



SCHOOL of HEALTH and  
REHABILITATION SCIENCES

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MGH INSTITUTE

DEPARTMENT OF PHYSICAL THERAPY  
**DOCTOR OF PHYSICAL THERAPY PROGRAM**  
**Student Manual**



The Doctor of Physical Therapy Program at MGH Institute of Health Professions is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703/706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org)). Information related to CAPTE can be found at <http://www.capteonline.org/home>

## PREFACE

The Department of Physical Therapy offers a professional, DPT degree program for persons desiring to become a physical therapist. This DPT Student MANUAL describes specific academic policies and procedures that are applicable to students within the Doctor of Physical Therapy (DPT) program. Additional policies and procedures applicable to all students at MGH IHP can be found in the MGH Institute of Health Professions Catalog. Additional policies and procedures applicable to students can be found on the web at <http://www.mghihp.edu/current-students>. The policies and procedures described in this DPT Student Manual supersede the MGH IHP Catalog; however, where not specifically addressed, the policies and procedures as described in the Catalog will remain in effect. The Department of Physical Therapy regularly evaluates and modifies the curriculum, policies, and procedures in an effort to achieve and maintain quality within the DPT program; therefore the Department reserves the right to modify this manual as necessary. Amendments to this Student manual occur by a majority vote of the Faculty.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Program</b>	P-1	Program Mission Statement	REVISION DATE:

The Doctor of Physical Therapy Program educates its graduates to be part of patient/client-centered, interprofessional practice in a dynamic and diverse healthcare environment where they are prepared to be leaders in education, clinical practice, scholarship, professional service, and community engagement.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Program</b>	P-2	Philosophy	REVISION DATE:

At MGH Institute of Health Professions, we believe that physical therapists are an integral part of an interprofessional health care team and should be prepared to serve as the entry-point into the health care system with a concomitant responsibility to collaborate and consult with other health care professionals, patients, caregivers, and the community.

Physical therapists must interact with and value a complex and diverse society in a compassionate, humanistic, professional, and sensitive way. Physical therapists have a responsibility to understand how a physical therapist’s clinical decision-making interacts with the ethical/fiscal management of the setting within which they work while also advocating for patients and for the greater good of society.

A physical therapist’s goal is to optimize an individual’s ability to function within society by addressing prevention, wellness and rehabilitation across the lifespan and in a variety of settings.

The Physical Therapy Program at the Institute prepares clinicians who recognize that physical therapist practice is centered on the human movement system.

The faculty embraces the view that active adult learning is a process by which students employ an ongoing interpretive and reflective process that synthesizes prior and current experiences into new learning. This best happens within a learning community that continually strives for clinical excellence and professionalism among faculty, students and graduates.

The program is structured to be fluid, proactive and responsive in meeting the present and future needs of its students and of health care, including the incorporation of modern technology and innovation into education and practice.

Recognizing the responsibility to prepare members of a doctoring profession, the program prepares self-directed, life-long, collaborative learners who are able to use scientific and analytic approaches to clinical decision-making to achieve optimal patient care through evidenced-based practice.

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<b>SECTION</b>	<b>SECTION NUMBER</b>	<b>SUBJECT:</b>	<b>FORMULATION DATE:</b>
<b>Program</b>	P-3	Goals and Objectives	<b>REVISION DATE:</b>

**Program Goals**

To support the mission, the following program goals guide the design and implementation of the program:

Students/Graduates will:

1. Be reflective practitioners that demonstrate the ability to think critically, challenge assumptions, offer alternative solutions and assess outcomes.
2. Have a common and cohesive framework for efficient clinical decision-making that reflects best available evidence, a concern for patient-centered care, and is grounded in current best practice.
3. Act in a professional, ethical, and responsible manner in patient/client interactions, in peer collaborations, and in practice management.
4. Function effectively in the multifaceted roles of a physical therapist including clinician, scholar, administrator, consultant, educator and advocate.
5. Hold themselves accountable for independent decision-making with responsibility for interprofessional collaboration, consultation, and referral to others to optimize patient outcomes.
6. Respect and act with consideration for how differences, values, preferences, and expressed needs of a patient/client, family or group may influence or be influenced by the judgment, recommendations or decisions of the physical therapist.
7. Be able to apply principles of health, wellness and rehabilitation across the lifespan in a dynamic health care environment.
8. Contribute to the community and the profession through service and by exercising leadership skills.
9. Embrace the values of active and life-long learning to enhance professional development.

Faculty will demonstrate a commitment to:

1. Reflective practice and advocacy for contemporary, evidence-based practice
2. Student-centeredness and dedication to producing competent and effective professionals

3. Excellence as citizens of the Institute
4. Leadership in the profession
5. Leadership in scholarship, including the scholarship of teaching
6. Mentorship
7. Demonstrating passion for the art and science of physical therapy, as well as commitment to curiosity and life-long learning

Through its faculty and curriculum, the program will demonstrate a commitment to:

1. Innovation in both education and practice, embracing new ideas, and demonstrating a continuous drive for excellence that is not risk-averse
2. Depth and breadth of expertise that includes faculty with clinical specialization across several practice areas
3. Interprofessional education and collaboration
4. Health promotion
5. Team collaboration in a non-competitive environment that values diversity of contributions
6. Embracing our clinical colleagues and their contribution to the education of our students

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Program</b>	P-4	Program Compliance	REVISION DATE:

**Accreditation Compliance**

The MGH IHP program recognizes the importance of compliance with accreditation procedures and strives to comply with all Commission on Accreditation in Physical Therapy Education criteria at all times. The Program Chair ensures timely submission of all required fees and documentation, and reports outcomes to accrediting agencies as required.

**Licensure Compliance**

The MGH IHP Program complies with all state and federal laws governing the practice of physical therapy. Students in the MGH IHP program are also subject to the rules and regulations governing the practice of physical therapy, and will be subject to those same rules and regulations when seeking licensure.

1. Students must comply with all rules and regulations in order to complete your clinical experiences and internship.
2. It is students' responsibility to know the rules and regulations governing the practice of physical therapy in the state in which they seek licensure.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Program</b>	P-5	Complaints	REVISION DATE:

**Submission of Program Complaints**

Students who have complaints about any aspect of the DPT Program should speak with their faculty advisor, the Associate Program Director or the Program Director to determine if there is a reasonable solution that can be worked out. If students do not feel the complaint has been adequately addressed, they must submit a formal written letter of complaint to the Program Director with the following information:

1. Identify the person making the complaint
2. Set forth and clearly describe the specific nature of the complaint
3. Provide supporting evidence and/or data for the charge
4. Specify the changes that are sought by the complainant

**Resolution of Program Complaints**

All written complaints are handled by the Program Director who will notify the complainant in writing of any action taken.

**Complaints about Institute Policies or Procedures**

Complaints that refer to Institute policies or procedures should be directed to the [Office of Student and Alumni Affairs](#).

