ENTRY-LEVEL DOCTOR OF PHYSICAL THERAPY PROGRAM

Program Manual

Please keep this manual as a reference

The policies in this manual are subject to revision.
Revised May 2011.
# PROGRAM MANUAL

## ENTRY-LEVEL DOCTOR OF PHYSICAL THERAPY PROGRAM

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PART I

ACADEMIC POLICIES AND PROCEDURES

1. ADVISING

1.1. FACULTY ADVISOR
Each student will be assigned an academic advisor for the duration of matriculation at the Institute.

The advisor will:

a) Clear students, as appropriate, to allow students to register on-line each semester.

b) Advise 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.

c) Review the student’s academic record regularly throughout each semester, and provide academic counseling when necessary.

Students should meet with individual faculty in specific courses to discuss difficulties related to course content. Students are encouraged to meet with their academic advisors to discuss issues regarding personal problems that may impact learning and professional development. Students should also feel free to approach the Department Chair or Associate Chair at any time to talk about issues related to the program.

1.2. ACADEMIC SUPPORT SERVICES
The Student Services Administrator in the Office of Student Affairs is located on the 1st floor in building 39 and can assist you with accessing academic support services. Students are encouraged to take advantage of these services for personal or academic needs. Detailed information on student services can be found in the IHP Catalog

1.3. EMPLOYEE ASSISTANCE PROGRAM
The Employee Assistance Program (EAP) assists Institute students in dealing with personal problems that may pose a threat to their health or well-being. The program assists with problems such as parenting concerns, marital and family distress, elder care, financial concerns, emotional stress, alcohol and drug dependency, and mental
health. 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. 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. There are offices in many locations, so call to find an office nearest you.

EAP Office Hours: Mon Wed Fri 8:00 a.m. – 5:00 p.m.
Tue Thu 8:00 a.m. – 6:00 p.m.

2. GRADES

2.1 GRADE EQUIVALENTS

<table>
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<th>QUALITY</th>
<th>GRADE POINTS</th>
<th>EQUIVALENTS</th>
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2.2. ACADEMIC PERFORMANCE

2.2.1. Minimum Course Grades
Students must achieve a grade of "C" or better in all courses except PT 620. Any course grade of C– or below will be considered failing. For PT 620, Gross Anatomy, the passing grade is a B-. Any grade of C+ or below is considered failing.

2.2.2. Pre-requisites
Course prerequisites must be successfully completed for students to matriculate into the next semester (see Appendix A).

2.2.3. Grade Point Average
At the conclusion of each semester of the program (including first summer
semester), all students' records will be reviewed. Students must maintain a cumulative GPA of 3.0. If this standard is not met, students will be placed on probation. Students on probation must regain a cumulative 3.0 GPA within the next semester in which full time study is resumed, or they will be subject to dismissal.

Students must have a cumulative 3.0 GPA at the completion of academic study, prior to entering the clinical internship. If a student has not achieved this standard, a recommendation may be made for termination from the program or the student may be required to fulfill certain remedial activities. Remedial activities may include, but are not limited to, repetition of professional courses or taking additional electives, additional clinical experiences, or an independent study.

2.2.4. Incompletes
Students must request an Incomplete in any course from the course instructor. The request will specify the terms of the Incomplete and the date on which the work is to be completed. If course work is not completed by the agreed upon completion date, a grade of “F” will be recorded automatically.

If an incomplete grade is posted for a course, continuing into the next semester with an Incomplete requires approval of the Committee on Academic Policies and Procedures by petition. After the student consults with the faculty member assigning the Incomplete grade, the petition should include not only a request to continue into the next semester but also the strategy for clearing the incomplete and a proposed date by which the Incomplete will be cleared. When the Incomplete grade is assigned pending completion of a retake of a final exam, the retake of the final exam must be done prior to the beginning of the next semester. If the requirements for the Incomplete are not made up within the stipulated time period, the “I” grade will automatically convert to an “F” grade. Under these circumstances, students will not be permitted to continue on with subsequent courses and will be asked to drop courses for which the failed course is a pre-requisite.

If the student has received an incomplete grade in a clinical experience and has not completed the required clinical education course within the stipulated time period, he/she must petition to continue into the next academic semester.

2.2.5. Course Failures
a) Repeating Courses: Students who fail a course may repeat the course only once. A student will be dismissed from the program if a grade of “B” or better is not achieved the second time. Withdrawing from a course with a grade of “W” constitutes having taken the course once.

b) If a student fails a course, the course must be repeated the next time it is offered, usually the following year. A student may file for a Leave of Absence
c) **Continuing Study:** Depending on which course is failed, and the corresponding course pre-requisites and co-requisites, the student may be allowed to continue in the program, taking some courses the following semester. To do so, the student must petition for a part-time modified program of study. This petition must be approved by the Committee on Academic Policies and Procedures and will be considered only in extenuating circumstances. Students who elect this option will be on academic probation while they are on part-time status (see 2.2.6.).

No adjustments in courses or course schedules will be made to accommodate part-time schedules. Students are responsible for any expenses incurred because of the extended program.

d) **Unsatisfactory completion** of two or more courses, including clinical experiences, will result in a recommendation for termination from the program.

**2.2.6. Academic Probation**

Students on academic probation must achieve a semester GPA of 3.0 for each semester while on probation. If a student is on a part-time schedule, a cumulative GPA of 3.0 must be achieved within the first semester that full-time study is resumed.

**2.3. PASS/FAIL OPTION**

**2.3.1. The following courses are offered **ONLY** on a Pass/Fail basis:**

- PT 676-770 Clinical Experience I, II
- PT 791 Development of Health Promotion Projects,
- PT 792 Health Promotion Project
- PT 793 Health Promotion Presentation
- PT 780 Clinical Internship

**2.3.2. In addition to the above courses, students in the Entry Level DPT may take up to 4 additional credits on a Pass/Fail basis from among the following courses:**

- PT 625 Clinical Perspectives in Health Policy
- PT 727 Psychology of Disability and Illness
- PT 730 Practice Management
- HP 820 Ethics in Health Care
- Electives (based on faculty course requirements)

Students wishing to take a course Pass/Fail must inform their Advisor at the time of registration.
Note: Pass/fail courses are not included in computation of the GPA.

2.3.3. All other courses (not listed above) MUST be taken for a grade (No Pass/Fail option).

3. ASSIGNMENTS AND EXAMS

3.1. WRITTEN ASSIGNMENTS

3.1.1. Written Work
All written assignments must be submitted double-spaced and 12 font (unless otherwise specified by professor).

3.1.2. Style Standards
The American Medical Association (AMA) Manual of Style, 8th Ed. will be used as the standard for all written work. Copies can be found in Treadwell Library. Style manuals cannot be removed from this site.

3.1.3. Late Assignments
Assignments are due at the beginning of class on the due date unless otherwise specified. Students who anticipate being late with an assignment must talk to the course faculty ahead of time. The student must contact the course faculty to establish deadlines for turning in late work. Course assignments turned in after the established deadline will be subject to a penalty on the grade for that work. Grades may be lowered by one-half grade per day or at the discretion of the instructor. Refer to individual course syllabi.

3.2. EXAMS

3.2.1. Schedules
Instructors will schedule exams at the start of each semester and will list exam dates in the course syllabus. Exam dates may be changed under extenuating circumstances.

3.2.2. Attendance at Examinations
If a student is unable to attend a written, oral, or practical examination, the student must notify the instructor PRIOR to the exam. The student must be able to substantiate a valid reason for missing the exam, such as illness, religious holiday, or death in the family. Except in extenuating circumstances, failure to notify the instructor in advance will result in a lowered grade for that exam at the discretion of the instructor.

When, after proper notification, a student misses an exam, the student must contact the instructor within 48 hours following the original exam date to schedule
a make-up exam. The make-up exam day, time and place are at the discretion of
the course instructor. The format of the exam will be determined by the course
instructor. Failure to make timely arrangements to make up the exam will result
in a grade of zero for that exam.

3.2.3. In-Class Exams
During in-class examinations, all book bags will be closed and placed at the front
of the room with all other personal belongings, including any electronics with the
exception of laptops for online exams. Students must remove all items they will
need from their book bags prior to the start of the exam. Students must refrain
from talking during the test. Students should inform faculty if they need to leave
the room during the exam to use the rest room. Only one student will be
allowed to leave the room at a time. Faculty will inform students if they prefer
to answer questions at the front of the room or at the student’s seat. No
additional papers should be on the table, desk arm, or chair unless authorized by
the instructor. Faculty may impose additional guidelines as needed for a given
exam.

3.2.4. Take-Home or Distance Learning Exams
Faculty will provide instructions for the degree of interaction permitted for take-
home exams. If students are expected to work independently, discussion or
questions should be directed to the course faculty only. Discussion should not
take place outside of class unless instructions specify otherwise.

3.2.5. Failed Exams or Assignments
   a) Minimum Grade Criteria: Minimum passing grades may be set for exams
      or assignments. Refer to individual course syllabi for guidelines. Unless
      otherwise specified, a grade of 73 is considered passing.

   b) Written Exam: If a student fails a written exam, one retake is allowed.
      The student must pass the retake with a grade of 83 or better at which
time the failing grade will be replaced with a passing grade of 73. In a
course in which there is more than one exam, only one failure with a
retake option is permitted. Failure of more than one written exam in a
course will result in a failure for the course.

Exam Retakes: If a student fails a written or practical exam, the student
must contact the instructor within 48 hours of posting of the grades or
being informed of the failure in order to schedule a retake. The retake
exam day, time and place are at the discretion of the course instructor.
The format of the exam will be determined by the course instructor. Failure
to make timely arrangements to retake the exam will result in loss of
opportunity for a retake exam.

Remediation prior to the retake is the student’s responsibility. However, a
student who fails an exam is strongly advised to make an appointment
with the course instructor to address remediation strategies prior to the exam retake. At the instructor's discretion, a common session may be scheduled for all students who failed the exam.

