



Guide to Success

Doctor of Physical Therapy Program The George Washington University Fall 2019

**POLICIES AND PROCEDURES SPECIFIC TO STUDENTS IN
THE DOCTOR OF PHYSICAL THERAPY PROGRAM**

2000 Pennsylvania Ave NW, Suite 2000
Washington, DC 20006
p 202-994-0384
f 202-994-8400

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This handbook is a supplement to *The George Washington University Bulletin* and *The School of Medicine and Health Sciences Bulletin*.

Revision of these policies and procedures

These policies and procedures are reviewed a minimum of one time per year and are revised as needed to facilitate the mission of the Department, the School, and the University. Any interested person may suggest revisions for consideration.

The Program reserves the right to make changes to any and all aspects of this Program Student Handbook. Students will be notified of any substantial changes to the policies and procedures as noted via the listserv. Students are expected to remain current in all policies and procedures.

WELCOME

Welcome to the Doctor of Physical Therapy Program (DPT) at The George Washington University (GW)! The next three years will prove to be an exciting adventure in learning and professional development for you. To begin the orientation, we have prepared this document, the “Guide to Success.” It is a tool to help you gain a perspective on the opportunities that will become available to you in the coming months, as well as the expectations of the Program.

THE GEORGE WASHINGTON UNIVERSITY

Mission

The George Washington University, an independent academic institution chartered by the Congress of the United States in 1821, dedicates itself to furthering human well-being. The University values a dynamic, student-focused community stimulated by cultural and intellectual diversity and built upon a foundation of integrity, creativity, and openness to the exploration of new ideas.

The George Washington University, centered in the national and international crossroads of Washington, D.C., commits itself to excellence in the creation, dissemination, and application of knowledge.

To promote the process of lifelong learning from both global and integrative perspectives, the University provides a stimulating intellectual environment for its diverse students and faculty. By fostering excellence in teaching, the University offers outstanding learning experiences for full-time and part-time students in undergraduate, graduate, and professional programs in Washington, D.C., the nation, and abroad. As a center for intellectual inquiry and research, the University emphasizes the linkage between basic and applied scholarship, insisting that the practical be grounded in knowledge and theory. The University acts as a catalyst for creativity in the arts, the sciences, and the professions by encouraging interaction among its students, faculty, staff, alumni, and the communities it serves.

The George Washington University draws upon the rich array of resources from national capital area to enhance its educational endeavors. In return, the University, through its students, faculty, staff, and alumni collaborative efforts improves the quality of life in metropolitan Washington, D.C.

The GWU mission statement can be viewed at the following website: <https://trustees.gwu.edu/gw-mission-statement>

ACCREDITATION

The George Washington University is accredited by its regional accrediting agency, the Middle States Commission on Higher Education. The Doctor of Physical Therapy Program is accredited through the Commission on Accreditation of Physical Therapy Education (CAPTE). The Program faculty is responsible for ongoing reports to CAPTE and continuously maintaining compliance with CAPTE criteria.

To discover more information about the CAPTE process or to file a complaint, visit the American Physical Therapy Association (APTA) website at: <http://www.capteonline.org/Complaints/> or contact: American Physical Therapy Association, Attention: Accreditation Department, 1111 North Fairfax Street, Alexandria, VA 22314-1488; Fax: 703/684-7343; or e-mail to accreditation@apta.org.

THE SCHOOL OF MEDICINE AND HEALTH SCIENCES

Mission and Vision

The George Washington University School of Medicine and Health Sciences (SMHS) is dedicated to improving the health of our local, national, and global communities by:

- **Educating** a diverse workforce of tomorrow’s leaders in medicine, science, and health sciences.
- **Healing** through innovative and compassionate care.
- **Advancing** biomedical, translational, and health services delivery research with an emphasis on multidisciplinary collaboration.
- **Promoting** a culture of excellence through inclusion, service, and advocacy.

As a globally recognized academic medical center, GW embraces the challenge of eliminating health disparities and transforming health care to enrich and improve the lives of those we serve.

The SMHS mission statement can be viewed at the following website: <http://smhs.gwu.edu/about/mission-vision>.

HEALTH SCIENCES PROGRAMS

Health Sciences programs (HSP), under the direction of Dr. Reamer L. Bushardt, PharmD, PA-C, DFAAPA, senior associate dean and professor of physician assistant studies, includes a number of graduate, undergraduate and certificate programs in health care sciences. These programs are housed in four departments: Health, Human Function and Rehabilitation Sciences, Clinical Research and Leadership, Physician Assistant Studies, and Biomedical Laboratory Sciences.

Students are encouraged to become familiar with the Health Sciences programs through viewing the following website: <http://smhs.gwu.edu/academics/health-sciences-programs>.

Mission and Vision

The Health Sciences programs will be a center of excellence in interdisciplinary education, clinical training, community service learning, scholarship, and leadership. Faculty members are recognized as leaders in their fields and are dedicated to scholarly activities and educating students to improve the health and well-being of local, regional, national, and international communities. Our graduates will continue the tradition of excellence by working as members of collaborative, interprofessional teams that provide compassionate, client-centered, and culturally competent care to individuals, families, and communities in a variety of settings and roles; by engaging in lifelong scholarship; and by becoming leaders in their areas of specialization and interest.

The five pillars of our mission are as follows:

- **Interdisciplinary education**
- **Clinical training**
- **Community service learning**
- **Scholarship**
- **Leadership**

The HSP mission statement can be viewed at the following website:

<https://smhs.gwu.edu/academics/health-sciences-programs/about/mission-vision>

THE DOCTOR OF PHYSICAL THERAPY PROGRAM

Vision

The GW DPT community will be a pre-eminent leader in fostering excellence and innovation in teaching, interprofessional collaboration, community service, advocacy, and research contributions to education and clinical practice.

Mission

The Mission of the GW Program in Physical Therapy is to prepare individuals as highly skilled physical therapists who are able to practice in an evidence-based and ethical manner, respectful of patients and clients from all backgrounds, across the lifespan, throughout the continuum of care, and at all levels of wellness and health. Graduates will be respected practitioners who are able to meet the multi-faceted role of a physical therapist with a commitment to service to the profession and the community and dedicated to life-long learning and scholarly inquiry.

Philosophy

The faculty of the Program hold the following values and beliefs with respect to physical therapy professional education:

- Faculty values the development of generalist practitioners, prepared to engage in practice in a legal, ethical, moral, compassionate, and reflective manner, to meet the needs of patients and clients now and in the future.
- Faculty believes that experience and the reflective process are integral to learning. Active engagement and participation in problem solving activities are essential to the development of critical thinkers and effective problem solvers.
- Faculty believes that skills are best learned through application, and reinforced by repetition and feedback. The curriculum is designed to build from simple to complex, allowing for integration of concepts within and across semesters.
- Faculty values the development of a professional identity, which requires assimilation of the core

values of the profession including excellence in communication and interpersonal skills.

- Faculty values lifelong learning and the use of evidence-based, best practice as requisite to developing clinical expertise.
- Faculty values the power of the implicit curriculum and embraces its responsibility to model respect for individual and cultural differences, and the core values and professional behaviors expected of a physical therapist, including service to the community and the profession.
- Faculty values the recruitment and retention of a diverse student body who have the potential to address healthcare inequities.
- Faculty is committed to the Triple Aim of: improving the patient/client experience of physical therapy care, improving the health and wellness of populations, and reducing the per capita costs of health care.

Goals and Objectives

The aim of the Doctor of Physical Therapy Program is to provide an environment that supports the professional development of students, faculty, and physical therapy practitioners. The program serves as a vehicle for ongoing professional development of physical therapy practitioners, teachers, researchers, consultants, advocates, managers, and leaders. Below are the terminal objectives that the Program will use to assess whether it has met the overall Mission. For more information regarding any of the goals and objectives, please contact the Program Director.

Goal #1: The Program maintains an educational environment for learning that supports the professional development of students and faculty.

Terminal Objectives (Expected Outcomes):

- A. The program will provide sufficient resources to meet the mission, philosophy, goals and objectives established by the Program. The program will maintain a fiscal plan that provides sufficient resources to meet the teaching, learning, and research needs of the program students and faculty.
- B. The Program will maintain an ongoing plan of evaluation to ensure that the mission, goals, and objectives are being met. The Program maintains a comprehensive plan that is followed consistently, to evaluate its:
 - 1. Mission, Philosophy, and Goals
 - 2. Curriculum, including all aspects of clinical education
 - 3. Resources
 - 4. Policies and procedures
 - 5. Student Outcomes
 - 6. Program Outcomes
 - 7. Faculty Outcomes

Goal #2: The Program has a commitment to creating an environment that encourages the professional development of its student body.

Terminal Objectives (Expected Outcomes):

- A. The graduate will be a competent and reflective physical therapy practitioner who can function safely and effectively while adhering to legal, ethical and professional standards of practice in a multitude of physical therapy settings for patients and clients across the lifespan and along the continuum of care from wellness and prevention to rehabilitation of dysfunction.
- B. The graduate will utilize critical inquiry and evidence based practice to make clinical decisions essential for contemporary practice.
- C. The graduate will function as an active member of professional and community organizations. The graduate will be a service-oriented advocate dedicated to the promotion and improvement of community health.
- D. The graduate will demonstrate lifelong commitment to learning and professional development.

Goal #3: The Program has a commitment to creating an environment in which the faculty will engage in activities that ensure that they continue to develop in the areas of teaching, service, practice, and scholarship.

Terminal Objectives (Expected Outcomes):

- A. Each faculty member will contribute to the design, implementation, and assessment of the curriculum plan vis-à-vis the mission and philosophy of the Program and current practice guidelines.
- B. Each faculty member will effectively teach within their area of expertise.
- C. Each faculty member will provide evidence of a commitment to social responsibility and the profession's core values by providing service in a number of areas (University, School, Program, Profession and Community).
- D. Physical therapy faculty members will engage in scholarship, either independently or collaboratively, to enhance the knowledge base of the fields of physical therapy, education, and beyond.

CURRICULUM SEQUENCE (DPT CLASS OF 2022)

| | | | # Cr. |
|-------------|---------------|--|--------------|
| I | Fall | Year I – 15 week semester + exams | |
| | PT8201 | Functional Anatomy | 5 |
| | PT8311 | Foundations of Examination | 4 |
| | PT8312 | Foundations of Intervention | 4 |
| | PT8351 | Professional Issues in Physical Therapy Health Care Management I | 4 |
| | PT8361 | Clinical Conference I | 1 |
| | | Total | 18 |
| II | Spring | 15 week semester + exams | |
| | PT8202 | Applied Physiology for Rehabilitation | 4 |
| | PT8313 | Therapeutic Modalities | 2 |
| | PT8352 | Teaching in Physical Therapy Practice | 2 |
| | PT8203 | Neuroscience in Rehabilitation I | 3 |
| | PT8271 | Research in Practice | 3 |
| | PT8362 | Clinical Conference II | 1 |
| | PT8483 | Integrated Clinical Experience I | 1 |
| | PT8204 | Movement Science I | 2 |
| | | Total | 18 |
| III | Summer | 11 week semester + exams | |
| | PT8205 | Movement Science II | 3 |
| | PT8206 | Neuroscience in Rehabilitation II | 2 |
| | PT8207 | Clinical Medicine and Pharmacology | 4 |
| | PT8363 | Clinical Conference III | 1 |
| | PT8481 | Interprofessional Community Practicum | 1 |
| | | Total | 11 |
| IV | Fall | Year II – 15 week semester + exams | |
| | PT8315 | Management of Musculoskeletal Dysfunction I | 4 |
| | PT8208 | Medical Imaging | 1 |
| | PT8318 | Management of Neuromotor Dysfunction | 4 |
| | PT8323 | Prosthetics and Orthotics | 2 |
| | PT8364 | Clinical Conference IV | 1 |
| | PT8272 | Research Seminar | 3 |
| | PT8484 | Integrated Clinical Experience II | 1 |
| | | Total | 16 |
| V | Spring | 15 week semester + exams | |
| | PT8316 | Management of Musculoskeletal Dysfunction II | 4 |
| | PT8320 | Management of the Pediatric Client | 4 |
| | PT8322 | Management of the Aging Adult | 2 |
| | PT8314 | Management of Cardiopulmonary Dysfunction | 4 |
| | PT8317 | Management of Integumentary Dysfunction | 1 |
| | PT8365 | Clinical Conference V | 1 |
| | | Total | 16 |
| VI | Summer | 3.5 week didactic semester | |
| | PT8366 | Clinical Conference VI | 1 |
| | PT8321 | Women's Health | 1 |
| | PT8491 | Clinical Internship I (8 weeks) | |
| | | Total | 7 |
| VII | Fall | Year III - 18 week semester (12 week internship + 6 week didactics + exams) | |
| | PT8492 | Clinical Internship II | 8 |
| | PT8355 | Professional Issues in Physical Therapy Health Care Management II | 3 |
| | PT8357 | Capstone Seminar | 1 |
| | PT8356 | Health Promotion and Wellness | 1 |
| | | Elective | 1-3 |
| | | Total | 14-16 |
| VIII | Spring | 14 week semester | |
| | PT8493 | Clinical Internship III | 9 |
| | | Total | 9 |
| | | TOTAL | 109 |

DPT COURSE DESCRIPTIONS

| | | |
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| 5 credits | PT 8201 | Functional Anatomy Human gross anatomy with cadaveric dissection. Clinical correlations. Normal structure and functional relationships. Common pathologies and individual and age-related differences examined. |
| 4 credits | PT 8311 | Foundations of Examination Examination within the patient/client management model of physical therapy. Development of proficiency in basic systems review, selection and administration of tests and measurements, and diagnostic classifications. |
| 4 credits | PT 8312 | Foundations of Interventions Intervention within the patient/client management model of physical therapy. Development of proficiency in basic patient care skills and selection and administration of therapeutic exercise. |
| 4 credits | PT 8351 | Professional Issues in Physical Therapy Health Care Management I Professional practice expectations including legal and regulatory boundaries. Interdisciplinary healthcare team examined and significance of effective communication. Ethical issues related to physical therapy within the context of professional core values. Patient management models introduced along with evidence based practice. |
| 1 credit | PT 8361 | Clinical Conference I Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues. |
| 4 credits | PT 8202 | Applied Physiology Normal function of major organ systems of the human body and related rehabilitation concepts. Exercise testing, prescription, progression and expected outcomes examined. Effects of exercise in healthy individuals across the lifespan and in special populations. |
| 2 credits | PT 8313 | Therapeutic Modalities Administration of physical, thermal, mechanical, and electrical interventions consistent with patient diagnosis and prognosis. Critical appraisal of the literature to apply best evidence to practice and clinical decision making. |
| 2 credits | PT 8352 | Teaching in Physical Therapy Practice Principles and strategies for effective teaching in academic and clinical environments. Patient/client, peer, and professional presentations. |
| 3 credits | PT 8203 | Neuroscience in Rehabilitation I Normal structure and function of the nervous system across the life span. Injury to neural structures and response to injury examined. Application of principles of neuroplasticity to clinical practice. Clinical correlations. |
| 3 credits | PT 8271 | Research in Practice Critical appraisal of the literature related to the validity of research methods and interpretation of statistical results. Application of evidence to clinical practice as it relates to physical therapy examination, diagnosis, intervention, and prognosis. |
| 1 credit | PT 8362 | Clinical Conference II Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues. |

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| 1 credit | PT 8483 | Integrated Clinical Experience I Part-time physical therapy clinical education experience in a range of clinical settings. Supervised integration and implementation of components of the patient/client management model and professional practice expectations. |
| 2 credits | PT 8204 | Movement Science I Normal human movement, structure and function examined using biomechanics and kinesiology principles. Biomechanical function of musculoskeletal tissues explored with special emphasis on articular systems. |
| 3 credits | PT 8205 | Movement Science II Kinematics and kinetics of movement. Normal and pathological mechanics of functional movement, including deficits in musculoskeletal system, posture, and gait. Examination of complex activities such as locomotion. |
| 2 credits | PT 8206 | Neuroscience in Rehabilitation II Neurologic mechanisms of normal and impaired posture, mobility and extremity function examined. Application of motor learning and skill acquisition principles applied. Neurological examination using case studies and clinical correlates. |
| 4 credits | PT 8207 | Clinical Medicine and Pharmacology Systems approach to health conditions requiring physical therapy. Pharmacological principles and impacts of certain pharmacological agents on physical therapy intervention. Drug interactions, systems review, and “red flags” requiring health care provider referral addressed. |
| 1 credit | PT 8363 | Clinical Conference III Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues. |
| 1 credit | PT 8481 | Interprofessional Community Practicum Students explore the concepts of community health, health prevention/wellness, cultural competence, continuous quality improvement, and team building through active participation in a university community health service learning project. |
| 4 credits | PT 8315 | Management of Musculoskeletal Dysfunction I Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for patients/clients with musculoskeletal dysfunction related to the extremities. |
| 1 credit | PT 8208 | Medical Imaging Principles of medical imaging related to physical therapy management, including diagnosis and intervention planning. |
| 4 credits | PT 8318 | Management of Neuromotor Dysfunction Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for adults with neuromotor impairments and functional limitations. |
| 2 credits | PT 8323 | Prosthetics & Orthotics Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for persons with functional limitations in need of assistive technology that enhances functional capacity of persons with functional limitations. Prescription, fabrication, and fitting of prosthetic and orthotic devices. |

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| 1 credit | PT 8364 | Clinical Conference IV Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues. |
| 3 credits | PT 8272 | Research Seminar Evidence based analysis of physical therapy literature with application of principles of research design, data analysis and synthesis to evaluate outcomes within the context of patient management. Ethical considerations are addressed. |
| 1 credit | PT 8484 | Integrated Clinical Experience II Part-time physical therapy clinical education experience in a range of clinical settings. Supervised integration and implementation of components of the patient/client management model and professional practice expectations in preparation for full-time clinical education. |
| 4 credits | PT 8316 | Management of Musculoskeletal Dysfunction II Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for patients/clients with musculoskeletal dysfunction related to spinal dysfunction. Ergonomic principles used to address industrial health related issues. |
| 4 credits | PT 8320 | Management of the Pediatric Client Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions for the pediatric client. Selection and administration of outcome measures for children with neuromuscular and musculoskeletal dysfunction. Psychosocial, ethical and legal factors specific to the pediatric client. |
| 2 credits | PT 8322 | Management of the Aging Adult Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for the geriatric population. Typical age-related changes in function. Outcome measures for neuromotor, musculoskeletal, and cardiopulmonary dysfunction in the aging population. Comorbidities, psychosocial, ethical, and legal factors. |
| 4 credits | PT 8314 | Management of Cardiopulmonary Dysfunction Physiology and pathophysiology of the cardiopulmonary system as basis for management of the patient/client with cardiopulmonary dysfunction. Examination, evaluation, diagnosis, prognosis and implementation of evidence-based interventions in all care settings. Focus on health promotion and wellness. |
| 1 credit | PT 8317 | Management of Integumentary Dysfunction Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for patients/clients with integumentary impairments and functional limitations as well as peripheral vascular, metabolic, and immune system impairments. |
| 1 credit | PT 8365 | Clinical Conference V Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues. |

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| 5 credits | PT 8491 | Clinical Internship I First full-time physical therapy clinical education experience in a range of clinical settings. Integration and implementation of all aspects of patient/client management, professional practice expectations, and professional management expectations. Progress from advanced beginner to entry-level performance in the management of patients with non-complex and complex problems across the life span. |
| 1 credit | PT 8366 | Clinical Conference VI Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues. |
| 1 credit | PT 8321 | Women's Health Physical therapy for issues related to women's health within the patient/client management model. |
| 8 credits | PT 8492 | Clinical Internship II Intermediate full-time physical therapy clinical education experience in a range of clinical settings. Integration and implementation of all aspects of patient/client management, professional practice expectations, and professional management expectations. Progress from advanced beginner to entry-level performance in the management of patients with non-complex and complex problems across the life span. |
| 3 credits | PT 8355 | Professional Issues in Physical Therapy Health Care Management II Administration and practice management, including marketing, fiscal management, billing, reimbursement, and administrative procedures related to physical therapy practice. Introduction to health care policy as related to the profession of physical therapy. Policy development, macro and micro health policy and patient advocacy. |
| 1 credit | PT 8357 | Capstone Seminar Exploration of professional practice issues, including lifelong learning. Professional electronic portfolios presented. Assessment of educational experiences focusing on quality improvement and professional development. |
| 1 credit | PT 8356 | Health Promotion and Wellness The role of the physical therapist in health promotion and disease prevention across the life span. Focus on screening, client education, and traditional and nontraditional strategies for the promotion of healthy lifestyles. |
| 9 credits | PT 8493 | Clinical Internship III Terminal full-time physical therapy clinical education experience in a range of clinical settings. Integration and implementation of all aspects of patient/client management, professional practice expectations, and professional management expectations. Progress from advanced beginner to entry-level performance in the management of patients with non-complex and complex problems across the life span. |
| 1-3 credits | | Elective Students will take an elective to allow for a more in depth exploration of a topic area of interest. The elective will normally be completed during Semester VII but with permission can be taken earlier or later in the course of study. Several approved courses that are included in the tuition structure will be listed no later than Semester V and courses with a sufficiently broad interest will be planned for the subsequent fall. Students will require the approval of their advisors and/or the Program Director to register for the elective course. |

DEGREE REQUIREMENTS

The DPT Program is an eight-semester sequence taken on a full-time basis only. Students must satisfactorily complete a total of 109 credit hours of course work as outlined in the program of study described in this Handbook as well as the SMHS Bulletin, found here:

<http://bulletin.gwu.edu/medicine-health-sciences/graduate-programs/doctoral-physical-therapy/>

PROGRAM FACULTY

Program Director and Associate Director

Program Director and Associate Director are responsible for the ongoing growth and development of the Doctor of Physical Therapy Program. In collaboration with faculty and other program stakeholders, they develop a curriculum plan, and design, develop, implement, evaluate, and modify the curriculum and all program-related outcomes. They coordinate the curriculum, supervise faculty teaching and workload, foster faculty development programs, ensure program resource needs are met, are accountable for the budget, supervise committees, are accountable for all aspects of the accreditation process and report all program activities to the University and School of Medicine and Health Sciences administration. They provide oversight to, and ensure, that resources are available to support clinical education within the curriculum.

Director of Clinical Education and Assistant Director of Clinical Education (DCE/ADCE)

Director of Clinical Education and Assistant Director of Clinical Education (DCE/ADCE) work collaboratively with all participants in clinical education including core faculty, clinical education faculty and students to ensure close integration between didactic and clinical education course work throughout the curriculum. They are responsible for coordinating the development and maintenance of the contractual relationships with clinical education sites. The DCE is primarily responsible for arranging all five clinical education experiences as well as oversight of the clinical education curriculum. The ADCE is responsible for supporting the DCE and the clinical education curriculum. The DCE and ADCE dialogue with the Site Coordinators of Clinical Education (SCCEs)/Clinical Instructors (CIs) at each clinical education site to ensure clinical education experiences are coordinated with the academic program. During all clinical education experiences, the DCE and ADCE facilitate problem solving and development as requested by clinical education faculty, core faculty and/or students. An annual clinical education focus group/workshop is organized by the DCE and ADCE for the purpose of ongoing clinical faculty development. The DCE and/or ADCE participate in Mid-Atlantic Consortium of Physical Therapy Clinical Education meetings and functions.

