office of Financial Aid is available to assist students in identifying potential grant and loan sources. Application deadlines for such materials typically follow a traditional fall/spring calendar. Be sure to obtain sufficient information from the Office of Financial Aid to thoroughly understand these important deadlines. Students can contact the Office of Financial Aid directly at (303) 458-4066.

Nondiscrimination and Sexual Misconduct Policy

Refer to the Regis University [Nondiscrimination and Sexual Misconduct Policy](#)

The University appoints a person to handle inquiries regarding the Regis University Non-discrimination and Sexual Misconduct Policy and Title IX. Any questions or concerns regarding possible sexual harassment should be directed to this coordinator using the following contact information:

EO and Title IX Coordinator
Regis University
3333 Regis Boulevard
West Hall K4-107B
Denver, CO 80221-1099
303.458.4906

Support Services

Bookstore

The Follett Bookstore is located in Regis Square (5115 N. Federal Blvd # 25) and has textbooks and supplies needed for the program. Bookstore hours vary depending on the semester. For specific information on hours and supplies, call (303) 458-4150. Students who decide for any reason to drop a class may return their textbooks to the bookstore and receive a full refund for the purchase price of the books if:

1. The books are returned within two weeks of the first meeting of the class being dropped.
2. The books have not been marked or written in.
3. The student brings a drop slip showing that the class was officially dropped.

Enrollment Services

Enrollment Services is located on the 4th floor in Main Hall on the Lowell Campus. A team of representatives from the Office of Financial Aid, Office of the Registrar, and Office of Student Accounts will assist walk-in and phone customers weekdays from 8:30 AM to 6:30 PM with questions and transactions related to financial aid, billing, payment plans, and basic registrar functions. Instead of visiting three separate offices, one stop should suffice for most Enrollment Services customer needs. More in-depth services will continue to be available through appointments with specialists in each area.

Campus Security Office

The Campus Security Office provides a safe and secure environment for the entire Regis community. A staff of full-time security officers works in teams of two on all shifts to provide 24-hour/day coverage, seven days a week, including holidays. Campus Security works with students, faculty, and staff to promote awareness and support of safety and security issues. Campus Security provides vehicle and foot patrol, responds to all incidents and emergency situations, and provides an escort service to and from parking areas. It also provides assistance for community events and activities on campus, maintains continuous phone and radio contact with the officers in the field, provides parking enforcement, and makes presentations to the community on security and safety issues.

The Campus Security Office is located in Regis Square, Suite 28. The 24-hour/day telephone number to Campus Security is (303) 458-4122.

Center for Career and Professional Development

The Center for Career and Professional Development provides an avenue for students to investigate physical therapy practice opportunities. The Center for Career and Professional Development conducts individual advising sessions and seminars on relevant topics such as resume writing, interviewing skills, and networking skills. Current career information is available in the Life Directions Resource Library.

Fitness Program

The purpose of the Fitness Program is to assist the students, faculty, and staff of Regis University in their endeavors to improve their physical health. Specifically, the program focuses on exercise and proper nutrition while recognizing that physical health is but one facet of total wellness. Services are available to all Regis students at no charge.

The Fitness Program offers students:

- A place to work out: the 6,000 square foot fitness facility housed within the Life Directions Center contains aerobic and strength-training equipment-including both free weights and variable resistance machines. The fitness area is open seven days per week.
- Exercise guidance and fitness goal setting: Student staff offer orientations to training principles and equipment usage, teach exercise classes, and provide introductory fitness testing and counseling services.

- Nutritional guidance and goal setting for proper nutrition or weight management-the Fitness Program offers nutritional analysis, nutrition classes/videos, educational materials, and one-to-one consultation.
- Other services include special events and educational opportunities, exercise incentive, campaigns with prizes, guest lectures and demonstrations, Healthy Heart Week, and blood cholesterol screening.

Dining Services

Dining services are available at several locations on campus including the Main Café (Student Center), and Ranger Station Fan Zone (Clarke Hall). Details on dining hours and menus are available on the [Dining Services web site](#).

Health Services/Office of Counseling and Personal Development

As part of the Life Direction's Program, basic medical and psychological health services are available to Physical Therapy students through the University Health Services and Office of Counseling and Personal Development located in the Coors Life Direction Center. Charges for such services will be directly billed to the student's insurance. The University will supplement insurance reimbursement for payment in full for basic exams and follow-up. In the event a student cannot produce a copy of their health insurance, fees at the time of service are expected. Lab fees and prescription drugs will be the responsibility of the student at the time of service. The Health Services Center can also refer students to providers outside the University for healthcare needs beyond the scope of the center. All fees incurred by these referrals will be the responsibility of the student. For further information, please contact the Health Services Center directly at 303-458-3558.

Intramural Athletics

Many Regis students participate in a wide variety of intramural activities. Regis offers team sports such as men's and women's flag football, coed volleyball, men's basketball, coed floor hockey, coed bowling, ultimate Frisbee, and men's, women's and coed softball. The intramural program also includes several tournaments such as doubles volleyball, tennis, and 3-on-3 basketball.

Library Services

The Dayton Memorial University Library is available to students for resource access and independent study. The regular Fall and Spring semester library hours are Monday-Thursday, 8 a.m.-11 p.m.; Friday-Saturday, 8 a.m.-9 p.m.; Sunday, 2 p.m.-11 p.m. Holiday and summer semester hours vary. Access to library electronic resources is available [online](#).

Media Support Services

The school, as well as the library, is equipped with an assortment of media support for teaching and independent study options. Media services are available during library hours, seven days a week. Use of this equipment is free of cost to the students. Students are expected to pay nominal fees for supplies used in developing teaching or other presentation materials.

Parking

Rates for parking on campus are set annually and communicated on the Regis University website. Even with the purchase of a parking pass, a parking space is not guaranteed. Parking spaces on campus are limited. Parking is enforced Monday through Friday, 6:00 am until 1:00 am. Overnight parking is restricted to specific lots on campus. Refer to the [Office of Parking and Transportation](#) section of the Regis University website.

Printing

Regis University regulates use of computer and printing facilities for use by students, with priority given to those doing academic work. The university has instituted this policy to encourage responsible and conservation-minded printing for students to support their academic learning. *DPT students receive a printing allowance per semester* using campus computers. ITS software monitors student printing after students have logged into the print system using the RegisNet account information. At the end of each semester, unused printing pages expire. Students should inform ITS personnel (X-4050) when mechanical printing errors occur so that these pages can be re-instated into the student's account; unintentional printing errors are not eligible for credit consideration.

Printing is also available at Dayton Memorial Library. Each page is 10 cents (double-sided for 20 cents). Re-usable print cards may be purchased in \$5 and \$10 denominations at the Circulation Desk and may be recharged in \$1 increments. Coin-operated photocopiers are also available for use at 15 cents a page.

University Ministry

University Ministry serves the entire University community. In the Jesuit tradition, University Ministry provides opportunities and activities that enable members of the community to respond to the invitation of St. Ignatius Loyola to find God in all things. To encourage students to integrate mind, body, and spirit, University Ministry offers Sunday and weekday liturgical services, weekend retreats and days of reflection, spiritual direction and advising, Christian Life Community gatherings, scripture study, special University community celebrations, reflection on justice issues and service opportunities. University Ministry is located in the Student Center, Room 200.

The University Ministry has established a physical therapy student liaison position. The student selected for this position receives a semester stipend. The liaison supports general University Ministry programs and helps this school access the spiritual needs and interest of the students.

Student ID Cards

All students are issued an Identification Card (aka Regis ID). Cards are issued through the Registrar's office. The card is required for library services, for participation in the food service program, building access, access to restricted classrooms, and when requested by other proper authorities. These cards are not transferable.

The student ID card will provide each student access to the anatomy lab, resource room, PCH 409, class-restricted locker rooms, and research lab as appropriate.

Student ID cards and associated accesses and permissions will be disabled upon graduation. Students who withdraw from the program or are suspended or dismissed must surrender their Regis University identification card to a DPT Program Administrator. Lost cards must be reported to the Administrative Assistant who can inactivate access to locked rooms. Lost cards will be replaced by the Administrative Assistant for a fee.

Transportation

Students may need access to a car for clinical experiences. Automobile transportation may be required for clinical experiences or clinical visits associated with management courses. Students may also choose to use various forms of public transportation (bus, rail, Uber) to clinical experiences outside of the immediate Denver area. These expenses are at an additional expense to the student.

STUDENT GOVERNANCE STANDING RULES

REGIS UNIVERSITY SCHOOL OF REHABILITATIVE AND HEALTH SCIENCES

Doctor of Physical Therapy Program

ARTICLE I: Name and Mission

We, the students of the Doctor of Physical Therapy (DPT) Program at Regis University have united to form the Student Class Government in order to: foster support and a sense of community; to provide a mechanism for input of ideas and wishes of the student body related to the learning environment; to act as a liaison between the student body, administration, faculty, and community; and to aid in the promotion of the physical therapy profession.

ARTICLE II: Membership

Every student enrolled in a class in the DPT Program shall be eligible to elect members to their respective Student Class Government.

ARTICLE III: Elected Officials

1. The officers of each class shall be the President, Vice-President, Secretary, and Treasurer. These individuals constitute the executive committee.
2. Elected student representatives in the DPT Program include those related to established program committees and teams, including but not limited to, the DPT Curriculum Committee, and the Clinical Education team.
3. Other elected student representatives have responsibilities in the following areas: Admissions, American Physical Therapy Association, Diversity and Inclusive Excellence, Fund-raising, Social Media, Move Forward Run, Cura Personalis, and Community Service.
4. There is a Faculty Class Advisor who is appointed by the DPT Program leadership.

SECTION I: DUTIES AND POWERS

The Student Class Government shall have the power to call for elections; to oversee and manage student activities. The student government initiates ongoing communication with the Faculty Class Advisor, Associate Director of DPT Program and School Dean.

SECTION II: DUTIES OF THE OFFICERS OF THE STUDENT CLASS GOVERNMENT

1. President:

The President shall conduct all meetings of the Class Government and shall be the official spokesperson for the class. The President shall serve as the primary liaison between the Student Class Government and the student body, and between the Student Class Government and the Faculty Class Advisor, Director of Graduate Studies and School Dean. The President shall assist with the succeeding class elections. Following graduation, the President shall assist the program with alumni contact information and events and serve as an alumni representative of the class. The President shall also represent the class in the Graduate Student Council.

2. Vice-President

The Vice-President shall assist the President in all duties and assume them in the President's absence. They shall assume responsibility for maintaining internal relations among Class Government members. The Vice President shall assist with succeeding class elections. Following graduation, they shall assist with alumni events and assist the school with alumni contact information and serve as an alumni representative of the class.

3. Treasurer:

The Treasurer shall be responsible for managing the funds allocated to the student body by the School and any funds collected through fund-raising events. The Treasurer shall be responsible for accessing funds in accordance to the decisions made by the Student Class Government and/or student body. They shall maintain accurate and complete records of financial transactions and make these available to the student body upon request. They shall be a source for understanding the financial system at Regis University in regards to purchase orders, check requests, deposits, etc. They shall be actively engaged in attempting to increase funds for the benefit of the student body. They shall assume duties of Secretary in the Secretary's temporary absence. The Treasurer will have access to two university student accounts:

- A. The School will deposit a fixed sum of money in the class account each academic year. These monies are to be used for professional development activities (attendance at CSM, Annual Conference, etc. for members of the class. The Treasurer will work closely with the Administrative Coordinator in the School to manage finances.
- B. In addition, each class may have a separate account that contains monies raised for class specific activities. When such monies are generated in fund-raising (ex: bake sale, clothing order for the class, a portion of the money must be given back to support a service project selected by the class. (ex: wounded warriors, monetary support to a child in a third world country).

4. Secretary:

The Secretary shall be responsible for taking, recording, and distributing minutes to members of the Class Executive Board, the Faculty Advisor, and the Associate Director of the DPT Program, from each Student Class Government meeting within 14 days.

All officers shall participate in all Class Government meetings and serve as liaisons between the Student Class Government and the student body for the class.

SECTION III. DUTIES OF REPRESENTATIVES and CHAIRS OF THE STUDENT CLASS GOVERNMENT: ELECTED OR APPOINTED.

1. DPT Curriculum Committee Representative:

The DPT Team Representative serves as the liaison between the Student Class Government and student body and is responsible for gathering and formulating the opinions of the student body concerning the curriculum. The representative provides student feedback to the DPT Curriculum Committee and participates as a non-voting member of the Curriculum Committee.

2. Clinical Education Representative:

The Clinical Education Team Representative shall be responsible for fostering communication and gathering and formulating opinions of the student body concerning areas for clinical education. The Clinical Education Team Representative shall serve as a liaison to inform Student Class Government and student body of pertinent clinical education information. They shall meet with the DCE or with the Clinical Education Team at least once a semester.

3. Admissions Representative:

The Admissions Representative shall participate in admissions meetings as scheduled. They shall assist the Office of Admissions in coordinating student body participation in the DPT admissions process and provide support for prospective candidates. They shall coordinate the Student Mentoring Process in further support of prospective students. They shall inform Student Class Government and student body of pertinent DPT Admissions information.

4. APTA Representative:

The APTA Student Representative shall attend quarterly APTA Colorado Chapter Board of Directors meetings. They shall be involved in the local APTA Chapter to represent Regis University DPT Program and foster active APTA participation among the student body. They shall inform Student Class Government and student body of APTA issues and events. They shall serve as resource for student interest in APTA issues.

5. Move Forward Run Class Representative:

The MoveForward is the official annual School outreach service project to support fundraising for the Foundation for Physical Therapy Research and Canine Companions. The MoveForward Class Representative shall assume a leadership role on the MoveForward Committee and is responsible to secure volunteers for preparation and participation in necessary activities.

6. Cura Personalis Representative:

The Cura Personalis Representative promotes and facilitates the Jesuit value of cura personalis (care for the whole person) including health and wellness of body, mind and spirit. The representative works closely with DPT faculty

7. Community Service Representative:

The Community Service Representative promotes meaningful community-based service activities in partnership with the Service Learning program.

8. Diversity, Equity and Inclusive Excellence Representative: The Diversity, Equity and Inclusive Excellence Representative shall plan events to promote inclusive excellence within the class and College. They shall promote University wide events that are aimed at shaping a learning environment characterized by the Jesuit traditions of mutual respect and pursuit of social justice and work closely with the School Community of Belonging Committee Chair to coordinate events.