3.2.6. Practical Exams/Competencies/Oral Case Analyses in Clinical Courses

a) In clinical courses, all practical exams and competencies must be passed to achieve a passing grade in that course. Essential criteria related to safety and professional behavior must be met to pass a practical exam or competency.

i) **Competency** is defined as an assessment of the student's psychomotor skill in performing specific examination or intervention procedures. Competencies are specific to the clinical course in which the skill is taught.

ii) **Practical** is defined as an assessment of the student’s clinical decision making, affective and psychomotor skills in selecting and performing specific examination or intervention procedures as applied to a case. Practicals may involve integration of knowledge and skills across courses and previous terms. Performance on a practical will affect the grade for that specific clinical course only.

iii) **Integrated Practical** is defined as an assessment of the student’s clinical decision making, affective, and psychomotor skills in selecting and performing specific examination or intervention procedures as applied to a case. Integrated practicals will test knowledge and skills across courses and previous terms. Performance on an integrated practical will affect the grades for all designated courses for that term.

iv) **Oral Case Analysis** is defined as an assessment of the student's clinical decision-making process and ability to effectively communicate this process. Oral case analysis will test integration of knowledge across all courses and previous terms. Performance on an oral case analysis will affect the grades for all designated courses for that term.

b) Competency tests are graded Pass/Fail. Students will be allowed three attempts to successfully achieve the criteria for any given competency or a grade of F will be assigned.

c) For integrated practical exams and oral case analyses, the student must pass all components. Prior to the integrated practical or oral case analysis, specific grading criteria will be distributed for each component of the
d) If a student fails a practical exam, integrated practical exam, or oral case analysis, one retake is allowed. The student must pass the retake with a grade of 83 or better at which time the failing grade will be replaced with a passing grade of 73. In a course in which there is more than one practical exam, only one failure with a retake option is permitted. Failure of more than one practical exam (including the integrated practical or case analysis) in a course will result in a failure for the course.

e) If a student fails a practical, integrated practical examination, case analysis, or competency, the student must contact the course instructor within 48 hours of notification of the failure to schedule the make-up exam. The retake exam day, time and place are at the discretion of the course instructor. Remediation prior to a make-up exam is the responsibility of the student. However, an appointment with the course instructor may help the student to identify problems and to develop remediation strategies prior to the make-up exam.

f) When a practical exam, competency, or oral case analysis is being given, students are prohibited from speaking with other students about the content or format of the exam until all students have been tested.

g) In all simulated patient testing conditions including competencies, practical exams, integrated practical exams and oral case analyses, students must demonstrate the ability to make timely decisions and take timely action in anticipation of or in response to patient/client circumstances that reflect actual patient-care conditions, including time and resource constraints.

3.2.7. Dispute of Exam or Assignment Grades
A student who wishes to question a grade on an exam or assignment must do so within 3 school days of instructor’s review of the exam in class or from the day the assignment is returned. In the case of final examinations, students will have 3 school days from the date of notification of their grade by the course instructor. Requests for review of a grade must be submitted to the instructor in writing, with documentation supporting the request. The instructor is responsible for responding to the student within 5 school days from receipt of the complaint. Extenuating circumstances such as semester breaks or temporary unavailability of faculty may necessitate a longer interval between request and resolution. The faculty decision will be final.

3.2.8. Accommodations During Exams
Students who require accommodations during exams must have on file a current Disability Services Request Form with the Office of Student Affairs (Please refer to Section 12.3 - Accommodations for Disabilities). Students who are requesting
accommodations must follow the procedures established by the Office of Student Services. Faculty will not provide accommodations except those that are officially arranged by the Manager of Student and Disability Services.

If the accommodations require scheduling a quiet room for the exam, the Manager of Student and Disability Services will notify faculty and the student about room assignment.

3.2.9. Review of Written Exams
a) Students will have the opportunity to review all written exams (whether online or hard copy).

b) All written exams taken on paper will be returned to the course faculty. These exams will be housed in faculty offices and may be reviewed upon request in the location designated by the faculty of record.

c) Under no circumstances are students permitted to make a copy of any examination, electronic or otherwise.

d) If students have questions about a particular exam, they should make an appointment with course faculty during office hours. If disputing elements of the exam, please refer to policy 3.3.7 for procedure.

4. ATTENDANCE

4.1. ATTENDANCE REQUIREMENTS
Students must attend all classes and laboratories and are expected to arrive on time. Because of the interactive and collaborative nature of professional education, especially in laboratory sessions, and the rigor of this academic program, class attendance is essential for successful learning. Faculty expect continuous participation to maintain the proper flow of course material. In addition, as a model of professional practice, consistent attendance and punctuality is considered part of one’s professional commitment.

4.2. NOTIFICATION OF ABSENCES
For all academic courses, students must notify course faculty in advance if they are unable to attend class. Messages can be left for faculty using voice mail, email, or in the program office (726-8009). Messages should indicate the length of and reasons for the absence. Absences will only be excused for acceptable reasons, such as emergencies, religious observance, illness, or attendance at a professional conference.

Faculty recognize that personal responsibilities may, on occasion, require a student to miss class. A student may be excused from class for one day per semester for personal reasons that do not fit the category of accepted absences in the paragraph above. Such absences are not intended to be “personal days” nor should they be considered one “allowable” day off. In keeping with a student’s professional commitment
and the program’s requirement of class attendance, these absences should be a result of unavoidable conflicts with important personal commitments. Relevant course faculty must be notified of this planned absence at least 2 weeks in advance. Planned absences cannot be taken on days that include exams/practicals or clinical experiences. The student must fill out the Notification of Planned Absence form (see Appendix), obtain the signatures of the faculty member in each course that will be missed, and then submit the form to her/his Advisor. Students are responsible for all material covered on days that are missed for personal reasons.

4.3. PROFESSIONAL BEHAVIOR
Consistent attendance is considered one element of professional behavior, and chronic or unexcused absences or lateness will be addressed within that context with appropriate action taken by faculty when necessary (see Section 10.5). Students are encouraged to speak with their academic advisor if they are experiencing difficulty getting to class.

5. FACULTY-STUDENT COMMUNICATION

5.1. ELECTRONIC MAIL (EMAIL)
Each student will receive an Institute email address. Email will be the primary mechanism for communication between faculty and students and for all Institute communication. The Institute address will be the only email address used by faculty and administration to communicate with the student. Students are encouraged to check their Institute email daily.

5.2. WRITTEN COMMUNICATION WITH FACULTY
Students who wish to leave written communications with faculty should place them in the box outside the faculty member’s office or can be placed in the mailbox in the West Workroom on the 2nd floor.

5.3. OFFICE HOURS
Each faculty member will post a weekly schedule outside their office with identified office hours when they are available to meet with students. Students must sign up for appointments. Students should contact faculty directly to schedule alternative meeting times if office hours are not feasible or if office hours are not posted.

5.4. VOICE MAIL
All faculty have voice mail. Phone numbers for voice mail have been distributed to all students. Students can also leave messages for faculty with the program office (726-8009).

5.5. STUDENT REPRESENTATIVES
All students are encouraged to speak with faculty and/or the Department Chair or Associate Chair to discuss any issues related to the Physical Therapy Program. Student representatives will be selected by each class to meet with the Program Coordinator on a regular basis to discuss class issues and to organize class activities
outside of regularly scheduled classes. Student representatives will also serve on the IHP Student Government Association.

6. COURSE EVALUATIONS

Student input is a valuable component of curriculum evaluation. Constructive feedback assists the faculty’s ongoing development of individual courses and the curriculum as a whole. In addition to completing course evaluations at the end of the semester, students are encouraged to provide ongoing feedback to the Program Coordinator, course coordinators, academic advisors, and/or the Department Chair.

6.1. FORMAL COURSE EVALUATIONS
Student input is sought anonymously on a formal basis at the end of each term for evaluation of courses, professors, and teaching assistants. A standard online format is used for each evaluation. It is a student’s responsibility to complete appropriate evaluations for the course and instructors. All standardized responses will be tallied into percent response. This information is forwarded to the Department Chair, Course Coordinator, and course faculty.

6.2. PURPOSE OF COURSE EVALUATIONS
Course evaluation responses are used by program faculty as part of curriculum evaluation, to assess course effectiveness, and to guide revisions to courses and the overall program. Responses are also used as part of faculty assessment and are included in faculty dossiers for reappointment and promotion.

7. COURSE READING MATERIALS

7.1. PURCHASING TEXT BOOKS
Students are responsible for purchasing textbooks. The Institute’s designated bookstore is:

MBS Direct
Students should check the following web site prior to the start of each semester. The web site address is www.mbsdirect.net. It can be accessed directly from the IHP web page under “Student Life - School Store.” Each course will have a separate listing by course number. Students will receive a notification from the program when all books have been posted for the upcoming semester.

7.2. SUPPLEMENTAL READINGS

7.2.1. Course Packets
In accordance with United States copyright laws, faculty may compile supplemental readings, lecture outlines, and worksheets into a course packet. If a course packet is available, students are required to purchase the packet. Any copying of the supplemental course packet is a violation of the copyright law and
will be considered a serious breach of professional behavior. Mechanisms for purchase of these materials will be announced.
7.2.2. **Reserved Readings**
Faculty may elect to place copyrighted readings on reserve. Two copies of each reading will be on reserve on the 4th floor.

8. **EQUIPMENT: Student Equipment Kit**

All students will be required to purchase “IHP PT Kit.” Students must have the kit for use in the summer semester of Year 1. Each student will need his/her own equipment. The student must replace lost or misplaced equipment. Information regarding purchase of this kit will be provided during the summer semester.

9. **PROFESSIONAL DEVELOPMENT**

The Faculty of the Entry Level DPT is committed to a philosophy of continuous self-assessment and professional development as an integral part of the learning process within professional education. We believe that professional behaviors, attitudes, and abilities are essential for success as a physical therapist and that academic and clinical faculty serve as mentors and role models within the professional education environment.

Professional development activities, including a professional development self-assessment, may be required of students as part of their program curriculum. The purpose of such activities is to facilitate an understanding of professional responsibility and to recognize opportunities for enrichment, development, and improvement.

10. **PROFESSIONAL BEHAVIOR**

Professional behavior is consistently expected of all students in all program-related activities, as well as when the students are acting as representatives of their program and Institute. Professional behaviors will be assessed as part of all courses and clinical experiences.

10.1. **CODE OF ETHICS**
Students are expected to adhere to the principles delineated in the Code of Ethics and Standards of Practice of the American Physical Therapy Association (APTA) ([http://www.apta.org/Ethics/Core/](http://www.apta.org/Ethics/Core/)).

10.2 **PROFESSIONAL DRESS**
Students are expected to dress appropriately for both clinic and classroom work and in any other situation or setting in which they are on Institute business. In the clinic, students must adhere to the dress code of the specific institution to which they are assigned. For laboratory classes, the student must wear clothing that allows free movement and access to the body parts being studied. When guest patients are brought into class, students must be in professional dress and lab coats. Students who
are dressed inappropriately will be asked to leave. When representing the Institute in another setting or when interacting with patients/guests at the Institute, professional attire is required. Shirts/blouses that expose the midriff and pants that do not adequately cover the body when bending/stooping over are not acceptable.

