STUDENT HANDBOOK

CLASS OF 2024

DOCTOR OF PHYSICAL THERAPY PROGRAM

COLLEGE OF HEALTH PROFESSIONS

(616) 331-5700
www.gvsu.edu/PT

August 2021

Contents

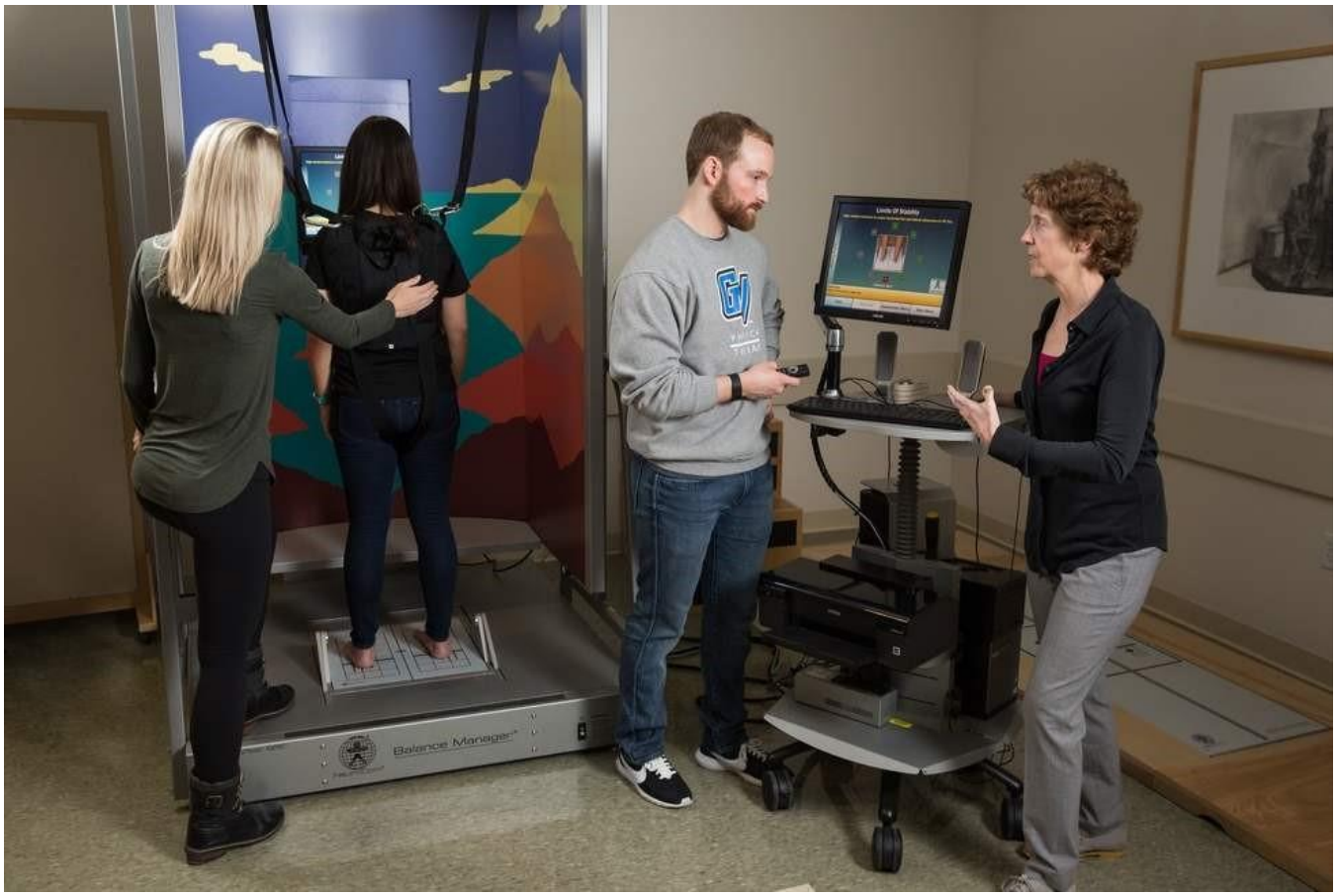
INTRODUCTION

Welcome to a new venture in your life. Our curriculum provides a unique opportunity for you to engage in a most rewarding educational experience – one which combines aspects of a health care profession with the individual personal and intellectual growth associated with graduate study.

Note: This Student Handbook does not supersede the GVSU Undergraduate or Graduate catalogs.

ACCREDITATION

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



PROFESSIONAL AND GRADUATE EDUCATION

The goal of a professional curriculum is to facilitate the passage of students from pre-professional coursework to active participation in a professional group. Being accepted into this program is the first step on this journey. Along with the status and privilege you have accepted, you also will be expected to fulfill the responsibilities of being a professional. As a student, the privileges include membership in the professional organization and the right to work with patient populations in clinical settings (under supervision). Your added responsibilities include demonstration of professional behaviors (see page 18) in all interactions on campus and in the clinic. Additional time commitments in academic work and professional activities are also part of your new responsibilities.

The PT faculty members make a commitment to you to present educational content which will enable you to become a licensed physical therapy professional. We commit ourselves to working with you throughout the curriculum to attain this goal. You will have much to learn and probably will be surprised at the time commitment and flexibility required. Behavioral patterns will be expected of you which are not all attained in the classroom, but which grow from an innate belief that every person is worthy of our respect.

Throughout the program, please keep in mind that requirements and responsibilities will be different than what you have experienced in your pre-professional curriculum. Much emphasis is placed on self-directed learning, which in turn requires assumption or engagement in collaboration, and responsibility for individual choices and actions.

In your interactions with peers, faculty, staff, patients and public audiences, we expect you to demonstrate consistent, professional and courteous behavior. Your involvement in your education from this point forward is most similar to an employment situation. Any problems that occur require immediate and responsible attention by you to ensure a successful and positive journey through the physical therapy program.

ADVICE TO STUDENTS ENTERING A PROFESSION

“When you are a student, be a student. Be as fully a student as you can be. Soak up new information, whether it matches your prior ideas or not. Be open to differences as an expansion of your knowledge, rather than a threat to your beliefs. Learn from teachers, clinicians, books, journals, fellow students, patients, and no less from your own experience. Being an excellent student is different than being an excellent clinician, educator, consultant, or researcher. As a student your excellence is in your dedication and commitment to learning, and your acceptance of what you have not yet learned or cannot yet do. Be mindful of your long-term development as a practitioner and assume that every step of the way is preparation for the next step.”

Burt Giges, MD

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VISION, MISSION, AND VALUE STATEMENTS

American Physical Therapy Association (APTA) Vision Statement

The APTA vision statement for the profession of physical therapy is:

"Transforming society by optimizing movement to improve the human experience."

This vision statement builds upon the foundation of the APTA's Vison 2020 that included: autonomous practice, direct access, Doctor of Physical Therapy [preferred degree], evidence-based practice, practitioner of choice, and professionalism. The new vision reflects the maturation of the profession of physical therapy from an *inward-facing* profession to an *outward-facing* profession that focuses on the impact of physical therapy on individuals, communities, and populations. There are eight guiding principles to achieve the vision, also adopted by the HOD in 2013, and these include:

Identity: The importance of validating the movement system along with other body systems and affirming the physical therapy profession's responsibility to define it, promote it, and evaluate and manage it in patients and clients.

Quality: The commitment of the profession of physical therapy to establish and adopt best practice standards.

Collaboration: Charges the profession to join others in solving the health-related challenges that society faces.

Value: Includes accountability in demonstrating that services are safe, effective, patient-centered, timely, efficient, and equitable.

Innovation: Describes the creativity and proactivity of the profession that will enhance health services delivery and increase the value of physical therapy to society.

Consumer-centricity: Indicates that patient/client/consumer values and goals are central to all efforts of the profession.
Access/Equity: Acknowledges the profession's obligation to recognize and ameliorate health inequities and disparities.

Advocacy: Identifies the profession's role to advocate for patients/clients/consumers as individuals and as a population.

In order to realize this vision, the APTA embarked upon the adoption of the movement system as a professional identity by having a Movement System Summit, and beginning work on a draft movement screening tool, as well as definitions for and discernment of movement system diagnoses.

College of Health Professions

Mission

To prepare exceptional professionals who will impact the health and well-being of the larger community.

Core Values

- Professional and ethical behavior
- Respect and appreciation of differences
- Life-long learning
- Excellence in teaching, scholarship, practice
- Appreciation of personal well-being
- Collegiality and collaboration
- Social responsibility

Vision

To create an environment that is recognized and respected for excellence in teaching, scholarship and service to the community, our professions, and the constituents we serve.
We will be recognized for our collegiality, collaboration, evidence-based practice, and development of life-long learners.

Program of Physical Therapy

Mission

To prepare exceptional physical therapists who will optimize the health, well-being, and movement ability of individuals and society.

Core Values

- Professional and ethical behavior
- Respect and appreciation for diversity in all forms
- Life-long learning
- Excellence in teaching, scholarship, and practice
- Collegiality and collaboration
- Social Responsibility
- Evidence based practice
- Reflective practice
- Advocacy
- Leadership

Vision

The GVSU DPT program will develop autonomous, collaborative and reflective physical therapists who are specialists in assessing, diagnosing, and treating the human movement system via evidence-based practice. Our graduates will be recognized in their communities as the provider of choice to prevent and manage movement-related disorders across the lifespan, thereby optimizing health and function at both the individual and community levels. As life-long learners, they will be professional and community leaders who effect change in their organizations and communities to best meet the healthcare needs of a diverse, multi-cultural society.

INCLUSION AND EQUITY

GVSU defines diversity broadly, including the variety of personal experiences, values, and worldviews that arise from difference of culture or circumstance. Diversity includes, but is not limited to the following categories: race, ethnicity, sexual orientation, gender identity and expression, differently abled, age, class, religion and spirituality, geographic and international. Inclusion requires active engagement with diversity and establishes an environment where individuals feel welcomed, respected, supported, and valued such that they can thrive in authentic ways.

The "Vision Statement for the Physical Therapy Profession" (APTA, 2019), included the following guiding principle to achieve the vision. APTA said, "The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs and values."
Cultural competence, as defined by the CDC and adopted by the APTA (2020), is the "integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes." The DPT faculty and staff acknowledge the non-medical barriers to achieving positive health outcomes related to social determinants of health. Faculty and students will engage with these issues throughout the curriculum to raise awareness of long-standing health disparities and inequities in order to improve healthcare delivery for underserved populations.

The expectation of the faculty is that all students will value individual differences and seek to create an inclusive and equitable learning environment where people are treated with dignity and respect. Immediate feedback is encouraged if a student feels that any aspect of a course, including the instructor's involvement, fails to meet this expectation.

If anyone in the GVSU community feels belittled, disrespected or isolated based on their identity, there is a mechanism to report the incident. If you have observed or personally experienced a campus climate incident, please report it through any of the following ways:

Campus Climate Concerns
Online: https://www.gvsu.edu/ccc/
(If you wish to remain anonymous, please use the online reporting option.)

By Phone or In Person:
Division of Inclusion & Equity
4035 James. H. Zumberge Hall (JHZ)
(616) 331-2242

GENERAL PHILOSOPHY and PRINCIPLES

A primary goal of the Program of Physical Therapy is to prepare graduates to perform all aspects of the role of an entry-level physical therapist.

Physical therapists are healthcare professionals who help individuals maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing well-being, and quality of life. Their services prevent, minimize, or eliminate impairments of body functions and structures, activity limitations, and participation restrictions. Physical therapy is provided for individuals of all ages who have or may develop impairments, activity limitations, and participation restrictions related to (1) conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems or (2) the negative effects attributable to unique personal and environmental factors as they relate to human performance.[1]

[1]Guide to Physical Therapist Practice (2014). Introduction. Retrieved August 5, 2019, from Alexandria, VA: American Physical Therapy Association; 2014. http://guidetoptpractice.apta.org/

Understanding all aspects of human function, including physical, psychological, sociocultural, spiritual and developmental aspects, is important for effective practice of physical therapy. In light of this need, faculty use a holistic perspective which embraces an interdisciplinary approach in education, practice, and research. We strive to develop professionals who can manage patient care and integrate other professionals into a plan of care.

Physical therapy is a dynamic profession in a changing health care environment. Physical therapists must possess fundamental skills of examination and intervention, be well educated health scientists who are able to contribute to the knowledge of the field and be problem solvers who can adjust to modified roles and new situations. We are preparing students for a specific role as physical therapists, but we also equip them for the ever-changing world of health care.

We believe that we can best prepare our students for changing practice and environments by emphasizing the development of essential skills. These skills include: effective communication, problem-solving and critical thinking, ethical decision-making, participation in and application of research, reflective practice, evidence-based practice, self-assessment, self-directed learning, the ability to work within groups, the ability to seek and provide feedback, and teaching skills. With these skills, our graduates will be able to recognize their need for information, seek and access this information through effective utilization of resources, and critically analyze information.

EDUCATIONAL PHILOSOPHY AND METHODS

The GVSU DPT curriculum has been deliberately constructed to create an environment of learning success for students. The faculty considered many educational theories in building a sequential and progressive course of study that emphasizes active learning and reflection. The educational beliefs and theoretical underpinnings of the curriculum are listed below.

A strong and broad foundation of knowledge is required for success.
Evidence-based physical therapy practice is built upon a foundation of basic science: anatomy, physiology, kinesiology, and exercise science. Using Bloom's Taxonomy as a model, attaining this foundational knowledge is essential for developing higher-level understanding (application and synthesis). Traditional medical education used a teacher-centered model where faculty presented a finite body of knowledge and skills. Students would regurgitate these facts and replicate these skills with the reward of a grade. This model of education is based on behaviorist theory (think Skinner and positive/negative reinforcement). Long-term retention is questionable in this model.
Although the faculty recognizes the efficiency of this model, we also acknowledge the limitations: students are passive rather than active learners; and knowledge is neither static nor finite. The faculty has minimized the influence of the behaviorist model, requiring increased student participation in the creation of the knowledge foundation.

Students benefit from the active construction of this knowledge.
Adult learning theory (Knowles) informs the faculty that adult learners benefit from active participation in the construction of knowledge and skill. Adult learners are motivated, self-directed, and experienced. The faculty acknowledges and respects the fact that individuals construct knowledge and develop skills in a variety of manners. Students create their own knowledge; the faculty serves as facilitators to the process.