9. Social Media Representative:

This individual is responsible for complying with the University [Social Media Policy](#). The representative monitors social media tools, trends and applications and applies that knowledge to increasing presence of the DPT program in social media platforms. The representative provides up-to-date reports concerning individual and class activities, including photos, for posting on school-related websites and social media accounts. All information will be vetted through School of Rehabilitative and Health Sciences administration.

10. Editor in Chief:

This individual is responsible for running the online Regis DPT blog, a platform for student achievements and SPT topics of interest. The blog is a multi-media platform, so reporting can be done with a combination of audio, video, text, and picture.

The editor-in-chief is not responsible for writing all the content, but is the main coordinator, encouraging contributions from interested writers and editing and revising content prior to publishing. This individual is responsible for complying with

All elected Representatives and Officers serve as liaisons between the Class Student Government, their respective teams, committees or organizations, and the student body. Opportunities for other representation may arise in College and University boards/organizations where class members may be nominated and appointed to serve.

11. Faculty Class Advisor:

The Faculty Class Advisor shall serve as a liaison among the faculty, administration, and student body. They will also serve as an advocate and consultant for students and serve as a reference for School Policies & Procedures. They shall act as the primary faculty representative to on-line class communications. They shall respond to student driven policy requests and inform Student Class Government and student body of pertinent faculty meeting information. They shall participate in Student Class Government meetings. They shall have a vote only in the case of a tie between active voting members of the Student Class Government during student body and/or Student Class Government votes.

12. Executive Board:

The Executive Committee and the elected and appointed representatives shall serve as the Executive Board for the Class.

ARTICLE IV: Committees and Task Forces

SECTION 1: STANDING COMMITTEES

As a function of the Student Class Government, two committees within each Class will be formed to facilitate productivity and efficiency. These committees are the Fund-Raising Committee and the Graduation Committee. The duties of these committees are to promote, plan, and execute fund raising events/programs and to organize, plan, and produce the graduation party, respectively. The Chair of either of these Committees shall be open for election, and both will directly be responsible to the President and/or Vice-President.

SECTION II: TASK FORCES

The Student Class Government may create Task Forces to facilitate effective work and completion of tasks. A Task Force is disbanded upon completion of its charge has been addressed by the student body.

ARTICLE V: Meetings

The Student Class Government will meet at least once per semester, or as called by any member of the Physical Therapy class or Faculty Advisor.

SECTION I: QUORUM

A majority of the enrolled student body constitutes a quorum in the Student Class Government unless otherwise specified.

SECTION II: VOTING

A motion will be considered approved by a majority of the Student Class Government members voting unless otherwise specified. Each student shall have one vote.

ARTICLE VI: Elections

SECTION I: ELECTION OF OFFICERS

The General Election in Semester I will be presented, monitored, facilitated, and **run by the President and Vice-President of the preceding class**. These duties and responsibilities include but are not limited to presentation of the *Standing Rules*, explanation and description of elected offices, setting of dates for the election process, collecting intent to run, nominations, and position platforms, producing and distributing ballots, collection of completed ballots, and tallying of votes for all elected positions. The election of officers and representatives for the School of Rehabilitative and Health Sciences Student Class Government shall be held by November 10th of the first year. Candidates shall be selected through a volunteer/nomination procedure.

Students may volunteer or be nominated for up to three positions and may accept or decline the nominations. Once the candidate pool is established, those individuals included in the pool will have one week to submit a video platform describing

why they should be selected to represent their class in their respective role. Online anonymous elections occur once the platforms have been posted for viewing for one week by the voting class.

- A. Candidates receiving a plurality of votes cast for each position in The General Election shall be declared elected. In the case of a tie-vote, a run-off election will be held between the two candidates. The candidate receiving a majority of votes cast will be declared elected. When there is only one candidate for a position, that person will be elected by acclamation.

SECTION II: TERMS OF OFFICE

Each officer/representative is responsible to hold their position for the entirety of their time as a student of Physical Therapy at Regis University.

SECTION III: REMOVAL OR RESIGNATION FROM REPRESENTATION

A Student Class Government member may be removed from their position for professional behavior or conduct violations. The decision to remove a student from a class government position will be made by the School Dean, Associate Dean, and Faculty Class Advisor after discussion of relevant circumstances. Should the removal process involve a member of the executive committee, a special election, coordinated by the Faculty Class Advisor, shall be held to elect a replacement. Should a member of the Student Class Government resign from their position, a special election coordinated by the Faculty Advisor shall be held to elect a replacement.

ARTICLE VII: CLOTHING SALES

- 1. Official School of Rehabilitative and Health Sciences clothing sales will be conducted by the second year class during the fall and spring semesters of the second year (semesters IV, V, & VI). The elected Class Officers will appoint individuals to conduct the clothing sale as well as assist the first class in organizing the clothing sale that will take place in their second year of the program.

Original Standing Rules written 10/95
Amended 6/20/2024

X. Appendices

<i>Appendix</i>	<i>Name</i>
Appendix A	Technical Standards
Appendix B	Curricular Objective Sets
Appendix C	Curricular Longitudinal Threads Writing Across the Curriculum Teaching/Learning Mission and Service Leadership
Appendix D	Capstone Portfolio
Appendix E	Request for Incomplete Grade Form
Appendix F	Cumulative GPA Calculation Guideline
Appendix G	Professional Behaviors
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Appendix I	Absence Information Form
Appendix J	APTA Core Values
Appendix K	APTA Standards of Practice
Appendix L	Degree Plan Form
Appendix M	Email - Accessing at Home
Appendix N	Exam Change Request Form
Appendix O	Clinical Laboratory Participant Release of Liability Form
Appendix P	Evacuation Plans: Claver Hall, Modular Buildings, Pomponio Hall
Appendix Q	Practical Exam Development Plan

Appendix A: Technical Standards

Technical Standards

Applicants admitted to the physical therapist education program must demonstrate the ability to perform, or learn to perform, the essential functions/skills listed in this document. Regis University must ensure that patients/clients are not placed in jeopardy by students with impaired intellectual/cognitive, physical or emotional functions. The essential skills listed in this document can be accomplished through direct student response, the use of prosthetic or orthotic devices, or through personal assistance (e.g., readers, signers, note-takers). Upon admission a student who discloses a properly certified disability will receive reasonable accommodation but must be able to perform the essential functions of the program and meet the standards described. Reasonable accommodations must be arranged through Disability Services, as noted in the Course Syllabus “Equal Access to Classes and Learning Accommodations”.

Observational Skills

Students require the functional use of vision, hearing and somatic sensations. A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues. The student must be able to observe a patient accurately, observe digital and waveform readings, and other graphic images to determine a patient’s/client’s condition. Examples in which these observational skills are required include but are not limited to: palpation of peripheral pulses, bony landmarks and ligamentous structures: visual and tactile examination of areas of inflammation: visual and tactile assessment of the presence and degree of edema: and observation of the patient/client during interview and history taking.

Communication Skills

Students must be able to communicate in many forms; these include: verbal and non-verbal language, reading, writing and computer literacy (including keyboarding skills). Students must be able to communicate in English in oral and written form with faculty and peers in classroom and laboratory settings. Students must be able to communicate effectively and sensitively with patients/clients and caregivers, maintain written records, elicit information regarding mood and activities, as well as perceive non-verbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information for safe and effective care.

Psychomotor Skills

Students, in the classroom, must have the ability to sit, stand, and/or walk, for up to 10 hours daily. In the clinical setting, students must have the ability to sit, stand or walk for at least eight hours daily—modified according to the schedule of the specific facility to which a student is assigned (which may be up to 12 hours per day). Students must possess sufficient motor function to elicit information from the patient/client examination, by palpation, auscultation, percussing, and other examination maneuvers, including reliably reading meters, dials, and printouts. Students must be able to execute movements (including grasp (gross to fine), twist, bend, stoop and/or squat) required to provide general and therapeutic care, such as positioning, lifting, or moving immobile and/or bariatric patients; gait training using therapeutic aids and orthotics; positioning and performing manual therapy/manipulation techniques; performing non-surgical wound debridement; and placing electromyographic electrodes. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision. Students must have the ability to respond quickly to emergency situations.

Cognitive Skills

Students must demonstrate the ability to receive, comprehend, recall and interpret, measure, calculate, reproduce and use; to reason, analyze, integrate and synthesize information across the cognitive, psychomotor and affective domains in order to solve problems, evaluate work, and generate new ways of processing or categorizing similar information in a timely fashion as listed in course objectives. In addition, students must be able to comprehend the three-dimensional relationships and to understand spatial relationships of structures. Each person must possess the emotional health required to fully use his/her intellectual abilities, exercise good judgment, prompt and safe completion of all responsibilities related to patients and caregivers. Examples in which cognitive skills are essential include: performance of a physical therapy evaluation, including extracting and analyzing physiological, biomechanical, behavioral, and environmental factors in a timely manner; use of examination data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified; and the

reassessment and revision of plans as needed for effective and efficient management of physical therapy problems in a timely manner. All of these must be consistent within the acceptable norms of clinical settings.

Behavioral and Social Attributes

Students must possess the psychological ability required for the utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of responsibilities inherent to the diagnosis and care of patients/clients, and for the development of mature, sensitive, and effective relationships with patients. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to tolerate and adapt to a changing, unfamiliar (and perhaps, uncomfortable) environments, display flexibility, respect individual differences, and learn to function in the face of ambiguities inherent in the clinical problems of patients/clients. As a component of their education, students must demonstrate ethical behavior. Examples include recognizing and appropriately reacting to one's own immediate emotional responses to situations while maintaining a professional demeanor.

Appendix B CURRICULUM OBJECTIVE SETS

Foundational

- F1. Display professional and ethical behavior consistent with the science and profession. (Level II) [Educational Outcomes (EO): 1, 2, 7, 8, 10]
- F2. Identify the characteristics and uniqueness of the science as lifespan issues are considered. (Level I) [EO: 1, 2, 3]
- F3. Demonstrate plausible relationships among elements of different courses of study through the use of relevant theory and deductive reasoning. (Level III) [EO: 1, 2]
- F4. Access information in accepted resources for the purposes of confirming evidence-based practice. (Level V) [EO: 1, 2, 3, 4]
- F5. Define foundational principles that underlie clinical application. (Level II) [EO: 1, 2, 3]
- F6. Identify common psychosocial and environmental factors that contribute to health, wellness, injury/disease and foundational sciences. (Level I) [EO: 1, 2, 3, 8]
- F7. Indicate elements of foundational science critical for the promotion of health and wellness. (Level II) [EO: 1, 2, 3, 5, 8]
- F8. Utilize scientific method to explore the science of Anatomy and Histology. (Level III) [EO: 1, 2, 3, 4, 7]
- F9. Communicate, accurately and in appropriate context, by means of the standard vocabulary of the science, the concepts, models, and theories of foundational sciences using technically correct multiple methods as appropriate to the content. (Level V) [EO: 1, 2, 3, 4, 5, 6]
- F10. Participate in the group process to enhance skill in facilitation of group dynamics and giving and receiving feedback. (Level III) [EO: 1, 3, 4, 5, 6, 8, 10]
- F11. Relate foundational sciences to the safety, respect for the individual, and cultural differences and respect for privacy and dignity. (Level V) [EO: 1, 4, 8, 10]
- F12. Identify sound legal and business management strategies in foundation sciences that are applicable to clinical practice environments. (Level I) [EO: 1, 9]
- F13. Define professional and social responsibilities. (Level II) F14. Organize a plan for learning that demonstrates competence in foundational sciences. (Level V) [EO: 1, 2, 7]

Applied

- A1. Demonstrate professional behaviors in all interactions. (Level III) [EO: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10]
- A2. Practice in adherence with professional code of ethics and legal scope of practice. (Level V) [EO: 1, 2, 3, 7]
- A3. Relate the elements of foundation sciences to other sciences and practical applications. (Level V) [EO: 1, 2, 3, 5, 7]
- A4. Utilize principles of knowledge development such as critical thinking to access new or unfamiliar information in foundation sciences. (Level III) [EO: 1, 2, 7]
- A5. Perform all aspects of a physical examination including system reviews, and age-related test and measures. (Level III) [EO: 1, 2, 3, 5]
- A6. Describe common pathology/disorders that are seen by physical therapists considering but not limited to:
 - Typical signs and symptoms
 - Etiology and etiologic classification (including pathogens, genetic disorders, immune system disorders, environmental and lifestyle influences and genetic influences)
 - Typical changes in tissue structure and function (pathology)Expected outcomes (Level IV) [EO: 1, 2, 4]
- A7. Describe standard interventions used to address psychological support needs of persons with musculoskeletal and neurological disorders, their family and other support people. (Level IV) [EO: 1, 2, 3, 4]
- A8. Document in a professional and technically correct manner. (Level IV) [EO: 1, 2, 3, 4]
- A9. Evaluate data in a method consistent with sound scientific inquiry. (Level V) [EO: 1, 2, 3, 7]
- A10. Develop the link between foundational sciences and clinical practice. (Level V) [EO: 1, 2, 3, 4, 5, 7]
- A11. Facilitate the application of foundation science for the promotion of health and wellness of individuals, groups and communities. (Level III) [EO: 2, 3, 4, 8, 10]
- A12. Develop communication skills that effectively bridge foundational knowledge to application. (Level V) [EO: 1,2,4,5]
- A13. Participate in the group process to enhance skill in facilitation of group dynamics and giving and receiving feedback. (Level III) [EO: 1, 3, 4, 5, 6, 8, 10]
- A14. Practice considering safety, respect for patient/client dignity and diversity in all interactions. (Level V) [EO: 1,2,3,4,5,10]
- A15. Relate principles of tissue healing to projected patient/client outcomes considering healing processes from cellular, tissue, organ and system levels. (Level V) [EO: 2,4,5,7]
- A16. Participate in peer-assessment. (Level III) [EO: 1,2,4,7]
- A17. Educate others using multiple teaching methods. (Level V) [EO: 1,4,5,7,8]
- A18. Demonstrate sound legal and business management strategies in application of foundation sciences. (Level III) [EO: 1,3,8,9]
- A19. Apply professional and social responsibilities. (Level III) [EO: 1,2,3,5,8,10]
- A20. Organize a plan for learning that demonstrates competence in applied sciences. (Level V) [EO: 1,2,7,10]
- A21. Describe elements of foundational sciences as related to clinical application