**Complaints to CAPTE**

If the nature of a complaint impacts criteria for accreditation, students have the right to submit a complaint to the Commission on Accreditation in Physical Therapy Education (CAPTE). Staff at CAPTE can be contacted directly with questions on the procedure to file such a complaint at accreditation at [www.capteonline.org](http://www.capteonline.org)

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SECTION <b>General Information</b>	SECTION NUMBER GI-1	SUBJECT: Institute Resources	FORMULATION DATE:  REVISION DATE:
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Student resources available at the IHP can be accessed on the IHP website. Following are hyperlinks to key institute resources:

1. [Current Student Section.](#)
2. [IHP Catalog](#)
3. [IHP Student Handbook](#)
4. [Academic Calendar](#)
5. [IHP library](#)
6. [School Store](#)

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>General Information</b>	<b>GI-2</b>	Conditions of Enrollment	REVISION DATE:

As a condition of enrollment at the IHP, all students must fulfill the requirements for each of the following areas prior to the 1<sup>st</sup> day of matriculation:

1. Criminal Background Check
2. Health Insurance Requirement
3. HIPPA
4. OSHA
5. Health History
6. CPR
7. Title IX Training

Please refer to the [IHP Catalog](#) for specific conditions of each of these requirements.

As a condition of continued enrollment, students must maintain these requirements at all times. Records must be updated on an annual basis.

Students who are out of compliance with these requirements will lose access to D2L courses and will not be allowed to participate in clinical experiences until requirements have been met.

In addition to these Institute policies, students will be required to meet site-specific standards, which may be more than the Institute requires.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>General Information</b>	<b>GI-3</b>	Academic Support Services	REVISION DATE:

The Institute offers a variety of academic support services that are designed to help all students. Students are encouraged to take advantage of these services for personal or academic needs. [Detailed information](#) on student services can be found on the IHP Website under the Current Students tab.

Information about the [Academic Support Counselor](#) for the School of Health and Rehabilitation Sciences can be found on the IHP Website.

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SECTION <b>General Information</b>	SECTION NUMBER GI-4	SUBJECT: Employee Assistance Program	FORMULATION DATE:  REVISION DATE:
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The Employee Assistance Program (EAP) assists Institute students in dealing with personal problems that may pose a threat to their health or well-being. Confidential services include consultation, assessment, short-term counseling, and referrals. Initial consultation is free of charge and may be initiated by calling 1-866-724-4EAP(4327) The EAP maintains a large network of carefully screened resources for all types of problems. The nearest EAP is located at MGH at 175 Cambridge Street, room 3-320 but multiple locations are available. There are offices in many locations so call to find an office nearest you. EAP offers flexible hours for appointments and crisis services are available 24 hours a day.

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SECTION <b>General Information</b>	SECTION NUMBER GI-5	SUBJECT: Student Representatives	FORMULATION DATE:  REVISION DATE:
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Student representatives are selected by each class to meet with the Program Director (or designee) on a regular basis to discuss class issues and to organize class activities outside of regularly scheduled classes. Student representatives also serve on the IHP Student Government Association.

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SECTION <b>General Information</b>	SECTION NUMBER GI-6	SUBJECT: PT Club	FORMULATION DATE:  REVISION DATE:
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PT Club is a physical therapy student led organization focusing on Service, Fundraising and Fellowship. Involvement in PT Club is voluntary and dues are collected at the beginning of each academic year. For students interested in leadership and development opportunities, Board positions include: Chair, Treasurer, Marquette Challenge Chair, Service Chair, APTA Representative, and Secretary. Election, by PT student peers, occurs at the beginning of each academic year. Students involved in PT Club organize social and mentoring events for the physical therapy students, service events for the local community and fundraising events for PT Club and APTA throughout the year.

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SECTION <b>General Information</b>	SECTION NUMBER GI-7	SUBJECT: American Physical Therapy Association	FORMULATION DATE:  REVISION DATE:
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Students are expected to become student members of the American Physical Therapy Association (APTA), the Association that represents the profession of physical therapy in the United States.

To become a member of APTA register online at <http://www.apta.org>

Students are encouraged to participate in APTA meetings and conferences. If going to a conference requires missing courses, the student should meet with course faculty to develop an acceptable plan for make-up of missed work. If going to a conference requires missing clinical education experiences, students must first get permission from the Director of Clinical Education and then get permission from the clinical facility.

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SECTION <b>General Information</b>	SECTION NUMBER GI-8	SUBJECT: Equipment Kit	FORMULATION DATE: REVISION DATE:
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All students are required to purchase their own "IHP PT Kit." Students must have all contents of the kit for use by the beginning of the summer semester of Year 1. IHP PT Kits can be purchased from the IHP Bookstore. Students are responsible for maintaining their equipment for the duration of the program.

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STUDENT HANBOOK

SECTION  <b>General Information</b>	SECTION NUMBER  GI-9	SUBJECT:  Awards and Fellowships	FORMULATION DATE:  REVISION DATE:
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Students engaged in their last year of study in the DPT are eligible to be nominated for the following awards and fellowships:

**Adams Fellow Award**

The Adams Fund, created by former IHP adjunct faculty member, Barbara Adams, has been established to offer financial support for graduate education for physical therapists at the Institute. The "Adams Fellow(s)" is given to students in the Graduate Programs in Physical Therapy who show evidence of leadership abilities, service to the profession, and the potential to make a significant contribution as a clinical scholar. This is a \$2000.00 award.

**Marjorie K. Ionta Award for Clinical Excellence**

The Ionta Award is named in honor of Professor Emerita Marjorie K. Ionta who was Chief Physical Therapist in the Department of Rehabilitation Medicine at Massachusetts General Hospital from 1958 to 1981. The award is presented to individuals in the DPT Program who have demonstrated growth and a consistent, excellent performance coupled with outstanding humanistic qualities. This is a \$500.00 award

Award recipients are honored during graduation ceremonies. Award criteria will be distributed to all students.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>General Information</b>	<b>GI-10</b>	Lab Rules	REVISION DATE:

**Safety Guidelines:** Students are expected to adhere to all safety guidelines in the use of the Physical Therapy Laboratories.

1. Universal precautions and infection control practices must be used when indicated.
2. Students are responsible for following established protocols for use of all laboratory equipment and therapeutic procedures.
3. Students are responsible for maintaining their own safety and the safety of others in all laboratory activities.
4. Students are responsible for adhering to appropriate body mechanics at all times
5. Students are responsible for identifying new or continuing conditions, for which precautions or contraindications should be considered, and for developing appropriate adaptations or requesting necessary accommodations.
6. Students may use equipment in the laboratories or PT Center outside of class times for purposes of skills practice only.
  - a. Students must use the lab equipment with at least one other IHP PT student in the lab with them for safety reasons.
  - b. Physical agent equipment may **ONLY** be used in the presence of a licensed physical therapist who is a faculty member.
  - c. Equipment is not for personal use at any time.