Students benefit from the collaborative construction of this knowledge.
The faculty believes that student collaboration leads to improved learning outcomes, and in the development of physical therapy practitioners who recognize the benefits of teamwork. Situated Learning Theory (Lave and Wenger) informs this belief, contending that learning involves a community of individuals whose unique experiences, cultures, and knowledge bases provide a rich educational environment. Collaborative learning that occurs in context (think labs, seminar courses, and clinical education) leads to superior educational outcomes.

Students benefit from the application of this knowledge.
John Dewey, a philosopher and educational theorist, posited that learning is best achieved by doing. Genuine experiences, and subsequent reflection, are required for the learner to create an evolving body of knowledge. Adult learners appreciate the relevance and practicality of this approach. Piaget's concept of equilibration (bringing new experiences/knowledge into equilibrium) prompts learners to use previous knowledge and experience in assimilating new experiences. The faculty recognize the value of asking students to apply their learning in new contexts. Through this iterative process, students develop the requisite skill of being able to assimilate new knowledge into existing practice; or, conversely, adapt existing practice to accommodate new knowledge.

Students benefit from collegial faculty/clinician mentorship.
The traditional model of medical education was authoritarian, placing barriers between faculty and students. Bandura's Social Cognitive Theory challenges this paradigm, asserting that collaboration between students and faculty creates a dynamic, reciprocal learning environment. Adult learners value a cognitive mentorship model—rather than discipleship—that allows for social learning. Learning occurs through discourse, observation, active coaching, and reflection. A collegial environment in the

classroom, in labs, and in clinical education allows students to learn from peer mentors with whom they can identify.

Students should be prepared to consistently revise the knowledge base.
Epistemology, the study of knowledge, asks the question, "How do you know what you know?" Although graduate education requires students to acquire a broad and deep knowledge base, it also expects students to question the facts, assumptions and theories comprising this base. It is imperative to recognize that medical breakthroughs are achieved by questioning current "knowledge".

Constructivist theory argues that knowledge is not objective or "set in stone" but is relational and emerging. Therefore, more important than teaching a set of finite and potentially incomplete facts, the faculty strive to develop students who can critically evaluate currently theories or beliefs, construct new ideas based upon their current knowledge, and adapt currently held beliefs to a consistently changing body of research.

Students recognize the learning process is as important as the learning outcome.
Considering the Constructivist theory above, the accumulation of "facts" should not be the goal of the curriculum. Although tests, lab practicals, and clinical education assessments are used as markers to establish student competency, the faculty believes that cultivating life-long learners is a desired outcome. Students should develop individualized learning strategies and processes that will be used long after graduation. Learning *how to learn* is as important as excellent test and practical grades, given that adequate test and practical scores are required for program completion. Although the GVSU DPT program is finite, the faculty strives to create lifelong learners who understand that the process continues long past graduation.

According to Dewey, "education must be conceived as a continuing reconstruction of experience." The faculty has deliberately organized the curriculum in a spiral manner so that students learn to construct intellectual scaffolds. Webster defines a scaffold as a "temporary or moveable platform… on which a person stands while working high above the ground." An intellectual scaffold, therefore, is an adaptable mental platform (thought process) that allows students to view problems from a wide perspective. Students are challenged to acquire, construct, and reflect upon increasingly complex and ambiguous problems to create sound and adaptable thought processes. The use of intellectual scaffolding promotes the development of cognitive processes that assist in retention and transfer of learning.

Teaching Methods

To best prepare our students, a wide variety of teaching/learning activities are used throughout the curriculum to foster cognitive, behavioral and physical skill development. We use a mixture of traditional, problem-based, team-based, case-based, and system-based educational experiences. We strive to involve students actively in the learning process as adult learners. Student input is sought and utilized in teaching/learning activities, students are encouraged to set their own educational goals, and students are held accountable for learning and goal attainment. Group learning activities and inquiry are incorporated throughout the curriculum. Reflective activities are used to facilitate assessment of self, others, and experiences. A collegial approach is emphasized with faculty-student interaction

contributing to mutual development. Through this interaction, faculty model and strive to impart a value system to guide professional development and decision-making.

GVSU Delivery Method Definitions:

- **Traditional (or Face-to-Face)** - The standard in person, on campus course. Typically, an instructor and students come to a regular meeting space a fixed number of times per week. There are exceptions (e.g., independent studies, clinical rotations, Master's theses, etc.), but the expectation is that any content delivery/instruction is done face-to-face with the student, supplemented with technology
- **Hybrid** - A course in which the instructor **deliberately and purposefully** replaces some face-to-face instruction with online instruction. A hybrid course is one that requires purposeful use of online instructional strategies in lieu of coming to class. A course is not considered hybrid to replace absence due to illness, snow days, etc.
- **Online** - A course where the instructor has **replaced all in person, on campus instruction with online teaching and learning.** Students and instructors never come to campus. Online courses can be synchronous (virtually meeting at the same time), asynchronous (students and instructor interact with course material at different times), or a combination of the two.

The following are brief descriptions of the teaching methods employed in the DPT curriculum. Many, if not most, courses employ a variety of methods to achieve learning outcomes. Several of the following teaching methods may be achieved in a hybrid or online delivery method. Instructors will clearly indicate all expectations for courses in their syllabi, regardless of method of delivery.

Traditional Learning

Many courses employ a traditional model of teaching based on behaviorist theory (Watson/Skinner). Faculty provide structured lectures allowing students to build a foundation of knowledge. Knowledge and skills are taught in sequence, from simple to complex. This model is efficient for distributing a finite body of knowledge (e.g., anatomy). However, this "teacher-as-guru" model allows students to be passive learners. Thus, the faculty strives to minimize the traditional learning model in favor of more active models.

Problem Based Learning

Problem-based learning (PBL) is a student-centered pedagogy in which students learn about a subject through the experience of problem solving. Students recall previously gained knowledge, identify gaps in their current knowledge, and construct new knowledge with the assistance of a faculty mentor. Seminar classes primarily utilize problem-based learning. Patient cases are presented on paper, with standardized patients, or in a simulation lab. These experiences, facilitated by a faculty mentor, allow students to build a bridge between the theoretical and the practical.

Team-Based Learning

Team-based learning is a form of collaborative learning that allows students to construct knowledge independently; and then reconstruct that knowledge collaboratively. Students independently complete learning modules and apply the information to cases. Students then meet as part of a team to discuss and refine answers—and thought processes—related to the case. The process involves students as active learners and teachers. The faculty recognizes the benefit of utilizing high-performing, motivated adult learners to assist with the achievement of learning outcomes.

Case-Based learning

Case-based learning allows the faculty to present patient cases to students in order to develop and refine clinical thought processes before the student proceeds to the clinic. The goal of case-based learning is to shift the focus from "knowing" to "applying". Case-based learning can be the main focus of a course (i.e., the Clinical Seminar series), or a tool used in a more traditional course (e.g., Musculoskeletal Examination).

System-Based learning

Physical therapists assist in the management of individuals with functional limitations related to the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems. The curriculum emphasizes the examination, evaluation, and management of each of these systems. System-based courses use a variety of teaching methods to deliver information related to the anatomy, physiology, pathology, and physical therapy management of the different systems.

Simulation

Simulation is used periodically throughout the curriculum with the goal of reproducing situations where learning occurs, in low risk contexts. This is achieved with either actors (simulating the characteristics of patients), or real patients presenting their injuries, disabilities, and functional abilities. This type of learning is believed to allow students to practice clinical skills, decision-making, and interventions in high-fidelity environments.

STUDENT OUTCOME GOALS AND OBJECTIVES

1. **Demonstrate effective communication and interpersonal skills, which are adapted to meet the needs of diverse individuals and groups.**

    a. Demonstrate effective communication skills (receptive, expressive, verbal, non-verbal, written), which are adapted to meet the needs of individuals and various audiences.
    b. Demonstrate effective interpersonal skills which are adapted to meet the needs of individuals and various audiences.

2. **Demonstrate adherence to safe, ethical and legal standards of current practice (as identified by professional organizations, federal and state law, and accrediting bodies).**

    a. Demonstrate adherence to safe practice standards as identified by professional, state and federal bodies.
    b. Demonstrate adherence to ethical and legal standards of current practice as identified by professional, state and federal bodies.

3. **Demonstrate the ability to develop physical therapy diagnoses and an individualized plan of care for the management and prevention of movement dysfunction across the lifespan.**

    a. Demonstrate effective physical therapy screening of the following systems for keep-refer decisions: Musculoskeletal; Neuromuscular; Cardiovascular and Pulmonary; Integumentary.
    b. Demonstrate effective history taking, examination, evaluation and reevaluation that leads to an appropriate physical therapy diagnosis and prognosis for patients with disorders of the following systems: Musculoskeletal; Neuromuscular; Cardiovascular and Pulmonary; Integumentary.
    c. Develop an appropriate plan of care and intervention for patients with disorders of the following systems: Musculoskeletal; Neuromuscular; Cardiovascular and Pulmonary; Integumentary.
    d. Assess and address needs of individuals and communities for health promotion and prevention of movement dysfunction.

4. **Demonstrate effective participation as an intra- and interprofessional team member.**

    a. Demonstrate effective team skills.
    b. Participate effectively as a member of an interprofessional team.

5. **Demonstrate effective clinical practice management for delivery of physical therapy services in diverse settings.**

    a. Identify and be accountable for services that may be directed to the physical therapist assistant.
    b. Evaluate the quality of physical therapy services.
    c. Adhere to professional practice standards for documentation, billing and coding of physical therapy services.

6. **Demonstrate application of teaching and learning principles in educational, practice, and community settings.**

    a. Design and conduct appropriate educational programs for diverse patients, caregivers, community groups, colleagues, students and other health care professionals.

7. **Demonstrate application of principles of critical thinking and clinical reasoning to evidence-based physical therapist practice.**

    a. Present a scholarly project of clinical or applied research.
    b. Defend clinical reasoning with incorporation of current research evidence, clinical experience and patient values in all aspects of physical therapist practice.

8. **Demonstrate responsibility and commitment to the profession and society through life-long learning and involvement in activities beyond job responsibilities.**

    a. Value membership and participation in professional organizations.
    b. Utilize self-assessment to form plans for professional development.
    c. Value and participate in service activities.

ESSENTIAL FUNCTIONS

Successful completion of the Doctor of Physical Therapy degree at Grand Valley State University requires that students demonstrate specific intellectual, technical and behavioral abilities. These specific abilities are called the "essential functions" of the profession, and apply to the professional course of study, clinical experiences students have while in that course of study, and in the actual practice of the profession.

Essential functions in higher education health care programs are constructed in accordance with the legal requirements of the Americans with Disabilities Act (ADA) of 1990. The ADA requirements exist to ensure that academic programs judge individuals on the basis of ability to complete the course of study and practice effectively.

In accordance with the ADA, the Grand Valley State University Program of Physical Therapy has adopted the following essential functions for all PT students.

MOTOR SKILLS: Physical therapy students must demonstrate sufficient motor function to perform physical evaluation of the client, including palpation. Students must also demonstrate the physical ability to perform all parts of the physical treatment of clients. Physical strength and balance are needed to perform transfers from all levels and to assist in the ambulation training of clients with assistive devices. Students also must have the strength and endurance to perform cardiopulmonary resuscitation.

MOBILITY: Physical therapy students must be able to perform duties while standing, lifting, reaching, bending, stretching or assuming any other posture that provides support and assistance, and ensures the

safety of each individual client. Students must be able to move in rapid succession from the floor to upright and, in an emergency situation, must be able to move quickly to again ensure client safety.

COORDINATION: Physical therapy students must have the sensorimotor function, manipulative skills, and eye/hand coordination to permit appropriate grasp and provide assistance with therapeutic activities.

SENSORY: Physical therapy students must have adequate sensory skills. Sensory skills are needed to continually observe the client, take a client's history, detect changes that are occurring in the client, and ensure the client's safety. Students also must be able to quickly and accurately obtain information from written documents, videotaped data, graphic images and equipment. These skills necessitate the functional use of vision, hearing and other sensory modalities. The student must have functional visual acuity, the ability to hear or to lip read and the ability to sense light touch and proprioceptive changes.

COMMUNICATION: Students must be able to communicate in English for both oral and written communication with faculty, other students, and clients. Students must recognize the significance of verbal and non-verbal communication in academic and clinical settings. They must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences. Students also must be able to read and understand English written communication as well as produce communication which is accurate, timely, and complete.

COGNITIVE: Physical therapy students must have the intellectual capacity to measure, calculate, reason, analyze, and synthesize information specific to client care. Cognitive skills in problem-solving, as well as the integration of theory with practice, are critical to the determination of appropriate evaluation and treatment decisions in all areas of practice.

BEHAVIORAL/SOCIAL SKILLS AND PROFESSIONALISM: Physical Therapy students must have the stability of emotional health required to exercise sound judgment, complete their responsibilities, and develop and maintain effective appropriate relationships in the health care setting, *with* clients and members of the health care team. They must possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance. Students must demonstrate graceful tolerance of a wide variety of encounters and environments that may be stressful, boring, emotionally taxing, and subject to rapid and unpredictable alteration, consistent with the uncertainties present in a rapidly changing health care system. Students must possess the ability to reason morally and practice physical therapy in an ethical manner.

The Physical Therapy Faculty will carefully evaluate each student's performance of the skills described in this document. The student with disabilities has the responsibility to request those accommodations that s/he feels are reasonable and are needed to execute the essential functions described.

PROFESSIONAL BEHAVIORS' DEVELOPMENT

Background Information

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

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

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

The resulting document, *Professional Behaviors*, is the culmination of that research project. The definitions of each professional behavior were revised along with the behavioral criteria for each developmental level. The 'developing level' was changed to the 'intermediate level' and the title of the document has been changed from *Generic Abilities* to *Professional Behaviors*. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice. Use of the document in the form presented herein has continued for students who comprise "Generation Z".

Preamble

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

The intent of the *Professional Behaviors* Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. The *Professional Behaviors* Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each *Professional Behavior* is defined and broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the *Professional Behavior* they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice. It is critical that students, academic and clinical faculty utilize the *Professional Behaviors* Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills necessary to be successful as a professional in a greater health care context.

