West Virginia University Division of Physical Therapy

Program Policies and Procedures Manual
## Table of Contents

I. Mission, Goal, Expected Outcomes ........................................................................................................................................................................... 4

II. Clinical Education Policies .................................................................................................................................................................................. 6
   A. Student Health Policy .................................................................................................................................................................................. 7
   B. Disability Insurance .................................................................................................................................................................................... 7
   C. Health Insurance ...................................................................................................................................................................................... 7
   D. Physical Examination, Immunizations, and Titers ................................................................................................................................. 7
   E. Cardiopulmonary Resuscitation (CPR) ..................................................................................................................................................... 8
   F. HIPPA Training .......................................................................................................................................................................................... 9
   G. OSHA Training .......................................................................................................................................................................................... 9
   H. Drug Screening ......................................................................................................................................................................................... 9
   I. Documentation of Health Information .................................................................................................................................................... 9
   J. Communication of Health Information .................................................................................................................................................. 9
   K. Student Clinical Assignments ............................................................................................................................................................... 10
   L. Policy for Clinical Faculty Appointments ........................................................................................................................................... 13
   M. Communication between Academic and Clinical Faculty ..................................................................................................................... 14
   N. Student Dismissal ..................................................................................................................................................................................... 15
   O. Clinical Education Goals ......................................................................................................................................................................... 15
   P. Grading for Clinical Education Courses ........................................................................................................................................... 18
   Q. Student Supervision ................................................................................................................................................................................ 19
   R. Policy on Cell Phones in the Clinic ....................................................................................................................................................... 19
   S. Certification By Core Faculty of Student Readiness for Clinical Rotation ............................................................................................. 21

III. CAPTE Accreditation Compliance ............................................................................................................................................................. 22

IV. Essential Functions ........................................................................................................................................................................................ 24

V. Classroom Policies .......................................................................................................................................................................................... 27
   A. Class Absence/Tardiness and Participation ........................................................................................................................................... 26
   B. Clinical Education .................................................................................................................................................................................... 26
   C. Immunization and Health Information .................................................................................................................................................... 27
   D. Community Service .................................................................................................................................................................................. 29
   E. Professional Appearance ......................................................................................................................................................................... 30
   F. Professional Behaviors .......................................................................................................................................................................... 33
   G. Textbooks ............................................................................................................................................................................................. 35
   H. Written Assignments and Communication ......................................................................................................................................... 35
   I. Practical Exams ....................................................................................................................................................................................... 36
   J. Student Assessment ................................................................................................................................................................................ 36
   K. Policy on Participants of Classroom Demonstrations and Practice ...................................................................................................... 37

VI. Budget Committee Policies .......................................................................................................................................................................... 41

VII. Outside of Due Process Policy ................................................................................................................................................................. 44

VIII. Authorization for Photographs and Publications .................................................................................................................................. 46
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>IX</td>
<td>Policy on International Education</td>
</tr>
<tr>
<td>X</td>
<td>Policy on Class Officer and Elections</td>
</tr>
<tr>
<td>XI</td>
<td>Social Media Policy</td>
</tr>
<tr>
<td>XII</td>
<td>Academic and Professional Standards Policies</td>
</tr>
<tr>
<td>XIII</td>
<td>Admission Committee Policies</td>
</tr>
<tr>
<td>XIV</td>
<td>Graduate Teaching Assistant</td>
</tr>
<tr>
<td>XV</td>
<td>Promotion and Tenure Committee</td>
</tr>
<tr>
<td>XVI</td>
<td>Equipment Safety Policy</td>
</tr>
<tr>
<td>XVII</td>
<td>Health Insurance Portability and Accountability Act (HIPAA)</td>
</tr>
<tr>
<td>XVIII</td>
<td>Curriculum Committee Policy and Procedures</td>
</tr>
<tr>
<td></td>
<td>Student APTA Membership and Conference Attendance</td>
</tr>
</tbody>
</table>
I. Mission, Goals, and Expected Outcomes

MISSION

The Division of Physical Therapy recognizes the needs of the state and missions of the West Virginia University School of Medicine and Health Sciences system. The Division works to transform WV and society by optimizing health, movement, and physical function through education, clinical practice, scholarship, and service. Our mission is to educate individuals with the knowledge, skills, and behaviors consistent with professional excellence. Working as part of a community of professionals, we strive to advance practice characterized by independence, professional judgment, and involvement. The Division, through faculty participation in scholarship, will be a leader in the school, university, community, state, and the profession.

GOALS:

Graduates of the program will:
1. Deliver high quality physical therapy services to individuals and communities across a continuum of care, including rural settings.
2. Demonstrate sound, independent clinical decisions utilizing information literacy, critical thinking skills, and scientific evidence.
3. Function as a unique member of the health care team, including receiving and providing appropriate referrals.
4. Provide culturally sensitive care distinguished by advocacy, trust, respect, and an appreciation for individual differences.
5. Demonstrate a commitment to the health of the community through participation in primary and secondary prevention programs.
6. Actively engage in local and professional advocacy in a changing health care environment.

Program faculty will:
1. Participate in the scholarship of discovery, integration, application, and teaching
2. Engage in service activities that benefit the university, society, and profession
3. Engaged in clinical practice (as appropriate for effort allocation) diagnosing and treating movement-related disorders that serves as a model of excellence for the community and state. Specialty areas are representative of the scope of specialty practice within physical therapy.

The Division of Physical Therapy will:
1. Prepare PT professionals for practice with special emphasis on meeting the needs of the citizens of WV
2. Establish an ongoing record of research funding consistent with the university’s Carnegie Research Extensive Classification
3. Demonstrate interprofessional collaboration in service, scholarship, and education
4. Develop a self-sustaining clinical entity that includes opportunities for faculty and supports educational and research efforts
5. Develop post-professional educational programs that prepare Physical Therapists for leadership roles in advanced clinical practice, education, and research
EXPECTED OUTCOMES:

Student outcomes:

1. Graduates will demonstrate basic and applied knowledge necessary to practice PT as a member of the health care team in diverse settings.
2. Graduates will demonstrate the ability to make sound clinical decisions using information literacy skills, critical thinking, and scientific evidence.
3. Graduates will find employment with special emphasis on recruitment and retention of graduates in WV.
4. Graduates will adhere to core professional values.
5. Graduates will demonstrate the ability to practice independently.
6. Graduates will adhere to legal and ethical standards.
7. Graduates will demonstrate a life-long commitment to the profession by activity in professional organizations, scholarship, education, and advocacy.

Faculty Outcomes

1. Core faculty members will have five or more peer-reviewed products in a ten-year period.
2. Core faculty members will participate on at least two standing or ad hoc university committees and one committee or elected position outside the university (community, state, or national level) as assigned by the chair.
3. Faculty with clinical allocation of effort as assigned by the chair, will be engaged in direct patient care.
4. Each faculty will earn good to excellent ratings in teaching as evaluated by the annual promotion and tenure cycle.

Program Outcomes:

1. The PT Program will recruit and retain nationally recognized faculty.
2. The PT Program will demonstrate active extramural and intramural funding programs.
3. The PT Program will be represented on committees, research projects, and in teaching within other disciplines.
4. There will be a clinical faculty practice with an associated sustainable level of revenue.
5. The Division of Physical Therapy will sponsor at least one continuing education course per year.
II. Clinical Education Policies

The clinical education program includes four phases of supervised clinical experience, as well as three clinical symposia designed to bridge the gap between the classroom and clinic. The program is progressive in the type and range of clinical responsibilities expected of each student and corresponds to the complexity of the didactic portion of the curriculum. In keeping with the Division's commitment to the needs of West Virginia, participation in the Rural Health Education Partnerships (RHEP) program is required of all students. Participation in any clinical experience is contingent upon successful completion of the current and previous didactic clinical work.

PT 720: Clinical Education 1 - Spring semester, first year

This course includes a series of short observational experiences in a variety of clinical settings. The course is designed to introduce the students to the roles of the physical therapist in these settings, as well as the roles of other members of the health care team.

PT 730: Clinical Education Symposium 1 - Summer between first and second year

The course provides physical therapist students practice in applying the physical therapist patient/client management model and theories of disablement to clinical case studies, with an emphasis on cardiopulmonary illnesses.

PT 740: Clinical Education Symposium 2 - Fall semester, second year

The course provides physical therapist students practice in applying the physical therapist patient/client management model and theories of disablement to clinical case studies, with an emphasis on musculoskeletal disorders.

PT 750: Clinical Education 2 - Spring semester, second year

Students practice under the supervision of licensed physical therapists in acute/subacute care settings for four weeks.

PT 760: Clinical Education 3 - Summer between second and third year

Students practice under the supervision of licensed physical therapists in rural settings, which may include hospitals, home health agencies, nursing homes, or outpatient clinics. Students participate in the RHEP program. This rotation is twelve weeks in length, and must be completed at a rural site in WV.

PT 770: Clinical Education Symposium 3 - Spring semester, third year

The case reports seminar is designed to provide students with an opportunity to integrate all previous course work and clinical experiences through selection and presentation of a patient case. Each student is required to present a patient case report based on a direct patient care experience that occurred during the final phase of his/her clinical education experience in PT 780.

PT 780: Clinical Education 4 - Spring Semester, third year

Following the first semester of graduate work, students complete two eight-week clinical rotations. Students may choose rotations in specialized settings, such as adult rehab, pediatrics, sports or industrial physical therapy, critical care, etc.
A. STUDENT HEALTH POLICY

The WVU School of Medicine has compiled a comprehensive health policy designed to address the multifaceted health needs of your career.

B. DISABILITY INSURANCE

The School of Medicine provides a disability policy for all students. Shortly after school starts, each student will receive an individual insurance policy describing the disability insurance. Basically, the policy covers any permanent disability as the result of an injury or illness. The policy pays $1,000.00 per month until age 65 or the disability is resolved.

C. HEALTH INSURANCE

Health insurance is REQUIRED of all students who matriculate at West Virginia University, School of Medicine, Professional Programs (Exercise Physiology, Medical Laboratory Science (Clinical Laboratory Science, Histotechnology, and Pathologists’ Assistant programs), Occupational Therapy, and Physical Therapy) before starting clinical rotations. If you do not have health insurance through your parents, spouse, or a personal policy, you may purchase health insurance through the University Student Health Services. This insurance is in addition to the University Student Health Services, which is available to all university students. The insurance covers 100% of billable service at the Ruby Memorial Hospital with School of Medicine physicians in attendance. Health services away from Morgantown in West Virginia or other states are covered at 80% of billable charges. All students must provide documentation of health insurance annually.

D. PHYSICAL EXAMINATION, IMMUNIZATIONS, AND TITERS

All students must complete a physical examination prior to the beginning of the professional program. All students must have the following immunizations. Immunizations must be documented PRIOR to beginning the professional program, unless otherwise noted.

Students are required to have 2 documented shots of measles, mumps, and rubella (MMR), unless born before 1957.

Students must have a diphtheria/tetanus shot (dT) within the past 10 years.

Students must have completed the primary series and booster for polio.

All students must have a two-step Mantoux PPD (test for tuberculosis) within 6 months of starting the professional program. The student must have this repeated on an annual basis for the duration of the professional program. PLEASE NOTE: THE 2-STEP PPD IS REQUIRED!

Students must complete the Hepatitis B series of 3 shots. Students must have had at least the first shot in the series before beginning the professional program. The second and third shots, as well as the Hepatitis B Titer, must be completed and documented prior to December 1 of the first year of the professional program.

The University requires ALL students to have the meningococcal vaccine.
All students must have the following immune (IgG) antibody titers for proof of immunity. Results must be documented PRIOR to beginning the professional program, unless otherwise noted:

- Measles (rubeola), mumps, rubella
- Varicella
- Hepatitis B (must be documented before December 1 of your sophomore year.

Some clinical sites may require additional immunizations or other health measures to protect special populations. The program faculty will alert you to these when appropriate. Students who have not completed the listed immunizations and titers WILL NOT be permitted to participate in clinical rotations.

**STUDENT RELEASE UPON REFUSAL OF IMMUNIZATION**

For the reason stated below, I, ________________________________, have refused immunization against ________________________________.

The reason for my refusal to consent to such immunization is:

________________________________________________________________________
________________________________________________________________________

I acknowledge that I have received the list of immunizations required by West Virginia University School of Medicine, Department of Human Performance and Applied Exercise Science and I understand that my refusal to obtain this immunization may result in the following consequences:

1. Risk of infection with ________________________________.
2. Potential transmission to other patients or colleagues.
3. Ineligibility to participate in required fieldwork placements.
4. Delayed graduation or failure to graduate.

Despite the foregoing, I request that my refusal be honored, and I hereby release West Virginia University and its School of Medicine, Department of Human Performance and Applied Exercise Science from any and all liability related to my refusal of the above-described immunization.

**STUDENT’S NAME:**

________________________________________________________

Signature Print Name

**DATE:** __________________

**WITNESS:** __________________

**DATE:** __________________

**E. Cardiopulmonary Resuscitation (CPR)**

Each student must be certified in CPR, including adult, child, and infant CPR and choking. Students must provide a copy of a current CPR card prior to beginning the professional program. The student is responsible for keeping an up-to-date CPR certification throughout the professional program. Online courses are not acceptable.
F. HIPAA Training

All students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance Portability and Accountability Act. This training will be available to all Health Sciences Center students, and must be completed within three months of starting classes, by students currently enrolled in the program. Students will receive the training during the fall semester for the first professional year, prior to embarking on clinical rotations. This training is located on SOLE.

G. OSHA Training

All students must be trained in standards for preventing transmission of bloodborne and other infectious agents. This training must occur before students enter the clinic, and annually thereafter. Initial training will be provided in class during the first semester. An annual retraining session will also be provided on SOLE.

H. Drug Screening

Some clinical education sites may require periodic drug testing of students who are performing patient care activities. The expense of these drug tests, depending upon the site policies, may be the responsibility of the student. Any positive drug screening will result in removal from clinical sites with further disciplinary actions as deemed appropriate by the WVU Division of Physical Therapy’s Policy on Academic & Professional Standards, and/or the Dean/Associate Dean.

I. Documentation of Health Information

Prior to beginning the professional program, the student must submit a completed Health History, a completed Physical Examination, and a completed Immunization Form. In addition, the student must submit a copy of a current CPR card, health insurance information, and documentation of any immunizations and titers not recorded on the Immunization Form. It is the student’s responsibility to provide updated information on immunizations, health insurance coverage, PPD results, and CPR certification. Students whose files are incomplete will not be allowed to participate in clinical rotations. In addition, registration for other courses may be restricted, or course grades may be affected, for students whose files are incomplete.

J. Communication of Health Information

Before a student begins a clinical rotation, the academic program must verify to the clinical site that the student has complied with the health requirements. Some sites may request additional documentation, such as copies of immunization cards, lab reports, etc. In this case, the student will be notified and will be required to furnish the clinic with the appropriate records. Therefore, the student should keep a file of his/her own for copies of all the required documentation, with them while they are in school (not at home with parents or guardian)! THE STUDENT IS RESPONSIBLE FOR MAKING A COPY OF EVERYTHING THAT IS TURNED IN TO THE OFFICE FOR THEIR IMMUNIZATIONS. THE OFFICE IS NO LONGER MAKING COPIES OF STUDENTS FILES!

Questions concerning these health issues can be sent to Charmaine DuBois, Administrative Associate, Clinical, Fieldwork and Internship Education, West Virginia University, Professional Programs, PO Box 9225, Room 8701 RCBHSCS, Morgantown, WV 26506-9225, or by calling (304) 293-0440.
MAINTAIN COPIES OF YOUR PHYSICAL, IMMUNIZATIONS, TITER RESULTS, CPR CARDS, HEALTH INSURANCE, ETC., AS YOU WILL BE RESPONSIBLE FOR YOUR OWN COPIES OF YOUR MATERIALS. KEEP THESE COPIES WITH YOU HERE IN MORGANTOWN!

THE DEPARTMENT “WILL NOT” BE MAKING COPIES OF YOUR RECORDS.

K. Student Clinical Assignments

Due to changes in the health care system and growth in PT and PTA educational programs, there has been an increased demand for clinical education sites. In order to maximize the use of those clinical education sites that are currently under contract to West Virginia University; and to be as fair as possible to all students enrolled in our program, the following policies regarding clinical education site placement have been instituted:

**Variety of Clinical Experiences**

The clinical education program at WVU includes 32 weeks of full-time clinical experience. Placements must be made that insure each student a broad range of clinical experiences (in different practice settings, working with patients of different ages and diagnoses) that fulfill the objectives of each rotation. All students are required to complete a minimum of:

- 4 to 6 weeks in acute care
- 8 weeks in general/orthopedic outpatient
- 8 weeks in rehabilitation

The remaining weeks may be spent in one or a combination of these settings, or a specialty setting, as long as the minimum requirements are met. Specialty settings include pediatrics, geriatrics/long term care, home health, sports medicine, or manual therapy. 12 weeks must be completed at an approved RHEP site in rural WV (PT 760: Clinical Education 3).

**Rotation Dates**

The ACCEs will meet in early January to set the dates for clinical rotations for the next calendar year (ie. January 2010 is when dates for calendar year 2011) are set. Dates will be chosen to coincide with the University calendar whenever possible. Requests for changes in rotations dates will NOT be considered, with the following exceptions:

- Military service
- Illness or injury (with approval of the program chairperson)
- Occasional adjustments may be made to accommodate clinical instructor availability
- Clinic Information

Information regarding all full time clinical education sites can be found in the clinical education filing cabinet located in room 8707. These files include information provided by each clinic, as well as feedback from students who have completed clinical rotations. Students are asked to be responsible by returning all materials and re-filing them correctly after review.
If a file is not available, or if the information on the facility is not sufficient, the student is encouraged to schedule an appointment with the ACCE to discuss the opportunities available at the facility/facilities in which he/she has an interest.

**Selection of Clinical Sites**

Although personal needs and preferences will be considered for all students, guarantees cannot and will not be made as to final placement. The ACCE reserves the right to make the final decision on all student placements. The first priority will always be the academic needs of the student.

Each year, during the Spring semester, all clinical sites are surveyed regarding rotation availability for the upcoming academic year (August of the same year through August of the following year). For each clinical education segment, the ACCE will provide students with a list of those sites which [1] have offered slots for the rotation in question and [2] are appropriate in scope and setting for the rotation in question.

Students will be given ample time to review the site information prior to the placement process. Students are encouraged to discuss their needs and the slots available with the ACCE. Students will then be asked to give the ACCE a list of their site choices for the rotation.

For each rotation, each student will be asked to submit a list of his/her top five choices of clinical sites. The ACCE may use PT Clinical Internship Manager to assist in the assignment process. The program uses a random selection methodology that takes into account the students' choices.

No clinical education placement is guaranteed. Occasionally, a clinic will cancel a student rotation due to staffing or other issues beyond our control. When this occurs, the ACCE will reassign the student to a site that is available for that rotation.

**Requests for Affiliation Sites Not Currently under Contract**

As stated in the opening paragraph, one of the purposes in establishing a clinical education site placement policy is to maximize the use of those facilities currently under agreement with West Virginia University. For each rotation, ACCEs will negotiate a limited number of new contracts, considering:

- availability of similar placements with clinic sites already under contract
- ability of the site to meet the learning needs of the student
- ability of the site to meet the needs of the program
- willingness of site to supervise students in the future

No guarantee can be made that exploration of a new clinical site will result in an agreement. West Virginia law governs our contractual agreements and non-compliance with the law will prevent an agreement from being finalized. Many other factors may also prevent a facility from accepting a student for an affiliation, such as staffing levels and affiliations with other PT/PTA education programs.

- Contact with Clinical Sites
- Sites prefer that requests for agreements and Rotation slots come from the ACCE.

No student is to contact a clinical site regarding a contract or placement without the prior knowledge and consent of the ACCE.
Students are also responsible for providing for their living expenses [room, board, etc]. Estimates for expenses are outlined in the student handbook and can also be obtained from the clinical information provided on each facility. Some out-of-town sites provide housing but this is becoming increasingly rare. Most sites will provide a list that outlines the housing available and its cost. Arrangements for travel and housing are the responsibility of the student. Occasionally, a site will provide a small stipend for meals and/or housing. All information about travel and living expenses can be obtained in the file on the facility or by contacting the facility directly.

Students are responsible for providing their own transportation to all clinical rotations. Therefore, the Division recommends that all students have a reliable car available by the spring semester of the first year in the program.