10.3 ACADEMIC INTEGRITY
As one of the components of Professional and Ethical Behavior, academic integrity is a very serious matter. In academic matters, mutual responsibility between faculty and students requires cooperation and trust in maintaining the ideals and spirit of academic and professional integrity. Each student is responsible for doing his/her own work. Any student who witnesses or has reason to suspect an incident of cheating or plagiarism has an ethical and professional obligation to report it to a faculty member. Any student suspected of cheating or of failing to report academic dishonesty will be reported to the Committee on Academic Policies and Procedures and will be subject to disciplinary action as specified in the IHP Catalog.

10.4 PROFESSIONAL BEHAVIOR CRITERIA

10.4.1 RESPONSIBILITY: The student consistently demonstrates his or her ability to:

- Be punctual and dependable.
- Complete responsibilities in a timely manner
- Follow through with assigned or accepted responsibilities.
- Know and abide by relevant policies and procedures (e.g. for the University and its facilities, the Program and its resources, program-related clinical setting.
- Use scheduled meeting times effectively.

10.4.2 SELF-DIRECTEDNESS: The student consistently demonstrates his or her ability to:

- Seek out and make use of a breadth of available and appropriate resources.
- Independently pursue learning without being consistently dependent upon others or over-utilizing any one set of resources in a way that might limit access to others.
- Initiate completion of responsibilities without waiting for direction or reminders from others.

10.4.3 COMMUNICATION: The student consistently demonstrates his or her ability to:

- Use a volume and clarity of speech that is understandable to the listener or audience.
• Utilize an appropriate level and type of language for the person, group and/or situation.
• Utilize a tone and attitude that demonstrates respect for others and their roles (e.g. peers in program-related situations, faculty, staff, clinicians, patients, families, other health professionals).
• Present or discuss one’s own views in a way that demonstrates respect for those with opposing viewpoints.
• Maintain appropriate body language and non-verbal cues in a way that demonstrates respect for others.
• Be attentive and respectful when others are speaking.

10.4.4. PROFESSIONALISM: The student consistently demonstrates his or her ability to:
• Be honest and demonstrate integrity in all situations.
• Maintain personal boundaries that are appropriate for the situation.
• Voice criticisms and negative perspectives, when necessary, in an appropriate way and at appropriate times.
• Respect those with opposing opinions
• Respect the role and contribution of others to one’s education and to health care delivery.
• Respect confidentiality of others when called for.
• Accept and respond appropriately to criticism.
• Demonstrate sensitivity for interpersonal differences, including cultural, racial, religious and gender.
• Dress and maintain a level of personal cleanliness that is appropriate for a given situation.

10.4.5 COLLABORATION: The student consistently demonstrates his or her ability to:
• Collaborate effectively with others in a way that facilitates achievement of goals or objectives.
• Manage or attempt to manage conflict in constructive ways.

10.5 PROFESSIONAL BEHAVIOR ACTIONS
When professional behaviors do not meet acceptable standards, depending on the nature and severity of the problem and the setting within which it occurs, one or more of the following actions may be taken at the discretion of the Faculty of the Entry Level DPT:

10.4.1. In the academic setting, course faculty or the academic advisor may
notify the student about inappropriate behaviors with a Notification of Concern (NOC) memo sent from the faculty member or academic advisor. The student must then meet with the faculty member(s) who sent the NOC to discuss strategies for remediation and professional development. Problem behaviors will also be discussed with the Program Coordinator.

10.4.2. A student may receive a lowered grade or a failing grade in an academic or clinical course at the discretion of the instructor with documentation of inappropriate professional behaviors or violations of professional conduct.

10.4.3. If inappropriate behaviors are identified through two or more Notifications of Concern, the student will be reviewed by the Committee on Academic Policies and Procedures. The Committee may require remedial action, may place the student on probation, or may recommend termination to the program faculty for repeated or egregious professional behavior incidents. Termination of a student for professional behavior issues will follow due process, including written notification and documentation of the infraction(s). Students have the right to initiate grievance procedures for disciplinary action, according to the processes delineated in the online IHP Catalog.

Further information on guidelines for conduct and procedures related to disciplinary action are delineated in the online IHP Catalog.

11. USE OF TECHNOLOGY IN CLASSROOM
Effective use of technology is encouraged to enrich the learning experience at the Institute. Students should bring laptop computers to the classroom to take notes, to refer to PowerPoint presentations, to refer to websites relevant to the class discussion, or to take online exams. Students should NOT use computers for non-class related activities during class time. Email or other forms of personal communication including text messaging during class are inappropriate, even if related to class activities, unless specifically required by the instructor.

12. TECHNICAL STANDARDS
Becoming a physical therapist requires the completion of a professional education program that is both intellectually and physically challenging. Students must be able to take part fully in the academic and clinical life of the program to benefit from the educational activities and to succeed in fulfilling requirements for the Doctor of Physical Therapy degree.

In accordance with the provisions and philosophy of the Americans with Disabilities Act (ADA), faculty are committed to providing appropriate learning experiences that maximize every student’s potential, and working with students with disabilities to
determine if there are ways to assist them in performing essential functions and skills to meet educational standards. The MGH Institute of Health Professions will consider any applicant who meets its academic criteria and demonstrates the ability to perform or to learn to perform the skills listed in this policy with or without reasonable accommodations consistent with the Americans with Disabilities Act. Prospective students are sent the Technical Standards list at time of acceptance to the program. Any applicant with questions about these technical standards is strongly encouraged to contact the Student Services Administrator in the Office of Student Affairs at studentlife@mghihp.edu.

All students will be held to the same standards and must be able to perform the technical standards of their positions with or without reasonable accommodations. Upon request, reasonable accommodations will receive due consideration.

12.1. TECHNICAL STANDARDS
The following technical standards are considered necessary for full participation:

- Students must be able to read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
- Students must have the alertness and endurance to attend classes 30 hours or more each week, including combinations of lecture, discussion, laboratory, and clinical activities. Preparation for class typically requires an additional 20-30 hours per week. The curriculum may also require occasional scheduled classes or laboratory experiences at local facilities in the early morning, evening, or weekends. Clinical experiences may require 40 hours or more per week on a schedule that corresponds to the operating hours of the clinic and the clinical instructor.
- Students must participate in intellectual activities requiring critical thinking, judgment, analysis, conceptualization of spatial relationships, problem-solving, and planning within reasonable time frames and within a multitask setting.
- Students must participate in clinical and laboratory experiences that require exposure of body parts and palpation of body structures by faculty and students of both sexes.
- Students must have verbal and non-verbal interpersonal and communication skills that are consistent with productive classroom participation; respectful interactions with faculty, students, and staff; and development of appropriate therapeutic relationships.
- Students must possess the emotional health required for full use of their intellectual abilities, adaptation to change, exercise of good judgment, and safe completion of all responsibilities.
- Students must be able to make timely decisions and take timely action in anticipation of or in response to patient/client circumstances that reflect actual patient-care conditions including time and resource constraints.
- Students must be capable of:
• sitting for long periods
• standing for 2-4 hours per day (6-8 hours in clinical practice settings)
• walking
• climbing stairs
• twisting
• bending
• reaching
• lifting
• using auditory, visual, and tactile senses to receive instructions and to evaluate and treat patients
• continuous use of hands with firm grasp and manual dexterity
• the exertion of push/pull forces
• coordination of verbal, manual, and gross motor activities
• movement from place to place and position to position with safe speed, strength, coordination, and endurance for handling equipment and classmates or patients
• standing and walking while supporting a classmate who is simulating a disability or supporting a patient with a disability

12.2. ACCOMMODATIONS FOR DISABILITY
To be eligible for disability-related services, individuals must have a documented disability as defined by section 504 of the Rehabilitation Act and/or the Americans With Disabilities Act (ADA) of 1990. Eligible disabilities include physical and mental impairments which may include but are not limited to vision, hearing, mobility, learning, systemic, psychiatric, and brain injury that substantially limit one or more major life activity.

Students with disabilities are encouraged to fill out the Disability Services Request form available on the web and in the Office of Student Affairs. Disability evaluations from an appropriate professional must have been performed within five years of the date of submission; otherwise students will be asked to submit a current evaluation at their own expense. If the initial documentation is incomplete or inadequate to determine the extent of the disability and appropriate accommodations, Student Services has the discretion to require supplemental assessment of a disability. (OSA can provide assistance in locating appropriate, licensed evaluators.) All information provided will be kept confidential except as required by law.

Please consult the Institute Catalog for more details or contact studentlife@mghihp.edu.

13. INFORMED CONSENT

13.1. CLASSROOM AND LABORATORY EXPERIENCES
Students in the Entry-level 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.

13.2. GUEST PARTICIPATION IN LEARNING ACTIVITIES
When patients or other individuals serve as subjects for demonstration or practice in class or laboratories, they will be given an informed consent form describing the types of interaction they will face, what activities they will be part of, potential risks to their participation, and precautions taken (see Appendix C).

13.3. RESEARCH PROJECTS
All students are required to complete the Collaborative IRB Training Initiative (www.citiprogram.org) required of Spaulding Rehabilitation Hospital personnel prior to engaging in research activities. All studies that involve the participation of human subjects must be reviewed and approved by an institutional review board in the proposal stage to assure compliance with ethical standards for conducting human studies research. Proposals for projects done at the IHP are reviewed by the IRB at Spaulding Rehabilitation Hospital. Regulations, standards, and guidelines for submission of proposals can be found on the Partners website mghra.partners.org.

14. PHYSICAL THERAPY LABORATORIES
Students are expected to adhere to all safety guidelines in the use of the Physical Therapy Laboratories.

14.1. Universal precautions and infection control practices must be used when indicated.

14.2. In case of any emergency, use the telephone outside Room 315 to call MGH Security at 6-0528. Notify them of your location at 36 1st Avenue (Building 36) and ask for appropriate assistance.

14.3. Students are responsible for following established protocols for use of all laboratory equipment and therapeutic procedures.

14.4. All physical agents may be used ONLY in the presence of an authorized lab instructor who is a licensed physical therapist.

14.5. Students are responsible for adhering to appropriate body mechanics at all times.

14.6. Students are responsible for identifying conditions, which they may have for which precautions or contraindications may be considered, and for developing appropriate
adaptations or requesting necessary accommodations.

14.7. Students are responsible for maintaining their own safety and the safety of others in all laboratory activities.

14.8. Students must dress appropriately for lab in clean attire. Long hair must be pinned back and dangling jewelry must be removed. Fingernails must be short. Shoes should be closed at the toe.