**Cleanliness and Organization:** Students are responsible for maintaining cleanliness and organization in classrooms and laboratories at all times including class sessions, open labs, and independent study. Each time the lab is used, students must:

1. Keeping shoes off mat tables.
2. Returning all mat tables, chairs, and stools to their designated locations.
3. Wiping down treatment tables with appropriate cleaning solution provided in each lab.
4. Placing all used (i.e. dirty) linen in the solid linen bags.
  - a. When soiled linen bags are full they should be moved to the soiled linen closet in the hallway between 220 and 240, and a new bag should be placed in the holder.
5. Returning all equipment to designated places.
6. Wiping down all white boards.
7. Discard all food and drink brought into the lab in appropriate containers.
8. Log-off the lab computer, and shut down the projector system if used.

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SECTION <b>General Information</b>	SECTION NUMBER GI-11	SUBJECT: Emergencies	FORMULATION DATE: REVISION DATE:
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For ALL emergencies (24 hours)

**CALL MGH Security at 617-726-5400**

Do not call 911

Students are encouraged to program this number into their phone.

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SECTION <b>Academic Policies</b>	SECTION NUMBER AP-1	SUBJECT: Informed Consent	FORMULATION DATE:  REVISION DATE:
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Students in the Doctor of Physical Therapy Program are informed of potential risks involved with participation in classroom and laboratory activities via the “Consent Form for Classroom and Laboratory Experiences” (see Appendix C). This form is given to students at the start of the program and should be signed by the student and Academic Advisor. Students are expected to remain cognizant of potential risks to their health and safety as they progress through the program and to take responsibility for preventing harm to themselves and others.

If students feel they have conditions that may increase risks, they must notify course faculty in advance so that preventive or adaptive measures can be taken.

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<b>SECTION</b>  <b>Academic Policies</b>	<b>SECTION NUMBER</b>  AP-2	<b>SUBJECT:</b>  Advising Team	<b>FORMULATION DATE:</b>  <b>REVISION DATE:</b>
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Students are assigned an Advising Team upon matriculation into the DPT program. The Advising Team consists of an Academic Advisor and a Clinical Education Advisor. Together, these two faculty members counsel the student regarding academic and clinical progress within the program, and review the student's professional development as a physical therapist. Students are encouraged to initiate meetings with their Advising Team to discuss issues regarding academic and personal problems that may impact learning and professional development.

**The Academic Advisor:**

1. Collaborates with the student to discuss and advise on strategies for success as a student and future professional development.
2. Reviews the student's academic record regularly throughout each semester, and provides academic counseling when necessary.
3. Advises students about relevant Institute and Program academic policies when petitioning for waivers or unusual circumstances and bring petitions to the Committee on Academic Policies and Procedures for action.

**The Clinical Education Advisor:**

1. Serves as a resource in selection of clinical education sites.
2. Assists in planning and monitoring each student's clinical placements across the curriculum, assuring variety and depth to meet program goals.
3. Makes all final decisions regarding matching students to clinical education sites for specific clinical education courses.
4. Monitors student's performance across clinical education courses, collaborating with the student, faculty, and clinical faculty to support learning during a clinical experience and/or to develop remedial plans as needed.

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<b>SECTION</b>  <b>Academic Policies</b>	<b>SECTION NUMBER</b>  AP-3	<b>SUBJECT:</b>  Technical Standards	<b>FORMULATION DATE:</b>  <b>REVISION DATE:</b>
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Becoming a physical therapist requires the completion of a professional education program that is both intellectually and physically challenging. Therefore, all students must be able to meet the technical standards, with or without reasonable accommodations, to succeed in fulfilling requirements for the Doctor of Physical Therapy degree. Upon request to the Office of Student and Disability Services, reasonable accommodations will receive due consideration. Efforts will be made by the program to arrange clinical education experiences in environments where appropriate accommodations can be made; however, clinical sites may not be able to provide specific accommodations. While the IHP will make every effort to work with students with disabilities to accommodate their disability-related needs, we are not required to provide requested accommodations that would fundamentally alter the essential qualifications, functions, technical standards, or other academic requirements of the program, or result in an undue financial or administrative burden to the Program or Institute.

Any applicant with questions about using accommodations to meet these technical standards is strongly encouraged to contact the Office of Student and Disability Services at [ihpds@mghihp.edu](mailto:ihpds@mghihp.edu)

Students must be able to demonstrate thorough, efficient and reliable achievement of the following technical standards in all academic and clinical settings.

**Communication Functions**

- Read, understand and communicate information in written and spoken formats using the English language.
- Attend, selectively and in a controlled manner, to written, spoken and non-verbal communication in both quiet and noisy environments.

**Cognitive Functions**

Use a variety of sources, including reading material, lecture, discussion, personal conversation, observation, and physical examinations to:

- Recall, interpret, extrapolate and apply information.
- Measure, analyze, synthesize and evaluate information from a variety of sources.
- Gather and prioritize information needed to a solve problem.

- Respond appropriately to emerging problems and potentially hazardous situations by making timely judgments to react effectively and seek assistance when necessary.
- Demonstrate basic computer literacy including common software.

### **Affective Functions**

- Interact with other individuals utilizing tone, attitude, and body language that demonstrate respect for others.
- Establish trusting, empathetic and non-judgmental relationships with a variety of individuals.
- Examine and change his/her behavior when it interferes with productive relationships with others.
- Attend to cognitive, communication and psychomotor tasks for as long as ten hour/day.
- Actively participate (listen, attend, read, engage in physical activity, communicate, etc.) in learning in a variety of settings, including classrooms, labs, team/group meetings and clinical settings.
- Meet established deadlines.
- Demonstrate successful coping behaviors.
- Demonstrate core values of honesty, integrity, and accountability (See AP-5).
- Reason and act in an ethical manner.

### **Psychomotor functions**

- Possess physical strength, stamina, balance, movement control hand-eye coordination and dexterity required to perform patient care tasks in a manner that does not compromise the safety of self or others.
- Perform intermittent physical activity of the whole body throughout an eight to twelve-hour period.
- Engage in complex, coordinated movements needed during a variety of activities including skills lab practice; patient examination, intervention, and guarding; CPR, etc.
- Use auditory, visual, and tactile senses to receive information from written, spoken, and non-verbal communication mechanisms; observation of human structures; postures and movements; and equipment and or technology.
- Physically respond quickly to sudden or unexpected events or movements of others.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Academic Policies</b>	AP-4	Accommodations	REVISION DATE:

The MGH Institute of Health Professions is committed to providing equal access for students with disabilities. Students who feel they may need accommodations due to a documented disability must contact the Office of Student and Disability Services ([ihpds@mghihp.edu](mailto:ihpds@mghihp.edu)) to set up an appointment as soon as possible. Detailed information can be found in the IHP Catalog under [Disability Services](#).