The Division of Physical Therapy cannot provide financial assistance for living expenses. If you need financial aid assistance or information, please contact the Health Sciences Financial Aid Office.

**Conflicts of Interest**

*To protect all parties involved, student placement prohibited if:*

- Student is or has worked at the site as an employee
- Student has a pre-employment contract or scholarship agreement
- Direct relative is employed and can have influence over evaluation of the student
- Please discuss any potential conflicts with ACCE prior to placement

**Travel and Living Expenses**

All students will be required to do at least one of their full-time clinical affiliations in West Virginia. This may necessitate that all students do at least one rotation out-of-state.

All students will be expected to travel outside of the Morgantown area [50-mile radius] for at least one and possibly more than one full-time or part-time clinical affiliation. Further, ACCEs cannot guarantee that any student will be able to complete clinical rotations in a specific city or geographic area.

**Health Requirements**

Health and immunization requirements are posted at: http://www.hsc.wvu.edu/som/pt/Education/Clinical-Education/Immunization-and-Health.aspx. All health requirements must be complete as noted in this policy. The ACCE check students’ files each March 1 and October 1 in advance of the next semester’s rotations. Students’ files that are not complete will not be allowed to participate in clinical education rotations. In addition, completion of health and immunization requirements will be counted for course credit in Professional Roles 1, 2 and 3 (PT 711, PT 741, and PT 761).

**Background Checks**

Many clinical education sites (including most hospitals, nursing homes and school systems), require criminal background checks prior to beginning clinical rotations. During the fall semester of the first year, each student must complete a Federal background check. Procedures for completing this are available at http://www.hsc.wvu.edu/som/pt/Education/Clinical-Education/Immunization-and-Health.aspx. Sites may require repeated background checks, or other background checks (child/elder abuse clearance) in addition to this. Information on the requirements of individual sites is available in the clinic site files in room 8707.
All students will be expected to travel outside of the Morgantown area [50-mile radius] for at least one and possibly more than one full-time or part-time clinical affiliation. Further, ACCEs cannot guarantee that any student will be able to complete clinical rotations in a specific city or geographic area.

Students are responsible for providing for their living expenses [room, board, etc]. Some out-of-town sites provide housing but this is becoming increasingly rare. Most sites will provide a list that outlines the housing available and its cost. Arrangements for travel and housing are the responsibility of the student. Occasionally, a site will provide a small stipend for meals and/or housing. All information about travel and living expenses can be obtained in the file on the facility or by contacting the facility directly.

Students are responsible for providing their own transportation to all clinical rotations. Therefore, the division recommends that all students have a reliable car available by the Spring semester of the first year in the program.

The division of physical therapy cannot provide financial assistance for living expenses. If you need financial aid assistance or information, please contact the health sciences financial aid office.

L. Policy for Clinical Faculty Appointments

Types of Appointments

Clinical faculty are eligible for appointments to the School of Medicine for their role in clinical education of physical therapy students. Appointees are initially assigned a rank of Clinical Instructor or Clinical Assistant Professor, based on experience and qualifications.

Appointee Rights and Privileges

- Clinical faculty are identified as a faculty member of the Division of Physical Therapy on all published faculty lists.
- Clinical faculty may receive, upon request, a WVU Privilege Card (ID). This card can be used for athletic facilities, such as the natatorium and racquetball courts at the coliseum, all library facilities, and discounts for events at the Creative Arts Center, athletic events, and movies at the Mountainlair.
- Clinical faculty may be granted a username and password to access the electronic database resources of the WVU Libraries
- Clinical faculty have the opportunity to participate on committees and task forces of the Division of Physical Therapy.
- Clinical faculty have the opportunity to attend Division of Physical Therapy and Health Sciences Center activities.

Criteria for Appointment

- Appointees must have an unrestricted license to practice physical therapy, and must have a minimum of two years clinical experience. Physical Therapists actively involved in the clinical education of WVU students who are also employed by the following clinical facilities are eligible for appointment:
  - WVU Hospitals
  - HealthSouth Mountainview Rehabilitation Hospital
  - Charleston Area Medical Center (CAMC)
  - HealthWorks Rehabilitation and Fitness
Clinical sites affiliated with WVRHEP (Rural Health Education Partnerships) consortia
Clinicians from other sites may be considered on a case-by-case basis

- APTA Clinical Instructor Credentialing, advanced degrees, and/or ABPTS specialty certification is recommended.
- Continuation of appointments requires continued maintenance of the minimum qualifications, participation in the educational activities of the Health Sciences Center, and return of annual appointment forms to Char DuBois.

Procedure

1. Request application for clinical faculty appointment from Charmaine DuBois (304/293-0440)
   - Submit all necessary documentation, including:
     - Application materials (including emergency contact form, personal information form, etc.)
     - Curriculum Vitae
     - Copy of Physical Therapist license
     - Copy of APTA Clinical Instructor Credential and/or ABPTS certificate
     - Copy of social security card

2. The application will be forwarded by Ms. DuBois to the Academic Coordinators of Clinical Education. The ACCEs will review the application, and present it for consideration at the next regularly scheduled faculty meeting.

3. The Chair will review the application and the faculty's recommendations, and complete his/her portion of the application form. The Chair will also recommend an appropriate rank based on the School of Medicine Professional Programs criteria. The entire packet will be forwarded to Professional Programs Staff for processing through the School of Medicine business office.

4. Monthly, information on new appointees is circulated to all School of Medicine Department Chairs and Associate Deans for review and comment. This constitutes a formal review of the applicant by the Executive Committee. There is a period of 10 working days for comments.

5. Should the applicant be recommended for appointment after completion of this process, and after final approval by the Dean, a letter and certificate are prepared and mailed by Ms. DuBois directly to the candidate.

6. Clinical faculty appointees are eligible for promotion to higher rank according to the School of Medicine's Promotion and Tenure policies for Professional Programs.

M. Communication between Academic and Clinical Faculty

The purpose of this document is to describe, in detail, the steps taken for contact between academic and clinical faculty regarding student performance and preparation for clinical practice.

**Routine Communication:**

Contact is made by the Academic Coordinators of Clinical Education (ACCEs) at the following times:

- At the start of each calendar year (January or February) regarding availability of slots for the upcoming academic year.
• Upon placement of a student with the facility.
• Prior to the start of each long-term affiliation.
• At midterm of each long-term affiliation.

This contact may occur via telephone, letter, fax, or electronic mail.

**Student Problems:**

Clinical instructors or CCCEs communicate with the ACCEs regarding any student problems. This communication must occur no later than following the midterm student evaluation.

**Site Visits:**

The ACCEs will attempt to visit all active clinical sites within a three-year period. These visits will often coincide with concurrent student affiliations. During these visits, the ACCEs will communicate with the CCCE, the clinical instructor(s), and any students present.

**Site visit priorities are as follows:**

1. An unknown site* with a student who is having problems.
2. A known site with a student having problems.
3. An unknown site without student problems within a reasonable driving distance.
4. An unknown site without student problems outside of reasonable driving distance.
5. A known site without student problems either within or outside reasonable driving distance.

*An "unknown site" may be defined as a new site, a site with new or inexperienced clinical faculty, or a site which has not precepted a WVU student for an extended period.

**Communication with Other Academic Faculty**

Clinical Instructors and CCCEs are encouraged to contact individual faculty members with feedback at any time.

The ACCEs summarize feedback from clinical faculty (CIs and CCCEs) annually at the end of the affiliation periods. This feedback is shared with the Physical Therapy Curriculum Committee and the faculty as a whole.

---

**N. Student Dismissal**

Should a student’s performance been deemed by the facility as detrimental to the practice or to patients, the student may be asked to leave the facility. If this occurs, the following actions will be taken:

• A grade of F (Fail) will be assigned for the course and the student’s case referred to the Division’s Academic and Professional Standards Committee.
• Upon reviewing the student’s overall performance in the PT program, the Academic and Professional Standards Committee may recommend dismissal from the program or remediation.
O. Clinical Education Goals

The Division of Physical Therapy Goals of Clinical Education are based upon the criteria outlined in the APTA's Clinical Performance instrument. Upon the completion of the didactic and clinical requirements of this program, the student will have met the following goals of clinical education:

**Safety**
1. Protects the welfare of self, patient, and others in emergency situations
2. Maintains a safe working environment
3. Observes health and safety regulations
4. Adjusts treatments according to observed physiological and/or psychological changes
5. Requests assistance when necessary

**Responsible and Professional Behaviors**
1. Accepts responsibility for own actions
2. Is punctual, dependable, and adapts to change
3. Completes scheduled assignments in a timely manner
4. Abides by policies and procedures of the practice setting
5. Wears attire consistent with expectations of the practice setting
6. Consistently treats others with positive regard, dignity, respect, and compassion
7. Demonstrates behaviors that contribute to a positive and productive work environment
8. Maintains productive relationships with patients/clients, families, clinical instructors, health care team
9. Maintains patient privacy and modesty at all times

**Ethical and Legal Practice**
1. Abides by the APTA Code of Ethics and Standards of Practice Guidelines
2. Adheres to institutional policies and procedures
3. Abides by state and federal laws/regulations including those applying to state licensure laws
4. Identifies situations which present legal/ethical questions or dilemmas and seeks appropriate recourse

**Communication/Documentation**
1. Communicates, verbally, nonverbally, and written, in a professional and timely manner
2. Interprets and responds appropriately to the nonverbal communication of others
3. Evaluates and interprets the effectiveness of his/her own communication skills and makes appropriate modifications
4. Documents all aspects of physical therapy care including screenings, examination, evaluation, plan of care, treatment, response to treatment, discharge planning, family conferences and communication with others involved in delivery of patient care
5. Documentation is consistent with policies and procedures of the practice setting, and, with the guidelines and requirements of regulatory agencies and third party payers

**Respect for Individual and Cultural Differences**
Exhibits and sensitivity to differences in race, creed, color, gender, age, national/ethnic origins, sexual orientation, and disability or health status in: communicating with others, and developing/implementing plans of care
**Critical Inquiry**

1. Presents cogent and concise arguments or rationale for clinical decisions
2. Utilizes information from multiple data sources to make clinical decisions
3. Seeks disconfirming evidence in the process of clinical decision making
4. Critically evaluates published research articles relevant to physical therapy practice and applies appropriately to clinical practice
5. Participates in clinical research
6. Demonstrates ability to make clinical decisions in ambiguous situations
7. Uses appropriate outcome measures in the delivery and assessment of ongoing patient care

**Screening and Evaluation Skills**

1. Screens patients using procedures to determine the effectiveness of and need for physical therapy services
2. Identifies critical signs and symptoms signaling the need for physical therapy examination
   - selects appropriate screening procedures
   - conducts screening in a technically competent manner and interprets findings
   - based on screenings, determines need for physical therapy or referral to other providers
3. Performs a physical therapy examination in a technically competent manner
4. Selects reliable and valid physical examination methods relevant to chief complaint, history, and screening results
   - obtains accurate information by performing the selected examination methods
   - adjusts examination according to patient response
   - minimizes risk to patient, self, others involved in the delivery of care, during performance of the examination
5. Evaluates clinical findings to determine physical therapy diagnoses/outcomes of care within his/her knowledge base
   - Identifies competing diagnoses which must be ruled out to establish a diagnosis
   - explains influence of pathological, pathophysiological, and pharmacological processes on patient’s movement system
   - identifies pertinent medical, social, or psychological problems influencing physical therapy care
   - establishes a prognosis within the practitioner’s knowledge base
   - performs timely re-examination of patient status and on-going assessment of effectiveness of treatment interventions

**Development and Implementation of Treatment Plan**

1. Designs a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan
2. Establishes measurable goals and desired functional outcomes that specify expected time durations
   - establishes a physical therapy plan of care in collaboration with the patient, family/caregiver, and others involved in the delivery of health care services
   - establishes a plan of care consistent with the examination and evaluation
   - adjusts plan of care in response to changes in patient status
   - selects intervention strategies to achieve maximum patient outcome
   - establishes a plan for patient discharge in a timely manner
3. Performs physical therapy interventions in a competent manner
4. Performs effective, efficient, fluid, and coordinated movement in providing
   • technically competent interventions consistent with the plan of care
   • performs interventions consistent with plan of care
   • performs interventions in a safe, efficient, and timely manner
   • adapts interventions to meet the individual needs and responses of the patient

**Education of others (patients, family/caregiver, staff, students, other health care providers)**

1. Identifies and establishes priorities for educational needs in collaboration with the learner
2. Designs educational activities to address identified needs
3. Utilizes a variety of instructional strategies as needed
4. Evaluates effectiveness of educational activities
5. Modifies educational activities considering learner's needs, characteristics, and capabilities

**Administration**

1. Participates in activities addressing quality of service delivery, including, but not limited to quality assurance, peer review, and utilization review
2. Follows established guidelines for delivery of physical therapy services (e.g., critical/clinical pathways, protocols)
3. Determines need and provides consultation to individuals, businesses, schools, government agencies, etc
4. Manages resources (e.g., time, space, equipment) to achieve goals of the practice setting
5. Incorporates understanding of economic factors in the delivery of physical therapy services
6. adapts services appropriately and ethically
   • acts in a fiscally responsible manner
   • submits accurate patient charges on time
   • adheres to reimbursement guidelines established by payers
   • negotiates with reimbursement entities for changes in individual patient services

**Utilization and Supervision of Support Personnel**

1. Determines physical therapy-related tasks that can be legally and ethically delegated
2. Delegates appropriate tasks to facilitate effective and efficient patient care
3. Informs patient of decision to and rationale for delegation of physical therapy-related services
4. Provides appropriate and timely instruction, monitoring, and on-going feedback
5. Demonstrates respect for contribution of support personnel

**Professional and Social Responsibilities**

1. Demonstrates a willingness to alter schedule to accommodate patient needs/facility requirements
2. Participates in special events organized in the practice setting related to patients and the delivery of care
3. Participates in professional organizations and service groups
4. Promotes profession of physical therapy

**Career Development/Lifelong Learning**

1. Accepts responsibility for continuous professional learning
2. Demonstrates knowledge of current professional issues and practice
3. Demonstrates awareness of own strengths and limitations
4. Seeks guidance or opportunities to enhance skills/knowledge base in addressing limitations
5. Modifies behavior based on self-evaluation and constructive feedback
6. Establishes realistic goals for professional development
7. Participates in learning experiences within the practice setting
8. Discusses and assesses own professional growth on an ongoing basis

**Wellness and Health Promotion**

1. Educates patients or other individuals, groups, or communities on health promotion, prevention, and wellness
2. Provides information on impairment, disease, disability, and health risks related to age, gender, culture, lifestyle
3. Incorporates concept of self-responsibility in wellness and health promotion
4. Describes potential health problems addressed by physical therapy in individuals, groups, and communities
5. Participates in and provides screening programs appropriate to physical therapy

P. Grading for Clinical Education Courses

The Academic Coordinator for Clinical Education (ACCE) has responsibility for the final assignment of grades for clinical education courses. Clinical education courses are graded Satisfactory or Unsatisfactory (S/U).

**PT 720: Clinical Education 1**

The ACCE will determine a final grade based on the grading criteria outlined in the PT 720 course syllabus. This grade will be based on clinical instructor ratings of student professional behaviors, completion of portfolio assignments, and class attendance and participation.

**PT 750: Clinical Education 2, PT 760: Clinical Education 3, PT 780: Clinical Education 4**

The ACCE will determine the course grade based on a review of the student’s and CI’s ratings and comments on the APTA Clinical Performance Instrument. When necessary, the ACCE may solicit clarifying comments from the CI regarding his/her professional judgment of the student’s strengths, weaknesses, ability to meet entry-level performance expectations, and potential for continued success.

**Honors Grades**

Students may receive a grade of Honors or "H" in PT 750, PT 760, or PT 780. The ACCE will assign this grade to students with the highest overall CPI scores and exemplary comments from CIs regarding professionalism and patient/client management skills. Up to the top 15% of students in the class may receive an honors grade.

Q. Student Supervision

**Policy**

Students must be supervised by a licensed physical therapist any time the student is providing direct (hands-on) patient care. Each state has different licensure laws governing the practice of Physical Therapy, and may provide more stringent guidelines than those outlined here. In such cases, state law supersedes Division or University
Procedures

1. Whenever a student is providing direct patient care, the student must have the direct supervision of a licensed physical therapist.
   - Direct patient care means care that involves hands-on examination; developing an evaluation, diagnosis/prognosis, or treatment plan; hands-on intervention; or providing patient/family instruction.
   - Direct supervision means that the supervising physical therapist is physically present and immediately available for direction and supervision. The supervising physical therapist will have direct contact with the patient during each visit. (APTA, House of Delegates 06-00-18-30)
   - A patient visit is defined as all encounters with a patient in a 24 hour period (APTA, Guide to Physical Therapist Practice)

At no time may a student provide direct patient care without a physical therapist on the premises.

2. The supervising physical therapist shall determine the intensity of supervision needed, based on:
   - The needs and the acuity of the patient(s) involved.
   - The level of training of the student.
   - The physical therapist’s judgment of the student’s ability to provide safe and effective care, based on direct observation and assessment of the student’s knowledge, clinical skills, and interpersonal skills.

According to APTA policy, it is always the physical therapist’s responsibility to decide what care may be delegated, and how much supervision is required, when delegating such care to others (APTA House of Delegates 06-00-16-27).

The supervising therapist may decide that the student can:

   - Observe only
   - Participate in portions of the care with direct, constant supervision and feedback
   - Provide a complete examination or intervention with constant supervision (the therapist is always within sight of the student and patient)
   - Provide examination or intervention with the supervising therapist readily available for questions or guidance; the physical therapist consults with the patient and student at each visit.

3. All patient care documentation written by the student must be reviewed and cosigned by the supervising physical therapist.

4. Students may be assigned to provide patient care in conjunction with, or delegate care to, a physical therapist assistant (PTA). Such learning opportunities are important for the student to learn how the PTA is involved in the management of care. If the student is assigned to work with/delegate to a PTA, supervision by a licensed physical therapist must be provided as outlined in items #1, #2, and #3 above.

5. Students may be assigned to work with other PT students, or with PTA students. In such cases, the students should be supervised as outlined in items #1, #2, #3, and #4 above.

6. If a student is providing instruction to PTs, other health care providers, or community groups, the supervising physical therapist must (at a minimum) review the content and organization of the session prior to delivery. The supervising therapist may, as outlined in #2 above, deem that the student needs direct supervision and provide such if needed.

7. Students may be assigned to observe other health care providers as part of the educational experience. Such experiences are valuable opportunities for the student to learn the scope and roles of other professions. Other providers the student might observe include, but are not limited to, physical therapist assistants, occupational therapists, occupational therapist assistants, speech therapists, physicians, social workers, nurses, etc. If the student is only observing these other providers (i.e. NOT providing patient care as outlined in #1 above), direct supervision of the physical therapist is not required.
R. Policy on Cell Phones in the Clinic

Students are not permitted to use or carry personal cell phones during clinic hours. Students may use personal cell phones at official breaks or lunchtime, if permitted by the clinic. Violations to this policy should be addressed, and the CI is encouraged to contact the ACCE at his/her discretion.

S. Certification By Core Faculty of Student Readiness for Clinical Rotation (See F-21)

Readiness for Clinical Education

In order to progress to the clinical education phase, students will
   1. be in good standing with the Academic and Professional Standards Committee
   2. have successfully passed all check offs and practical examinations to date
   3. have successfully passed the comprehensive examination (PT 780 only)
   4. not have any unremediated professional conduct issues
   5. have all health requirements up to date
   6. be registered for the applicable clinical education course (eg, PT 760, PT 780)

At a faculty meeting prior to full-time clinical education, the Academic Coordinator for Clinical Education will present students for approval. Collective core faculty will affirm student readiness for clinical education based on the above criteria.
III. CAPTE Accreditation Compliance

The Doctor of Physical Therapy Program at West Virginia University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org.