14.9. Students are responsible for maintaining cleanliness and organization in the lab, including:
- Changing pillow cases and sheets on each treatment table
- Setting up two chairs at each treatment table at the end of the lab
- Wiping down treatment tables that are not covered with an appropriate cleansing solution
- Placing all dirty laundry in the appropriate receptacle in the linen closet
- Returning all equipment to designated areas
- Students will not disarticulate skeletons without approval from faculty
- Keeping shoes off mats and sheets
- All food and drink brought into the lab must be discarded in appropriate containers OUTSIDE the lab.

14.10. Pillows should not be removed from the laboratory.

14.11. When lab sessions are finished, students must return lab furniture to its original configuration. This includes, but is not limited to: open lab sessions, independent study, and regular classroom sessions.

15. PETITIONS

Students maintain the right to petition the Committee on Academic Policies and Procedures for any variance from standard policy or procedure.

15.1. FORMAT OF PETITIONS
Petitions should be submitted to the Committee on Academic Policies and Procedures through the academic advisor. Petitions should include the specific request, a complete explanation of why the request is being made, and must include supporting documentation to justify why the petition should be granted.

A form is available from the Office of Student Affairs for petitions for Leave of Absence and petitions for grades of Incomplete. All other petitions should be submitted in the form of a letter addressed to the student’s academic advisor or the Committee on Academic Policies and Procedures. Petition letters attached to IHP emails are acceptable.
15.2. APPROVAL OF PETITIONS
All petitions must be approved by majority vote of the Committee on Academic Policies and Procedures. The Chair of the Committee will inform the student in writing of the outcome of the petition process.

16. OSHA REQUIREMENTS, CPR, and HIPAA TRAINING

16.1. OSHA/UNIVERSAL PRECAUTIONS
Occupational Safety and Health Administration (OSHA) training is essential in health care and educational environments. This training instructs students about general infection control principles and their management. Students must document prior to matriculation that they have reviewed and understood this training by using the web link found in their IONLINE account that documents review of the OSHA information. OSHA documentation, along with HIPAA and Academic Integrity, are all conditions of enrollment and must be completed by the first day of class.

16.2. CARDIOPULMONARY RESUSCITATION
All students are required to maintain current certification in CPR. Students are responsible for knowing their renewal dates and for attending re-certification sessions. Courses are offered at a charge through the hospital. Students may call 726-3111 to obtain a schedule of courses. A copy of a current CPR card must be on file in the program office.

16.3. HIPAA TRAINING
The Health Insurance Portability and Accountability Act (HIPAA) is legislation that mandates the standards and requirements for the electronic transmission of certain health information. This act seeks to insure all patients, clients, and research subjects' health information is protected. Students must document prior to matriculation that they have reviewed and understood this training by using the web link provided in their IONLINE account that documents review of the HIPAA information. HIPPA documentation, along with OSHA and Academic Integrity, are all conditions of enrollment that must be completed by the first day of class.

16.4. CURRENT STATUS
Students are required to sign a form verifying that they have completed both the OSHA training and are current in CPR before clinical experiences.

17. IMMUNIZATIONS

17.1. IMMUNIZATION POLICY
All matriculated students must comply with the Institute's policy on immunization. This policy will be communicated through the Office of Student Affairs and can be found on the online IHP catalog. Students will not be permitted to attend clinical experiences if out of compliance.
17.2. CLINICAL EXPERIENCES
Students are responsible for knowing and adhering to the immunization requirements of clinical sites to which they have been assigned for all clinical experiences. These requirements may differ from the Institute’s policies. **Students must keep copies of all documentation of immunizations.**

18. TRANSFER CREDITS

Students may transfer a maximum of two academic courses or six credits for graduate study completed at another institution that would satisfy program requirements. Undergraduate courses will not be considered for transfer credit. Students must petition the Committee on Academic Policies and Procedures according to procedures defined in Section 14. Students must attach course syllabi, transcripts, and any other requested documentation to the petition.

Transfer credits are not counted toward the GPA and will only be considered for courses with a grade of “B” or better. Transfer credits can only be applied for courses that have not been applied towards another degree.

19. COURSE EXEMPTIONS AND CREDIT BY EXAMINATION

Students may petition for exemption of courses according to guidelines set forth in the online IHP catalog (under rights and responsibilities).

Students may also petition to obtain course credit by examination if they believe their life or work experience qualifies them in that content area. Policies related to credit by examination are delineated in the online IHP catalog.

Students may be exempted from or test out of a maximum of two courses or six credits as part of the professional program.

20. MEDICAL TERMINOLOGY

Students are required to demonstrate competency in medical terminology and medical abbreviations by passing with a minimum grade of 73% on a Medical Terminology Competency Exam by the end of the second week of the Fall semester, Year 1. Students may re-take the exam within a week if a failing grade is obtained. If the exam is not passed on the second try, the student will be required to participate in a remedial program.

Students are expected to study the material for this exam on their own. Appropriate references and self-study texts will be recommended.
21. AWARDS AND FELLOWSHIPS

Students engaged in their last year of study in the Entry-level DPT are eligible to be nominated for the following awards and fellowships:

**Adams Fellow Award**
The Adams Fund, created by 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 Graduate Programs in Physical Therapy 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.

22. AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)

22.1. MEMBERSHIP
Students are expected to become student members of the American Physical Therapy Association (APTA). The APTA is the professional association for physical therapists, representing 68,000 physical therapists and physical therapist assistants across the United States. The APTA's goal is to foster advancement in physical therapy practice, education, and research. Applications for membership are available in the program office or can be done online at www.apta.org. When applying for membership, students should use their local address so that APTA related materials are received in a timely manner and so that the student is a member of the MA Chapter (state membership is required by APTA).

The APTA and APTA resources can be accessed via their website at http://www.apta.org. The national office is located at 1111 North Fairfax St, Alexandria, VA 22314 (800/999-APTA). Membership services can be reached at extension 3124.

22.2. APTA SECTIONS
The APTA offers membership in 19 sections which represent special interest groups. Student rates are available for membership as listed on the membership application. Sections provide a forum for therapists with similar interests to interact, share professional experiences, and further the activities of the profession in that content...
area. Many sections publish newsletters or journals that provide information on research, clinical practice, and health policy issues related to that section.

22.3. MASSACHUSETTS CHAPTER
The American Physical Therapy Association of Massachusetts represents more than 2200 therapists in the Commonwealth of Massachusetts.

The chapter office mailing address is

APTA of MA
15 North River Road
Tolland, CT 06084
phone 617-429-1325, fax 978-231-0291

The chapter homepage can be accessed at http://www.aptaofma.org.

The chapter office can be reached via email at aptaofma@aptaofma.org.

22.4. MEETINGS AND CONFERENCES
Information on national APTA conferences is generally published in PT in Motion, listed on the APTA website, and is mailed or emailed to all APTA members. Chapter activities are published in the chapter Newsletter which is published bi-monthly.

Students are encouraged to participate in APTA meetings and conferences. Students who wish to attend national or regional meetings that overlap with scheduled classes must complete a Notification of Absence form to obtain approval. Students are encouraged to meet with course faculty or their advisor to plan for make-up of missed work. If conferences overlap with clinical experiences, the student must get permission from the Director of Clinical Education and the clinical facility.

22.4.1. Combined Sections Meeting
The Combined Sections Meeting (CSM) is usually held in early February, and is organized by the sections of the APTA. Registration for CSM is at reduced cost for student members. Early-bird registration rates are also available.

22.4.2. The Annual Meeting and Scientific Exposition of the APTA
In June of each year, the APTA sponsors the Annual Meeting and Scientific Exposition. This meeting offers educational sessions and research presentations. The APTA House of Delegates meets prior to this meeting. Registration for this conference is at a reduced cost for student APTA members. Early-bird registration rates are also available.

22.4.3. Student Conclave
The APTA runs a Student Conclave in October of each year, providing programming for students from physical therapy and physical therapist assistant programs. The Conclave usually includes educational sessions, a Mock House
of Delegates, sessions on resume writing, and opportunities to meet with members of the APTA Board of Directors.

22.4.4. Massachusetts Chapter Meetings
The American Physical Therapy Association of Massachusetts sponsors an annual meeting in October. Student members receive a reduced cost registration. Education sessions are offered at this meeting as well as the presentation of research papers and meeting of the Representative Assembly.

The Massachusetts Chapter also holds meetings throughout the year at the state and district level for educational sessions and discussions of policy issues. Information on these meetings is published electronically through chapter emails.

The Massachusetts Chapter delegation to the House of Delegates meets several times during the year to discuss issues that will be brought to the House of Delegates in June. All members of the chapter are invited to attend these meetings.

23. PROGRAM COMPLAINTS

23.1. SUBMISSION OF PROGRAM COMPLAINTS

Students who have complaints about any aspect of the entry-level DPT Program should speak with their faculty advisor, the Associate Department Chair or the Department Chair to determine if there is a reasonable solution that can be worked out. If the student does not get satisfaction through this mechanism, he or she must submit a formal written letter of complaint to the Department Chair 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

23.2. RESOLUTION OF PROGRAM COMPLAINTS

All program complaints will be handled by the Department Chair who will notify the complainant in writing of any action taken.

23.3. COMPLAINTS ABOUT IHP POLICIES OR PROCEDURES

Complaints that refer to Institute policies or procedures should be directed to the Office of Student Affairs (OSA).

23.4. 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). Such a complaint must adhere to the same guidelines listed in Section 22.1
above. Staff at CAPTE can be contacted directly with questions on the procedure to file such a complaint at accreditation at www.apta.org.

24. AWARDING OF THE DOCTOR OF PHYSICAL THERAPY DEGREE

24.1. DEGREE REQUIREMENTS
Granting of the Doctor of Physical Therapy degree is contingent upon successful completion of all required courses (100 credits) with grades of “C” or better and a cumulative GPA of at least 3.0.

All clinical experiences must be successfully completed prior to awarding of the degree.

24.2. TIME LIMITS
Students have a maximum of five years from the date of initial matriculation to complete all degree requirements, including clinical experiences.
PART II

CLINICAL EDUCATION POLICIES AND PROCEDURES

25. ADVISING

Frequently, issues that impact a student’s performance and participation in academic and laboratory courses will also impact clinical experiences. Students are encouraged to use their academic advisors for consultation and assistance with any matters that may impact the clinical education component of their professional education.

In addition to the academic advisor, the Directors of Clinical Education (DCEs) play a role in advising all students in matters related to the planning and implementation of the clinical education component of the curriculum.

The DCEs will:

a) Advise students about available clinical education facilities and assist in planning their clinical education experiences across the curriculum.

b) Make all final decisions regarding matching students to clinical education facilities for specific clinical courses.

c) Monitor each student’s clinical placements across the curriculum assuring variety and depth of clinical exposure.

d) Monitor student’s performance in the clinic, providing counseling and arranging remedial clinical experiences as needed.