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SECTION <b>Academic Policies</b>	SECTION NUMBER AP-5	SUBJECT: Professionalism	FORMULATION DATE:  REVISION DATE:
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Professionalism includes adhering to the professional code of ethics and core values and behaving in a manner consistent with professional practice and patient centered-care. This section describes the components of professionalism for the physical therapy student.

**Code of Ethics**

Students are expected to adhere to the principles delineated in the Code of Ethics and Guide for Professional Conduct of the American Physical Therapy Association (APTA)

**Professionalism in Physical Therapy: Core Values**

Students are expected to behave in a manner consistent with the APTA Core Values. These values include: Accountability, Altruism, Compassion/Caring, Excellence, Integrity, Professional Duty and Social Responsibility.

**Academic Integrity**

Students are expected to adhere to the IHP policy on Academic Integrity.

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SECTION <b>Academic Policies</b>	SECTION NUMBER  AP-6	SUBJECT:  Social Media	FORMULATION DATE:  REVISION DATE:
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When posting on social networks, blogs, and websites, students are representing the MGH Institute of Health Professions community, the profession of physical therapy, and their personal brand. Professionalism and respectful communication are required when communicating online as a member of the MGH Institute community.

Additionally, sharing sensitive patient information, referred to as protected health information (PHI), on social media is a violation of the Health Insurance Portability and Accountability Act (HIPAA). Violations under the HIPAA Privacy Rule include Civil Money Penalties which can result in fines ranging from \$100 – \$1,500,000 or Criminal Penalties which can result in fines up to \$250,000 and up to 10 years in prison.

In using social media, students are encouraged to consult the [IHP Website](#) and the [APTA Website](#) for guidance. Students should also reference AP-5 Professionalism as this policy applies equally in the use of social media. Violations are addressed through AP-8 Professional Behavior Actions.

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SECTION <b>Academic Policies</b>	SECTION NUMBER AP-7	SUBJECT: Professional Behavior Actions	FORMULATION DATE:  REVISION DATE:
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The purpose of *Professional Behavior Actions* is to identify and, when possible, provide guidance for improvement of professionalism (AP-5). Students demonstrating behaviors inconsistent with the professionalism expectations of this program (AP-5) will be subject to one or more of the following actions:

**Professional Behavior Advisement**

Professional Behavior Advisement occurs when a student demonstrates minor lapses in professionalism. It is an opportunity for faculty to provide supportive guidance in developing behaviors consistent with the Program’s professionalism expectations.

1. **Required Actions:** The Faculty member(s) providing the Professional Behavior Advisement will discuss with the student the lapses in professionalism, strategies for improving professional behaviors, and will set expectations for demonstrating change.
2. **Outcome:** If the student continues to demonstrate behaviors inconsistent with the professionalism expectations of the Program, an Oral or Written warning may be issued.
3. **Record:**
  - a. Professional Behavior Advisement will be documented in an email to the student and the student’s Advising Team with the subject heading “Professional Behavior Advisement”.
  - b. A record of the email will be placed in the student’s departmental record.
  - c. Professional Behavior Advisement emails will not become part of the student’s permanent record unless an oral or written warning is issued relative to the Professional Behavior Advisement.

**Oral Warning**

Oral warnings are issued when, 1) after professional behavior advisement(s), a student demonstrates a pattern of behaviors inconsistent with the Program’s professionalism expectations; or 2) has an instance of behavior that is seriously or overtly in contrast to the Program’s professionalism expectations. An Oral Warning is a formal notice that the student is not meeting the Program’s professionalism expectations.

1. **Required Actions :**
  - a. Students will be notified of Oral Warnings via an email with the subject heading “Oral Warning” and will include the Oral Warning Form.
  - b. The Faculty member(s) issuing the Oral Warning will set a meeting with the student to discuss areas for improvement and to establish a corrective action plan (including a timeline).

- c. The student's Academic Advisor will also set a meeting with the student to discuss the Oral Warning in relation to the student's overall performance in the program.
- 2. Outcome: If the corrective action plan is not fulfilled per expectations a Written Warning will be issued.
- 3. Record:
  - a. Oral Warnings will be documented via the Oral Warning Form. The Oral Warning Form will be sent to the student, the student's advisor, the Program Director, the Registrar, and in cases involving breaches of academic integrity, the Dean of Students.
  - b. Oral Warnings will be kept as part of the student's permanent record.

If a student receives **2 or more** Oral Warnings s/he will be referred to the Committee on Academic Policies and Procedures for consideration of further action including, but not limited to, Written Warning, suspension, or dismissal.

### **Written Warning**

Written Warnings may be issued when a student has failed to meet the corrective actions outlined in an Oral Warning, has received 2 or more Oral Warnings, or has demonstrated egregious violations of the Program's professionalism expectations. Written Warnings are formal notices that the student is not meeting the Program's professionalism expectations.

- 1. Required Actions:
  - a. Students will be notified of Written Warnings via an email with the subject heading "Written Warning" and will include the "Written Warning Form".
  - b. Students will immediately be referred to CAPP for review and decision about appropriate actions.
  - c. The Faculty member(s) issuing the Written Warning will set a meeting with the student to discuss the areas of concern.
  - d. The student's Academic Advisor will also set a meeting with the student to discuss the Written Warning in relation to the student's overall performance in the program.
- 2. Outcome:
  - a. CAPP will review students receiving a Written Warning to determine an appropriate course of action, which may include a corrective action plan, suspension, or dismissal.
  - b. If CAPP recommends a corrective action plan it will be developed in collaboration with the student's Academic Advisor, and when appropriate the Faculty member issuing the Written Warning.
  - c. Students who fail to fulfill the requirements of a correction action plan will be referred to CAPP for consideration of further action including, but not limited to, suspension or dismissal.
- 3. Record:
  - a. Written Warnings will be documented via the Written Warning Form. The Written Warning Form will be sent to the student, the student's advisor, the Program Director, CAPP, the Registrar, and in cases involving breaches of academic integrity, the Dean of Students.

b. Written Warnings will be kept as part of the student's permanent record.

**Immediate Dismissal**

Students demonstrating behavior determined by the faculty to be overtly, illegal, and/or unethical will be referred to CAPP for consideration of immediate dismissal. Please refer to the IHP policy on [Dismissal](#).

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Academic Policies</b>	AP-8	Grading	REVISION DATE:

### **Institute Grading Policy**

Refer to the Institute Catalog: <http://mghip.smartcatalogiq.com/2014-2015/Catalog/Academic-Policies/Grading-Policy>

### **Program Grading Policy**

Grades are assigned at the end of each semester. Students must pass each course with a grade of 73 or better. Students who fail to earn a grade of 73% or better in a course will fail the course. Refer to the section on Academic Progression for additional information on failed courses.

### **Passing Grade Criterion**

Students must meet three criteria in order to successfully complete each course. Failure to meet all three criteria will result in a failing grade for one or more courses.