Core Faculty

Core Faculty members include the Program Director, Associate Director, DCE, and ADCE as well as those faculty members whose primary employment is with the program. The core faculty is responsible for teaching, research and service within and outside of the Doctor of Physical Therapy Program. The scope of responsibilities includes classroom and laboratory teaching, research, and community, professional, program and/or University service. The core faculty is responsible for the design, development, implementation and evaluation of the curriculum, as well as all program-specific policies and procedures.

Associated Faculty

Associated Faculty members include those instructors who teach in the curriculum but do not hold primary appointments within the Program. Adjunct instructors and teaching assistants are considered associated faculty. The associated faculty is responsible for teaching within their area of expertise within the Doctor of Physical Therapy Program. These responsibilities may include classroom and laboratory teaching, as well as student evaluation. Associated faculty members provide ongoing support to students in the classroom by being available before and/or after class as well as through electronic mail throughout the week. The associated faculty is responsible for providing input to the core faculty about the design, development, implementation and evaluation of the curriculum, as well as program-specific policies and procedures.

Clinical Education Faculty

Clinical Education Faculty members are respected individuals of the professional community who collaborate with the academic program in the delivery of the clinical education curriculum. Clinical education faculty members contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the Program through formal and informal feedback processes. The Program supports the development of clinical education faculty as teachers and mentors in the clinical education environment by offering clinical instructor training classes, in-service education on requested topics, professional continuing education courses as well as ongoing mentorship. Finally, the

Program supports clinical education faculty professional development with opportunities to engage in collaborative projects, such as clinically relevant research and publication/dissemination of case studies, posters, and articles.

Site Coordinator for Clinical Education (SCCE)

Site Coordinator for Clinical Education (SCCE) is the individual at the clinical education site who administers, manages, and coordinates the assignment of Clinical Instructors (CIs). The SCCE also develops site-specific clinical education curricula for the clinical education site including designing and coordinating learning experiences available in the clinical education environment, determining the readiness of physical therapists to serve as CIs, and developing the instructional skills of the CIs. The SCCE works with the Program to execute a clinical education agreement. The SCCE is the focal point for communication between the clinical education site and the academic program including completing and updating the clinical site information form (CSIF) or communicating with the program site information updates. The SCCE participates in the student's clinical education experience by providing oversight to and reviewing the overall experience. The SCCE also acts as a neutral third party in negotiating conflicts between the CI and the student.

Clinical Instructor (CI)

Clinical Instructor (CI) is the licensed physical therapist at the clinical education site that directly supervises and instructs the student during the clinical education experience. CIs meet the minimal requirements to accept students. They work collaboratively with the SCCE, Core Faculty and students to design, organize, deliver, supervise, and assess student learning experiences.

Further details can be found in the "General Policies and Procedures During Clinical Education Experiences" portion of this handbook beginning on page 45.

POLICIES AND GENERAL INFORMATION FOR STUDENTS

Academic Calendar

The Program specific academic calendar is posted on the program website <https://smhs.gwu.edu/physical-therapy/degree-program/current-students>. This calendar is subject to change with prior notice. Details will be available to students on an ongoing basis from the faculty. Before scheduling any vacations or personal time students must confirm class schedules with the Program Director or faculty.

The GW academic calendar can be found on the GW website at: <http://www.gwu.edu/academic-calendar>. The Doctor of Physical Therapy Program generally follows the academic calendar for scheduled religious and University holidays, EXCEPT if the holiday falls during clinical education experiences. *In order to accommodate clinical education experiences, the Doctor of Physical Therapy Program class schedule differs from the University calendar.*

Class Registration

All registration is completed electronically via GWeb (<https://baweb.gwu.edu>). Before the start of each semester a staff person of the Doctor of Physical Therapy Program will forward a list of course registration numbers (CRN) via the class listserv. Students are expected to register for courses in a timely manner. Entering students must submit official transcripts to the Health Sciences Admissions Office noting final grades for any outstanding academic prerequisites prior to October 1st of the first semester in the program; or a hold will be placed on their student account, preventing registration for the second semester.

Student Photos, Addresses, and Identification

A "GWorld" card is the student photo identification badge. Students receive their GWorld card during new student orientation. Students are required to display this card at all times while on campus. The GWorld card can also function as a debit card at participating GWorld Card retailers and restaurants. Further information is available from the GWorld Card Office in the Marvin Center or at <http://gworld.gwu.edu>.

Students are required to wear name badges during all clinical education experiences. The Program will provide one plastic name badge to each student at the beginning of these clinical education experiences. If lost, the student is responsible for purchasing the replacement.

During new student orientation, each student will have a passport size photo taken at the SMHS BioMedical

Communications Office. This photo will be used for the purposes of identification and security by clinical and academic faculty and administration; that is, these photos will identify individual students to associated/adjunct faculty, clinical instructors and guest lecturers.

It is every student's responsibility to keep his/her address, phone, and email current with the University Registrar's Office. Students are expected to keep current and regularly update their contact information with the University and the program via the University's official system of record, the GWeb information system at <https://banweb.gwu.edu>.

University Library

The library collections of the University are housed in the Gelman Library (<http://library.gwu.edu>) the main library of the University, in the Jacob Burns Law Library (<http://www.law.gwu.edu/Library>), and in the Himmelfarb Health Sciences Library (<http://himmelfarb.gwu.edu/>).

Students, faculty, and staff at The George Washington University may also borrow directly from the main campus libraries of a number of other academic institutions that are members of the Washington Research Library Consortium (WRLC): <http://www.wrlc.org/membership>. Interlibrary loans from other libraries in the area and throughout the United States are also available.

Students can access the Himmelfarb Health Sciences Library from anywhere by logging in using their GW NetID or by downloading the Virtual Private Network (VPN). Instructions for logging on via GW NetID and VPN can be found on the library homepage at <http://himmelfarb.gwu.edu/eresources/off-campus/>.

In addition, ALADIN is the electronic library resource and contains the combined on-line catalogs of member universities. ALADIN can be accessed from numerous computers in the libraries as well as remotely from on and off campus: <https://www.aladin.wrlc.org>.

Campus Computer Labs

Himmelfarb Health Sciences Library's Bloedorn Technology Center (BTC) is open 24/7. It has computer workstations, provides access to computer software, both general and health-related, along with a collection of DVDs, audio CDs and various anatomical models and kits. Printing and scanning are available at the BTC, and technical support is provided throughout the day for library users. The Himmelfarb Library also offers many training sessions in software packages, database search skills, and procedures for remote database access. Students are encouraged to stop by the Reference Desk in the Himmelfarb Library or refer to their website at <http://himmelfarb.gwu.edu/> for class schedules and information.

There are additional computer labs in Gelman Library and other academic buildings across campus. Most computer laboratories are open 7 days a week, 24 hours a day, and any student may have access to the computer facilities for individual research, class projects, or study. There are no additional charges or fees to students for computer usage (though there may be fees for printing or photocopies). The GW Academic Technologies website at <http://acadtech.gwu.edu/> lists all the computer laboratories.

A discussion of computer access and the creation of e-mail accounts and passwords occur during and prior to new student orientation. Students are requested to utilize gwu.edu accounts for communication with Program faculty and administrative staff. Students are cautioned that other e-mail providers may not communicate seamlessly with GW servers or electronic courseware products (e.g., Blackboard).

Americans with Disability Act

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services: <https://disabilitysupport.gwu.edu/>. They will determine with you what accommodations are necessary and appropriate. All information and documentation is confidential.

Websites

Students should become familiar with the following websites:

| | |
|---|---|
| The George Washington University (GW) | https://www.gwu.edu/ |
| School of Medicine and Health Sciences (SMHS) | http://smhs.gwu.edu/ |
| Himmelfarb HealthSciences Library | http://himmelfarb.gwu.edu |
| Health Sciences Programs (HSP) | http://smhs.gwu.edu/academics/health-sciences |
| Doctor of Physical Therapy Home Page | http://smhs.gwu.edu/pths/programs/physical-therapy |
| MyGW | http://my.gwu.edu/ |
| GWeb (GW registration website) | https://banweb.gwu.edu/ |
| American Physical Therapy Association (APTA) | www.apta.org |
| Commission on Accreditation of Physical Therapist Education (CAPTE) | http://www.capteonline.org |
| Federation of State Boards of PT | www.fsbpt.org |

Student Messages

Faculty and staff consistently use email as a mode of communication with students, therefore students are expected to check their emails daily for important announcements.

Students are enrolled in the School of Medicine and Health Sciences listserv and program listserv. The SMHS Office of Marketing & Communications coordinates with the Student Services Office for Health Sciences to maintain the school listserv. School of Medicine and Health Sciences administrative offices and the DPT Program provide official communications to students via the listserv. *It is best practice to keep personal messages off of this listserv since messages are also distributed to all PT faculty and HS administrators.* Please note that all official communications will be delivered to your GWMail address so please be sure to monitor your GW email frequently and respond promptly.

Messages for students from the Program office and faculty will generally be provided via email and/or written notices. Campus mail, US mail, and other documentation for students will be placed in the student mailboxes. Any urgent message will be conveyed directly to the students by faculty or administrative staff.

Use of the Facility

The George Washington University Doctor of Physical Therapy Program resides on the 2nd floor of 2000 Pennsylvania Ave. Because our Program is located in a professional setting, appearance and attire are important. Appropriate attire is expected at all times, in keeping with our representation as members of the professional community, as well as the GW community. The building will not tolerate excessive noise, excessive foot traffic, or unprofessional behavior.

Students share responsibility for maintaining a clean and safe environment in the classrooms, laboratories, and conference areas. Please report any problems with a clean and safe environment to the Operations Director, an administrative staff, or a faculty member. An outline of guidelines and procedures for the shared and dedicated rooms utilized by the Program appears below.

Changing Rooms & Lockers

The restrooms and changing room in the PT suite provide students an opportunity to change clothing. Students will be assigned lockers for the student's convenience to change from street attire to laboratory clothes, and to store learning materials. Locker space is limited so students may wish to coordinate in-class use of resources with other classmates.

Food and beverages are NOT permitted in student lockers.

Classrooms and Conference Rooms

Classrooms and conference rooms are occasionally shared with other programs and/or clinical sites. Students are asked to be considerate of faculty and guest speakers, who may find consumption of food and beverages a significant distraction during a formal presentation or not indicative of professional behavior. Students accept responsibility for cleaning any spills, without disruption of teaching and learning. To create an optimal learning environment, we ask that you ***turn off pagers, cell phones, watch alarms, or other audible devices while in labs, classrooms, or conference rooms.***

Laboratories

Food and beverages are NOT permitted in any of the laboratories at any time. Students are responsible for keeping the labs organized and cleaning up after each use. No shoes are permitted on the mat tables or plinths.

Magnetic Dry Erase Boards

Magnetic dry erase boards in the student lounge area serve as a student message center where general announcements, continuing education courses, clinical site information, APTA, employment information and shared photographs may appear.

If students wish to post announcements on official bulletin boards, they must submit the announcement to the Program Office for authorization. The Program's administrative staff will periodically remove outdated announcements. The program reserves the right to remove any unauthorized materials from bulletin boards without notice. Students are not permitted to post signs or announcements in public areas of the building (e.g. lobby, elevators, public rest rooms).

IdeaPaint and Dry Erase Boards

IdeaPaint and the department dry erase boards in the conference rooms and classrooms may be used by students for academic purposes. Students must maintain professionalism and are responsible for the maintenance and care of these surfaces. Faculty and staff have the right to erase any material. No tape or adhesive can be attached to the painted areas.

Photocopying

Copying of general materials on-campus or at local print shops are performed at the student's expense. Reproduction of copyrighted material, without prior authorization of the copyright owner, is illegal. Students are not permitted to use the program copy machine; this is strictly for use by the Health Sciences Program faculty and staff.

Printing

Students may print at any of the libraries or using the print kiosk outside classroom B using their GWorld card.

Telephones

Students are not permitted to use telephones in the administrative support office, classrooms, laboratories, or faculty offices without permission. Phones are available, however, for use in any emergency.

Borrowed Items

Students may borrow instructional materials such as books, audio tapes or video tapes owned by the Program provided that these items are labeled as circulating, returned in good condition and in a timely manner. Individual faculty members may also be willing to loan some materials under the same conditions. The responsible student must replace any lost or damaged item. If the responsible person cannot be identified, missing or damaged items will be replaced using money from the class treasury. All materials that are borrowed must be returned to its original location.

Parking

See the GW Transportation and Parking Service website <https://transportation.gwu.edu> for details on student parking. For clinical education experiences, parking may be restricted or unavailable. Contact the clinical instructor in advance to get the details about parking. The Doctor of Physical Therapy Program is not responsible for towed or ticketed vehicles.

Security

Security is provided by both the building (2000 Pennsylvania, NW) as well as campus police. For most security incidents, please call the building security at (202) 452-0924. A security guard is available at this number 24 hours/day, 7 days/week. Please refer to the University Police Department (UPD) website: <https://safety.gwu.edu/police> for information regarding campus security and personal safety. Also note, security information flyers/packets are hung on the walls in all common spaces. Further, every course syllabus has emergency preparedness information with contact numbers included.

In general, security is not a problem during daylight hours. But as in any large city, especially at night, students should be sensible about putting themselves at risk, and take reasonable precautions suitable to any urban setting.

University Police Department

Because security on an open, urban campus such as GW is a continual concern, special precautions have been taken to protect students. The University Police Department provides 24-hour police service to the campus community and works to improve conditions related to accident and crime prevention. Emergency telephones are situated throughout the campus, including parking lots, and many campus buildings are accessible only to students holding current GWorld Card. The University Police Department (202-994-6111) should be contacted to investigate any losses on the GW campus or in the Program Suite. Please communicate any issues related to security and safety in the Program suite immediately to DPT staff person or Program Director.

The George Washington University Escort Services

The University Escort Services provide a safe escort for students from dusk to dawn. Between 7:00 PM and 6:00 AM, 7 days a week, students may be escorted to and from campus in UPD vans. For an escort, call 994-RIDE. Give the dispatcher your name, current location and destination. It is not necessary to call in advance, but you will have to show your GWorld card. Please refer to the University Police Department website <https://safety.gwu.edu/police> for more information.

Emergency Procedures

For campus advisories and numbers to contact in case of an emergency, please refer to:
<http://campusadvisories.gwu.edu>

A. Evacuation Guidelines

1. Stop work
2. Gather all personal belongings and take them with you
3. Use the nearest stairwell—do not use the elevators. If you are unable to exit the building at 2000 Pennsylvania Avenue, NW, relocate to the designated safety room, conference room 212.
4. Exit the building at ground level—move at least 100 feet away from the building; look out for responding emergency vehicles
5. At 2000 Pennsylvania Avenue, NW, our designated meeting place is behind the building in the university yard, in front of the George Washington statue
6. Remain outside building(s) until further instructions

B. Life Safety—Fire

When the fire alarm sounds, evacuate the building using the stairwells not the elevator. If you discover a fire:

1. Remove anyone in danger
2. Activate the fire alarm pull station
3. Call University policy at 994-6111 and provide your name, location, and the size or type of fire; and
4. Evacuate the building.

The Office of Laboratory Safety can be reached at (202) 994-3282.

C. Bomb Threats

If you receive a bomb threat call or a suspicious package, immediately call UPD at 202-994-6111 or page the safety specialists at 202-994-3282.

After a threat evaluation, the University administration and UPD will decide whether or not to evacuate. If an evacuation is ordered, please follow the evacuation guidelines.

STUDENT RIGHTS AND RESPONSIBILITIES

University Policies

For all University related Policies and Procedures including, but not limited to Sexual and Gender-Based Harassment and Interpersonal Violence, Alcohol and Other Drugs, Legal Issues and The Family Education Rights and Privacy Act (FERPA), Release of Student Information, Equal Opportunity, etc., please refer to the Enrollment and the Student Experience (<http://studentconduct.gwu.edu/>), the Registrar's Office (<http://registrar.gwu.edu/university-policies>), the Office of Compliance and Privacy website (<https://compliance.gwu.edu/find-policy>) and the GW University Bulletin (<http://bulletin.gwu.edu/>).

Doctor of Physical Therapy Program Policies

The Doctor of Physical Therapy Program is a graduate, professional program. To facilitate the more specific professional development of physical therapists, the Program provides the *Guide to Success: Physical Therapy Student Handbook*, which includes the rights and responsibilities of students, along with the Program specific policies aimed at enhancing your success as a student of the GW Doctor of Physical Therapy Program. The most recent handbook can be found on this website: <http://smhs.gwu.edu/physical-therapy/degree-program/current-students/policies-and-resources>.

Academic Integrity

Trust and mutual respect are essential to an environment in which learning is fostered. To encourage and support such an environment, the University has adopted an Academic Integrity Code based on the recommendations of the Student Government Association and the Faculty Senate. It is the student's responsibility to know and understand this code. The Academic Integrity Code is available in the *Guide to Student Rights and Responsibilities* found at: <https://studentconduct.gwu.edu/code-academic-integrity>. In addition, the Office of Health Research, Compliance and Technology Transfer provides oversight for integrity in research. More information regarding this important oversight can be found at: <http://research.gwu.edu/research-integrity>.

Social Media Policy

It is the policy of the University that the use of social media be consistent with its commitment to academic freedom and University values and promotes thoughtful discourse on appropriate matters. This policy applies to all social media use on behalf of the University; social media content created or posted on University-sponsored websites and social media accounts; and social media content created or posted by members of the University community in a personal capacity, if that content incorrectly creates an appearance of an endorsement by the University or violates applicable law or University policies. Please review the University and SMHS social media policies and guidelines via the links below:

- **GW:** <https://onlinestrategy.gwu.edu/social-media-gw>
- **SMHS:** https://smhs.gwu.edu/physical-therapy/sites/physical-therapy/files/smhs_social_media.pdf

Advisement

Each student is assigned to a faculty advisor. This partnership is expected to last for the duration of the student's enrollment in the Doctor of Physical Therapy Program. Faculty Advisor assignments will be announced during new student orientation. Any requests for change of advisor, either by the student or the advisor, must be directed to the Program Director.

Each student is encouraged to make regular appointments to meet with his/her faculty advisor. It is the responsibility of the student to meet with his/her advisor at least once per semester in the first year, and it is strongly recommended that students meet with their advisors at least once per semester thereafter. Students are encouraged to meet with their advisors *before* a concern or problem escalates.

Students are encouraged to provide comments about issues related to the curriculum to Course Instructors and Faculty Advisors. Courses taught by associated faculty have assigned course liaisons that the students can meet with as well. The Program Director also maintains an open-door policy and encourages students to provide comments and feedback at any time. Should problems arise within the context of a course, it is suggested that students first contact the Course Instructor to resolve the issue; should the need arise the student should then seek counsel from the course liaison/mentor, their advisor, and finally the Program Director (see information on the Chain of Command for an

orderly progression of concerns, page 27). Class officers are encouraged to meet with the faculty Physical Therapy Student Organization (PTSO) liaisons or the Program Director twice each semester to discuss class issues or concerns.

Appointments with Faculty

Faculty members schedule office hours each semester. However, to ensure availability, if students would like to meet with faculty during scheduled hours or at times other than scheduled office hours, they are asked to schedule appointments directly with the faculty member.

Class Schedules

Classes are generally scheduled between 8:00 AM and 6:00 PM Monday through Friday excluding clinical education experiences. On occasion classes will run later than 6:00 PM or be held on Saturdays. At times, schedules may be changed to accommodate field trips, guest speakers, practical exams, Standardized Patient Exams, comprehensive exams, holidays, emergencies, or inclement weather. Schedule changes will be posted on the student listserv or on Blackboard as soon as a change is known.

Students are expected to arrive and leave all clinical education experiences at the times determined by the CI or DCE/ADCE. A minimum of six hours on-site is required to be considered a full-time clinical day.

Attendance and Participation

Teaching and learning are at the heart of the GW Doctor of Physical Therapy Program. Learning involves a serious commitment of both faculty and students. The faculty is committed to the quality of their instruction, and students choose to come to GW because they believe the instruction they receive will be of great benefit to them. The faculty in the Program expects that each student presents himself or herself in a professional and mature manner; this includes *timely attendance at all classes, laboratories, and discussion group meetings* (whether or not the faculty member is present).

On occasion, students may miss classes because of University events or unavoidable, extenuating circumstances, such as injury or illness. Legitimate excuses for absence include personal illness, a death in the immediate family, or professional activities that have prior approval. Physician and dental appointments, other than emergency, are not acceptable reasons for missing the learning experiences of the curriculum. Anytime a student misses a class, for whatever reason, he/she is expected to contact the professor before the start of the class or in the case of an emergency as soon as possible thereafter. The student is responsible for learning the material covered in that class meeting. Particularly for laboratory experiences, the student should indicate when contacting the professor, how the student anticipates acquiring the missed laboratory competencies. At the discretion of the faculty member and as announced in the syllabus, failure to meet attendance requirements may result in a lowered grade and potential failure for the course. Students who fail to comply with this attendance policy may be referred to the DPT Academic Standing Committee. This Committee will review and consider a student's overall pattern of absences and other professional behaviors (comportment) as well as the adverse impact the missed sessions may have had on student learning and/or achievement of required program competencies before taking any action.

Faculty members believe it is their responsibility to provide an environment conducive to learning. Therefore, classroom attendance is restricted to those individuals enrolled in that class. Guests may only be permitted in the classroom with prior approval of the course instructor.

See Attendance Policy in Clinical Education Section for policies specific to attendance during clinical education experiences, located on page 46 of this Handbook. .

Absences from the classroom or the clinic due to illness of three or more consecutive days may require written physician permission to return to the classroom or clinical facility. Should a student miss an exam or due date for an assignment, s/he may be asked for a doctor's note to substantiate his/her absence. Students will be required to make up hours lost. Prolonged absences or inability to participate in classroom, laboratory, or clinical work may require a leave of absence from the clinical education or academic experiences. See discussion for reassignment of clinical education experiences under the clinical education section of this handbook, on page 44. In the event of a leave of absence, the student will work with his/her advisor, the DCE and Program Director to specify the terms and conditions of the leave as well as conditions under which the student may resume clinical education experiences.

Students are expected to be active participants in all classroom and laboratory activities. Should any issue preclude a student from full participation in any classroom, laboratory, or clinical activity, it is the student's responsibility to

discuss this with the course instructor. Students are reminded to review the informed consent signed at orientation, which can be found in the appendices of this handbook on page 87, as well as the Technical Standards of the Program, which can be found on the program website at: https://smhs.gwu.edu/physical-therapy/sites/physical-therapy/files/dpt_technical_standards_1.pdf. If a student sustains an injury or illness during the course of the semester that may prevent them from full participation in academic or clinical courses, then the following must occur:

- Student must fully disclose injury/illness and consequences to the course director.
- Student must have a physician's report or prescription indicating the injury/illness and restrictions.
- Student must notify the Program Director of follow up appointments with treating physician and timeframe for resolution of restrictions with expectation to return to full class participation.

Decisions regarding unresolved health issues or injury which require a significant restriction in participation in academic or clinical coursework will be considered on a case by case basis by the DPT Academic Standing committee.

Classes during Inclement Weather or National Emergencies

Classes, Laboratories, Discussion Groups, and Clinical Conferences

The Program follows the University policy regarding cancellation of classes due to inclement weather, or local or national emergencies.

The University President will make decisions concerning overall cancellation of classes for the University. If the University is closed, DPT classes on campus will be canceled. You will receive email correspondence to this effect by 6:45 AM the morning in question from SMHS and/or Program administrators. By calling (202) 994-5050, you will also hear a recorded message informing you if the University is canceling classes or has a delayed start. Information is also available online at <https://campusadvisories.gwu.edu/>. In the event the class session can be held online, or synchronously using technology, please look for email correspondence from the course director.

