Department of Physical Therapy

MASTER OF SCIENCE IN PHYSICAL THERAPY FOR INTERNATIONAL STUDENTS

Program Manual

Please keep this manual as a reference

The policies in this manual are subject to revision.

Revised August 2011.
# MASTER OF SCIENCE

## PHYSICAL THERAPY PROGRAM MANUAL

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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 Academic Advisor will:

   a) Assist the student in creating and implementing a course of study which will be reevaluated each semester and serve as a guide throughout the program.

   b) Register all new students for their first semester. Authorize student registration each subsequent semester via Ionline after communicating with students.

   c) Advise students about relevant Institute and program academic policies when petitioning for waivers or unusual circumstances and bring petitions to the Department of Physical Therapy Faculty

   d) Review the student’s academic record each semester and provide academic counseling when necessary.

Students are required to communicate with their Advisors each semester to review their curricular plan, approve courses for the following semester, and develop strategies for continued growth. 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 on learning and professional development. Students should also feel free to approach the Chair or Associate Chair at any time to talk about issues related to the program.

1.2. ACADEMIC SUPPORT SERVICES
The Office of Student Affairs (OSA) is located 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 Institute Online Student Handbook.

Online students can access these services by contacting the OSA at 617-726-3140.

1.3. EMPLOYEE ASSISTANCE PROGRAM
The Employee Assistance Program (EAP) assists students in dealing with personal problems that may pose a threat to their health and wellbeing. 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 617-726-6976. The EAP maintains a large network of carefully screened resources for all types of problems. The EAP is located at MGH on the 4th floor of the Burnham Building, Room 427.
2. GRADES

2.1. GRADE EQUIVALENTS

<table>
<thead>
<tr>
<th>QUALITY GRADE</th>
<th>GRADE POINTS</th>
<th>GRADE EQUIVALENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>93 &amp; above</td>
</tr>
<tr>
<td>A -</td>
<td>3.7</td>
<td>90-92</td>
</tr>
<tr>
<td>B +</td>
<td>3.3</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86</td>
</tr>
<tr>
<td>B -</td>
<td>2.7</td>
<td>80-82</td>
</tr>
<tr>
<td>C +</td>
<td>2.3</td>
<td>77-79</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73-76</td>
</tr>
<tr>
<td>C -</td>
<td>1.7</td>
<td>70-72</td>
</tr>
<tr>
<td>D</td>
<td>0</td>
<td>60-69</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>Below 60</td>
</tr>
</tbody>
</table>

2.2. ACADEMIC PERFORMANCE

2.2.1. Minimum Course Grades
All students must have an overall GPA of “B” (3.0) or better in order to complete a MS degree, tDPT degree, or Certificate of Advanced Study requirements.

2.2.2. Grade Point Average
At the conclusion of each semester of the program, Academic Advisors will review their advisees' records to determine whether their advisees' GPAs are at least 3.0. Students must maintain a cumulative GPA of 3.0. If this standard is not met, students will be issued an academic warning in writing (academic probation). Students given an academic warning must regain a cumulative 3.0 GPA within the next semester, or they will be subject to termination from the program. At the program's discretion, faculty can extend academic probation to more than one semester.

2.2.3. Incompletes
Students must obtain consent from the Course Instructor to take an “Incomplete” in any course. The Course Instructor will specify the terms of the “Incomplete” and the date on which the work is to be completed. Consent must be approved prior to the last day for the submission of grades for that term. If course work is not completed by the end of the semester and consent is not obtained for an “Incomplete,” a grade of “F” will be recorded automatically. (Check the Registrar
2.2.4. 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 as having taken the course once.

If a student fails a course, the course must be repeated the next time it is offered. A student may continue with program requirements as appropriate, or a student may file for a “Leave of Absence” until the semester in which the failed course is repeated.

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

2.2.5. Academic Probation
Students on academic probation (see section 2.2.2.) must achieve a semester GPA of 3.0 for each semester while on probation.

3. ASSIGNMENTS AND EXAMS

3.1. WRITTEN ASSIGNMENTS
3.1.1. Type-Written Work
All written assignments must be submitted typewritten, double-spaced, and 12 font (unless otherwise specified by the professor). The program requires that each student own or have personal access to a computer.

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. Instructions for AMA format can also be found on the APTA website at www.apta.org under “Guidelines for Authors for Physical Therapy.”

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. Students must recognize the need for last-minute schedule changes 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 Course 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 Course Instructor in advance will result in a lowered grade for that exam at the
If a student misses an exam, the student must make arrangements with the Course Instructor to take the exam. The Course Instructor determines the format of the exam.