CAPTE Compliance Policy and Procedures (reviewed 2/23/13)

The West Virginia University Doctor of Physical Therapy (DPT) program is committed to maintaining complete compliance with all accreditation criteria as prescribed by CAPTE. This includes but is not limited to:

Timely submission of all required documents including:
- Annual Accreditation Reports (AAR)
- Self-Study Reports
- Program data related to admission, graduation, and outcome measures
- Timely submission of all fees associated with CAPTE accreditation
- Timely notice of any planned or unexpected substantive program changes
- Timely notice of institutional factors which may affect the program
- Timely remediation of any situation which may result in CAPTE non-compliance
- CAPTE Contact Information

Mary Jane Harris, PT, MS (Director)
Phone: 703/706-3240; E-mail: maryjaneharris@apta.org

Ellen Price, PT, MEd (Associate Director-PT Programs)
Phone: 703/706-3242; E-mail: ellenprice@apta.org

Eva Donley (Assistant Director-PT Programs)
Phone: 703/706-3243; E-mail: evadonley@apta.org

703/684-APTA (2782)
800-999-2782
703/683-6748 (TDD)
703/684-7343 (fax)
Filing a Complaint with CAPTE
Students or other interested parties may file a formal complaint about a PT program with CAPTE at any time.
As stated by CAPTE:

“The only mechanism through which the Commission on Accreditation in Physical Therapy Education (CAPTE) can act on your concerns is through the formal complaint process. Please be aware that your complaint MUST be related specifically to one or more of the Evaluative Criteria, to the Statement on Integrity in Program Closure, or to the Statement of Integrity in Accreditation. In other words, you need to link your complaint to violation of the Criteria or the Statements. The criteria can be found in the Accreditation Handbook. Also, in order for CAPTE to consider your complaint to be bona fide, you MUST have exhausted all of your avenues for redress at the institution. You need to understand that CAPTE cannot function as an arbiter between you and the school. Should CAPTE find that your complaint has merit and that the program is out of compliance with the Evaluative Criteria or the Statements, CAPTE can only require the program to come into compliance with the Evaluative Criteria. If you wish to pursue filing a complaint against a program, please contact the Department of Accreditation and we will provide you with the appropriate forms and information for doing so.”

http://www.apta.org/AM/Template.cfm?Section=FAQs3&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=48&ContentID=30999#feedback
IV. Essential Functions

In accordance with section 504 of the Rehabilitative Act of 1973 (PL 93-112) and incorporating the guidelines of the Americans with Disabilities Act (ADA PL 101-336) enacted by Congress in 1990, the West Virginia University School of Medicine, Division of Physical Therapy has adopted minimal technical standards (essential functions) for the assessment of all applicants and students of the Division of Physical Therapy.

Because a degree in Physical Therapy signifies the holder is a Physical Therapist prepared for entry into the practice of Physical Therapy, it follows that graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Candidates for a degree in physical therapy must have functional use of the senses of vision and hearing as well as somatic sensation including exteroception (touch, pain, temperature) and proprioception (position, pressure, movement, stereognosis and vibration). Candidates must also have sufficient motor function to permit them to carry out activities described in the sections that follow. They must be able to consistently, efficiently, and effectively integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

A candidate for a degree in physical therapy must have a variety of abilities and skills, which include observation; communication; motor; intellectual-conceptual; integrative and quantitative; and behavioral and social. Technological compensation can be made for some disabilities in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary means that a candidate’s judgment must be mediated by someone else’s power of selection and observation.

1. Observation

The candidate must be able to observe demonstrations and experiments in both the basic sciences and clinical sciences. Basic sciences include but are not limited to anatomy, physiology, and kinesiology. Clinical sciences include but are not limited to motor learning, pathology, radiology, pharmacology, and neurology.

The candidate must also be able to observe a patient accurately in a clinical environment in order to provide accurate evaluation, assessment, and education in areas of posture, gait, movement patterns, and functional abilities.

Observation necessitates the functional use of the senses of vision, hearing and somatic sensation, and is enhanced by the functional use of the sense of smell.

2. Communication

The candidate must be able to communicate effectively and sensitively with patients, families, lay public and members of the health care team. Communication includes not only speech and hearing but also reading and writing. A candidate must be able to perceive verbal and nonverbal communication from patients and others, which may indicate changes in mood, cognition/ mental status, activity and posture.

The candidate must be able to effectively communicate to apply teaching/learning theories and methods in health care and community environments.
3. Motor

Candidates should have sufficient motor function to elicit information from patients and to perform appropriate physical therapy evaluation procedures. These procedures include but are not limited to assessment of vital signs; skin and vascular integrity; wound status; endurance; segmental length, girth and volume; sensation; strength; tone reflexes; movement patterns; coordination; balance; developmental stage; soft tissue integrity; joint motion/play pain; cranial and peripheral nerve function; posture; gait; functional abilities; assistive device fit/use; and pulmonary functions.

A candidate should be able to adequately perform the motor activities required to provide general care to patients. A candidate should be able to perform treatment procedures in a manner that is appropriate to the patient’s status and desired goals. These procedures include but are not limited to developmental activities; training for balance, coordination, transfers, gait, prosthetic/orthotics, bed mobility, functional activities of daily living, and wheelchair mobility; techniques for positioning, exercise, soft tissue mobilization, joint mobilization, massage, taping, splinting, wrapping, postural correction, and relaxation; tilt table, wheelchair prescription, recommendations for architectural adjustments, thermal agents, hydrotherapy, electrotherapy, traction, wound care, postural drainage, cardiopulmonary rehabilitation and cardiopulmonary resuscitation (one and two-rescuer techniques for adult, child and infant.)

Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the sense of touch and vision.

4. Intellectual-Conceptual, Integrative, and Quantitative Abilities

These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the creative skill required of every physical therapist, incorporates the use of all these intellectual abilities. It is utilized when determining the physical therapy needs of any patient with movement dysfunction, and when developing and documenting a plan of care for that patient. Problem solving also is employed when recognizing the psychosocial impact of dysfunction and disability on the patient and family while integrating their needs into a plan of care.

The candidate must be able to create, develop, and implement prevention and health promotion programs, and be able to participate in the process or scientific inquiry. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

5. Behavioral and Social Attributes

A candidate must possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the assessment and care of patients, the development of mature, sensitive and effective relationships with patients families and members of the health care team, fulfillment of commitments, and accountability for actions and outcomes.

Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to develop healthy and effective coping behaviors, adapt to changing environments, and learn to function in the face of uncertainties inherent in the practice of physical therapy.
The candidate must possess essential personal qualities such as compassion, integrity concern for welfare of others, motivation, and interpersonal skills, and must be able to practice in a safe, ethical, and legal manner including the appropriate use of universal precautions.

The candidate must have the ability to develop management skills which include planning, organizing, supervising, delegating, and working as a member of a multi-disciplinary team, and also must be able to take responsibility for lifelong personal and professional growth and development.
V. Classroom Policies

A. CLASS ABSENCE/TARDINESS AND PARTICIPATION

Absence from classes and/or consistent tardiness constitutes unprofessional behavior. Students are expected to be in class and on time. Instructors may report a student who is regularly late or absent to his/her advisor. Students are required to notify the main office (secretary) by phone 293-3610 or Email the main office and course instructor when they are absent due to illness or other circumstance. Please note, an instructor may require verification of the absence if an excused absence is to be given. Only students with excused absences may receive special assistance from the instructor with class work missed. Further rules for class and clinic attendance may be noted by an instructor. Make-up work and exams are at the discretion of the course instructor.

Students must actively participate in all lab sessions.

Students will not be excused from classes immediately preceding and following holidays except under unusual circumstances and only by the Chairperson of Physical Therapy. Absence without approval before or after designated academic holidays, breaks, or end of semester may result in lowering of the student's final course grade by one level (e.g., B to B-).

Effective August 2002

Reviewed and Updated August 2003

B. CLINICAL EDUCATION

Students must satisfactorily complete all clinical education assignments. Students will be expected to defray any and all associated costs, including insurance, immunizations and titers, room and board, and travel to facilities. Before a student is allowed to attend a clinical assignment, he/she must have satisfactorily completed all previous academic and professional requirements of the program, be in good health as shown by the required physical exam, have all required immunizations, maintain current CPR certification, fingerprinting/criminal background check, and have a full health insurance policy which will be in effect the entire assignment. Some clinical sites also require additional liability insurance.

All students will be required to do at least one full-time clinical rotation in West Virginia as part of the Rural Health Education Partnerships Program. This will necessitate that all students complete at least one rotation out-of-state. All students will be expected to travel outside the Morgantown area [50 mile radius] for at least one, and possible more than one, full-time or part-time rotation.

More detailed information can be found on the Clinical Education portion of this website.

Effective August 2002

Reviewed and Updated August 2004

-----------------------------------------------
C. IMMUNIZATION AND HEALTH INFORMATION

The WVU School of Medicine has compiled a comprehensive health policy designed to address the multifaceted health needs of your career.

Health Insurance

Health insurance is REQUIRED of all students who matriculate at West Virginia University, School of Medicine, Department of Human Performance and Applied Exercise Science before starting clinical/fieldwork rotations. If you do not have health insurance through your parents, spouse, or a personal policy, you may purchase health insurance through the University Student Health Service. This insurance is in addition to the University Student Health Services, which is available to all university students. The insurance covers 100% of billable service at the Ruby Memorial Hospital with School of Medicine physicians in attendance. Health services away from Morgantown in West Virginia or other states are covered at 80% of billable charges. All students must provide documentation of health insurance annually.

Click to view Health Insurance Disclaimer (pdf) and Professional Liability Insurance Disclaimer (pdf)

Physical Examination, Immunizations, and Titers

All students must complete a physical examination prior to the beginning of the professional program.

All students must have the following immunizations. Immunizations must be documented PRIOR to beginning the professional program, unless otherwise noted.

Students are required to have 2 documented shots of measles, mumps, and rubella (MMR), unless born before 1957.

Students must have a diphtheria/tetanus shot (dT) within the past 10 years.

Students must have completed the primary series and booster for polio.

All students must have a two-step Mantoux PPD (test for tuberculosis) within 6 months of starting the professional program. The student must have a single PPD test annually.

Students must complete the Hepatitis B series of 3 shots. Students must have had at least the first shot in the series before beginning the professional program. The second and third shots, as well as the Hepatitis B Titer, must be completed and documented prior to December 1 of the first year of the professional program.

The University requires all students to have the meningococcal vaccine

All students must have the following immune (IgG) antibody titers for proof of immunity. Results must be documented PRIOR to beginning the professional program, unless otherwise noted:

Measles (rubeola), mumps, rubella

Varicella

Hepatitis B (must be documented before December 1 of the first year of the professional program).
Some clinical sites may require additional immunizations or other health measures to protect special populations. The program faculty will alert you to these when appropriate.

Students who have not completed the listed immunizations and titers will not be permitted to participate in clinical/fieldwork rotations.

Click to view Immunization Verification Form (pdf)

Cardiopulmonary Resuscitation (CPR)

Each student must be certified in CPR, including adult, child, and infant CPR and choking and AED use. Students must provide a copy of a current CPR card prior to beginning the professional program. The student is responsible for keeping an up-to-date CPR certification throughout the professional program. Online courses are not acceptable.

HIPAA Training

All students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance Portability and Accountability Act. This training will be available to all Health Sciences Center students, and must be completed within three months of starting classes, by students currently enrolled in the program. Students will receive the training during the fall semester for the first professional year, prior to embarking on clinical rotations.

OSHA Training

All students must be trained in standards for preventing transmission of bloodborne and other infectious agents. This training must occur before students enter the clinic, and annually thereafter. Initial training will be provided in class during the fall semester of the first professional year. An annual retraining session will also be provided.

Criminal Background Checks

All students will be required to undergo a criminal background check after admission to the program. Further background checks will be performed periodically throughout your tenure in the DPT program as required by clinical education sites. These tests will be performed at the student’s expense.

Click to view Fingerprint and Background Check Disclaimer (pdf)

Drug Screenings

Some clinical education sites may require periodic drug testing of students who are performing patient care activities. The expense of these drug tests, depending upon the site policies, may be the responsibility of the student. Any positive drug screening will result in removal from clinical sites with further disciplinary actions as deemed appropriate by the WVU Division of Physical Therapy's Policy on Academic & Professional Standards, and/or the Dean/Associate Dean.

Documentation of Health Information

Prior to beginning the professional program, the student must submit a completed Health History, a completed Physical Examination, and a completed Immunization Form. In addition, the student must submit a copy of a
current CPR card, health insurance information, and documentation of any immunizations and titers not recorded on the Immunization Form.

Click to view Student Health Evaluation Form (pdf)

It is the student's responsibility to provide updated information on immunizations, health insurance coverage, PPD results, and CPR certification. Students whose files are incomplete will not be allowed to participate in clinical/fieldwork rotations. In addition, registration for other courses may be restricted, or course grades may be affected, for students whose files are incomplete.

Communication of Health Information

Before a student begins a clinical/fieldwork rotation, the academic program must verify to the clinical site that the student has complied with the health requirements. Some sites may request additional documentation, such as copies of immunization cards, lab reports, etc. In this case, the student will be notified and will be required to furnish the clinic with the appropriate records. Therefore, the student should keep a file of his/her own for copies of all the required documentation.

Documents are to be submitted to:

Charmaine DuBois
Administrative Associate
Clinical and Fieldwork Education
WVU School of Medicine
Department of Human Performance
PO Box 9225
Room 8701 Health Sciences South
Morgantown WV 26506-9225
Phone: (304) 293-0440 Fax: Fax (304) 293-8384

Maintain copies of your physical, immunizations, titer results, CPR cards, health insurance, etc., as you will be responsible for your own copies of your materials. The department is not responsible for making copies of your records.

Click to view Checklist

Revised and effective: Spring, 2009

D. COMMUNITY SERVICE

Requirements

Community service is required of ALL Health Sciences students, including full-time, part-time, and graduate students.

Classes of 2009 and later
D. COMMUNITY SERVICE

Requirements

Community service is required of ALL Health Sciences students, including full-time, part-time, and graduate students.

Physical Therapy students must complete 75 community service hours (75 hours total: 15 hours earned in PT 741 Roles 2, 10 hours for the Rural Service Learning Project done either in PT 760 or 780, Clinical Education 3 or 4 and 50 other approved by faculty).

Definition of Community Service

A method under which students actively participate in organized service that is conducted in and meets the needs of a community. It is monitored by their program/school at the HSC and the community. This service activity helps foster civic responsibility and may be integrated into and enhances the academic curriculum of the students.

Purpose

- To foster civic responsibility.
- To enhance the hands-on learning experiences of the student.
- To assist the student in identifying and meeting health and social needs of the community.
- Record of Service

Each student is responsible for identifying opportunities for community service and reviewing them with his/her advisor BEFORE completing the service. The student must then log service hours electronically using the "Community Service" function of the Student Online Learning Environment (SOLE) courseware. [Students will be introduced to SOLE during on-campus orientation.] The student's advisor will then use SOLE to verify the student's hours.

Effective August 2002

Reviewed and Updated Jun 2015

--------------------------------------------------------------------------------

E. PROFESSIONAL APPEARANCE

Neatness and cleanliness are an essential part of the health profession. As a student of a professional program, appropriate attire and grooming will be expected at all times.

Students are expected to abide by the Physical Therapy dress code Monday through Friday, 8:00 am to 5:00 pm and other scheduled class times.

At no time will jeans, shorts, T-shirts, jerseys, tank tops, hats or ball caps, sweats or athletic clothing, or non-polishable or unclean athletic shoes be worn in the classroom.

Many courses require students to present case studies, research, or other projects to students and faculty. Whenever a student is making a presentation, he/she should strive to look professional. Presentation grades may
be partially based on presentation style, including professional appearance. Professional appearance is also
required when there are guest lecturers or presenters.

Anatomy Laboratory

To protect clothing in the anatomy lab, a knee length laboratory coat should be worn. Also, it is suggested old
clothing be worn under the lab coat because the odors from the cadaver lab will penetrate clothing and may not
be easily laundered. Some students discard these clothes after the course has been completed. Because of these
odors, it is advisable to launder these clothes separately.

Physical Therapy Laboratory

Appropriate attire is required for each physical therapy laboratory class. Appropriate attire a student will need to
have is:

Men: T-shirt (plain, solid-colored or white, with no writing, etc), spandex shorts (gym shorts or warm-up pants may
be worn over these), athletic-type shoes, and socks.

Women: T-shirt (plain, solid-colored or white, with no writing, etc), spandex shorts (gym shorts or warm-up pants
may be worn over these), athletic-type shoes and socks, halter top (or sports bra or top of a two-piece swim suit),
athletic-type shoes and socks

NOTE: On some occasions, laboratory classes will occupy the majority of the day. Thus, students will be permitted
to wear lab clothing (t-shirts and long pants over shorts and halter-tops) during the noon hour or when lab classes
are back-to-back. Students are advised to keep an extra set of clean lab clothes in their lockers so never to be
unprepared for a scheduled or changed lab.

Clinic Attire and Grooming

Health Sciences students, staff, and practitioners are required to place a high value on personal appearance,
including attire. The reasons are rooted in concerns for infection control, communication, and cultural sensitivity.
This document sets forth standards for dress and appearance necessary to meet the service and safety objectives
of placing patient welfare first and the educational objectives of preparing the student to assume the role of a
professional health care worker. Patient trust and confidence in the health care provider are essential to successful
treatment experiences and outcomes. The message communicated by the caregiver by his/her dress and
appearance plays a fundamental role in establishing this trust and confidence. Students should consider the
cultural sensitivities of their most conservative potential patients and present themselves in a manner that will
earn their respect, ensure their trust, and make them feel comfortable. Recent trends in clothing, body art, and
body piercing may not be generally accepted by your patients, and should not be worn by DPT students.

The following guidelines help prepare the student to establish a successful caregiver-patient relationship.
Individual clinical facilities may have more stringent guidelines; in those cases, the clinic’s guidelines must be
followed.

General Standards

Health Sciences Center nametags or badges are worn at all times.

Good personal hygiene is to be maintained at all times. This includes regular bathing, use of
deerorants/antiperspirants, and regular dental hygiene.
Avoid distracting perfumes or colognes (may precipitate allergies or sensitivities).

All clothing, including lab coats, must be clean and pressed.

Hair maintenance

Hair should be neat, clean, and of a natural human color.

Hair should be styled off the face and out of the eyes.

Shoulder length hair must be secured to avoid interference with patients and work.

Avoid scarves or ribbons (unless culturally appropriate).

Beards/mustaches must be neatly trimmed.

Dress, Shoes, and Hand Care

Clothing should be clean, professionally styled and in good repair.

Women: skirts (knee length or longer) or tailored slacks with blouse or dress shirt.

Men: tailored slacks, dress shirt, and a necktie.

Shoes must be brown or black in color, comfortable, clean and in good repair. Shoes must be worn with socks or hose.

Fingernails should be clean and of short to medium length. Muted tones of nail polish are appropriate for women. No artificial nails.

Jewelry

Keep jewelry at a minimum (represents potential for cross-infection, may be distracting to patients).

The following are permitted: a watch, up to four rings, small earrings (large earrings are distracting and may be pulled through the ear), academic pin/s, other pins, badges, or insignias, which represent an award, modest bracelet(s), and necklace chains. Appropriate holiday pin during the holiday is suitable.

Lab Coat

A clean, white, jacket-length lab coat should be worn over clothes.

The following items are specifically prohibited in hospital or clinic situations:

Blue jeans (regardless of color, or pants of a blue jean style), shorts, Bermudas, leggings, stretch pants or tights, pants with external seams, zippers, pockets (e.g. cargo pants, overalls), hip-huggers, low-riders, bell-bottoms or flares, sweat pants or athletic clothing.

Midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, shirts with writing or decals, tank tops or sweatshirts.
Sandals or open toed shoes, high heels, platform soles, or canvas shoes (blood or needles may penetrate the fabric).

Dangling jewelry, rings with sharp protrusions, large buttons or pins (could interfere with function, transmit disease or be grabbed by the patient).

Visible body tattoos or visible body piercing.

Effective August 2002

Reviewed and Updated August 2003

--------------------------------------------------------------------------------

F. PROFESSIONAL BEHAVIORS

The Mission and Philosophy Statements of the Division of Physical Therapy emphasize development of the knowledge, skills, and behaviors necessary for effective physical therapy practice. Professional behavior is vital to the success of each physical therapy student, the WVU physical therapy program, and the physical therapy profession. Thus, we will use the ten behaviors (generic abilities) identified by clinicians as those abilities that exemplify the profession as a guide throughout the curriculum. To facilitate development of competency in the ten professional behaviors, we will provide formal and informal feedback to each student.

A listing of these ten "generic abilities" can be found below. Please note that these behaviors apply to both the clinic and classroom settings. Professional classroom behaviors, including (but not limited to) being awake, alert, and well prepared for lectures and labs, maintaining composure when discussing examination results, being seated and ready to proceed when class is scheduled to commence, waiting until class is dismissed, avoiding excessive conversation during class, etc. fall within the realm of the generic abilities.