#### **Criterion #1: Semester/Course Sequence Written Examination Average (Weighted)**

- Students must earn a minimum of 73% on the weighted Semester/Course Sequence Written Examination Average for all academic courses in a semester or in a stipulated course sequence in order to successfully complete all academic courses in that semester or course sequence.
- The Semester/Course Sequence Written Examination Average includes the grades earned on the written exams for each course in a semester or stipulated course sequence as well as the grade earned on the comprehensive written examination for that semester or course sequence.
- The weighting of the Semester/Course Sequence Written Examination Average will be outlined in associated course syllabi.
- If this criterion is not met, a grade of F will be assigned to all courses in the semester or course sequence.

#### **Criterion #2: Comprehensive Practical Examinations**

- Students must earn a minimum grade of 73% on the Comprehensive Practical Examination at the end of the semester or course sequence.
  - Safety elements are identified on each Comprehensive Practical Examination. Safety violations will result in an automatic failure of the Comprehensive Practical Examination.
- If 73% is not achieved on the first attempt, one retake of each Comprehensive Practical Examination is permitted.

- The assigned grade on a retake of the Comprehensive Practical Examination will be the grade earned on the retake, not to exceed 73%.
- If this criterion is not met (after a retake), a grade of F will be assigned to all courses in the semester or sequence.

*\*\*Note: There is no minimum grade requirement for course practical examinations and there are no retakes for course practical examinations\*\**

**Criterion #3: Course Assessment Weightings**

- Students who meet Criterion #1 & Criterion #2 must achieve 73% or better in each course based on the following weighting of course assignments in order to successfully complete the course:

<b>Assessment</b>	<b>Percentage</b>
Knowledge Check 1	10%
Knowledge Check 2	10%
Knowledge Check 3	10%
Course Written Exam	20%
Course Practical Exam	20%
Comprehensive Written Exam	15%
Comprehensive Practical Exam	15%

- If this criterion is not met for a course, it constitutes a course failure. Students who fail to meet this criterion will be assigned a grade of F for the course.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Academic Policies</b>	AP-9	Curricular Progression	REVISION DATE:

**Good Standing**

At the end of each semester, the faculty review academic, clinical, and professional performance of each student. Students who meet the following criteria are considered in “good standing”:

1. Pass each course in a semester with a grade of C or better
2. Have a semester and cumulative GPA of 3.0
3. Receive a grade of “Pass” in any Pass/Fail course
4. Have met the remediation requirements of any issued Oral or Written Warning.

**Incompletes**

Students who become ill, have a medical emergency, a death in the immediate family or other extreme hardship may submit a written request for an extension of time to complete a course to the Course Coordinator on or before the date grades are due to the Registrar at the end of a semester. Students are encouraged to consult with their Academic Advisors when submitting a request for an extension of time to complete a course. The request must stipulate a reason as outlined above (personal health information does not need to be disclosed). Students requesting an Incomplete must be performing at a passing level to be considered. Requests must be approved by both the Course Coordinator and the Program Director. The Advising Team will be notified if one of their advisees is granted an extension of time to complete a course. The Course Coordinator determines the due date for all incomplete work. When at all possible the due date should be prior to the start of the next semester. Any Incompletes expected to extend beyond the next semester must be approved by the program director. If the course work is not completed by the agreed-to time frame the “I” grade is converted to an “F” grade.

**Course Failures**

- Students with a course failure in more than one semester will be dismissed from the program.
- Repeating a Course
  - Students may be allowed to repeat a course once the next time it is offered.
  - Passing Requirement: For courses that yield a letter grade, students must achieve a grade of “B” or better for the repeated course. For Pass/Fail courses, students must achieve a grade of “pass” on the retake.
  - Students must pay for the repetition of the course at the full per-credit rate.

- Students will be placed on a LOA while awaiting an opportunity to repeat a course.
- **Continuing Study:**  
Students will not be permitted to move forward in the curriculum until the failed course is successfully remediated.
- **Out-of-Sequence**  
Failing/Repeating a course is likely to result in students being delayed in completing the curriculum and in graduating. Due to the flexible and evolving nature of a curriculum, being out of sequence may necessitate students retaking courses that have undergone substantive change or taking courses that were not part of the curriculum when they were first admitted.

### **Probation**

Students with a cumulative GPA below 3.0 will be on probation during the next course sequence in attendance. Students remain on probation until a cumulative GPA of 3.0 has been achieved. If the cumulative GPA is below 3.0 after 2 course sequences on probation students will be dismissed from the program. Students must have a cumulative 3.0 GPA prior to entering the clinical internship. Failure to achieve this standard may result in dismissal from the program.

### **Course Sequences**

- (1) 601-602
- (2) 603-605
- (3) 606-709
- (4) 710-713
- (5) 814-815

### **Dismissal**

Students are dismissed from the program if any one of the following criteria applies:

- Failure to meet the academic standards of the program after two semesters on probation (whether consecutive or non-consecutive).
- A grade below “B” or a “Fail” (in a Pass/Fail course) in a repeated course
- A course failure in more than one semester
- Is recommended for dismissal by CAPP due to the specifics of an Oral or Written Warning.
- The remediation requirements of a Written Warning have not been met.
- Demonstrates behavior that has been determined by the Faculty to be overtly, illegal, and/or unethical.

### **Withdrawals**

- **Course Withdrawal**  
To withdrawal from courses, students should refer to the [IHP Drop/Add Policy](#).
- **Withdrawing from the Institute**  
To withdrawal from all courses and the program, students should refer to the [IHP Withdrawal Policy](#).

*(continued next page)*

### **Appeals**

Appeals related to academic progression may be brought only on the following grounds:

1. Procedural error
2. Error of fact
3. Evidence of bias
4. Failure of faculty or designated progression committees to adhere to published standards.

Letters of appeal must state clearly and precisely the basis for appeal and provide supporting evidence of infringement of the student's rights. Medical problems, personal issues, or other extenuating factors do not generally constitute grounds for appeal.

Appeals must be submitted to the Chair of the Committee on Academic Policies and Procedures (CAPP). The Chair of CAPP reviews available documentation and may seek additional information. The student may be invited to provide additional evidence or to be interviewed by CAPP. A decision is made by majority vote of the members of CAPP.

Students who believe that the procedures, facts or policies have been misinterpreted or that the decision was made arbitrarily may, after receiving an unfavorable response from CAPP, initiate a [Student Grievance Procedure at the Institute](#).

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Academic Policies</b>	AP-10	Awarding of the Doctor of Physical Therapy Degree	REVISION DATE:

**Degree Requirements**

Granting of the Doctor of Physical Therapy degree is contingent upon successful completion of all required courses with grades of “C” or better and a cumulative GPA of at least 3.0.

**Time Limits**

Students have a maximum of five years from the date of initial matriculation to complete all degree requirements.