3.2.3. Take-Home or Distance Learning Exams
Faculty will provide instructions for the degree of interaction permitted for take-home or distance learning 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 the course unless instructions specify otherwise. This action could result in academic termination. (See section 8.2. “Academic Integrity.”)

3.2.4. Failed Exams, Late Assignments, or Missing Discussions
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) Remediation. If a student fails a written exam, turns in a late assignment, or fails to make postings on the discussion board, it is the student’s responsibility to contact the Course Instructor to identify problems, and when possible, to develop remediation strategies. Make-up exams for failures in written exams may be scheduled at the discretion of the Course Instructor. Refer to individual course syllabi for specifics.

c) 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.

3.2.5. Practical Exams, Competencies, and 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. A grade of 73 or higher is considered passing.

b) If a student fails a practical, case analysis, or competency, it is the student’s responsibility to make an appointment with the Course Instructor to identify problems, to develop remediation strategies prior to the make-up exam, and to schedule the make-up test.

c) If a student fails a competency exam, they 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 competency exam, only one failure with a retake option is permitted. Failure of more than one practical exam in a course will result in a failure for the course.
3.2.6. 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 the Course 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 Course Instructor in writing, with documentation supporting the request. The Course 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 the request and resolution. The faculty decision will be final.

3.2.7. 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. (Refer to section 9.3. “Accommodation for Disability” for details.) Students who are requesting accommodations must follow the procedures established by the Manager of Academic Support Services. Faculty will not provide accommodations except those that are officially arranged by the Director of Student Services. If the accommodations require scheduling a quiet room for the exam, the Director of Student Services or her designee will notify the faculty and student about room assignment.

4. ATTENDANCE

4.1. NOTIFICATION OF ABSENCES AND TARDINESS
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 voicemail, email, or in the program office voicemail (617-726-8009). Messages should indicate the length of and reasons for the absence. Absences will only be excused for acceptable reasons, such as emergencies, religious observance, or illness. Social events or vacations are not considered acceptable reasons for absence. The academic calendar is published well in advance to allow for planning these events. **NOTE: STUDENTS ON VISAS MUST ADHERE TO U.S. POLICIES REGARDING CERTIFICATION OF FULL-TIME ATTENDANCE. ANY VIOLATION OF THIS ATTENDANCE POLICY MUST BE REPORTED BY FACULTY TO THE PROGRAM COORDINATOR.**

For proposed absences other than for the three reasons listed above, the student will concurrently email faculty for all of the courses involved and copy the Academic Advisor. This notification should occur **no later than 2 weeks prior** to the expected absence. The Academic Advisor will notify the student regarding the faculty’s decision.

Consistent attendance is considered one element of professional behavior, and chronic or unexcused absences or lateness will be addressed within that context, according to the discretion of individual Course Faculty. Unexcused absences and tardiness are not acceptable behavior in clinical courses (clinical observations) and may result in punitive action.
5. FACULTY-STUDENT COMMUNICATION

5.1. ELECTRONIC MAIL (EMAIL)
Each student will receive an IHP email address. Email will be the primary mechanism for communication between faculty and students, and for all Institute communication. Students should check their IHP email often. **NOTE:** IHP addresses are the sole mechanism for communication from Office of Students Affairs (OSA), and students are strongly urged to use this email address.

5.2. POSTED NOTICES
Class notices will be posted via email. Make sure your email address is correct in Ionline so faculty can regularly communicate with you. Many notices are also posted through D2L. Be sure to check Ionline notices regularly.

5.3. OFFICE HOURS
Each faculty member will post a weekly schedule through the courseware or outside their office with identified office hours when they are available to meet with students. Students can also schedule appointments individually with faculty.

5.4. VOICEMAIL
All faculty have voicemail. However, the preferred method of communication is email. Students can also leave messages for faculty with the program office voicemail (617-726-8009).

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. Students are encouraged to provide ongoing feedback to Course Coordinators, Academic Advisors, and/or the Program Director.

6.1. FORMAL COURSE EVALUATIONS
Student input is sought on a formal basis at the end of each term for evaluation of courses, professors, and teaching assistants. A standard format is used for each evaluation. Students are requested to complete appropriate evaluations through online evaluations. All standardized responses will be tallied into percent response. This information is forwarded to the Chair, Course Coordinator, and Course Faculty. Students are requested to provide written comments on the rating form for the course and faculty. Written comments will be reviewed by the Chair, Course Coordinator, Course Faculty, and Curriculum Committee.

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. BOOK LISTS AND PURCHASING TEXT BOOKS
A listing of required readings and books is provided in each course syllabus. Students are responsible for purchasing textbooks. The Institute’s designated bookstore is MBS Direct.

Students should check the following website prior to the start of each semester: http://www.mbsdirect.net.