Each class of entering DPT students will have an email listserv that will be used to communicate with students in the event of emergencies. Students are expected to keep current and regularly update their contact information with the University and the program via the University's official system of record, the GWeb information system at <https://banweb.gwu.edu>. In the event that travel for an individual faculty member is impossible or inadvisable, the faculty member will notify the Program Director. The Program Director will communicate any updates via the program listserv.

See Attendance Policy in Clinical Education Section for policies specific to attendance during clinical education experiences, located on page 51 of this Handbook.

University Policy Regarding Religious Holidays

The administration has accepted a resolution of the Faculty Senate regarding the accommodation of the obligations of religiously observant students and faculty. The Senate recommends that:

- students notify faculty during the first week of the semester of their intention to be absent from class on their day(s) of religious observance;
- faculty continue to extend to these students the courtesy of absence without penalty on such occasion, including permission to make up examinations;
- faculty who intend to observe a religious holiday arrange at the beginning of the semester to reschedule missed classes or to make other provisions for their course-related activities
- Prior to each semester, the administration circulate to faculty a schedule of religious holidays most frequently observed by GW students.
- Student members of other religious groups are also entitled to the same courtesies and accommodations
- Administration conveys this policy to students by including it in the Schedule of Classes and other places deemed appropriate.
- respect for religious freedom extends to our clinical education environment as well. Students engaged in clinical education experiences must notify the CI and DCE/ADCE of any planned absence due to religious observance. The CI or DCE/ADCE may require that the time be made up with other assignments or clinic time.

See the following website for policy guidance of religious observances: <https://provost.gwu.edu/policies-procedures-and-guidelines>

Comportment and Professional Behavior

All members of the GW community are expected to uphold standards that reflect credit to themselves and the institution and to abide by all GW rules and regulations. Should the conduct or action of a student, or group of students, be detrimental to the general welfare of GW or its members, the student or group of students may be subject to suspension or dismissal.

The SMHS policies related to professional comportment are described in Appendix 6, on page 74 of this handbook.

Students are expected to demonstrate professional behaviors throughout their academic and clinical education experiences. These expectations have been defined in the literature and are fostered and enforced in the GW Program in Physical Therapy.

The following definitions and criteria related to professional behaviors were developed by: Warren May, Laurie Kontney, and Annette Iglarsh (2010) and posted to: general-list@aptaeducation.org of the APTA on 6.7.2010. The research supporting the developed definitions and criteria was presented at the Combined Sections Meeting (CSM) in February 2009.

Definitions of Behavioral Criteria Levels

- ***Beginning Level*** – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship
- ***Intermediate Level*** – behaviors consistent with a learner after the first significant internship
- ***Entry Level*** – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals
- ***Post-Entry Level*** – behaviors consistent with an autonomous practitioner beyond entry level

A. 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

B. 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

C. 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

D. 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

E. 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

F. 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

G. 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

H. 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

I. 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

J. 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

In addition to the expectations established above all students enrolled in the Doctor of Physical Therapy Program must comply with all rules, regulations, and policies with University-wide applicability as well as those established specifically for School of Medicine and Health Sciences students and documented in the SMHS and University Bulletins.

Risk Management

Risk management is imperative to all organizations. Students are encouraged to report problems or issues involving “risk” to a DPT staff or faculty person. The student may be asked to put the incident in writing when appropriate to clarify the issue or problem. The Program Director can address issues of risk in a confidential format.

Communication Using Appropriate Channels

Any organization benefits from clear expectations about communication and the orderly progression of concerns through appropriate channels. It is expected that students will display characteristics of adult learners and developing professionals by seeking to solve problems that arise. We have defined a process for the types of problems that may need to be addressed and the manner in which the problem solving may be escalated through the appropriate channels.

For Administrative issues: Access to resources such as classrooms, lockers, learning materials, and audiovisual equipment; problems within the suite; broken equipment.

- Students are expected to define the problem, clarify the problem, and offer suggestions for possible solutions.
- Students are encouraged to present the problem along with suggestions for possible solutions directly to a staff person of the DPT Program. If this cannot be resolved on the Program level the staff person and/or Program Director will take the problem to appropriate University departments.

For Academic issues: Timing of exams; quality of learning experiences; pace of material; fairness of academic assessments.

- Students are expected to define the problem, clarify the problem, and offer suggestions for possible solutions.
- Students are encouraged to take problems and recommended solutions directly to the Course Instructor.
- If resolution is not achieved at the level of the Course Instructor the student should consult with the Program Director.
- If resolution cannot be achieved at the level of the Program Director or if the issue directly involves the Program Director, students are encouraged to meet with the Senior Associate Dean for Health Sciences.

Please see any member of the Faculty if you have any questions or concerns.

Grievance Procedures

If a student believes that s/he has been discriminated against on the basis of sex, race, color, religion, age, national origin, disability or sexual orientation in any of the policies, procedures, programs or activities of or by any individual employed by or acting in an official capacity for The George Washington University, please see *The George Washington University Guide to Student Rights and Responsibilities* at: <https://studentconduct.gwu.edu/student-grievance-procedures>.

INSTRUCTIONAL METHODS

Courses will be conducted utilizing a multi-modal approach to adult learning. Depending on the specific course goals, the instructional goals may include strategies such as: didactic classes, with presentations by faculty and guest lecturers, audio-visual materials and physical models, computer assisted instruction and videotapes, class and small group discussions, demonstrations, panel discussions, clinical conferences, student presentations, experiential projects, laboratory sessions, simulations, field trips and site visits, supplemental reading, use of the Internet as a learning tool (including exploration of health information on the web and library searches), interdisciplinary clinical research presentations, learning experiences with simulated patients in the clinical skills labs and clinical education experiences with patients at clinical education sites. Students are welcome to use their laptops and other electronic devices during class for instructional purposes. Using electronic devices for purposes other than direct classroom or clinical activities is inconsistent with the professional behaviors required by the program.

SEMESTER AND COURSE EVALUATION

At the end of each didactic and clinical education course, students are strongly encouraged to complete an **anonymous** standardized course evaluation. The course evaluations are completed on-line. For didactic courses, the data is directed to the University Office of Institutional Research for tabulation, and results are provided to the program for curriculum enhancement. Clinical education course evaluations are designed to reflect the unique course design and delivery of the clinical education curriculum. Data is collected anonymously through Exxat, an online clinical education management system. Individual faculty members may request completion of supplemental course evaluation forms that provide additional constructive feedback. Students are encouraged to provide constructive comments to faculty throughout the curriculum to ensure effective learning opportunities.

At the conclusion of the full-time clinical education experiences, students evaluate the entire curriculum through focus groups and questionnaires. Alumni are also surveyed to define how well their education prepared them for employment opportunities.

Self, Peer, and Program Assessment

A guiding philosophy of the Doctor of Physical Therapy Program is that students are active participants in the learning process. In our curriculum, learning is an active process that requires initiative and continual participation by the student. Furthermore, the faculty values the development of reflective practitioners. While course objectives are designed to meet student learning needs, each student is encouraged to take responsibility for developing his/her own learning goals, committing them to writing, and taking an active role to ensure that they are met. In addition, learning is a lifelong process. To enhance the professional development of health care providers, our curriculum facilitates strategies for each individual to take responsibility for his/her own professional growth and development.

Peer review and program evaluations are the responsibility of all professionals. Peer review involves constructive analysis of another's work, cooperative problem solving and, above all, mutual respect. Program evaluation may take many forms during the education process and throughout one's professional career. In professional life, quality assurance programs and evaluation of success rates for treatment programs are examples of program review. Students will be asked to evaluate self, peers, faculty, instructional methods, and the curriculum throughout the program. In turn, student work may be utilized for accreditation, program development, and/or faculty research purposes.

General

The course grade for each student will be determined by evaluation of the degree to which the student meets the course objectives. At the beginning of each course, the primary Course Instructor will define learning objectives, grading methods, and methods to assess student competence in knowledge, skills, and behaviors. All grading policies will be clearly defined in the course syllabus. A student who believes that a grade or evaluation is unjust or inaccurate should speak directly with the Course Director or Instructor. If the matter is not resolved, the student should follow up with the Program Director. If still not resolved to the student's satisfaction, the student should follow the Appeal Procedures for Cases of Alleged Improper Academic Evaluation

https://smhs.gwu.edu/sites/default/files/Grade%20Appeal%20Form_2019_Fillable.pdf

Evaluation

Forms of evaluation used throughout the DPT Program may include, but are not limited to the following:

Skills Lab Performance Testing

This type of testing allows students to demonstrate mastery of clinical skills before these skills may be implemented in the clinical arena. Increasing levels of clinical competence and clinical decision making with simulated patients in a closely supervised environment is expected. See individual course syllabi for how laboratory performance is included in the overall assessment of the student.

The Standardized Patient Instrument or Encounter

The Standardized Patient Encounter allows students to demonstrate their ability to integrate the material from all the courses in the semester as well as from prior semesters. Students demonstrate competence in clinical skills, safety, and professional abilities before working with patients in the clinic. This activity is performed in the simulation lab and is called the Standardized Patient Instrument (SPI).

Comprehensive Examination

This type of comprehensive testing allows students to demonstrate adequacy and integration of knowledge and skills as well as clinical decision-making following the first two years of study. The clinical competency examination must be successfully completed to progress to the full-time Clinical Internships.

Clinical Performance Instrument

The student will be evaluated on clinical performance according to the criteria on the Clinical Performance Instrument (CPI). The DCE/ADCE has a copy of this tool and access to the electronic version, and it will be provided via the electronic version to the student during Clinical Internships. The student is responsible for reading and electronically signing each evaluation and may respond to any grade or comment written by the core faculty or CI. The core faculty will meet with students as requested by the student, the CI, the DCE/ADCE, or the faculty.

Self-Evaluation and Peer Review

Self-evaluation and peer review are integral parts of learning and professional behavior that enable the student to appraise strengths, weaknesses and growth in relation to stated objectives. Each student will do periodic self-evaluation and peer review. Examples of tools used to facilitate this process are the "Reflective Essays," "Learning Plans," and "e-Portfolio." Examples of peer review activities include feedback on group participation, communication and professional behaviors. The format for completion is incorporated into each semester's work. These tools provide the framework for discussions with the Faculty Advisor about success in achieving academic professional goals.

Written Assignments

Written reports when prepared in advance of class should be typed, unless specified otherwise by the instructor. Hand-written reports prepared as part of classroom activities, group discussions, or the SPI, must be neat and legible. Written assignments must include the current date, course title, course instructor's name and student's name. If more than one sheet is used, it is the student's responsibility to ensure that all pages of an assignment are properly identified and fastened with a staple to prevent loss. Assignments not properly identified and fastened may not be considered in computing course grade. All papers must be turned in at the designated time and place. *Late work may not be awarded full credit.* Emergency or illness are the only exceptions, and will be addressed on an individual basis. Grades will be based on content, style, composition, and execution of the task as defined in the timeframe.

Missed Examinations

All major tests and exams will be announced prior to the scheduled date, and *students are required to complete all exams at the scheduled time.* This does not preclude the right of faculty to present unscheduled quizzes within the course framework, nor does it preclude the faculty person from modifying the class schedule to meet the needs of the cohort of students involved.

If a student misses an exam due to illness, the student may be required to verify illness to the instructor involved immediately upon returning to school by presenting a written statement from the Student Health Services and/or physician. Medical and dental appointments (other than emergencies) are not considered legitimate excuses. If a student misses an examination of any kind, the course instructor may choose to assign a grade of zero for the examination, s/he may require a re-examination and/or s/he may require additional course work. It is the student's responsibility to meet with the course

instructor immediately upon his/her return to school. All written and practical exam retakes must be completed in a timely fashion and are subject to the Course Director approval.

Retention, Promotion, and Academic Probation

The student's knowledge, understanding, and ability to integrate information, professional behavior, and clinical problem solving abilities (as appropriate) will be evaluated in each class. The grading scale utilized by the Program is as follows:

| QPA (quality points) | | |
|----------------------|------------|-------------|
| 93-100 | = A | 4.0 |
| 90- 92 | = A- | 3.7 |
| 88-89 | = B+ | 3.3 |
| 83-87 | = B | 3.0 |
| 80-82 | = B- | 2.7 |
| 78-79 | = C+ | 2.3 |
| 73-77 | = C | 2.0 |
| 70-72 | = C- | 1.7* |
| Below 70 | = F | 0.0* |

**any grade below a "C" is considered failing within the DPT curriculum.*

Academic Achievement

Due to the hierarchical and integrative curricular model used in the physical therapy curriculum, all coursework is built upon a foundation of previous coursework. Students must achieve a minimum grade of "C" (i.e., 73%) to pass a course in the Program. It is the responsibility of any student who is underperforming to seek the assistance of the course instructor and his/her advisor.

A student who earns a failing grade in any course (i.e., less than a "C" or in the case of a clinical course "NC") will not be allowed to progress within the curriculum until that course is satisfactorily completed. Provided that the student has not failed any other courses and is not currently on probation, they may be given one opportunity to retake the failed course when it is offered next. Most courses are only offered one time per year, therefore the student may be required to take a leave of absence for one year, and repeat the failed course at that time. If the student successfully completes the failed course they may be given permission to progress. Students who fail the same course more than one time or who fail two different courses across the curriculum—either academic or clinical courses—will be recommended for dismissal from the Program regardless of overall Grade Point Average (GPA).

In courses that include a laboratory component, a student must pass both the written component and each practical exam to pass the course. Practical exams (including Standardized Patient Encounters) are graded "pass"/"fail" as defined in the individual course syllabus. Students who fail a practical exam may be allowed one re-test (i.e., a second opportunity). A student who is offered a re-test may be required to complete additional assignments to ensure satisfactory achievement of requisite knowledge and skills. During Semester I, a student is eligible to request a second re-test (i.e., third opportunity) to pass a practical exam through written appeal. The appeal should include an analysis of prior strategies that resulted in the unsuccessful outcome and a new plan outlining strategies to ensure future success. Approval will be at the discretion of the faculty. In making a determination, faculty will consider the student's overall performance (both professional and academic) within the course and across the curriculum. This exam may be observed by additional instructors and may be videotaped. A faculty member may serve as "patient" in re-testing situations. A student who fails the second re-test (third opportunity) will fail the course and can receive a grade of no higher than C- for the course. During Semesters II through VIII, a student is eligible to request a second re-test (third opportunity) to pass a practical exam through written appeal. Approval will be at the discretion of the faculty. All conditions noted above (e.g., Semester I) regarding the appeal process and outcomes will apply.

Any demonstration of unsafe, unprofessional, or unethical behavior during any practical exam will result in an automatic failing grade for that exam regardless of overall score on the exam.

No retakes are offered on written examinations except for the Curriculum Comprehensive Exam in Clinical Conference VI. A student who fails the Curriculum Comprehensive Exam in Clinical Conference VI will be given one opportunity to retake this exam. If a student fails the second attempt on this exam, s/he will receive a grade of no higher than a C- for the course and will be required to take this course again providing s/he was not on probation and did not have any other failing grades throughout the curriculum.

For Program policy specific to grading clinical education courses see page 52 of this handbook.

A student whose cumulative GPA falls below a 3.2 will receive a letter of warning from the Office of the Senior Associate Dean. A student whose cumulative GPA falls below a 3.0 will be placed on **academic probation**. The probationary period will extend until the student has completed one semester of full time academic coursework as defined in his/her course of study. If the student succeeds in raising his/her cumulative GPA to 3.0 or higher, academic probation will be lifted. A student who fails to raise his/her cumulative GPA to a 3.0 or has been placed on probation more than one time will be

recommended for **dismissal** from the Program in accordance with SHMS policies. Students who believe their grade or evaluation is unjust or inaccurate have the right to an appeal process as outlined in the SMHS bulletin.

<http://bulletin.gwu.edu/medicine-health-sciences/#Standing>

Students must have a cumulative GPA of 3.0 to progress to Clinical Internships. Any student with a GPA of less than 3.0 at the conclusion of Semester V must be able to mathematically achieve a cumulative GPA of 3.0, based on the quality point-bearing credits in the subsequent semester, or risk dismissal from the Program. A cumulative GPA of 3.0 or better is needed to graduate from the Program. Any student who fails a course while on academic probation will be recommended for **dismissal** from the Program in accordance with SHMS policies. Note that a student must maintain satisfactory academic progress (SAP) in order to be eligible for federal student financial assistance program. These standards are described at the following link: <https://financialaid.gwu.edu/policy-satisfactory-academic-progress>.

Examination Environment

Students are expected to turn off all electronic communication while completing an assessment or examination. ***Students are expected to maintain confidentiality of the exam content at all times; this stipulation includes practical, standardized patient encounters and laboratory exams.*** Students must secure permission from the exam proctor to leave the testing area. Once an exam has been turned in by any student, students still in-progress will not be permitted to leave the testing area.

Professional Achievement

It is essential for students to understand that academic, clinical, and professional achievements are necessary for the student to progress to the next level of coursework in the DPT Program. It is the position of the faculty that academic and/or clinical achievement without professional achievement is incompatible for competent, compassionate, ethical, legal, and moral clinical practice. This is especially true because the physical therapy profession serves vulnerable populations. Therefore, students may be recommended for dismissal from the PT Program for less than satisfactory professional achievement regardless of academic or clinical achievement.

Students must demonstrate satisfactory professional abilities and comportment throughout the curriculum. See the prior section on professional principles and abilities (page 20) as well as the section on Core Values of Professionalism (page 62) for a description of satisfactory professional achievement in the Doctor of Physical Therapy Program (Please refer to “Student Expectations” section of Health Sciences Bulletin).

Professional abilities and comportment are formally and informally assessed in the classroom, the skills laboratories, the clinical educational experiences, and in the greater University learning community. Students will receive feedback on their achievement from faculty and from their faculty advisors and will have ample opportunities to assess their own progress. Students having difficulty with professional achievement may be required to develop a written learning plan for improvement with their Faculty Advisors and in consultation with the Program Director and/or other members of the DPT Academic Standing Committee. If a student persistently demonstrates an inability to satisfy professional achievement standards to the satisfaction of the Program, the student may not be permitted to continue in the PT Program. Egregious breaches of professional comportment and/or University code (e.g., cheating) may result in a recommendation of dismissal from the Program.

Dismissal

The following conditions may be grounds for the faculty of the Doctor of Physical Therapy Program to recommend dismissal:

- Inability to raise overall GPA to 3.0 or higher during the probationary period; and/or
- A second failure of the same academic or clinical course; and/or
- Failure of a second course, academic or clinical, at any time during the curriculum; and/or
- Placement on probation for a second time during the curriculum, and/or
- A cumulative GPA of less than 3.0 at the conclusion of Semester V that, based on the quality point-bearing credits in Semester VI, cannot mathematically be raised to a minimum of 3.0, and/or
- Egregious or unresolved professional abilities or comportment issues.

Withdrawal and Leave of Absence

The **SMHS Bulletin regulations** (<http://bulletin.gwu.edu/medicine-health-sciences/#regulationstext> /) identifies the policies and procedures for formal withdrawal and leave of absence. Students considering these options for any reason are encouraged to thoroughly discuss their concerns with their Faculty Advisor and the Program Director.

Appeal Procedures for Cases of Alleged Improper Academic Evaluation

Students who believe that a grade or evaluation is unjust or inaccurate may use the following appeal procedures:

Step 1: Attempt resolution with the relevant faculty member and the student's program director.

- o The student must complete Section 1 of the Grade Appeal Form https://smhs.gwu.edu/sites/default/files/Grade%20Appeal%20Form_2019_Fillable.pdf and submit this written appeal to the relevant faculty member within ten calendar days of the time the grade is posted, with a copy to the program director.
- o The faculty member will review the student's Grade Appeal and complete Section 2 of the form. Upon completion, the faculty member will submit the form to the program director with the student in copy.
- o A review shall be conducted by the program director, consulting with the student and respective faculty member(s) involved with the grade or evaluation under review as the program director finds appropriate. If the program director is the faculty member who assigned the grade or evaluation under review, then a senior academic official (e.g., department chair, associate dean) conducts the review process.
- o Following the program director's review, the program director's decision will be input in Section 3 of the Grade Appeal Form. The completed Grade Appeal Form will be provided to the student and the faculty member.

Step 2: Escalate the appeal to the senior associate dean for health sciences.

- o If a mutually satisfactory resolution is not achieved in Step 1, the student may, within five calendar days of the decision of the program director (or senior academic official, if applicable) being rendered, appeal to the senior associate dean for health sciences.
- o The student must submit to the senior associate dean for health sciences a written letter of appeal, accompanied by the completed Grade Appeal Form used in Step 1 and any other supporting documentation that the senior associate dean for health sciences permits.
- o Appeal requests are reviewed by the senior associate dean for health sciences, consulting with the student and all respective faculty members involved with the grade or evaluation under review, as the senior associate dean for health sciences finds appropriate, to determine whether the grading procedures employed were fair, equitable, objective, and consistent. Appeal requests are referred to the Health Sciences Student Evaluation Committee by the senior associate dean for health sciences to provide additional guidance and recommendations.
- o The senior associate dean for health sciences (or delegate) will render a decision in writing to the student with the student's program director in copy. The decision of the senior associate dean for health sciences is final.

HEALTH AND SAFETY

The following policies pertain to health and safety both within the academic and clinical settings. See the Clinical Education section of this manual, starting on page 37, for additional information specific to clinical education experiences.

Emergency Contact Information

Students are expected to keep current and regularly update their emergency contact information with the University and the program via the University's official system of record, the GWeb information system at <https://banweb.gwu.edu>. Students with deficiencies in this area will not be permitted to participate in clinical education experiences. Additional information regarding the emergency contact notification procedures pertaining to clinical education experiences can be found in the Clinical Education section of this Handbook (pages 46-48).

Health Insurance

All students enrolled in the Health Sciences clinical programs are required to have health and accident insurance coverage that meet the University requirements. Through Aetna, GW offers a Student Health Insurance Plan (SHIP) for which all DPT students will be automatically enrolled. For information on SHIP, students should contact Student Health Services at <https://healthcenter.gwu.edu> or the Aetna Student Health website. For those students who have health insurance plans and wish to waive out of the GW Aetna SHIP, they must apply for a waiver online directly through the Aetna website: www.aetnastudenthealth.com. Students who are removed from parental health insurance plans due to age restrictions (26) must contact Student Health Services within 31 days of this event in order to enroll in GW SHIP during the year. This is considered a "life event" and enrollment will be permitted outside of the typical enrollment schedule but must be done within the 31 days of the "life event."

Proof of current health insurance coverage must be provided prior to beginning of clinical education experiences. Injuries and accidents may occur during the course of a student's educational experiences. If medical attention is required, any costs incurred with treatment are the responsibility of the student, not the DPT Program or the University.