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

Definitions of Behavioral Criteria Levels

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

Intermediate Level:
Behaviors consistent with a learner after the first significant internship

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

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

Professional Behaviors

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

Prioritizes problems

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

PHYSICAL THERAPY PROGRAM PROFESSIONAL CURRICULUM

First Year

Fall – (14 credits)

4	BMS 561 Prosected Regional Anatomy
3	PT 511 Foundations in Physical Therapy Examination
1	PT 512 Evidence Based Practice in Physical Therapy
2	PT 513 Clinical Science I
1	PT 515 Professional Topics I
3	PT 517 Clinical Kinesiology and Biomechanics I

Winter – (16 credits)

4	PT 521 Musculoskeletal Examination
4	PT 522 Musculoskeletal Intervention
3	PT 523 Clinical Science II
2	PT 526 Clinical Seminar I (includes clinical observation)
3	PT 528 Clinical Kinesiology and Biomechanics II

Spring/Summer – (17 credits)

First 5 weeks (4 credits):

4	PT 636 Clinical Education I

Last 9 weeks (13 credits):

3	BMS 538 Advanced Neuroscience
2	PT 510 Lifespan Motor Development
2	PT 631 Cardiopulmonary Physical Therapy I
2	PT 632 Integumentary Practice Management
1	PT 634 Clinical Seminar II
0	PT 636 Clinical Education I (Post-clinical Discussion)
3	STA 610 Applied Statistics for Health Professions

Second Year

Fall – (17 credits)

2	PT 610 Research in Physical Therapy
4	PT 641 Neuromuscular Examination
4	PT 642 Interventions in Neuromuscular Physical Therapy
3	PT 643 Clinical Science III
2	PT 644 Clinical Seminar III
2	PT 647 Cardiopulmonary Physical Therapy II

Winter – (15 credits) First
6 weeks (5 credits):

5 PT 656 Clinical Education II

Last 10 weeks (10 credits):

2 PT 654 Applied Geriatric Practice
1 PT 655 Professional Topics II
0 PT 656 Clinical Education II (Post-clinical Discussion)
2 PT 657 Teaching for Physical Therapists
4 PT 661 Exam and Intervention for Rehabilitation
1 PT 790 Physical Therapy Research I

Spring/Summer – (13 credits)

3 PSY 668 Health Profession Disability Psychology
4 PT 651 Spinal Exam and Intervention
3 PT 662 Pediatric Practice Management
2 PT 665 Professional Topics III
1 PT 790 Physical Therapy Research I

Third Year

Fall – (12 credits)

6 PT 675 Clinical Education III (9 weeks)
6 PT 677 Clinical Education IV (9 weeks)

Winter – (9 credits)

2 PT 681 Advanced Clinical Decision-Making
3 PT 682 Health, Wellness and Special Topics in Physical Therapy
2 PT 685 Professional Topics IV
2 PT 793 Physical Therapy Research II

Additional Elective Courses (offered according to enrollment/demand)*

3 PT 684 Advanced Topics: Sports Physical Therapy
3 PT 686 Advanced Topics: Pediatric Physical Therapy
3 PT 687 Advanced Topics: Spinal Manual Therapy
3 PT 688 Advanced Topics: Neurologic Physical Therapy
3 PT 689 Advanced Topics: Cardiopulmonary Physical Therapy

*Electives are not required for graduation; however, students are encouraged to take at least one. Each elective is graded as credit/no credit, and students may elect to audit elective courses. An audited course requires payment of the same tuition as the credit/no credit course. Electives have limited enrollment. If the course is filled to capacity, you may ask the instructor to place you on his/her waiting list. If under enrolled, courses may be cancelled.

Spring/Summer – (6 credits)

6 PT 698 Clinical Education V (9 weeks)

Summary

119 Required credits

38 Weeks in full-time clinical experiences

Research Continuation Course (1 credit)

1 PT 796 Continuation of Doctoral Project or Dissertation Research registration is required if all above research project credits are completed and the project is not completed.

RESEARCH PROCESS INFORMATION

The research sequence is designed to fully prepare the student to achieve the curricular outcome(s) for research. The following represent the research options open to physical therapy students under the PT 790 and PT 793 course sequence. (Complete details regarding the research process and curriculum are available in the Physical Therapy Research Handbook, found at www.gvsu.edu/pt)

Research Project - Student groups, with faculty mentor guidance, participate in the planning, execution, analysis, and/or reporting of a research project. The aspects of the project a student group is required to complete is at the discretion of the faculty principal investigator. Not all projects will be started de novo and completed by a single student group. Some projects span several years and incorporate several student groups. However, regardless of which aspect of a project in which a student group is involved, each student group will be required to thoroughly review the literature and demonstrate a strong knowledge and understanding of the theoretical and empirical underpinnings of the project.

Case Report - Individual students choosing this option follow the guidelines as described in research handbook and perform and present two case reports (single-patient case report, one preliminary, one final). For the final defense the case report must be written in a journal-specific format, i.e., ready for submission. Students will receive guidance from their faculty (case report) mentor as to the selection of the most appropriate journal format.

Systematic Review - Student groups, with faculty mentor guidance, complete a systematic review of the literature in order to answer a specific research question.

Students move either individually or in groups through the research process depending on their choice for type of project. Timelines may differ with faculty mentorship, option chosen, and population studied. However, **for all three options, students must:**

- Prepare written products appropriate to the chosen option and format determined, both in part (for proposal defense/preliminary presentation) and as a complete final product (for final defense/final presentation)
- Orally defend a research proposal/plan for systematic review, or present a preliminary case report

- Orally defend a research project (outcomes), systematic review (outcomes), or present the final case report
- Submit research project/case report/systematic review abstracts to the PT research committee by early June during the final semester of their third year
- Disseminate research in the form of a professional presentation (platform or poster) at DPT Research Day in July (final semester)

ADVISING

Assignment of Advisor

Each student who is admitted to the physical therapy program will be assigned an advisor from the Physical Therapy faculty. Notification of this is typically distributed at orientation.

Advising Appointments

- Students are required to set up an appointment to see meet with their Faculty Advisor on three separate occasions, in addition to their orientation meeting during the first semester of the program. Following this, students shall meet with their Faculty Advisor a minimum of one time per semester.
- Faculty members will post times for advising/office hours. But, students are responsible to set up specific advising appointments for this purpose.
- Upon request of the Department Chair, students will complete Professional Behaviors Self-Assessments three times during the program. These Self-Assessments will be submitted to and reviewed by the Faculty Advisor. The advisor will provide written and/or oral feedback and invite students in for a follow up appointment to discuss the Assessment form.

Graduate Academic Policies and Regulations

The following text does not supersede the GVSU Undergraduate and Graduate Catalog.

Click on the following link for more information: Graduate Academic Policies and Regulations

PHYSICAL THERAPY ACADEMIC POLICIES AND PROCEDURES

I. Academic Honesty

Details of GVSU policies and rules regarding academic honesty are described in the GVSU Catalog Academic Policies and Regulations and Student Code. Physical Therapy Faculty consider violation of

rules regarding academic honesty to be a serious offense and incidences of suspected academic misconduct will be reported to the Office of Student Conduct and Conflict Resolution for adjudication.

Lecture and lab materials will be posted on Blackboard or distributed in class/lab. These materials are copyright protected and may not be reproduced, distributed (including on any form of social media), publicly displayed, or made into a derivative work without the express written consent of the instructor. Video recordings captured in class or lab are subject to the aforementioned prohibitions. Misuse of the intellectual property of another may subject the user to penalties up to and including dismissal. Click on the following link for more information: GVSU Social Media Guidelines.

II. Professional Behavior

Professional behavior is expected in the classroom and in all program-related activities (such as field trips, clinic visits, and clinical education). This includes but is not limited to the expectation that students will be in class on time, will have turned off all cellular phones, and will demonstrate respect during all interactions with peers and faculty. It is expected that students will be prepared for each class session by reviewing required readings and previous lecture information. Students are expected to participate in class sessions in an appropriate manner, and become an independent, informed consumer of information. Please see the section entitled "Attendance Policy" (Table of contents) regarding absences from class.

The goal of the GVSU Physical Therapy Program is to develop a physical therapist who is competent in the practice of physical therapy practice and who represents the profession in an appropriate and professional manner. If a student fails to uphold these professional criteria, a letter of reprimand may be written and placed in the student's file with notification to the student and their advisor. If a student accumulates three letters of reprimand during their matriculation in the DPT Program, the student will be placed on probation and the Chair of the program will meet with the student. After meeting with the student, the Chair may elect to convene an academic progress committee who will determine an appropriate response and/or sanction. The Chair also may decide to act independently of that committee's recommendation. These decisions may delay a student's progress through the program or result in severance from the program.

III. Criminal Background Check and Drug Testing

At the time of application to Physical Therapy, if a student had a felony record or been arrested for a crime for which criminal charges are pending, and did not so indicate on their application, the student may be dismissed.

With regard to clinical education, the university requires a criminal background check and a drug screen. Clinical education sites may require additional background checks and drug screens. Please refer to "Clinical Education" (Table of Contents) for additional information. A criminal record or positive finding on a drug screen will be discussed with the student in an advising session.

Important to note is that the application for licensure as a physical therapist includes a criminal background check and asks questions about: felony conviction, misdemeanor conviction punishable by

imprisonment for a maximum term of two years, misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations), and treatment for substance abuse in the prior two years. If evidence of any of the before are present, the Michigan Board of Physical Therapy will review the application for licensure and will decide about moral fitness. The Michigan Board of Physical Therapy may refuse to grant a physical therapy license to the applicant. The student who has a concern about licensure may contact the Michigan Board to ask for clarification of the policy.

IV. Textbook Advice

Faculty members recommend that students retain rather than sell their textbooks. The textbooks are a resource for preparation for the National Physical Therapy Examination (NPTE), which is required for licensure as a physical therapist.

V. General Procedures for Appeals and Complaints

An appeal of a graded item or another course-related complaint should be communicated to the instructor of the related course. If the concern is not addressed to the satisfaction of the student, the student should communicate with the Program Chair. If the dissatisfaction continues, subsequent appeals and complaints should be communicated to the Dean of the College of Health Professions, then in writing to the Provost. The Provost's decision cannot be appealed. Click on the following link for more information on the Student Academic Grievance Process. A complaint may be submitted to the Commission on Accreditation in Physical Therapy Education (CAPTE). Procedures for handling complaints about an accredited physical therapy education program can be found by accessing http://www.capteonline.org/Complaints/.

VI. Specific Complaint Procedures

The ability to give and receive feedback is a professional behavior physical therapy students are expected to develop. Physical Therapy faculty members strive to continuously develop in their role as educators. We encourage students to communicate concerns to the appropriate individual(s) in a discrete and constructive manner. If a student has concerns about a fellow student, instructor or class, the student should first communicate directly to the person involved. If the instructor involved is not the primary course instructor, the student also can communicate with the primary instructor. If a student is unable to communicate with the involved person, he or she may communicate with their assigned Physical Therapy advisor or the Class Advisor for their cohort as a resource to discuss the issue. If concerns are not addressed to the satisfaction of the student, the student should communicate with the Program Chair. The Program Chair will follow established procedures. When there are no established procedures, the Program Chair will document and keep on file the documents that describe the complaint, communication about the complaint and actions taken. See above "General Procedures for Appeals and Complaints" for subsequent steps.

VII. Definition of Required Grades and Program Grading Information

Required grades are:

- B- or better for ***all*** required courses (not electives) in the DPT Program.
- University policy mandates that a Graduate Student with a grade below "C" cannot count those classes toward his/her degree.

PROGRAM OF PHYSICAL THERAPY GRADING

*Grading Scale**

A	94-100
A-	90-93.9
B+	88-89.9
B	84-87.9
B-	80-83.9
C+	78-79.9
C	74-77.9
C-	70-73.9
D+	68-69.9
D	60-67.9
Failure < 60	

*Grade Point Calculation**

Grade	Quality Points
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
C-	1.7
D+	1.3
D	1.0
F	0.0

***PLEASE NOTE:**

- Biomedical Sciences, Psychology, and Statistics departments may use a different grading scale.
- Regarding "good standing" and "probation", the Program of Physical Therapy uses the
- letter grade, NOT the numerical score.
- PT 793 is graded with a "pass", "pass with distinction", or "fail". Please see the Research Handbook for more details.
- All Advanced Topics courses are graded pass/fail and may be audited.

VIII. Required Remediation after Completion of a Course, Without Concurrent Probation

In the case that a student passes a course but does not achieve a required score on a specific course requirement, the instructor may require remedial work to achieve the required score. At the instructor and Chair's discretion, the student may be required to enroll in independent study for credit for the

remediation. If the student does not achieve the required score at the conclusion of remediation, the student may be required to enroll in additional independent study for credit, may be placed on probation if faculty so recommend, and may be withheld from subsequent didactic and clinical education courses until the required score is achieved.

IX. Physical Therapy Probation

A. Grounds for Probation

1. A final course grade below a B- in any required course in the DPT Program. The course instructor, or the DPT faculty-at-large, may require the student to repeat the course.
2. A cumulative graduate level GPA less than 3.0 (B) after completion of nine or more hours of graduate level course work (i.e., at the end of semester one).
3. A cumulative GPA below 3.0 for any semester in the DPT Program.
4. A final grade of "no credit" in PT 636, PT 656, PT 675, PT 677, PT 681 or PT 698.
5. Failure to remediate a specific course requirement at the required level that leads to faculty recommendation for probation.
6. Having three faculty letters of reprimand regarding professional conduct on file.
7. Faculty recommendation to withhold the student from clinical education experience due to deficient professional behavior.

A student may appeal probationary status or probationary procedures using the appeal procedures in section V.

B. Probation Procedure for Repeating a Course and Reentering the Program in a New Cohort

1. A course repeat will be required in situations where a student receives a final course grade of D, or below, (or NC) in any required course in the DPT Program.
2. The PT program faculty, with the advice of the course instructor(s), will make the decision about requiring a course repeat when the final course grade is below a B- in one or more required courses in the Program.