Early in the first semester, each student will complete a generic abilities self-assessment in PT 711: Professional Roles I. The student will then meet with his/her advisor to review the self-assessment. Near the end of the first semester, and then every semester through the rest of the curriculum, the student will meet with his/her advisor to review development of his/her skills in this area.

If necessary, your advisor will work with you to develop plans for improvement. Consistent violation of these criteria is one factor which will be taken into account should a student be brought before the Academic and Professional Standards Committee.

The Use of Generic Abilities in the Professional Curriculum

Policy

The Division of Physical Therapy faculty believes that students must develop appropriate professional behaviors in order to successfully apply the knowledge and skills they acquire during the professional program. In order to assist students in developing these behaviors, the faculty has incorporated the ten Generic Abilities developed by Warren May et al [see Definitions attached] into the program.

Procedure
Each student will self-assess his/her professional behaviors using the Self Assessment form as part of PT 711: Professional Roles 1. The student will review this self-assessment with his/her advisor.

The faculty will give students feedback on their professional behaviors. This may be done formally, via formative or summative course feedback, or informally.

The faculty will communicate this feedback to each student’s advisor using the attached Anecdotal Record form.

Each student will meet with his/her advisor twice each semester [at midterm and at the end of the semester] to review feedback.

If a problem in professional behavior is identified, the faculty advisor will counsel the student regarding plans for improvement. Consistent exceptional behavior (positive or negative) will be taken into account should a student be brought before the Academic and Professional Standards Committee.

Generic Abilities Definitions

Generic abilities are attributes, characteristics, or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

Commitment to Learning

The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

Interpersonal Skills

The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.

Communication Skills

The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

Effective Use of Time and Resources

The ability to obtain the maximum benefit from a minimum investment of time and resources.

Use of Constructive Feedback

The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

Problem-Solving

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Professionalism
The ability to exhibit appropriate professional conduct and to represent the profession effectively.

Responsibility
The ability to fulfill commitments and to be accountable for actions and outcomes.

Critical Thinking
The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

Stress Management
The ability to identify sources of stress and to develop effective coping behaviors.


Effective August 2002
Reviewed and Updated August 2003

G. TEXTBOOKS
Required texts and some recommended texts will be available for purchase in the Health Sciences Bookstore. The Health Sciences bookstore returns unpurchased texts 3-4 weeks after the semester begins, so do not postpone buying them. Other recommended texts are available in the Health Sciences Library.

Reading the professional literature is vital to your success as a physical therapist. Therefore, access to the required textbooks is essential. Many of the required physical therapy texts have been selected because they will serve as texts for more than one course and/or as good references after graduation. Thus, it is suggested these texts be retained as a start to building your own professional library.

The bookstore will order any book in print. Depending on the publisher and date of a book, it may take days or weeks for delivery.

Students are advised to purchase ring binders rather than spiral notebooks for organization of notes and handouts.

Effective August 2002
Reviewed and updated August 2003

H. WRITTEN ASSIGNMENTS AND COMMUNICATION
All written assignments must be typed using a word processor and submitted using the appropriate medium (paper, disk, or electronic mail) as assigned by the course instructor. Any references must be cited using American Medical Association (AMA) style.

For all papers and written assignments, the instructor may request hard copies of all articles and other resources to check for plagiarism. If hard copies are requested, the student must furnish these within 24 hours of the request.

Before submitting any written assignment, you should first utilize the spell-check and grammar-check features of your word processor. All written communication must reflect:

Professional terminology appropriate to the audience, reflecting the student's level of preparation

Proper grammar, spelling, and syntax

Effective August 2002

Reviewed and Updated August 2003

I. PRACTICAL EXAMS

All practical examinations must be successfully passed at a minimum level of 80%, including passing all critical evaluation items designated by the course or unit coordinator. Only one retake will be allowed on each practical examination.

Passing criteria for retakes will be identical to the original examination. For the purpose of calculating the final course grade, the student’s retake score will be adjusted so that the maximum points awarded will be 80%. Any deductions for errors made during the retake will be deducted from the maximum score of 80%. (For example, a student who scores 70% on the first attempt must retake the practical examination. If he/she performs at a 90% level on the retake, the final grade will be 70%).

If the practical examination is not successfully passed on the retake, the student will automatically fail the course and will be evaluated by the Academic and Professional Standards Committee.

J. STUDENT ASSESSMENT

Student Assessment Plan

The Division of Physical Therapy is committed to the ongoing formative and summative assessment of student learning. The faculty believes that assessment is critical to the future of the program, and as such, the Chairperson (MaryBeth Mandich PT, PhD) has allocated time and resources to the assessment process. Assessment is ultimately the responsibility of the whole faculty; however, the Chair of the Curriculum Committee (Mia Erickson PT, EdD, CHT, ATC) and Director of Professional Education (Scott Davis MS, PT, EdD, OCS) are directly responsible for oversight of student assessment at the program level. The assessment process was developed in 2005 by a committee, which included two local clinicians (Mark Hose MPT and Tracy Rice PT… Healthsouth Mountainview) and two entry-level students (Stephanie Foutty … Class 2007 and Erin Lawrence… Class 2006). The results of the
assessment process are used to help make informed decisions about how to modify and improve the physical therapy curriculum. The results are also used to demonstrate effective learning and clinical competency of our students and graduates to all stakeholders. The assessment plan and the yearly assessment report for each DPT cohort are listed below. The assessment plan has been designed to be in alignment with the program’s mission, goals, core values, and philosophy.

Assessment Policy and Procedures

Comprehensive Examination:

The comprehensive examination will serve as a formative assessment of student learning. The format of the written examination will be consistent with a “mock board examination.” The exam will consist of 200 objective (multiple choice) questions. The written examination will be offered in a computer format. The students will have a maximum of four (4) hours to complete the examination. Each course coordinator from the listed clinical courses will submit 10-12 questions that are consistent with the objectives of the course. The examination will be tied to PT 754 (Clinical Sciences 4) and the course coordinator will use their discretion as to how the student’s score will be woven into the overall course grade. All students will be required to pass the written examination with a score of 70% or higher in order to progress in the program and participate in PT 760 (Clinical Education 3). Students who fail to score a 70% will be given one opportunity to retake the comprehensive examination. The examination will be offered on a Monday from 8-12 in mid April of each year. To allow for adequate preparation and study, there will be no written or practical examinations given the week before the examination. Additionally, no classes will be scheduled on the day of the exam. Retake examinations will be offered during finals week.

Comprehensive Practical:

The comprehensive practical examination will be offered by each of the full-time core faculty. The faculty will assess their individual advisees. Each faculty member will be responsible for developing a patient case, which will allow the student to demonstrate his or her knowledge of examination and intervention. A rubric will be developed by the assessment committee that will be used to ensure consistent grading. Individual faculty may schedule their practical examination anytime between Tuesday and Friday of the week in which the written examination is offered. All students will be required to score at least an 80% on the 100-point practical examination. Students will be given one opportunity to retake the comprehensive practical examination. The retake examination will be scheduled at the discretion of the individual faculty member. All students will be required to pass the comprehensive practical examination in order to progress in the program and participate in PT 760 (Clinical Education 4). The manner in which the practical grade is incorporated into the overall grading scheme of PT 754 (Clinical Sciences 4) will be left to the discretion of the course coordinator.

Graduate and Employer Survey:

A web-based survey will be designed by the assessment committee as a one-year summative assessment of the clinical skills and knowledge learned by the students. An e-mail or letter will be sent to the graduates of each class on or before May 1 of the year following graduation. This assessment will focus on identifying the level of preparation for clinical practice.

K. Policy on Participants of Classroom Demonstrations and Practice:
Present or former patients of PT faculty may be asked to participate in classroom demonstrations or practice periods. This is voluntary and if involves a significant amount of patient time (1 hour or greater), then an honorarium of 25.00 per hour may be offered or travel reimbursement or both. The patient is asked if he or she is comfortable with specific information related to the individual’s history or care to be reported to the class and permission to use this information is given in writing. (See form below). If photos or case write-ups are requested, then authorization for their obtainment must also be completed (FORM MURDOCK).

**AUTHORIZATION TO PRESENT INFORMATION TO PHYSICAL THERAPY STUDENTS:**

I, _____________________________, have been asked to participate in a classroom demonstration for Physical Therapy students of the West Virginia University School of Medicine Division of Physical Therapy. I agree to allow information about the specifics of my case to be presented, provided that I am informed of what those specifics are prior to the classroom session. I understand that I do not have to answer any questions raised by students or faculty that I do not feel comfortable with. I understand that this material may be used in a homework assignment, which will be given to the faculty, but may not be disseminated any further without my written permission.

_____________________________________
Signature of participant/date

_____________________________________
Signature of responsible faculty/date

**AUTHORIZATION TO ALLOW PHYSICAL THERAPY STUDENTS TO PRACTICE TECHNIQUES:**

I, _____________________________, have been asked to participate in a laboratory session involving Physical Therapy students. Students, under the direct supervision of Physical Therapy faculty, will practice examination or intervention techniques that are routinely used in physical therapy practice. I understand that the students will have close supervision of faculty during this time and I may refuse to participate at any point should I not feel comfortable. I understand that there are risks involved in my participation such as feeling discomfort or soreness, but this is not to exceed that which is to be expected with usual physical therapy intervention. I understand that I may stop the session at any time
should I feel fatigue or a desire to rest/stop. Participation is entirely voluntary and will not affect my care in any way.

________________________________________

Signature of participant/date

________________________________________

Signature of faculty/date
VI. Budget Committee Policies and Procedures

I. Purpose: The Division of Physical Therapy Budget Committee is an advisory body comprised of Division faculty members. The committee provides faculty input to the Division Chairperson regarding budgetary decisions. The committee serves two primary purposes:

A. To serve as faculty representation for major (> $500.00) capital and non-capital equipment decisions which support the Division’s short and long-term goals.

B. To maintain and update an equipment inventory for the Division.

II. Committee Structure: A minimum of three (3) individuals holding full, part-time, or adjunct faculty appointments in the Division who participate in classroom teaching. At least one member must be an Academic Coordinator of Clinical Education (ACCE). The Division Program Assistant or designated support staff will attend all meetings. The committee may also have an ex officio member designated by the Division Chairperson. Committee members are appointed by the Division Chairperson.

III. Policies and Procedures

A. Minutes of all committee meetings will be stored in the Division office and will be accessible to all faculty. A copy of the minutes will be sent to the Division Chairperson.

B. The committee is not involved in budgetary decisions regarding salary, travel, or continuing education support. However, the Division Chairperson may request the committee’s input regarding these areas.

C. Committee members will be available for input from the faculty at any time. Also, faculty members are welcome to appear before the committee during regularly scheduled meetings or to personally request a special meeting with the committee.

D. The committee will formally meet at least twice a year to review requests for all major equipment purchases (> $500.00). More frequent meetings may be necessary.

   1. The committee will meet in January-February and again in July-August to coincide with the fiscal calendar.

   2. Additional meetings will be scheduled upon request by the Committee Chairperson or the Division Chairperson.

E. The best time for faculty to make equipment recommendations is prior to the July-August Committee meeting. The committee will make recommendations for purchase to the Division Chairperson according to the following criteria:

   1. Equipment is necessary to meet accreditation criteria

   2. Equipment is used for teaching and will be used by multiple faculty members

   3. Equipment is used for research and will be used by multiple faculty members
4. Maintaining up-to-date faculty computer hardware

F. Division faculty are to submit all requests for major equipment (> $500.00) on the attached form to the Budget Committee Chairperson.

G. The committee is responsible for performing an annual Division equipment inventory review with the assistance of Division staff and faculty. The committee will provide inventory assignments to the faculty with a final inventory report provided during the July-August meeting.

H. The committee Chairperson will monitor the inventory database to be certain it is updated. The database will be kept and maintained by the Division Program Assistant or designated support personnel.

IV. Calendar of Events

January-February

Division Chairperson submits budget report to the Budget committee

Budget Committee meets regarding allocation of bi-annual UHA funding

Committee sends recommended purchases to Division Chairperson

July- August

Committee reviews inventory and committee Chairperson makes a recommendation to the Division Chairperson regarding equipment needs and items to be discarded.

Reviews faculty requests for major equipment and makes recommendation to the Division Chairperson.

Ongoing throughout the Year

Review major equipment requests submitted by faculty
Minor Teaching Equipment (<$500.00) Purchases

I. Policy: Each faculty member is allocated up to $500.00/fiscal year for non-capital teaching equipment purchases. These funds are not allocated as part of the Division’s major equipment and are not subject to Budget Committee review and recommendation. These minor equipment funds are to be used by individual faculty to purchase teaching equipment such as:

A. Computer Software
B. Books or reference material
C. Anatomic models

II. Procedure: Each faculty may request up to $500.00 worth of minor teaching equipment per fiscal year without individual approval.

A. Investigation: Before requesting an item, the faculty member should:
   1. Determine if the Division already owns the same or similar item(s)
   2. Find out if other faculty members will use the requested item(s)
   3. Investigate other avenues for acquiring the item(s)
      a. Textbook review
      b. University software site license
   4. Investigate the full cost of the item(s) including shipping

B. Request submission
   1. Submit a “Minor Teaching Equipment” electronic form (see attached) to the Division Program Assistant or designated support staff
   2. Within one week of the request the Division Program Assistant will order the item.
   3. The Division Program Assistant will record the item in the inventory database upon arrival
   4. The faculty member requesting the item is responsible for following up with the Division Program Assistant regarding all orders.

C. Accounting
   1. The Division Program Assistant will record purchases and amounts for each faculty member
   2. The Division Program Assistant will provide the Budget Committee Chairperson with a budget report every two months.
   3. The budget committee will monitor all minor equipment purchases and file a report at each formal budget meeting.

Approved: 8/25/10
VII. Policy on Complaints outside Due Process

(Complaints not otherwise covered by institutional policy)

Any member of the public or any constituent of the Division of Physical Therapy has the right to file a complaint that falls outside the realm of due process. This is done by contacting the office of a West Virginia University representative, including the program chairperson or a program faculty member. Such complaints are dealt with in the manner described below.

Purpose.
To handle complaints which are not otherwise covered by institutional or program policy.

Goal.
To investigate the complaint, to resolve the issue where appropriate and to bring closure through communication of complaint resolution.

Procedure.
The chairperson is notified of the complaint. The chairperson is most commonly made aware of the complaint from the Dean’s office. Complaints may be filed through the university President’s office, the Parent’s Club liaison, the Chancellor’s office or the Dean’s office. Occasionally, a complaint may come directly to the chairperson or may arise from another source, such as from a clinical education site to the ACCE. Once the chairperson is made aware of the complaint, he or she does one of the following.

- If the complaint is focal and may be resolved with one individual, the chairperson contacts the individual, investigates the complaint, proposes a resolution, and informs all parties of the resolution.
- Complaints which cannot be resolved by a simple process, such as complaints about the program as a whole or that involve more than one individual OR complaints about the chairperson are referred to the Division Executive Council. The Division Executive Council is comprised of individuals who have administrative responsibilities, i.e., the Chairperson, the Assistant Chairperson, the Director of Professional Education, and the Director of Faculty Scholarship Development. The complaint is discussed in a meeting of the Executive Council. As part of the discussion, fact-finding may be involved and individuals on the council are tasked to investigate and report on relevant facts. The Council then discusses the matter, makes a recommendation for resolution, and communicates that to the parties involved. The chairperson or his/her designee communicates the findings and a written record tracking form is maintained in the office of the chairperson.

Complaints may be addressed to:
   Chairperson, Division of Physical Therapy
   West Virginia University
   PO Box 9226
   Morgantown, WV 26506-9226
<table>
<thead>
<tr>
<th>Description of Complaint:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint received by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint filed by (include contact information)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint to be handled by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Fast track, Program Chairperson</td>
</tr>
<tr>
<td>□ Referral, Executive Council</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigative Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended Resolution/Action Item if Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication of Resolution  BY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attach copy of letter, memo, e mail OR summarize phone conversation below:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
VIII. Authorization for Photographs and Publications

I. ____________________________________________________, authorize the Robert C. Byrd Health Sciences Center to photograph or videotape me (or my child, _______________________________________________) and use such photographs or videotapes in publicizing the work or activities of the Health Sciences Center, including West Virginia University Hospitals, the West Virginia University School of Medicine or University Health Associates.

I also authorize the Robert C. Byrd Health Sciences Center to release information about my medical care (or that of my child) for publication or broadcast.

This authorization shall expire three years from the date below. The patient or the patient’s guardian may revoke this authorization at any time after it is signed.

Date: ______________________

Signature: ___________________________________________________

(name)

__________________________________________________________

(address)

__________________________________________________________

(city, state, zip code)

__________________________________________________________

(home telephone)

Witness: ______________________________________________________

Authorized use of photography or recording: (check all that apply)

<table>
<thead>
<tr>
<th>News Media</th>
<th>Children’s Miracle Network broadcast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors on Call</td>
<td>Newsletters</td>
</tr>
<tr>
<td>Internet</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

IX. POLICY ON INTERNATIONAL EDUCATION

West Virginia University Division of Physical Therapy does not discriminate against persons of any race, nationality, ethnic origin, gender, or age. However, the program does give admissions preference to residents of West Virginia or individuals with strong ties to the state of West Virginia. The Division’s primary mission is to provide access for West Virginia residents to professional education in physical therapy and to address the health care workforce needs with respect to physical therapy for the state of West Virginia.

To that end, the Division recognizes that there are occasions where state employers may have a position filled with an internationally trained physical therapist who wishes to relocate to West Virginia for practice; however, is missing some aspects of eligibility for West Virginia licensure.

In that case, the following process for application/remediation is applied:

PRE-REQUISITES FOR APPLICATION:

- Documentation of an employment opportunity in West Virginia, with intention to accept, pending licensure
- Complete credentialing evaluation by external agency and West Virginia Board of Physical Therapy has been completed
- Individual is a graduate with a baccalaureate degree or equivalent of a physical therapy education program.

EVALUATION OF APPLICATION

- Deadline for submission of applications is April 30th. Evaluation of international applications occurs between May 1st and August 1st each year. There is a $500.00 fee payable to the Division of Physical Therapy to evaluate the application and to develop an educational plan for that student.

COURSE AVAILABILITY

A maximum of 5 students will be accepted in the combined options 1 and 2.

- After the evaluation is complete, one of the following recommendations will be applied:
  - **Option 1: Three or less credit hours deficient**
    - An independent study will be designed for the student on a Special Topics course number
    - Cost will be appropriate tuition plus a $500 per credit hour course development fee paid to the Division of Physical Therapy
  - **Option two: Greater than three to nine credit hours deficient**
Student must apply to WVU as a special graduate student

- Student may take nine credit hours of content in the physical therapy curriculum AS THE CONTENT OCCURS...[meaning, if this content is offered in spring semester, student will wait until January to take the course in sequence]

- Only regular tuition is charged, since this does not involve special development time on the part of the instructor

**Option three: Greater than nine credit hours deficient**

- Student may apply for admission to the Division’s entry level doctoral degree program upon after obtaining appropriate pre-requisites.

The Division has developed this policy and ongoing modifications in compliance with federal and state regulations and in accordance with American Physical Therapy policy. In no circumstances is this process to be seen or used as a mechanism to circumvent the state regulatory actions as they pertain to physical therapy licensure.

This policy was approved on a two-year contingent basis on August 1, 2004 and will be re-evaluated regularly. The Division presents this policy as only one limited response to address physical therapy workforce needs and distribution throughout the state of West Virginia. The Division has ongoing monitoring of these needs and has developed or is prepared to respond in a diverse number of ways to meet these needs in accordance with our mission.
X. Policy on Class Officer and Elections

Class officers are elected at the beginning of the fall semester of the first year. Nominations are solicited from the class by the Faculty Class Advisor who runs the elections.

Class Officers include:

- President
- Vice President
- Secretary
- Treasurer
- Curriculum representative
- APTA representative
- Technology Liaison

The term of office is three years unless a class officer elects to step-down or is removed from office.

Removal from Office

A. Any elected officer may be removed from office through petition to the Faculty Class Advisor by a member of the class. The Faculty Class Advisor will conduct a petition vote, which will require one-half of the class voting in favor of a new election for the office being petitioned.

B. Officers may also be removed by the Faculty Class Advisor with the consent and approval of the majority of the Physical Therapy faculty. The Division Chairperson will not vote as part of the faculty and will serve to hear all appeals. The Division Chairperson will make the final decision regarding removal from office.