Student Health Services

Colonial Health Center
Marvin Center, Ground Floor (800 21st St NW)

Full-time and part-time students currently enrolled on campus in degree programs can receive treatment at the Colonial Health Center. This is an outpatient clinic staffed by physicians, nurse practitioners, and physician assistants. Visits are arranged by appointment; urgent problems may be seen on a walk-in basis, if necessary. Charges may be incurred for lab work, immunizations, allergy supplies, and medications. Psychiatric evaluations and short-term therapy appointments and crisis interventions are available. Information about counseling evaluations and sessions can be found at

<https://healthcenter.gwu.edu/>

Health Records and Physical Examination

The Health Sciences Physical Examination Form and the Immunization Form must be completed prior to the start of the first semester. Students must comply with all District of Columbia Immunization Law and PT Program requirements for vaccinations and immunizations. If a student is under age 26, the University requires the Health Sciences Immunization Form to be on file at GW's Colonial Health Center along with any related serology reports. Additionally, the Health Sciences Physical Examination Form and supporting documentation, along with the Immunization Form is required to be uploaded by all students into their Certiphi myRecordTracker© account. Failure to do so may result in delays, the inability of the student to register for future classes, or begin clinical education experiences. In addition, students must comply with all health and safety requirements stated on page 48 of the Clinical Education section of this Handbook.

The student is required to maintain current health requirements during the length of the program. This allows students to comply with OSHA recommendations and The Joint Commission requirements for all health care workers as it relates to current immunization record and a health physical verifying that the student is free of communicable disease. Students cannot be assigned to a clinical education site without a current health records on file. Detailed instructions, health requirements and forms are located in Appendix on page 78.

All health information forms are kept confidential in accordance with HIPAA and FERPA regulations. The Health Sciences Immunization Form is maintained by Student Health Services for students under the age of 26, and the Health Sciences Physical Examination Form and Immunization Forms are both maintained by Certiphi's myRecordTracker©. ***Students must maintain copies of their medical records in myRecordTracker© in the event this information is requested by the clinical education sites.*** Clinical education sites will be informed that these records are complete and on file, however ***some clinical education sites may request copies of immunization records and health physical examination reports.*** Information and records relating to student performance are confidential between the site and the University and may not be revealed to any other party without written permission from the student.

Communicable Diseases

The Doctor of Physical Therapy Program approaches issues related to communicable diseases in the University population on an individualized case-by-case basis in accordance with medical advice of an attending physician and guidelines of the American College Health Association and the Communicable Disease Center. Note that some clinical education sites require all students receive the flu vaccine. Please note the Program may not be able to place a student who has not received the vaccination. Therefore an annual flu vaccine is mandatory.

Any student contracting a communicable disease will have his/her case reviewed by a task force comprised of the DPT Program Director and the Director of the Student Health Service. During the review process, the student and his/her attending physician will be consulted regarding the best procedure to follow for the welfare of the student as well as the safety of the University community and those individuals within the clinical education environment.

The recommendations from the task force will be forwarded to the Senior Associate Dean of Health Sciences Programs. The Senior Associate Dean will communicate any recommendations with other persons needing to have this information so that appropriate action can be taken to safeguard the health of the student involved and to give maximum protection to the University community and the health care environments in which the student practices.

Tuberculosis, Rubella, Hepatitis B, and Varicella (Chicken Pox) Screening

Most clinical education sites require documentation that the student has current immunizations or verification that they are free of communicable diseases. The Doctor of Physical Therapy Program requires the proof of the following vaccinations or proof of immunity through serology to the following communicable diseases:

- PPD test annually (or negative chest x-ray; an additional chest x-ray will be required if the student shows signs and symptoms of the disease or if the clinical site requests one prior to a clinical education experience.)
- MMR or proof of immunity via titers to detect German Measles
- Hepatitis B or proof of immunity via titers
- Tetanus or Tdap within 10 years as an adult (proof of vaccination)
- Varicella (Chicken Pox) or proof of immunity via titers
- Meningococcal vaccine or signed waived form
- Annual Flu Vaccine

If a student has been exposed to Chicken Pox or Shingles, they are not eligible for any patient contact during the prodromal period. It is the student's responsibility to inquire about requirements for health documentation and to provide needed documentation in accordance with clinical site policy. Clinical education sites reserve the right to request students to provide proof of vaccinations or serology lab testing for communicable diseases not included in this list.

Pregnancy

There are areas of clinical practice and clinical skills laboratory that present hazards or potential danger to an expectant mother or unborn child. A student who is pregnant at the time of matriculation, or becomes pregnant at any time before graduation, is encouraged to inform their Faculty Advisor and the Program Director. A statement from the obstetrician regarding their ability to continue in the physical therapy curriculum may be required. Clinical education experiences may be adjusted to minimize stress on the mother and baby. Missed time in class, laboratories, integrated clinical education experiences, clinical conferences, and clinical education experiences due to pregnancy will be treated as any other absence. Please refer to the policy on attendance on page 46 of this Handbook.

Smoking

The George Washington University is a smoke-free campus. Additionally, all persons in the 2000 Pennsylvania NW building are strictly prohibited from smoking.

Unsafe or Impaired Behavior

The faculty of the Doctor of Physical Therapy Program supports the University policies on the use of drugs, alcohol and other unacceptable behaviors. See the "Code of Student Conduct" in [*The Guide to Student Rights and Responsibilities*](#).

The use of drugs and/or alcohol and/or chemical substances before or during class or during clinical education experiences will not be tolerated. In addition, as noted, many clinical education sites have a "Zero Tolerance" policy regarding drugs, alcohol, and other substances. A student may be judged to be unsafe or impaired if s/he demonstrates any of the following behaviors: impaired ability to process information (e.g. inability to calculate math problems); impaired judgment or reasoning; weakness or abnormal movements; slurred speech; irrational behavior; or behavior inappropriate to the setting.

Counseling and Psychological Services

The University Mental Health Services is located on the ground floor of the Marvin Center (800 21st St NW). The University Mental Health Services assists students with personal, social, career, or study problems that may interfere with their progress toward academic goals. A staff of licensed psychologists and certified mental health professionals provide short-term individual and group counseling, workshops and educational programs, crisis intervention, and referrals for a wide range of concerns. The Mental Health Service has a resource room of print, audio and videotape materials on topics such as, getting organized, managing academic requirements, reducing stress, handling depression, choosing a career, settling conflicts, and introductory material on issues of a more personal and psychological nature. Further information on counseling services can be obtained from Counseling and Psychological Services website at <https://healthcenter.gwu.edu/counseling-and-psychological-services>.

SPACE AND EQUIPMENT UTILIZATION

General Rules for Use of All Laboratories

All labs contain expensive and sensitive equipment. Safe practices are always expected in the laboratories. Students are expected to maintain their individual workspaces and common areas of the labs in a clean and orderly fashion. No food or beverages are to be taken into the labs at any time except in the kitchen area.

Laboratories in the program suite are available outside of class time; however, use must follow all the general safety standards described below. All equipment or materials must be returned to their original location after using the laboratory.

General Safety

Students must not attempt to operate any equipment without first receiving formal instruction in its use. Students must return equipment to the appropriate default settings after each use to avoid injury to self or others, or irreparable equipment

damage. Any student with a pre-existing medical condition that would preclude him/her from participating in any laboratory scenario must notify the Course Director before the start of the course or as soon as s/he is aware that the medical condition exists and may impact his/her participation.

Practice with electrical and mechanical equipment is allowed with the on-site supervision of a faculty member. Students must know and abide by all indications, contraindications, and precautions of any procedures they plan to practice. Guests are not permitted in the laboratory without prior approval. Access to any lab may be temporarily restricted to students during preparation for practical exams.

All mat tables and plinths and other equipment as appropriate that come in direct contact with persons will be wiped with an approved chemical germicide after each use, as appropriate.

A minimum of two students must be present at all times during application of exercise or use of biomedical equipment. Specific emergency procedures are posted in each lab. The student must be familiar with these procedures. Students must immediately report all accidents or injuries to a faculty member.

During laboratory practice, students are expected to simulate patient examination and intervention skills on each other. This frequently requires close contact and that students wear clothing that permits maximum exposure of body regions being treated while maintaining appropriate modesty. Students are expected to wear appropriate lab clothing as requested by the instructor. Any exceptions to participation and appropriate lab wear must be discussed with the Course Director.

Injury Reporting

If any person sustains an injury while in class, in lab, or in the GW DPT program suite, a GW incident report must be filed via a web form. Students, faculty, and staff can access the Office of Risk Management Incident Report web form via this website: <https://risk.gwu.edu/incident-reporting>. The person who submits the report must also alert the Program Director to the incident.

Standard Precautions

Standard precautions will be observed in all labs, except anatomy (see modified precautions below), to minimize the risk of transmission of disease. The precautions are:

- Gloves must be worn before touching blood, body fluids, mucous membranes, non-intact skin. Change gloves after contact with each patient.
- Wash hands immediately after gloves are removed. Wash hands and other skin surfaces immediately if contaminated with blood or other body fluids.
- Masks and protective eyewear or face shields must be worn for procedures likely to generate splashes of blood or body fluids.
- Dispose of all sharp items (scalpel blades) in puncture-resistant container located near point of use.
- Do not recap needles or sharps or otherwise manipulate by hand before disposal.
- Mouthpieces or resuscitator bags are handled in accordance with George Washington University policy and local DC law.
- Waste and soiled linen are handled in accordance with George Washington University Hospital policy and local DC law.
- Blood spills should be cleaned up promptly with an approved chemical germicide or appropriately diluted sodium hypochlorite (bleach) solution.

Anatomy Laboratory Safety

The Anatomy Laboratory is located in Ross Hall, second floor.

The Anatomy Laboratory permits dissection of human cadavers. The District of Columbia code requires the University to adhere to all statutes regarding cadavers.

Respect for the deceased and respect for their family's wishes are to be considered at all times. The beliefs and sensitivities that some persons have about death, the dead, or dissection of dead human bodies are to be considered and respected at all times. Students need to appreciate the privilege of being able to dissect a human body, and act accordingly at all times.

Second and third year students must request permission from the Program Director or Lab Director to use the Anatomy Lab.

Cadavers, prosected sections or models are not to be taken from the Anatomy Lab at any time. Students are not to draw on the models in any fashion or use writing utensils as pointers while working with the models. Students are responsible for

purchasing a dissection kit, gloves and scrubs in advance to be used in the lab. Closed toed shoes are required in the lab. Disposable gowns are required and will be provided in lab by the Program. Instructors will notify students when the models and prosections are available for independent study outside of class time. For safety, outside visitors are not allowed in the lab. No cadaveric materials can be taken from the laboratory. No pictures are allowed of any cadaveric materials.

The chemical composition of the fixative that is used on the bodies in the anatomy lab is as follows: 2% formaldehyde, 10% phenol, 11% methanol, 11% glycerin in a water solvent.

Any student who is pregnant prior to the start of the Anatomy course or becomes pregnant during the Anatomy course is required to contact the Course Director for further direction.

NOTE: There is no known risk of transmission of HIV or hepatitis via embalmed cadavers. Precautions for embalmed specimens are as follows:

- Examination gloves are required; disposable gowns and eye protection (face shield or protective glasses) are required.
- Dispose of paper towels in ordinary wastebaskets and place cadaver tissue scraps in specially marked waste container.
- Dispose of needles and other sharp items (scalpel blades) in puncture-resistant container located near point-of-use.
- Wash hands immediately after gloves are removed. Wash hands and other skin surfaces immediately if contaminated with embalming fluid.

Students with contact lenses, asthma and allergies and latex sensitivities may experience increased symptoms with exposure to the Anatomy Lab. Please report any difficulty you are experiencing to the Course Instructor. Pregnant students should notify the Course Director to obtain additional information.

Clinical Skills Laboratories

Shoes, belts, jewelry or other sharp objects must be removed prior to using the examination tables, mat tables and stools to avoid damage to the upholstery. Always make table adjustments slowly and return the tables to the full down position after each use. Be sure the area under high- low tables is clear before lowering.

DRESS, APPEARANCE AND PROFESSIONAL DEMEANOR

Classrooms

Because our Program is located in a professional setting, appearance and attire are important. Appropriate attire is expected at all times, in keeping with our representation as members of the professional community, as well as The GW community. Students should refrain from any attire that distracts from or interferes with the learning environment. Faculty members may provide guidance about appropriate attire. Students are requested to dress professionally when they or their classmates are making formal presentations to the class or when guest speakers from the community are scheduled to conduct class.

Skills Laboratories

Clinical skills labs will require students to examine, palpate, apply treatment modalities, and practice therapeutic exercise. Acceptable laboratory attire for women includes loose fitting athletic shorts, halter tops, sports bras, or swim suit tops, tee shirts, and closed-toe flat shoes. Acceptable laboratory attire for men includes loose fitting athletic shorts and tee shirts, closed-toe shoes. Students are expected to have lab attire available for all scheduled lab sessions, unless informed otherwise by the instructor. A student may be dismissed from the lab if s/he is not properly attired or prepared for lab sessions. Body piercings that potentially interfere with the full participation of the student or his or her classmates in any laboratory or clinical activities must be removed.

Anatomy Laboratory

Students are to wear gloves at all times while working with cadavers. Students are to provide their own supply of gloves and surgical scrubs. Protective eyewear is required in the lab. Surgical scrubs are required. A disposable gown will be provided for use over your scrubs for each Anatomy Lab session. Students must always wear closed toe shoes while working in the anatomy lab to avoid risk of injury resulting from dissection instruments that may be inadvertently dropped.

Off-Site Visits and Presentations

When students attend clinical conferences, activities at the GW Hospital or off-site visits, they are expected to wear attire that is appropriate to the professional setting. Low-waisted pants or other garments that may expose undergarments when bending or squatting are not acceptable. Flat dress shoes or athletic shoes (when appropriate) is the suggested footwear.

POLICIES AND PROCEDURES SPECIFIC TO CLINICAL EDUCATION

Overview of GW PT Clinical Education

Clinical education is an essential component of the physical therapy education curriculum. The clinical education curriculum at GW includes a series of courses that are integrated throughout the curriculum plan. The sequence is designed to prepare students to enter the profession of physical therapy. At GW, the goals of clinical education serve the mission of the DPT curriculum. The Program is committed to graduating practitioners prepared to assume the multifaceted role of the physical therapist today and in the future.

See “Program Mission, Goals and Objectives” section in this handbook on pages 3-4 for further details.

Goals of the GW PT Clinical Education Curriculum

The GW PT Program’s clinical education experiences are designed to prepare graduates for entry-level practice. (Refer to the Program mission on page 3 for details). To this end, clinical education experiences are designed to:

Provide students with opportunities to develop professional practice that models:

- The delivery of legal, ethical, moral and professional standards of physical therapy practice.
- Safe and effective autonomous practice that follows contemporary regulatory requirements.
- The full spectrum of duties and responsibilities of physical therapists as represented by the patient- client management model.
- The broader responsibilities of the PT profession including roles as a healthcare team member, advocate, consultant, teacher, researcher, manager and leader.
- Reflective practice, clinical reasoning, critical thinking, and evidence-based practice.
- Lifelong learning and personal professional development.

Develop clinical proficiency in managing patients/clients with disease and conditions representative of those commonly seen in practice across the lifespan and the continuum of care including:

- Participation in clinical education experiences in venues consistent with the range of contemporary practice which provide opportunities for patient-client management across the continuum of health through wellness and prevention, illness, and rehabilitation ranging from patients/clients with simple to complex conditions.
- Professional interactions with persons across the lifespan including at the minimum, the elderly, adult and adolescent populations.
- Professional interactions with persons from different cultural and socioeconomic backgrounds.

Structure of GW PT Clinical Education Curriculum

The GW PT clinical education curriculum includes integrated and terminal clinical education experiences designed to meet the mission and goals of the Program. The clinical education experiences are designed to allow students frequent opportunities to integrate skills learned in their didactic course work at GW beginning in the second semester. By the completion of the final semester’s Internship III, students are required to consistently demonstrate entry-level competence as represented by the patient-client management model across the lifespan and practice patterns. The following are the clinical education courses that must be completed to meet graduation requirements.

Brief Descriptions of Clinical Education Experiences

Integrated Clinical Experience I and Integrated Clinical Experience II

Integrated Clinical Experience (ICE) I and II are part-time clinical education experiences that occur concurrently with classroom work. These experiences occur once every other week at clinical education sites throughout the Baltimore/District of Columbia/Northern Virginia metropolitan area. Prior to ICE I and II, students demonstrate beginning competence in performing basic physical therapy examinations and interventions in the classroom and laboratory settings. ICE I and II provide the students an opportunity to use these newly acquired skills. As they progress in ICE I and II, they are expected to become increasingly engaged in clinical decision-making and aspects of clinical care under close supervision. Students use this time to practice basic components of examination, evaluation, and intervention skills learned during their didactic curriculum. At the conclusion of the 4th semester, students have approximately 80 hours of supervised clinical practice.

Clinical Internships I-III

The terminal internships of 8, 12, and 14 weeks provide students with both depth and breadth of clinical education experiences. The selected Internships require students to participate in the delivery of safe, effective, and professional clinical care in a variety of settings. The students should work with clients and caregivers throughout the lifespan and from a variety of cultural backgrounds. Students must demonstrate competence in addressing clinical issues along a full continuum from

wellness and prevention through rehabilitation. In addition to developing increasing competence with clinical decision making and direct patient care, the full-time clinical education experiences facilitate the development of entry-level competence in the broader roles and responsibilities of physical therapists, including that of a patient care team member, advocate, consultant, teacher, researcher, manager and leader. At the conclusion of Internship III, students will have approximately 1440 hours of supervised clinical education experience.

Definitions of Clinical Education Site Venues

Health care delivery models are evolving and the nomenclature used to describe various settings are used differently by policy makers, payers, and academic institutions. In large urban areas with tertiary care facilities, it is not uncommon for multiple levels of care to be delivered under one roof. The lines of separation between the traditional levels of care are increasingly blurred and continuing to change. For the purpose of clinical education in this Program, the following categories are considered when assigning student placement but the actual opportunities that are afforded to a student reflect multiple levels of care or an acuity.

Inpatient

The inpatient setting provides services to patients throughout the lifespan with medical conditions that may result from acute disease, change in chronic disease, injury or surgery. Patients admitted into an inpatient setting receive 24 hour/day highly skilled medical services from physicians, nurses and a range of health professionals including but not limited to: physical therapists, occupational therapists, speech-language pathologists, registered dietitians, and social workers. These facilities may house emergency rooms, medical/surgical care units, multiple varieties of intensive care units and surgical suites. Physical therapists in this environment work very closely with the entire health care team to diminish the impact of illness and active disease on physiological processes and functional independence. Physical therapists functioning in an inpatient environment also play a vital role in discharge planning making recommendations regarding the client's need for further rehabilitation, additional support or assistive technology. Examples of inpatient settings are:

Acute Care Hospital:

An acute care hospital focuses on treatment of brief but severe illness or sequelae of trauma or surgery. Specialized personnel and equipment facilitate the care. Physical therapists provide skilled care and recommendations for future rehabilitation services beyond the acute care hospital to ensure safety and maximize function. Patients may be in specialized units for emergency care, intensive care, post-surgical care, or observation beds.

Long-Term Care Hospital:

A long-term care hospital (LTCH) is certified as an acute care hospital, but a LTCH focuses on patients who, on average, stay more than 25 days. Many of the patients are transferred to a LTCH from an intensive or critical care unit. Patients typically receive services like comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management to address one or more critical health conditions.

Inpatient Rehabilitation Facility:

Patients in this setting require intense physical, occupational and/or speech therapies to maximize functional outcomes for conditions such as stroke, traumatic brain injury, spinal cord injury, complicated post-surgical/medical conditions or other neurological disease processes. These patients require 24-hour nursing care, a minimum of weekly physician visits, and must be able to participate in at least three hours of skilled therapy including physical, occupational and/or speech therapy per day.

Skilled Nursing Facility:

A skilled nursing facility provides inpatient care to patients that require medical and/or a less-intensive level of rehabilitation services in order to maximize functional outcomes. Patients in a skilled nursing facility require supervised living conditions and have a skilled need, which may include rehabilitation services but also other needs such as but not limited to wound care, advanced care for diabetic management, nursing care for IV medications, and pulmonary treatment. Patients seen in this setting may be recuperating from a variety of diagnostic categories including recovery from post-operative/medical conditions.

Long-Term Care Facility:

A long-term care facility provides varying levels of supervised living arrangements for patients who are unable to safely manage independent living. Physical therapists interact with these patients to provide skilled intervention if a change in functional status occurs and it has the potential for improvement.

Outpatient

Patients treated in the outpatient setting may be treated in a variety of ambulatory care environments such as a hospital, clinic, home, school, workplace or hospice center. Outpatient care offers treatment to patients throughout the lifespan for a broad range of clinical problems. Physical therapists in an outpatient setting utilize varying levels of problem-solving and clinical reasoning to provide effective patient-centered care.

Outpatient ambulatory care environments may include the following specialty areas: work hardening; hand therapy; women's health; pediatric rehabilitation; sports therapy; neurologic rehabilitation; cardiopulmonary care; oncology; spine centers; wound care; prosthetics and orthotics; military; and manual therapy. In order to ensure a successful experience, these sites may require a more extensive vetting process of the potential student so there is a good match between the student and facility. A student that is interested in a specialized clinical education experience must be motivated to increase depth of knowledge and skills in the specialty area of practice at the clinical education site.

Day rehabilitation centers provide intensive rehabilitation services to clients who do not require 24-hour medical care in a hospital or skilled nursing setting. Clients receive physical therapy as an outpatient and often are seen at a higher frequency than traditional outpatient physical therapy care. Other rehabilitation specialists such as occupational therapists and speech therapists will often be on site as well which provides the client with increased access to comprehensive rehabilitation services.

Home health refers to rehabilitation services delivered in the home setting. Patients are medically stable or sufficiently stable to be discharged from an inpatient facility but are unable to travel out of the home to receive services in an ambulatory care environment. Patients receiving home health care have a broad range of clinical problems.

To ensure students are prepared sufficiently to manage patients across the continuum of care, each student will minimally be required to have clinical education experiences in at least one inpatient and one outpatient setting. Clinical placements will also take into consideration student opportunities to work with diverse patient populations.

Faculty Expectations Relative to Clinical Education

Roles of the Core Faculty at the GW PT Program in the Clinical Education Process:

To ensure continuity between the didactic and clinical education curriculum in the Program, the core faculty holds the following responsibilities:

- Assure that only students who meet academic and other professional expectations are referred to a clinical education site.
- Require all students to comply with bylaws, rules and regulations, and policies/procedures of the clinical education site in addition to the relevant state practice act for Physical Therapy, as well as The Joint Commission, HIPAA, and OSHA regulations for health care workers.
- Communicate to the student any additional placement requirements of a clinical education site such as providing a curriculum vita/resume, scheduling and attending an interview with site staff, or other such procedures specific to an individual site.
- Instruct students in and require students to maintain confidentiality of all patient information/interactions.
- Support the clinical education site's decision to dismiss a student from the facility for lack of professional behavior or poor clinical performance, if such dismissal is warranted due to illegal, unsafe, unprofessional and/or unethical behavior.
- Determine expectations for professional development, skill acquisition, and clinical competence for each clinical education experience.
- Assess student performance during academic preparation and make recommendations for improvement.

The Director of Clinical Education (DCE)

The Director of Clinical Education (DCE) is the core faculty member at GW primarily responsible for supervising the implementation and ongoing evaluation of the clinical education curriculum. The DCE is responsible for communicating with clinical education faculty all information needed to facilitate planning and supervision of a student's clinical education experience at the clinical education site. The DCE also assists clinical education faculty in management of any issues that arise during the course of a clinical education experience that may impede successful completion of the experience.

To meet these expectations, a clinical education team is in place at GW. The clinical education team is comprised of the DCE, Assistant Director of Clinical Education (ADCE), and a Clinical Education Specialist. The team collaborates with clinical education faculty members to plan, conduct, coordinate, and evaluate all clinical education processes and activities at GW.