A course repeat means that the student's graduation will be delayed by one year. The student will remain on probation until the course has been successfully repeated. In addition to successfully repeating the course, the student is required to demonstrate "continued competency" in specific, clinically-focused courses that were successfully completed in previous semesters, as well as those that were successfully completed during the same semester as the course that is being formally repeated. The student's academic progress committee (see Item D below), in consultation with the instructors from the aforementioned clinically-focused courses, will create a learning contract to guide and monitor the student through the process of returning to the Program. The learning contract will be administered through a contract arrangement with the student. At minimum, the learning contract will require the student to pass cumulative, written exams and practical tests in those courses with scores of 80% or

higher. If the terms of the contract are met, the student will join the next sequential PT cohort and be returned to good academic standing at the beginning of the semester after the unsatisfactory grade is resolved. When the student is required to sit in on certain classes, as part of their learning contract, they will be required to sign up for a 1-credit special topics course for each term they are involved in class participation (except for the term for which they are repeating the course). Students will not be required to register, or be charged, for the classes which they have previously passed at a satisfactory level.

C. Probation Procedure for Remediating Course Requirement or Professional Behavior Performance, While Remaining with Cohort

The requirement to perform remedial work in a course will be decided upon by the instructor of a single PT course and by the PT faculty for all other situations. Remedial work does not change the final grade in the course but does allow the student to continue with the curricular program. The student is granted a temporary exception to the next semester's course prerequisite, "Successful completion of all previously required courses in the DPT curricular sequence." The student will be required to enroll in independent study for the remediation in almost all cases. After the remedial work is completed at the required PT standard, the student will be returned to good academic standing at the beginning of the next semester.

Regarding probation for reasons associated with Professional Behaviors, see Item II under Physical Therapy Academic Policies and Procedures above.

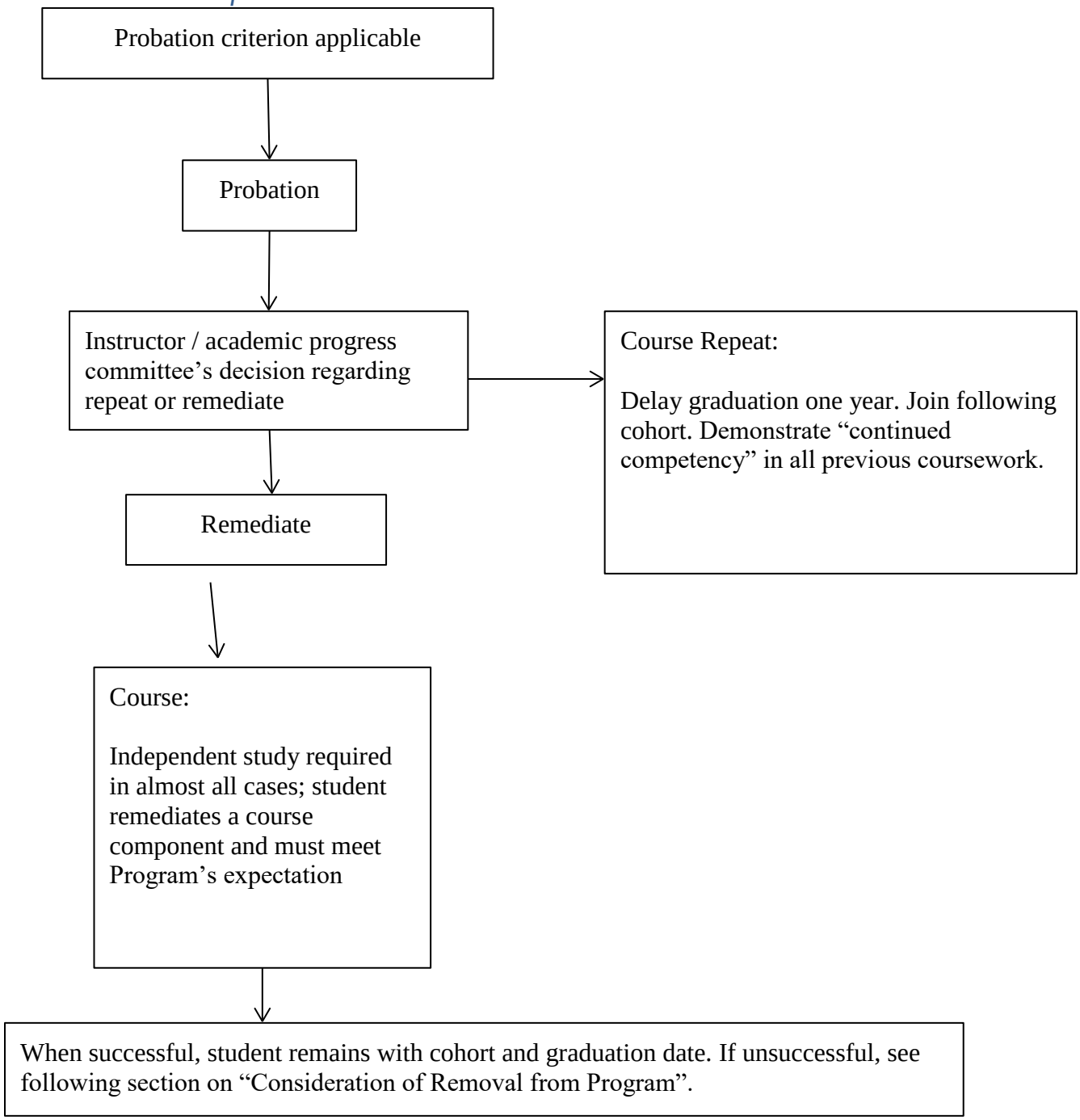
D. Probation Procedure for Monitoring the Performance of a Student on Probation

When a student is placed on probation, an academic progress committee will monitor the student's progress. In consultation with the course instructor or members of the faculty, the academic progress committee may draw up a formal learning contract which outlines steps to be followed, in order to be taken off of probation. This contract is specific to the individual student on probation. The Academic Progress Committee (APC) will consist of:

1. Three DPT program faculty. The senior member assigned as Chair
2. A physical therapist clinician
3. The students' Faculty Advisor will serve as a non-voting student advocate

The learning contract will be signed by the student and the APC Chair. The student may appeal the process to the Program Director. After the student satisfactorily completes procedures outlined in the contract, the student will be returned to good standing at the beginning of the next semester. If a student does not complete the requirements of the contract, the procedures for "Consideration of Removal from Program" will be followed. See below.

E. Flow Chart for Student Probation Situations



X. Physical Therapy – Consideration of Removal from Program

A. Grounds for Removal from Program

1. Failure to complete items required in a remediation contract.
2. Final grades in 2 semesters that result in probation.
3. A semester where the student receives more than one course grade below a B-.
4. A semester where the student receives a single course grade of D or F.
5. The student has less than a 3.0 graduate program grade point average **AND** has accumulated nine or more hours for which a grade less than a **B-** was earned.
6. Failure to demonstrate "continued competency", per IX. B.
7. At the time of application to physical therapy, and throughout matriculation as a PT student, failure to report a felony record or arrest for a crime for which criminal charges are pending.
8. Evidence of unethical, illegal or dishonest behavior, in academic or community life, from the date that GVSU's offer of admission is accepted to the date of graduation.
9. Behavior endangering others' safety or well-being
10. See XI below for automatic removal.

B. Procedure

1. An academic progress committee will be formed and will consist of:

    a. A senior member of the DPT faculty assigned by the Department Chair
    b. Two Physical Therapy Program faculty members
    c. A physical therapist clinician
    d. The students' Faculty Advisor will serve as a non-voting student advocate

2. The academic progress committee will review available information to determine if the student meets a criterion for dismissal. If the student meets a criterion for dismissal, the committee will determine whether the student should be immediately dismissed or offered a special learning contract to remain in the program.

3. If a contract is selected by the academic progress committee, the contract will specify the procedures and activities the student must follow to regain good academic standing. In establishing a student's process for reentry, the academic progress committee will take into consideration the unique circumstances and individual educational background of the person seeking re-admission. A learning contract for re-entry will be established by the Academic Progress Committee, with input from individual members of the faculty, as needed. The Chair of the committee and the student will sign the contract. When the contract's procedures and activities have been satisfactorily completed, the student will be returned to good academic standing at the beginning of the next semester. Failure to satisfactorily perform the procedures or activities in the contract will result in dismissal.

4. Appeal Procedure: Should a student decide to appeal a decision for dismissal (initial appeal), the student must submit a written defense to the PT committee within 14 days of receiving the letter of dismissal. The defense should provide compelling information (established or new) in support of

allowing the student to remain in the program. The defense will be considered by the academic review committee and a decision provided to the student within 10 days of receipt. The student may elect to appeal a dismissal decision (secondary appeal) to the Program Chair who will consider this secondary appeal and render a decision. The secondary appeal decision may be appealed to the Dean of the College of Health Professions (tertiary appeal). Seven work days, after a decision on an appeal is rendered, are allowed for each subsequent appeal beyond that of the original committee decision. A final appeal may be made to the Provost. The decision of the Provost is final. Throughout this process, a student may continue to participate in their classes until the final, unchallenged decision is reached.

XI. Physical Therapy and Graduate School Automatic Removal from Program

The University policy for graduate education may be accessed at
http://catalog.gvsu.edu/content.php?catoid=42&navoid=1639#GradAcadPandR

XII. Leave of Absence

The University policy for graduate education may be accessed at
http://catalog.gvsu.edu/content.php?catoid=42&navoid=1639#GradAcadPandR

With approval of the Dean of Graduate Studies, the Program of Physical Therapy has these additional guidelines:

1. The student will send a written leave of absence request to the Physical Therapy Program Director. The Director may request to meet with the student to discuss reasons for requesting a leave of absence.
2. The Program Director will review the request with DPT faculty and will notify the student of the decision in writing.
3. If the request is granted by the DPT program, the request will then be forwarded to the Dean of Graduate Studies for consideration.
4. To re-enter the program, the student must contact the Physical Therapy Program Director for instructions. Students will be required to demonstrate competence in previously completed coursework prior to reentry into the new part of the curriculum. Failure to demonstrate competency will require the student to retake all, or part of, the classes completed in the curriculum, to the point where the leave of absence was granted.

XIII. Withdrawal Policies

The University policy for graduate education may be accessed at
http://catalog.gvsu.edu/content.php?catoid=42&navoid=1639#GradAcadPandR

With approval of the Dean of Graduate Studies, the DPT Program has these procedures:

Course and Program Withdrawals

These requests are intended for students who are having academic difficulties. Note that course withdrawal requests are tantamount to a program withdrawal request. Students would be required to step down for a minimum of 1 year, due to the lockstep nature of the DPT curriculum.

1. A student needs approval of the Physical Therapy & Athletic Training Department Chair, to receive a course/program withdrawal. The Chair, in consultation with DPT Program faculty, will determine the suitability of the course/program withdrawal. The Chair will determine if a leave of absence is a suitable alternative for the student to consider.
2. The student should send a written withdrawal request to the Chair. The Chair may request to meet with the student to discuss reasons for withdrawing.
    a. If approved, the Chair will send the request to the Dean of Graduate Studies.
    b. A student may appeal the decision to the Office of the Provost.
3. This withdrawal mechanism only may be applied once throughout the entire DPT Program.
4. The DPT Program requires that any student, who is readmitted following an approved withdrawal, will be required to demonstrate competency for all material covered up thorough the point of departure from the Program. Failure to do so will result in dismissal.

CLINICAL EDUCATION

Clinical Education is an important part of any Physical Therapy professional curriculum. This is a brief introduction. The DPT Clinical Education faculty will schedule a meeting with your cohort to provide additional information. At GVSU, the academic and clinical components of the curriculum are intertwined and build toward attainment of professional competence. To this end, clinical experiences are interspersed throughout the professional curriculum and are sequenced. All students must satisfactorily complete Clinical Education I, II, III, IV, and V to complete the program requirements. Clinical education sites are available throughout Michigan and out-of-state. **Students should expect to complete some of their clinical experiences at sites outside of a 50-mile radius from Grand Rapids**.

Students will not be allowed to participate in clinical experiences if there is a reason to believe that they are unprepared for this type of experience. Sufficient reasons include:

1. Questions about the student's ability to safely manage patients.
2. Academic probation gives reason to believe that a student is unprepared to participate in clinical experiences. The clinical faculty assume a specific level of knowledge and ability in a student who is to treat their patients. Academic probation puts the level of understanding and performance of the student into question. A student who is on probation for an isolated course deficiency may be allowed to participate in a clinical experience if the faculty determine that other areas of knowledge are appropriate, and that the deficiency can be remediated and is not critical to the student's performance in that particular clinical experience. Remedial work in the deficient area will be required and must be completed within one semester.

3. Evidence of unethical or illegal behavior.
4. Medical or psychological conditions which could endanger the safety of the student or the patients entrusted to them, or that prevent the student from fully participating in the clinical experience.
5. Problems identified with professional abilities may result in a student being regarded by faculty as unprepared for clinical assignment. With the assistance of faculty, the student must resolve the problem area prior to the clinical assignment.
6. Clinical Education courses are sequenced (I, II, III, IV, V). If a student does not satisfactorily complete one course, he/she may not progress to the next course without completion of remedial work.

Students will receive a list of clinical sites available for each clinical education course about four months before that experience begins. Click on the following link for details of clinical education policies and procedures: Clinical Education. This will also be discussed during Semester 2 of the curriculum.

Health Compliance

University policy, state and federal statutory regulations, and accreditation standards for academic programs and affiliated organizations, require students enrolled in health/health related programs to comply with certain health, safety, and legal requirements. GVSU is contractually required to ensure all students achieve full compliance **prior** to participation in experiential learning (including laboratory experiences, simulation activities, and clinical placements) and until program completion.

Health compliance requirements are to be completed by the program's identified due date. Failure to complete these items on time may impact a student's ability to participate in experiential learning.

GVSU utilizes CastleBranch, a third-party vendor, for monitoring health compliance, as well as completion of background checks and drug screens, when required. Blackboard is used for training modules. The Health Compliance Officer provides students with directions for creating a CastleBranch account and submitting documents, as well as with instructions to access the training modules.

Requirements

Students must comply with all University mandated health compliance procedures for prevention of transmission of illness when entering campus spaces. These procedures may change and it is the responsibility of the student to be prepared.

Students are required to submit documentation of health compliance items prior to the due date communicated by the Health Compliance Officer. A full description of each requirement can be found in the GVSU Health Compliance Policy at https://www.gvsu.edu/healthcompliance/

It is recommended that students begin submitting health compliance documents as soon as possible as some requirements may take several weeks, or months, to complete.