Any matters that may impact a student’s ability to participate fully in a clinical education experience should be brought to the attention of the DCEs in advance of the start of the clinical experience. If the clinical experience is in progress, the student should notify the DCEs immediately of any change or potential change in status.

26. GRADES AND PERFORMANCE EVALUATION

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

PT 676, 770  Clinical Experience I, II
PT 780  Clinical Internship
In addition, the clinical practicum component of the following courses will be graded pass/fail and students must receive a grade of Pass for practicum in order to pass the course:

PT 661, 662, 761  Seminar and Practicum I, II, III

Students completing clinical internship after conferring of the DPT degree are enrolled in PT781, Internship Continuation, which will be graded Pass/Fail. To earn a grade of Pass for this course, a student must complete the entire internship time commitment and any other requirements established by the internship facility. This course carries zero credits.

26.2. EVALUATION OF STUDENT PERFORMANCE

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. Expectations for passing each clinical education course are contained in the course syllabus.

26.2.1. 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.

26.2.2. 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 upon the request of the DCE.

26.2.3. Performance Evaluation Formats
CI’s and students will use the evaluation tools provided by the DCE for evaluating student performance in each clinical education experience. The DCEs will instruct students in proper use of each tool.
26.3. COMPLETION OF CLINICAL EXPERIENCES
All clinical experiences are considered professional courses and must be completed successfully to continue with full-time study into the next semester.

Clinical education courses will occur at the facility assigned by the DCE. It is not the student’s prerogative to decline a clinical education placement; such action will be considered refusal to take a required course. Likewise, a student who decides to discontinue participation in a clinical experience prior to its scheduled end date, without successful petition for a grade of Incomplete (see section 26.6), will receive a grade of “F” for that course.

26.4. REMEDIAL CLINICAL HOURS
Based on academic and clinical evaluations, the DCE may require a student to participate in an additional clinical experience at any time during the curriculum. The course designation PT 639 Clinical Remediation is used in such instances. PT 639 carries between 1-3 credits based on the extent of the clinical remediation required. PT 639 is graded pass/fail based on the student meeting specific objectives developed by the DCE. In cases where the DCE requires remediation, students must successfully complete the clinical remediation prior to matriculation into the next semester or beginning PT780 Clinical Internship.

26.5. FAILURE OF CLINICAL EXPERIENCES

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Evaluation Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 661, 662, 761 Seminar and Practicum I–III</td>
<td>The learning objectives and performance evaluations for each clinical practicum will be based on the overall objectives for the Clinical Seminar and Practicum course in which it is contained. The DCE will provide a Clinical Instructor Assessment of Student Performance form and Student Self-Assessment of Performance form to the CI and student respectively for use in each practicum.</td>
</tr>
<tr>
<td>PT 676, 770 Clinical Experience I-II</td>
<td>The Physical Therapist Clinical Performance Instrument (CPI) published by the American Physical Therapy Association will be used by CI’s and students to evaluate student performance during these full-time clinical experiences.</td>
</tr>
<tr>
<td>PT 780 Clinical Internship</td>
<td>The performance evaluation process for the clinical internship is multifaceted. It includes assessment of entry-level competency using the CPI and, at the discretion of the clinic, facility-specific competencies for clinical practice.</td>
</tr>
</tbody>
</table>
Failure of a clinical experience is considered failure in a professional course and is associated with all actions and penalties that may occur with any failure of a professional course.

If a student fails any clinical experience, the DCE will make a recommendation to the Committee on Academic Policies and Procedures regarding continued matriculation in the program. Depending on the reasons for the failure, the DCE may recommend continued matriculation or termination from the program.

If the student is continuing in the program, the DCE may recommend to the Committee on Academic Policies and Procedures that the student complete remedial work prior to repeating the failed clinical experience. Remedial activities may include, but are not limited to, repetition of professional courses, additional focused clinical experience, or independent study. The process of making up a failed clinical experience will most often disrupt the flow of academic coursework. The clinical experience may be prerequisite to continued matriculation, thereby delaying resumption of coursework until the following year. A student may file for a leave of absence until the semester in which coursework is resumed.

Failure to successfully complete any two clinical experiences will result in a recommendation for termination from the program.

26.6. INCOMPLETES
When extenuating circumstances interfere with successful completion of a clinical experience, students may petition for an Incomplete, which must be approved by the DCE. Guidelines for completing the experience and the time period within which it must be completed will be specified by the DCE.

If a student receives a grade of Incomplete in an academic course that is pre-requisite to a clinical experience in the curriculum, the student should make every effort to complete the academic course prior to the scheduled start of the clinical experience. If the course has not been completed, the student must petition to be permitted to begin the clinical experience as scheduled. Based on the amount and scope of the incomplete coursework, the DCE will make a recommendation to the Committee on Academic Policies and Procedures regarding all such petitions.

27. SEQUENCE OF CLINICAL EDUCATION COURSES

27.1. 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 780, students must also have a cumulative grade point average of 3.0 or above (see section 2.2.3).

Students must also meet all additional program, Institute, and clinical facility requirements for entering a specific clinical experience. These requirements include,
but are not limited to:

- Registering for the clinical education course and paying all tuition and fees. **No student may enter clinic until cleared by the Student Accounts Manager as having met all financial responsibilities.**
- Submitting a completed Student Data Form in a timely manner.
- Complying with Institute health status and immunization requirements, CPR certification, and HIPAA and OSHA training requirements.
- Complying with the facility's health status requirements, CPR certification, HIPAA and OSHA training, and any other requirements, some of which may differ from Institute requirements, and submitting all required documentation.
- Submitting to and passing a criminal background check as required by the clinical facility.
- Being available to participate in the experience during dates and times designated by the clinical facility.

27.2. COMPLETING CLINICAL EXPERIENCE(S) OUT OF SEQUENCE

If for any reason a student in the program fails to 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 fails to 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 780 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.

28. HOMEWORK ASSIGNMENTS DURING CLINICAL EXPERIENCES

Students should expect to receive assignments from clinical faculty including, but not limited to, literature search, background reading, case presentations, in-service presentations, and written assignments, including draft documentation for the medical record, treatment plans, etc.

All assignments must be completed according to the criteria specified by the clinical instructor. Assignments not completed by the established deadline or according to standards will be reflected in the student’s performance evaluation.
Students should not interpret the above as replacing the responsibility they hold to take initiative in their own learning in the clinical setting. Students are expected to 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.

In the event that students are asked to initiate or complete an assignment for an academic course based on an experience in clinic (e.g. a case study), students should discuss the assignment with the Clinical Instructor; work within facility policies including, but not limited to, policies protecting confidentiality of patient information; notify the academic course faculty of any issues that may limit completion of the assignment; and take responsibility for problem-solving, with the academic course faculty, in order to find an appropriate solution.

29. ATTENDANCE

29.1. EXPECTATIONS FOR SPECIFIC CLINICAL COURSES

29.1.1. Seminar and Practicum I-III Attendance is mandatory for all clinical practicum 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.

Students are expected to be in attendance at all clinical experiences during the hours specified by the clinical facility. In the case of illness or other unanticipated absence, students must contact the clinical facility before the start of the scheduled clinical hours to report the absence. 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. In addition, all absences must be simultaneously reported by the student to the Director of Clinical Education (DCE) at (617) 724-6924.

Make-up of 1 session in any Practicum experience, missed due to illness or other justifiable cause, will be at the discretion of the clinical faculty (CI and/or CCCE). Absence from two or more 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. Missed time may be made up following the experience or during it by adding additional hours. Students are expected to be flexible in making up time and must keep clinic a priority in their schedules. Missed time not able to be made up within the academic term may result in a grade of Incomplete.
29.1.2. **Full-time Clinical Experience I-II**

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.

Students are expected to be in attendance at all clinical experiences during the hours specified by the clinical facility. For full-time clinical experiences students are expected to comply with the schedule assigned by the clinical facility, including weekend and holiday work schedules, rather than the Institute’s academic calendar.

In the case of illness or other unanticipated absence, students must contact the clinical facility 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 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.

Make-up of up to 2 sessions in any Full-time Clinical Experience, missed 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. Missed time may be made up following the experience or during it by adding additional hours to the work week. Students are expected to be flexible in making up time and must keep clinic a priority in their schedules. Missed time not able to be made up within the academic term may result in a grade of Incomplete.

29.1.3. **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 780 and completing degree requirements, no vacations or time-off requests for personal reasons are permitted. 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.

29.2. PUNCTUALITY
Students are expected to be punctual for all clinical education experiences. If a student is going to be late, he/she must call the clinical education facility and notify the CI of his/her estimated time of arrival.

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.

29.3. MEDICAL CLEARANCE
Students who experience temporary illness, such as the flu or common cold, should exercise judgment in deciding when to return to the clinic – taking into account the site, type of patients, and clinical responsibilities. Students may find it helpful to contact the Clinical Instructor for advice on when to return to work. Students may also contact the DCE for guidance related to determining appropriate health related conditions for missing clinic and appropriate health status for returning to the clinic.

When the illness is contagious or the student has a physical disorder that restricts his/her physical activity in any way, the student must receive medical clearance from a health care provider and present it in writing to the clinical facility and the DCE. In such instances the health status requirements of both the clinical facility and the program must be met in order for the student to return to the clinical education experience.

29.4. SNOW POLICY
All classes, including Practicum I-III, will be canceled when the Institute is closed for inclement weather. Students must still call the clinical facility prior to the start of the scheduled clinical session to report their absence due to school closing.

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 all 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 at (617) 724-6924.
30. MATCHING STUDENTS TO CLINICAL FACILITIES

30.1. INTRODUCTION
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, Academic Advisor, other academic faculty, and/or clinical instructors, students are expected to play an active role in identifying and requesting clinical education experiences that will foster growth in identified developmental areas.

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

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.

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’ decisions regarding appropriateness of the facility to specific clinical experiences in the curriculum and/or to a specific student’s learning needs.

30.2. TIMING AND SCHEDULE OF CLINICAL EXPERIENCES
The specific timing (including start and end dates, day(s) of week, and hours) of any given clinical education experience may vary from facility to facility and year to year based on resource availability. **Students are expected to comply with the facility’s timing of clinical education experiences and must flex their personal schedules to accommodate specific time constraints of the facility.**

The DCE will include anticipated timing of clinical placements in information provided to students as part of the clinical education match process. In the event that the timing of a clinical education experience is changed by a clinical facility, the DCE will communicate the change to the student(s) immediately upon notification by the facility.