The GW PT Program Clinical Education Team is expected to:

- Serve as a liaison between GW and the clinical education site.
- Maintain current clinical education agreements.
- Assess clinical education sites to ensure quality in education provided to students.
- Provide development activities for clinical education faculty based on an ongoing needs assessment.
- Solicit and maintain a list of current clinical education sites.
- Assure current University coverage for general and professional liability insurance.
- Assign physical therapy students to appropriate clinical education sites based on an optimal match between student educational needs and clinical education site availability.
- Make periodic visits and/or telephone calls to the clinical education site and make suitable recommendations regarding training, supervision, and overall clinical education experience of the student.
- Serve as a liaison to clinical education faculty in order to problem-solve strategies and activities to maximize the clinical education experience for a student.
- Provide advisement to students before, during, and after clinical education experiences as needed.
- Evaluate student achievements and submit grades for clinical courses.
- Notify clinical education sites of clinical development and training offerings available.
- Collect and summarize clinical education curriculum outcome data.
- Provide formal feedback and recommendations to the Program Director and core faculty about curricular needs identified by trends in the clinical education data that is collected and analyzed.

** For more details regarding roles of the DCE and/or ADCE, refer to “Roles and Responsibilities of Core Faculty” on page 11 of this handbook.*

Roles of the GW PT Clinical Education Faculty

The clinical education faculty for the Program is comprised of respected members of the professional community who collaborate with the academic program in the delivery of the clinical education program. Clinical education faculty members include the Site Coordinator of Clinical Education (SCCE) and Clinical Instructors (CI). Clinical education faculty members provide direct development, supervision and mentoring to student physical therapists and may contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the Program through formal and informal feedback processes.

Site Coordinator for Clinical Education (SCCE)

The Site Coordinator for Clinical Education (SCCE) is the individual at the clinical education site who administers, manages, and coordinates the assignment of Clinical Instructors (CIs) to incoming physical therapist students. The SCCE also develops the clinical education program for the clinical education site including designing and coordinating learning activities available at the clinical education site, determining the readiness of site-based physical therapists to serve as Clinical Instructors, and developing the instructional skills of the CIs. The SCCE works with the Program’s clinical education team to execute a clinical education agreement. The SCCE is the focal point for communication between the clinical education site and the academic program including sharing clinical site information with the Program e.g. completing/updating the clinical site information form (CSIF), completing Program survey instruments, and providing oversight to the student’s clinical education experience. At some sites, the SCCE acts as a neutral third party in negotiating conflicts between the CI and the student.

Clinical Instructor (CI)

The Clinical Instructor (CI) is the licensed physical therapist at the clinical education site that directly supervises and instructs the student during the clinical education experience. Minimum requirements for an individual to serve as a CI for a student physical therapist include:

- Licensed physical therapist in the jurisdiction in which they practice.
- Minimum of one year of experience in clinical practice (for CIs supervising a student 160 hours or greater within an academic year).
- Possess clinical competence (determined by the SCCE or clinic supervisor) in area of practice in which they will be providing clinical instruction.

Preferred qualifications for a Clinical Instructor also include:

- APTACI credentialing.
- ABPTS clinical specialist certification.

- Expressed interest in working with physical therapy students.

To serve as effective mentors and educators, it is expected that the CI and SCCE will:

- Maintain current licensure within their jurisdiction while supervising a student.
- Have sufficient experience and professional development to manage the student clinical education program and/or manage an individual student's clinical education experience.
- Be familiar with the Program's curriculum in order to understand the Program's expectations for student performance during and upon completion of a given clinical education experience.
- Provide new students with appropriate orientation to site policies/procedures.
- Implement clinical education objectives established by the Program.
- Discuss and provide objectives for each student's learning experience.
- Implement teaching methods that are conducive to the individual student's learning needs.
- Alter learning experiences based on the student's level of competence and developmental needs or interests.
- Provide critical feedback on a regular basis in order to enhance the student's current level of competence.
- Assess student achievement with formative and summative tools provided by the school for the clinical education experience.
- Inform students of all pertinent policies and procedures specific to the site to ensure compliance.
- Provide students with an appropriate level of supervision to ensure patient safety and high quality care.
- Ensure that all student assignments, paperwork, and documentation assigned by the site and Program are complete prior to the conclusion of the student's clinical education experience.
- Maintain open lines of communication with the Program.
- Provide formative and summative evaluations of the student's performance to the Program.
- Communicate any incidents or concerns to the DCE as soon as the problems are identified.
- Provide feedback to the Program regarding trends in student performance relative to demands of contemporary professional practice.

** For more details refer to "Roles and Responsibilities of Clinical Education Faculty" on page 11 of this handbook.*

Student Responsibilities in Clinical Education

Beyond the responsibilities previously delineated, GW DPT students are expected to:

- Uphold the legal and ethical standards of the profession and the jurisdiction of their clinical education experiences.
- Uphold all policies and procedures governing the delivery of physical therapy services at the clinical education site.
- Uphold standards of the profession including core values, code of ethics, and standards of practice.
- Integrate and apply all information taught within the academic curriculum.
- Demonstrate professionalism in all interactions.
- Demonstrate effective verbal and written communication skills.
- Demonstrate measurable progress toward clinical and professional competence.
- Complete all assignments, paperwork, and documentation assigned by the site and Program prior to the conclusion of the clinical education experience.
- Complete all formal and informal assignments given by clinical faculty during the clinical education experience to facilitate knowledge base, clinical reasoning, and professional development.
- Engage in reflective practice evidenced by:
 - Assessing their own learning needs and developing strategies to address those needs.
 - Seeking and incorporating constructive criticism/feedback into future interactions.
- Demonstrate effective use of time and available resources.
- Develop and utilize critical thinking and problem solving skills.
- Maintain contact with DCE/ADCE throughout the clinical education experiences.

PRE-ASSIGNMENT PROCESSES

Contacting Clinical Education Sites

Members of the clinical education team are the primary points of contact with clinical education sites for the purpose of negotiating clinical education agreements, assignment of students, and the ongoing information exchange occurring between the Program and the clinical education site. The clinical education team will generally contact the Site Coordinator for Clinical Education (SCCE) or other designated individual.

Occasionally, students may request clinical education experiences with facilities, individual practitioners, or geographic locations that are not among the Program's active list of clinical education sites. In these circumstances, the student will provide a written request to the ADCE or DCE that includes rationale for the request and contact information. Requests must be submitted/discussed a minimum of 1 year in advance of the start of the clinical education experience to allow the DCE/ADCE adequate time to evaluate the quality of the potential clinical education site and the willingness of the site to engage in contractual negotiations with GW. ***Clinical education experiences are not finalized until a clinical education agreement has been fully executed. Under no circumstances are students permitted to negotiate with clinical education sites. The Program reserves all rights to initiate and discontinue clinical education agreements, as it deems appropriate.***

Assessment and Selection of Clinical Education Sites

The process of assessing and selecting clinical education sites that are capable of providing quality experiences that meet the mission of the Program is extensive. The DCE and ADCE evaluate a site's professional staff to ensure they function as role models who adhere to standards of practice that are legal, ethical and moral; and demonstrate clinical autonomy consistent with contemporary practice. The experiences a facility provides are assessed to ensure the facility encompasses a high degree of critical thinking, clinical reasoning, evidence, and reflection. Sites are also evaluated for depth/breadth in patient management, professional management, and practice management paradigms representing all the roles/responsibilities of physical therapists. Additionally, there is ongoing evaluation of all sites affiliated with GW to ensure the Program has adequate representation of sites that reflect variety in patient care experiences across the lifespan, variety across the continuum of wellness and prevention to illness and health maintenance experiences, and diversity among patients and health care practitioners.

Clinical Education Agreements

Clinical education sites are required to have a fully executed clinical education agreement in effect between the site and the University in order to be considered for student placement. Examples of the clinical education agreements used by the Program are available upon request.

Clinical education agreements specify the duties and responsibilities of all parties in the clinical education process. This includes GW, the clinical education site, and the students. All agreements specify that the student is appropriately prepared for the clinical education experience. Because the clinical education site is ultimately responsible for the care rendered to patients in their facility, the site has the right to terminate a clinical education experience in the event of illegal, unsafe, unethical, or unprofessional behaviors of the student.

Assessing Clinical Education Site Availability

Clinical education sites are contacted over 1 year in advance of scheduled clinical education experiences to identify their availability to work with students. Every effort is made to confirm placements a minimum of 6 months in advance of the beginning of a clinical education experience. Ultimately clinical education sites have the right and responsibility to assess their availability for clinical education experiences and to decline student placements, even when the placement was previously confirmed.

Availability of Clinical Education Site Information

To assist students with their clinical education planning, available clinical education site information is located in the site's electronic file in the Exxat STEPS software system. Students are provided with information submitted by the site regarding: the population of patients/clients served, the SCCE and CIs, site-specific requirements, and contact information. Additionally, there may be logistical information regarding daily expenses related to parking and meal options, housing availability, transportation considerations, or other offerings specific to that site.

Professional Liability Insurance

All students currently registered for clinical education courses in the Program are covered by professional liability protection by Pinnacle Consortium of Higher Education. This program provides limits in excess of \$2,000,000 per claim and \$2,000,000 in the annual aggregate. Additional liability insurance that extends this coverage is available to requesting clinical education sites.

Students may secure personal professional liability insurance if they desire through the plans offered by the APTA (www.apta.org). Insurance coverage verification letters are available to students and clinical education sites upon request.

Student Registration

Students are required to have current registration in all courses in which there is a clinical education component. In the event that the student has difficulty with registration or otherwise has a “registration hold,” the student will not be allowed to participate in clinical education experiences.

Health and Safety Regulations

Students are expected to follow all regulations previously noted under the “Health and Safety” section of the Program Handbook on page 32.

ASSIGNMENT OF STUDENTS TO CLINICAL EDUCATION SITES

Prerequisites to Each Clinical Education Experience

For each portion of the clinical education curriculum, the student must demonstrate acceptable academic performance, acceptable adherence to safety standards, and must demonstrate appropriate professional attributes. It is Program policy that safety issues, red flag issues or deficits in professional behavior are sufficient to prevent a student from advancing to clinical education experiences. These issues must be addressed with the student’s faculty advisor and the DCE/ADCE must be informed of student status with these issues.

Decisions about students’ preparation, safety, and readiness to engage at each level of the clinical education curriculum are the sole responsibility of the core faculty. The DCE/ADCE facilitates this decision-making process by reporting to the core faculty in regular faculty meetings, consultation with individual student advisors, and course instructors and the Program Director. In general, for a student to enter into any clinical education experience he/she must demonstrate the following:

- Successful completion of all previous course work with a passing grade including all practical exams, standardized patient examinations, and comprehensive examination (prior to full-time clinical experiences).
- Professional comportment as deemed appropriate by the faculty.
- Safe, legal and ethical performance in all didactic and clinical education experiences.
- Completion of all necessary clearances as previously noted.

Student Matching to Clinical Education Sites

It is the intent of the Program to provide the student with high quality clinical education experiences sequenced to promote an increasing level of complexity and autonomy in clinical decision-making processes. To meet the mission of the Program and prepare the student to practice as a generalist upon graduation, students are required to participate in clinical education experiences that span the continuum of health care, life span, and cultural diversity.

Clinical placement is the sole responsibility of the DCE/ADCE. Decisions are made in consultation with faculty. In addition, decisions regarding student placement to a particular clinical education site are based on such factors as:

- Student learning goals/objectives.
- Academic performance.
- Performance in previous clinical education experiences.
- Breadth/depth of prior clinical education experiences.
- Clinical facility/faculty profile.

Students are not permitted to negotiate their own clinical placement.

Integrated Clinical Experience Placement

ICE I and II take place concurrently with didactic course work. Students are placed in local (Washington, DC, Northern Virginia, Maryland) clinical education sites. Every effort is made to expose the student to a variety of physical therapy service delivery settings over the course of the integrated clinical experiences. Students construct a “preference/wish list” based on participating sites and their geographic preference. As with all clinical education site placements, the final decision is based on available sites, type of venue in order to provide exposure to a variety of physical therapy service delivery settings, as well as student performance and faculty input.

Clinical Internship Placement

Students engaging in full-time clinical internships will be active participants in the selection of their full-time clinical education experiences. Students have access to clinical site information in the Exxat STEPS software system and are encouraged to familiarize themselves with clinical education sites in which the Program currently has active clinical education agreements. Students are expected to meet with DCE/ADCE in the selection process to discuss progress, learning goals/objectives, and curricular requirements to facilitate placement decisions. When prompted by the clinical education team, students will submit a “preference/wish list” for each full-time clinical education experience based on the participating sites for the specific clinical education experience. The DCE/ADCE match students to appropriate clinical education sites based on DCE/ADCE/student meetings, faculty input, performance in prior clinical education experiences, and the students’ preference/wish lists. While student preferences such as travel and other personal requests are considered in the decision-making process, factors such as curricular requirements, student learning style, strengths of an individual clinical education site and availability in clinical sites ultimately determine placement.

Students should expect to travel up to 1.5 hours to their clinical placements. Students are strongly encouraged to complete at least one of their clinical internships outside of the Washington-Baltimore Metropolitan area (Washington, DC, MD, VA).

It is important to note some clinical education sites actively participate in the process of matching interested students to the site. In these cases, students may be required to prepare curriculum vitae, attend an interview or submit other work/materials to be considered for the clinical education experience. The Program cannot guarantee a student placement at these sites as the final decision rests with the clinical faculty of the site to accept the student.

First Come First Serve Placements

When a clinical education site responds to the GW PT program’s request for annual clinical placements, they may indicate that a slot is “First Come, First Serve (FCFS)”. This indicates that the slot is not reserved specifically for a GW PT student and it is offered to other affiliating PT programs. The first PT program to respond with a student name will typically receive this slot. FCFS slots will be communicated to students by email, with all of the pertinent information needed to make a decision. If interested and committed to the placement, students are required to respond to the GW PT clinical education team in writing indicating interest in a specific FCFS slot. If a student is placed at the clinical education site, this will be the student’s confirmed placement regardless of subsequent clinical slot offerings and/or changes to a student’s situation. The DCE will not make changes to this placement once the student has committed to the site.

International Clinical Education Experiences

Special permission is required to complete an international clinical education experience. At the appropriate time in the curriculum, the DCE/ADCE will ask students wishing to participate in international clinical education experiences to submit a written request that identifies specific learning goals to be addressed through the proposed clinical education experience. The final decision to allow a student to participate in an international clinical education experience is made collaboratively by the DCE, ADCE and core faculty and is based on student performance in didactic and laboratory experiences, professional comportment, and progress toward clinical education objectives. International clinical education experiences require completion of documents to secure appropriate visas and travel clearance. Completion of the appropriate documentation and payment of fees, travel, housing, and any other associated costs are the sole responsibility of the student.

Clinical Education Experiences at Place of Employment

Students will not be allowed to use current or prior places of employment as sites for clinical education experiences. Using a facility in which a student previously volunteered for the purposes of his/her physical therapy observations is typically prohibited. The DCE/ADCE will consider placements of this nature, or any other placements in which there is a potential conflict of interest, on a case-by-case basis.

Cancellation and Reassignment Process

At times, clinical education sites may cancel clinical education experiences at the last minute or clinical education agreements may be denied due to unforeseen circumstances. The DCE and ADCE will make every attempt to reassign the student to a similar setting in as timely a manner as possible. However, reassignments will be based on the availability of the clinical site.

Orientation to Clinical Education Experiences

Prior to the start of each clinical education experience, students will be expected to attend a mandatory orientation. The orientation will review the specific clinical objectives, performance expectations, and assignments for that clinical education experience. It is the responsibility of the student to notify the DCE/ADCE in the event that they are unable to attend the orientation. Failure to provide timely notification may delay starting the clinical education experience.

Additional orientation may be provided by the facility and students are required to contact their assigned clinical education sites by phone or email at the minimum of 2 weeks in advance of the start of their assignments, ***but not before they receive clearance from the ADCE or DCE***. Students are encouraged to minimize their telephone contact with the SCCE, CI, or clerical staff at clinical education sites out of respect for the fast pace of work at most sites. If students have questions about the clinical education site, they are encouraged to access the site record on the Exxat STEPS software system and other available resources (internet sites, telephone books, maps) prior to contacting clinical education site.

Clinical Education Electronic Packet

Prior to starting the clinical education experience, the clinical education site will receive the following forms and information on the student:

- Student information profile.
- Course syllabus outlining student performance expectations.
- All formative and summative student evaluation instruments.
- GW PT Program description.
- GW PT Clinical Education Faculty Handbook

Drug/Alcohol Screening and Criminal Background Checks

It is becoming increasingly common for clinical education sites to require all student to participate in drug/alcohol screening and/or criminal background checks. Students will note that many clinical education sites have adopted a “Zero Tolerance” policy on substance abuse in the workplace. Therefore, any positive screening results may have severe consequences for the student. Because physical therapists routinely work with vulnerable populations, criminal background checks may be required. ***It is important to note that criminal background checks may take up to 4 weeks to be completed and it is the student's responsibility to complete all drug screens and criminal background checks in a timely manner.*** Students will be responsible for completing any clinical time lost due to incomplete requirements.

Furthermore, if a student fails to complete the screening and background check in a timely manner, the clinical education experience may need to be canceled. Another placement will be secured but timing will be determined based on availability of clinical education sites, which may prolong the student's course of study.

Notice of the clinical education site's policies on drug/alcohol screening and criminal background checks will be communicated to students on the site's Exxat STEPS profile. As a part of the orientations to the clinical education experiences, students are reminded of their obligations to complete all regulatory health and safety requirements specific to their site. It is important to note many facilities may require criminal background checks/drug screens within a specified time related to the start date of the experience; thus the screening a student undergoes as part of admission to the Program may not suffice. The student is responsible for all costs related to drug screening or background checks.

Expenses, Transportation and Housing

It is the student's responsibility to cover all costs associated with clinical education experiences including additional expenses for food, parking, and uniforms; for transportation to and from facilities; and for housing at locations distant from their school address. In addition, the DCE, ADCE, classmates and/or alumni are available to provide information.

Students are also responsible for the costs of any medical care accessed while participating in clinical education experiences.

Student Information Profile

Prior to each clinical education experience, students will complete a Student Information Profile through the Exxat STEPS software system. This information should include current contact information and emergency contact information for use by the clinical site. In addition, the student will include information on previous clinical education experiences to date, learning styles, updated learning goals and objectives applicable to new clinical education experiences and any personal information the student would like the site to know prior to arrival. This information will be shared with the clinical education site, a minimum of 3 weeks prior to the start of the clinical education experience.

GENERAL POLICIES AND PROCEDURES DURING CLINICAL EDUCATION EXPERIENCES

Absence Due to Inclement Weather

As a rule, clinical education experiences are not canceled because of inclement weather and may not be affected by a

local emergency. Even when GW is closed (and Program classes, laboratories, and conferences are canceled), students are expected to attend ICEs and clinical internships unless directed otherwise by the CI at the site, the DCE/ADCE, or the Program Director. The student is expected to use good judgment in the event that travel conditions between their residence and their clinical education site make travel unsafe or impossible. Should a student suspect they cannot safely attend clinic due to severe weather conditions, they must follow the attendance policy and procedures to alert the CI and DCE/ADCE. Absences due to weather must be made up to successfully complete the clinical education experience.

Americans with Disabilities Act (ADA) Requirements

Due to the ADA privacy requirements, the faculty and staff of the Program are prohibited from discussing any disability with the clinical education site without specific authorization from the student. If written permission to disclose is provided by the student, the DCE/ADCE will discuss the disability with the SCCE/CI and request for the appropriate accommodations to be made *prior* to the student's arrival. In addition, students are strongly encouraged to continue a pro-active, open dialogue about their educational needs with both the academic and clinical faculty. If problems arise which cannot be resolved, the DCE/ADCE should be contacted immediately (see process for *Communication Expectations*). Retroactive disclosure of a documented disability will not change performance assessment. It is strongly suggested students disclose relevant information prior to beginning a clinical education experience to ensure successful completion.

Attendance Policy

Students are expected to follow the schedule of CI(s) during clinical education experiences. Absence from the clinic is not allowed without consultation with both the DCE and the CI. If a student must miss a clinical day for illness or emergency, the student is required to:

1. Contact the CI as soon as possible and in advance of the scheduled arrival time.
2. Contact the DCE or ADCE **after** contacting the clinical site.
3. If the DCE or ADCE is unavailable, the student should contact the Program Director.

Exclusive use of electronic messages and telephone voice messages are NOT ACCEPTABLE. Students MUST speak with either the CI or the supervisor at the clinical education site and the DCE or ADCE.

Absence from an ICE or Clinical Internship must be made up. Make-up times during ICEs and internships will be at the discretion of the DCE in consultation with the SCCE and or the CI at the clinical education site. If the clinical education site or the schedule does not permit, alternative learning experiences and/or outside assignments may be required. The nature of this work will be determined by CI at the clinical education site and/or the DCE or core faculty of the GW PT program.

Prolonged absences may require a leave of absence from the Program. In the event of a leave of absence, the student will work with his/her advisor, the DCE and Program Director to specify the terms and conditions of the leave as well as conditions under which the student may resume clinical education experiences.

Attendance in Professional Conferences

As an academic institution, the Program strongly encourages students to attend and participate in professional conferences. Please consult with the DCE to best balance the clinical facility needs with student attendance in professional conferences.

Communication Expectations

The clinical education team maintains an "open door" policy with regard to communication throughout a student's tenure. While on clinical education experiences, the DCE/ADCE is in contact with students and CIs in a variety of ways. Several documents provide opportunities for students and clinical faculty to communicate with the core faculty. Students are expected to follow the program expectations regarding timely communication with GW faculty and staff while completing their clinical education experiences. Students receive a "Midterm Assessment" in the form of an on-site visit or conference call for every full time clinical internship. The purpose of the contact is to assess the student's clinical progress at that facility, as well as the student's progress toward completing the course objectives for the experience. Refer to section "Student Performance Evaluation Tools" on page 50 of this handbook for details.

Exxat Student Training and Education Placement Software (STEPS)

The Program uses the Exxat STEPS software to manage all information related to student clinical placements. Students will receive an orientation to the tool in early October (Semester I) and are expected to maintain a current profile and check their accounts on a regular basis in order to obtain important information related to the clinical placement process.

Certiphi's myRecordTracker© Account

The Program currently utilizes Certiphi's myRecordTracker© to process and track student compliance with University and Program pre-clinical requirements. Students are required to create a myRecordTracker© account and maintain up-to-date

copies of their health records and other Program requirements via this account throughout the Program. The myRecordTracker© website also serves as an electronic repository for students to store all required paperwork for easy retrieval for clinical education experiences. All health information forms are kept strictly confidential in accordance with HIPAA and FERPA regulations. The Program covers, at minimum, the first year cost for students.

Confidentiality Outside of Patient Care

Students are reminded that all information related to a given clinical education site is the property of that site. If a student would like to use or present information related to patients or administrative aspects of clinic management outside of that site, they must obtain the expressed permission of the SCCE.