Requirements may include, but are not limited to:

- Physical exam (required for most programs)
- Immunizations and/or titers (bloodwork) to check for immunity
- Tuberculosis screening (annually)
- Influenza vaccine (annually)
- COVID-19 Vaccination as required by University policy
- Cardiopulmonary Resuscitation (CPR)
- Training Modules-completed online annually via Blackboard

Prior to entering the GVSU campus or any experiential learning environment, students must follow any directions related to screening and illness prevention measures, as posted by the University. As part of an experiential learning placement, students must also follow the directions, and adhere to any policies or procedures, posted by the placement site or facility.

Criminal Background Checks, Drug Tests and Fingerprinting:

- Students are notified by the Health Compliance Officer when criminal background checks, drug tests and/or fingerprinting are required.
    - Criminal Background Check and Drug Tests must be completed through CastleBranch.
    - Criminal Background Check includes: Seven Year Residency History, County Criminal Records, Statewide Criminal Records, Nationwide Sex Offender Index, Nationwide Healthcare Fraud and Abuse Scan.
    - Drug tests are 10-panel including: Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolites, Marijuana Metabolites, Methadone, Methaqualone, Opiates, Phencyclidine and Propoxyphene.
    - Some sites require background checks and/or drug tests within a specific timeframe (i.e. 30 days prior to placement date), which may require students to undergo an additional background check and/or drug test.
    - Fingerprinting must be completed through the Grand Rapids Community College (GRCC) Police Program. Students outside of west Michigan may contact the Health Compliance Officer for other approved locations.
- Results of Criminal Background Checks and Fingerprinting are reviewed in accordance with the state regulations on mandatory exclusions. Conviction of a crime on the mandatory exclusion list, or presence of a substance on the drug test, may impact a student's ability to complete experiential learning as required for program progression.

Health Compliance Costs:

Students are responsible for the cost of obtaining/maintaining health compliance. Health care costs vary widely, with estimates ranging from $250 to $550 depending upon the type of services required and location received. Some services may be covered by health insurance. Students with limited, or no insurance coverage, may find the GVSU Family Health Center or local health department cost effective options.

Health Insurance:
While encouraged, GVSU does not require students to have health insurance. Some sites may require proof of insurance as a condition of placement at the site. Lack of insurance coverage could impact a student's ability to participate in experiential learning at sites with this requirement. Students are not covered by a site's worker's compensation coverage during their experiential learning. All health care costs if exposed to a medical condition that requires assessment, monitoring or treatment, or if injured while working with a patient/client, are the student's responsibility. For information about optional health plans students may purchase please use this link
https://www.gvsu.edu/studentinsurance/healthinsurance-2.htm

LABORATORY PROCEDURES AND INSTRUCTIONS

A. Equipment

1. All equipment must be appropriately disinfected after use. Students will be expected to clean & disinfect all equipment and surfaces that they used, at the completion of each lab section, before rotating stations, and before allowing another student or faculty member to use the item(s). EPA approved instructions for cleaning and disinfecting will be provided by the GVSU Simulation Center. You can find information regarding the Infectious Disease Preparedness and Response Plan to Protect against COVID-19 on this page.
2. Equipment is stored in specific storage containers/spaces and should be returned to these areas after use.
3. All equipment controls are to be turned off after use. Line cords should be coiled and stored off the floor. Equipment should be returned to appropriate storage area.
4. All equipment must be left clean at the end of class.
5. Report any equipment problems to the course instructor immediately.
6. Water or other spilled materials should be cleaned immediately.
7. Linens will be stored on shelves in the CHS laboratories. Clean linens should be folded and replaced at the end of the lab session. Dirty linens should be placed in dirty linen hamper.
8. Hazardous and non-hazardous materials, such as ultrasound gel, oils, etc., will be stored in specific cabinets. These should be returned to their original positions after use. Please inform the instructor if you notice stock is getting low.
9. Certain supplies such as walkers, canes, and other devices may be checked out for use outside of your laboratory time. Contact your course instructor for the procedure.
10. Equipment/Laboratories are not to be used for evaluation or treatment of students.
11. Equipment may not be used by students or faculty for personal exercise.

B. Locker usage

Hallway lockers are available for student use at the CHS facility. In addition, CHS 239 includes a locker room for changing clothes in preparation for lab and lockers for storing clothes and books that are not needed during lab. If possible, backpacks should be stored in a locker rather than being brought to lab or lecture rooms.

C. Laboratory Dress/Protective Equipment & Procedures for Addressing Sensitive Regions of the Body

Throughout the DPT Program, students will frequently serve as models for practice and demonstration by members of the course's faculty and for one another. This requires appropriate dress and use of prescribed procedures and personal protective equipment as directed by the GVSU Simulation Center's Policies & Preparedness Plan. Personal protective equipment (PPE) includes but is not limited to exam gloves, face masks, face shields, for labs. Faculty will guide you on the specific details of this for each course, as indicated. Generally, the expectations are that clothing allows easy, unobstructed movement of the body and body parts and modest exposure of the body regions being studied for the purposes of observation, palpation, and/or movement analysis.

Addressing regions of the body that are potentially sensitive to touch, via examination or therapeutic interventions, is integral to instruction and learning in our profession. Faculty and students alike are expected to touch others in a sensitive, professional manner. Serving as a model in many of our courses also requires that one allows others to perform an appropriate and instructive touch on themselves, in order to facilitate the learning experience for their peers. Students may expect that the lead course instructor will establish clear guidelines regarding palpation or other interventions in sensitive regions of the body during the lab and that all faculty providing instruction in the lab will abide by those guidelines.

In this regard, irreproachable professional and ethical conduct is the expectation <u>at all times</u>; this applies to students and members of the faculty alike. Students and faculty will utilize appropriate draping techniques and obtain consent prior to performing the required palpations, assessments, or interventions taught in this course. The latter is an expectation for *all instances* where those are conducted in sensitive regions of the body, including the face/neck, chest, pelvic girdle, or gluteal regions.

Students are also expected to give appropriate and immediate feedback to their peers, or faculty members, regarding the location or pressure, or any other concern, associated with any palpation in the lab. The same applies to experiences related to a therapeutic assessment or intervention, which the student is a part of. Any concerns, with a faculty member or student, that compromise, or fail to meet, the standards set forth in this Handbook should be brought to the attention of a member of the DPT faculty, or the Program Director.

These standards apply to class-related experiences both within, and outside of, scheduled laboratory or class times. For the safety of our students, the DPT faculty *strongly* recommend that students do not engage in practice sessions outside the classroom with less than three persons on-hand. Moreover, for any potential 1:1 experience (faculty: student or student: student), the faculty also suggests and encourages a student to ask for a third party to serve as a chaperone for that experience.

The faculty and staff of the Program Physical Therapy program take any form of sexual harassment or gender-based misconduct very seriously. If you feel threatened or violated in any way, you should report your concern to any member of the DPT faculty. If, for any reason, the latter seems difficult or insufficient for you, the faculty encourages you to consider reporting to, or discussing the incident with, the university's Title IX office at https://www.gvsu.edu/dps/title-ix-and-campus-security-authorityreport-141.htm.

Finally, if a student is experiencing pain or a physical limitation in a particular region of the body, it is their responsibility to inform their lab partner and a course instructor prior to engaging in a lab experience that might adversely influence the student's wellness. When in doubt in this regard, please seek guidance from an instructor in the class.

E. General Rules for the Laboratory

1. CDC procedures for hand washing/hand sanitizing are expected of each participant, at a minimum, upon arrival to lab, and again prior to departure from lab. It is strongly recommended that participants complete hand hygiene after portions of lab that require close contact (less than 6 feet from another person). Hand sanitizer (and sinks with soap in some labs) is present in all laboratories for hand hygiene during laboratories.

2. **No food or drink is allowed at any time.**

3. At the conclusion of each lab session, students are expected to prepare the lab for the next class - see that all tables, linens, chairs, and equipment are sanitized returned to original positions and all trash has been disposed of.

F. Laboratory Access

Student may access the labs for skill practice outside of scheduled class time with instructor permission and a pass card from security. Students will be given instructions for accessing the form to complete for a pass card at orientation.

PT FACULTY MANAGEMENT OF STUDENT HEALTH ISSUES GENERAL POLICY

The DPT Program's regular and adjunct faculties do not have a formal faculty practice in the CHS building and will not provide a physical therapy examination, evaluation, consultation, or treatment on-site (CHS).

Rationale

"Quick" or "informal" PT consultations by a faculty member preclude a complete history, review of systems, and examination which substantially increase the risk that serious, underlying pathology may go undiagnosed and unmanaged. The appropriate response to *any* patient or client who seeks these types of consultations is to recommend that the patient or client be formally evaluated by a health care

provider who is appropriate for the problem for which the patient/client (or student) is seeking consultation.

Options for Students

A student may:

1. **If uninsured**: visit one of the pro bono clinics to consult with a local clinician, through the GVSU Family Health practice. An examination and evaluation can be provided without a prescription. Subsequent treatment recommendations would require a prescription from a physician, dentist or physician's assistant.

2. **If insured**: you may see a physician, dentist, or physician's assistant for a prescription for physical therapy (for insurances that require it), OR utilize the direct access route to consult with a physical therapist.

Exceptions to Policy

1. PT examination, evaluation, and treatment of a student health issue is allowed by law whenever those are conducted in the context of a teaching session. In these situations, it is implied that:

   - ✓ The context of the examination, evaluation and/or treatment would appropriately fit within the course at that particular moment in time.
   - ✓ The students at-large would know the specifics of your situation.
   - ✓ The student should understand that the examination, evaluation or treatment does not replace that of the student's own health provider.

2. Emergency situations: This policy does NOT include emergent situations that may require first responder-type actions on the part of a faculty member.

Emergency Situations:

In the event of emergencies, the university has prepared an excellent and all-inclusive website. We encourage our students to review this carefully and bring your questions forward as they may arise.

http://www.gvsu.edu/emergency/do-you-know-what-to-do-13.htm

EMAIL

Students are expected to check e-mail daily. Changes to a preferred e-mail address via Banner, should be communicated with the CHP office staff in CHS 200 so that the same e-mail can be entered used in the "PT Student Address Book" used for departmental emails.

CONFIDENTIALITY

Confidentiality of Students

The Physical Therapy Program abides by the laws ensuring confidentiality of information regarding students. Accordingly, we cannot provide information from a student's educational record (or personally identifiable information) to family members, friends or other interested parties without the written permission of the student. Should a student want information released or letters written to specific audiences, such as future employers, residency selection committees, and external award or scholarship committees, the student must complete a release of information form. A copy is attached in Appendix B and is accessible at www.gvsu.edu/pt. This completed form is submitted to the faculty member who is to provide a reference, and the faculty member will retain the form in paper or electronic copy. An alternative to the release form is an email request signed by the student that specifies the information to be released and the person to receive the information. Generic requests and release forms (e.g., for all potential employers) will not be accepted.

Confidentiality of Medical Records

Hospitals and Clinical Facilities place great importance in the confidentiality of medical records. Use of medical records for learning experiences or research is permitted, provided that the student, faculty member, or researcher realizes his/her role and responsibility in protecting the confidentiality of personally identifiable information. Misuse of information collected could result in personal liability and the implementation of punitive action. Personally-identifiable information includes, but is not limited to, first name, last name, unique set of initials, signature, address, unique physical characteristics, and other unique identifiers.

Standard Release Form

When a student, faculty member, or researcher obtain images or audio recordings by any electronic or physical means of another individual for educational purposes, the student, faculty member, or researcher must obtain a release form that is signed, dated and witnessed by that individual. See the PT Research Handbook (Table of Contents) for "Standard Release Form".

ATTENDANCE POLICY

In alignment with the program's goal of developing professional behavior, the faculty expects students to approach the curriculum as a professional job. The physical therapy curriculum has been designed to be a full-time activity for students. The courses are demanding, and a great deal of time is spent in the labs. Therefore, punctual and engaged attendance is expected.

There will be times during the program when we will need to combine labs or utilize previously unscheduled time slots. There also may be special seminars and guest lecturers which may be available to the students. These events often occur on short notice. The reasons for these adjustments are many but are generally due to weather cancellations, the need to accommodate adjunct faculty schedules or to

consider other health professions' programs utilizing shared spaces. Students are expected to demonstrate flexibility in adapting their schedules for these occasions.

Students who are absent from class are responsible for any missed work, assignments, or assessments (quizzes, tests, papers, etc.). Faculty members may allow students with documented **excused** absences (see definition below) to make up missed work or assignments when this is feasible. When the nature of the assignments makes this impossible, faculty members may attempt to make reasonable adjustment of the assignment. Faculty may use their discretion regarding making up missed assignments and the ramifications of missing certain class periods (e.g. deducting participation points if applicable). Faculty are under no obligation to allow make up opportunities for unexcused absences.

Planned Absences

Students should avoid planning absences during scheduled class or clinical education time. Providing notice of planned absence **does not** guarantee the absence will be excused. Students should assume that a planned absence is unexcused unless instructed otherwise. (See Clinical Education Policies and Procedures for attendance expectations during clinical experiences.)

To avoid missing scheduled class sessions when scheduling personal activities, students should consult course syllabi for class schedules and the University Calendar for dates of holidays and semester breaks. When planning more than a semester in advance, students should consult the Program Chair who can direct the student to the appropriate instructors for information regarding the anticipated course schedule.

Excused Absences

Students who are unable to attend class or lab must notify the instructor prior to the start of the class except in unusual circumstances. Any planned absences need to be communicated to the instructor well in advance. The absence may still be considered unexcused at the discretion of the instructor. Excused absences include the following:

- Illness or injury preventing the student from attending class.
- Religious observation during a scheduled class session.
- Participation in university activities at the request of university authorities.
- Death or serious injury/illness of a close friend or family member or another significant person.
- Professional Association activities approved by the Program Chair.

Attendance Related to Final Examination Schedule

The DPT program's final exam schedule generally conforms to the schedule dictated by the University. However, there are infrequent circumstances that require an exam or practical exam to be moved to a later date in the final exam week. Past examples include:

- University closure due to weather
- Student unable to complete scheduled exam due to illness
- Scheduling a re-examination for a student who performed below the required course standard

- Moving an exam to avoid a cohort having 3 exams in one day. Although this is done in advance with input from the class, room scheduling can be a challenge.