30.3. EXPENSES
Students are responsible for all expenses associated with clinical education. Clinical education, especially a full-time clinical experience, typically involves some expense to the student. The cost associated with a given clinical education experience will depend on many 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.**
30.4. HOUSING
All housing arrangements associated with clinical education are the student’s responsibility.

Some clinical facilities 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.

30.5. TRAVEL
Students are responsible for all 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 experience or practicum). 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.

Students are responsible for contacting the facility and/or using the Internet to seek information regarding directions and transportation to the facility. Try www.mapquest.com for driving directions and www.mbta.com for public transportation routes in greater Boston.

30.6. DRESS
Students are expected to comply with the dress requirements of the clinical facility to which they are assigned. There may be some expense associated with dress code compliance (e.g. rental or purchase of scrubs, purchase of a specific type of footwear, etc.). All students must be prepared with a lab coat and 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.

30.7. PROCEDURES FOR THE MATCH PROCESS

30.7.1. For Specific Types Of Clinical Experiences
The process of matching students with clinical facilities involves the DCE,
students, and, in the case of the clinical internship, the clinical facilities.

a. Practicum Experiences
DCEs complete all practicum matches taking into consideration the scope of each student’s prior clinical experience.

b. 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. Forms must be returned to the designated individual by the specified date to be considered in the match process. There is no guarantee that a student will receive an assignment from his/her listed facilities.

c. Clinical Internship
The process for matching students to internship facilities involves the students, the clinical facilities offering internships, and the DCE.

Students are responsible for identifying preferred internship facilities from the list of available facilities and making these interests known to the DCE using the appropriate form. The DCE authorizes each student’s internship application list and may require additions or deletions in order to assure adequate distribution of applicants among the internship facilities.

Students must apply to all internship facilities on the application list authorized by the DCE. Application involves sending the clinical facility an individualized cover letter and resume. Clinical facilities may require additional information as part of the match process (e.g. a facility job application, a clinical narrative, written references, etc.). Students will be notified of such requirements by the DCE. Cover letters, resumes, and any additional required documents must be mailed to the clinical facilities within the timelines designated by the DCE.

Internship facilities review all application materials, select candidates to interview, and contact students to schedule interviews. Students must interview with all facilities that invite them to do so, unless otherwise authorized by the DCE.

The clinical facilities also provide the DCE with information regarding the interview process and a list of those they are inviting for interviews. The DCE monitors the entire process closely and may require students to apply to additional clinical facilities.

Following completion of the interview process, students rank all internship
facilities with which they interviewed in order of preference and submit that ranking, along with comments to the DCE, using the form provided. Forms must be returned to the DCE by the specified date to be considered.

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 may need to expand the application and interview process as directed by the DCE and/or an alternative type of final clinical experience might be arranged by the DCE (e.g. a full-time unpaid clinical experience of sufficient duration to complete PT 780).

30.7.2. Clinical Education Facility Information
Information on all clinical education facilities is maintained by the program.

Clinical Site Information Form
Each clinical education facility is responsible for completing and submitting to the program the APTA’s Clinical Site Information Form (CSIF). The CSIF provides extensive information about the facility including health status requirements, housing assistance if any, descriptions of the practice environment, names and credentials of clinical instructors, types of patients served, and lists of other unique educational experiences available to PT students. The most current CSIF submitted by the clinical facility is made available to students on the courseware in the course section titled “PT Clinical Education: Students”.

30.7.3. Adherence To Timetables and Procedures
Students are expected to comply with all timelines, deadlines, and procedures announced as part of the student-site matching process. Failure to do so will result in lost opportunity to participate in the matching process and, in the case of the clinical internship, may result in lack of a timely placement for that experience.

30.8. VARIETY OF CLINICAL EDUCATION EXPERIENCES
Students are expected to complete clinical education experiences that expose them to a variety of practice settings, patient populations, and clinical facilities. Students should consider this factor when providing input into the various matching processes. Variety of clinical experience will be a key variable considered by the DCEs in making all student matches. At the discretion of the DCE students may be assigned to more than
one clinical education experience within the same facility as long as an acceptable level of variety is maintained in the student’s clinical education experience across the program.

30.9. CONTACTING CLINICAL FACILITIES
No student, family member of a student, or friend/acquaintance of a student is permitted to contact a clinical facility to request a clinical education experience or to explore the possibility of establishing a clinical education agreement with that facility.

The DCEs are responsible for establishing relationships with clinical education facilities and developing the program’s clinical 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. Any student wishing to discuss the process used by the program to identify potential clinical education facilities is invited to meet with the DCEs.

Students are to 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 internships, students will be authorized to contact clinical facilities only after application lists have received final approval.

31. HEALTH AND SAFETY REQUIREMENTS

31.1. HEALTH INSURANCE
Students are required by the Institute to maintain health insurance coverage during all clinical education experiences.

Students are responsible for ensuring that they are covered by health insurance and that the coverage extends throughout the clinical experience. The clinical education facility may require proof of health insurance coverage prior to the beginning of a clinical experience, and students should be prepared to provide such proof upon request.

Students are reminded that health insurance coverage is available through the Institute as described on the Institute’s website (www.mghihp.edu).

31.2. FACILITY REQUIREMENTS
Students must meet all health, safety, and any other requirements of the clinical education facility, in addition to meeting those of the Institute, prior to beginning any clinical education experience.

Most clinical education facilities require students to undergo specific immunization and/or health status screening prior to beginning a clinical education experience; these requirements frequently differ from those of the Institute. For example, a clinical facility
requiring a negative TB test will also determine how recent the test must be to be acceptable – the present variation among our clinical facilities’ policies on TB tests is 3 months to 1 year. Many clinics also require current certification in Cardiopulmonary Resuscitation (CPR) techniques and completion of mandatory training on Universal Precautions and HIPPA. Students should ascertain whether documentation of participation in Institute training on these topics is acceptable or whether the facility requires its own process.

In addition, certain facilities and agencies require that a criminal background check (CORI or other similar process) be completed prior to participating in the provision of patient care. In many cases, the CORI performed by the Institute upon admission is not sufficient. In such cases, students must submit to a criminal background check and meet facility requirements prior to participation in that clinical education placement.

Any information regarding the specific requirements of a given facility that is communicated to the DCE by the facility is included in that facility’s CSIF. However, due to rapidly changing requirements, students should not conclude that the CSIF is up to date. Students are responsible for verifying and complying with the specific requirements of each clinical education facility to which they are assigned.

Please note that students are responsible for providing the facility with any requested evidence of compliance with health and safety requirements according to the timeline established by the facility. Students are advised to maintain their own copies of all immunization records, certifications, documentation of physical exams, etc.

32. INTERNSHIP AND LICENSURE

The clinical internship is the culminating clinical experience in the program. 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. Internships are designed to be year-long paid experiences in a single facility, although shorter unpaid models may be implemented by the DCE based on availability of internship positions and other process related circumstances.

In the paid internship model the type, amount and distribution of compensation across the internship is determined by each internship facility. Students may be asked to sign an agreement with the internship facility describing the internship position and stipulating details of compensation, intern and facility responsibilities, etc. The Entry level DPT Program does not guarantee students a paid internship position.

The year-long paid internship is typically structured in three phases. In phase I, interns continue as students in the Entry Level DPT Program completing PT 780, earning their final credits toward the DPT degree. Phase II begins at the time the intern completes his/her degree requirements, and Phase III begins with receipt of a license to practice physical therapy in the state or district within which the internship is taking place.
32.1. PHASE I: STUDENT INTERN
Interns must be enrolled in PT 780 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.

32.2. 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 licensure examination, and receiving the physical therapy license. Interns must begin this process immediately upon completion of degree requirements (i.e. upon completion of PT 780) 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.

Interns must notify both the Internship facility and the DCE at several points in the licensure process, including the point at which the application for licensure is submitted, point when licensure exam is scheduled, and immediately upon receiving results of the licensing examination. Obtaining a physical therapist license marks the beginning of Phase III of internship (see below).

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
• Continued with the intern assuming a lesser role, such as that of a PT aide, until the exam is retaken and the intern becomes licensed. This would be one option in Massachusetts where an intern’s status as a PT student is lost once the intern fails the licensing exam. At that point, like any other unlicensed graduate of an entry-level DPT program, the intern is legally able to function only in the role of PT aide.

• 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.

32.3. 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.

33. PROFESSIONAL BEHAVIOR

Professional Behavior is fundamental to clinical practice and thus to all clinical education experiences within the program. Refer to Part I, Section 10 for program policies related to Professional Behavior. Students are responsible for assuring that they are complying with standards for professional behavior in all clinical education experiences.

Patient care provided by physical therapy students is done so under the license of the supervising physical therapist (i.e. clinical instructor). Any student with questions regarding ethical and/or legal aspects of care being provided is encouraged to discuss such matters with the CI and/or CCCE. Students are also encouraged to include the DCE in discussion of these matters.

The DCEs and Clinical Faculty will strictly enforce standards for professional behavior across all clinical experiences and practice settings.

33.1. DISCIPLINARY ACTIONS
When student behaviors during clinical education courses do not meet acceptable standards, depending on the nature and severity of the infraction, one or more of the following actions may be taken at the discretion of the DPT Faculty:
33.1.1. Clinical faculty may notify students of inappropriate behavior either orally or in writing. Such notification may take the form of verbal feedback, documentation in a critical incident report, and/or documentation as part of the student’s clinical performance evaluation. The clinical faculty will also notify the DCE who may take additional action.

33.1.2. The DCE may issue a Notification of Concern to the student. If inappropriate behaviors are sufficiently grave or a second Notification of Concern is issued, the DCE will report the incident to the Committee on Academic Policies and Procedures for further action (See Section 10.5).

33.1.3. Clinical or Academic Faculty may require certain remedial actions on the part of the student as a contingency to continuing in the program or passing the clinical experience.

33.1.4. Clinical Faculty or the DCE may choose to terminate a clinical experience. At the discretion of the DCE, a grade of “F” may be assigned for any clinical education course terminated for reasons of unacceptable behavior.

33.1.5. The Committee on Academic Policies and Procedures may terminate a student from the program because of unacceptable conduct in the academic or clinical setting, following due process and written notification and documentation of the infraction. Students have the right to initiate grievance procedures for disciplinary action, according to the processes delineated in the Institute’s Online Catalog.

Further information on guidelines for conduct and procedures related to disciplinary action are delineated in the Institute Online Catalog.
34. TECHNICAL STANDARDS

Information, policies, and procedures related to technical standards, accommodations for disability, and handling of medical or physical problems can be found in Part I, Section 12 of the Program Manual.