C. Serving as a class officer is a privilege. A class officer may be removed from office if they are placed on probation by the Division Chairperson for academic deficiency or professional behavior violation.

D. Any officer not being promoted with his or her class is automatically removed from office.

E. A new election will take place if a class officer is removed from office as a result of A through D above.
XI. Social Media Policy

Online communication through social media and networking is a recognized form of daily communication. The WVU Division of Physical Therapy has expectations for responsible and ethical behavior with this form of communication. These guidelines are intended to protect the privacy and confidentiality of patients, fellow students, faculty and staff, clinical educators and WVU affiliated facilities.

First and foremost, you are responsible for what you post. The content of your posting should always be respectful. You must comply with all clinical facility HIPAA policies and violation of such may not only result in legal action against you, but also will result in automatic failure of a clinical rotation. Absolutely no reference to patients, clinical sites, or clinical instructors is permitted, even if names are not given or you believe you have blinded the identifying information.

Plagiarism online applies. You should properly cite references and adhere to copyright protection laws.

Social networking examples include but are not limited to:

- Social networking sites such as Facebook or MySpace
- Video and photo sharing websites such as YouTube, Snapfish, Flickr
- Microblogging sites such as Twitter
- Weblogs and Online forums or discussion boards
- Any other websites or online software applications that allow individual users to post or publish content on the internet

The WVU Division of Physical Therapy will have zero tolerance for any violation of our social media policy. Any violation is considered unprofessional and will be handled by the Academic and Professional Standards Committee. Violation of this policy will result in disciplinary action, up to and including dismissal from the Physical Therapy program. These guidelines are not stagnant and may change as new social networking tools emerge.
XII. Academic and Professional Standards Policies (Effective 6/2/15 the Division of Physical Therapy A&P documents have been modified by ongoing changes in the West Virginia University Policy). Below is a summary of the current standards that amends the previous Division Standards that starts with PREAMBLE.

The Academic and Professional Standards Committee is comprised of at least 3 faculty members of WVU Division of Physical Therapy appointed by the Chairperson with at least 1 of those members being an Academic Coordinator for Clinical Education (ACCE) for the program. The Committee reviews student standing in the program at the end of every semester and at any other time that is needed. This Committee meets with the students per guidelines set forth by the Provost and Vice President of Academic Affairs. This Committee is advisory to the Chair of the Division of Physical Therapy. Failure to meet academic standards set forth by the Division, including professional behaviors will be reviewed by this Committee. Professional behaviors include but are not limited to accountability and responsibility, proper use of social media, and protection of patient privacy. The student is referred to the Student Handbook for more detail on the Division’s policy on social media and class absence or tardiness. Issues of Academic Dishonesty will be reported by faculty to the Office of Student Rights and Responsibilities as outlined in guidelines set forth by the Provost and Vice President of Academic Affairs.

To be in good standing, a DPT student must obtain a 3.0 GPA in the first 2 semesters (25 hours) of study in the physical therapy program and maintain this average throughout the entire time he or she is enrolled. A student who receives a final grade of D, F, U, I or obtains a semester GPA of less than 3.0 will be reviewed. Automatic suspension with the opportunity to start over in the program will be granted for any student who receives a GPA of 2.5 or below after the first 2 semesters of study.

Probationary status will be assigned automatically if the student’s GPA is less than 3.0 for any given semester after the first 2 semesters. Each summer semester or term after the first year of the curriculum will be counted as one combined semester or term.

When a student is placed on probation, remediation must be completed by the end of the following semester. If a student is placed on probation at the end of one semester, but then meets the terms of probation during the following semester, probation will be rescinded. However, failure to achieve a GPA of 3.0 by the semester following the probation will result in suspension or dismissal from the program.

Probationary status can only be assigned for a maximum of two non-consecutive semesters throughout the student’s entire matriculation in the program. It is possible for a student to be placed on probation, meet the terms of the probation by the following semester, be placed on probation again
during a subsequent semester and meet the terms again by the following semester. However, no further probationary periods will be allowed.

Should a student receive a D or an F, in any semester, but still have a cumulative GPA 3.0 or higher, the penalty of suspension will be granted with the possibility of reinstatement upon meeting the terms of the suspension.

By the end of the Spring semester of the first year, a DPT student whose cumulative GPA is < 2.75 will be dismissed from the program. If the cumulative GPA is between 2.75 and 2.90, progression in the program will be suspended and the student must repeat the first year. If the cumulative GPA is between 2.90 and 3.0, then probation will be granted but must be remediated by the end of the summer term immediately following the end of that first Spring semester.

By the end of the Spring semester of the second year, a DPT student must achieve a cumulative GPA of 3.0 in order to be in good standing in the program. A student who receives a cumulative GPA of < 2.75 at this time will be permanently dismissed from the program.

By the end of the Fall semester of the third year, a DPT student must continue to meet the GPA requirement per semester and cumulative of 3.0, and pass the comprehensive written examination that is required to pass PT 765. A student who does not meet EITHER of these requirements will be suspended from the program. A second attempt will be available for any student who does not pass the comprehensive examination. However, a student who does not pass the comprehensive examination on the second attempt will be suspended from the program and required to repeat the entire second year starting with Summer I with remediation of material deficiencies from the comprehensive exam.

In order to progress to the clinical education phase at either the beginning of year 3 (PT 760) or the beginning of Spring semester year 3 (PT 780), a DPT student will:

1. be in good standing with the Academic and Professional Standards Committee
2. have successfully passed all check offs and practical examinations to date
3. have successfully passed PT 765 (for progression to PT 780)
4. not have any unremediated professional conduct issues
5. have all health requirements up to date
6. be registered for the applicable clinical education course (eg PT 760, PT 780)

At a faculty meeting prior to full-time clinical education, the Academic Coordinator for Clinical Education (ACCE) will present students for approval. Collective core faculty will affirm student readiness for clinical education based on the above criteria.

In order to graduate, a DPT student must achieve a cumulative GPA of 3.0 (entire matriculation in the program), pass the comprehensive exam, maintain appropriate professional behaviors, successfully complete all clinical rotations, maintain APTA membership and complete all required attendance for national and state meetings, and complete all required, approved community service hours (75 hours total: 15 hours earned in PT 741 Roles 2, 10 hours for the Rural Service Learning Project done either in PT 760 or 780, Clinical Education 3 or 4 and 50 other approved by faculty).
The DPT student is referred to the following documents for further information about student rights, the process of reporting, and the appeals process for either academic and professional issues OR academic dishonesty.

PREAMBLE

The West Virginia University School of Medicine Division of Physical Therapy has an obligation to evaluate students pursuing a physical therapy degree as thoroughly as possible for their academic and professional knowledge and skills, their integrity, and their suitability for the practice of physical therapy. Accordingly, this policy incorporates the mandate of the West Virginia Supreme Court that "initial responsibility for determining the competency and suitability of persons to engage in professional careers lies with the professional schools themselves..." [North vs. West Virginia Board of Regents, 332 S. E. 2d (WV 1985)].

This Policy on Academic and Professional Standards (1) applies West Virginia Board of Governor’s Policy 15 to the Physical Therapy program in Chapter I; (2) applies West Virginia Board of Governors Policy 31 to the Physical Therapy program in Chapter II; (3) covers all behavior and conduct that demonstrates by a preponderance of the evidence that a student lacks the personal qualities necessary for the practice of physical therapy; and (4) gives exclusive authority to the Division of Physical Therapy in such matters, with exceptions stated in this policy.

Conduct and behavior not relating to and affecting the professional practice of physical therapy are governed by the West Virginia University Student Conduct Code which can be found in the student catalog (The Mountie), admissions and records, http://www.arc.wvu.edu/rightsa.html and pursuant to the policies, rules, and regulations regarding student rights and responsibilities and conduct of the Board of Governors Policy 31.

DEFINITIONS

Clinical facility is a term applied to any hospital, school, office or other facility to which a student is assigned by the Division of Physical Therapy for the purpose of clinical education.

Course is used to denote a course of study which includes one or more units and for which a single final grade is reported to the Admissions and Records Office.

Faculty, unless otherwise stated, refers to any instructor or all instructors in required courses of the physical therapy program. The faculty includes clinical instructors, academic faculty (whether full- or part-time) in any department or administrative unit at WVU, graduate students, and guest faculty. The term also includes faculty who serve in an administrative capacity but may not be directly involved in the instruction of a course or unit (e.g. course coordinator or Academic Coordinator of Clinical Education (ACCE)).
**Grade** refers to either a numerical or letter grade. The grade for a unit within a course may be reported as a percentage of possible points or as a letter grade. The final grade for each course will be a letter grade. Determination of grades is discussed in Section 1.2.

**Unit** refers to a portion of a course. For example, a unit may be a clinical rotation which is part of a clinical education course, or an identifiable part of a course which deals with a particular topic, e.g. manual muscle testing.
CHAPTER I

ACADEMIC AND PROFESSIONAL STANDARDS AND REGULATIONS GOVERNING LECTURES, EXAMINATIONS, LABORATORIES, RECITATION SESSIONS, CLINICAL ROTATIONS, AND OTHER ACADEMIC SETTINGS IN CONFORMITY WITH WEST VIRGINIA BOARD OF GOVERNORS POLICY 15

SECTION 1. Academic and Professional Performance

1.1 Requirements and Professional Standards

Requirements for admission to the Division of Physical Therapy are stated in the West Virginia University Robert C. Byrd Health Sciences Center Catalog and the application materials available in the Division of Physical Therapy.

The Division of Physical Therapy requires all enrolled students to (1) achieve an integrative mastery of the discipline of physical therapy, (2) develop and demonstrate the professional skills and professional responsibility required for the practice of physical therapy; (3) fulfill the criteria and requirements for satisfactory academic progress and successful completion of the physical therapy program as stated in the West Virginia University Health Sciences Center Catalog and in the syllabus of each course; (4) comply with the rules of procedure, conduct, and appearance required by the Division and stated in the Student Handbook for any course, laboratory, or clinical rotation; (5) follow the standards set forth in the Student Code of Academic and Professional Integrity for Physical Therapy Programs (Appendix A) and APTA’s Professionalism in Physical Therapy: Core Values (Appendix D); and (6) adhere to the Code of Ethics and Guide for Professional Conduct for physical therapists (Appendices B, C).

By enrolling in the Division of Physical Therapy, the student accepts the above academic and professional standards as criteria for successful completion of the program. It is the student's responsibility to know and meet these requirements, and promptly to inform the Chairperson of the Committee on Academic and Professional Standards of any serious impediment (such as illness, etc.) hindering satisfactory academic progress. Failure to meet the requirements listed above may lead to academic penalties and/or remedial changes in the student's curriculum as outlined in Sections 2, 3, and 4 below.

1.2 Evaluations and Expectations

Academic and professional performance is evaluated by written and oral examinations and through observation in lectures, examinations, laboratories, recitation sessions, and clinical settings.

Academic evaluations by the faculty and faculty committees are not limited to the assignment of examination scores. Grades and evaluations issued by the faculty (Section 1.4) are based on all requirements for the Physical Therapy program (Section 1.1). The grades and evaluations therefore reflect the faculty's judgment about the student's academic performance, clinical skills, and professional behavior.
Performance in academic and clinical units or courses is described by (1) the grades A (excellent, given only to students of superior ability and attainment), B (good, given only to students who are well above average, but not in the highest group), C (fair, substandard for graduate students), D (poor but passing, cannot be counted for graduate degree credit), F (failure), I (Incomplete), S (satisfactory), U (unsatisfactory, computed as an F), UF (unforgivable F) and X (auditor, no grade and no credit); and (2) written narrative evaluations of the student's work.

Written narrative evaluations accompanying grades contain notations as to whether academic and professional performance is on the level of A, B, C, D, F, UF, I, S or U.

Grades and narrative evaluations are based on a complete evaluation of student performance in view of all requirements and standards of the Division of Physical Therapy and of the unit or course. Thus, they reflect more than examination averages.

Students must also meet competency requirements for laboratory check-offs and practical examinations. A maximum of 1 retake only is permitted for each check-off and practical examinations. The maximum score allowed on the retake is the minimum passing score for that particular check-off or practical.

To be in good standing, a student must obtain a 3.0 GPA in the first 2 semesters (25 hours) of study in the physical therapy program and maintain this average throughout the entire time he or she is enrolled. A student who receives a final grade of D, F, U, I or obtains a semester GPA of less than 3.0 will automatically be reviewed by the Committee on Academic and Professional Standards. (Section 3) Automatic suspension with the opportunity to start over in the program will be granted for any student who receives a GPA of 2.5 or below after the first 2 semesters of study (25 hours).

Probationary status will be assigned automatically if the student’s GPA is less than 3.0 for any given semester after the first 2 semesters. Each summer semester or term after the first year of the curriculum will be counted as one combined semester or term. When a student is placed on probation, remediation must be completed by the end of the following semester. If a student is placed on probation at the end of one semester, but then meets the terms of the probation during the following semester, probation will be rescinded.

Probationary status can only be assigned for a maximum of two nonconsecutive semesters throughout the student’s entire matriculation in the program. It is possible for a student to be placed on probation, meet the terms of the probation by the following semester, be placed on probation again during a subsequent semester and meet the terms of probation again by the following semester. However, no further probationary periods will be allowed.

No credit will be given for a course in which a student receives a D or an F. Should a student receive a D or an F, the penalty of suspension will be granted with the possibility of reinstatement upon meeting the terms of the suspension.
If the cumulative GPA is between 2.75 and 3.0 by the end of the first year, progression in the program will be halted and the student must repeat the first year. If a cumulative GPA of less than 2.75 is achieved at the end of the first year, then the student may be suspended or permanently dismissed from the program.

By the end of the Spring semester of the second year, a student must:

1. achieve a cumulative 3.0 GPA (entire matriculation in the program) and
2. pass comprehensive written and practical examinations given during the Spring semester of the second year

A second attempt will be available for any student who does not pass the comprehensive examination. Any student who does not meet the requirements stated in #1 or #2 above by the end of the Spring semester of the second year will be suspended from the program and required to repeat the entire second year starting with Summer I. A student who receives a cumulative GPA of less than 2.75 will be permanently dismissed from the program, regardless of the score on the comprehensive examination.

In order to graduate, a student must achieve a cumulative GPA of 3.0 (entire matriculation in the program), pass the comprehensive examination, maintain appropriate professional behaviors, successfully complete all clinical rotations and complete all required and approved community service hours (75 total hours).

Clinical education courses are graded satisfactory or unsatisfactory and do not affect the student’s overall GPA. A student must receive a satisfactory grade in each clinical education course. A student who is considered to be deficient in any clinical rotation as determined by the ACCE in consultation with the student’s clinical instructor(s) will be placed on probation. Remediation can include but is not limited to additional time in the same facility or a comparable facility. If the student fails the remediation assignment, either suspension or dismissal will be imposed. Probationary status with the opportunity to repeat will be granted one time only. If a student fails more than one clinical rotation, suspension or dismissal from the program will be imposed.

A student must also maintain expectations for professional behaviors as defined by the “Student Code of Professional and Academic Integrity” (Appendix A) and “Professionalism in Physical Therapy: Core Values” (Appendix D). Professional behavior deficiencies will be presented to the Academic and Professional Standards Committee and decisions about probation, suspension, or dismissal will be made using the Student Code and Core Values documents as guides.

1.3 Rights and Obligations of the Student

Students shall have access to (1) the Robert C. Byrd Health Sciences Center catalog in which program requirements are stated, (2) the Policy on Academic and Professional Standards Governing the Physical Therapy Program at West Virginia University School of Medicine [this document], (3) the Student Code of Academic and Professional
Integrity for Physical Therapy Programs (see Appendix A), (4) the Code of Ethics and the Guide for Professional Conduct for physical therapists (see Appendix B, C), (5) APTA Professionalism in Physical Therapy: Core Values (Appendix D) (6) Policy No. 15 of the West Virginia Board of Governors, (6) The Physical Therapy Student Handbook, and (7) the West Virginia University Student Conduct Code [West Virginia University Student Handbook (“The Mountie”)].

Students shall have access to a written description of content, requirements, and grading policy for each academic unit or course and for each clinical education course in which they are enrolled. The student shall be graded or have his/her performance evaluated solely according to performance in the unit, course or clinical rotation as measured against academic and professional standards. The student shall not be evaluated prejudicially, capriciously, or arbitrarily. The student shall not be graded nor shall his/her performance be unlawfully evaluated on the basis of his/her race, color, religion, creed, disability, gender, sexual orientation, national origin, language, ancestry, veteran’s status or political affiliation.

Students should immediately report all violations of the Student Code of Academic and Professional Integrity that they witness to the Chairperson of the Academic and Professional Standards Committee.

If any academic penalties are imposed because of failure to meet academic requirements or the provisions of the Student Code of Academic and Professional Integrity, the student has a right to:

1.3.1 Written notice about failure to meet academic or professional standards and potential penalties
The student shall be informed in writing by the Chairperson of the Division of Physical Therapy of (1) the student’s failure to meet academic or professional standards and requirements or an alleged violation of standards, (2) the methods, if any, by which the student may correct the deficiencies, and (3) the penalty, if any, to be imposed.

1.3.2 Discussion of the matter with those involved
The student may meet with those who have determined that the student failed to meet academic or professional standards and requirements or violated the Student Code of Academic and Professional Integrity.

1.3.3 Appeal
The student may appeal the imposition of any academic penalty, including those imposed as a consequence of violations of the Student Code of Academic and Professional Integrity, as stated in Section 4 of this document in accordance with the West Virginia Board of Governors Policy 15.
1.4 Rights and Obligations of the Faculty

It is the duty and prerogative of the faculty to evaluate a student's academic and professional performance. This evaluation takes three forms, namely (1) assignment of grades and narrative evaluations by the faculty, (2) review of behavior, demeanor, and adherence to the Student Code of Academic and Professional Integrity and (3) review of academic and professional performance by the Committee on Academic and Professional Standards.

Academic evaluations by the faculty are based on professional judgment and are not restricted to the assignment of grades and cognitive evaluations but include the assessment of professional skills, professional demeanor, and conduct.

The faculty of the Division of Physical Therapy reserves the right to withhold a Physical Therapy degree from a candidate who may have technically met formal curricular requirements but lacks the professional skills, behavior, and demeanor considered necessary for the degree or has demonstrated unwillingness to accept professional responsibility in the practice of physical therapy.

Grades and narrative evaluations issued by the faculty, and decisions or recommendations of the faculty or faculty committees, are subject to the provisions of Section 1.3 of this policy that describes student rights.

Faculty responsible for a course should issue a written syllabus describing content, requirements, and grading policy for each unit or course to each student enrolled at the beginning of the enrollment period. The faculty should also notify a student of unsatisfactory progress made while enrolled in a course or unit.

The faculty responsible for a course may impose upon a student the appropriate academic penalties described in Section 2.1 for failure to maintain academic and professional standards.

The use of informal steps for remediation should prevail whenever possible and appropriate in the case of unsatisfactory academic progress or unprofessional behavior. Informal resolution includes discussion and mediation between the student and the involved faculty and course coordinators before final grades are issued. However, once informal solutions are exhausted and the student is still deficient, a formal process shall be utilized. (See Section 3)

The faculty instructing a course or the course coordinator must notify the Division of Physical Therapy Committee on Academic and Professional Standards (see Section 3) of performance that does not meet the requirements and standards outlined in Section 1.1.

Each instructor must report all alleged violations to the Chairperson of the Committee on Academic and Professional Standards as outlined in Section 3. The instructor should also be encouraged to discuss the alleged incident with the student’s advisor.
SECTION 2. Consequences of Failure to Meet Academic and Professional Standards

Upon failing to meet academic and professional standards or provisions of the Student Code of Academic and Professional Integrity, a student may be subject to one or more of the following academic penalties:

2.1 A Lower Grade, an Incomplete (I) Final Grade or Exclusion from Further Participation in the Course, Unit or Clinical Rotation

These penalties are imposed by the instructor(s) of a course or unit. The imposition of penalties by the instructor does not preclude further penalties by the Division of Physical Therapy.

2.2 Academic Probation

This penalty is imposed by the Chairperson of Physical Therapy after receipt of recommendations from the Committee on Academic and Professional Standards. (Section 3) Probation is accompanied by changes in the student's curriculum (such as remedial work and reexamination), repetition of all or part of the curriculum, and/or supervision by an advisor from the Division of Physical Therapy. The specific requirements associated with the penalty will be stated by the Chairperson of Physical Therapy at the time the student is informed of the penalty.