Dress Code

If the clinical education site does not have a site-specific dress code or it is unknown, the required dress attire for the first day of the clinical education experience includes: White lab jacket and GW name tag. A GW name tag is provided to each student prior to ICE I. If a student loses or damages the GW name tag, the cost to replace the GW name tag is the student's responsibility. Men should wear a solid color collared shirt or polo and slacks. Women should wear slacks (not capris) and a solid colored top. Low waist slacks or short tops will not provide adequate coverage in the dynamic activities of clinical work and are prohibited. No open-toe or high heel shoes are allowed. An ID badge is to be worn at all times identifying the student as a "Physical Therapy Student" from The George Washington University regardless of the dress code required by the individual clinical education site. Failure to dress professionally may result in removal from the clinical education experience until proper attire is obtained.

Clinical Education Site Policies and Procedures

The student is expected to adhere to all clinical education site policies and procedures throughout the clinical education experience. It is the responsibility of the student to request a review of the Policy and Procedure Manual in the event it is not provided during orientation. Failure to comply with the facility policies and procedures will result in removal of the student from that clinical education site and potential failure of that clinical education experience.

Health Insurance Portability and Accountability Act (HIPAA)/Patient Confidentiality

HIPAA identifies protected health information (PHI). Under all circumstances, students are prohibited from disclosing PHI or disseminating PHI via verbal, electronic or any other means. This act ultimately protects patients' right to privacy and confidentiality. Students will complete online HIPAA training modules and take a post-test during their first semester in order to receive HIPAA certification. Certification must be completed before the student begins any clinical education experience. HIPAA training is required for students on an annual basis.

Information contained within a patient's medical record is strictly confidential and may not be released to anyone without written permission from the patient. Students have the right to access specific patient information only as it relates to the physical therapy evaluation and treatment of that patient or screening for the appropriateness of physical therapy services. Students are not allowed access to information of patients not on the physical therapy service.

Discussions of patient problems or identifying the patient by name or other PHI will occur with the highest standards of confidentiality and privacy in mind. Students will be aware of the environment and the potential for being overheard and their comments taken out of context. ***Breaches in patient privacy and or confidentiality may result in the immediate termination and potential failure of a clinical education experience.***

Holidays

The student is expected to take the same holidays that the clinical education site allows for its employees or regular full time staff. In the event of religious or personal holidays, the student must first seek approval from the DCE before making any arrangements with the Clinical Facility. Students may be required to make up clinical hours lost due to holidays.

Incurring an unexcused absence or failure to make up a previously approved absence may be grounds for failure.

Legal Limitations/Regulations on Clinical Activities

Students should recognize the serious nature of and potential liability involved with clinical education. Patients being treated by a student at a clinical education site have the right to know the level of training of the person administering treatment, the right to receive the same standard of care as provided by licensed therapists, and the right to refuse treatment administered by any health care provider. The CIs are responsible for the care given to patients and must, therefore, guide and supervise a student's activities.

Physical therapy practice regulations are described by each Board governing the practice of physical therapy in that jurisdiction. Students are expected to know and abide by the practice acts of all jurisdictions in which they are completing

clinical education experiences. Students will also be held accountable for performance consistent with the APTA's *Guide for Professional Conduct* the *Code of Ethics and Core Values* (www.apta.org) and the GW Ethical Behavior and Professionalism Policy https://smhs.gwu.edu/sites/default/files/Ethical%20Behavior%20and%20Professionalism%20Policy_MLR%20redline.pdf. Information related to the practice act of each jurisdiction can be found at: www.fsbpt.org.

Occupational Safety and Health Administration (OSHA) Requirements

OSHA requirements specify the protective measures all health care personnel are required to perform in order to prevent the spread of communicable disease. Completion of OSHA training ensures students are able to demonstrate proper hand-washing technique, apply personal protective devices in the presence of potential or confirmed infections, integrate isolation precautions, and provide proof of current immunization records and screening for active tuberculosis. Training in OSHA requirements must be completed prior to the start of any clinical education experience.

Reporting Student Injuries during Clinical Education Experiences

All occupational exposures (needle-stick injury, splash exposure, musculoskeletal injuries etc.) are required to be reported to the George Washington University Program in Physical Therapy as soon as possible. The student should take the below action:

1. Follow training received on Universal Precautions if exposure to blood and/or body fluids occurs. This includes washing hands and any other affected skin area with soap and water. Flush mucous membranes with water as soon as feasible.
2. Immediately notify the appropriate individual at the clinical education site and the GW DPT clinical education team after the incident occurs, and seek treatment, if necessary.
3. For students completing clinical education experiences in the local Washington, DC, Maryland and Northern Virginia areas and who sustain an occupational exposure or injury should immediately be evaluated by Medcor (located at the George Washington University Hospital, Ground Floor, Room G-1092, Phone: 202-715- 4275.) GWUH currently contracts with Medcor to provide limited health services for the George Washington University health science students completing clinical education experiences. Medcor's walk-in hours are Monday-Friday, 8:00am-12:00pm and 1:00pm to 4:00pm. If the exposure or injury occurs after hours, the student should be evaluated by the GWUH Emergency Department within 2 hours. If the student is unable to reach GWUH within 2 hours, they should seek immediate treatment at the closest appropriate healthcare facility and then report the exposure to Medcor at the earliest opportunity. Medcor will manage appropriate follow up care.
4. For students completing clinical education experiences outside the local Washington DC, Maryland and Northern Virginia areas, they should follow the facility guidelines and protocols and seek immediate treatment at the closest appropriate healthcare facility.
5. All occupational exposures or other injuries are to be reported to the George Washington University. The student and the clinical instructor (or other designated clinic personnel) should complete the George Washington University Health Sciences Student Injury Report Form. The form is located on Exxat STEPS, on the GW PT website, or by contacting a member of the GW PT clinical education team.
6. Once completed the form should be faxed or scanned to the GW PT program's office at (202) 994-8400.
7. The GW PT program will retain a copy of the Health Science Injury Report Form in the student's record.
8. The GW PT program will report the incident to the George Washington University Office of Risk Management by emailing a copy of the Health Sciences Injury Report Form to the Claims Manager at risk@gwu.edu.
9. The Office of Risk Management will follow up with the GW PT program and/or with the student as needed.

Typical clinical education agreements indicate clinical education sites shall provide students with access to emergency care if necessary while the student is assigned to the clinical education site. However, the student shall be responsible for the cost of all emergency services rendered.

American Heart Association Basic Life Support for Healthcare Providers/CPR Certification

It is the responsibility of each student to be certified in Basic Life Support (BLS) for Healthcare Providers by the American Heart Association, which includes Adult/Child/Infant CPR and Automatic Electronic Defibrillator (AED) training. Recommended locations for training are available through the American Heart Association by visiting their website www.americanheart.org and selecting "CPR" from the menu. Students will be required to complete certification in "BLS for Healthcare Professionals." The Program also provides an American Heart Association BLS for Healthcare Providers training course on campus for students during the week of orientation.

Students must successfully complete CPR training prior to the start of the Program. CPR certification must be maintained throughout the student's time in the Program. It is the responsibility of the student to upload a copy of their CPR card into

their myRecordTracker© account. It is expected the student will maintain copy of their CPR card and all pertinent documentation in their myRecordTracker© account as a clinical education site has the right to request a student provide proof of compliance at any time.

State Practice Acts and Regulatory Agencies

Within the GW DPT curriculum, students are introduced to state practice acts and regulations and provided resources on how to access them. Students are responsible for reviewing the state practice act and regulations in which their assigned clinical education site resides. Patients have the right to refuse treatment at any time and students must respect a patient's right to refuse participation.

Students and Insurance Regulations

The Program is committed to developing clinical competencies in our students in all clinical environments. State practice acts and regulations of public and private insurance programs may restrict how a student may interact with patients. Students are strongly encouraged to remain abreast of pertinent regulations and discuss these with their CI so that the learning experience can be maximized. Medicare information pertaining to students is found in the Medicare Benefit Policy Manual (Pub 100-02), Chapter 15, Section 230 (Practice of Physical Therapy, Occupational Therapy, and Speech Language Pathology, Subsection B. Therapy Students - <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>). State practice act information can be found at www.fsbpt.org (Click on "Licensing Authorities").

EVALUATION OF STUDENT PERFORMANCE

Expectations of Student Performance by Clinical Education Experience

Specific details of expected performance for each clinical education experience can be found in each course syllabus. In general:

Integrated Clinical Experience I: Students are expected to achieve "Beginning Performance" defined as:

1. A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
2. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
3. Performance reflects little or no experience.
4. The student does not carry a caseload.

Integrated Clinical Experience II: Students are expected to achieve "Advanced Beginner Performance" defined as:

1. A student who requires clinical supervision 75% - 90% of the time managing patients with simple conditions, and 100% of time managing patients with complex conditions.
2. At this level the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions and clinical reasoning skills.
3. The student may begin to share a caseload with the clinical instructor.

Clinical Internship I: By the conclusion of this experience, students are expected to demonstrate "*Intermediate Performance*" in complex patient/client management skills such as clinical reasoning, evaluation, and plan of care development while foundational skills such as examination, interventions, and documentation are expected to be performed at an "*Advanced Intermediate Performance*". Students are expected to demonstrate "*Entry Level Performance*" throughout the internship in the following items on the CPI: safety, professional behaviors, accountability, communication, cultural competence, and professional development regardless of the caseload or patient complexity. Definition of these ratings are as follows:

- A. "*Intermediate Performance*" for complex patient/client management skills:
 1. A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
 2. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions and clinical reasoning.
 3. The student is capable of maintaining 50% of a full-time physical therapist's caseload.
- B. "*Advanced Intermediate Performance*" for foundational patient/client management skills:
 1. A student who requires clinical supervision less than 25% of time managing new patients or patients with complex conditions and is independently managing patients with simple conditions.
 2. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
 3. The student is capable of maintaining 75% of a full-time physical therapist's caseload.

- C. The student will demonstrate “*Advanced Beginner Performance*” with practice and professional management paradigms

Clinical Internship II: By the conclusion of this experience students are expected to demonstrate “*Advanced Intermediate Performance*” in complex patient/client management skills such as clinical reasoning, evaluation, and plan of care development while foundational skills such as examination, interventions, and documentation are expected to approximate at an “*Entry Level Performance*.” Students are expected to demonstrate “*Entry Level Performance*” throughout the internship in the following items on the CPI: safety, professional behaviors, accountability, communication, cultural competence, and professional development regardless of the caseload or patient complexity. The definition of these ratings are as follows:

- A. “*Advanced Intermediate Performance*” for complex patient/client management skills:
1. A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independently managing patients with simple conditions.
 2. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
 3. The student is capable of maintaining 75% of a full-time physical therapist’s caseload.
- B. “*Entry Level Performance*” for foundational patient/client management skills:
1. A student who requires no guidance or clinical supervision managing patients with simple or complex conditions.
 2. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
 3. Consults with others and resolves unfamiliar or ambiguous situations.
 4. The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost-effective manner.
 5. In addition, students are expected to participate in professional activities common to the full scope of the roles and responsibilities of a therapist in that facility.

Clinical Internship III: By the conclusion of this final clinical experience, students are expected to perform at “*Entry Level*” in all areas of patient, professional and practice management within the scope of a physical therapist. In some areas, students will achieve “*Beyond Entry Level*” practice as they identify and excel in areas of interest.

Note: above performance expectations incorporate “Anchor Performance Definitions” of the APTA.

Student Clinical Performance Evaluation Tools

The student’s clinical performance will be assessed using the following instruments:

Summary of Tools

| NAME OF TOOL | BRIEF DESCRIPTION | USE/REQUIRED |
|---|--|---|
| Formative tools | | |
| Student Weekly Log | Completed by students during their ICEs to chronicle their experiences in clinic. | Required for ICEs only. Provides information on the types of patients seen, skills performed, student self-assessment on performance, and future goals for practice. |
| Early Feedback Survey (on full- time clinical education experiences) | Short questionnaire that provides immediate feedback to the academic program about student experiences at the clinical education site. | Required in all full-time clinical education experiences. The student completes the online survey in Exxat before the end of the second week of the experience. |
| Midterm Site Form | Interview with student and CI that provides information to the academic program on effectiveness of clinical instruction, patient population, student performance, and academic preparation for the full-time clinical education experience. | Required in all full-time clinical education experiences. The student and CI are interviewed via face-to- face meeting, phone call, or computer-based call. Student and CI speak to academic faculty individually and a group meeting is performed only when necessary. |

| | | |
|---------------------------------|--|--|
| Weekly Planning Form | Clarifies CI and student objectives on weekly basis. | Required in all full-time clinical education experiences. Helps organize and plan learning experiences and to improve communication of expectations between student and instructor. Engages student in reflective practice regularly. |
| Critical Incident Report | Used to document a series of similar behaviors demonstrated by a student that have consequences of a serious nature. | Communication with DCE or ADCE is required in the event of conflict or sentinel event. This form may assist with required communication. |
| Learning Contract | Document designed to outline specific learning goals that the student must achieve to successfully complete the clinical education experience. | Provides clarification on specific expectations needed for successful completion of the clinical education experience and facilitates communication between the student, CI and DCE. |
| Anecdotal Form | Supplemental documentation on student performance. | Provides evidence of exceptional student performance or comments on performance that will require additional assistance to ensure entry level performance by conclusion of the clinical education experience. |

| Summative tools | | |
|--|---|--|
| Professionalism and Skills Competency Check-off Form | Assesses student performance during ICEs. | Required for ICEs only. |
| Clinical Performance Instrument (CPI) | Assesses student performance during full-time clinical education experiences. As a means of self-assessment, students are also expected to complete the CPI and discuss it with their CI at midterm and at the time of the summative evaluation. | Required at mid-term and final for Clinical Internships I, II, and III. |
| APTA Physical Therapist Student Evaluation of Clinical Experience and Instruction | Allows the student to assess the clinical education site, learning experiences and clinical instruction. | Required to be completed during the midterm and final week of Clinical Internship I, II, and III and to be completed the final week of ICE I and II. |

In addition to the evaluation tools noted above, students are required to complete an assessment of the academic faculty called **“Evaluation of Academic Supervision.”** This provides the Program with a means to assess the efficacy of the supervision students in the clinical setting are receiving from the academic faculty.

The CIs will provide the students with a formative evaluation at midterm and a summative evaluation at the conclusion of the clinical education experience. Clinical education experiences will be graded as Credit/No Credit. ***The assignment of grades is the sole responsibility of the DCE.*** However, feedback from CIs is critical in determining a final grade.

Clinical Education Faculty and Site Performance Assessment Tools

Clinical instructors and clinical education sites are evaluated through surveys and interviews completed by students during clinical education experiences. These assessment tools provide feedback for clinical instructors and clinical education sites on their effectiveness in clinical teaching as well as resources provided to students during their time in clinic. Information garnered through these interviews and surveys provide opportunities for continued growth for clinical educators and information on how the program can better serve the needs of clinical partners through continuing education opportunities and mentoring.

| NAME OF TOOL | BRIEF DESCRIPTION | USE/REQUIRED |
|--|--|--|
| Formative tools | | |
| Early Feedback Survey (on full-time clinical education experiences) | Short survey that provides immediate feedback to the academic program about student experiences at the clinical education site. | Required in all full-time clinical education experiences. The student completes the online survey through Exxat before the end of the second week of the experience. |
| Midterm Site Form | Interview with student and CI that provides information to the academic program on effectiveness of clinical instruction, patient population, student performance, and academic preparation for the full-time clinical education experience. | Required in all full-time clinical education experiences. The student and CI are interviewed via face-to-face, phone call, or computer-based call. Student and CI speak to academic faculty individually and a group meeting is performed only when necessary. |
| Summative tools | | |
| APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction Survey | Allows the student to assess the clinical education site, learning experiences, and clinical instruction. | Required to be completed during the midterm and final week of Clinical Internship I, II, and III and to be completed the final week of ICE I and II. |

Determination of Final Grade for Clinical Education Experiences

In order to earn “Credit” for each clinical education experience the student must complete all paperwork as outlined in the course syllabus, including assignments/projects required by the clinical education faculty at the site.

Additionally, it is the **responsibility of the student** to ensure all assessment documents completed by the CI are received by the DCE/ADCE within 1 business day of completing a full-time clinical education experience and 2 business days of completing a part-time clinical education experience. This is to allow adequate time for the clinical education team to comprehensively review all documentation and submit grades in a timely fashion.

Critical Incident Reports

The Critical Incident Report is to be used to document behaviors demonstrated by a student that have consequences of a serious nature. In the event a Critical Incident Report is needed, the CI is required to contact the DCE as soon as possible for assistance. This does not substitute for required incident reporting in place at the clinical education site. In the event of a conflict with the student as it relates to the clinical education experience, the CI will initiate a critical incident report outlining the incident that occurred. This report will be used as a form of communication to discuss future strategies for improvement.

Learning Contracts

Students and clinical education faculty are encouraged to utilize learning contracts to clarify expectations and facilitate communication. This is particularly encouraged in the event that a student is not meeting the performance expectations of the clinical education experience. This contract is designed to outline specific learning goals that the student must achieve in order to successfully pass the clinical education experience. Timely implementation of this tool is critical to facilitate successful completion of the experience when specific performance expectations are not being met.

Termination/Failure of a Clinical Education Experience

Students who are terminated from a clinical education experience due to inadequate performance will receive **No Credit (NC)**. This grade will be determined by the DCE and core faculty with input from the clinical education faculty. Inadequate performance must be appropriately documented and communicated to the DCE. Documented examples of trends in the following categories may necessitate termination or failure of a clinical education experience:

- Unprofessional behavior.
- Consistent poor skill performance despite multimodal remediation attempts.
- Poor clinical judgment.
- Unsafe/Unethical practice.*
- Violation of Policies/Procedures of the clinical education site and/or the Program.

*Students engaging in unethical/unsafe practice as described by the *APTA Code of Ethics and Standards of Practice* may be immediately terminated from the clinical education experience and receive NC for the course.

COMPLAINTS FROM PATIENTS, CLIENTS AND/OR FAMILY MEMBERS

The George Washington University School of Medicine and Health Sciences has formal policies and procedures governing complaints or concerns from patients, clients and/or family members. The following procedures will be followed in order to respond to complaints that fall outside of due process, such as those that may be submitted by clinical personnel, patients, or other stakeholders:

1. The Program Director is responsible for handling complaints that fall outside of due process. In the event the Program Director is not available or if it is inappropriate for the Program Director to handle the complaint, the complaint will be forwarded to the Senior Associate Dean for Health Sciences.
2. Complaints should be submitted in writing.
3. The Program Director or his/her designee must respond to the complainant within 3 weeks of receiving the complaint. When appropriate, the Program Director or his/her designee may consult with other University offices and personnel in addressing the complaint.
4. Documentation regarding the complaint and any actions taken are maintained in the Program Director's office.
5. In order to be accessible to stakeholders that are not covered by due process, a copy of these procedures are sent to the clinical education sites and maintained on the Program website.

LEADERSHIP OPPORTUNITIES FOR PHYSICAL THERAPY STUDENTS

Physical Therapy Student Organization (PTSO)

The George Washington University Physical Therapy Student Organization (PTSO) is a University recognized organization established to facilitate student interaction with the general university student population for fundraising and other organized efforts. Additionally, this club will provide an opportunity for collaboration between representatives from each class in the program. All students are members of the PT Student Organization. Voting members of the PT Student Organization are represented by the class officers list below. Of note, positions held by more than 1 student (i.e. "Co-chairs") share one vote. The Student Organization Director (faculty member(s)) presides over all meetings of the PT Student Organization and has voting privileges only in the event of a tie vote among voting members. Each student will be given a copy of the PT Student Organization Constitution.

Class Officers

First and second year students will elect class officers and representatives during the fall of each academic year. The term for all offices is one academic year. Students may be re-elected to their offices. Third year students will hold elections according to academic and clinical schedules. The offices and representative positions are as follows.

President serves as the liaison to the PT Program faculty, and other members of the School of Medicine and Health Sciences. The President is responsible for chairing the PTSO meetings (including scheduling the date, time, and location), overseeing the activity of the PTSO officers, and providing assistance when needed throughout the year. The President will also assist in the organization of the first year lunch and other community outreach events. After graduation, the President will continue as the contact person with the alumni office for the Class, set up outreach events and transmit information from the school to peers.

Vice President is to work with the President in organizing and communicating with the PTSO chairs and faculty advisors. The VP is also responsible for partnering with the PTSO chairs in various events throughout the years including (but not limited to) the White Coat Ceremony, PT Program Clothing order, and Graduation activities for all cohorts. In addition, the VP establishes the framework for effective transition of positional duties between cohorts.

Secretary is responsible for maintaining records of PTSO activity by creating and updating the PTSO Virtual Binder with meeting agendas, minutes, annual reports, and program photos. The Secretary will oversee the PTSO Google Calendar, which holds the dates of PTSO and community events, as well as important dates for each cohort. In addition, the Secretary works with the faculty advisors to organize elections for the first year PTSO chair positions.

Treasurer maintains the class treasury and updates class on all financial matters at the Program, SMHS and University levels. This student is responsible for managing the budget, collecting dues, and managing deposits and withdrawals for all events. The role also includes coordination with the Fundraising chairs and ensuring appropriate use of PTSO funds.

Fundraising Chair (2 representatives) coordinate and organize GWU D PT class and PTSO fundraising activities one of which is the Foundation for Physical Therapy Research (aka Marquette Challenge.) The Fundraising Chair's responsibilities include but are not limited to reserving space for events, developing flyers, creating advertisements, and working with the Treasurer to coordinate transfer of funds. The Marquette Challenge is a year-long fundraising competition between physical therapy schools throughout the United States. It is a unique position that allows you to be competitive, as well as creative in coming up with fun and interactive ways for our program to raise money! There are also opportunities to collaborate with the social and community service chairs. A few ideas we have used in the past year include: Penny Wars, bake sales, and March Madness brackets.

Prospective Student Communications Committee Chair (2 representatives) assists in coordinating open houses for prospective students; assists in coordinating interviews and tours for prospective students; participates in information sessions; helps with orientation of the new incoming class of students; organizes "buddy matching" with the incoming class. In addition, the chairs work with the VP to coordinate the White Coat Ceremony.

Pro-Bono Representative serves as contact person and liaison between the PTSO and any pro-bono activity in which the PTSO is involved. Specifically, this individual communicates with and organizes the student volunteer schedule for the Little Workers of the Sacred Heart pro bono clinic with whom we have had a longstanding relationship with for many years. Other roles may include acting as an advocate on behalf of the clinic to the PTSO in order to secure funding for supplies or brainstorming related to student outreach and attending clinic fundraising.

Student Alumni Relations Representative serves as a liaison between the DPT program, PTSO, and the Office of Alumni Relations in efforts to initiate, plan, and execute alumni activities specifically designed to develop and maintain a mutually supportive relationship between alumni, the DPT program, and PTSO. The aim is to develop strong ties between current students and program alumni. The alumni representative also assists in determining the class gift in conjunction with the President.

American Physical Therapy Association (APTA) Representative serves as the liaison between students and the APTA (including local chapters); attends chapter meetings and shares relevant information with the class and faculty. The APTA Representative is also the DC Core Ambassador, who makes class members aware of the any associated meeting schedules, and relays information from these meetings as well as opportunities presented by these organizations to the PTSO. Additionally this position should function to help other students in the class become more involved in both the APTA and the local chapter. All Students are also encouraged to attend national events such as Combined Sections Meetings (mid-February) and PT National conference (June). The second year APTA representative also serves as the APTA Core Ambassador for the DC Region.

Community Service Chair organizes and coordinates service activities to enhance community outreach of the PTSO and encourage students to become active and involved members of the surrounding region. The Service Chair also communicates with the faculty advisors about additional available service opportunities and coordinates and helps prioritize class suggestions. The Service Chair collaborates with both the Social and Pro-Bono Chairs to execute both service and social events.