Management

- M1. Practice professionally within personal level of expertise, practice guidelines and governing legal standards. (Level V) [EO: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10]
- M2. Justify ethical decision-making. (Level VI) [EO: 1, 2, 3, 6, 7]
- M3. Integrate information from accepted resources in a timely manner for the purposes of confirming, reinforcing or expanding evidence-based practice. (Level V) [EO: 1, 2, 3, 7, 9, 10]
- M4. Examine psychosocial/cultural or unique factors that influence all professional interactions. (Level IV) [EO: 1, 2, 4, 5, 8, 10]
- M5. Recommend consultation or further examination by other physical therapists or health care professionals as needed. (Level V) [EO: 1, 2, 3, 5]
- M6. Select appropriate tests/measures considering patient/client presentation, goals and expected outcomes. (Level IV) [EO: 1, 2, 3, 7]
- M7. Interpret clinical significance of information derived from the physical therapy examination and other evaluation sources on the basis of:
- Intrinsic meaning
 - Relationship to other information derived
 - Evidence-based practice
- (Level V) [EO: 1, 2, 3, 7, 10]
- M8. Develop a diagnosis that will guide management decisions. (Level V) [EO: 1, 2, 3]
- M9. Apply knowledge of the health care delivery system as it relates to case management with primary, secondary, and tertiary care models. (Level III) [EO: 1, 2, 3, 6, 8, 9]
- M10. Develop a prognosis. (Level V) [EO: 1, 2, 3, 4, 5]
- M11. Develop a plan of care that considers but is not limited to:
- Evaluation, diagnosis, prognosis, outcomes and discharge ramification
 - Psychosocial influences
 - Cultural influences
 - Available resources
- (Level V) [EO: 1, 2, 3, 4, 9]
- M12. Collaborate as indicated with other health care providers to optimize plan of care. (Level V) [EO: 1, 2, 3, 4, 5, 8, 9]
- M13. Determine patient/client goals that will measure individual and collective outcomes. (Level V) [EO: 1, 2, 3, 7]
- M14. Adjust plan of care based on ongoing evaluation of patient/client status. (Level III) [EO: 1, 2, 3]
- M15. Perform interventions that for reasons of professional competence and safety cannot be delegated to or done by other health care providers, including but not limited to:
- Procedures that require direct and immediate sensory input through the modalities of vision, auditory, tactile, and thermal sensation, or kinesthesia
 - Procedures that require direct and immediate physical handling of the patient or equipment
- (Level III) [EO: 1, 2, 3, 5]
- M16. Delegate components of intervention considering individual skill and abilities that are within ethical guidelines and legal scope of practice. (Level IV) [EO: 1, 2, 3, 5, 6, 9]
- M17. Educate patient/clients and lay service providers, or other health care professionals for the purpose of achieving expected outcomes. (Level V) [EO: 1, 2, 3, 4, 5, 9]
- M18. Incorporate principles of risk management in the selection of patient/client interventions. (Level V) [EO: 1, 2, 3, 5, 9]
- M19. Coordinate emergency response appropriate to the setting of practice. (Level V) [EO: 1, 2, 3, 5, 8, 9]

- M20. Document the examination, evaluation, diagnosis, prognosis, intervention and outcomes in accordance with standard legal and reimbursement practices. (Level IV) [EO: 1, 2, 3, 4, 5]
- M21. Implement a systematic and sound method to measure individual and collective patient/client outcomes. (Level III) [EO: 1, 2, 3, 7, 9]
- M22. Integrate knowledge of outcomes to refine practice patterns consistent with evidence-based practice. (Level V) [EO: 1, 2, 3, 4, 5, 7, 9, 10]
- M23. Provide primary care for the purpose of primary and secondary prevention with neuromuscular and musculoskeletal disorders. (Level II) [EO: 1, 2, 3, 4, 5, 6]
- M24. Provide culturally competent secondary and tertiary care as indicated. (Level II) [EO: 1, 2, 3, 4, 9]
- M25. Promote health and quality of life across a diverse population. (Level VI) [EO: 1, 3, 4, 5, 10]
- M26. Communicate expressively and receptively in a professional manner with sensitivity to audience differences, communication purposes, teaching/learning needs and evaluation of the communication effectiveness. (Level V) [EO: 4, 5]
- M27. Participate in the group process to enhance skill in facilitation of group dynamics and giving and receiving feedback. (Level III) [EO: 1, 4, 5, 6, 8, 10]
- M28. Support the patient/client status by:
 - Maintaining confidentiality of records;
 - Respecting their dignity;
 - Acknowledging the patient's right to participate in intervention planning;
 - Acknowledging the patient's right to refuse intervention
(Level VI) [EO: 1, 2, 3, 4, 5, 9]
- M29. Participate in research for the advancement of evidence based PT practice. (Level III) [EO: 7, 8, 10]
- M30. Critique personal and peer performance. (Level IV) [EO: 1, 2, 4, 7]
- M31. Educate a variety of audiences using appropriate teaching methods to facilitate the desired outcome. (Level V) [EO: 1, 4, 5, 7, 8]
- M32. Use sound legal and business management strategies in practice. (Level III) [EO: 1, 3, 8, 9]
- M33. Provide consultation, based on expertise, to a variety of domains. (Level II) [EO: 1, 2, 3, 4, 5, 8, 10]
- M34. Participate in professional and advocacy activities that promote professional and social responsibility. (Level III) [EO: 1, 2, 3, 4, 5, 7, 8]
- M35. Organize a plan for learning and demonstrates competence in PT management. (Level V) [EO: 1, 2, 7, 10]
- M36. Integrate foundational science and clinical practice. (Level V) [EO: 1, 2, 3, 5]

Professional Issues

- P1. Communicate expressively and receptively in a professional manner with sensitivity to audience differences, communication purposes, teaching/learning needs and evaluation of communication effectiveness. (Level V) [EO: 4, 5]
- P2. Use active listening in the process of communication. (Level III) [EO: 4]
- P3. Incorporate giving and receiving objective and constructive feedback to promote effective communication. (Level V) [EO: 4,5]
- P4. Interpret the meaning and impact of non-verbal communication. (Level V) [EO: 4, 5]
- P5. Participate in group process so as to enhance facilitation of group dynamics. (Level III) [EO: 4, 9]
- P6. Integrate current views of "Professionalism" in all interactions. (Level V) [EO: 1, 5, 8]
- P7. Describe the structure and roles of typical professional organizations. (Level IV) [EO: 1]
- P8. Relate one's values/behaviors to professional standards, codes of ethics, professional responsibilities, and cultural competence. (Level V) [EO: 1, 8, 10]
- P9. Incorporate active participation in the professional association into daily priorities. (Level IV) [EO: 1, 7, 8]
- P10. Relate Jesuit values to the professional of physical therapy. (Level III) [EO: 7, 8, 10]
- P11. Participate in service-learning activities. (Level III) [EO: 8, 10, 12]
- P12. Develop plans for individual professional development. (Level IV) [EO: 10]
- P13. Identify the characteristics and uniqueness of the science as lifespan issues are considered. (Level I) [EO: 2]
- P14. Demonstrate plausible relationships among element of different courses of study through the use of relevant theory and deductive reasoning. (Level IV) [EO: 7]
- P15. Evaluate research/relevant theory critically for the advancement of evidence based practice. (Level VI) [EO: 7]
- P16. Participate in research for the advancement of evidence based PT practice. (Level III) [EO: 7]
- P17. Identify common psychosocial and environmental factors that contribute to health, wellness, injury/disease and foundational sciences. (Level I) [EO: 3]
- P18. Demonstrate professional behaviors in all interactions. 2.1(Level I) [EO: 1, 3, 5, 7, 8, 10]
- P19. Articulate clinical decision making skills, including clinical reasoning, clinical judgment, and reflective practice. (Level V) [EO: 7]
- P20. Use Patient/Client Management Model in all patient/client interactions. (Level III) [EO: 1, 2, 3, 6]
- P21. Educate others using sound learning theory that are commensurate with the needs of the situation and/or learner. (Level V) [EO: 3, 4, 5]
- P22. Integrate sound business management strategies that promote clinical decision-making. (Level V) [EO: 9]

Research

- R1. Apply database searching skills to access information from refereed resources in support of scholarship and application to practice. (Level VI) [EO. 1,2,3,4,7]
- R2. Apply critical inquiry approaches to clinical reasoning, problem solving, insightful discussion and the creation, and/or dissemination of scholarly works. (Level VI) [EO. 1,2,3,4,7, 8, 10]
- R3. Communicate scholarly ideas effectively while using audience-appropriate delivery methods. (Level VI) [EO. 1,2,3,4,5]
- R4. Adapts communication skills to effectively collaborate and foster constructive team climate. (Level V) [EO 1,3,4,5,6,8,10]
- R5. Incorporate intercultural sensitivity, inclusivity and ethical principles when conducting and utilizing research. (Level 5) [EO. 1,4,8,10]
- R6. Evaluates the need for funding sources and selects ethical and legal human and capital resources required for scholarship and clinical application of evidence. (Level V) [EO 1,2,9]
- R7. Integrates EBP in a way that demonstrates comprehension for entry level performance in clinical practice with explicit references to past learning. (Level VI) (EO. 1,2,3,4,5,6,7,8,9,10)

Clinical Education

- CE1. Utilize various resources to provide information on the patient/client. (Level III) [EO: 2, 4, 7, 9, 10]
- CE2. Select special tests according to the situation. (Level IV) [EO: 1, 2, 7]
- CE3. Perform examination skills. (Level III) [EO: 1, 2]
- CE4. Incorporate information gained from the exam, including history, systems review and tests and measures to determine needs of patient/client. (Level V) [EO: 1, 2, 3]
- CE5. Determine a diagnosis consistent with evaluative findings. (Level V) [EO: 1, 2, 3]
- CE6. Determine plan of care in collaboration with patient, family/caregiver and other parties. (Level V) [EO: 2, 3, 4, 5]
- CE7. Analyze factors that may influence expected outcomes (Level IV) [EO 2, 3, 7, 9, 10]
- CE8. Perform procedures and techniques consistent with the diagnosis and prognosis of the patient. (Level III) [EO 2, 3, 7]
- CE9. Establish a plan of intervention based on patient response. (Level V) [EO 2, 3]
- CE10. Educate patient/client/ family/caregiver and health care personnel regarding condition and intervention. (Level V) [EO 3, 4, 5, 8]
- CE11. Incorporate evidence-based outcome measures. (Level IV) [EO 7, 8, 9]
- CE12. Incorporate safe practice methods to protect welfare of self, patient and family/caregiver. (Level V) [EO 1, 2, 3, 4]
- CE13. Document patient care consistent with the guideline requirements of the facility and of regulatory agencies. (Level IV) [EO 1, 4, 5]
- CE14. Adapt communication style to the needs of a given situation. (Level III) [EO 4, 5, 9]
- CE15. Maintain professional behaviors in all clinical interactions. (Level VI) [EO 1, 3, 4, 9]
- CE16. Integrate self-evaluation and constructive feedback to modify behavior. (Level V) [EO 1, 10]
- CE17. Determine physical therapy delegated tasks to facilitate effective patient care. (Level V) [EO 1, 3, 6, 9]
- CE18. Adhere to clinical facility's policies and procedures, APTA Code of Ethics and Standards of Practice. (Level V) [EO 1, 5, 8, 9]
- CE19. Expand physical therapy evidence and knowledge in practice. (Level III) [EO 5, 7, 8, 10]
- CE20. Collaborate with health care personnel, patient/client/family/caregiver and community resources in a manner that attends to the interests of all parties. (Level V) [1, 3, 4, 5, 6, 8, 9, 10]
- CE21. Illustrate preparedness for clinical education experience. (Level IV) [EO 1, 2, 3, 4, 5, 6]

Appendix C
Longitudinal Threads:

Writing across the Curriculum Thread

The purpose of this writing thread is to develop graduates who have writing skills to effectively fulfill professional communication needs. To meet this challenge, graduates of the program must be able to share their knowledge in writing to communicate with a wide variety of audiences including potential employers, physical therapists, members of the health care team, clinical supervisors, patients, general public, and reimbursement agents. In order to demonstrate the necessary flexibility in writing skills, the students are expected to complete the following activities in this thread: a cover letter, literature review, letter of medical necessity (general request to a physician), leadership development plan, home exercise program, advocacy letter, and letter of medical necessity (specific request to a reimbursement agent). These learning activities begin with learning objectives which incorporate writing context and purpose, organization, development of content and writing mechanics; and then builds to include prioritization of selected evidence, advocacy, and persuasion.

Outcomes

W1: Context and Purpose	The student demonstrates a thorough understanding of context, audience, and purpose that is responsive to the assigned tasks.
W2: Organization	The student demonstrates detailed attention to organization, considering climactic order (order of importance).
W3: Development of Content	The student incorporates succinct, prioritized, accurate details to convey a message or support an idea.
W4: Syntax and Writing Mechanics	The student skillfully communicates with clarity, fluency, and free of errors in writing mechanics and spelling.
W5: Prioritized Selection of Evidence	The student skillfully incorporates high quality, credible relevant evidence to justify and support ideas.
W6: Advocates through Persuasive Language	The student skillfully anticipates the audience’s beliefs and advocates for change through powerful persuasive language incorporating reason, comparison and repetition.

Semester & Course	Assignment/ Outcomes	Objectives
Semester I DPT 770 Professional Issues I	Students will compose a cover letter for a resume addressed to a future employer. W1,2,3	<ol style="list-style-type: none"> 1. Students consider purpose, context and audience in their writing. 2. Students organize a written form of communication using logical sequence and climactic order. 3. Students incorporate succinct, prioritized and accurate detail in support of a message. 4. Students utilize appropriate writing mechanics and correct spelling.
Semester II DPT 704 Neuroscience	Students will critique multiple articles and complete a review of the literature investigating the relationship between basic science and PT practice. W1,2,3,4	<ol style="list-style-type: none"> 1. Students utilize literature to apply neuroscience concepts to capacity to perform activities. 2. Students consider purpose, context and audience in their writing. 3. Students organize a written form of communication using

		<p>logical sequence and climactic order.</p> <ol style="list-style-type: none"> 4. Students incorporate succinct, prioritized and accurate detail in support of a message. 5. Students utilize appropriate writing mechanics and correct spelling. 6. Students skillfully incorporate high quality, credible relevant evidence to justify and support ideas.
Semester III DPT 707 Kinesiology II	Students will compose a letter of medical necessity addressed to a physician. W1,2,3,4	<ol style="list-style-type: none"> 1. Students apply movement system concepts to advocate of general physical therapy interventions (expressing observations using descriptive terms). 2. Students consider purpose, context and audience in their writing. 3. Students organize a written form of communication using logical sequence and climactic order. 5. Students will incorporate succinct, prioritized and accurate detail in support of a message. 6. Students utilize appropriate writing mechanics and correct spelling. 7. Students skillfully incorporate high quality, credible relevant evidence to justify and support ideas.
Semester IV DPT 772 Professional Issues	Students will compose a professional development reflection and plan on personal leadership behaviors consistent with clinical performance review for future practice. W1,2,3,4	<ol style="list-style-type: none"> 1. Students utilize data to reflect on personal strengths and weaknesses. 2. Students interpret data in a written format to create personal goals based on feedback. 3. Students consider purpose, context and audience in their writing. 4. Students organize a written form of communication using logical sequence and climactic order. 5. Students incorporate succinct, prioritized and accurate detail in support of a message.