The DPT faculty appreciates and respects your time outside of class. We understand that students often make travel and/or work plans well in advance of Final Examination Week based on the Final Exam calendar. Please be advised, however, that you should consider the ***entire week*** of final examination week, Monday –Friday, as possible dates for scheduling an exam. Students who schedule travel or work prior to the end of the Final Exam week may be required to change these plans if circumstances mandate an exam to be scheduled later in the week.

An exception to the conformation to the university's exam schedule occurs in your 6th term (S/S of second year). During that term, the DPT curriculum is not lock-step with the university and a special schedule will be arranged by the Program. Please check with the Program Chair if you have any questions about timing of the final exams during that term. The Program's calendar (on the DPT website) will also indicate the general days on which those exams will be scheduled.

EXAM AND TEST POLICIES

Test Policies

Written Tests

The DPT program faculty regards academic integrity as a vital paradigm of this professional program. In an effort to create a setting where integrity in the administration of examinations is optimized, the faculty has established the following policy for these occasions.

1. Students will be required to place backpacks and all study materials in a remote area of the room, as indicated by the faculty member proctoring that session.
2. Students will be asked to place cell phones, tablets, Smart Watches, and laptops away from their seat, as indicated by the faculty member proctoring the exam. Please make sure each of these items is turned off when you enter the room for the examination.
3. Only water bottles that are clear may be taken to your seat.
4. Hats may not be worn during tests. This does not apply to head coverings worn for religious reasons.
5. Talking amongst students is prohibited unless approved by the faculty member proctoring that session and only for specific purposes related to the testing process.
6. Spacing between students will be maximized. Students may expect faculty member proctoring the session to ask students to move whenever spacing can be enhanced. Students should not interpret this as a personal directive designed to single out any one student.
7. Students will focus on their own exam, keep their test immediately in front of them, and avoid spreading any papers over a wide berth.
8. Leaving the room during the examination is disruptive to other students taking the exam. We request that you remain in your seat until you have completed the exam.

Online Tests/Technology Requirements

1. **COMPUTER MINIMUM REQUIREMENTS**

Minimum Hardware Requirements

- PC or Mac with Fast Processor
- Monitor
- Speakers
- Webcam
- Headset and Microphone
- Additional Hardware may be Required (Per Course Syllabi)

Minimum Software Requirements

- Windows 8.1 or Above
- OS 10.14 or Above
- Additional Software may be Required (Per Course Syllabi)

**Please Note: Some software applications such as Respondus LockDown Browser are not supported by Chromebooks.*

Internet Connection Requirements

A High-Speed* Broadband Internet Connection

*You can test your Internet speed using speedtest.net (Please change server to: "Grand Rapids, MI – Merit Networks, Inc" before running the checker.)

Recommended Internet speeds:

Ping response is less than **100ms**
Download speed is at least **10Mbps**
Upload speed is at least **2Mbps**

*Please consider the following while participating in online/hybrid courses or online testing:

- Using a shared Internet connection will impact connectivity, such as additional household members use of streaming TV, gaming, and other Internet usage.
- Wireless connections may be impacted by the distance from the router and interference from microwaves and other electronics. (Wired connections are recommended.)
- Your Internet Service Provider's performance may vary throughout the day based on community usage.

2. Students may be required to use *Respondus LockDown* Browser to ensure academic integrity during online testing situations, whether in computer laboratories on campus or off campus testing via Blackboard Assessments. The most recent release of Chrome or Firefox is recommended for accessing/use of *Respondus LockDown Browser*.

3. Students may be required to use *Respondus Monitor* (which requires a working web camera) to further ensure academic integrity during online testing situations that occur off campus via Blackboard Assessments. Use of this technology requires a private, quiet, secure space for the test to be taken, and you must be ready to show your environment.
4. Instructors reserve the right to review *Respondus Monitor* video recordings in cases when needed to assess test taking behaviors.

Written Test Review Policy

The PT faculty generally offer students a chance to review written examinations given in their class. The format for those reviews may take different forms, especially those conducted in the online environment. However, when a faculty member allows students to review the exams in a group setting, the following rules shall apply. Faculty are not obliged by the Program to offer reviews.

1. Students may not write down any test question during test reviews. Students will receive a blank piece of paper from the faculty member in the room. Students may write down a question number and subsequently seek guidance on that test question from the course instructor at a later time.
2. All papers handed out in a test review session will be examined by the room proctor before the student is allowed to leave the room
3. Students may NOT seek help from a faculty member during the conduct of an exam review session. The faculty member's express purpose during those sessions is to monitor the room.
4. Hats may not be worn during test reviews. This does not apply to head coverings worn for religious reasons.
5. Talking amongst students is prohibited unless approved by the faculty member in the room.
6. Students will be required to place cell phones, tablets, Smart Watches, and laptops away from their seat, at a location TBD by the faculty member proctoring the review session. Please make sure each of these items is turned off when you enter the room for the examination review.
7. If an instructor chooses to place an exam, test, or other course material in CHS 200 for student review, students must restrain the volume of their voices so that staff members are not disturbed. Seating is provided either in the suite or in the near proximity. Tests and test materials may NOT be copied, photographed, or reproduced in any way.

THE ROLE OF THE UNLICENSED PHYSICAL THERAPY STUDENT IN A PHYSICAL THERAPY PRACTICE SETTING

A Position Statement by the Faculty of the Program of Physical Therapy Grand Valley State University

The faculty know that some students, prior to their admittance into a physical therapy program and during their progression through a program, work as physical therapy aides/technicians. In that role, they are trained on-the-job by physical therapists and/or physical therapist assistants to perform tasks, under the direction of a PT or PTA, which are appropriate to their level of skill and understanding, and ethical from a medical-legal perspective. As students' progress through a physical therapy curriculum and

acquire new levels of understanding and skill, understandably, these students believe that they should be able to practice these new skills in a work setting. In fact, it is likely that students may be given more autonomy and responsibility by their supervisors. In situations where institutions have high regard for their student employees (perhaps because of a long-standing relationship that has been mutually beneficial), there is pressure to demonstrate high productivity, and if staff shortages are apparent, there is a temptation to give students more autonomy with regard to direct patient care. Of course, students are eager to "do more than just be a technician or assistant."

The faculty have learned of PT students working in various institutions, who perform patient examination and evaluation **independently**. Michigan law states that only PTs may perform initial evaluations. Physical Therapy students are not licensed physical therapists and should not be practicing as such. Although faculty understands the desire of physical therapy students to expand their responsibilities and the pressures that institutions might feel, we emphatically denounce this practice. Only a licensed PT is allowed to perform initial examinations/evaluations. Cosigning the initial examination/evaluation note of an unlicensed student by a licensed PT does not make this practice legal.

According to the position of the APTA House of Delegates (HOD 06-95-11-06), students, who are enrolled in physical therapist professional education programs and who are employed in a physical therapy clinical setting where such employment is not a part of the formal education curriculum, will be classified as physical therapy aides. Where their employment is part of the formal educational curriculum, this policy will not apply.

Additional information is available at Michigan's Department of Licensing and Regulatory Affairs, at: http://www.michigan.gov/lara/0,4601,7-154-72600---,00.html

PROGRAM POLICY REGARDING PROGRAM SPONSORED LEARNING & ACTIVITIES AND STUDENTS' ACADEMIC STANDING

Students who wish to participate in Program sponsored learning and service activities that occur outside of the university (such as the service learning trips to Guatemala or Bay Cliff Health Camp) must be in good academic standing and have successfully completed all courses in the DPT curriculum (including clinical education courses) leading up to the learning and service activity, and cannot be on probation for academic or professional issues.

PROGRAM POLICY ON EXTERNAL SPEAKERS AND AGENCIES

The Program will allow students to arrange outside speakers/agencies, on their own accord, for: NPTE prep classes, potential employers, and similar purposes, provided the class' leadership: 1) informs the Dept. Chair of that plan and gets approval, and 2) works with the Career Services office to orchestrate the actual event if the meeting involves recruitment. Speakers may offer continuing education segments as a part of these presentations. The Program will have no hand in these events, except to provide approval, or not, and to facilitate acquisition of space.

OUTSIDE ACTIVITIES/WORK SCHEDULES

The DPT faculty realize that expenses for school are high and many students require income from part time employment. We believe that the rigors of the curriculum will demand that you keep these outside hours at a minimum. We encourage you to seek outside sources of support and devote as much time as possible to your physical therapy graduate education. Extra time spent on learning new material will give you great benefits later in your professional practice.

As a student physical therapist with expanding knowledge, you may be contacted by licensed physical therapists, or community members, seeking in-home services for their patients, themselves or family members. These requests run the gamut from helping with household chores to assisting these community members with exercise, transfer, gait activities, etc. Some of these will be paid opportunities while others will be voluntary in nature. If you are interested in any of these opportunities, you are strongly encouraged to do your own due diligence in assessing the safety, as well as the scope of what you might be asked to do. We encourage you to not accept any position wherein you are being asked to do more than a non-licensed person should undertake or certainly any situation which makes you feel uncomfortable from a personal safety standpoint. Since these services are not affiliated with GVSU, the University affords you no personal liability protection.

In view of these requests from the community, you should consider that there is a fine line between serving, in essence, as someone's "exercise partner" versus providing care that might be deemed as services that require the expertise/knowledge of a licensed physical therapist. A student making decisions related to the person's care (e.g., progression of exercises or modifying how a person should be transferred or ambulated) is exposed to an element of risk from a liability standpoint. Therein, the DPT faculty urge you to be very careful regarding positions offered to you. We also invite you to ask a member of the faculty for guidance/insight on offers that you are considering. We remind you that there are a number of organizations in the community that might employ you (and provide liability protection for you), as an alternative to engaging directly with someone from the community.

CHP FACILITIES

1st floor — **Gainey Corporation Balcony**. Computers with web access and free single sided printing are provided.

CHS 200 — College of Health Professions' Dean and support staff are located in CHS 200. Documents intended for faculty mailboxes should be brought to CHS 200 and will be distributed accordingly. This is also Sarah Kozminski's office (Program Coordinator for the DPT Program).

CHS 189/191 — **Computer Classrooms**. These classrooms are quiet study areas. Web access and free printing (1-sided or 2-sided) are provided.

CHS 205 — **Lab Storage**. This storage room houses equipment for the Therapeutics Laboratory.

CHS 207 **Therapeutics Laboratory**. This laboratory simulates a therapy gym. Mat tables and exercise equipment are used by students as they learn exercise interventions and functional training for various diagnoses and stages across the life-span.

CHS 215 **Biomechanics and Motor Performance Laboratory**. This lab houses research instrumentation for human performance and motion analysis.

CHS 239 **Prep Room**. This is a preparatory room for adjacent and nearby laboratories. This area includes access to men's and women's locker rooms for students to change clothing in preparation for labs.

CHS 253 **Assessment Laboratory 1**. This laboratory is used for instruction in musculoskeletal, cardiopulmonary and integumentary examination and intervention. This room also provides access to men's and women's locker rooms.

CHS 255/277 **Assessment Laboratory 2**. This laboratory is used for instruction in musculoskeletal, cardiopulmonary and integumentary examination and intervention. An automated external defibrillator (AED) is located on the south wall next to the entrance of 277.

CHS 257 Lab Storage. This storage room houses equipment for both assessment labs.

CHS 290 **Frey Learning Center**. This Learning Center is for quiet individual study. Reference materials for health sciences, and audiovisual resources are housed in this Center, as well as PT Clinical Education Site Information files. Equipment is available for viewing assigned or elective audiovisual resources. A pay copy machine and free printer is available for student use. Laptop computers may be signed out for use within CHS.

CHS 331 **Model Patient Suite**. This space is utilized for simulated practice with patients. Videotaping capability is available.

CHS 357 **Movement Lab**. This space is utilized for motor development and pediatrics courses.

CHS 490 **Pfieffer Student Study**. This area is intended to provide group and individual study space for students. Group discussion is permitted. A pay copy machine and free printer are available for student use. Bound journal copies and CHP reference materials are available in this area. DVD and VHS equipment are available for viewing assigned or elective audiovisual resources.

Building Hours and Extended Access

The CHS building has variable hours. Click on the following link for the hours posted on the Operations website: Operations under "Buildings/Parking". However, a student may request extended access via a swipe card. The access card is renewable on a semester by semester basis. Visit the PT staff member in

CHS 200 for the form. Before graduation, the card should be returned to the front desk on the CHS ground level. There is a $10 replacement fee if the card is lost.

OTHER CAMPUS RESOURCES

Campus Health Services

This Center, operated by Metro Health, is located just off the Allendale campus at 10383 42nd Ave., Suite A and is open to all students, faculty and staff. The phone is 616-252-6030. Services include general medical care, women's health, complete physicals, immunizations, STD testing and laboratory services. Additional information can be accessed at www.gvsu.edu/campushealth.

Health care services also are available in Grand Rapids at the GVSU Family Health Center located at 72 Sheldon Blvd. SE. The phone is 616-988-8774. The web site is: http://www.gvsu.edu/fhc/

GVSU Counseling Center

The GVSU Counseling Center is available to all students and offers a wide array of services. The center's website is: https://www.gvsu.edu/counsel/. Additional contact information for the center is:

Location: 240 STU on Allendale campus

Phone: (616) 331-3266

Disability Support Resources

Any student who has special needs and/or accommodations must contact Disability Support Resources at 331-2490 to ensure those needs are met. The student also has the responsibility of informing each instructor, in writing, of any special needs and/or necessary accommodations at the beginning of each semester. If a student's need for accommodation changes during the semester, the student must immediately notify the instructor in writing, specifying their needs and any necessary accommodations. A written statement from a physician or other appropriate professional should accompany the student's request for accommodations. Disability Support Resources website is www.gvsu.edu/dsr.

Campus Police

The Grand Valley Police Department, Allendale campus, can be reached at 331-3255. Pew Campus Security (Grand Rapids) can be reached at 331-6677. Additional information can be found at www.gvsu.edu/gvpd. Content includes parking, citations, lost and found, and crime statistics.

Career Center

Information can be found at www.gvsu.edu/careers. Content includes Laker Jobs, job search assistance, simulated interviews, etiquette dinner, workshops and career fair dates. Laker Jobs is a free on-line system that lists physical therapist jobs across the nation.