**Graduation Requirements**

To be considered for graduation, students must submit the required application for graduation by the 1st week in December prior to their graduation year.

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<b>SECTION</b>  <b>Clinical Education</b>	<b>SECTION NUMBER</b>  CE-1	<b>SUBJECT:</b>  Grades and Performance Evaluation	<b>FORMULATION DATE:</b>  <b>REVISION DATE:</b>
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**Grades**

All full-time Clinical Education courses required as part of the DPT degree are offered on a Pass/Fail basis.

These courses are:

- PT 741n Clinical Experience I
- PT 742n Clinical Experience II
- PT 843n Clinical Internship

The integrated clinical education component of all courses will be graded pass/fail and students must meet the objectives for these clinical experiences to pass the course.

Students completing a one-year internship will be enrolled in zero-credit PT781- Internship Continuation. This allows for graduate access to MGH Institute resources and liability insurance after conferral of the DPT degree. This course will be graded Pass/Fail. To earn a grade of Pass for this course, an intern must complete the entire internship time commitment and any other requirements established by the internship facility.

In all clinical education courses, the DCE makes the final determination of course grade based on written and verbal performance feedback and assessment provided by clinical faculty and student. Objectives for each clinical education course are contained in the course syllabus.

**Evaluation of Student Performance**

Each clinical education experience includes both a written clinical instructor evaluation and a written student self-assessment. Another source of student evaluation is through DCE discussions with clinical instructors and students during clinical experiences.

**Clinical Instructor Evaluation of Student Performance**

Clinical Instructors complete formal evaluations of student performance at least twice during each clinical education experience, at midterm and final. These evaluations are discussed with the student and reviewed by the DCE at the completion of the clinical experience prior to issuing a grade for the clinical experience. More frequent evaluation may be performed at the discretion of the clinical instructor (CI), Center Coordinator of Clinical Education (CCCE), or upon the request of the DCE.

**Student Self-Assessment of Clinical Performance**

Each student is expected to assess his/her own clinical performance and complete formal evaluations at midterm and final points in each clinical education experience. Students should be prepared to discuss this self assessment with the CI at the midterm and final evaluation conferences. More frequent self-evaluation may be required at the discretion of the CI/CCCE or the DCE.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Clinical Education</b>	CE-2	Sequence of Clinical Education Courses	REVISION DATE:

**Eligibility to begin a clinical experience**

To be eligible to begin any clinical education course, students must satisfactorily complete all pre-requisite coursework and demonstrate professional behavior in prior academic and clinical learning experiences. To enter PT 843n-Clinical Internship, students must have a cumulative grade point average of 3.0 or above.

Students must meet all additional program, Institute, and clinical facility requirements for entering a specific clinical experience. These include, but are not limited to registration and payment for the course, and meeting all MGH Institute and clinical site health and regulatory requirements.

**Completing Clinical Experience(s) out of sequence**

If for any reason a student in the program does not complete a clinical experience within the standard sequence and time-frame (e.g. student is ineligible or unable to begin the clinical experience as scheduled, or does not successfully complete the experience within the specified time frame), all subsequent clinical experience(s) will be completed at the time(s) and place(s) determined by the DCE.

Falling out of sequence in completing clinical education courses will often result in a disruption of the flow of the program, as the clinical experience may be pre-requisite to continued matriculation and/or there may be a delay in placing the student in subsequent clinical experiences. A student may file for a leave of absence until the term in which academic or clinical coursework is resumed.

Need for a clinical placement outside of the pre-established sequence and time frame may also result in a change in format and/or duration of the clinical experience(s) that follow, especially PT 843n-Clinical Internship. The internship may be structured as a full time clinical experience of sufficient duration to complete program requirements with no guarantee of a paid internship position.

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<b>SECTION</b>  <b>Clinical Education</b>	<b>SECTION NUMBER</b>  CE-3	<b>SUBJECT:</b>  Student Responsibility for Learning During Clinical Education Experiences	<b>FORMULATION DATE:</b>  <b>REVISION DATE:</b>
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Students are expected to take initiative in their learning in the clinical setting. Students are expected to self-identify areas in which they need review, practice, or additional information; take the initiative to seek out appropriate resources; and act to remedy these learning needs.

Students are expected to be consistently prepared for responsibilities in the clinic. Often, this will require time outside of scheduled clinic hours, and may be self-directed or directed by the clinical instructor or DCE. Examples include but are not limited to: literature search, background reading, case presentations, in-service presentations, and written work such as reflections/self-assessments and draft documentation for the medical record and treatment plans, etc.

Students are expected to meet deadlines and complete work in accordance with the format required by clinical education faculty. Assignments/responsibilities not completed by an established deadline or according to standards will be reflected in the student's performance evaluation.

In the event that students are asked to initiate or complete an assignment for an academic course based on an experience in the clinic (e.g. a case study), students should discuss the assignment with the clinical instructor and work within facility policies, including, but not limited to, policies protecting confidentiality of patient information. If the student becomes aware of an issue that may limit completion of the assignment, the student will notify the academic course faculty and take responsibility for collaborating with faculty to problem-solve the issue.

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SECTION <b>Clinical Education</b>	SECTION NUMBER  CE-4	SUBJECT:  Attendance	FORMULATION DATE:  REVISION DATE:
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**Attendance**

Attendance is mandatory for all clinical education experiences, and students are not permitted to request time-off for personal reasons. Absence from clinic, except in the case of illness, emergency situations, or religious observances, will be considered unexcused and may result in a grade of “F” for that course.

**Schedule**

Students are expected to adhere to the schedule set by the clinical facility. For full-time clinical experiences, this may include weekend and holiday work schedules, rather than the Institute’s academic calendar.

**Punctuality**

Students are expected to be punctual for all clinical education experiences. If a student is going to be late, he/she must contact the clinical education facility in the manner agreed-upon with the clinical instructor and notify the CI of his/her estimated time of arrival. In the case where this has not been discussed, the default manner of contact will be telephone.

Tardiness is a serious matter which will be reflected in a student’s performance evaluation and may result in a failing grade. At the discretion of the DCE, a student may be required to make up time missed due to tardiness.

**Notification of Absence**

In the case of illness or other unanticipated absence, students must contact the clinical Facility in the manner agreed-upon with the clinical instructor, before the start of the scheduled clinical hours to report the absence and will comply with the facility’s policies for unexpected absences. In the case where this has not been discussed, the default manner of contact will be telephone.

In the case of an anticipated absence, as for religious observance, the student is expected to discuss the absence with the CI in advance of the scheduled session and complete preparation related to coverage of clinical responsibilities, as appropriate.

**Make-up Time Due to Absence**

Make-up of up to 2 sessions in any full-time clinical experience, or a day missed in an integrated clinical experience due to illness or other justifiable cause, will be at the discretion of the clinical faculty (CI and/or CCCE). Absence from greater than two sessions in any clinical experience will require that all missed time be made up.