		<ol style="list-style-type: none"> 6. Students utilize appropriate writing mechanics and correct spelling. 7. Students skillfully incorporate high quality, credible relevant evidence to justify and support ideas.
Semester V DPT 737 Neurological Management II	Students will compose a written home exercise program. W1,2,3,4	<ol style="list-style-type: none"> 1. Students utilize examination findings to design a home exercise program. 2. Students interpret data in a written format to create home program. 3. Students consider purpose, context and audience in their writing. 4. Students organize a written form of communication using logical sequence and climactic order. 5. Students incorporate succinct, prioritized and accurate detail in support of a message. 6. Students utilize appropriate writing mechanics and correct spelling. 7. Students skillfully incorporate high quality, credible relevant evidence to justify and support ideas.
Semester VI DPT 715 Health Care Policy	Students will compose an advocacy letter in support of professional practice issues on a local and state level. W1,2,3,4,5, 6	<ol style="list-style-type: none"> 1. Students express prioritized important concepts illustrating need for change. 2. Students consider purpose, context and audience in their writing. 3. Students organize a written form of communication using logical sequence and climactic order. 4. Students incorporate succinct, prioritized an accurate detail in support of a message. 5. Students utilize appropriate writing mechanics and correct spelling. 6. Students skillfully anticipate the audience's beliefs and advocate for change through powerful persuasive language incorporating reason, comparison and repetition.

Semester VII DPT 740 Complex Clinical Decision Making II	Students will compose a letter of medical necessity addressed to a reimbursement agency. W1,2,3,4,5,6	<ol style="list-style-type: none"> 1. Students apply movement system concepts to advocate for a specific intervention. 2. Students consider purpose, context and audience in their writing. 3. Students organize a written form of communication using logical sequence and climactic order. 4. Students incorporate succinct, prioritized an accurate detail in support of a message. 5. Students utilize appropriate writing mechanics and correct spelling. 6. Students skillfully anticipate the audience’s beliefs and advocate for change through powerful persuasive language incorporating reason, comparison and repetition.
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Teaching/Learning Thread- Assignments

The purpose of the teaching/learning thread is to develop graduates who can effectively communicate with a wide variety of audiences using a format that is congruent with the situational needs. Early in the curriculum, students have the opportunity to identify and compare different teaching and learning styles and practice various methods of oral communication. Continuing throughout the curriculum, the students participate in a number of group and individual interactions that support and develop information delivery. For example, students present instructional segments in academic and clinical settings, and orally present case reports. The outcome of this thread is to produce graduates who use a variety of educational strategies, identify and prioritize educational needs of an audience, recognize the limits of an educator, and engage in self-directed learning activities.

Mission and Service – Assignments

The purpose of the mission and service thread is to cultivate an understanding of personal and professional responsibilities that embody the School of Rehabilitative and Health Sciences Mission and the Regis University Mission which flow from the Jesuit Mission. Students are expected to follow the Ignatius Spirit in the “Examen of consciousness” when making professional and personal decisions. All people are part of the same world community and, as such, deserve equal respect and access to the goods of society.

Students can enhance participation of all members of society through education of themselves and others. As leaders in the community, students are also encouraged to respect human dignity through examining their values and ethical beliefs and by reflecting on how they respond to the needs of others, the impact this has on thought, and the subsequent actions needed to change individual self-centeredness and other existing conditions that compromise a sense of community in our society.

The mission and service thread is organized as an integration of material throughout the curriculum. The classroom provides the content and the community provides the context for students to explore issues, give to others, utilize critical thinking, and apply professional skills.

The outcome of this thread is to produce graduates who embrace a professional mission and seek opportunities to serve others including individuals, the community and society through values including advocacy, social justice and lifelong learning. Each student will participate in service learning opportunities within a community. The School of Rehabilitative and Health Sciences collaborates with the RHCHP Center for Service Learning to engage learners and community members in partnerships which promote experiential opportunities. In service learning, processes are developed that allow those doing service to bend the metaphorical

light of their experiences back onto their minds, to make careful considerations about what their experiences were all about: what did they see; who did they meet; why is there a need for such services in the first place; what personal biases were challenged, etc. The act of reflection, therefore, becomes crucial to their education. It serves as the bridge between experiences and learning.

A minimum number of hours of participation per semester is required for each community service learning project. Prior to graduation, each student is expected to complete service learning experiences in each of the following areas to illustrate their willingness to explore the breadth of community needs and new opportunities for personal growth and service:

1. access and availability of services
2. advocacy for individuals with disabilities
3. promotion of health and wellness across the life span
4. PT access across the lifespan (via tests and measures screenings)
5. civic engagement and leadership
6. social justice and advocacy

Courses incorporating the Mission and Service Thread include:

Semester 1: DPT 708 MAP I, DPT 770 Professional Issues/Case Management I

Semester II: DPT 730 PT Examination

Semester III: DPT 771 Professional Issues/Case Management II

Semester IV: HCE 709 Health Care Ethics for Physical Therapist, DPT 772 Professional Issues/Case Management III

Semester V: DPT 773 Professional Issues/Case Management IV, DPT 735 Musculoskeletal Management III

Semester VI: DPT 715 Health Care Policy

Semester VII: DPT 775 Professional Issues/Case Management VI

Semester VII/VIII: DPT 752-753 Clinical Education

Constructs	Thread Outcome
MS 1 Mission-based professional practice	Live within parameters of personal and professional values that define an evolving mission
MS 2 Examination of Conscience	Practice as a reflective practitioner through examination of professional responsibility, personal and professional growth, and the greater good
MS 3 Contemplatives in Action	Integrate actions and contemplative reflection into a purposeful professional role
MS 4 Values-driven service within a global community	Engage with the global community to make positive change

The student is expected to complete the following activities:

Semester I-Fall

Course: DPT 770 Professional Issues/Case Management I (Mission); DPT 708 MAP I (Service)

	Mission	Service
Assignment Outcomes:	Capacity to articulate personal attitudes, behaviors, and values and relate them to their future roles as a physical therapist. Ability to develop a personal mission statement that considers the University and School Mission, the mission and core values of physical therapy and how their professional choice relates to a choice of a vocation. MS1	Capacity to articulate the connection between service and learning and its application to the construct of social justice, including access to and availability of health services. MS2, MS3, MS4
Assignments:	Individual mission statement Group discussions on values, choices and behaviors.	Engage in a minimum of 6-8 hours of Service Learning. Service learning 1-page written reflection <ul style="list-style-type: none"> • Analysis of event • Observe aspects of social justice • Identify the impact of this service learning in their academic career • Describe how service learning relates to the Regis Mission
Objectives for assignment:	The student will: <ul style="list-style-type: none"> • Articulate personal values and how they match or may challenge University, School and professional values • Reconcile personal values with those of the Mission • Reconcile personal values with those of the profession • Verbalize the priorities of the Mission and the profession and how they will influence interactions with peers, patients/clients and health-care personnel 	The student will: <ul style="list-style-type: none"> • Define service learning and associated constructs • Discuss the theory and process of service learning • Verbalize an understanding of service learning and its relevance to personal values and professional roles • Express an understanding of social justice related to health and wellness • Demonstrate effective communication skills with intergenerational clients/patients in the service learning setting • Demonstrate critical thinking through reflective practice, including journaling, interpersonal reflection, and in-class discussion

Semester II-Spring

Course: DPT 730 PT Examination

	Mission	Service
Assignment Outcomes:	Capacity to experience the physical, cognitive and emotional challenges faced by an individual with a disability. MS2	Capacity to actively engage in the Regis Mission by participating in a service learning project that focuses on physical activities for persons with disabilities or assessment of barriers for persons with or without disabilities. MS3
Assignments:	Experience the life of a person with a disability - a 12 hour immersion experience Written reflection of immersion experience.	Project Options: Participate in a service learning project that has its focus on physical activities for persons with disabilities or assessment of barriers for persons with or without disabilities. Service Learning 1 page written reflection Write proposal for an individual regarding home accessibility

	Mission	Service
Objectives for Assignment:	<p>The student will:</p> <ul style="list-style-type: none"> Identify challenges that may be faced by an individual with a disability. Define barriers encountered and possible environmental solutions that would increase access. Communicate an appreciation for the lifestyle modifications required of individuals with disabilities. Relate personal experiences with those observed during service learning. 	<p>The student will:</p> <ul style="list-style-type: none"> • Demonstrate professional behaviors in all interactions. • Utilize principles of knowledge development such as critical thinking to access new or unfamiliar information in foundation sciences. • Describe standard interventions used to address psychological support needs of persons with musculoskeletal and neurological disorders; their family and other support people. • Develop the link between foundational sciences and clinical practice. • Facilitate the application of foundation science for the promotion of health and wellness of individuals, groups and communities. • Practice considering safety, respect for patient/client dignity and diversity in all interactions. • Apply professional and social responsibilities

Semester III-Summer

Course: DPT 771 Professional Issues/Case Management II

	Mission	Service
Assignment Outcomes:		Capacity to actively engage in the Regis Mission by participating in a service-learning project that focuses on health and fitness across the lifespan. MS3, MS4
Assignments:		<p>Project options:</p> <ul style="list-style-type: none"> • Facilities with memory care • Schools – health and wellness • Couch to 5K • Cultivate Health • Health fair for the homeless • Father Woody’s gear collection <p>Service Learning 1-page written reflection</p>

	Mission	Service
Objectives for Assignment		<p>The student will:</p> <ul style="list-style-type: none"> • Communicate expressively and receptively in a professional manner with sensitivity to audience differences, communication purposes, teaching/learning needs and evaluation of the communication effectiveness. • Participate in group process so as to enhance facilitation of group dynamics, and giving and receiving feedback. • Relate Jesuit values to the profession of physical therapy. • Participate in service learning activities (10 hours). • Educate others using sound learning theory that are commensurate with the needs of the situation and/or learner.

Semester IV- Fall

Course: HCE 709 Health Care Ethics for Physical Therapist

	Mission	Service
Assignment Outcomes:	Reflection on their personal and professional values with ability to relate their beliefs to various ethical theoretical frameworks. MS2	
Assignments:	A personal reflection on each week's topic in the form of a reflective journal. Section in their final paper discussing how a particular case would be evaluated through a Jesuit/ Catholic Social teaching lens	
Objectives for Assignment:	<p>The student will:</p> <ul style="list-style-type: none"> • Describe personal value system within a formal ethical framework. • Discuss how personal/professional behaviors illustrate daily ethical decisions. 	

Semester IV- Fall

Course: DPT 772 Professional Issues/Case Management III

	Mission	Service
Assignment Outcomes:	Revised professional Mission Statement that considers the University and School Mission, the mission and core values of Physical Therapy and how their professional choice relates to a choice of a vocation. MS1	Capacity to actively engage in the Regis Mission by participating in a service-learning project. The focus is Civic Engagement and Leadership. MS3, MS4

	Mission	Service
Assignments:	Revise Mission Statement	<p>Project options: Provides a choice of organization based on students "discomfort." Provides a "legacy" project/product that benefits the organization. (2 semester placement)</p> <p>Options include:</p> <ul style="list-style-type: none"> • Cultural intelligence • Leadership • Project-based learning • Needs assessment
Objectives for Assignment:	<p>The student will:</p> <ul style="list-style-type: none"> • Align personal values with outcome statements in the Mission. • Associate professional behaviors with the Mission statement • Verbalize the priorities of the Mission and how they will influence interactions with peers, patients/clients and health-care personnel 	<p>The student will:</p> <ul style="list-style-type: none"> • Gain a broader and more comprehensive understanding of community and the issues and resources available to create positive, lasting social change • Develop a deeper relationship with a community agency and people served • Gain an understanding of the social, economic, and/or health related issues that affect the chosen population • Consider their professional and personal roles, responsibilities and opportunities to become civically engaged • Sustain a long-term commitment to their community agency and social issue • Identify avenues for advocacy around the project selected • Understand the process of civic engagement within one's community

Semester V- Spring

Course: DPT 773 Professional Issues/Case Management IV

	Mission	Service
Assignment Outcomes:	<p>Capacity to recognize:</p> <ul style="list-style-type: none"> • personal impact of participation topics related to social justice • social issues that influence the global society • the relationship between social issues of society to personal beliefs and values. MS1, MS2 	<p>Capacity to actively engage in the Regis Mission by participating in a service-learning project. The focus is Civic Engagement and Leadership. MS3, MS4</p>
Assignments:	<p>Seminar participation Seminar discussion/reflection Focused journal – social justice</p>	<p>Provides a choice of organization based on students “discomfort.” (2 semester placement) Options include:</p> <ul style="list-style-type: none"> • Cultural intelligence • Leadership • Project-based learning • Needs assessment <p>Provide a “legacy” project/product that benefits the organization. Poster presentation</p>

	Mission	Service
Objectives of assignment:	<p>The student will:</p> <ul style="list-style-type: none"> • Explore social justice through active participation in a seminar sponsored by the University. • Recognize the diverse needs of the community as they relate to health and wellness screening, education, and universal accessibility. • Discuss ideas/concepts brought forth in the seminar and relate these concepts to the global society and to their personal and professional lives. 	<p>The student will:</p> <ul style="list-style-type: none"> • Communicate expressively and receptively in a professional manner with sensitivity to audience differences, communication purposes, teaching/learning needs and evaluation of the communication effectiveness. • Use active listening in the process of communication. • Incorporate giving and receiving objective and constructive feedback to promote effective communication. • Interpret the meaning and impact of non-verbal communication. • Integrate current views of “Professionalism” in all interactions. • Relate one’s values/behaviors to professional standards, code of ethics, professional responsibilities, and cultural competence. • Incorporate active participation in the professional association into daily priorities. • Relate Jesuit values to the profession of physical therapy. • Participate in service learning activities. • Identify the characteristics and uniqueness of the science as lifespan issues are considered. • Identify common psychosocial and environmental factors that contribute to health, wellness, injury/disease and foundational sciences. • Demonstrate professional behaviors in all interactions. • Articulate clinical decision making skills, including clinical reasoning, clinical judgment, and reflective practice. • Use Patient/Client Management Model in all patient/client interactions. • Educate others using sound learning theory that are commensurate with the needs of the situation and/or learner.