SCHOLARSHIPS

Scholarships are available which are specifically designed for physical therapy students enrolled in the professional curricula. These scholarships are offered by service organizations, hospitals, private practice groups, health related industries, foundations, and GVSU. Contact the Physical Therapy office staff in CHS 200 to view the information and to have copies of scholarship information made for you. Originals are to be kept in the office.

GVSU/Community Scholarships for PT Students

1. Volkhardt Family Scholarship
    - Deadline for application: May 1 (spring of first year of the program)
    - Amount varies
    - Financial need is considered
    - Renewable 6 semesters
    - You will be informed by email to apply during first year Winter semester

2. Ruth M. Perry Doctor of Physical Therapy Scholarship
    - Deadline for application: May1 (spring of first year of the program)
    - Amount varies
    - Renewable 6 semesters
    - You will be informed by email to apply during first year Winter semester

3. Rev. Darld and Joyce Black Doctor of Physical Therapy Scholarship
    - Deadline for application: May 1 (spring of first year of the program)
    - Amount varies
    - One-time award
    - You will be informed by email to apply during first year - winter semester

4. Wisner Doctor of Physical Therapy Scholarship
    - Deadline for application: May 1 (spring of first year of the program)
    - Amount varies
    - Renewable 6 semesters
    - You will be informed by email to apply during first year Winter semester

5. David Daniels Memorial Scholarship
    - Deadline for application: Announced by faculty each year (spring of second year of the program)
    - Amount varies
    - One-time award
    - You will be informed of when to apply via email

6. Physical Therapy Urban Schools Endowed Scholarship

- Assists students from urban schools

7. Steven and Kathryn ’83 Bandstra Clinical Placement Scholarship
    - Assist students in clinical placement sites outside of urban areas in Western and Northern Michigan

8. Steven and Kathryn ’83 Bandstra Health Sciences
    - Assists students with demonstrated financial need

STUDENT EMERGENCY FUND

The fund is designated to provide students currently enrolled in the professional Doctor of Physical Therapy degree program with financial resources to meet unanticipated emergency needs.

Funds are maintained in a separate account and administered by the DPT Program Director. Applications are available in the DPT Program office and should be submitted directly to the DPT Program Director . A committee appointed by the Program Director will review all applications. All disbursements must be approved by the Physical Therapy faculty. Recipients may meet with financial aid officers if they are interested in having their financial aid repackaged.

Upon faculty approval of a disbursement, the Physical Therapy business administrator will instruct the Financial Aid Office to place the award on their student account. If the student is unable to pick up the check, arrangements can be made for a check to be mailed.

Criteria for Awarding Assistance

1. The maximum amount a student may receive in any one academic year is $100.00, with no student benefiting from this fund for more than three years.
2. Admitted DPT students may apply for financial assistance from the fund at any time during their participation in the DPT program.
3. Academic performance and standing are not criterion and are not considered for awarding assistance; however, if a student is under sanctions determined by the faculty in a professional conduct hearing, the student is not eligible to receive the funding.

GRADUATE DEAN’S CITATIONS FOR ACADEMIC EXCELLENCE

The Graduate School offers Dean’s Citations for graduate students that recognize outstanding academic achievement, awarded at or near the completion of the program. Physical therapy students are eligible to receive the following citations, when nominated by the faculty:

- Excellence in the Major
- Outstanding Final Project

- Outstanding Publication
- Excellence in Community and Professional Service
- Excellence in Leadership and Service to GVSU
- Excellence in Promoting Diversity and Inclusion at GVSU
- Excellence in Sustainability

PT GRADUATE ASSISTANTSHIPS

Half-time graduate assistantships are generally available for semesters 1, 2, 4, 5 and 8. Each position involves 10 hours of work per week. The remuneration is $2000 plus 4.5 credit hours of tuition remission per semester. The Program Director will contact the entire class when applications are due.

FINANCIAL AID

Types of financial aid, eligibility, and application procedures can be found in the Catalog and at www.gvsu.edu/financialaid/. Contact the Financial Aid office if you have questions. PT students can ask for special consideration for additional financial aid when the student can document that their living expenses are higher than typical.

GVSU BUS SYSTEM AND PARKING INFORMATION

The CHS building has no student parking. However, with a GVSU ID, the Grand Rapids bus system (known as "The Rapid") is free throughout the city and out to the Allendale campus. With a student parking permit, students may park on the Allendale campus and at the downtown Seward Parking Ramp at the Pew campus - DeVos Center (Lake Michigan Drive and Seward Avenue).

To get from the Pew campus - DeVos Center to the Allendale campus and vice-versa, take bus #50.

To get from the Pew campus - DeVos Center to the CHS building, there are 2 options:

1) Bus #50 can be accessed 2-3 blocks from the DeVos Seward Parking Ramp. Walk to the Fulton Street underpass under the Rt. 131 bridge. This bus route then goes directly to CHS.

2) The "Hill Dash" (Route 51) picks up from Seward Avenue (north of the Seward Parking Ramp) and drops off at Spectrum Health-Butterworth Hospital, which is a 2-block walk to CHS.

During peak hours of the main academic year, "The Dash"(#51), as well as #50, run every 7-8 minutes. Commuters should allow 45 minutes to make the trip between the CHS building and Allendale.

For specific times and frequencies of the Rapid's routes, we encourage you to check the following websites:

www.gvsu.edu/bus
www.gvsu.edu/bus/bus-routes-and-schedules-52.htm

APPENDIX A | Faculty Biographies

Gordon Alderink, PT, PhD

Dr. Alderink has been at GVSU as physical therapy faculty since 1984. He came to GVSU after having practiced for six years at The University of Michigan Hospitals in Ann Arbor, and St. Joseph's Mercy Hospital (Ypsilanti, MI). He matriculated at Hope College from 1972-76, where he received his BA in Biology. Alderink attended the Mayo School of Health-Related Sciences certificate PT program, completing his PT training in 1978. While practicing in Ann Arbor, Dr. Alderink completed his Master of Science degree in Kinesiology in 1983 from The University of Michigan, with a research focus on muscle physiology and regeneration. In 2003 he completed his Doctor of Philosophy in Engineering Mechanics at Michigan State University. Dr. Alderink is a member of the American and Michigan Physical Therapy Associations, American Society of Biomechanics, American Society of Mechanical Engineers, Gait & Clinical Movement Analysis Society, and American Baseball Coaches Association. He has taught kinesiology, biomechanics, research methods, orthopaedic PT, spinal manual therapy, acute care PT, and advance clinical-decision making. From 2010-2016 Alderink was Resident-in-Faculty in the Frederik Meijer Honors College, where he taught courses in literature and philosophy and medical ethics; he also used that time to study social philosophy, political economy, and ecological justice. Dr. Alderink was instrumental in establishing the Motion Analysis Center at Mary Free Bed Rehabilitation Center in 1994, collaborating on clinical gait analysis and research involving gait pathologies of adults and children. Dr. Alderink is the Co-Director of the Biomechanics and Motor Performance Laboratory and is currently involved in gait, balance, dance, and overhead deep squat research. He listens to Mozart, reads too much (according to his wife), golfs, and bikes. His better half, Sally, recently retired, taught English as a second language for the Coopersville Area Public Schools. Gordy and Sally have two daughters, Jenny (husband Dustin) and Liz (husband Mike), and 4 grandchildren (Emma, Nora, Jack and Leo).

Brianna Chesser, PT, MPT, EdD

Dr. Chesser received her Bachelor of Science in Social Work from Loyola University Chicago in 1998 and her Master of Physical Therapy degree from Northwestern University in 2000. She completed her EdD in Interdisciplinary Leadership from Creighton University in 2021. Bree has been a member of the APTA since 1998 and was credentialed as an APTA clinical instructor in 2001. She has worked as a physical therapist for over 15 years in a variety of settings including hospital-based inpatient and outpatient, NICU, acute rehabilitation, schools, skilled nursing/long-term care, and in the home. In 2009, Bree founded Kid at Heart Therapy, a private practice that provided multidisciplinary home-based pediatric PT, OT, and SLP therapy services. She has also worked as a subject matter expert, reviewing and editing clinical practice guidelines, and was an author and consultant for the development of pediatric content for electronic health records. Starting in 2011, Bree served as an adjunct faculty member at GVSU and joined the faculty full-time in 2016. She and her husband (Michael) have 5 children (Andrew, Chloeisha, Tegan, Ja'Meir, & Trenten), as well as an assortment of pets including, but not limited to one dog, 2 cats, and 2 bearded dragons. She enjoys kayaking, camping, hiking, biking, snowboarding, and supporting her kids in all their various extra-curricular activities.

Meri Goehring, PT, PhD

Board-Certified Geriatric Clinical Specialist, Board-Certified Wound Specialist, Associate Chair

Dr. Goehring was born and raised in Colorado moving to Kansas while in college. She graduated from Wichita State University with a Bachelor of Science in Physical Therapy in 1979. While remaining in clinical practice, she continued her education at Wichita State receiving a Master of Health Science degree in 1990 and her PhD from Nova Southeastern University in Ft. Lauderdale, Florida in 2006. She became certified by the American Board of Physical Therapy Specialists as a Geriatric Clinical Specialist in April of 2000, was re-certified in 2009 and again in 2020 with Emeritus Status. In March 2015 she became Board Certified by the Association for Advancement of Wound Care as a Wound Care Specialist. Meri began teaching physical therapy at Wichita State University in 1997 and then taught at Northern Illinois University in DeKalb, Illinois until 2009. She currently serves on the Membership Committee of American Physical Therapy Association, Michigan. She teaches in the areas of Health and Wellness, Integumentary Practice Management and Geriatric Practice Management. Her research interests are in integument and geriatrics. She volunteers at Spectrum Health in the long-term care setting. She is married to a classically trained chef and wine enthusiast who is retired. She enjoys indoor and outdoor rowing, travel, food and wine. She has two adult sons.

Mary Green, PT, MS, JD

Dr. Green received her BA in Biology in 1984 from LeMoyne College in Syracuse, New York. She spent two years teaching tennis before starting her Physical Therapy education at Arcadia University in Glenside, Pennsylvania where she graduated with a Master of Science degree in Physical Therapy in 1989. She has been employed as an inpatient therapist at Moss Rehabilitation Hospital in Philadelphia and at Mary Free Bed Hospital in Grand Rapids. Mary began teaching in the physical therapy program at GVSU in 1996 and is an active member in the American Physical Therapy Association and the Michigan chapter. She received her Juris Doctorate with a concentration in Health Care Law in 2004 from Michigan State University-Detroit College of Law. Professor Green loves playing tennis, running and spending time with husband Brent, and their four children, Emma, Evan, Ben, and Ellen.

Cathy C. Harro, PT, DPT, MS

Board-Certified Neurologic Clinical Specialist

Dr. Harro has been teaching entry level and advanced courses in the neurological curriculum since 1990. Professor Harro received her B.S. in Physical Therapy from the University of Illinois at Chicago; her advanced Masters of Science from University of North Carolina-Chapel Hill with a graduate study focus on motor control and neuromuscular physical therapy and a supporting minor in Education; and her Transitional Doctorate of Physical Therapy from Arcadia University. Professor Harro is Board certified by ABPTS as a Neurologic Clinical Specialist, initially certified in 1993 and recertified in 2003 and 2013. Professor Harro also serves as the Assistant Director for the Mary Free Bed Hospital and Grand Valley State University Neurologic Residency, an ABPTRFE accredited physical therapy residency program. She has more than 30 years of clinical experience in neurologic physical therapy in a wide range of practice settings and is actively engaged in neurologic practice in outpatient and community wellness settings. Professor Harro is a member of the Education and Neurology Sections of the APTA, the International Parkinson and Movement Disorder Society, and the West Michigan Brain Injury

Association. She has conducted and published clinical research and presented nationally in the areas of balance and gait evaluation and interventions in individuals with Parkinson's disease, stroke, and traumatic brain injury. Her research interest is evidence-based evaluation and interventions for exercise, balance and locomotion in individuals with neurologic conditions. Professor Harro likes to spend her free time road biking, kayaking, and swimming, as well as spending time with her family (husband Dan, and four children, Janell, Kelly, Danielle, and Cailin).

Barbara Hoogenboom, PT, EdD

Associate Department Chair, Board-Certified Sports Clinical Specialist, Athletic Trainer (retired)

Dr. Hoogenboom received her Bachelor of Science degree in Biology from Calvin College in 1983. She went on to earn Certification in Physical Therapy from Cleveland State University and a Master of Health Science from Grand Valley State University. Dr. Hoogenboom was recognized in 1993 by the ABPTS as a Board Certified Sports Clinical specialist, and was recertified in 2003 and 2013. She received a doctorate in Educational Leadership from Eastern Michigan University in 2006. She also is a retired Athletic Trainer. She continues clinical practice consulting with athletes, and by volunteering in the pro-bono community outreach clinic. Dr. Hoogenboom has been active in the APTA since 1985 and has held multiple leadership positions within the American Academy of Sports Physical Therapy (formerly the Sports Physical Therapy Section). She currently serves as the Editor in Chief of *The International Journal of Sports Physical Therapy*. She teaches the Introduction to Evidence Based Practice course, in various musculoskeletal courses within the PT curriculum (including the Advanced Topics in Sports Physical Therapy), and participates in the Teaching for Physical Therapists course. Her research interests include topics related to the Female Athlete, functional movement, electromyography, and 3-D motion analysis. Her avocations include fitness activities (especially in mountains!), gardening, reading, and writing/editing. Barb and her husband Dave have two adult children Lindsay (married to Dustin, who together have our first grandchild, Josephine) and Matthew, who all live out of state, in Wisconsin and Colorado, much to their mother/grandmother's dismay!