Students are strongly encouraged to review this information prior to the start of each clinical education experience considering the demands of the clinical practice setting in which the experience will take place. Individual clinical facilities may also have a list of essential skills and functions specific to their patient care setting. If a facility has provided such information to the program, it will be found in the facility’s detail file in the program office. It is the student’s responsibility to request and review such information if there is any question about one’s ability to meet the essential functions of clinical practice. Any questions regarding one’s ability to meet the essential functions and skills of the clinical experience and requests for accommodation should be addressed to the DCE prior to the start of the experience.

35. CLINICAL FACILITY POLICIES AND PROCEDURES

Students are expected to adhere to all safety guidelines and policies and procedures of the clinical facility in which the clinical education experience takes place. Failure to do so may result in termination of the clinical experience and a grade of “F” for that clinical course.

36. PETITIONS

Students maintain the right to petition the program faculty for any variance from standard policy and procedure (see Part I, Section 15).
APPENDIX A

COURSE PRE-REQUISITES AND CO-REQUISITES

Progression into all required academic and clinical courses in each semester requires successful completion of all academic and clinical courses in the previous semester. All courses within a semester are considered to be co-requisite to each other. Dropping a course (or courses) during a semester or failing a course prior to the end of the semester requires a petition to waive that course or courses as co-requisite to those courses in which the student wishes to maintain enrollment.
APPENDIX B

CURRICULUM PLAN

PROGRAM MISSION

PROGRAM CURRICULAR GOALS

PROGRAM PHILOSOPHY
## DPT CURRICULUM - Entry-level

### YEAR 1

<table>
<thead>
<tr>
<th>SUMMER I (7 credits)</th>
<th>FALL YEAR 1 (19 credits)</th>
<th>SPRING YEAR 1 (19 credits)</th>
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<td>PH 621 Essentials of Pharmacology (1)</td>
<td>PT 624 Clinical Neuroscience II (2)</td>
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<td>PT 620 Gross Anatomy (5)</td>
<td>PT 622 Functional Anatomy (3)</td>
<td>PT 625 Clinical Perspectives in Health Policy (2)</td>
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<td>PT 640 Clinical Pathophysiology (3)</td>
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<td></td>
<td>PT 661 Clinical Seminar and Practicum I (2)</td>
<td>PT 671 Clinical Management of Musculoskeletal Disorders-Extremities (6)</td>
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<td>PT 670 Fundamentals of PT Practice (6)</td>
<td>PT 672 Clinical Management of Cardiovascular and Pulmonary Disorders (3)</td>
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### YEAR 2

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<th>FALL YEAR 2 (19 credits)</th>
<th>SPRING YEAR 2 (12 credits)</th>
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<td>PT 626 Principles of Teaching and Learning (2)</td>
<td>PH 750 Diagnostic Imaging (2)</td>
<td>PT 724 Clinical Neuroscience IV (2)</td>
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<td>PT 659 Therapeutic Exercise Lab (1)</td>
<td>PT 723 Clinical Neuroscience III (2)</td>
<td>PT 725 Medical Management of the Patient with Neurological Disorders (1)</td>
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<td>PT 676 Clinical Experience I (3)</td>
<td>PT 761 Clinical Seminar and Practicum III (2)</td>
<td>PT 767 Clinical Management of Neuromuscular Disorders II (3)</td>
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<td>PT 765 Clinical Management of Musculoskeletal Disorders-Spine (4)</td>
<td>PT 769 Clinical Management of the Patient with Multi-system Involvement (1)</td>
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<td>PT 766 Clinical Management of Neuromuscular Disorders I (6)</td>
<td>PT 770 Clinical Experience II (3)</td>
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<td>PT 768 Prosthetics (1)</td>
<td>PT 771 Cardiopulmonary Laboratory (1)</td>
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### YEAR 3

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<td>PT 780 Clinical Internship (6)</td>
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<td>PT 727 Psychology of Disability Seminar (1)</td>
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<td>PT 730 Practice Management (2)</td>
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<td>PT 777 Foundations of Diagnostic Screening (2)</td>
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<td>PT 778 Comprehensive Case Study (1)</td>
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<td>PT 793 Health Promotion Pres (1)</td>
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<td>PT 880 Special Topics (1)</td>
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<td>PT 773 Adv. Therapeutic Exercise (2)</td>
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PROGRAM MISSION

The mission of the Graduate Programs in Physical Therapy is to serve and respond to the needs of the physical therapy profession, the Institute, the community and society through:

- Integration of clinical decision making with education and research to foster physical therapy as a doctoring profession within an interdisciplinary health care system;
- Education of competent, scholarly physical therapists at the professional and advanced levels;
- Promotion of professionalism, commitment to life-long learning and humanistic concern;
- Promotion of scholarship in research, education and clinical practice;
- Provision of leadership in the development of academic and clinical education models.

CURRICULAR GOALS

At entry-level a graduate of this program will be able to:

PROGRAM GOALS

The graduates will:

- Be reflective practitioners that demonstrate the ability to think critically, challenge assumptions, offer alternative solutions and assess outcomes.
- 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.
- Understand issues of ethical and responsible patient and practice management.
- Participate in the multifaceted roles of a physical therapist including clinician, scholar, administrator, consultant, educator and advocate.
- Hold themselves accountable for independent decision-making with responsibility for collaboration, consultation, and referral to others to optimize patient outcomes.
- Demonstrate cultural competence among diverse individuals and across diverse communities.
- Be able to apply principles of health, wellness and rehabilitation across the lifespan.
The Entry-level DPT curriculum plan is the basis for curriculum development and evaluation. The plan delineates the guiding principles used to conceptualize the curriculum, and curricular goals that explicate expected student outcomes. These principles also guide all educational, clinical and research activities and all actions related to students, the Institute, the Massachusetts General Hospital, the public and the physical therapy profession.

At MGH Institute of Health Professions, we believe that physical therapists are an integral part of an interdependent 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 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 IHP 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 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 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.
APPENDIX C

CONSENT FORMS

Classroom, Laboratory, and Clinical Experiences

Guest Participation in Learning Activities

Photography Release Form
CONSENT FORM FOR CLASSROOM, LABORATORY, and CLINICAL EXPERIENCES

As a physical therapy student you must learn to evaluate and treat a variety of conditions as well as participate in health promotion. Techniques involved in this endeavor are largely “hands-on” or involve the use of machinery and thermal agents. To assure your competence, you will be asked to practice various hands-on techniques and use various pieces of equipment safely. These skills will be practiced on you by other students in your class who have varying levels of competency, as well as by you on other students. In addition, your learning entails the dissection of a human cadaver.

Types of activities students will be expected to perform: Treatment and examination techniques may involve palpation for anatomical structures, resistance to muscle contraction, stretching and compressing of anatomical structures, mobilization of joint and soft tissue structures, assistive exercises, positioning, mobility and transfer techniques, and other active body movements such as gait training, stair climbing and aerobic exercise. Use of machinery, mechanical devices and thermal agents includes, but is not limited to, the use of mechanical traction, therapeutic electrical stimulation devices, hot packs, ice, and ultrasound. In human dissection, you will use sharp scalpels and bone saws.

Potential risks: While the laboratory environment will be controlled to minimize risks, the following potential risks are rare but possible: In having the above techniques practiced on you, or in performing the techniques on other students, you may experience muscle soreness, strain, sprains, tearing of connective tissue, syncope or falls, allergic reactions, infections and their sequelae. In having electrical and thermal agents applied to you, you may experience slight electrical shocks, burns or frostbite. In the dissection labs, you may cut yourself with the scalpel or bone saw.

Potential benefits: In practicing the skills required of a licensed physical therapist in a supportive and educational setting, you will be prepared to effectively, efficiently and safely evaluate and treat patients. In having the skills practiced on you, you will gain an appreciation of the experiences of actual patients.

Methods used to reduce the potential risks: In all scheduled learning formats and environments you will have faculty members as teachers and facilitators to instruct you and correct you in the required skills. Their instruction will include the precautions, contraindications and safe application of the techniques they will teach you. In all cases, the environment of any lab will be controlled to minimize risks, and faculty will indicate the appropriate use of any protective equipment. Faculty will be aware of and carry out any necessary emergency procedures. At times, students may choose to practice lab techniques outside of scheduled class times without faculty supervision. This situation may increase the chance of the risks outlined. You are not permitted to use electrical or deep thermal modalities without the direct supervision of a licensed physical therapist.
You will be asked to disclose in confidence any conditions which may increase the risks described above or prevent you from fully participating as a provider or receiver of the activities that are part of your student experience.

**During clinical laboratory sessions, you are not permitted to practice techniques on a fellow student who has an actual problem or condition for which physical therapy may be a recommended treatment.**

**Clinical Education:** I understand that I will participate in the process of clinical assignments, as delineated in the Physical Therapy Program Manual. Clinical education assignments are made with student input, and are based on student learning needs and availability of appropriate clinical sites. The Director of Clinical Education will decide final assignments for all clinical experiences. I will participate in the experiences to which I am assigned. I understand that I am responsible for reviewing materials from my assigned sites, and for complying with all regulations of that facility, including required immunizations, in a timely fashion.

Assignments for part-time experiences will be within a reasonable traveling distance from the Institute, but may not be accessible by public transportation. Full-time experiences may require that I relocate for an extended period, 10 weeks for full-time experiences and up to one year for the clinical internship. I understand that I am responsible for my own housing and transportation costs for all clinical education experiences.

**Students’ rights:** I understand that I have the right to refuse to participate in any situation in which I feel I am not safe, my health is jeopardized, or my religious or cultural beliefs are jeopardized. If I feel the environment is unsafe, I may request that the faculty member make reasonable modifications that will improve the safety of the environment. I also understand that course-grading requirements may include specific competencies in evaluation and treatment. Assuming that I have no condition which would prevent me from fully participating in the role of a patient or a physical therapist, I understand that I will not be able to receive credit within the course for these experiences if I choose not to participate.

I understand that I may ask questions about the activities required within the curriculum at any time. If I have further questions about my participation in laboratory experiences, I can contact Leslie Portney, PhD, PT, Chair of the Department of Physical Therapy at 617/726-8009 or my academic advisor. I have been given a copy of this consent form as part of my Program Manual in the Entry-Level Program in Physical Therapy.

**Injury Statement:** I understand that in the event of an injury to me during any school activities, I will be assisted in finding appropriate medical care, which will be covered under the provisions of my health insurance policy. The MGH Institute of Health Professions is not responsible for the costs of health care associated with activities that are part of the educational program.