Semester V-Spring

Course: DPT 735 Musculoskeletal Management III

	Mission	Service
Assignment Outcomes:	Apply components of Mission to daily clinical decisions for individuals with musculoskeletal challenges. MS1, MS3	
Assignments:	Reflective Assignment with classroom discussion. Students will provide a one-page reflection on how their knowledge and skill development in MSK care will impact both individuals and communities positively. Students will speak directly to at least two of the following components of the Mission: professionalism, social responsibility, cultural sensitivity and excellence.	
Objectives of the Assignment:	The student will: <ul style="list-style-type: none"> Investigate how their attainment of competency in musculoskeletal patient management will allow them to assist a diverse population Relate the Mission to physical therapist practice in the domain of MSK care 	

Semester VI- Summer

Course: DPT 715 Health Care Policy

	Mission	Service
Assignment Outcomes:	Recognize factors that influence the ethical and moral decisions pertaining to advocacy and health care policy. MS2	
Assignments:	Group Discussion	
Objectives of the Assignment:	The student will: <ul style="list-style-type: none"> Investigate the impact of health care policy on the distribution of goods and universal access. 	

Semester VII- Fall

Course: DPT 775 Professional Issues/Case Management VI

	Mission	Service
Assignment Outcomes:	Revised professional Mission Statement MS1	Connect service-learning experiences to civic engagement and/or social justice topics based on written reflection. MS2
Assignments:	Mission Statement	Write a paper which focuses on reflection and analysis of all service-learning experiences Service-learning reflection
Objectives of the Assignment:	The student will: <ul style="list-style-type: none"> Revise previous versions incorporating growth and changes over the previous year 	The students will: <ul style="list-style-type: none"> Identify factors that link service experiences to concepts of civic engagement and or social justice

Semester VII/VIII Fall/Spring

Courses: DPT 752-753 Clinical Education and DPT 796 Capstone

	Mission	Service
Assignment Outcomes:	Capacity to assess resource needs and access to health resources across diverse populations MS1, MS2, MS3, MS4	
Assignments:	Portfolio Reflection	
Objectives of the Assignment:	<p>The student will:</p> <ul style="list-style-type: none"> • Discuss how they served the diverse needs of patients while on various clinical rotations. • Identify community resources available to meet the needs of diverse individuals while on various clinical rotation • Discuss service access for persons with disabilities • Compare and contrast health care access across social, economic and geographic locales and its implications to social justice • Evaluate the approach to health and wellness, health education and universal accessibility within the global community 	

Leadership

Regis Education Leadership Model (RELM)

The purpose of the leadership thread is to cultivate the personal leader in all graduates and make a positive impact in a changing global society. Related to the Jesuit mission, we seek to provide value-centered graduate education and nurture the transformation of Regis learners who become transformational leaders. The outcome of this thread is to produce graduates who show evidence of leadership development and who seek to provide lifelong contributions to the profession, *the healthcare system*, the community and society. Students will build skills in behaviors essential for engagement in interpersonal and interprofessional relationships, advocacy and organizational change. Leadership development learning experiences are embedded in several threads and courses across the curriculum. These experiences are designed to engage students in the implementation of the five practices of exemplary leadership in a progressive manner from leading self, leading others, leading teams and leading change. The classroom provides the content, and the community provides the context for students to explore issues, serve others, use critical thinking and apply professional leadership skills according to individual strengths and challenges. This process is facilitated and assessed through focused self-reflection, *guided mentorship and the use of assignment specific rubrics (per faculty discretion) and psychometrically sound standardized measurement tools.*

Each student will explore leadership opportunities and develop leadership skills through their participation in the following professional and curricular activities:

- 1) Students will be active members in the American Physical Therapy Association (APTA) during all three years of the program.
- 2) Students will verify attendance at national and state meetings/conferences. Students must attend a total of three professional meetings over the course of their enrollment as described in the student handbook.
- 3) Students will use the DISC Personality assessment, the Leadership Practice Inventory, and the Intercultural Development Inventory to guide their leadership development plan and assess their growth in the academic, clinical and community environments.
- 4) Students will seek guided mentorship from academic advisors and a peer accountability coach, they will also engage in focused self-reflection of evidence based personal leadership growth.
- 5) *Students will participate in College sponsored inter-professional experiences.*
- 6) Students will present evidence of their leadership development and their professional leadership plan in their capstone portfolio at the end of their academic career.

Outcomes/Practice	Commitment
L1. Model the Way	Clarify values by finding your voice and affirming shared values Set the example by aligning actions with shared values
L2. Inspire a Shared Vision	Envision the future by imagining exciting and ennobling possibilities Enlist others in a common vision by appealing to shared aspirations
L3. Challenge the Process	Search for opportunities by seizing the initiative and by looking outward ways to improve Experiment and take risks by constantly generating small wins and learn
L4. Enable Others to Act	Foster collaboration by building trust and facilitating relationships Strengthen others by increasing self-determination and developing com
L5. Encourage the Heart	Recognize contributions by showing appreciation for individual excellen Celebrate the values and victories by creating a spirit of community

Kouzes J, Posner B. *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations, Sixth Edition*. Place of publication not identified: John Wiley & Sons (US); 2017.

Year 1 Leading Self (Modeling The Way)	
Semester I	
Course	Leadership Workshop/ DPT 770 Professional Issues I
Outcomes	Demonstrate the ability to use self-assessment to enhance awareness of opportunities for growth in personal and professional leadership. L1,4,5
Assignment	<ol style="list-style-type: none"> 1. Complete the <i>Peoples Keys DISC</i> self-assessment and Action Plan worksheet. P/E 2. <u>Identify goals and complete an action plan</u> that builds on interpersonal strengths and fosters growth related to communication, interpersonal skills, professionalism, problem solving, responsibility and stress management. P/F 3. Compose a Mission statement that incorporates a leadership philosophy (<u>DPT 771</u>) <u>Mission Rubric</u>
Objectives	<ol style="list-style-type: none"> a. Clarify personal and professional values and beliefs that guide leadership philosophy b. Identify areas of strength and opportunities for personal growth. d. Seek feedback from appropriate sources. e. Demonstrate receptiveness and positive attitude toward feedback. f. Understand internal and external motivational factors. g. Explore potential learning opportunities to promote interpersonal communication h. Demonstrate cultural and generational awareness, ethical values, respect and continuous regard for classmates, faculty and staff.
Semester II	
Course	DPT 732 MAP II
Outcomes	Examine the engagement of health professionals in collaborating to manage the care of individuals with cardiovascular and/or pulmonary disease. L1,2,3,4,5
Assignment	1. Interprofessional Simulation Experience and Debrief session (Large Group Reflection)
Objectives	a. Practice communication strategies used to facilitate patient care

	<ul style="list-style-type: none"> b. Define professional leadership behaviors required for effective engagement with an interprofessional team c. Discuss role delineation and cultural issues amongst an interprofessional team during a patient encounter d. Identify benefits and challenges to working with an interprofessional team e. Recommended additional components of care for a patient with cardiovascular and/or pulmonary disease
Semester III	
Course	DPT 771 Professional Issues II
Outcomes	Explore personal leadership style and practice management roles in the profession. L1,2,3,4
Assignment	<ul style="list-style-type: none"> 1. Read assigned chapters in Kouzes and Posner's <i>The Leadership Challenge</i>. 2. Apply the 5 exemplary leadership practices to tutorial group case studies. 3. Modify personal mission and philosophy statement.
Objectives	<ul style="list-style-type: none"> a. Define a common purpose for the profession of physical therapy on an interprofessional team. b. Use trust and collaboration to build consensus, compromise and effective team process. c. Respond to adversity or conflict in a way that reinforces core values and restores relationships. d. Describe the leadership and practice management roles of the physical therapist on an interprofessional team. e. Reference and apply evidenced based resources on leadership. f. Discuss how the integration of the five practices of exemplary leadership can be applied to practice. g. Express personal values, mission and philosophy that drive leadership actions. h. Integrate positive incentives and recognize contributions of all team members.
Course	DPT 714 Psychosocial Issues in Healthcare
Outcomes	Assess intercultural development and create an action plan for personal growth. L1,2,3,4,5
Assignment	<ul style="list-style-type: none"> 1. Complete the Intercultural Development Inventory (IDI) 2. Complete a self-reflection and construct an intercultural development plan 3. Seek advisement from IDI Qualified Administrator
Objectives	<ul style="list-style-type: none"> a. Describe ability to recognize, respond and adapt to patterns of cultural similarities and differences. b. Create intercultural developmental goals and progress indicators. c. Seek to understand the complexity of another culture or discipline in relation to its history, values, communication, economy, beliefs and practices d. Compare and contrast personal/<i>professional</i> culture with other cultural and <i>discipline</i> perspectives or worldviews, values and health behavior practices. e. Examine personal bias and the ability to lead and serve others during intercultural encounters.
Course	DPT 714 Psychosocial Issues in Healthcare
Outcomes	Apply interpersonal and interprofessional communication strategies to guide patients in clarifying their values, imagining management possibilities, enhancing self-determination and recognizing accomplishments. L1,2,3,4,5
Assignment	<ul style="list-style-type: none"> 1. Conduct a motivational interview addressing cultural and psychosocial issues related to lifestyle health behavior change in interprofessional simulation experience. 2. Complete a reflective summary incorporating patient and team feedback of the encounter.
Objectives	<ul style="list-style-type: none"> a. Analyze the impact of verbal and non-verbal communication skills on the patient and professional relationships. b. Modify communication strategies to meet the needs of diverse patient populations and professional disciplines. c. Demonstrate active listening skills.

	<ul style="list-style-type: none"> d. Seek and use feedback to establish future communication goals e. Collaborate with health team and patient in exploring behaviors, values and motivation for change. f. Demonstrate insight into a patient’s socio-cultural, psychological and resources that impact the patient’s ability to make behavioral change. h. Motivates patient by expressing confidence in their ability to make progress toward behavioral change. i. Use Kleinman’s explanatory model to gather information about the patient’s perception of the impact of their health condition on their life.
Year 2 Leading Others/Teams	
Semester IV	
Advising (Sem IV &VI)	Professional Behaviors and Leadership Advising Session
Outcomes	Demonstrate the ability to use self-assessment to enhance awareness of opportunities for growth in personal and professional leadership. L1,2,3,4,5
Assignment	1. Complete the Professional Behaviors Plan and discuss the IDI and LPI Action Plan worksheets while seeking guided mentorship from advisor.
Objectives	<ul style="list-style-type: none"> a. Identify personal strengths & challenges, decision-making, motivations, and preference for ideal working environment. b. Identify goals and complete an action plan that builds on interpersonal strengths and fosters growth in professional behaviors related to communication, interpersonal skills, professionalism, use of constructive feedback, problem solving responsibility and stress management. More specifically, the student will: c. Note areas for personal growth. d. Analyze own performance in all leadership/professional behaviors e. Obtain feedback from appropriate sources. f. Demonstrate receptiveness and positive attitude toward feedback. g. Apply specific feedback to modify action plan.
Course	DPT 750 Clinical Education I/Leadership Workshop Facilitated Reflection
Outcomes	Recognize and reflect on clinical application of the five practices of exemplary leadership behaviors (modeling the way, inspire a shared vision, challenge the process and enable others to act and encourage the heart) L1,2,3,4,5
Assignment	<ol style="list-style-type: none"> 1. Interview a leader in the clinic (coordinator of clinical education (CCCE) or practice administrator) regarding their perception of the most important leadership skills necessary professional practice. (P/F) 2. Write a reflective summary of an interview with a clinical leader. (P/F) 3. Participate in a <u>facilitated small group discussion</u> on professionalism and leadership skills in PT practice.
Objectives	<ul style="list-style-type: none"> a. Describe leadership skills essential for contemporary practice in today's healthcare environment. b. Discusses future trends that influence PT practice. c. Integrate information to establish own goals in leadership behaviors. d. Describe societal expectations of the profession. e. Describe clinical leadership and management styles including examples of strategies for managing conflict resolution.
Course	DPT 772 Professional Issues & Leadership Workshop
Outcomes	Use self-assessment to plan opportunities for personal and professional growth in leadership development. L1,2,3,4,5
Assignment	1. Read assigned chapters in Kouzes and Posner's <i>The Leadership Challenge</i> .

	<ol style="list-style-type: none"> 2. Create development plan for advancement of leadership skills including fundamental behavioral change. (self-assessment, feedback, set personal career goals and organization direction) 3. Incorporate LPI assessment, IDI assessment and Professional Behaviors action plan into personal mission statement 4. Identify potential learning experiences that might address those leadership behaviors that are least frequently exhibited.
Objectives	<ol style="list-style-type: none"> a. Identify personal and professional leadership behaviors and/or attributes necessary for a physical therapist. b. Differentiate patterns of difference and commonality between own culture and another cultures' perceptions, values and practices. c. Identify how cultural differences operate in a wide range of personal and professional interactions. d. Develop a plan for practicing leadership behaviors in the academic, community and clinical environment e. Seek input from advisor & peer coach in order to gain clarification on public self and perceived self as it relates to personal and professional leadership behaviors.
Semester V	
Course	DPT 709 Healthcare Ethics
Outcomes	Use a moral framework to describe how ethical leadership influences clinical decision-making and collaboration regarding an ethical dilemma in clinical practice. L1,2,3,4,5
Assignment	<ol style="list-style-type: none"> 1. Search database for challenging ethical case related to interprofessional practice. 2. Summarize the case and related literature to articulate the ethical dilemma and justify how different ethical theories condone or condemn a particular course of action. (Ethics Faculty Rubric)
Objectives	<ol style="list-style-type: none"> a. Demonstrate how to use an ethical framework to problem solve a moral dilemma. b. Communicate conflicting perspectives on a challenging case. c. Challenge the process to support a course of action that is true to your personal and professional value and ethics. d. Collaborate to build consensus that works toward resolution of an ethical problem.
Course	DPT 751 Clinical Education II
Outcomes	Identify and model skills necessary of an ethical leader in the PT profession. L1,2,3,4,5
Assignment	<ol style="list-style-type: none"> 1. Conduct an interview with a practice administrator on the topic of ethical practice and challenges in today's healthcare environments. 2. Provide a written summary and reflection of the interview as it relates to ethical leadership in the profession.
Objectives	<ol style="list-style-type: none"> a. Describe models of ethical leadership observed in practice b. Articulate barriers observed to ethical leadership in PT practice. c. Compare and contrast ethical leadership behaviors to non-ethical behaviors commonly displayed in clinical practice. d. Identify learning experiences that might foster the development of ethical leadership behaviors.
Year 3 Leading Change	
Semester VI & VII	
Course	DPT 773/774 Professional Issues
Outcomes	Practice applying the 5 exemplary practices of leadership (modeling the way, inspiring a shared vision, challenging the process, enabling others to act and encouraging the heart) while working in a team to collaborate with community partners. Self-assessment of one's ability to recognize, respond and adapt one's behavior during intercultural clinical encounters. L1,2,3,4,5
Assignment	1. Participate in a community based service project across 2 semesters & present a <u>reflection poster</u> on the experience.