Plans for make-up of any missed time in the clinic will be determined by the clinical facility's CCCE and/or CI, in conjunction with the DCE, based on the clinic's ability to schedule such time. Students are expected to be flexible in scheduling making-up time because the clinic's and CI's schedule are paramount.. Missed time not able to be made up within the academic term may result in a grade of Incomplete.

### **Attendance in Clinical Internship**

Students participating in clinical internship are expected to comply with all attendance policies and procedures established by the internship facility.

During the first phase of the internship, while students are enrolled in PT 843n and completing degree requirements, no vacations or time-off requests for personal reasons are permitted, consistent with attendance policies for all clinical experiences. Requests for time-off due to unavoidable circumstances may be considered at the discretion of the clinical facility. Missed time may delay completion of degree requirements and could jeopardize the student's continuation in the internship. Such decisions will be made jointly by the DCE and the internship facility.

Attendance patterns throughout the internship year are expected to reflect that the intern is taking full professional responsibility for meeting all patient care and other job requirements and furthering his/her professional development and learning.

### **Snow Policy**

- **Integrated Clinical Experiences:** all classes, including part-time clinical experiences, will be cancelled when the Institute is closed for inclement weather. Students must notify the clinical facility prior to the start of the scheduled clinical session to report their absence due to school closing.
- **Full Time Experiences and Internship:** in the case of full-time clinical experiences and internships, students are expected to make every reasonable effort to report to the clinical facility for usual scheduled clinical hours unless instructed otherwise by clinic personnel. This applies even if the Institute has canceled classes for the day. If travel to the facility is impossible, or if tardiness is unavoidable, the student is expected to contact his/her clinical facility before the start of the scheduled clinical hours to report the absence or delayed arrival. The student must also report such absences to the DCE.

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SECTION	SECTION NUMBER	SUBJECT:	FORMULATION DATE:
<b>Clinical Education</b>	CE-5	Matching Students to Clinical Experiences	REVISION DATE:

The process of matching students with clinical facilities involves the DCE, students, and, in the case of the clinical internship, the clinical facilities.

Each student is expected to perform on-going assessment of his/her progress in developing the professional behaviors, knowledge, and skills needed for clinical practice. Facilitated by this self-assessment and in consultation with the DCE, Clinical Education Advisor, Academic Advisor, other academic faculty, and/or clinical instructors, students are expected to play an active role in identifying and seeking clinical education experiences that will foster growth in identified developmental areas. DCEs/ACCEs will serve as a resource in selection of clinical education sites that will provide a balance of support and challenge to meet the student's needs as a learner, and that assure adequate variety and depth to meet program goals

Ultimately, the DCEs/ACCEs make all clinical education assignments. Factors will include student self-assessment and input regarding preferences, prior academic and clinical performance, and characteristics of the learning environment at the clinical site. Students may not decline a clinical assignment; such action will be considered refusal to take a required course.

Students are advised that not all facilities are available for all clinical education experiences. Availability is based on resource constraints of the clinical facilities and on the DCEs' discretion regarding appropriateness of the facility to specific clinical experiences in the curriculum and/or to a specific student's learning needs.

There is no guarantee that assignments will be in the facilities or geographic locations requested by students or that students will complete a full-time clinical experience or internship in the metropolitan Boston area.

**Matching for Integrated Clinical Experiences:** DCEs complete all matches, taking into consideration the scope of each student's prior clinical experience.

**Matching for Full-time Clinical Experiences:** a list of available facilities, including the anticipated number of available placements and anticipated dates of the experience in each facility, is provided during the semester that precedes the clinical experience. Students are responsible for reviewing information about the clinical facilities and identifying preferred sites on their *Student Input Form*. The DCE considers this student input in the match process. Students must submit input by the specified date for the

input to be considered in the match process. There is no guarantee that a student will receive an assignment from his/her listed facilities.

### **Matching for the Final Clinical Internship**

The match process for the final clinical internship begins 5-6 months before the start of the final internship and concludes 2-3 months prior to the start of the internship.

The process for matching students to internship facilities involves the students, the clinical facilities offering internships, and the DCE. Matching for the final internship is a result of a comprehensive interview process and the feedback that results from the interview process, from both students and clinical sites. Each student and clinical site will provide ranked feedback that will be the basis for the final match.

Considering rank information from students and clinical facilities, the DCE matches students to internship facilities. As with all clinical experiences, students do not have the prerogative to decline an internship position in the facility assigned by the DCE as a result of this match process.

Students who are not matched with a facility during the first round of the internship match process will work individually with the DCE to determine a course of action. Such students will expand the application and interview process as directed by the DCE, and ultimately will be matched with either a paid, yearlong internship (as available/appropriate) or full-time unpaid clinical experience of sufficient duration to complete PT 843n. Students that do not match in the first round of the internship can expect a prolonged timeline leading to their match.

A more detailed description of the Clinical Internship matching process will be made available to students in advance of this match.

### **Student Communication with Clinical Sites**

Students may contact their assigned clinical education facilities only after being authorized by the DCE to do so. This will occur after the match process for any given clinical experience has been completed and clinical facilities have been notified of the outcome by the DCE. In the case of clinical internship application, students will be authorized to contact clinical facilities with application materials only after application lists have received final approval.

### **Cancellation of a clinical experience**

In the event that a clinical experience is cancelled by a CCCE, the **DCE** will inform the student of the cancellation in a timely manner. Every effort will be made to determine a timely replacement using similar considerations as the original match.

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<b>SECTION</b>	<b>SECTION NUMBER</b>	<b>SUBJECT:</b>	<b>FORMULATION DATE:</b>
<b>Clinical Education</b>	CE-6	Expenses Related to Clinical Education	<b>REVISION DATE:</b>

There will be expenses related to participation in clinical education experiences. Students are responsible for all expenses associated with clinical education. The costs associated with a given clinical education experience will depend on several variables, including, but not limited to, the cost of transportation, housing, and meals. Students are advised to plan ahead for such expenses, as students will be assigned to clinical facilities requiring temporary relocation and travel outside of the Boston area or outside the public transportation system.

Examples of expenses include:

**Housing**

All housing arrangements associated with clinical education are the student's responsibility. Some clinical sites provide assistance to students in need of housing. Examples of assistance might include dormitory space with an associated fee, a list of housing options in the community (at a cost), or a willingness to post a notice in the facility that a student is in need of housing.

Any information regarding housing assistance that is communicated to the DCE by the facility will be provided to students when assigned to that facility. Students should direct questions or requests for additional information to the DCE during the match process and/or directly to the facility's Center Coordinator of Clinical Education (CCCE) once the clinical education assignment has been confirmed.

**Travel**

Students are responsible for determining a reliable means of travel to and from clinical education experiences. This includes long distance travel (e.g. to an out-of-state facility for a full-time clinical experience) and/or local travel (e.g. daily or weekly travel for a full-time or integrated clinical experience). Many clinical education facilities are not accessible by public transportation. Every student should anticipate needing access to a car for some portion of the clinical education component of the curriculum.