Cultural Competency & Advocacy Representative Chairs (2 representatives) organize and coordinate activities to encourage cultural awareness and professional development among PTSO members. This includes enhancing understanding and acceptance of diversity within the DPT class, SMHS, the University, the DC community and within the field of healthcare. The Cultural Competency chairs create cultural newsletters each month and disseminate information regarding cultural events around DC.

Medical Center Student Council & Honor Council Representative (2) act as liaison between the Medical Center Student Council (MCSC) (see below) and the PT Program. These individuals are required to attend regular MCSC meetings and shares information regarding the PT program with their SMHS colleagues. Some of the duties include assisting with planning of the SMHS formal in the fall and creating the annual follies video in preparation for the spring. In addition, representatives report back to PTSO the various volunteer opportunities and events put on by MCSC.

Please refer to the GW PT Student Organization Constitution for more information regarding the specific roles and responsibilities for each leadership position.

Medical Center Student Council (MCSC)

The Medical Center Student Council (MCSC) serves as an umbrella organization representing all SMHS student groups in the GW student association. Programming includes supporting student group events, distributing funding to student organizations, and planning SMHS-wide social activities. The MCSC serves as a united voice for SMHS-wide issues to the SMHS administration and the GW community. The website can be found at: <http://smhs.gwu.edu/studentcouncil>.

Student Clubs and Activities

Students are encouraged to participate in campus-based clubs and organizations. Consult the Health Sciences Student Services website at: <http://smhs.gwu.edu/academics/health-sciences-programs/student-services/student-activities> and the GW Center for Student Engagement (<http://studentengagement.gwu.edu>) for opportunities.

Service activities are included in the curriculum. In addition, students and faculty are encouraged to participate in other community service activities, and individuals or groups of students may be interested in identifying volunteer work outside of the roles defined by the curriculum.

American Physical Therapy Association

The American Physical Therapy Association (www.apta.org) is the national professional organization for physical therapists. Students are required to join the APTA at their own expense as first year students and expected to maintain membership throughout their tenure in the GW Program in Physical Therapy. Students are strongly encouraged to participate in the local Washington DC chapter activities with fellow students and faculty.

In addition to participation at the local level, students are invited to participate in the array of conferences the APTA hosts through the year including Combined Sections Meetings, National Conference, National Student Conclave and House of Delegates among many others. Refer to www.apta.org for details on the full array of services the organization offers professionals and students. Students are expected to know, understand and abide by the APTA Code of Ethics, the Standards of Practice, and Core Values (see the Appendix 5 on pages 62-73).

Alpha Eta National Honor Society

Alpha Eta is the Health Sciences national honor society. Health Sciences students who meet the qualifications specified by the constitution of Alpha Eta are eligible to be nominated by a Program Director, faculty member, or by other Alpha Eta members. Graduate students are eligible after completing one full year of academic work. Faculty, alumni, and honorary memberships are also available. Faculty need 3 years of academic experience to be eligible.

AWARDS AND RECOGNITION

The George Washington University has several awards and recognition programs.

Excellence Awards: The Doctor of Physical Therapy Program presents several Excellence Awards to top performing students in the beginning of the second and third academic years. These awards are announced at a ceremony each fall.

Professional Development Awards: The Doctor of Physical Therapy Program presents a number of Professional Development Awards to support student participation in research, service, and other professional development activities (e.g., attendance at the APTA National Student Conclave, Annual Conference, and Combined Sections Meeting).

The Doctor of Physical Therapy Program may present any or all of the following awards to graduating students during an awards ceremony on graduation weekend:

Academic Excellence Award: This award is given to the graduating student who earned a high cumulative GPA and has demonstrated consistent qualities of academic and professional excellence. This student is an active and reflective learner, who promotes the learning process in others as well as him/herself. This is a person who freely shares his/her knowledge and skills, and often acts as a resource for others.

Excellence in Clinical Leadership Award: This award is given to the graduating student who has demonstrated consistent qualities of clinical excellence both in the classroom and in the clinic. This is a person who may serve as a resource to others, and who freely shares his/her knowledge and skills with others.

Service Excellence Award(s): This award is given to the graduating student(s) who distinguish(es) him/herself as a leader among his/her peers in service to the PT Program, SMHS, University, community and/or to the profession. This student may distinguish him/herself through his/her active service to the GW community and beyond, and is an active participant in the physical therapy profession on the local and/or national level.

Peer Recognition Award: The graduates nominate a peer who consistently shares his/her knowledge and skills, acts as a resource for others, and works for the benefit of the whole class.

Jean Johnson Award for Leadership, Quality and Excellence: This award is given to the graduating student who distinguishes him/herself through academic performance, clinical excellence and service. This person may be responsive to the needs of others, or may demonstrate some other personal quality that distinguishes him/her among his/her peers. This may be the person who volunteers for faculty-generated special projects or assignments, takes on leadership roles, or who recognizes a need to provide service beyond the Physical Therapy Community. This is a person who fulfills and advances the mission of the program.

In addition, each year faculty from each department review student records and nominate those students who have demonstrated high scholastic achievement (a grade point average of at least 3.5) and dedication to their chosen profession to the *Alpha Eta Society*, the National Honor Society of the Allied Health Professions. This honor is extended to not more than 20% of the graduating class. More information about the Alpha Eta Society can be found at: <http://www.alphaeta.net/>

PUBLICATIONS

GWPT Newsletter: The Doctor of Physical Therapy Program publishes a newsletter, which is disseminated electronically to students, alumni, staff, friends of the Program, and Clinical Educators. The newsletter is a joint effort of the faculty and students. Students interested in working with faculty to publish this newsletter are encouraged to contact the faculty liaison.

Research Publications: Students involved in research are strongly encouraged to submit their work for presentation at APTA and other professional meetings. A research abstract considered for presentation or publication must be submitted in conjunction with the faculty, clinician(s), and/or researcher(s) with whom the work was conducted. Careful consideration must be given to authorship, as well as acknowledgments for supporting contributions to the research. For research performed during their graduate work, students must obtain permission to publish manuscripts in the peer-reviewed literature from the Research Advisor and the Faculty Advisor. Other faculty members may review the manuscript before submission for publication.

The research advisor's name will appear first on the initial publication arising from a research project conducted by students, unless otherwise agreed. Student investigators will determine the order in which their names should appear based on the following guidelines:

<https://smhs.gwu.edu/sites/default/files/Authorship%20on%20Scientific%20and%20Scholarly%20Publications%20Policy%20FINAL%20RB%20030618.pdf>

No investigator may use data from a project without full disclosure to all collaborators and permission from the research advisor. A complete final copy (hard and electronic) of all materials relating to a research project must be submitted by the student to the research advisor.

APPENDICES

APPENDIX 1: FACULTY ROLES

The faculty members are responsible for facilitating learning (in the classroom, laboratory, and clinic), research, and service to the community (the GW community, the public, and the profession). Service includes support to the PT Program, the GW School of Medicine and Health Sciences, and the GW University, through academic advising, collaborative research, guidance for graduate students' theses, committee membership and service to the physical therapy (and other) professional associations.

Some faculty members have additional administrative roles and responsibilities.

Program Director:

(see previous description under Program Faculty on page 11)

Director of Clinical Education and Assistant Director for Clinical Education:

(see previous description under Program Faculty on page 11 and under the Clinical Education Section of this Manual on pages 39-40)

Faculty Liaison to the Student:

Two faculty members serve as liaison to the students. These faculty members' roles are to support the PTSO, facilitate the students' election of class officers each year, ensure that students are aware of professional activities on both the local and national levels, and help to ensure that the organization abides by University policies and procedures related to student organizations. The faculty liaisons should be included on all communication related to monthly meetings, follow-up voting, activity planning (including social events both on and off campus), and service.

APPENDIX 2: FACULTY DIRECTORY

DOCTOR OF PHYSICAL THERAPY PROGRAM CORE FACULTY

Marisa Birkmeier, PT, DPT, PCS, Assistant Professor and Director of Clinical Education

Rhea Cohn, PT, DPT, Assistant Professor and Assistant Director of Clinical Education

Keith Cole, PT, PhD, DPT, MBIomedE, OCS, Assistant Professor

Ellen Costello, PT, PhD, Associate Professor and Program Director

Lindsay Garmirian, DPT, PhD, Assistant Professor

Karen Goodman, PT, DPT, NCS, Clinical Assistant Professor

Kenneth Harwood, PT, PhD, CIE, Associate Professor

Dhinu Jayaseelan, PT, DPT, OCS, FAAOMPT, Assistant Professor & Co-Director of the Orthopedic Residency Program

Holly Jonely, ScD, PT, ATC, COMT, Assistant Professor and Associate Program Director & Co-Director of the
Orthopedic Residency Program

Joyce Maring, PT, DPT, EdD, Associate Professor and Department Chair

Margaret M. Plack, PT, DPT, EdD, Professor

David Scalzitti, PT, PhD, Assistant Professor

Joseph Signorino, PT, DPT, FAAOMPT, OCS, Clinical Assistant Professor

Erin Wentzell, PT, DPT, PCS, Assistant Professor and Director of the Pediatric Residency Program

Josh Woolstenhulme, PT, DPT, PhD, Assistant Professor

APPENDIX 3: ADMINISTRATIVE DIRECTORY

Doctor of Physical Therapy Program

Staff

Marsha White
Program Administrator
mkw01@gwu.edu
(202) 994-8184

Miriam Okine-Davies
Assistant Director of Admissions & Enrollment Services
mod75@gwu.edu
(202) 994-5419

Heather Richards
Clinical Education Specialist
hrich@gwu.edu
(202) 994-6341

Michael Steele
Director of Operations
mbsteele@gwu.edu
(202) 994-0826

Core Faculty

Marisa Birkmeier
mbirkmei@gwu.edu
(202) 994-6348

Joyce Maring
maringj@gwu.edu
(202) 994-0053

Rhea Cohn
rjcohn@gwu.edu
(202) 994-5596

Margaret Plack
mplack@gwu.edu
(202) 994-7763

Keith Cole
keithcole@gwu.edu
(202) 994-0423

(202) 994-9278

David Scalzitti
scalzitt@gwu.edu
(202) 994-7831

Ellen Costello
ecostell@gwu.edu
(202) 994-0056

Joseph Signorino
signorja@email.gwu.edu
(202)-994 0683

Lindsay Garmirian
Tba

Erin Wentzell
ewentzell@gwu.edu
(202) 994-7042

Karen Goodman
karengoodman@gwu.edu
(202) 994-0705

Ken Harwood
kharwood@gwu.edu
(202) 994-7142

Dhinu Jayaseelan
dhinuj@gwu.edu
(202) 994-5495

Holly Jonely
hjonely@gwu.edu

Department of Health, Human Function, and Rehabilitation Sciences

Doctor of Physical Therapy Program

Ellen Costello

Program Director

ecostell@gwu.edu

(202) 994-0056

Department of Health, Human Function and Rehabilitation Sciences

Joyce Maring

Department Chair

maringj@gwu.edu

(202) 994-0053

Health Sciences

Reamer Bushardt

Senior Associate Dean and Professor of Physician Assistant Studies

rbushardt@email.gwu.edu

Admissions and Student Services

Miriam Okine-Davies

Assistant Director of Admissions & Enrollment Services

mod75@gwu.edu

(202) 994-5419

Janessa Silcox

Senior Assistant Director

jsilcox@gwu.edu

(202) 994-4982

GW Health Sciences Student Services

hsp@gwu.edu

Graduation Specific Questions hspgrad@gwu.edu

Catherine Golden

Associate Dean, Academic Planning and Assessment

cagw@gwu.edu

(202) 994-3564

APPENDIX 4: ACADEMIC CALENDAR

Please refer to the Doctor of Physical Therapy Program Current Students web page at: <https://smhs.gwu.edu/physical-therapy/degree-program/current-students> to access the academic calendar.

Please note: *This academic calendar is subject to change each semester* based on the needs of the students, the clinics, and the faculty. Every effort will be made to notify students of changes; however, it is the student's responsibility to confirm the academic schedule before planning trips, vacations, etc.

APPENDIX 5: APTA CODE OF ETHICS, PRACTICE STANDARDS, AND CORE VALUES

Code Of Ethics for the Physical Therapist

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

Preamble

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct. No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

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

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.

Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

Core Values: Compassion, Integrity

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

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

Core Values: Altruism, Compassion, Professional Duty

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

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

Core Values: Excellence, Integrity

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

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

Core Value: Integrity

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

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

Core Values: Professional Duty, Accountability

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

Core Value: Excellence

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

- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

Core Values: Integrity, Accountability

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

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

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

The Code of Ethics for the Physical Therapist can be found on the following website:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf

Criteria for Standards of Practice for Physical Therapy

BOD S01-14-01-01 [Amended BOD S03-06-16-38; BOD S03-05-14-38; BOD 03-04-19-44; BOD 03-00-22-53; BOD 11-99-20-53; BOD 03-99-15-45; BOD 02-97-03-05; BOD 03-95-22-58; BOD 11-94-30-100; BOD 03-93-21-58; BOD 03-91-31-79; BOD 03-89-28-88; Initial BOD 11-85-13-56] [Standard]

The *Standards of Practice for Physical Therapy* (HOD S06-13-22-15) are promulgated by APTA's House of Delegates; Criteria for the Standards are promulgated by APTA's Board of Directors. Criteria are italicized beneath the Standards to which they apply.

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 they 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 physical therapist assistant.

I. 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.

The statement of mission, purposes, and goals:

- *Defines the scope and limitations of the physical therapy service.*
- *Identifies the goals and objectives of the service.*
- *Is reviewed annually.*

B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

- *Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization.*
- *Ensures that the service is directed by a physical therapist.*
- *Defines supervisory structures within the service.*
- *Reflects current personnel functions.*

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*.

The written policies and procedures:

- *Are reviewed regularly and revised as necessary.*
- *Meet the requirements of federal and state law and external agencies.*
- *Apply to, but are not limited to:*
 - *Care of patients/clients, including guidelines*
 - *Clinical education*
 - *Clinical research*
 - *Collaboration*
 - *Collection of patient data*
 - *Competency assessment*
 - *Criteria for access to care*
 - *Criteria for initiation and continuation of care*
 - *Criteria for referral to other appropriate health care providers*
 - *Criteria for termination of care*
 - *Documentation*
 - *Environmental safety*
 - *Equipment maintenance*
 - *Fiscal management*
 - *Handoff communication/therapist of record*
 - *Improvement of quality of care and performance of services*
 - *Infection control*
 - *Job/position descriptions*
 - *Medical emergencies*
 - *Personnel-related policies*
 - *Rights of patients/clients*
 - *Staff orientation*

D. Administration

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

The physical therapist responsible for the direction of the physical therapy service:

- *Ensures compliance with local, state, and federal requirements.*
- *Ensures compliance with current APTA documents, including Standards of Practice for Physical Therapy and the Criteria, Guide to Physical Therapist Practice, Code of Ethics, Guide for Professional Conduct, Standards of Ethical Conduct for the Physical Therapist Assistant, and Guide for Conduct of the Physical Therapist Assistant.*
- *Ensures that services are consistent with the mission, purposes, and goals of the physical therapy service.*
- *Ensures that services are provided in accordance with established policies and procedures.*
- *Ensures that the process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and meets the needs of the patients/clients.*
- *Reviews and updates policies and procedures.*
- *Provides for training of physical therapy support personnel that ensures continuing competence for their job description.*
- *Provides for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals.*

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.

The fiscal management plan:

- *Includes a budget that provides for optimal use of resources.*
- *Ensures accurate recording and reporting of financial information.*

- Ensures compliance with legal requirements.
- Allows for cost-effective utilization of resources.
- Uses a fee schedule that is consistent with the cost of physical therapy services and that is within customary norms of fairness and reasonableness.
- Considers option of providing pro bono services

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.

The improvement plan:

- Provides evidence of ongoing review and evaluation of the physical therapy service.
- Provides a mechanism for documenting improvement in quality of care and performance.
- Is consistent with requirements of external agencies, as applicable.

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.

The physical therapy service:

- Meets all legal requirements regarding licensure and certification of appropriate personnel.
- Ensures that the level of expertise within the service is appropriate to the needs of the patients/clients served.
- Provides appropriate professional and support personnel to meet the needs of the patient/client population.

H. Staff Development

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

The staff development plan:

- Includes self-assessment, individual goal setting, and organizational needs in directing continuing education and learning activities.
- Includes strategies for lifelong learning and professional and career development.
- Includes mechanisms to foster mentorship activities.
- Includes knowledge of clinical research methods and analysis.

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.

The physical setting:

- Meets all applicable legal requirements for health and safety.
- Meets space needs appropriate for the number and type of patients/clients served.

The equipment:

- Meets all applicable legal requirements for health and safety.
- Is inspected routinely

J. Collaboration

The physical therapy service collaborates with all disciplines as appropriate.

The collaboration when appropriate:

- Uses a team approach to the care of patients/clients.
- Provides instruction of patients/clients and families.
- Ensures professional development and continuing education.

II. 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. Wellness and prevention visits/encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

The physical therapist examination:

- *Is documented, dated, and appropriately authenticated by the physical therapist who performed it.*
- *Identifies the physical therapy needs of the patient/client.*
- *Incorporates appropriate tests and measures to facilitate outcome measurement.*
- *Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care.*
- *May result in recommendations for additional services to meet the needs of the patient/client.*

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 therapist involves the patient/client and appropriate others in the planning, anticipated goals and expected outcomes, proposed frequency and duration, and implementation of the plan of care.

The plan of care:

- *Is based on the examination, evaluation, diagnosis, and prognosis.*
- *Identifies goals and outcomes.*
- *Describes the proposed intervention, including frequency and duration.*
- *Includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan of care.*

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. The physical therapy intervention may be provided in an episode of care, or in a single visit/encounter such as for a wellness and prevention visit/encounter or a specialty consultation or for a follow-up visit/encounter after episodes of care, or may be provided intermittently over longer periods of time in cases of managing chronic conditions.

An *episode of care* is the managed care provided for a specific problem or condition during a set time period and can be given either for a short period or on a continuous basis, or it may consist of a series of intervals marked by 1 or more brief separations from care.

The intervention:

- *Is based on the examination, evaluation, diagnosis, prognosis, and plan of care.*
- *Is provided under the ongoing direction and supervision of the physical therapist.*
- *Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist assistant.*
- *Is altered in accordance with changes in response or status.*
- *Is provided at a level that is consistent with current physical therapy practice.*
- *Is interdisciplinary when necessary to meet the needs of the patient/client.*
- *Documentation of the intervention is consistent with the Guidelines: Physical Therapy Documentation of Patient/Client Management.*
- *Is dated and appropriately authenticated by the physical therapist or, when permissible by law, by the physical therapist assistant.*

F. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care, during follow-up visits/encounters after an episode of care, or periodically in the case of chronic care management, to evaluate progress or change in patient/client status. The physical therapist modifies the plan of care accordingly or concludes the episode of care.

The physical therapist reexamination:

- *Is documented, dated, and appropriately authenticated by the physical therapist who performs it.*
- *Includes modifications to the plan of care.*

G. Conclusion of Episode of Care

The physical therapist concludes an episode of care when the anticipated goals or expected outcomes for the patient/client have been achieved, 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.

Conclusion of care documentation:

- *Includes the status of the patient/client at the conclusion of care and the goals and outcomes attained.*
- *Is dated and appropriately authenticated by the physical therapist who concluded the episode of care.*
- *Includes, when a patient/client is discharged prior to attainment of goals and outcomes, the status of the patient/client and the rationale for discontinuation.*

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, intervention, responses to intervention, changes in patient/client status relative to the intervention, reexamination, and episode of care summary. The physical therapist of record is responsible for “hand off” communication.

Physical therapist documentation:

- *Is dated and appropriately authenticated by the physical therapist who performed the examination and established the plan of care.*
- *Is dated and appropriately authenticated by the physical therapist who performed the intervention or, when allowable by law or regulations, by the physical therapist assistant who performed specific components of the intervention as selected by the supervising physical therapist.*
- *Is dated and appropriately authenticated by the physical therapist who performed the reexamination, and includes modifications to the plan of care.*
- *Is dated and appropriately authenticated by the physical therapist who performed the episode of care summary and includes the status of the patient/client and the goals and outcomes achieved.*
- *Includes, when a patient's/client's care is concluded prior to achievement of goals and outcomes, the status of the patient/client and the rationale for conclusion of care.*
- *As appropriate, records patient data using a method that allows collective analysis.*

III. 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.

The physical therapist:

- *Educates and provides consultation to consumers and the general public regarding the roles of the physical therapist, the physical therapist assistant, and other support personnel.*

IV. 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.

The physical therapist:

- *Ensures that their knowledge of research literature related to practice is current.*

- *Ensures that the rights of research subjects are protected, and the integrity of research is maintained.*
- *Participates in the research process as appropriate to individual education, experience, and expertise.*
- *Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about the outcomes of physical therapist practice.*

V. 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.

The physical therapist:

- *Participates in community and community agency activities.*
- *Educates the public, including prevention, education, and health promotion.*
- *Helps formulate public policy.*
- *Provides pro bono physical therapy services.*

The Criteria for Standards of Practice for Physical Therapy can be found on the following website:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/CriteriaStandardsPractice.pdf

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

BOD P05-04-02-03 [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 | <p>Compassion is the desire to identify with or sense something of another's 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"> 1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment. 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. |

| Core Values | Definition | Sample Indicators |
|-------------------|---|---|
| | | <ol style="list-style-type: none"> 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. 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> | <ol 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, 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 |

| Core Values | Definition | Sample Indicators |
|------------------------------|--|--|
| | | <p>and others.</p> <ol style="list-style-type: none"> 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 | 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. | <ol 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. 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 effect 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. |

The Professionalism in Physical Therapy: Core Values can be found at:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf

APPENDIX 6: POLICIES: PROFESSIONAL COMPORTMENT, MISTREATMENT OF HEALTH SCIENCE STUDENTS, BACKGROUND CHECK AND DRUG SCREENING

REGULATIONS ON THE EVALUATION OF PROFESSIONAL COMPORTMENT

Students enrolled in the Health Sciences programs ("Health Science students") are required to conform to all rules, regulations, and policies with University-wide applicability, including those contained in the **Guide to Student Rights and Responsibilities** (hereinafter "the Guide") <https://studentconduct.gwu.edu/guide-student-rights-responsibilities>. In this regard, the Guide's *Code of Academic Integrity*, *Policy on Equal Opportunity*; *Policy on Sexual Harassment*; *Student Grievance Procedures*; *Privacy of Student Records*, and Articles I-IV, VI, and VII of the Guide's *Statement of Student Rights and Responsibilities* apply to Health Science students. However, because of the unique curriculum and degree requirements of the School of Medicine and Health Sciences, the following Procedures govern Health Sciences students (hereinafter "Procedures").

These Procedures *supplement* certain applicable policies established by the Guide. For instance, the process set forth in the *Appeal Procedures for Cases of Alleged Improper Academic Evaluation* is designed to provide protection against improper academic evaluation as guaranteed by Article II, Section B of the Guide (Protection Against Improper Academic Evaluation). However, these Procedures, including the rights and procedures contained in them, *replace* the Guide in all instances involving alleged misconduct by Health Sciences students, with the exception of matters involving alleged academic dishonesty, which are processed under the Guide's *Code of Academic Integrity*.