Objectives

2. Write a guided reflection on the topic of diversity in the profession that incorporates insights from the intercultural development inventory.
 - a. Clarify values by finding a voice and affirming shared ideals.
 - b. Set example by aligning actions with shared values of the profession.
 - c. Keep stakeholders informed of essential information for decision-making.
 - d. Advocate for social justice and for others who may be underserved or marginalized.
 - e. Foster collaboration by building trust and facilitating relationships.
 - f. Strengthen others by increasing self-determination and developing competence.
 - g. Recognize contributions by showing appreciation for individual excellence.
 - h. Analyze personal and team impact inclusive of feedback from clients, patients and/or community partners

Semester VII	
Course	DPT 716 Business Management
Outcomes	The student will create an organizational leadership philosophy as part of a business plan. L1,2,3,4,5
Assignment	<ol style="list-style-type: none"> 1. Create a business plan incorporating an organizational leadership philosophy based on values, mission and vision. 2. Identify ideal qualities and attributes of a business owner as a leader. 3. Integrate principles from the 5 exemplary leadership practices into the Business plan when addressing risk management, quality improvement, diversity and inclusion, personnel development & retention, conflict resolution, and service to the community. (Faculty rubric)
Objectives	<ol style="list-style-type: none"> a. Discuss how the value- centered decision-making can be integrated in healthcare management. b. Investigate the impact of developing and managing a business with the Jesuit service provision guidelines. c. Discuss personnel management including management styles, leadership traits, and legal responsibilities associated with evaluation of staff performance, hiring and firing, standard benefit packages, and diversity recruitment procedures. d. Discuss the application of communication skills with particular emphasis on communicating in the world of business/law: language needs, negotiation skills, interpersonal skills of collaboration, diversity and conflict management.
Course	Leadership Workshop Year 3
Outcomes	Compare personal leadership style, philosophy and interprofessional skills to the needs of a diverse community, clinical and professional environment. L1,2,3,4,5
Assignment	1. Create Intentional leadership goals and plan clinical activities to strengthen the behaviors from the 5 exemplary practices in community, clinical and professional environments
Objectives	<ol style="list-style-type: none"> a. Articulate and provide evidence of leadership behaviors and ability to navigate intercultural encounters. b. Develop plan to actively promote the profession and be an agent of change and excellence in the clinical and community environments. c. Devise plan to demonstrate positive influence on clinical practice and patient outcomes by: <ol style="list-style-type: none"> 1) modeling personal and professional values, 2) speaking to a vision of excellence 3) seeking innovative ways to provide optimal care 4) building team effectiveness 5) recognizing contributions of others.
Course	DPT 775 Professional Issues/Clinical Education DPT 752 and 753

<i>Outcomes</i>	Determine components of interventions that may be directed to the PTA upon consideration of: (1) pt. needs, (2) PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, & (5) facility policies. Delineate and communicate, and supervise those areas of the plan of care that will be delegated to the PTA. L1,2,3,4,5
<i>Assignment</i>	1. PT/PTA Simulation and Facilitated Debrief Session
<i>Objectives</i>	<ul style="list-style-type: none"> a. Clarify professional values and affirm shared ideals. b. Set example by aligning actions with shared values, ethics and legal obligations of the profession. c. Inform stakeholders of essential information for clinical decision-making and direct patient care. d. Foster collaboration by building trust and facilitating relationships. e. Strengthen others by increasing self-determination and developing others to contribute to patient care f. Provide feedback to improve quality of care and recognize contributions by showing appreciation for individual excellence.
Semester VIII	
<i>Course</i>	DPT 796 Capstone Exemplary Leader
<i>Outcomes</i>	Reflect upon professional leadership style, values and contributions to the profession, healthcare system, community and society. L1,2,3,4,5
<i>Assignment</i>	<ul style="list-style-type: none"> 1. Complete the LPI and IDI for the second time. 2. Interpret and reflect upon growth on professional identity, leadership and intercultural development. 3. Develop a professional plan for lifelong learning.
<i>Objectives</i>	<ul style="list-style-type: none"> a. Articulate and provide evidence of leadership philosophy and intercultural sensitivity. b. Design a reflective process for evaluation and continual improvement as a practicing clinician c. Develop a plan for promoting knowledge through research, professional writing and/or professional presentations. d. <i>Develop a plan to actively promote the professional role of physical therapists as part of the healthcare team</i> e. Display commitment to seeking solutions to community health-related problems. f. Develop a plan to facilitate a mentoring relationship to enhance competence and self-determination in others.

Appendix D

Capstone Content Areas & Objectives

Educational Outcomes reflected in the Student Portfolio:

The graduate of the DPT Program will be able to:

- Practice physical therapy legally and ethically in accordance with the standards of the American Physical Therapy Association: [*Code of Ethics for the Physical Therapist, Standards of Practice for Physical Therapy*](#) and [*The Guide to Physical Therapist Practice*](#).
- Use professional judgment to establish a diagnosis, prognosis, and intervention scheme that integrates critical thinking and evidence-based practice.
- Engage in self-directed practice that promotes health, wellness, and restoration of function while serving as a primary care provider, consultant, and collaborative team member.
- Communicate professional concepts to diverse audiences using oral, written, and non-verbal strategies.
- Educate consumers, health care providers, and future physical therapists about physical therapy practice.
- Delegate selective components of physical therapy practice to technical assistants.
- Participate in scholarly activities incorporating contemporary technology for the advancement of the profession and the welfare of society.
- Serve as leaders who assume multiple roles that have a positive impact on society and the profession.
- Incorporate the essentials of business management in the delivery of physical therapy services (personnel, fiscal, marketing, organizational structure, technological support, and risk management).
- Commit to a life of learning, service, and the promotion of social justice.

**Appendix E:
Incomplete Grade Request**



REQUEST FOR GRADE OF INCOMPLETE
Rueckert-Hartman College for Health Professions

(To be completed by the instructor for each incomplete grade)

The Rueckert-Hartman College for Health Professions, in accordance with Regis University policy as stated in the University Bulletin, will allow students to request a grade of Incomplete due to extraordinary circumstances. A grade of Incomplete must be requested in writing and approved by the instructor. The time frame for submission of the late assignment(s) must be negotiated with the instructor and must not exceed the end of the first full semester after the semester in which the grade of incomplete is assigned, or before the next clinical experience, whichever occurs first. *The student must notify their academic advisor if an incomplete is requested regardless of the school in which the course is taken.* Extensions beyond the maximum allowable time period are not valid without the written permission of the a DPT Faculty Administrator or School Dean. For further requirements please see your respective program’s Student Handbook. If a student has been granted a grade of incomplete in a given academic period, any request for a grade of incomplete in any subsequent academic period must be authorized by the student’s academic advisor prior to a written request for Incomplete to the instructor(s).

STUDENT _____ ID# _____
 ADDRESS _____ PHONE _____
 COURSE (prefix & number) _____ COURSE SECTION: _____
 COURSE TITLE _____ TERM _____ YEAR _____
 INSTRUCTOR _____ PHONE _____

1. Circumstances justifying incomplete grade (include percent of work complete and grade to date):
2. Work to be completed by student (attachment as appropriate): _____
3. Deadline for submission of student work to instructor: _____
4. Other incomplete grades, as identified by the student, being requested or already on transcript:
 1. _____
 2. _____
 3. _____

**Instructor must submit a grade change
from prior to the end of the semester
when work is due.**

I understand that if I do not complete the above requirements in the time agreed upon my grade for this course will become a/an _____

Student Signature _____	Date _____
Instructor Signature _____	Date _____
Advisor Signature _____	Date _____
DCE Signature _____	Date _____
DPT Faculty Administrator _____	Date _____
Signature _____	

Appendix F:
Grading - Cumulative GPA Calculation Guideline

Multiply credit hours by grade points:

Using a 4.0 grading system, the following grade points apply:

A	= 4.00
A-	= 3.67
B+	= 3.33
B	= 3.00
B-	= 2.67
C+	= 2.33
C	= 2.00
C-	= 1.67
D+	= 1.33
D	= 1.00
D-	= .67

Example:	701 Anatomy	A (4.00) x	6 cr	=	24 grade points
	702 Physiology	B (3.00) x	3 cr	=	<u>9 grade points</u>
			9 cr	=	33 grade points

Grade points are divided by credits = GPA
33 divided by 9 = 3.666 cum GPA

Note: P/NP courses are not counted into the cum GPA calculations

Appendix G: Professional Behaviors for the 21st Century

Definitions of Behavioral Developmental 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

1. Critical Thinking

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

2. Communication

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

3. Problem Solving

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

4. Interpersonal Skills

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

5. Responsibility

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

6. Professionalism

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

7. Use of Constructive Feedback

The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

8. Effective Use of Time and Resources

The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

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

Post Entry Level:

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

9. Stress Management

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

10. Commitment to Learning

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

Beginning Level:

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

Intermediate Level:

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

❖ Reads articles critically and understands limits of application to professional practice

Entry Level:

❖ Respectfully questions conventional wisdom

❖ Formulates and re-evaluates position based on available evidence

❖ Demonstrates confidence in sharing new knowledge with all staff levels

❖ Modifies programs and treatments based on newly-learned skills and considerations

❖ Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:

❖ Acts as a mentor not only to other PT's, but to other health professionals

❖ Utilizes mentors who have knowledge available to them

❖ Continues to seek and review relevant literature

❖ Works towards clinical specialty certifications

❖ Seeks specialty training

❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)

❖ Pursues participation in clinical education as an educational opportunity

May WW, Morgan BJ, Lemke JC, et al. Model for ability-based assessment in physical therapy education. *J Phys Ther Education*. 1995; 9:3-6

PROFESSIONAL BEHAVIORS ASSESSMENT FORM

Choose 3 Professional Behaviors to focus on during your clinical rotation (refer to the Student Handbook, Appendix H, sample behavioral criteria)

1. Critical Thinking (CT)/Problem Solving (PS): CT-The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faculty inferences, and assumptions; and distinguish relevant from irrelevant information. PS- The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes	
Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.	Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

2. Communication (C)/Interpersonal Skills (IS): C-The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes. IS-The ability to interact effectively with patient, families, colleagues, other HCPs, and the community with cultural awareness

<p style="text-align: center;">Experience:</p> <p style="text-align: center;">Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.</p>	<p style="text-align: center;">Reflection:</p> <p style="text-align: center;">Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior</p>

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

3. Responsibility: The ability to fulfill commitments and be accountable for personal and professional actions and outcomes	
Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.	Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

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

<p>Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.</p>	<p>Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior</p>

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

5. 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	
Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.	Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

6. Effective Use of Time and Resources: The ability to manage time and resources effectively to obtain the maximum possible benefit	
Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.	Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

7. Stress Management: The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions with self, patient/clients and their families, members of the health care team, and in work/life scenarios	
Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.	Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

8. 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	
Experience: Examples of behaviors to support my self-assessment. Specify if the example occurs in the academic, clinical and or community setting.	Reflection: Provide a written reflection on your performance in this area, which includes goals to achieve growth in this behavior

Activities to foster growth in this professional behavior:

Activity (Academic):

1.

Advisor comments:

Activity (Clinical):

1.

Activity (Community):

1.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Appendix H Student Success Plan

PURPOSE: To outline action steps that students can take to facilitate success in the academic and or clinical setting.

ACTION - LEVEL 1 [Meet with student]

1. 1. The academic or clinical faculty will communicate directly with the student regarding the students' professional behavior(s) of concern
2. 2. The faculty will notify the students' academic or clinical education advisor regarding the concern.
3. The faculty member will document communication in electronic student file.
- 4.

ACTION – LEVEL 2 [Write an action plan]

If a student has ongoing challenges with professional behaviors, the academic and/or clinical advisor will

- a. Meet with the student to discuss the concerns
- b. Assist the student in developing a success plan to address specific steps that will positively impact the noted behavior(s)
2. The student, academic advisor, other involved faculty, clinicians, and administrators will acknowledge the plan with their signature.
3. The academic or clinical education advisor will upload the Student Success Plan to the students' EAB file
4. The student will schedule meetings with the academic or clinical advisor on a regular basis until the plan is successfully completed or until additional action is deemed necessary. All meetings will be documented in the students' EAB file.

Students may request to bring a guest (peer, friend, family member) during a level 2 or level 3 meeting. This request must be made in writing (email) to the academic or clinical advisor and Program Director. Guests are present to support the student and cannot speak or substitute for the students' role. Once the guest is approved by the Program Director, the student must sign a FERPA form giving permission for faculty to share academic information with the students' guest

ACTION – LEVEL 3 [Contact Dean and Student Affairs]

1. 1. For more serious situations, repeat offenses, or breaches to existing action plan(s), the academic or clinical advisor will report the situation to the Program Director. Once the action has been reported, the student must meet with the Program Director who will determine, whether further review is required. If the Program Director determines that further review is required to determine the appropriate sanction, the Student Affairs Chair will be notified to call a meeting of the Student Affairs Committee for a hearing with the student to review the allegations. If conduct violates University policy or code of conduct, the student will be referred to the University Dean of Students Office for review. (See student handbook for more information)
2. Students may request to bring a guest (peer, friend, family member) during a level 2 or level 3 meeting. This request must be made in writing (email) to the academic or clinical advisor and Program Director. Guests are present to support the student and cannot speak or substitute for the students' role. Once the guest is approved by the Program Director, the student must sign a FERPA form giving permission for faculty to share academic information with the students' guest during the meeting.