Lisa Kenyon, PT, DPT, PhD, PCS

Board-Certified Pediatric Clinical Specialist

Dr. Kenyon graduated from the University of Vermont with a BS in Physical Therapy in 1987. In 1998, she completed a Master's in Health Science with a concentration in Pediatric Neurologic Physical Therapy from the University of Indianapolis and earned her PhD in physical therapy at Nova Southeastern University in 2010. In 2014, she completed her Transitional Doctor of Physical Therapy degree. She has 33+ years of clinical experience in pediatric physical therapy and has worked in a wide variety of pediatric practice settings. She is Board certified by the ABPTS as a Pediatric Specialist, past Chair and current member of the Pediatric Specialty Council. She recently led the practice analysis to update the Description of Specialty Practice in Pediatrics. Dr. Kenyon heads the Grand Valley Power Mobility Project, a research and service project focused on power mobility training and use for children who have multiple, severe disabilities. She is a member of the American Physical Therapy Association (APTA) as well as the Academy of Pediatric Physical Therapy and the Academy of Physical Therapy Education. She is married to Tom and they have two adult daughters (Shanna and Alena), a grandson who will celebrate his first birthday this fall, a red labradoodle named Maska, and a grand dog named Kyo.

Bonni Kinne, PT, MSPT, DHSc

Director of Clinical Education

Dr. Kinne received a bachelor's degree in biomedical sciences from Western Michigan University in 1984, a master's degree in exercise science from Western Michigan University in 1985, a master's degree in physical therapy from Grand Valley State University in 1994, and a doctoral degree in health sciences from A.T. Still University in 2015. She was employed as an instructor/coach at the University of Wisconsin – Eau Claire from 1985 to 1988. She began her physical therapy career in the Lansing area in 1994 and has worked at Sparrow Hospital and at C. Weaver Physical Therapy. She is an APTA Credentialed Clinical Instructor and has extensive experience as a Clinical Instructor and as a Center Coordinator of Clinical Education. Her teaching background includes the presentation of seven different vestibular rehabilitation courses as well as a migraine headache course at a number of clinical facilities across the country. She has conducted and presented research in the areas of vestibular rehabilitation and systematic reviews. In her spare time, Bonni enjoys traveling, attending sporting events, and spending time with her family (especially her two nieces and her Bichon Frise, Missi).

Yunju Lee, PhD

Director, Biomechanics and Motor Performance Lab

Dr. Lee was born and raised in South Korea, where she earned a B.S. (2002) from Pusan National University in Mechanical Engineering and a M.S. (2004) from Korean Advanced Institute of Science and Technology (KAIST) in Mechanical Engineering emphasizing her master thesis on Surgical Robotics. After graduating, she worked as a Mechanical Design Engineer in South Korea. Thereafter, she completed her Ph.D. (2014) in Mechanical Engineering, working in areas of Biomechanics and Human Movements at University of Michigan, Ann Arbor and was a Post-Doctoral Fellow at Rehabilitation Institute of Chicago (RIC). Before joining GVSU in August 2018 as a joint appointment in School of Engineering and Physical Therapy Program, Dr. Lee worked as a Post-Doctoral Research Associate in the Program of Physical Therapy at University of Illinois at Chicago (UIC). Her postdoctoral training has been involved in biomechanical studies to rehabilitation of patients with neurological disorders such as stroke, multiple sclerosis, cerebral palsy, and cognitive impairment. Dr. Lee's research focuses on identifying mechanisms of human movement, underlying risk factors for musculoskeletal injury and motor impairments, and designing biomedical devices as clinical treatment. She loves outdoor activities, playing tennis, biking, swimming, and hiking.

Stephanie Oakes, MSPT

Visiting Faculty

Stephanie earned her Master of Science in Physical Therapy from Grand Valley State University in 2001. She has been practicing as a licensed Physical Therapist in West Michigan since 2001, and has worked in the field of Physical Rehabilitation since 1991. Her experience as an educator began as a guest lecturer with interactive labs for sensory integration at Grand Valley State University in 2005, and she has continued as an adjunct professor in the Doctorate of Physical Therapy Program for the last 14 years. She is currently in a Visiting Faculty position which began in Winter semester of 2021. She has a love for bringing teaching and clinical perspective together, and joined Kinetacore as an assistant instructor of Functional Dry Needling (FDN) in 2015. Stephanie's experiences and training have led her to work in the following areas of rehabilitation: chronic pain, traumatic brain injury, general

orthopedics, spine care, arthritis, and pediatrics. She continues to advance her professional knowledge through continuing education in biomechanical treatment approaches, neuro –developmental techniques, manual therapy – mobilization with movement, Pilates, sensory integration, kinesiology taping technique, cupping, the Selective Functional Movement Assessment, preventative care, and Functional Dry Needling. She uses a variety of techniques specifically tailored to each patient's goals and needs when treating conditions such as: CRPS (chronic regional pain syndrome), neck pain, back pain, Fibromyalgia, arthritis, headaches, TMJ, scoliosis and postural dysfunction, and joint dysfunction. Currently, Stephanie is involved in multiple roles within the physical therapy profession: Physical therapy clinician, clinical instructor, and clinical coordinator of clinical education; Grand Valley State University Visiting Professor, GVSU Pro-Bono Volunteer, guest speaker for professional development, assistant instructor for FDN Levels 1 and 2, and an independent consultant and clinician for Ballet and triathletes. Stephanie has 2 children (Olivia and Grant) and is very active in their schooling and sports. She enjoys kayaking, running, gardening, and cooking...pretty much anything outdoors or entertaining friends and family.

Karen Ozga, PT, DPT, MMSc

Director of Clinical Education

Dr. Ozga is from Detroit and received a B.S. in Physical Therapy from Wayne State University in 1980. She practiced in acute care, outpatient, and neurorehabilitation at Providence Hospital in Southfield until 1985 when she relocated to Atlanta to attend Emory University. She completed a Master of Medical Science (M.M.Sc.), with an emphasis in clinical neuroscience, at Emory University in 1988 and practiced in a day rehabilitation program for individuals with brain injury. In 1990, Professor Ozga assumed the positions of Academic Coordinator of Clinical Education and Assistant Professor for the PT Program at GVSU. In 2018 she received her DPT from Wayne State University. Her clinical practice interests are in neurological and geriatric rehabilitation. She is a member of the Education and Geriatric Sections of the APTA. She is credentialed by the APTA as a trainer for the Credentialed Clinical Instructor Program. She is married (Jose) and has two young adult sons (Joseph and Michael).

Jon Rose, PT, MS

Associate Department Chair, Board-Certified Sports Clinical Specialist, Certified Athletic Trainer

Professor Rose earned a B.A. in English Literature at Boston University in 1991. In 1992, he earned his Master of Science with a concentration in Exercise Science from Eastern Illinois University. After 3 years of practice as a certified athletic trainer, he earned his Certificate of Physical Therapy from Ohio State University (OSU) in 1997. His clinical practice has focused on orthopedics and sports medicine; and he served as a Director of Rehab for a private clinic and a hospital system. He has variously served as a team athletic trainer and team physical therapist for several high school, college, semi-professional and professional sports teams. Jon began his academic career as an adjunct professor at The University of Tennessee Health Science Center (UTHSC) and OSU. He joined the UTHSC faculty full-time in 2007, teaching basic science, orthopedic and sport courses. He is currently in the all-but-dissertation phase of his PhD program at the University of Memphis. He and his wife Sarah – also a physical therapist – have 4 children: Elizabeth, Joseph, Nathan, and Matthew.

Michael Shoemaker, PT, DPT, PhD

Board-Certified Geriatric Clinical Specialist

Dr. Shoemaker received a B.S. in Physical Education with an Exercise Science Specialization form Calvin College in 1996. In 1999 he earned his Doctor of Physical Therapy degree from Slippery Rock University and earned his PhD in Interdisciplinary Health Sciences from Western Michigan University in 2012. He is board-certified as a Geriatric Clinical Specialist by the ABPTS. His practice has been focused in cardiopulmonary and geriatric rehabilitation across multiple practice settings including acute care, long-term acute care, long-term care, subacute care and outpatient care, and his current practice is primarily in cardiothoracic critical care at the Spectrum Health Meijer Heart Center. His research is focused on heart failure, health policy, and the use of simulation in interprofessional health professional education. Dr. Shoemaker is currently serving as President of the APTA Michigan. He enjoys watersports and is an instrument-rated commercial pilot who flies search and rescue and homeland security missions for the Civil Air Patrol. He is married (Holly) and has three children: Clay, Cameron, and Adeline.

Todd C. Sander, PT, PhD

Chair, Department of Physical Therapy & Athletic Training, DPT Program Director, Certified Athletic Trainer

Dr. Sander received his Bachelor of Science degree in Sports Medicine from Central Michigan University in 1988 and went on to become a Certified Athletic Trainer the same year. He graduated with his Master of Physical Therapy degree from the Army-Baylor University program in 1992 and was certified by ABPTS as a Sports-certified specialist from 1997-2017. He received a PhD from the University of Virginia in Education with an emphasis in Sports Medicine in 2003. Dr. Sander served 30 years as an active duty Navy physical therapist, leading several physical therapy departments, performed Navy human performance and injury prevention research and curriculum development, and was the Director of Clinical Education for the Army-Baylor University Doctor of Physical Therapy program for nine years. He also served as the Physical Therapy Specialty Leader to the Navy Surgeon General from 2012-2017. Dr. Sander's research interests include emergency response in the injured athlete, human performance, musculoskeletal injury prevention, and factors that impact the performance and professional behaviors of physical therapy students. He is married to Nannette, a retired Navy physical therapist. They have two adult children (Matthew and Allison).

Corey Sobeck, PT, DScPT, OMPT

Board-Certified Orthopedic Clinical Specialist

Dr. Sobeck joined the faculty in 2008 and teaches in the musculoskeletal curriculum. He completed his undergraduate studies and MSPT (2002) at Grand Valley State University. Corey is certified as an Orthopedic Manual Physical Therapist (2006) and taught in the OMPT post-professional program at Oakland University where he also completed the Doctor of Science in Physical Therapy degree (2011). Corey is board certified as a Clinical Specialist in Orthopaedic Physical Therapy (2008) by the American Board of Physical Therapy Specialists and is an APTA credentialed Clinical Instructor and MPTA Outstanding Clinical Instructor Award recipient (2007). Corey is active in the PT profession and continues part time orthopedic clinical practice with an emphasis in manual therapy. Corey is an avid

sports fan and youth sports coach and enjoys spending time with his family including his wife (Karen), and children (Kaylea, Robert, and Danny).

Laurie Stickler, PT, MSPT, DHS

Board-Certified Orthopedic Clinical Specialist

Dr. Stickler received her B.S. in Health Sciences in 1999 and her M.S. in Physical Therapy in 2001, both from GVSU. She completed her Doctorate in Health Sciences with an emphasis in orthopedic physical therapy from the University of Indianapolis in 2013. Laurie is an APTA member and was Board Certified as an Orthopedic Clinical Specialist in 2008 and recertified in 2018. She joined the faculty fulltime in 2009 after several years as an adjunct. Laurie maintains clinical practice locally in outpatient physical therapy and also volunteers in the pro bono physical therapy clinic, for which she is the faculty advisor. She is married (Tim) and has a daughter (Jessie). In her spare time, she enjoys spending time with her family, running, playing and coaching sports, and reading.

Ashley Van Dam, PT, DPT

Associate Director of Clinical Education

Dr. Van Dam received a B.S. in Health Science from Grand Valley State University in 2007 and her Doctor of Physical Therapy degree, also from Grand Valley State University, in 2010. She has since practiced in home health and acute care settings with clinical specialization in the adult critical care populations and cardiopulmonary conditions. Since 2008, she has served as an adjunct faculty member at Grand Valley State University for multiple courses within cardiopulmonary and wound care curricula. Her publications are within cardiopulmonary and acute care PT practice, with future research interests including both afore mentioned areas and clinical education. Dr. Van Dam served as a clinical instructor and multi-site SCCE for Spectrum Health from 2015-2021. She is an active APTA member and has served the APTA Michigan Clinical Education Consortium as an officer since 2017. She was awarded the APTA Michigan's Norene Clouten Outstanding CCCE of the year award in 2018, recognized as an outstanding preceptor for Grand Valley State University in 2019, and is a Level II APTA Credentialed Clinical Instructor. She enjoys spending time with her family, boating and travel. She is married to Rick, and they have two young children, twins, named Adeline (Addy) and Jase.

APPENDIX B | Permission to Release Non-Public Information Form

GRAND VALLEY STATE UNIVERSITY

PERMISSION TO RELEASE NON-PUBLIC INFORMATION

The Family and Educational Rights and Privacy Act of 1974 (as amended in December 1974) provides that the release of education records (or personally identifiable information therein, except for public directory information) without the written consent of the student will not be made.

In order that GVSU may comply with the law, please provide the information requested below and sign this request form.

PLEASE PRINT

NAME_____
First Middle Last

PERMANENT
ADDRESS_____
Number and Street City State Zip

INFORMATION TO BE
RELEASED:_____

_____

_____

PERSON TO RECEIVE INFORMATION:

NAME_____
First Middle Last

ADDRESS_____
Number and Street City State Zip

_____ _____
Student Signature Date

ADDITIONAL RESOURCES

University Catalog | available online @ http://catalog.gvsu.edu/index.php

For additional information, the following sections of the University Catalog found at the above website may be useful to students:

Academic Calendar
Academic Policies and Regulations
Graduate Information
All Academic Programs I-Z → Physical Therapy
Costs and Financial Aid

Student Code | Students can refer to the Student Code at www.gvsu.edu/studentcode for information on student conduct, academic honestly and student academic grievance process.

Physical Therapy Handbooks | Physical Therapy Student Handbook and Research Handbook can be accessed at www.gvsu.edu/pt. The Clinical Education handbook will be provided to you by the clinical education faculty at the appropriate time.

Office of Graduate Studies | http://www.gvsu.edu/gs/graduate-student-resources-30.htm

Current Students

New Graduate Student Orientation
Campus Maps
Student Health Insurance

Career and Development Opportunities

PACES (Professional Development for Graduate Students)
Graduate Dean's Citation Awards

Manuals, Guidebooks and Handbooks

Graduate Student Guidebook

GVSU Web Page | www.gvsu.edu and select "Students" for the following topics:

Resources

Academic Advising	Financial Aid	Registrar
Academic Calendar	Housing	Student Accounts
Bus Schedule	Information Technology (IT)	Student Life
Bookstore	IT Self Service	Tuition
Campus Dining	Jobs	Veterans Network
Campus Recreation	Library	Virtual Tour

Course Catalog	Maps & Directions	Women's Center

Graduate

Adult Students	Disability Support Services	Student ID
Assistantships	Graduate Orientation	The Graduate School