All cases involving alleged misconduct (with the exception of those involving alleged academic dishonesty) will be processed solely under these Procedures. Further, Health Sciences students accused of misconduct will be afforded only those procedures and rights specifically set out in the Procedures below, unless the School of Medicine and Health Sciences dean or his/her designee (hereinafter "dean") decides in a particular case to have the case processed under the Guide's Code of Student Conduct. To the extent these Procedures are silent as to a particular right or procedure, such right or procedure is not intended to be afforded under these Procedures. In the case of any inconsistency or ambiguity between these Procedures and University-wide rules, regulations, and policies, including the Guide, these Procedures shall govern. Health Sciences students in programs with clinical placements must adhere to these regulations as well as to the specific policies, procedures, and regulations set forth by the clinical education site.

As members of the health care community, Health Sciences students are expected to behave in a manner consistent with the principles and obligations inherent in professional practice. Professional maturity, integrity, and competence are expected of students in every aspect of the clinical environment with preceptors, coworkers, and patients. Students are obliged to practice diligence, loyalty, and discretion in the patient-provider relationship.

Some behaviors or patterns, either during the didactic or clinical phase, may raise concerns as to the student's suitability to continue in the program of study. Inappropriate behaviors for a Health Sciences student may include, but are not limited to, breaching patient confidentiality, using illegal drugs or abusing controlled substances, becoming sexually involved with a patient, undertaking a procedure or scope of practice beyond that of a student, disobeying or showing disrespect for others, showing a judgmental attitude toward patients, or revealing a lack of concern or compassion in practice.

The process described below is intended to address behaviors that are unacceptable to the School of Medicine and Health Sciences and raise questions about the student's fitness for clinical practice.

1. When a problem with professional comportment (other than academic dishonesty) regarding a student is perceived, the observer will communicate this concern in writing to the relevant program director. If the program director determines that further action is required, the concern will be communicated in writing to the student and the appropriate Chair and the Senior Associate Dean of Health Sciences or his/her designee (hereafter the Sr. Associate Dean). The notice to the student must be accompanied by a copy of these Procedures.
2. Upon receiving such a communication, the Sr. Associate Dean will create a confidential file in which all documents pertaining to the matter will be placed. Access to this file will be restricted to the student under consideration; the Sr. Associate Dean, the Dean of the School of Medicine and Health Sciences and his/her staff; an ad hoc comportment sub-committee of the Health Sciences Student Evaluation Committee, if one is constituted; and attorneys for the University and student.
3. As soon thereafter as possible, the Sr. Associate Dean may do one or more of the following:
 - a. Meet with the student.
 - b. Refer the case to an ad hoc comportment sub-committee of the Health Sciences Student Evaluation Committee.
 - c. Suspend the student pending review and recommendation of the ad hoc comportment sub-committee Health Sciences Student Evaluation Committee.

4. The involvement of, and actions taken by, the Sr. Associate Dean may be continuing in nature.
5. *Paragraphs 5 through 18 apply if the student is referred to the Health Sciences Evaluation Committee.*
6. An ad hoc comportment sub-committee of the Health Sciences Student Evaluation Committee ("Sub-Committee") and its Chair will be named by the Sr. Associate Dean. The Sub-Committee, including the Chair, will consist of three faculty members from the Health Sciences Student Evaluation Committee.
7. The Sr. Associate Dean will notify the student in writing of the composition of the Sub-Committee. The student will be allowed ten (10) calendar days from the mailing of this notice to object to any person's appointment to the Sub-Committee. Such objection must be sent to the Sr. Associate Dean in writing. The Sr. Associate Dean will, at his/her sole discretion, determine whether an objection warrants the appointment of one or more different persons to the Sub-Committee, who shall be selected by the Sr. Associate Dean.
8. The Sub-Committee will investigate the allegation. The Sub-Committee will review the student's confidential file and interview him or her. The Sub-Committee also may gather and review other material and interview any other person who the Sub-Committee, at its sole discretion, has reason to believe may have relevant information to contribute.
9. The student under review and the student's advisor may attend the information-gathering sessions. If the student in question selects an advisor the student is required to inform the Sr. Associate Dean of the advisor's identity at least five (5) days in advance of the hearing. The information-gathering sessions are not in the nature of an adversarial proceeding. The student and/or his or her advisor may submit written questions to be answered by persons interviewed by the Sub-Committee, but the procedure regarding their questioning is left to the sole discretion of the Sub-Committee, including whether the questions submitted by the student and/or his or her advisor will be modified and/or posed to the persons interviewed. The student also may suggest persons to be interviewed by the Sub-Committee, but the decision to interview such persons is left to the sole discretion of the Sub-Committee. The student may speak on his/her behalf and may submit other material. The student's advisor may not speak. The legal Rules of Evidence, including but not limited to those rules regarding relevancy and hearsay, are not applicable. The materials and/or testimony to be considered and the weight to be given to them is left to the sole discretion of the Sub-Committee. The information sessions should not become excessively legalistic and are not conducted as criminal or civil trials. The legal rules of evidence, including, but not limited to, those rules regarding relevancy, hearsay, and admissibility are not applicable and the criminal and/or civil standards of due process are not controlling. The student and the student's advisor cannot be present when the Sub-Committee meets in executive session.
10. Meetings of the Sub-Committee are confidential. Minutes of the Sub-Committee will be placed in the student's confidential file upon the completion of the Sub-Committee's review.
11. The Sub-Committee Chair and all members will be required to be present for all meetings of the Sub-Committee. Meetings may be conducted by conference call when it is not possible for all members to be physically present.
12. The Sub-Committee will make its final recommendation(s) to the Sr. Associate Dean. Such recommendation(s) will be in writing and shall include findings of fact and the reasons for the recommendation(s). There is no required format for the recommendation(s). The content of the recommendation(s), including the nature and specificity of the findings and reasons, is left to the sole discretion of the Sub-Committee. The Committee Chair may review and sign the final recommendation(s) on behalf of the Sub-Committee.
13. The recommendation(s) could include, but is (are) not limited to, one or more of the following:
 - a. Recommending conditions with which the student must comply in order to continue in the School of Medicine and Health Sciences.
 - b. Recommending temporary suspension from the School of Medicine and Health Sciences.
 - c. Recommending dismissal from the School of Medicine and Health Sciences.

The Sub-Committee must agree that its recommendation is supported by a preponderance of the evidence (more likely than not). The Sub-Committee shall make an additional recommendation regarding whether or not the confidential file will be made a part of the student's permanent academic file.

1. The Sr. Associate Dean will review the student's confidential file and the Sub-Committee report, and will forward recommendation(s) to the Dean of the School of Medicine and Health Sciences.
2. The Dean of the School of Medicine and Health Sciences will review the student's confidential file and the recommendation(s) of the Sub-Committee and the Sr. Associate Dean. The Dean of the School of Medicine and Health Sciences, at his/her sole discretion, may meet with the student prior to making his/her determination.
3. The Dean of the School of Medicine and Health Sciences will take whatever action s/he deems appropriate, including dismissal of the student from the School of Medicine and Health Sciences. The Dean of the School of Medicine and Health Sciences will inform the student in writing of his/her decision.

4. The student shall have ten (10) calendar days in which to appeal the decision of the Dean of the School of Medicine and Health Sciences. Such appeal shall be in writing sent to the Provost and Executive Vice President for Academic Affairs. The scope of this appeal is limited to the Provost and Executive Vice President for Academic Affairs or his/her designee's determination as to whether the procedures set forth in these Procedures have been complied with. Failure to appeal the decision shall be deemed a waiver of any and all rights to challenge the dean's decision and shall be deemed an acceptance of the same.
5. The Provost and Executive Vice President for Academic Affairs or his/her designee will make his/her decision on the written record of the proceedings. His/her decision shall be final.
6. At any time during the process, if the student in question selects an attorney as his or her advisor, the University will have its attorney present. The student is required to inform the Sr. Associate Dean five (5) days in advance of the hearing if counsel is to be present.

POLICY AND PROCEDURES CONCERNING MISTREATMENT OF HEALTH SCIENCES STUDENTS

The Policy and Procedures Concerning Mistreatment of Medical Students can be found at the following website under SMHS Policies <http://smhs.gwu.edu/academics/md-program/current-students/policies> and where applicable pertains to all Health Sciences students.

POLICY AND PROCEDURES CONCERNING DRUG SCREENING (DS) AND CRIMINAL BACKGROUND CHECKS (CBC)

Some criminal offenses preclude students from participating in patient care. In addition, some professional licensure boards prohibit licensure for those convicted of specific offenses. Thus, students from professional programs are subject to the statutory and/or regulatory requirements independently imposed by law, or as required by affiliating entities. Students must meet any and all requirements of the clinical facility, which may be more extensive than referenced herein. Inability to participate in patient care or being subject to any other exclusion prescribed by law will preclude successful completion of the requisite curriculum. As such, affected students may not be eligible for matriculation, continuation in the program, or graduation, if applicable.

This policy is designed to provide a safe environment for patients, visitors, faculty, employees, and students at The George Washington University School of Medicine and Health Sciences (SMHS), specifically the Health Sciences Programs ("HSP") and its affiliated institutions. Criminal background checks (CBC) and Drug Screens (DS) allow the HSP to evaluate whether students possess the character and fitness to participate in clinical education activities.

The HSP do not guarantee that state licensure boards will ultimately issue a license to an individual with or without a criminal record. Applicants with any record of a criminal offense are strongly encouraged to contact the licensing board of the profession within the state in which they would like to practice in the future to determine whether or not their record could preclude them from obtaining a license.

This policy applies to all students enrolled in Health Sciences courses and/or programs whose program of study requires them to complete a clinical rotation.

Prospective Students

Prospective students seeking admission to the HSP will be informed of this policy and its requirements will be posted on the admissions website. Prospective students are required to disclose misdemeanor or felony convictions at the time of application for admission.

New Students

Students admitted to any HSP that require clinical practica will be informed of this policy and its requirements at the time of acceptance. Once admitted, students will be required to complete a CBC and DS, and to authorize release of the results to appropriate academic and/or clinical personnel. The CBC and DS are conditions of acceptance.

Enrolled Students

The cost of all CBCs and DSs shall be the responsibility of the student, unless the clinical facility agrees to assume the cost. Further, the student shall be deemed responsible for completing all CBCs and DSs in a timely manner. Failure to complete the CBC and/or DS in a timely manner may result in academic holds preventing registration until the requirements are complete.

Failure of either the CBC or DS may preclude participation in any further clinical rotations. As a result, the student may not be able to complete the requirements of the education program, may not be eligible for federal or state credentialing required for practice, and may be dismissed from the Program.

Results of all CBCs and DSs shall be privileged and confidential, are maintained in a secure place, and shall not be released or otherwise disclosed to any person or agency, other than the (1) Senior Associate Dean of Health Sciences or his/her designee; (2) persons who have a legitimate need to know, as determined by the Senior Associate Dean of Health Sciences; (3) upon direction of a court order; or (4) with the written consent of the student.

CBC: Enrolled students are required to disclose misdemeanor or felony convictions, other than minor traffic violations, to the Office of the Senior Associate Dean of Health Sciences within five (5) business days of occurrence. Non-disclosure or falsification may be grounds for dismissal or degree revocation. Any disruption in enrollment may require the student to undergo an additional criminal background check. In addition, students may be required to undergo additional CBCs during their matriculation as a Health Sciences student, as deemed necessary by the academic and/or clinical facility.

DS: Students may be required to complete a DS during their matriculation as a student in the HSP, as deemed necessary by the academic and/or clinical facility. Any disruption in enrollment may also require the student to undergo a DS as determined by the academic and/or clinical facility.

Procedures for Criminal Background Check

1. Prospective students for any of the Health Sciences programs requiring clinical practica will be notified through the admissions web page that admission is contingent upon the successful completion of a CBC and authorization of the release of the CBC results to appropriate academic and/or clinical personnel after admission.
2. Once admitted, students will be notified by e-mail of the deadline for completion of the CBC. The School will provide students with the name(s) of approved vendor(s) to conduct CBCs. Students will be given instructions on obtaining and reporting the results of their CBC. Students will be responsible for all costs associated with completion of a criminal background check.
3. The Program Director or designee can access a secure database to determine whether the CBC has been completed. The results of the CBC will be only accessible to the Senior Associate Dean of Health Sciences (or his/her designee) through a secure database hosted by the vendor. If a CBC report reveals a significant event (i.e. report with anything other than a minor misdemeanor), the Senior Associate Dean of Health Sciences will review and investigate the results and make a recommendation to the Dean of SMHS for further disposition. The Dean of SMHS will make the final decision regarding the action to be taken regarding the status of the student.
4. Students claiming inaccuracies in their CBC will be referred to the entity completing the initial CBC for procedures as required by the Fair Credit Reporting Act.
5. Students are responsible to provide all requested information and documentation to clinical sites providing practica experience. The HSP may not be able to find alternative sites for students ineligible to attend clinical rotations at specified sites based on the results of the CBC. If a student is unable to be placed in a clinical facility, s/he will be unable to complete his/her educational requirements and will be dismissed from the program pending the outcome of an appeal, should such right be invoked.

Procedures for Drug Screen

1. Prospective students for any of the HSP that require clinical practica will be notified through the admissions web page that, if accepted, they will be required to complete a drug screen and authorize release of the results to appropriate academic and/or clinical personnel.
2. Students accepted for admission will be notified that matriculation is contingent upon the evaluation and acceptable outcome of all required drug screens.
3. Upon completion of the screening the vendor will send an email notifying the student that the drug screening report is complete. The program director or designee can access a secure database to determine if the DS is complete or not complete, but cannot view the results. The results are only accessible to a designee of the Senior Associate Dean of Health Sciences via the secure database where the vendor has posted the results of the DS. If a positive drug screen is received, the Senior Associate Dean of Health Sciences will review and investigate the results and make a recommendation to the Dean of the SMHS for further disposition. The Dean of SMHS will make the final decision regarding the action to be taken regarding the status of the student.
4. Students are responsible to provide all requested information and documentation to clinical sites providing practica experience. HSP may not be able to find alternative sites for students ineligible to attend clinical rotations at specified sites based on a positive DS. If a student is unable to be placed in a clinical facility, s/he will be unable to complete his/her educational requirements and will be dismissed from the program pending the outcome of an appeal, should such right be invoked.

The HSP background check and drug screen policies and procedures can be found at the following website:

<http://smhs.gwu.edu/academics/health-sciences-programs/admissions/background-checks-and-drug-screenings>

APPENDIX 7: HEALTH HISTORY REPORT

THE GEORGE WASHINGTON UNIVERSITY DOCTOR OF PHYSICAL THERAPY PROGRAM GUIDELINES FOR COMPLETION OF THE HEALTH SCIENCES PHYSICAL EXAMINATION AND IMMUNIZATION FORMS

Program Policy on Student Health Status:

Each student must complete a Health Sciences Physical Examination Form and Health Sciences Immunization Requirements Form to be reviewed and signed by a physician or other licensed health care provider. The student's individual health care provider may NOT use alternative report forms. This Health Sciences Physical Examination form must be updated on an annual basis. Failure to complete and update the form will delay or prevent the student from going to clinical education experiences. The forms will be uploaded into the students myRecordTracker© account. Students under the age of 26 are also required to submit a copy of their immunization form and any related serology lab reports to GW's Colonial Health Center (at <https://healthcenter.gwu.edu/immunizations>) to comply with Washington DC immunization law requirements. Forms should be uploaded in the student's myRecordTracker© account and submitted to GW's Colonial Health Center (when applicable) by August 22, 2019.

OBJECTIVES OF THE STUDENT HEALTH STATUS POLICY

The Health Record summarizes the student's immunization history, updates immunizations as required, and verifies the student is in good health and free of communicable disease. The following guidelines reflect current knowledge of The Joint Commission, OSHA, CDC, and DCRA regulations and recommendations for students in the District of Columbia and health care workers.

Students may have these forms completed by their private health care providers. The GW Colonial Health Center may complete these forms if the student does not have a private health care provider.

A copy of the serology lab results MUST accompany the Immunization Form if students complete any of the immunization requirements by providing positive proof of immunity.

Costs associated with the physical examination and immunization updates are the student's responsibility. All required follow-ups will be documented on the forms and be completed by the student with his/her private health care provider or the GW Colonial Health Center.

GUIDELINES FOR COMPLETION OF THE HEALTH RECORD

Immunizations/Serology Lab Reports:

- ☐ Measles, Mumps, and Rubella – dates of vaccines or immunity proof by serology lab report
- ☐ Varicella – dates of vaccines, history of disease, or immunity proof by serology lab report
- ☐ Diphtheria, Tetanus, Polio - date of vaccine (must be within last 10 years as an adult.)
- ☐ Hepatitis B – dates of vaccines or immunity by serology lab report
- ☐ Meningococcal – date of vaccine or signed Meningitis declination statement
- ☐ Tuberculin Skin Test by Mantoux: history of negative result within the past 12 months. NOTE: Students are required to update the PPD on an annual basis. If there is a history of a positive PPD, the student must provide documentation of a negative chest x-ray. An additional chest x-ray will be required if the student shows signs and symptoms of the disease or if the clinical site requests one prior to an internship.

Physical Examination:

Ultimately, the objective of the student health policy is for the health care provider to gather physical examination and history data that permits him/her to certify and verify that the student:

- ☐ was physically examined;
- ☐ was found to be in good general health;
- ☐ is current on all required immunizations as required or recommended by The Joint Commission, CDC, OSHA and DCRA for students and health care workers; and
- ☐ is free of communicable diseases.

The Health Science programs have developed the Physical Examination and Immunization Requirements forms to meet these objectives.

RESOURCES:

Students or providers with questions may contact the GW Colonial Health Center for:

- ☐ Information on DCRA and CDC regulations and recommendations for students.
- ☐ Care following an illness or injury.
- ☐ An appointment for physical examination and immunizations.

APPENDIX 8: CONSENT TO PHOTOGRAPH

**THE GEORGE WASHINGTON UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM**

CONSENT TO PHOTOGRAPH

This release and authorization agreement (“Agreement”) shall confirm that I, _____(printed name) (hereafter “I” or “Student”), for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, grant permission n to the George Washington University (“GW” or “University”) and its faculty, staff, licensees, assignees, and other successors -in-interest all rights whatsoever in perpetuity in and to my appearance, voice, and other reproductions of my likeness, name, and/or material (“Appearance”) taken in conjunction with the Doctor of Physical Therapy Program (the “Program”), and to use the same or portions thereof, including making and using derivative works thereof in any medium, including without limitation, videos, online broadcasts and brochure s (collectively the “Works”), for marketing, teaching or research purposes in the Program.

I further grant to GW all rights of every kind and nature in and the results and proceeds of my Appearance.
I acknowledge that GW shall be the sole and exclusive owner of all rights in and to the Works, including, without limitation, the copyright therein and all of the results and proceeds of my Appearance hereunder and shall have the right to exploit any or all of the foregoing in any manner and in any media, whether now known or hereafter devised in perpetuity.

I agree that GW shall have sole editing discretion in determining the extent and manner of use of my Appearance. Nothing here in will be deemed to obligate GW to use my Appearance or the results and proceeds t hereof, in the Work or otherwise, or to produce, release or distribute the Works, or to otherwise exploit any rights granted to GW hereunder. GW shall have the right to assign this Agreement (or any of its rights hereunder) to any person, firm, partnership or corporation for any reason and without notice to Student.

I hereby voluntarily assume any and all risks, known or unknown, associated with my Appearance. I and my heirs, executors, administrators and assigns, hereby voluntarily release, discharge, waive and relinquish any and all claims, complaints, liabilities, actions and causes of actions (“Claims”) against the GW. I agree to defend, indemnify (including any and all attorney’s fees) and hold harmless GW in the event of any and all Claims, by whomever or wherever asserted.

I have read, understand and agree to the above terms and conditions. I warrant that I have the right and power to enter into and fully perform this Agreement and to grant GW the rights herein granted. I am over the age of 18 years of age. I understand that this contains the entire understanding of the parties relating to the subject matter and cannot be changed or terminated without the written consent of both parties. The provisions shall be binding upon me and my heirs, executors, administrators and successors. All rights, licenses and privileges herein granted are irrevocable and not subject to rescission, restraint or injunction under any circumstances.

Signature

Date

GW Faculty/Staff Witness

Date

APPENDIX 9: SIGNATURE PAGE

THE GEORGE WASHINGTON UNIVERSITY DOCTOR OF PHYSICAL THERAPY PROGRAM GUIDE FOR STUDENT SUCCESS

SIGNATURE PAGE

NAME(printed): _____

I have read, understand and agree to abide by the policies outlined in the *Doctor of Physical Therapy Program Guide to Success*, *The School of Medicine and Health Sciences Bulletin*, and *The George Washington University Bulletin*.

I have read, understand and agree to abide by the provisions of the “Regulations on the Evaluation of Professional Comportment” in the “Code of Student Conduct” and “Code of Academic Integrity” in the *Guide to Student Rights and Responsibilities*.

The Doctor of Physical Therapy Program faculty may provide verbal or written references on my behalf provided that I sign a written authorization for them to do so in each instance.

Signature

Date

GW Faculty/Staff Witness

Date

APPENDIX 10: CONSENT TO PARTICIPATE IN ACADEMIC RESEARCH

THE GEORGE WASHINGTON UNIVERSITY DOCTOR OF PHYSICAL THERAPY PROGRAM

CONSENT TO PARTICIPATE IN ACADEMIC RESEARCH

I, _____ (printed name), hereby give permission to The George Washington University Doctor of Physical Therapy Program to utilize any data related to my academic and clinical performance for the purpose of academic research conducted by the Program faculty. I understand that in any research proposal, approval will be obtained through the George Washington University Institutional Review Board, the data reported and/or disseminated will be de-identified, and the data will not be directly attributable to me in any way. In addition, I understand that research proposals may be developed utilizing my data after I have graduated or otherwise left The George Washington University.

I have identified any exceptions below (if none, write "NONE").

Signature

Date

GW Faculty/Staff Witness

Date

APPENDIX 11: CONSENT TO PARTICIPATE IN ACADEMIC PROGRAMMING

THE GEORGE WASHINGTON UNIVERSITY DOCTOR OF PHYSICAL THERAPY PROGRAM

CONSENT TO PARTICIPATE IN ACADEMIC PROGRAMMING

TECHNICAL STANDARDS

I, _____ (printed name), have read and understand the Technical Standards (located at https://smhs.gwu.edu/physical-therapy/sites/physical-therapy/files/dpt_technical_standards_1.pdf) required by the Doctor of Physical Therapy Program (the “Program”) and assert that I am able to meet all Technical Standards, with or without accommodations. I understand that if I cannot meet all Technical Standards without accommodations, I am to immediately contact the Office of Disability Support Services (“DSS”) to request, or otherwise discuss, the accommodations that I require to fully meet the Technical Standards. I understand that the university cannot provide all possible accommodations and will consider whether accommodations enable me to meet the Technical Standards or will work a fundamental alteration upon the Program. With or without accommodations, I understand that I must master the Technical Standards in their entirety and that I may not choose portions to bypass. Further, should I become unable to perform any of the Technical Standards, with or without accommodations, or perform any classroom or clinical activities during the time that I am enrolled in the Program, I agree to contact the Course Director and/or Program Director immediately. Finally, should I be unable to fully participate in classroom, laboratory, or clinical activities for any reason, I may need to take a leave of absence from the Program until I am able to return to full activity.

Signature

Date

GW Faculty/Staff Witness

Date