Regis University, School of Rehabilitative and Health Sciences Success Plan – Example

Student Name:

Date: _____

Identified challenge	Learning Objective (*ABCD format)	Specific Activities: Steps to address skills, attitudes or behavior	Measurable Outcomes and Timeframe for Completion
Documentation – inaccurate content and spelling errors that may hinder accurate patient progression	The student will accurately document patient treatment sessions in all patient charts within two weeks.	Write a draft of documentation on specified patient treatment sessions for review by the clinical instructor (week 1) <u>NOTE:</u> multiple activities may be required to address the identified challenge/learning objective	Accurate and consistent chart documentation of patient treatment sessions without spelling errors to the degree that another physical therapist could safely and effectively treat the patient without cues (by the end of clinical experience)
Consequences of Unsuccessful Remediation of Action Plan	If unable to provide consistent and accurate documentation in the chart, the student will not have met expectations of the clinical experience – remediation of the clinical will be recommended		
Identified challenge	Learning Objective (ABCD format)	Specific Activities: Steps to address skills, attitudes or behavior	Measurable Outcomes and Timeframe for Completion
Communication – inability to receive constructive feedback from CI without a defensive response (verbal and body language)	The student will seek constructive feedback on identifying body language that appears defensive to the receiver within one week.	List body language that can present as “defensive.”	Consistent request for constructive feedback related to interaction with the CI and recognition of how to respond in a non-defensive manner (verbally and with body language) by completion of the clinical experience
Consequences of Unsuccessful Remediation of Action Plan	If unable to communicate constructively following feedback, a recommendation will be made to develop a detailed timeline with the academic institution to remediate the professional behavior “Use of Constructive Feedback” prior to continued academic or clinical work and or graduation.		

*ABCD format:

- A = Audience
- B = Behavior
- C = Condition
- D = Degree

Faculty advisor comments:

Signatures (include relevant signatures):

Student: _____ Date: _____

Academic Advisor: _____ Date: _____

Clinical Instructor: _____ Date: _____

Other: _____ Date: _____

Director of Clinical Education: _____ Date: _____

DPT Faculty Administrator: _____ Date: _____

**Appendix I:
Absence Information Form**

Name: _____ Date: _____

Reason for absence:

Date(s) of absence:

Course(s) missed (include each lecture and lab separately):

Course Number & Title	Semester	Course Coordinator	Coordinator Initials	Assignments Missed (session/lab)

A student who is absent from class, laboratory, tutorial and/or field experience must complete this form immediately following an illness, bereavement, or emergency and complete it in advance for other known activities *at least one month prior to the planned activity* and submit it to faculty coordinators identified on the form. This form will be placed in the student's file.

Student

Date

Please give the completed form to Julanne Petersen so that it can be put in the student's file



American Physical Therapy Association
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PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES BOD POS-04-02-03 [Amended BOD 08-03-04-10]

Core Values	Definition	Sample Indicators
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.	<ol style="list-style-type: none"> 1. Responding to patient's/client's goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. 6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions. 7. Participating in the achievement of health goals of patients/clients and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.
Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.	<ol style="list-style-type: none"> 1. Placing patient's/client's needs above the physical therapists. 2. Providing pro-bono services. 3. Providing physical therapy services to underserved and underrepresented populations. 4. Providing patient/client services that go beyond expected standards of practice. 5. Completing patient/client care and professional responsibility prior to personal needs.
Compassion/ Caring	Compassion is the desire to identify with or sense something of another's	<ol style="list-style-type: none"> 1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.

Core Values	Definition	Sample Indicators
	<p>experience; a precursor of caring.</p> <p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>	<ol style="list-style-type: none"> 2. Understanding an individual's perspective. 3. Being an advocate for patient's/client's needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/ interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases. 9. Embracing the patient's/client's emotional and psychological aspects of care. 10. Attending to the patient's/client's personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.
Excellence	<p>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</p>	<ol style="list-style-type: none"> 1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity. 8. Pursuing new evidence to expand knowledge.

Core Values	Definition	Sample Indicators
		<ul style="list-style-type: none"> 9. Engaging in acquisition of new knowledge throughout one's professional career. 10. Sharing one's knowledge with others. 11. Contributing to the development and shaping of excellence in all professional roles.
Integrity	<p>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.</p>	<ul style="list-style-type: none"> 1. Abiding by the rules, regulations, and laws applicable to the profession. 2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc). 3. Articulating and internalizing stated ideals and professional values. 4. Using power (including avoidance of use of unearned privilege) judiciously. 5. Resolving dilemmas with respect to a consistent set of core values. 6. Being trustworthy. 7. Taking responsibility to be an integral part in the continuing management of patients/clients. 8. Knowing one's limitations and acting accordingly. 9. Confronting harassment and bias among ourselves and others. 10. Recognizing the limits of one's expertise and making referrals appropriately. 11. Choosing employment situations that are congruent with practice values and professional ethical standards. 12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.
Professional Duty	<p>Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</p>	<ul style="list-style-type: none"> 1. Demonstrating beneficence by providing "optimal care". 2. Facilitating each individual's achievement of goals for function, health, and wellness. 3. Preserving the safety, security and confidentiality of individuals in all professional contexts. 4. Involved in professional activities beyond the practice setting.

Core Values	Definition	Sample Indicators
		<ol style="list-style-type: none"> 5. Promoting the profession of physical therapy. 6. Mentoring others to realize their potential. 7. Taking pride in one's profession.
Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	<ol style="list-style-type: none"> 1. Advocating for the health and wellness needs of society including access to health care and physical therapy services. 2. Promoting cultural competence within the profession and the larger public. 3. Promoting social policy that affect function, health, and wellness needs of patients/clients. 4. Ensuring that existing social policy is in the best interest of the patient/client. 5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision. 6. Promoting community volunteerism. 7. Participating in political activism. 8. Participating in achievement of societal health goals. 9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy. 10. Providing leadership in the community. 11. Participating in collaborative relationships with other health practitioners and the public at large. 12. Ensuring the blending of social justice and economic efficiency of services. 13.

STANDARDS OF PRACTICE FOR PHYSICAL THERAPY HOD S06-10-09-07 [Amended HOD S06-10-09-06; HOD S06-03-09-10; HOD 06-03-09-10; HOD 06-99-18-22; HOD 06-96-16-31; HOD 06-91-21-25; HOD 06-85-30-56; Initial HOD 06-80-04-04; HOD 06-80-03-03] [Standard]

Preamble

The physical therapy profession's commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These Standards are the profession's statement of conditions and performances that are essential for provision of high quality professional service to society and provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the *Code of Ethics* of the American Physical Therapy Association.

The physical therapist assistant complies with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.

B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, and Goals

The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.

B. Organizational Plan

The physical therapy service has a written organizational plan.

C. Policies and Procedures

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the Association's standards, policies, positions, guidelines, and *Code of Ethics*.

D. Administration

A physical therapist is responsible for the direction of the physical therapy service.

E. Fiscal Management

The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

F. Improvement of Quality of Care and Performance

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

G. Staffing

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.

H. Staff Development

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

I. Physical Setting

The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

J. Collaboration

The physical therapy service collaborates with all disciplines as appropriate.

III. Patient/Client Management

A. Physical Therapist of Record

The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

B. Patient/Client Collaboration

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.

C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.

D. Plan of Care

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapists involve the patient/client and appropriate others in the planning, implementation, and assessment of the plan of care.

The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.

E. Intervention

The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.

F. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.

G. Discharge/Discontinuation of Intervention

The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

H. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, interventions, response to interventions, changes in patient/client status relative to the interventions, reexamination, and discharge/discontinuation of intervention and other patient/client management activities. The physical therapist of record is responsible for "hand off" communication.

IV. Education

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of students.

The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.

The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

V. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

VI. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

(See also Board of Directors standard [Criteria for Standards of Practice](#))

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3'176)

[Document updated: 02/03/2011]

Explanation of Reference Numbers:

[BOD P00-00-00-00](#) stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

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

**Appendix L:
Degree Plan-School of Rehabilitative and Health Sciences**

This degree plan, following the *Regis University Bulletin* and specific program policies, goes into effect on the first day of classes. Should any conflict between the *Regis University Bulletin* and the *School Student Handbook* appear, the parties agree that the *School Student Handbook* provisions in effect at the time of this signing will prevail. The University reserves the right to correct clerical errors.

Specific degree requirements are listed on this form. In the event a required course is no longer offered by the University, the University will select a replacement course.

It is agreed that this plan shall terminate when the student receives his/her degree. Further, this plan and Regis' commitment to award the degree shall expire if the student has not completed all degree requirements within four (4) years from the date of the matriculation.

Graduation Requirements:

Students must meet the following criteria to be awarded the Doctor of Physical Therapy degree:

- Satisfactory completion of required academic and clinical course work
- Cumulative GPA of 3.000 and a minimum of "C+" in each course unless a "C" or "C-" grade is successfully remediated
- Satisfactory completion of a research project
- Satisfactory completion of a comprehensive examination
- Satisfactory completion of a capstone project
- Successful progression in professional behaviors, including required membership in and attendance at APTA activities.
- Recommendation for the degree by the faculty of the School of Rehabilitative and Health Sciences.

It is the student's responsibility to read and understand all policies and requirements of the School and the University. It is also the student's responsibility to ensure that personal records of course work applicable to the degree are correct and complete.

Regis ID Number:

Student Signature

Date:

DPT Faculty Administrator

Date:

This degree plan expires:

TO BE COMPLETED IMMEDIATELY PRIOR TO GRADUATION

This is to confirm that the above named student has completed the course work identified in this degree plan and is eligible for graduation.

DPT Faculty Administrator

Date:

Appendix M:**E-Mail: Accessing at Home**

If students elect to access their Regis e-mail account through their home computer, they must have a web browser (Chrome, Firefox, Explorer) and an internet service provider. Additional information on internet connectivity may be found in the Technology Recommendation document that was provided to each student. To access the Regis e-mail system from home, the student needs to enter the following address:

<https://outlook.office.com/>

The student then would login in using their RegisNet ID and password.

**Appendix N:
Exam Change Request Form**

When medically documented illnesses or extenuating circumstances of extraordinary nature occurs, a student must complete this exam change request form and submit it to the course coordinator. The course coordinator will discuss this request with a DPT Faculty Administrator and return this form to the student. The Director's decision regarding this request is final.

Course Title: _____

Date/Time/Exam: _____

Faculty: _____

Student Name: _____ Date _____

Reason for requesting to reschedule exam: _____

Approval: Yes _____ No _____

DPT Faculty Administrator Signature _____ Date _____

Faculty Signature _____ Date _____

Appendix O: Clinical Laboratory Participant Release of Liability Form

*This Release of Liability is to be completed by each student at the beginning of each semester. Once completed, each student will save a copy in the D2L™ Doctor of Physical Therapy course dropbox in the file designated for the specific semester indicated. It is **the responsibility of the student** to inform course coordinators of any changes which may alter the student's capability to participate in clinical laboratory activities during the course of the semester.*

I am participating of my own free will in the clinical laboratory activities, including clinical examinations and treatment techniques ("Clinical Lab" or "Clinical Labs") associated with courses in the semester designated below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Year 1 Fall Semester | <input type="checkbox"/> Year 2 Fall Semester | <input type="checkbox"/> Year 3 Fall Semester |
| <input type="checkbox"/> Year 1 Spring Semester | <input type="checkbox"/> Year 2 Spring Semester | |
| <input type="checkbox"/> Year 1 Summer Semester | <input type="checkbox"/> Year 2 Summer Semester | |

In consideration of, and as a condition to my participating in the Clinical Labs, I understand, acknowledge and agree as follows:

I acknowledge that the Regis University School of Rehabilitative and Health Sciences is organizing these Clinical Labs solely for my educational benefit. I understand that the Clinical Labs include review of human anatomy, physiology, and kinesiology, as well as the examination and treatment techniques used in the practice of physical therapy. In the Clinical Labs, students act both as subjects ("models") and operators for techniques, and there is often physical and/or manual contact between the model and operator. Details of Clinical Lab sessions in each course are specified in the respective course syllabi and activities may include, but are not limited to:

- Perform patient/client interviews
- Perform tests/measures of the neuromuscular, cardiopulmonary, musculoskeletal, integumentary and communication systems
- Observe and describe movement
- Lift and transfer persons with assistance, ranging from minimal to maximal assistance
- Perform manual therapy techniques, including joint mobilization/manipulation and soft tissue mobilization
- Perform exercises for mobility, strengthening, stretching, reeducation, functional training, and/or endurance training (which can include high-intensity cardiovascular conditioning and testing)
- Perform and receive physical agents and interventions (e.g., electrical stimulation, cryotherapy)
- Apply, operate, and monitor equipment and/or devices used in physical therapy

In order to perform some techniques, it may be necessary for models to remove clothing to expose body regions. Draping will be used to preserve model dignity; each model retains the right to request additional draping or withdraw from the procedure if they deem the draping inadequate. Operators are required to clean their hands before and after physical contact. All Clinical Lab techniques will be introduced in a supervised teaching environment. The teaching involves explanation, visual demonstration, and supervised practice.

I acknowledge that I have no knowledge of any condition that prevents my full participation in these Clinical Labs and/or the clinical examination and treatment techniques used in them referred to above, except as described below:

Students respond here.

Enter **none** if there are no exceptions or limitations; otherwise provide explanation in this box.

I understand that all techniques taught in the Clinical Labs and used on me by the instructors or students are within my personal control. I acknowledge the right to terminate any technique involving me for any reason, at any time that I judge it may be injurious to my person. I acknowledge that other participants may practice techniques on me as I might practice techniques on other participants for the purpose of gaining clinical knowledge.

I have had the opportunity to ascertain the hazards and risks of participating in these Clinical Labs, including the clinical examination and treatment techniques used in them, and I acknowledge that participating in these Clinical Labs involves hazards and risks of personal injury to me. Having such knowledge of those hazards and risks, or having waived the right to obtain such knowledge, I willingly accept and assume all such hazards and risks in return for the educational benefits received.