Students assigned to the same facility for a clinical experience are encouraged to share travel resources when possible. Arranging travel and negotiating ride sharing are student responsibilities.

**Clinic Attire**

There may be some expense associated with clinic dress code compliance (e.g. rental or purchase of scrubs, a specific type of footwear, or other clinic attire.). All students must be prepared with an official school nametag at the start of each clinical experience. One nametag is provided to each student at the beginning of the program. If lost, students are responsible for costs associated with replacing the nametag. To arrange for replacement of a lost nametag, students should contact Program staff.

**Meeting Clinical Facility Pre-clinical Requirements**

There may be expenses related to meeting pre-clinical clinical site requirements, such as health requirements, background checks, drug screens, orientation. It is the responsibility of the student to adhere to all requirements for participation in a clinical experience at the assigned clinical site.

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<b>SECTION</b>  <b>Clinical Education</b>	<b>SECTION NUMBER</b>  CE-7	<b>SUBJECT:</b>  Internship and Licensure	<b>FORMULATION DATE:</b>  <b>REVISION DATE:</b>
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The clinical internship is the culminating clinical experience in the program. The one-year internship model is the primary model for completion of the DPT Program. Every student should be prepared to undergo a match process that will result in matching with a one-year internship. Students are not guaranteed a one-year internship. Shorter, unpaid internships may be implemented by the DCE based on availability of internship positions and other process related circumstances.

A major function of the internship is to facilitate the transition from student to independent practitioner in an environment that reinforces clinical skills, critical thinking, and professional behavior.

Students are expected to complete the commitment they make to the clinical site to which they are matched.

The year-long paid internship consists of three phases that depict the student's status at a given time.

**PHASE I: STUDENT INTERN**

Interns must be enrolled in PT 843n throughout this phase of internship.

During this final clinical experience completed as part of the degree requirements, the intern is an unlicensed physical therapy student. All patient care provided by the student is done so under the physical therapist license of the facility-designated supervisor(s). Supervision must meet the same legal and ethical requirements held for any PT student in the state or jurisdiction within which the internship is taking place.

**PHASE II: GRADUATE INTERN**

Phase II begins upon completion of degree requirements and eligibility for the awarding of the DPT degree. Interns are enrolled in PT 781 Internship Continuation throughout this phase of internship. PT 781 is a zero credit post-professional course which serves as the mechanism for maintaining all interns as enrolled students of the Institute following granting of the Doctor of Physical Therapy degree.

During Phase II, interns either continue to practice as student physical therapists under the license of the supervising clinical faculty, or, where permitted by law, apply for and function under a temporary PT license with the appropriate level of supervision for that status. Specific status during Phase II needs to be explored by the internship facility prior to the start of internship.

During this phase, students are expected to apply for and obtain a permanent license to practice physical therapy recognized by the jurisdiction in which the internship is taking place. This process includes making application, taking and passing the physical therapist examination (NPTE), and receiving the physical therapy license. Interns must begin this process immediately upon completion of degree requirements (i.e. upon completion of PT 843n) and must meet all deadlines established by the internship facility and the governing body in the jurisdiction within which the internship is taking place. Failure to do so may result in interruption or termination of the internship experience.

Obtaining a physical therapist license marks the beginning of Phase III of internship.

### **PHASE III: LICENSED INTERN**

Phase III begins upon receipt of a license to practice physical therapy in the jurisdiction within which the internship is taking place. Interns continue to be enrolled in PT 781 throughout this phase of internship.

During Phase III of the paid clinical internship, the intern is a licensed physical therapist. As such, he/she assumes the full professional and legal responsibilities of a licensed physical therapist and enjoys the rights and privileges thereof.

Licensed interns are responsible for complying with all legal, ethical, and procedural requirements of the relevant governing bodies, American Physical Therapy Association, internship facility, and Institute.

### **Failure of National Physical Therapist Examination**

Failure to pass the licensing examination has ramifications for the internship process and may result in disruption or termination of the internship. Following failure of the licensing examination, an appropriate course of action must be determined on an individual basis by the internship facility and intern, in consultation with the DCE. Based on the licensing laws of the jurisdiction within which the internship is taking place and the resources and needs of the internship facility, an internship may be:

- Suspended until the intern retakes the exam and becomes licensed.
- Continued without disruption, as in the case of an intern functioning with a temporary license that can be renewed until the exam is taken a second time.
- Continued with the intern assuming a different role, such as that of a PT aide, until a successful attempt at the NPTE and the intern becomes licensed.
- Terminated ahead of schedule if the internship facility determines that this is necessary. Otherwise, the intern is expected to become licensed and resume the intern role as soon as possible, seeing the internship through to its predetermined completion date.

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SECTION <b>Clinical Education</b>	SECTION NUMBER  CE-8	SUBJECT:  Development of Relationships with Clinical Sites	FORMULATION DATE:  REVISION DATE:
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The DCEs are responsible for establishing relationships with clinical education sites and for developing the program's clinical education faculty. In keeping with the program's philosophy that clinical education is an extension of the academic program, the DCEs' efforts will be directed at developing a circle of clinical facilities and clinical faculty committed to working with this program to provide quality professional education.

The program is committed to sustainable relationships in sufficient, but relatively small numbers. The number, type, and location of clinical education sites are assessed regularly to evaluate the extent to which the program's relationships meet the program's needs.

A student wishing to discuss the process used by the program to identify potential clinical education facilities is invited to meet with the DCEs or to complete a Clinical Site Referral Form. There is no guarantee that a student referral will result in development of a program relationship with the site.

**The program does not condone a student, family member of a student, or friend/acquaintance of a student contacting a clinical facility to request a clinical education experience or exploring the possibility of establishing a clinical education agreement with that facility.**

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<b>SECTION</b>  <b>Clinical Education</b>	<b>SECTION NUMBER</b>  CE-9	<b>SUBJECT:</b>  Clinical Facility Policies and Procedures	<b>FORMULATION DATE:</b>  <b>REVISION DATE:</b>
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Students must meet all pre-clinical requirements and adhere to all clinical site policies and procedures. Failure to comply with site requirements may impact the start date of a clinical experience or the right to participate in the clinical experience, and may result in termination of the clinical experience and a grade of F in the clinical education course. A serious breach of clinic policy will be considered a breach of professional behavior and subject to the process/actions in AP7-Professional Behavior Actions.

Examples of clinical site requirements include, but are not limited to:

- Health requirements
- Criminal background checks and fingerprinting
- Drug testing
- Pre-clinical orientation
- Dress code
- Conduct/Professional Behavior
- Facility policies and procedures; sites will inform students of the relevant policies and procedures

As referenced in G12-Conditions of Enrollment, clinical sites may have health and safety-related requirements beyond the standards for continued matriculation established by the MGH Institute.