2.3 Academic Suspension

This penalty and any terms and conditions for petition for reinstatement are imposed by the Chairperson of Physical Therapy after receipt of recommendations from the Committee on Academic and Professional Standards. Suspension may not exceed one year. During that period, the student may not enroll in any courses required of the physical therapy program. The student may have stipulations imposed (such as taking another course not in the professional sequence) that must be successfully completed during the suspension period.

Upon expiration of the period of suspension, the student must petition the Chairperson of Physical Therapy for reinstatement. The Chairperson shall then have the Academic and Professional Standards Committee review the petition to determine if the terms and conditions of the suspension have been met, determine if the student possesses the potential to pursue the physical therapy degree successfully, and to make a recommendation to the Chairperson about whether the student should be reinstated. If reinstated, the student may be required to repeat all or portions of the curriculum. (See Section 3)

If a student is suspended for a second time while enrolled in the physical therapy degree program, automatic dismissal will result. (See Section 2.4)

2.4 Academic Dismissal

Academic dismissal is defined as termination of student status, including any right or privilege to receive some benefit, recognition, or certification. This penalty is imposed by the Dean of the School of Medicine, or the Dean’s designee, after receipt of
recommendations by the Academic and Professional Standards Committee as a result of academic deficiencies or of violations of the Student Code of Academic and Professional Integrity which are serious enough to merit dismissal.

After dismissal, readmission in the Physical Therapy degree program must be sought through the standard admissions process.

SECTION 3. The Academic and Professional Standards Committee

The Division of Physical Therapy Academic and Professional Standards Committee has been established for the purpose of evaluation and retention of physical therapy students who fail to meet performance standards in one of the following areas: academics, academic integrity, clinical education, or professional behavior.

The Academic and Professional Standards Committee is comprised of three to four Physical Therapy faculty members appointed by the Division Chairperson. The committee is advisory to the Chair. A quorum of three is needed to make a recommendation.

The Standards Committee shall meet as needed to review the records of any student who fails to satisfy academic and professional standards. This includes grades (e.g. failure to maintain a 3.0 GPA or a grade of D or F or U in a clinical education course), academic dishonesty or inappropriate professional behavior. The Committee makes recommendations regarding which students shall be permitted to progress in a special or independent curriculum with identified remedial work, and which students shall be suspended or dismissed from further enrollment. Committee recommendations for probation, suspension or dismissal from the Division of Physical Therapy are based on a comprehensive review of a student's academic performance and professional behavior.

3.1 The following procedures must be followed for the formal process of review of student status by the Academic and Professional Standards Committee:

3.1.1

The faculty responsible for the course in which the student is not adhering to academic and professional standards must meet with the student and submit in writing to the Standards Committee Chairperson a description of a). the problem, b). meeting date (s) with student, c). course of action already taken, and d). recommendations.

In matters of academic dishonesty or professional misconduct, any party can initiate a concern in writing to the Academic and Professional Standards Committee.

The student may also submit in writing his or her arguments to the Standards Committee Chairperson.
3.1.2
The Standards Committee Chairperson will then call a meeting of the committee. If the student issue involves one of the Committee members such as the case of a student cheating in a course in which a Committee member is also the instructor, then that Committee member will not participate in the recommendations made. The vacancy may be filled by another faculty member appointed by the Division Chair.

For its review the Academic and Professional Standards Committee will have access to the following: (1) letter grades (A, B, C, D, F, S, U, and I); (2) numerical or percentage grades on written, oral, and/or practical examinations; (3) written narrative evaluations submitted by the faculty which include performance descriptions; (4) oral and written reports about academic and professional performance; (5) oral and written reports about alleged violations of the Student Code of Academic and Professional Integrity; (6) any written information provided by the student regarding his or her performance; and (7) any testimony or other information which is considered necessary to complete the review.

3.1.3
All deliberations of the Standards Committee will be closed and confidential. One committee member or division staff member will be assigned to keep written minutes of the committee meetings which must be signed and approved by all members who participate.

3.1.4
At the discretion of the committee, a student under review may be invited for discussion of his or her academic deficiencies, professional misconduct or any extenuating circumstances that may have a bearing on the student’s performance.

3.1.5
The recommendations of the committee will be submitted to the Division Chairperson who may accept, modify, or reject the recommendations. The Division Chairperson will then inform the student of the decision and imposition of any penalties. Decisions regarding dismissal of the student will be reviewed and conveyed to the student by the Dean or Dean’s designee.

3.2 Academic Dishonesty
At the discretion of the Division Chairperson, in cases where there is admission of guilt by the student, the case may be satisfactorily resolved at the division level. The results of the case shall be reported to the Dean of the School of Medicine.

If the student denies guilt or believes the penalty imposed is unjust, the Dean will be notified of the specifics of the case. The Dean or a designee will review the facts and evidence presented, and make a determination of the penalty or action, if any to be applied. The student has the right to appeal as outlined in the West Virginia Board of Governors Policy 15.
3.3 Grade Changes
In matter of grades, the Academic and Professional Standards Committee may recommend change but only in cases of clearly established procedural error or arbitrariness in the evaluation.

3.4 Academic Probation
Academic probation may be recommended by the Committee on Academic and Professional Standards in any case of (1) an Unsatisfactory (U) or Incomplete (I) grade; (2) semester grade point average of less than 3.0; (3) unsatisfactory or marginally satisfactory evaluations which indicate gaps in knowledge and skills and/or inadequate integration of the content of the curriculum; (4) failure to assume appropriate professional responsibility; (5) failure to meet professional standards including those of demeanor and conduct; and (6) an infraction of the Student Code of Professional and Academic Integrity.

The imposition of probationary status is accompanied by remedial actions and performance requirements specified by the Division Chairperson based on recommendations of the Standards Committee. This action is intended to remedy the academic or professional deficiencies that resulted in the probation. Successful conclusion of the remedial work is considered a pre-requisite to terminate the probationary status.

Probationary status will be assigned automatically if the student’s GPA is less than 3.0. When a student is placed on probation, remediation must be completed by the end of the semester following the semester in which the probation is assigned. Failure to achieve a GPA of 3.0 or to meet any terms of the probationary status by the semester following the probation will result in suspension or dismissal from the program.

Probation status can only be assigned for a maximum of two nonconsecutive semesters throughout the student’s entire matriculation in the program. It is possible for a student to be placed on probation, meet the terms of the probation by the following semester, be placed on probation again during a subsequent semester and meet the terms of probation again by the following semester. However, no further probationary periods will be allowed.

Remedial interventions in a student's curriculum by the Committee are designed to fit particular deficiencies and may, among others, take one or more of these forms: a specific study or reading program, additional practice in a set of clinical skills, assignment to clinical rotations, repetition of all or part of the program. Remedial intervention for failure to achieve a cumulative CPA of 3.0 at the end of the first year will include repeating the first year, provided that the cumulative GPA is 2.75 or higher. Clinical education courses are graded satisfactory or unsatisfactory and do not affect the student’s overall GPA. However, a student who is considered to be deficient in any clinical rotation as determined by the ACCE in consultation with the student’s clinical instructor(s) will be placed on probation. Remediation can include but is not limited to additional time in the same facility or a comparable facility. If the student fails the remediation assignment, either suspension or dismissal will be imposed. Probationary status with the opportunity to repeat will be granted one time only. If a student fails more than one clinical rotation, suspension or dismissal from the program will be imposed.
3.5 Academic Suspension

No credit will be given for a course in which a student receives a D or an F. Should a student receive a D or an F, the penalty of suspension will be granted with the possibility of reinstatement only upon meeting the terms of the suspension.

Suspension for up to one year may be recommended by the Committee on Academic and Professional Standards for any case of (1) a grade of “D”, “F” or “U”; (2) a GPA of 2.5 or less after the first 2 semesters of study; (3) two consecutive semesters of GPA less than 3.0 or a cumulative GPA of less than 2.75; (4) more than one semester of overall GPA less than 3.0; (5) failure of comprehensive written and practical examinations given during the Spring semester of the second year; (6) unsatisfactory evaluations which indicate gaps in knowledge and skills and/or inadequate integration of the content of the curriculum; (7) repeated failure to assume appropriate professional responsibility; (8) repeated failure to meet professional standards including those of demeanor and conduct; (9) excessive unexcused absenteeism (greater than 7 consecutive school days); and (10) repeated or multiple infractions of the Student Code of Professional and Academic Integrity.

Should the Committee on Academic and Professional Standards conclude that temporary, personal problems are the reason for deficiencies and/or violations, the Committee may recommend to the Chairperson of Physical Therapy that the student be suspended from the Division of Physical Therapy for not more than one year. During the period of suspension, the student may not enroll in any physical therapy courses.

The student will be reinstated to the Physical Therapy program contingent upon successful petition demonstrating that the problems which produced the suspension have been resolved and any terms or conditions imposed at the time of the suspension have been met. The student may be required to repeat all or portions of the curriculum following reinstatement.

3.6 Academic Dismissal

The Academic and Professional Standards Committee may recommend to the Dean or the Dean’s designee that a student be dismissed in the following cases: (1) a grade of “D”, “F” or “U”; (2) a GPA of 2.5 or less after the first 2 semesters of study; (3) two consecutive semesters of GPA less than 3.0 or cumulative GPA less than 2.75; (4) more than one semester of GPA less than 3.0 or cumulative GPA less than 2.50 (5) unsatisfactory evaluations that indicate serious gaps in knowledge and skills and/or inadequate integration of the content of the curriculum; (6) repeated failure to assume appropriate professional responsibility; (7) repeated failure to meet professional standards, including those of demeanor and conduct; (8) repeated or multiple infractions of the Student Code of Academic and Professional Integrity; and (9) performance not consistent with good patient care or the public interest.

The Division expects every student to meet the requirements and standards stated in Section 1.1 of this policy. Therefore, even without an unsatisfactory grade, a student who does not meet all requirements and standards may incur a recommendation for dismissal. In order to graduate, a student must achieve a cumulative 3.0 GPA. Suspension or dismissal is probable if the student’s
performance fails to improve in spite of remedial opportunities arranged by course instructors or recommended by the Committee on Academic and Professional Standards.

After academic dismissal, a student may apply for readmission to the Division of Physical Therapy through the standard admissions process.

SECTION 4. Appeal of Academic Penalties
The student may appeal any academic penalty. Due process requirements, appeal procedures and time lines to be followed are specified in general by Board of Governors Policy No. 15 and outlined in the West Virginia Student Catalog (The Mountie). The Dean and/or Vice President of Health Sciences may hear the appeal directly or act upon the recommendation of an appeals committee or hearing officer appointed by the Vice President.

If the student appeals a suspension or dismissal which he or she believes reflects capricious, arbitrary, or prejudiced academic evaluation, the appeal must first be submitted to the Dean. If the matter is not resolved satisfactorily within 15 calendar days of the Dean’s receipt of the appeal, the student must forward a copy of the appeal to the University Committee on Student Rights and Responsibilities.

If the University Committee on Student Rights and Responsibilities grants an appeal hearing, the primary purpose of that hearing is to ascertain whether the penalty under appeal was imposed in a manner consistent with the requirements and standards of the Division of Physical Therapy, the rights and obligations of the student, and the rights and obligations of the faculty. All parties involved shall receive written notice of the hearing. The student may choose to have a member of the faculty or the student body present as an advisor. The individual(s) who imposed the penalty may also be accompanied by advisors from the University. Such advisors may consult with their advisees, but may neither speak on their behalf nor directly participate in the hearing, unless they are given permission to do so by those conducting the hearing. Either party to the appeal may call witnesses. Summary minutes of the appeal and relevant attachments shall be provided to either party upon request. If the Committee on Student Rights and Responsibilities finds the student guilty, the penalty imposed cannot be more severe than the penalty imposed by Dean or Dean’s designee. The decision of the Committee on Student Rights and Responsibilities may be appealed to the President or the President’s designee, whose decision is final.
CHAPTER II

PROFESSIONAL STANDARDS GOVERNING STUDENT CONDUCT OUTSIDE THE PHYSICAL THERAPY PROGRAM

SECTION 1. Student Rights and Responsibilities

By enrolling in the Division of Physical Therapy, a student accepts these professional standards and requirements as a prerequisite for continued enrollment in the physical therapy curriculum and graduation. It is the student's responsibility to know and meet these standards and requirements. Failure to meet these standards and requirements may cause the Division of Physical Therapy to impose on the student the sanctions of expulsion, disciplinary dismissal, disciplinary suspension, disciplinary probation, or lesser sanctions.

Students are expected (1) to abide by federal, state, and local statutes and ordinances, both on and off campus; (2) to refrain from behavior incompatible with the responsibilities of the physical therapy profession; and (3) to follow the specific rules of conduct established in Board of Governors Bulletin No. 31 and outlined in Section 2 below.

In all disciplinary hearings, students are considered innocent until allegations with regard to violations of this policy have been proven by a preponderance of the evidence.

SECTION 2. Standards of Conduct

2.1 Required Conduct

Students are required to comply with: (1) the laws of the United States; (2) the laws of the State of West Virginia; (3) the laws of the state, territory or country in which the student is assigned for clinical education experiences; (4) local municipal and county ordinances; (5) the policies, rules, and regulations of the Board of Governors, West Virginia University, the School of Medicine, and the Division of Physical Therapy; and (6) the lawful direction and orders of the officers, faculty, and staff of the University and the School of Medicine charged with the administration of institutional affairs on campus.

2.2 Prohibited Conduct

Students must not engage in: (1) disorderly conduct; (2) theft or damage of property; (3) disruption; (4) hazing; (5) unlawful discrimination; (6) behavior or conduct that demonstrates a lack of personal qualities consistent with the APTA’s Core Values (Appendix D) for the practice of physical therapy; and (7) behavior or conduct adversely reflecting upon the physical therapy profession, the Division of Physical Therapy, or the School of Medicine.

Students engaging in prohibited conduct are subject to disciplinary action as outlined in the University Student Conduct Code pursuant to the West Virginia Board of Governors Policy No. 31.
Students involved in criminal matters before local, state, or federal courts may be found to be unfit for the physical therapy profession and be expelled or face lesser disciplinary sanctions.

Because of the serious responsibilities of the physical therapy profession and the necessity to maintain public trust in the profession, students face disciplinary action if they are addicted to alcohol or drugs, consume illegal drugs, or possess, distribute or sell drugs illegally.

SECTION 3. Disciplinary Sanctions

Disciplinary action will be commensurate with the severity of the infraction. Sanctions may include, but are not limited to, the following:

3.1 Expulsion\Dismissal

Expulsion means the termination of all student status, including the loss of any right to continue in the physical therapy program or receive instructional credit toward the degree. An expelled student may not be considered for admission to another institution governed by the West Virginia University Board of Governors until one year after the expulsion.

Expulsion may be imposed for any violation of the standards expressed in Chapter II, Section 2 ("Standards of Conduct") above, including, but not limited to, (1) a conviction for felonious conduct; (2) alcohol or drug addiction; consumption of illegal drugs; illegal possession, distribution, or sale of drugs; (3) stealing, forgery, alteration, or falsification of documents or records; (4) misuse of or tampering with data processing and communication equipment; (5) misappropriation of funds; (6) illegal disruptive conduct in the form of disruptive picketing, protesting, or demonstrating; (7) illegal possession or use of firearms or dangerous weapons; (8) infliction or threat of bodily harm directed at any person; (9) theft, unauthorized use, misuse, or destruction of property owned by others; (10) unauthorized use of or tampering with University emergency or safety equipment; (11) false reporting of an emergency; (12) hazing; (13) trespassing by unauthorized entering of or remaining on property controlled by others; (14) unlawful discrimination; (15) any activities posing a serious threat to the safety and health of patients in health care or teaching programs of the University, the School of Medicine, or clinical facilities; and (16) malicious interference with University approved or sponsored research programs.

3.2 Disciplinary Suspension

Disciplinary suspension from all institutional activities for up to one academic year may be imposed for any violations of standards specified in Sections 3.1("Expulsion") above if the circumstances of the infraction warrant the lesser penalty.

Disciplinary suspension is also indicated for (1) misuse of University, School of Medicine, or clinical facility documents, telephones and identification cards; and (2) negligent destruction of University or clinical facility property.
3.3 Disciplinary Probation
Disciplinary probation for up to one academic year may be imposed for any violation of standards specified in Sections 3.1 (“Expulsion”) if the circumstances of the infraction warrant the lesser penalty.

Disciplinary probation may carry with it the loss of privileges, such as the disqualification from scholarships and grants and exclusion from special programs, and may be tied to close supervision for compliance with Division of Physical Therapy standards.

Disciplinary probation may also be imposed for (1) unauthorized consumption or distribution of alcoholic beverages on University controlled property or at University sponsored or supervised events or where prohibited by clinical facilities; and (2) smoking where prohibited by the University or by a clinical facility.

3.4 Lesser Sanctions
Official warning or reprimand may be given for misconduct less severe than those listed in Sections 3.1 (“Expulsion”), 3.2 (“Disciplinary Suspension”), and 3.3 (“Disciplinary Probation”). Such sanctions may include, but are not limited to, restitution of damages, loss of privileges, etc. A repetition of, or any further violation, may result in more severe sanctions.

SECTION 4. Disciplinary Proceedings, Imposition of Sanctions, Appeals

4.1 Charges
Any member of the university community may file charges with the designated University official in the Office of Judicial Programs against any student for misconduct. The Office of Judicial Programs will review the charges to determine if adjudication is necessary or determine what further actions should be taken.

The Office of Judicial Programs upon completion of a preliminary review may: (1) dismiss the charges; (2) take disciplinary action, not to include expulsion or suspension; or (3) make referral to an appropriate member of the University community, review board or committee as outlined in the University Student Conduct Code.

The University Committee on Student Rights and Responsibilities may have original or appellate jurisdiction of cases involving an alleged violation of conduct.

The Division of Physical Therapy Academic and Professional Standards Committee may act as review board to advise the Division Chairperson for the purpose of helping the Chair resolve cases within the Division. If, in the judgment of the Chairperson of the Division of Physical Therapy, the allegations are sufficiently serious, the matter may be directly referred to the Dean of the School of Medicine. The Dean may take action or refer the matter to the Office of Judicial Programs. The student may, at this point, request in writing to the Dean that the case be referred directly to the University
Committee on Student Rights and Responsibilities. In such a case, the first hearing may be conducted by the University Committee on Student Rights and Responsibilities.

4.2 Proceedings for cases involving or impacting on the Division of Physical Therapy or Physical Therapy Profession

All alleged violations of the standards of conduct in Sections 2 and 3 of Chapter II of this policy shall be reported to the Associate Dean for Student and Curricular Affairs.

The Associate Dean for Student and Curricular Affairs shall inform the student in writing of the charges, specifying which standard was allegedly violated and describing in sufficient clarity the actions and circumstances triggering the charges.

The student may avoid a hearing by admitting the violation of the policy provisions as alleged and submitting the case directly to the Division Chairperson.

If the student denies violating the policy as charged, the Associate Dean for Student and Curricular Affairs will submit the case to the Academic and Professional Standards Committee for a hearing. The Office of Judicial Programs will assist the committee in arranging the hearing, being certain that all conditions of the Board of Trustees and West Virginia University for such procedures are met. The Office of Judicial Programs will prepare all papers necessary for the hearing and resultant from the hearing.

The hearing shall be conducted as follows:

(1) The Associate Dean for Student and Curricular Affairs, or that dean's designee, and the accused student shall together appear before the Standards Committee and a representative from the Office of Judicial Programs.

(2) The Associate Dean for Student and Curricular Affairs, or that dean's designee, shall present the charges to the Committee.

(3) The Committee shall review the evidence and take statements from those making the charge, from the accused student, and from any witnesses produced by either side.

(4) Any advisors or legal counsel present may neither directly participate in the proceedings nor speak on behalf of their advisees.

(5) Either party may call witnesses and question any witnesses.

(6) An accurate record of the proceedings shall be kept by the Office of Judicial Programs.
After the hearing, the Standards Committee shall (a) formulate its findings of fact based upon a preponderance of the evidence and adopt them by majority vote; (b) arrive at conclusions based upon a preponderance of the evidence as to whether the student violated the specific provisions of the policy as alleged and adopt them by majority vote; (c) make recommendations for appropriate sanctions, if any; and (d) report in writing the findings of facts, the conclusions, and its recommendation for sanctions to the Division Chairperson.