**Disclosure:** I have the following conditions which I believe may place me at increased risk for performing or receiving the various techniques performed during the student experience.
I understand my responsibilities and the potential risks, and agree to participate in learning experiences as outlined above. It is my responsibility to address any questions or concerns I have to my advisor or to the appropriate faculty member. I understand that by signing this consent form I am not waiving any of my legal rights.

Signature: ____________________________  Date ________________

Name (Print) ____________________________
CONSENT FORM FOR GUEST PARTICIPATION IN LEARNING ACTIVITIES

I, ________________________, volunteer to participate as a subject in classroom laboratory activities for ____________________________________________

Course #  Course Title

I understand that the MGH Institute of Health Professions is a graduate school dedicated to educating skilled health care professionals, and the class activities are part of their professional preparation. The purpose of my participation is for student learning only, and will not serve diagnostic or treatment purposes.

In agreeing to volunteer, I have been informed of the following:

Who will be interacting with me and how:

Description of activities:

Potential side effects or risks and precautions:

Additional Comments:

I have read the descriptions provided above. All questions have been answered to my satisfaction. I understand that I may discontinue my participation in these activities at any time. I agree that I will not hold the MGH Institute of Health Professions, faculty or students responsible for any problems I may encounter as a result of my participation.

Signed: ___________________________ Date: __________________

Signature of Parent or Guardian: ____________________________
RELEASE FORM

CONSENT TO (select all that apply):

Audio Recordings  Photographs
Videotape Recordings  Electronic Images (including images
Motion Pictures broadcast on the Internet)

PARTICIPANT NAME: __________________________________________ DATE: _______________

SUMMARY: This form says that you give your permission to be photographed, filmed, taped, or otherwise recorded for educational or promotional activities of the MGH Institute of Health Professions and that you give this permission for free.

In the interest of promoting the MGH Institute of Health Professions, informing the public or prospective students concerning activities at the Institute, or for educational, scientific, or promotional purposes, I consent to the taking of audio recordings, videotape recording, motion pictures, photographs, or other electronic images, as indicated above, which will occur on or about ____________________. I authorize this under the following conditions:

1) The photographs, motion pictures, recordings, or images shall be used for publicity, educational, scientific or other purposes, including, for example, release of a tape or images over the Internet or the distribution of a videotape or CD-ROM. Such images or information may be published and republished, exhibited either separately or in connection with each other, in professional journals, medical books, and/or other media, including the Internet, or used for any other purpose deemed in the interest of the Institute.

2) I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other showing of these films, tapes, photographs, or images, including any release or broadcast of them on the Internet, regardless of whether such exhibition, televising, release, broadcast, or other showing is under philanthropic, commercial, institutional, or private sponsorship, and irrespective of whether a fee for admission or film rental or other charge is assessed.

3) I understand that photographs, films, tapes or other images may be edited, modified, or retouched for artistic purposes, to withhold identity, or for other graphic production reasons which may or may not be within the Institute’s control.

4) I acknowledge that it is my responsibility to obtain any necessary permission for my use of copyrighted materials in any lectures, discussions, presentations, performances, etc. recorded, videotaped, broadcast, or otherwise memorialized by the Partners Video Department (or comparable entity). Furthermore, I acknowledge that it is my responsibility to arrange with the Partners Video Department for the making of any necessary acknowledgements of public or private sponsorship of my research, materials, lectures, discussions, presentations, performances etc. to be recorded, videotaped, broadcast or memorialized.

In addition, I □ do □ do not (select one) consent to be identified by name in the film, photograph, videotape, audio recording, or electronic image broadcast or released on the Internet.

Signed __________________________________________

Witness __________________________________________
APPENDIX D

CLINICAL EDUCATION DOCUMENTS:

Student Clinical Education Agreement

Board of Allied Health Professions
Licensure Requirement (Letter)
Entry-level Doctor of Physical Therapy Program

Student Clinical Education Experience Agreement

I, ________________________________ , have read the Academic Policies and Procedures Manual, including the section on clinical education policies, and agree to follow these policies and procedures throughout my course of study at the Institute.

In regards to all educational experiences that take place in a clinical setting throughout the Entry Level DPT Program, I understand and agree to be responsible for the following:


2. Participating in the mandatory in-service education regarding HIPAA guidelines and maintaining confidentiality of all medical records and other patient information which I may have access to at a clinical facility.

3. Adhering to facility specific policies and procedures.

4. Providing for transportation, housing, meals, and appropriate dress when not provided by the facility.

5. Providing evidence of health insurance, physical exam, and other routine medical tests and immunizations as required by the facility.

6. Obtaining prior written approval of the Institute and the facility before publishing any material relating to the clinical education experience.

7. Providing evidence of continuous CPR certification.

8. Participating in the mandatory in-service education regarding universal precautions and infection control standards, and implementing such precautions in all clinical activities.

_______________________________________________   __________
signature of student          date

_______________________________________________   __________
April 22, 1997

MGH Institute of Health Professions
Leslie G. Portney, Ph. D., PT
Asst. Professor & Assoc. Director Graduate Programs in PT
Director of Professional Programs in PT
101 Merrimac St.
Boston, MA 02114

Dear Dr. Portney:

On April 10, 1997 the Board of Allied Health Professions discussed the issues regarding the Master’s program at Massachusetts General Hospital.

The Board voted to allow students of Massachusetts General Hospital’s Master’s program in Physical Therapy to practice under the auspices of the Board of Allied Health as “students” during the time period in which they wait for the results (which shall not exceed sixty (60) days) of the first Physical Therapy exam following graduation.

If you have any further questions regarding this issue please don’t hesitate to contact the Board office at (617)-727-3071.

Very truly yours,
Notification of Concern

TO:

FROM:

COURSE(S):

DATE:

It has come to my attention that there are one or more areas of professional performance on your part that need attention leading to this Notification of Concern. A Notification of Concern is issued when the student is determined to inconsistently meet one or more of the professional performance criteria (or when there have been one or more particular incidents of concern relative to professional performance criteria). A Notification of Concern is intended to assist the student with professional development in such a way that professionalism is enhanced and subsequent similar or more serious problems are avoided as you continue in the academic and clinical portions of the program.

The area(s) of concern is/are identified as your ability to:

RESPONSIBILITY:

☐ Be punctual and dependable.
☑ Complete responsibilities in a timely manner
☐ Follow through with assigned or accepted responsibilities.
☐ Know and abide by relevant policies and procedures (e.g. for the University and its facilities, the Program and its resources, program-related clinical setting).
☐ Use scheduled meeting times effectively.

Comments/Examples:

SELF-DIRECTEDNESS:

☐ Seek out and make use of a breadth of available and appropriate resources.
☐ Independently pursue learning without being consistently dependent upon others or over-utilizing any one set of resources in a way that might limit access to others.
☐ Initiate completion of responsibilities without waiting for direction or reminders from others.

Comments/Examples:

COMMUNICATION:

☐ Use a volume and clarity of speech that is understandable to the listener or audience.
☐ Utilize an appropriate level and type of language for the person, group and/or situation.
Utilize a tone and attitude that demonstrates respect for others and their roles (e.g., peers in program-related situations, faculty, staff, clinicians, patients, families, other health professionals).

Present or discuss one’s own views in a way that demonstrates respect for those with opposing viewpoints.

Maintain appropriate body language and non-verbal cues in a way that demonstrates respect for others.

Be attentive and respectful when others are speaking.

Comments/Examples:

PROFESSIONALISM:

- Be honest and demonstrate integrity in all situations.
- Maintain personal boundaries that are appropriate for the situation.
- Voice criticisms and negative perspectives, when necessary, in an appropriate way and at appropriate times.
- Respect those with opposing opinions.
- Respect the role and contribution of others to one’s education and to health care delivery.
- Respect confidentiality of others when called for.
- Accept and respond appropriately to criticism.
- Demonstrate sensitivity for interpersonal differences, including cultural, racial, religious and gender.
- Dress and maintain a level of personal cleanliness that is appropriate for a given situation.

Comments/Examples:

COLLABORATION:

- Collaborate effectively with others in a way that facilitates achievement of goals or objectives.
- Manage or attempt to manage conflict in constructive ways.

Comments/Examples:

Given this Notification of Concern, it is your responsibility to (1) acknowledge receipt of the NOC within 3 days of the date on this memo, and (2) contact and meet with me within the next 10 days. In our meeting, we will discuss the areas of weakness noted here, as well as your strategies for strengthening your performance and minimizing future problems. If there are subsequent instances of lapses in professional performance, documentation (including this and any other Notifications of Concern issued to you during your time in the program) will be referred to the Committee on Academic Policies and Procedures for review. The Committee will consider whether disciplinary action is warranted (see the section on Disciplinary Action in your Program Manual). If you have any questions or concerns, please address these to me or to Pamela Levangie, Associate Chair of the Department and Chair of the Committee on Academic Policies and Procedures.
Notification of Planned Absence

This form should be signed by the instructor of each course that will be missed that day and then sent to the students’ advisor. Only one planned absence is allowed per term. Planned absences cannot be taken on exam days or clinical days.

Date: ___________________     Date of Planned Absence: ___________________

Signatures of Course Instructors:

Course: ___________________
Instructor Signature: ________________     Date: ________________

Course: ___________________
Instructor Signature: ________________     Date: ________________

Course: ___________________
Instructor Signature: ________________     Date: ________________

Comments
________________________________________________________________________
________________________________________________________________________

I understand that I am responsible for all material covered in class on the day I will be absent.

________________________________________________________________________
Student Signature ___________________     Date ___________________

Signed Copy to: Advisor
The students in the Entry Level DPT Program are responsible for reading and understanding the policies and procedures that reflect the purposes and requirements of the academic and clinical programs at the MGH Institute of Health Professions, as provided in the *IHP Online Catalog* and the Professional Program in Physical Therapy *Program Manual*.

The statements contained within the *Program Manual* serve as a supplement to the catalog, delineating policies and procedures that are specific to the Entry Level DPT Program.

The *Program Manual* has three parts: Part I contains policies and procedures related to the academic portion of the Professional Program; Part II contains policies and procedures related to the clinical education portion of the program; and Part III contains important reference documents that relate to program policies and professional standards. Documents within this last section will be used by the student throughout the program in a variety of courses, clinical activities and class projects.

I have read and understand the policies and procedures contained within the *IHP Online Catalog* and the *Program Manual* for the Entry Level DPT Program, and I agree to abide by these policies and procedures. All questions have been answered to my satisfaction. I understand these policies are subject to revision, and that I will receive due notice of any changes that are relevant to my status in the program.

________________________  _______________________
Name (please print)        Date

________________________
Signature