Furthermore, I, for myself, and for my agents, personal representatives, successors and assigns (collectively and individually, "Releasors") hereby:

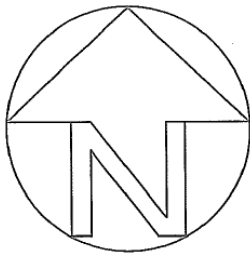
- a. Release and discharge Regis University, its trustees, officers, employees, students, agents, contractors, and suppliers (collectively and individually, "Releasees") from any and all claims, demands, liabilities, and causes of action of every kind and nature, whether foreseen or unforeseen, any of the Releasors now has or may have in the future against any of the Releasees, which arises directly or indirectly out of, or relates directly or indirectly to any aspect of my participation in the Clinical Labs, including, without limitation, access to the laboratory, conditions existing in or around the laboratory or elsewhere in the laboratory's premises, or use of any laboratory equipment by me or any other person (collectively and individually, "Released Claims");
- b. Agree not to assert any Released Claims, or commence, join, or cause to be commenced, any lawsuit against any of the Releasees based upon any Released Claims; and
- c. Indemnify and hold harmless the Releasees from any and all claims, causes of action, damages, judgments, costs, and expenses, including, without limitation, attorney fees and other costs of litigation, which may in any way arise from or relate to any aspect of my participation in the Clinical Labs or any breach of the terms of this Release of Liability.

I represent and warrant that: I am a competent adult of at least 18 years of age; I have read this Release of Liability in its entirety and understand its contents; and I understand that the terms of this Release of Liability are contractual and not a mere recital, and that by signing it I am voluntarily surrendering certain legal rights and agreeing to all of its terms and conditions.

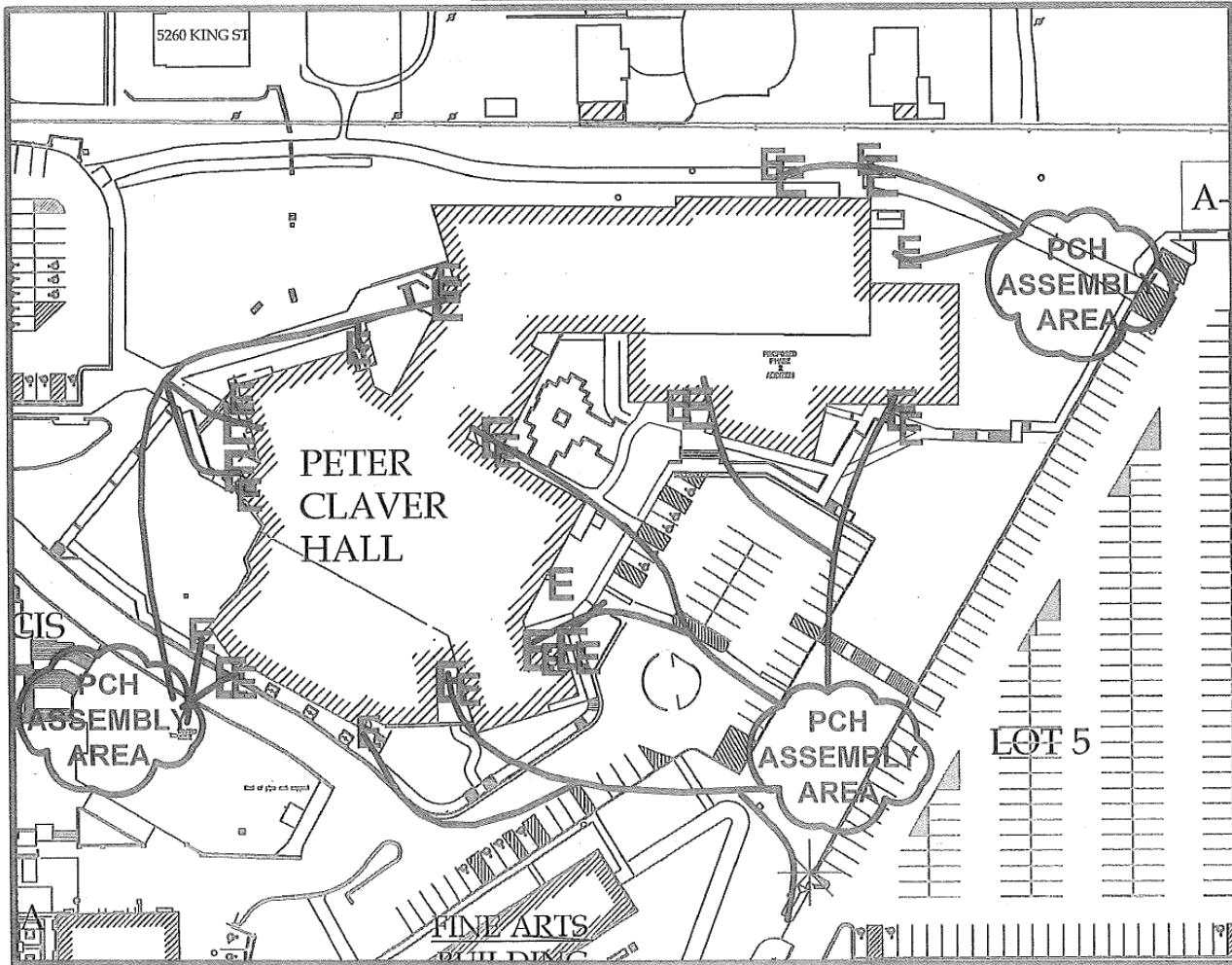
By completing the information in the Electronic Signature box below, I intend to authenticate this agreement so that it will have the same force and effect as if I had manually signed it.

<u>Electronic Signature</u>
Enter full name:
Regis ID:
Date:

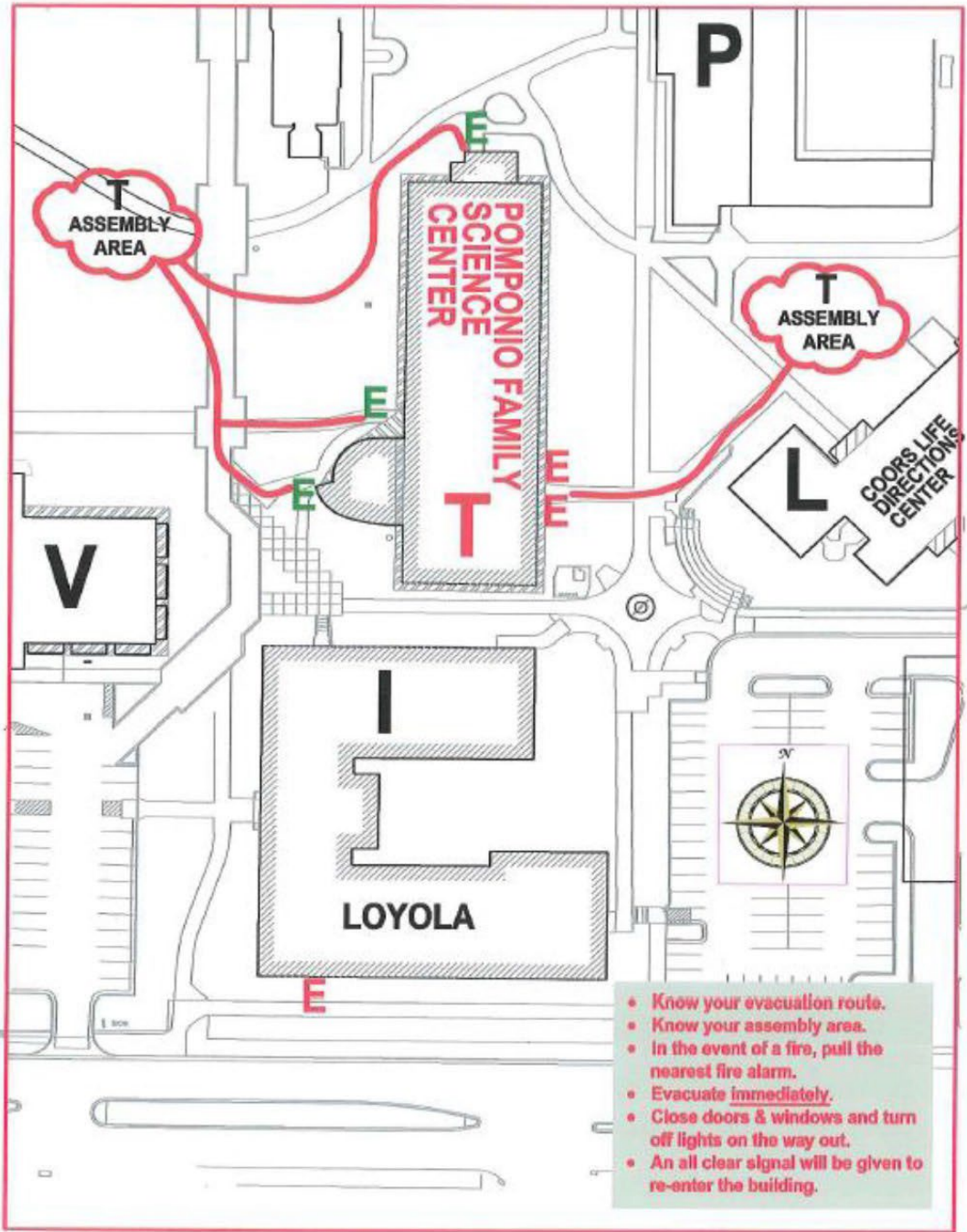
PETER CLAVER HALL EMERGENCY EVACUATION MAP



- Know your evacuation route.
- Know your assembly area
- In the event of a fire pull the fire alarm.
- Evacuate immediately.
- Close doors and windows and turn off lights on the way out.
- An all clear signal will be given to re-enter the building.



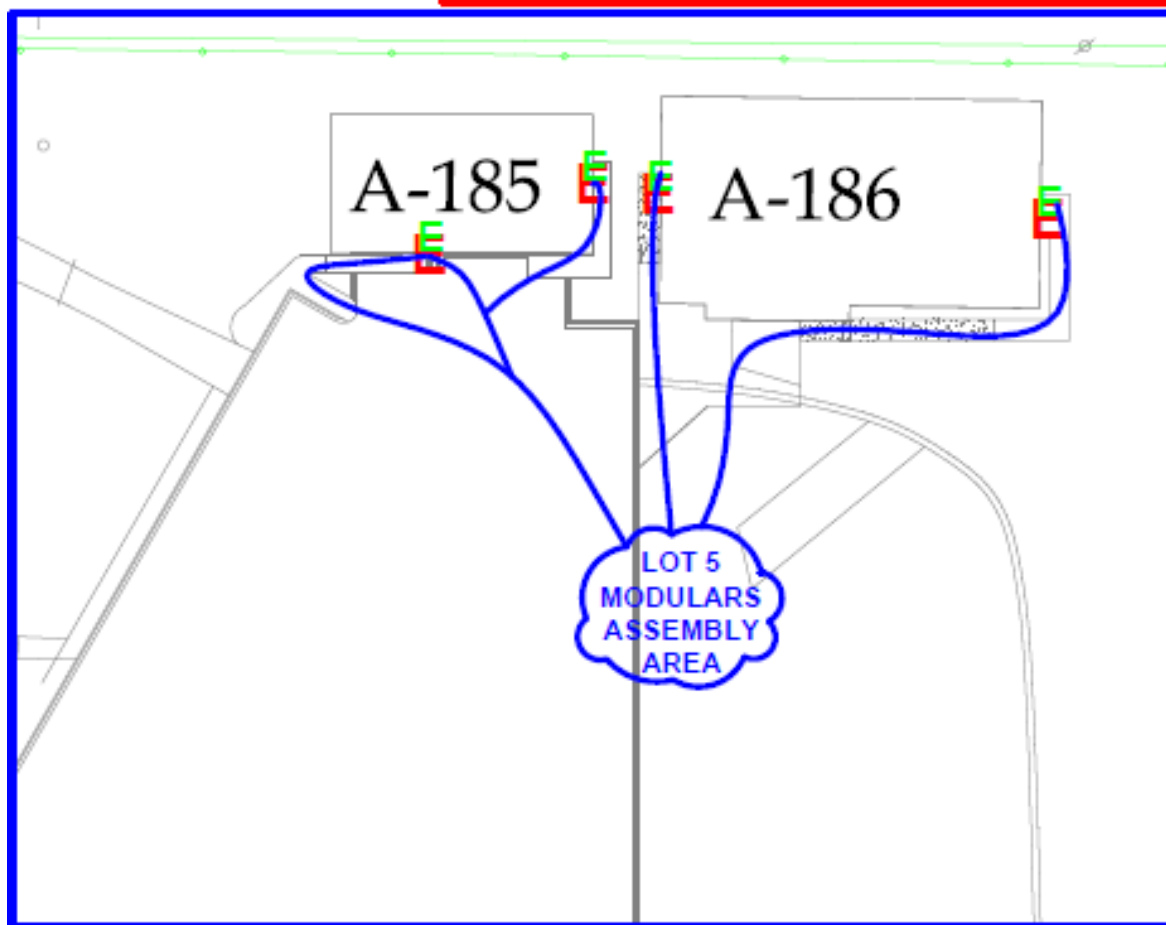
E = EMERGENCY EXIT
E = ADA EMERGENCY EXIT



LOT 5 MODULARS EMERGENCY EVACUATION MAP



- Know your evacuation route.
- Know your assembly area
- In the event of a fire pull the fire alarm.
- Evacuate immediately.
- Close doors and windows and turn off lights on the way out.
- An all clear signal will be given to re-enter the building.



E = EMERGENCY EXIT
E = ADA EMERGENCY EXIT

**Appendix Q:
Practical Exam Development Plan**

In accordance with the *School of Rehabilitative and Health Sciences Student Handbook*, I understand that a grade <77% or failure to demonstrate safety on any practical exam will require me to complete a Development Plan with the course coordinator prior to a second attempt. A second attempt on a practical exam must be repeated and passed by the end of the current semester in order to progress in the Physical Therapy program. In order to pass the second practical examination, the student must achieve a minimum of 77% which corresponds to a final practical exam a score of 77%. If a student FAILS TO PASS the practical exam on the second attempt because of safety-related issues or fails to achieve at least 77% for the practical, the student WILL RECEIVE A FAILING GRADE FOR THE COURSE. A failing grade results in the student being placed on academic suspension.

Specific guidelines on this policy can be found in the *Program Progression and Practical Exam Section* in the *School of Rehabilitative and Health Sciences Student Handbook*.

Practical Exam for the grade <77% in _____
(course number and grade)

I agree to complete the following developmental activity/ies prior to the second attempt at the practical exam. (Additional documentation may be included with this form)

The for the second attempt of the practical exam will be _____ (Date should be prior to the end of the current academic semester).

(Student Name/Please Print)

(Faculty Signature/Date)

(Student Signature/Date)

(DPT Faculty Administrator Signature/Date)

*Once signatures are completed, a copy is issued to the student, and the original goes in the student file.

This is to verify that _____ (Student) has successfully completed the practical exam process as defined above.

(Student Signature/Date)

(Faculty Signature/Date)

(DPT Faculty Administrator Signature/Date)