4.3 Imposition of Disciplinary Sanctions
The disciplinary sanctions described in Section 3 of Chapter II of this policy are imposed by the Division Chairperson for violations of the standards of conduct set forth in Section 2 of Chapter II of this policy.

The Division Chairperson reviews the facts of the case and imposes sanctions if either the accused student admits a breach of the standards of conduct or if the findings of facts and conclusions submitted by the Committee hold that the student breached the standards of conduct. The Division Chairperson shall consider the recommendations of the Committee on Academic and Professional Standards of the Division of Physical Therapy before imposing disciplinary sanctions; however, the Division Chairperson is not bound by the recommendations. The Division Chairperson shall act within ten working days after receipt of the Committee's findings, conclusions, and recommendations.

4.4 Disciplinary Appeals
The student may appeal the decision of the Division of Physical Therapy Chairperson to impose disciplinary expulsion, suspension, probation, or lesser sanctions to the Vice President for Health Sciences, as the President's designee, within thirty (30) days after receipt of written notification of the Dean's final decision to impose the sanction. The primary purpose of this appeal is to ascertain whether the sanctions under appeal were imposed in a manner consistent with the standards and regulations delineated in this policy. An appeal may allege that (1) the Division of Physical Therapy does not have exclusive jurisdiction over the alleged violations; (2) the findings of facts and conclusions were not properly based upon the evidence as a whole; and (3) the sanctions imposed are not appropriate under the circumstances or not within the Chairperson’s discretion.

The Vice President may hear the appeal directly, or act upon the recommendation of an appeals committee or hearing officer appointed by the Vice President.

If the Vice President decides that the behavior or conduct is not within the exclusive jurisdiction of the Division of Physical Therapy, he/she shall refer the matter to the University Committee on Student Rights and Responsibilities for disposition. Otherwise, the decision of the Vice President for Health Sciences, as the President's designee, is final. However, the decision of the Vice President for Health Sciences may be appealed to the Board of Trustees if the student is expelled.
APPENDIX A: STUDENT CODE OF ACADEMIC AND PROFESSIONAL INTEGRITY

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY

The practice of the art and science of physical therapy must be based on reverence for life, compassion and respect for patients, competence, and integrity. Hence the Division of Physical Therapy expects its students to exhibit compassion; to be considerate and respectful towards patients and their families, instructors, staff, and each other; to grow in knowledge and clinical skill; and to act honorably at all times.

This Student Code of Academic and Professional Integrity incorporates the "Policy on Academic and Professional Standards governing the Physical Therapy Program at West Virginia University School of Medicine and governs student behavior in lectures, examinations, laboratories, recitation sessions, clinics, all other academic settings of the School of Medicine and the University, and all other settings which reflect upon the integrity and suitability of the student to practice physical therapy. Successful progression through the curriculum and graduation from a Physical Therapy Program are contingent upon the student's compliance with this code. Evaluation of student performance under this code follows the procedures established in the "Policy on Academic and Professional Standards Governing the Physical Therapy Program at West Virginia University School of Medicine".

Specifically, the Division of Physical Therapy requires students to adhere to these basic rules of academic and professional integrity:

1. I shall dedicate myself to excellence in patient care.

I, therefore, shall be conscientious in carrying out my assigned duties, follow the guidance of my instructors, and accept responsibility for my actions.

2. I shall safeguard each patient's privacy.

I, therefore, shall not make unauthorized disclosures of confidential information about a patient.

3. I shall be considerate and respectful towards patients, their families, instructors, staff, and my fellow students.

I, therefore, shall treat patients with dignity. I shall be courteous and civil in my dealings with others within the School of Medicine and clinical facilities. I shall respect rules of behavior, professional comportment, and appearance set forth by the School of Medicine, the Division of Physical Therapy, and clinical facilities. I shall render evaluations of units, courses, and instructors in an objective and civil manner.

4. I shall act honorably and with integrity in my pursuit of the Physical Therapy degree.

I, therefore, shall be truthful about my actions as a student of physical therapy and accept responsibility for them. I shall reject academic dishonesty and not falsely claim competence or knowledge.
In particular, I pledge to avoid these acts of academic dishonesty:

plagiarism:

Submitting as my own any material taken from others without acknowledgment or permission.

Cheating in connection with examinations, assignments, and clinical duties:

Obtaining unauthorized help from another person during an examination; giving help to another student during an examination; taking an examination in place of another student; using or gaining access to unauthorized material during an examination; obtaining knowledge of the contents of examinations; altering and resubmitting a score or answer sheet in order to effect a change of a grade or evaluation; allowing another student to submit my work for grading or credit; falsifying instruction, clinical, or laboratory results; falsifying clinical work-ups and records.

c.). Forgery, misrepresentation, and fraud:

Furnishing false statements as a witness for any University, School of Medicine, Division of Physical Therapy, or clinical facility disciplinary investigation or appeal; forging or altering educational records or submitting such records to the staff and faculty of the University, School of Medicine, or Division of Physical Therapy for fraudulent purposes; misrepresenting educational achievements or misusing records with intent to defraud; falsifying research results; or misrepresenting authorship on scholarly work or publications.

5. I shall act honorably and with integrity at all times.

I, therefore, shall not engage in behavior or conduct that demonstrates a lack of personal qualities necessary for the practice of physical therapy or that may adversely reflect upon the physical therapy profession, the Division of Physical Therapy, or the WVU School of Medicine.

6. I shall support this code of professional and academic integrity.

I, therefore, shall report to the Chairperson of the Committee on Academic and Professional Standards all violations of this code that I witness. I shall also bring to the Chairperson all serious concerns about the treatment of patients that I cannot resolve with my clinical instructors or Academic Coordinator of Clinical Education (ACCE).
This code applies to students in the Physical Therapy program at the West Virginia University School of Medicine. It was adopted by the Faculty of the Division of Physical Therapy on August 1, 1996; amended September 17, 1998 to require a cumulative GPA of 3.0 for graduate or third year of the MPT program, amended June 28, 2001 to require a GPA of 2.75 per semester for the first 2 years of the program, amended July 2002 to reflect requirements for practical examinations, and amended again in June 2005 to reflect necessary changes for the DPT program. Amended in June 2008 to reflect necessary changes in policies created by the Board of Governors.
I have read the "Student Code of Academic and Professional Integrity" and the "Policy on Academic and Professional Standards Governing the Physical Therapy Program at West Virginia University School of Medicine".

Name (Printed):

Signature:

Date:

RETURN THIS PAGE ONCE SIGNED TO DIVISION OF PHYSICAL THERAPY ADMINISTRATIVE ASSISTANT TO THE CHAIR.
APPENDIX B: PHYSICAL THERAPIST CODE OF ETHICS

Preamble
This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

Principle 1
A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

Principle 2
A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

Principle 3
A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

Principle 4
A physical therapist shall exercise sound professional judgment.

Principle 5
A physical therapist shall achieve and maintain professional competence.

Principle 6
A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

Principle 7
A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

Principle 8
A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

Principle 9
A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.
**Principle 10**
A physical therapist shall endeavor to address the health needs of society.

**Principle 11**
A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

*Adopted by the House of Delegates of the American Physical Therapy Association June 1981, Amended June 1987, Amended June 2000*
APPENDIX C: GUIDE FOR PROFESSIONAL CONDUCT

Purpose
This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to changes as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles
The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

PRINCIPLE 1
A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

1.1 Attitudes of a Physical Therapist
A. A physical therapist shall recognize individual differences and shall respect and be responsive to those differences.

B. A physical therapist shall be guided by concern for the physical, psychological, and socioeconomic welfare of patients/clients.

C. A physical therapist shall not harass, abuse, or discriminate against others.

D. A physical therapist shall be aware of the patient’s health-related needs and act in a manner that facilitates meeting those needs.

PRINCIPLE 2
A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.
2.1 Patient/Physical Therapist Relationship
A. To act in a trustworthy manner the physical therapist shall act in the patient/client’s best interest. Working in the patient/client’s best interest requires knowledge of the patient/client’s needs from the patient/client’s perspective. Patients/clients often come to the physical therapist in a vulnerable state and normally will rely on the physical therapist’s advice, which they perceive to be based on superior knowledge, skill, and experience. The trustworthy physical therapist acts to ameliorate the patient’s/client’s vulnerability, not to exploit it.

B. A physical therapist shall not exploit any aspect of the physical therapist/patient relationship.

C. A physical therapist shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists.

D. The physical therapist shall create an environment that encourages an open dialogue with the patient/client.

E. In the event the physical therapist or patient terminates the physical therapist/patient relationship while the patient continues to need physical therapy services, the physical therapist should take steps to transfer the care of the patient to another provider.

2.2 Truthfulness
A physical therapist shall not make statements that he/she knows or should know are false, deceptive, fraudulent, or unfair. See Section 8.2.D.

2.3 Confidential Information
A. Information relating to the physical therapist/patient relationship is confidential and may not be communicated to a third party not involved in that patient’s care without the prior consent of the patient, subject to applicable law.

B. Information derived from peer review shall be held confidential by the reviewer unless the physical therapist who was reviewed consents to the release of the information.

C. A physical therapist may disclose information to appropriate authorities when it is necessary to protect the welfare of an individual or the community or when required by law. Such disclosure shall be in accordance with applicable law.

2.4 Patient Autonomy and Consent
A. A physical therapist shall not restrict patients’ freedom to select their provider of physical therapy.
B. A physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis.

C. A physical therapist shall collaborate with the patient/client to establish the goals of treatment and the plan of care.

D. A physical therapist shall inform the patient/client of the benefits, costs, and substantial risks (if any) of the recommended intervention and treatment alternatives.

E. A physical therapist shall respect the patient’s/client’s right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

**PRINCIPLE 3**
A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

3.1 Professional Practice
A physical therapist shall provide examination, evaluation, diagnosis, prognosis, and intervention. A physical therapist shall not engage in any unlawful activity that substantially relates to the qualifications, functions, or duties of a physical therapist.

3.2 Just Laws and Regulations
A physical therapist shall advocate the adoption of laws, regulations, and policies by providers, employers, third party payers, legislatures, and regulatory agencies to provide and improve access to necessary health care services for all individuals.

3.3 Unjust Laws and Regulations
A physical therapist shall endeavor to change unjust laws, regulations, and policies that govern the practice of physical therapy. See Section 10.2.

**PRINCIPLE 4**
A physical therapist shall exercise sound professional judgment.

4.1 Professional Responsibility
A. A physical therapist shall make professional judgments that are in the patient/client’s best interests.

B. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments
regarding that care consistent with accepted professional standards. See Section 2.4.

C. A physical therapist shall not provide physical therapy services to a patient/client while his/her ability to do so safely is impaired.

D. A physical therapist shall exercise sound professional judgment based upon his/her knowledge, skill, education, training, and experience.

E. Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. See Section 2.4.

F. If the diagnostic process reveals findings that are outside the scope of the physical therapist’s knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.

G. When the patient has been referred from another practitioner, the physical therapist shall communicate the findings of the examination and evaluation, the diagnosis, the proposed intervention, and re-examination findings (as indicated) to the referring practitioner.

H. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services.

4.2 Direction and Supervision

A. The supervising physical therapist has primary responsibility for the physical therapy care rendered to a patient/client.

B. A physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist.

4.3 Practice Arrangements

A. Participation in a business, partnership, corporation, or other entity does not exempt physical therapists, whether employers, partners, or stockholders, either individually or collectively, from the obligation to promote, maintain and comply with the ethical principles of the Association.

B. A physical therapist shall advise his/her employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. A physical therapist shall seek to eliminate aspects of his/her employment that are in conflict with the ethical principles of the Association.
4.4 Gifts and Other Consideration
A physical therapist shall not accept or offer gifts or other considerations that affect or give an appearance of affecting his/her professional judgment.

**PRINCIPLE 5**
A physical therapist shall achieve and maintain professional competence.

5.1 Scope of Competence
A physical therapist shall practice within the scope of his/her competence and commensurate with his/her level of education, training and experience.

5.2 Self-assessment
A physical therapist shall engage in self-assessment, which is a lifelong professional responsibility for maintaining competence.

5.3 Professional Development
A physical therapist shall participate in educational activities that enhance his/her basic knowledge and skills.

**PRINCIPLE 6**
A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

6.1 Professional Standards
A physical therapist shall know the accepted professional standards when engaging in physical therapy practice, education, and/or research. A physical therapist shall continuously engage in assessment activities to determine compliance with these standards. If a physical therapist is not in compliance with these standards, he/she shall engage in activities designed to reach compliance with the standards. When a physical therapist is in compliance with these standards, he/she shall engage in activities designed to maintain such compliance.

6.2 Practice
A. A physical therapist shall achieve and maintain professional competence. See Section 5.

B. A physical therapist shall demonstrate his/her commitment to quality improvement by engaging in peer and utilization review and other self-assessment activities.
6.3 Professional Education
A. A physical therapist shall support high-quality education in academic and clinical settings.

B. A physical therapist participating in the educational process is responsible to the students, the academic institutions, and the clinical settings for promoting ethical conduct. A physical therapist shall model ethical behavior and provide the student with information about the Code of Ethics, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts. See Section 9.

6.4 Continuing Education
A. A physical therapist providing continuing education must be competent in the content area.

B. When a physical therapist provides continuing education, he/she shall ensure that course content, objectives, faculty credentials, and responsibilities of the instructional staff are accurately stated in the promotional and instructional course materials.

C. A physical therapist shall evaluate the efficacy and effectiveness of information and techniques presented in continuing education programs before integrating them into his or her practice.

6.5 Research
A. A physical therapist shall support research activities that contribute knowledge for improved patient care.

B. A physical therapist shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal. See Section 9.

PRINCIPLE 7
A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

7.1 Business and Employment Practices
A. A physical therapist’s business/employment practices shall be consistent with the ethical principles of the Association.

B. A physical therapist shall never place her/his own financial interest above the welfare of individuals under his/her care.

C. A physical therapist shall recognize that third-party payer contracts may limit, in one form or another, the provision of physical therapy services. Third-party limitations do not absolve the physical therapist from making sound professional
judgments that are in the patient’s best interest. A physical therapist shall avoid underutilization of physical therapy services.

D. When a physical therapist’s judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services.

E. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.

F. A physical therapist shall not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee.

G. A physical therapist shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical therapy services.

H. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services within a business entity may pool fees and monies received. Physical therapists may divide or apportion these fees and monies in accordance with the business agreement.

I. A physical therapist may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association or applicable laws.

7.2 Endorsement of Products or Services
A. A physical therapist shall not exert influence on individuals under his/her care or their families to use products or services based on the direct or indirect financial interest of the physical therapist in such products or services. Realizing that these individuals will normally rely on the physical therapist’s advice, their best interest must always be maintained, as must their right of free choice relating to the use of any product or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in the production, sale, or distribution of products/services, they must act in accordance with law and make full disclosure of their interest whenever individuals under their care use such products/services.

B. A physical therapist may receive remuneration for endorsement or advertisement of products or services to the public, physical therapists, or other health professionals provided he/she discloses any financial interest in the production, sale, or distribution of said products or services.
C. When endorsing or advertising products or services, a physical therapist shall use sound professional judgment and shall not give the appearance of Association endorsement unless the Association has formally endorsed the products or services.

7.3 Disclosure
A physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy.

PRINCIPLE 8
A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

8.1 Accurate and Relevant Information to the Patient
A. A physical therapist shall provide the patient/client information about his/her condition and plan of care. See Section 2.4.

B. Upon the request of the patient, the physical therapist shall provide, or make available, the medical record to the patient or a patient-designated third party.

C. A physical therapist shall inform patients of any known financial limitations that may affect their care.

D. A physical therapist shall inform the patient when, in his/her judgment, the patient will receive negligible benefit from further care. See Section 7.1.C.

8.2 Accurate and Relevant Information to the Public
A. A physical therapist shall inform the public about the societal benefits of the profession and who is qualified to provide physical therapy services.

B. Information given to the public shall emphasize that individual problems cannot be treated without individualized examination and plans/programs of care.

C. A physical therapist may advertise his/her services to the public.

D. A physical therapist shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, deceptive, unfair, or sensational statement or claim.

E. A physical therapist who places a paid advertisement shall identify it as such unless it is apparent from the context that it is a paid advertisement.
PRINCIPLE 9
A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

9.1 Consumer Protection
A. A physical therapist shall provide care that is within the scope of practice as defined by the state practice act.
B. A physical therapist shall not engage in any conduct that is unethical, incompetent, or illegal.
C. A physical therapist shall report any conduct that appears to be unethical, incompetent, or illegal.
D. A physical therapist may not participate in any arrangements in which patients are exploited due to the referring sources’ enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy. See Section 5.

PRINCIPLE 10
A physical therapist shall endeavor to address the health needs of society.

10.1 Pro Bono Service
A physical therapist shall render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist’s practice permits.

10.2 Community Health
A physical therapist shall endeavor to support activities that benefit the health status of the community. See Section 3.

PRINCIPLE 11
A physical therapist shall respect the rights, knowledge, and skills of colleagues and other healthcare professionals.

11.1 Consultation
A physical therapist shall seek consultation whenever the welfare of the patient will be safeguarded or advanced by consulting those who have special skills, knowledge, and experience.
11.2 Patient/Provider Relationships
A physical therapist shall not undermine the relationship(s) between his/her patient and other healthcare professionals.

11.3 Disparagement
Physical therapists shall not disparage colleagues and other health care professionals. See Section 9 and Section 2.4.A.
XIII. Admission Committee Policies

I. **Purpose:** The Division of Physical Therapy Admission Committee is an advisory body comprised of Division faculty members. The committee’s charge is to make recommendations to the chairperson regarding admission procedures and to provide the chairperson with a ranked list of applicants for admission. The chairperson, based on the recommendation of the committee, makes the final decision regarding student admission.

II. **Committee Structure:** A minimum of three (3) individuals holding full, part-time, or adjunct faculty appointments in the Division who participate in classroom teaching. At least one member must be an Academic Coordinator of Clinical Education (ACCE). The committee may also have an ex officio member designated by the Division Chairperson. Committee members are appointed by the Division Chairperson.

III. **Policies and Procedures:**

**A. Timeline:** The following timeline represents the goals of the Admissions Committee. The dates may change without notice depending on application volume and committee workload.

- **October:** Admissions committee begins review of applications as they processed by PTCAS and transmitted to WVU. Applicants who meet the minimum application qualifications will be invited to submit supplemental applications.
- **December 1:** Round 1 PTCAS application deadline
- **Early to Late December:** Admissions committee continues to review applications as they are transmitted to WVU by PTCAS.
- **First week of January:** Admissions committee meets to consider/rank Round 1 applicants. **Please note** that the committee will only review applicants who completed their PTCAS applications on or before December 1 AND who submitted supplemental applications before the committee meeting.
- **Second week of January:** Round 1 applicants notified of application status. Qualified applicants not offered admission in Round 1 may be considered in Round 2. The admissions committee will continue to review applications and invite applicants to submit supplemental application forms for Round 2 consideration.
- **January 14:** Round 2 PTCAS application deadline
- **Third week of February:** Admissions committee meets to consider/rank Round 2 applicants. **Please note** that the committee will only review applicants who completed their PTCAS applications on or before January 14 AND who submitted supplemental applications before the committee meeting.
- **Fourth week of February:** Round 2 applicants notified of their application status.
B. General Information Provided to Applicants

1. **PROGRAM**: The program you are applying for is a three-year, full-time clinical doctorate in Physical Therapy (DPT). **The program begins during the summer 2011 session.** Tentative dates for summer classes are June 6 to July 15. Official dates for summer classes and new student orientation will be announced in January.

2. **CLASS SIZE**: Approximately 40 students will be accepted into the program. A few additional applicants will be placed on alternate status. Persons on the alternate list will be selected to fill any openings that occur between the end of the admissions process and the beginning of New Student Orientation.

3. **DECISION CRITERIA**: Our admissions requirements are outlined on our website under “DPT Admissions.” The committee considers overall GPA, GPA in prerequisite courses, letters of recommendation, GRE scores, and review of application materials to rank applicants.

4. **DEADLINE FOR COMPLETION OF PREREQUISITE WORK**: All prerequisite coursework and undergraduate degree must be completed by the end of the Spring 2011 semester.

5. **TRANSCRIPTS**: There is no need to submit academic transcripts to WVU at this time. If you are accepted to the program, you will be instructed at that time to submit complete transcripts to our admissions office.

6. **TUITION AND FEES**: Tuition rates for the 2010-2011 academic year, including summer sessions, were $10,404 for WV residents and $30,353 for non-residents. Rates for the 2011-2012 academic year have not yet been announced.

   For purposes of financial aid, DPT students are classified as graduate students for the course of the entire program.

C. Directions and Requirements for Completing the Supplemental Application

1. Information provided on the Supplemental Application form must be complete, accurate, and detailed.
2. Please type or print in ink.
3. The Supplemental Application form must be accompanied by a check for $50 made payable to WVU.
4. Forms that have not been signed and dated will be considered incomplete and will be returned to the applicant.
5. Submit Supplemental Application and $50 fee by the deadline indicated in the invitation letter. This deadline is typically 14 calendar days from the date of invitation. **If we do not receive your supplemental application by the deadline listed in the invitation email, we will assume you are no longer interested in being considered for admission.**
COURSEWORK REVIEW PROCEDURES

Prerequisite Courses

Brenda will do first review and flag courses that are equivalent to WVU’s prerequisites. She will print a summary titled “Coursework detail for:____”, write in the calculated prerequisite GPA, and place in the applicant’s folder.

Advanced Placement (AP) Credit: Some applicants take AP courses in high school and receive college credit. In these cases, the credit is noted on the transcript but a letter grade is not awarded. If a student has AP credit for a prerequisite course, we accept the course as being complete. When calculating the prerequisite GPA, however, the AP course is not included in the calculation.

Retaking prerequisite courses: If an applicant earns a D or F in a perquisite, we cannot consider the applicant until the course has been successfully repeated with a grade of C or better. If a student prerequisite course twice (either at the same institution or an equivalent course at a different institution), we count both attempts in the prerequisite GPA calculation.

EXCEPTION for the WVU D-F Repeat Rule: If a student takes a prerequisite course during the first 60 hours of college work and earns a D or F, then retakes the course and earns an A or B, we replace the D or F with the higher grade for purposes of the prerequisite GPA calculation.

Substitutions: A student may request we substitute a higher level course for calculation of the prerequisite GPA. [Example: Student earns a C in CHEM 116 and an A in CHEM 233. The student may request we use the A for calculation of the prerequisite GPA as long as the substitute course is in the same subject and is worth the same number of credit hours.]

Notes on Specific Prerequisite Courses:

- Biology (8 hours): Include courses in Zoology. Some institutions do not offer a two-course, 8-credit sequence of general/introductory Biology. In these cases, we will accept other biology courses if they total 8 credit hours with at least two hours of lab credit.
- Chemistry (8 hours): Must include lab. We will accept CHEM 115/166 or CHEM 117/118. We will not accept CHEM 111/112.
- Physics (8 hours): Must include lab. We do not require calculus-based Physics courses.
- Statistics (3 hours): Stats courses are taught by various departments. Here at WVU, we accept STAT 211 or ECON 225. We will not accept courses where Statistics is a unit of the course as a whole. The course must be devoted entirely to Statistics and should include descriptive and inferential.
- Psychology (6 hours): Student must have General/Introductory Psychology plus an additional Psychology course. Developmental Psychology is preferred but no longer required.
- Anatomy (3 hours): We do not accept courses in Mammalian, Animal, or Comparative Anatomy. Labs are preferred but not required.
• Physiology (3 hours): We do not accept courses in Mammalian, Animal, or Comparative Physiology.
  o Combined A&P courses are accepted. In these cases, the student must take a 2-course sequence totaling 8 credit hours. If the two courses are taught by different departments or at different institutions, the committee must review the course syllabi to insure coverage of content equivalent to WVU’s courses.

**Discretionary Points for Advanced Coursework**

One “checkmark” is awarded for each advanced course taken. These courses are offered as part of the “Health Professions Track” in Exercise Physiology and are more difficult than the coursework in the general ExPhys track. Equivalent courses at other institutions may be counted.

**BIOC 339.** Introduction to Biochemistry. I. 3-5 Hr. PR: General chemistry, organic chemistry. (For medical technology, undergraduate biochemistry majors, and other students.) A general introduction to biochemistry with emphasis on human biochemistry. (Lecture, 4 hr., Laboratory, 1 hr.)

**BIOL 219.** The Living Cell. I. 4 Hr. PR: (CHEM 115 or 117); and BIOL 117. Continuation of BIOL 117. Structure function and diversity of cells with an emphasis on gene expression and cellular phenotype, including cell chemistry, energetics, and regulation of cell activities.


**BIOL 311.** Advanced Cellular/Molecular Biology – Laboratory. I. 1 hr. PR: BIOL 310. Coreq: BIOL 310. Experimental approaches to the study of cellular systems.

**BIOL 410.** Cell and Molecular Biology Methods. II. 3 hrs. PR: BIOL 219. Introduction to the theory, application, ethics, and economics of biotechnologies.

**CHEM 233.** Organic Chemistry. I, II. 3 Hr. PR: CHEM 116 or CHEM 118; and PR or CONC: CHEM 235. Basic principles of organic chemistry. Modern structural concepts, the effect of structure on physical and chemical properties, reactions and their mechanisms and application to syntheses. (3 hr. lec.) (Students may not receive credit for CHEM 233, CHEM 234, and for CHEM 231.)

**CHEM 234.** Organic Chemistry. I, II. 3 Hr. PR: CHEM 233 and CHEM 235 and PR or CONC: CHEM 236. Continuation of CHEM 233. (3 hr. lec.)

**CHEM 235.** Organic Chemistry Laboratory. I, II. 1 Hr. PR or CONC: CHEM 233. Fundamental organic reactions and the preparation of organic compounds. (3 hr. lab.)

**CHEM 236.** Organic Chemistry Laboratory. I, II. 1 Hr. PR: CHEM 233 and CHEM 235 and PR or CONC: CHEM 234. Continuation of CHEM 235. (3 hr. lab.)
**EXPH 460.** Pathophysiology. 3 Hr. PR: EXPH 365 and junior standing. CoReq: PHYS 241. The study of disease etiology and the physiological changes that occur from disease, with special emphasis given to the use of exercise in disease prevention and therapy.

**PSIO 441.** Mechanisms of Body Function. I. 4 Hr. PR: College chemistry, biology, physics, and algebra or graduate status and consent. A systematic examination of the homeostatic functions of the human body with emphasis on the physicochemical mechanisms involved. Pathophysiology and clinical correlations are introduced in relation to normal physiology. (4 hr. lec.)

**Applicant Review Process 2010-2011 Admissions Cycle**

1. **Application received**
   - Ralph uploads weekly electronic mailing to PTAdmit
   - Kristen makes hard file for each applicant
     - Files official GRE score reports in applicant’s hard file folder
     - Files hard file folder in 8701

2. **Staff Review**
   - Brenda checks overall GPA
     - If less than 2.90, Brenda changes PTAdmit status to *GPA Not Qualified*
   - Brenda confirms prerequisites, prGPA, work hours, GRE, and letters
     - Flags prereqs in PTAdmit, prints prerequisite summary sheet with prGPA, and places in student’s file
     - Verifies work hours, GRE report, and letters
     - If items are missing, Brenda changes PTAdmit Status to *Application not complete*
     - If application complete, Brenda changes PT Admit status to *Faculty Review*

3. **Faculty Member Review**
   - Reviews folder using *DPT Admissions Committee Review Worksheet*
   - If student does not meet minimum requirements, faculty member:
     - changes PTAdmit status to *Applicant Not Qualified*
     - Notes reason on back of form
     - Gives file to Kristen to generate letter (See step 4)
   - If student meets minimum requirements, faculty member:
     - changes PTAdmit Status to *Invite for Supplemental*
     - Scores letters of recommendation and discretionary points
     - Gives file to Kristen for data entry

4. **Notifications of folder review actions**
   - For those who were invited to submit supplemental applications
     - Kristen generates Banner data form and forwards to Linda Kent in A&R.
Kristen enters letter and discretionary scores into PTAdmit
Kristen returns file to Brenda (?)

- For those who are not qualified, Kristen notes reason in Merge 1 field in PTAdmit, and generates Applicant Not Qualified letter to applicant.

5. Supplemental application is returned

- Brenda checks box in PTAdmit status
- Faculty ranks applicant

6. Supplemental application is not returned within 2 week deadline

- Brenda changes PTAdmit status to Supplemental not returned

7. Ranking of Applicants

- Ralph generates list of rank-ordered applicants who have returned supplemental applications.
- Committee meets to decide
  - number of seats to offer
  - Cutoff for alternates
- Ralph/Carol changes applicant status in PTAdmit to Accept, Alternate, or Reject
- Kristen generates letters (Accept, Alternate, or Reject) and has them signed
- Kristen mails letters, places copies in student’s file, and sends copies to A&R

August 2010
XIV. Graduate Teaching Assistant

The Division is committed to offering one 3rd year Physical Therapy student a Graduate Teaching Assistant (GTA) position as funding is available.

Responsibilities:

1. Assist faculty with laboratory supervision/teaching in PT 718 Evaluation Procedures
2. Assist faculty with laboratory supervision/teaching in PT 706 Kinesiologic Foundations
3. Assist faculty with research data entry as assigned
4. Assist faculty with clerical duties as assigned
5. Other duties as assigned by Division of Physical Therapy faculty.

Compensation:

1. Graduate Tuition Waiver (Fall and Spring of 3rd year)
2. ~$985.00/month stipend (prevailing WVU GA stipend)
3. Teaching experience

Work Hours:
Shall not exceed 20 hours per week. Hours will be variable based on class schedule and check-off schedules.

Organizational Structure:
The Graduate Teaching Assistant will report directly to the Director of Professional Education (Dr. Davis) and ultimately to the Chair Division of Physical Therapy (Dr. Mandich). Division faculty will also be responsible for supervising and assigning additional work responsibilities.

Basic Criteria for Eligibility:

- >3.65 Physical Therapy School GPA
- NO history of academic or professional behavior concerns.
- Strong academic record for 1st year course work (especially PT 706, PT 718, and PT 716)
- Demonstration of teaching ability and potential by giving a 10-15 minute teaching demonstration to the GA selection
- West Virginia Resident

Graduate Teaching Committee: (Chair: Scott Davis PT, EdD, OCS; Anne Swisher PT, PhD; Corrie Mancinelli PT, PhD; Tracy Rice PT, NCS).

Selection Process: All 2nd year students who meet the basic eligibility criteria listed above are invited to apply for the position in March of each year for the following (3rd Year) Fall and Spring terms.
Scoring Rubric

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Assessment Tool</th>
<th>Scoring Weight</th>
<th>Student Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical Therapy GPA</td>
<td>(x 10)</td>
<td>/40</td>
</tr>
<tr>
<td>3</td>
<td>Total GRE Score</td>
<td>(x .0125)</td>
<td>/10</td>
</tr>
<tr>
<td>4</td>
<td>Teaching Potential Based on Presentation</td>
<td></td>
<td>/30</td>
</tr>
<tr>
<td>5</td>
<td>*Letter of Interest</td>
<td>(Average x 4)</td>
<td>/20</td>
</tr>
</tbody>
</table>

*Acute Care Rotation*

**Letter of Interest**: Applicants write a 1-2 page letter that expresses their interest in the Physical Therapy Graduate Teaching Position. They should include the following:

- Reason for applying
- Describe how the position aligns with their professional goals
- Describe all prior teaching experience (e.g. tutorial, Sunday School)

**Letter of Interest Scoring:**

The letter of interest will be scored by each committee member using the scoring system below. Scoring will be based on the following criteria:

- Level of interest in the position
- Grammar and spelling
- Written communication skills
- Teaching experience
- Alignment with professional goals

5 = Outstanding
4 = Excellent
3 = Very Good
2 = Good
1 = Adequate
XV. Promotion & Tenure Committee

**Purpose:** This committee is charged with evaluating all faculty in the Department of Human Performance annually, as well as making recommendations regarding promotion and tenure.

**Composition:** The committee is composed of 3 representatives from each division (PT, OT, ExPhys) and is chaired by a senior member of the committee. The Division of the Chair rotates bi-annually, with chairs serving a 2-year term. Members are appointed by the Chairs of the Divisions to represent both clinical and traditional tenure track faculty.

**Meetings:** The committee meets annually in the early fall to review policies and get a charge from the Associate Dean. The main work of the committee occurs between the end of the fall semester and the beginning of the spring semester, as the year of review is a calendar year.

**Work:** Each committee member is assigned as primary reviewer for 3-4 faculty members in the Division from which the committee member is housed. In addition, he/she serves as secondary reviewer for 3-4 other faculty within the Division. He/she also serves as tertiary reviewer for 4-5 faculty members from the other Divisions. Primary reviewers are charged to review all documentation related to teaching, scholarship, and service that is submitted by each faculty member annually. This review is summarized in a letter which is discussed by the committee as a whole, and contains ratings of performance in each area. In total, up to 40 hours of work can be expected in folder review, letter writing and full committee meetings.

Specific guidelines regarding faculty expectations are found in formal Promotion and Tenure documents from the School of Medicine [http://www.hsc.wvu.edu/som/administration/pdfs/PromotionTenure2008.pdf](http://www.hsc.wvu.edu/som/administration/pdfs/PromotionTenure2008.pdf) and University as a whole [http://provost.wvu.edu/r/download/28135](http://provost.wvu.edu/r/download/28135)
XVI. Equipment Safety Policy

To ensure that Division equipment is safe for both student education/training and patient care, all electrical equipment is inspected by biomedical personnel (Biomedical Technology, Inc) on a yearly basis.

**Responsible Person:** The Assistant Chairperson of the Division with the assistance of the Program Assistant is responsible for ensuring that equipment safety inspection is performed on a yearly basis.

All faculty and staff are to report any equipment malfunctions to the Assistant Chairperson immediately and take the malfunctioning equipment out of service by clearly labeling the unit “inoperable” and removing it from teaching or patient care areas.

**Timeline:** Annual equipment inspection is to be done in September or October of each year.

**Documentation:** The Division’s Program Assistant is responsible for keeping a record of all equipment inspections.
XVII. Health Insurance Portability and Accountability Act (HIPAA)

Policy

Students, academic, and clinical faculty must comply with provisions of the Health Insurance Portability and Accountability Act. This law protects patients from unauthorized access to and disclosure of protected health information (PHI). In addition, protecting patient confidentiality and promoting patients' choice of providers is consistent with Principles 1, 2, 4, and 5 of the APTA Code of Ethics and with the program's policy on Academic & Professional Standards.

Students may NOT share PHI, in any format, with anyone other than personnel who are involved in the routine care of the patient, without the patient's express written consent.

Procedures

1. HIPAA Training

All students must complete training in HIPAA compliance prior to their first clinical education experience. This training is provided as an online module by the Health Sciences Center office of Risk Management. Objectives of the training are included in Appendix A. The training is scheduled to coincide with content in ethics and documentation covered in PT 711: Professional Roles. Students read a series of online articles and PowerPoint presentations, and then take an online quiz. Students must answer 90% or more the quiz questions correctly in order to pass. If they do not pass on the first attempt, they must review the content and retake the quiz. Once the student completes the training, the Office of Student Services received an electronic verification that is placed in the student's file.

Because compliance with HIPAA rules may vary from facility to facility, clinic sites may require students to complete the facility's own HIPAA training prior to or during a scheduled clinical rotation.

2. Student identification

Upon admission to the DPT program, students are issued a lapel name tag that includes the WVU logo, the student's name, and the title "Physical Therapy Student." This name tag is to be worn at all times during clinical education rotations. Whenever the student is in patient care areas of the WVU Health Sciences Center, WVU Hospitals, Physician Office Center, or WVU Eye Center, the student must also wear the WVU photo I.D. badge. If either ID is lost, the student is responsible for replacement and all associated costs.

Clinic sites outside of WVU may require the student to wear a name badge or photo ID issued by the facility. The student must, however, be identified as a student.

Patients have a right to refuse treatment by a student.

3. Written Assignments and Clinical Education

The ACCE or clinical instructor may give the student written assignments, such as case reports or documentation samples, or may ask the student to make case presentations to colleagues, faculty, or classmates. Such works must adhere to HIPAA rules and other laws/regulations protecting patient confidentiality. Any documentation samples, written materials, or presentations should have patient identifiers removed or redacted before it leaves the clinic site. A listing of data to be removed or redacted is listed in Appendix B.
APPENDIX A

HIPAA Student Training Module Objectives

- Identify the requirements, regulations, and policies for accessing and sharing protected health information as it applies to your job tasks.
- Describe the balance between public responsibility and privacy protection.
- Recognize the penalties for non-compliance in accessing and sharing protected health information.

HIPAA Student Training Module Content Outline

- Background of the HIPAA Law
- Purpose of the Rules
- Applicability
- Key points about the Rule
- Compliance requirements

APPENDIX B

Data to be Removed to "De-identify" Patient Records

- Names
- All elements of address smaller than the state
- All elements of dates related to the patient (e.g. date of birth), except the year
- Phone numbers
- Facsimile (FAX) numbers
- Electronic mail address
- Social security number
- Medical records numbers
- Insurance numbers
- Account numbers
- Certificate or license numbers
- Vehicle identification, registration, or license plate numbers
- Identifiers (serial numbers) of medical devices
- Internet addresses (URLs)
- Internet Protocol (IP) address numbers
- Fingerprints, voice prints, or other biometric data
- Full-face photographs, or similar images that could be used to identify the patient
- Any other unique identifier, code, or characteristic

XVII. Curriculum Committee Policy and Procedures

The Division of Physical Therapy curriculum is overseen by the curriculum committee. The chairperson of the curriculum committee is appointed by the Division Chair. The committee is comprised of 5 faculty members who serve as Chairpersons for the Curriculum Tracks. For the DPT program the curriculum tracks are:

1) Professional Skills  
2) Musculoskeletal  
3) Neuromotor PT  
4) Developmental PT  
5) Professional Roles  
6) Clinical Education (ACCE Serves as track chair)  
7) PT Diagnosis and General Medicine  
8) Evidence-based

At the end of each semester, track chairs meet with faculty who taught courses in that track over the semester. It is preferred that all faculty who teach in the track meet with the track chair at the same time so that all faculty can participate in discussions regarding change. At the track meetings, each faculty member is responsible for providing a course summary, which includes but is not limited to: describing changes from the previous year, results of the change, current/new issues, and plans for addressing issues. Track chairs then report findings at the curriculum committee meetings which occur at the end of every semester. Issues are discussed and solutions for small issues are determined. More complex issues involving full faculty are presented for discussion at the faculty retreat by the curriculum committee chair. Faculty retreats occur in August and mini-retreats occur in January. The curriculum chair logs changes that are to take place in the upcoming year. Changes are discussed following the semester of implementation for evaluation.

Curriculum committee responsibilities:
- Collect, compile, and disseminate (where appropriate) assessment data from FSBPT, students, graduates, employers, and other outcomes data  
- Maintain/organize outcomes data  
- Track discussions

Curriculum chairperson responsibilities:
- Assemble the committee for meetings (2 per year at minimum)  
- Solicits students for regular, ongoing feedback through class curriculum representative  
- Record minutes at the curriculum committee meetings  
- Presents issues at the faculty retreats or faculty meetings as needed  
- Initiates discussion on the program mission/vision at retreat  
- Oversee faculty senate forms and process for course approval, deletions, and changes  
- Other duties assigned by the program chairperson  
- Maintain curriculum enhancement database with objectives with course objectives
XVIII. Student APTA Membership and Conference Attendance

The Division of Physical Therapy requires all students (Class of 2015 and after) to:

A. Be an APTA Student Member for the duration of the program.

B. Attend one (1) professional State conference (e.g. WVPTA). A minimum of 1 day (8 hours) is required. A half day session does not meet the minimum requirement.

C. Attend one (1) professional National conference (e.g. CSM, NEXT, Student Conclave). A minimum of two (2) days is required. The Division of Physical Therapy may help to subsidize a portion of the cost of travel for national conference at the discretion of the Chairperson.

Documentation Procedure: Students are responsible for uploading proof of membership and conference attendance (e.g. membership card, certificate, CUE confirmation document) into the SOLE site in a timely manner following completion of each requirement. Proof of APTA membership will be reviewed October 1 and March 1 of each year. Students who do not meet the membership requirement may not be permitted to register for classes for the next semester. The faculty advisor is responsible for checking membership and conference attendance. Students may not be permitted to graduate if all of the above documents are not completed by May 1 of the third year.