Click on “Find Your Virtual Bookstore” and locate the MGH Institute of Health Professions’ webpage. Each course will have a separate listing by course number. Texts will be identified as required or recommended.

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. For onsite courses, two copies of each reading will be on reserve at the Treadwell Library Reserve Desk. For online courses, reserve articles will be given as PDF files.

8. PROFESSIONAL BEHAVIOR

8.1. 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” (outlined in the Guide to Physical Therapy Practice on www.apta.org).

8.2. 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 Program Coordinator and will be subject to disciplinary action as specified in the IHP Online Student Handbook.

8.2.1. Collusion. Another way to think of the word “collusion” is the unauthorized
or unacceptable collaboration of students. At the MGH IHP, many course activities and assignments include group projects. The expectation of these projects is the appropriate collaboration of students to achieve a course assignment. These projects are well-defined by the Course Instructors. Any other “cooperative” efforts between or among students is not appropriate and may constitute as collusion. One example could be a take-home exam. The Course Instructor may have specified that notes or references may be used. But unless explicitly stated by the Course Instructor, students may not work together or seek advice from another in completing the examination.

8.2.2. Distortion. This refers to falsifying, misrepresenting, or making up facts or citing references that do not exist. The Code of Federal Regulations is very clear in these terms regarding the conduct of research and managing research data. Please review the following website for more information:

The breaches of academic integrity certainly apply to any assigned formal, oral, or written work presented by students.

8.2.3. Plagiarism. Plagiarism is the deliberate act of taking the words, ideas, data, illustrative material, or statements of someone else without full and proper acknowledgment and presenting them as one's own. It also includes ignoring proper forms for quoting, summarizing, and paraphrasing.

8.3. DISCIPLINARY ACTIONS
When behaviors do not meet acceptable standards, depending on the nature and severity of the infraction 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 Post Professional Program in Physical Therapy:

8.3.1. Letter of Notification
In the academic setting, Course Instructors or the Academic Advisor may notify the student about inappropriate behaviors WITH A “NOTIFICATION OF CONCERN” LETTER SENT TO THE FACULTY MEMBER, ACADEMIC ADVISOR, AND PROGRAM COORDINATOR. If warranted, either an oral or written warning may be generated. Problem behaviors will also be discussed with the Associate Chair. If inappropriate behaviors are cited on subsequent occasions, faculty may choose to further discuss the incident with the student, or the incident may be reported to the Department Faculty for action.

8.3.2. Lowered/Failing Grade
A student may receive a lowered grade or a failing grade in an academic or clinical course at the discretion of the Course Instructor, with documentation of inappropriate professional behaviors or violations of professional conduct.

8.3.3. Remedial Action
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 course.
8.3.4. **Academic Probation**
Students may be placed on academic probation for a defined period of time which requires the achievement of a semester GPA of 3.0. (See section 2.2.5. “Academic Probation.”)

8.3.5. **Termination**
The Physical Therapy Program Committee 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 Online IHP Student Handbook.

Further information on guidelines for conduct and procedures related to disciplinary action are delineated in the Online IHP Student Handbook:
http://www.mghihp.edu/StudentServices/policies.html#grading

9. **ESSENTIAL FUNCTIONS AND SKILLS**
In accordance with the provisions and philosophy of the Americans with Disabilities Act (ADA), the Post Professional Faculty are committed to providing appropriate learning experiences that maximize every student’s potential and to 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. Any applicant with questions about these essential functions and skills is strongly encouraged to contact the Student Services Coordinator in the Office of Student Affairs (studentlife@mghihp.edu).

Prospective students are sent the “Essential Functions and Skills” list at time of acceptance to the program. All students will be held to the same standards and must be able to perform the essential functions and skills of their positions with or without reasonable accommodations. Upon request, reasonable accommodations will receive due consideration.

9.1. **ESSENTIAL FUNCTIONS**
The following essential functions 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 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 may 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.

9.2. ESSENTIAL SKILLS
As part of the ongoing professional education process, students will **typically** engage in physical activity that requires:

- 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, classmates, and patients
- standing and walking while supporting a classmate who is simulating a disability or supporting a patient with a disability

9.3. ACCOMMODATIONS FOR DISABILITY
For information concerning accommodations, please visit the Student Services website at [http://www.mghihp.edu/students/studentservices/ada.html](http://www.mghihp.edu/students/studentservices/ada.html).

9.4. MEDICAL, PHYSICAL, OR PSYCHOLOGICAL PROBLEMS
Students often experience medical, psychological, or physical problems that do not qualify as disability but that could impact their full participation in educational activities. Students must inform faculty if they have any problems that could interfere with specific class, laboratory, or clinical activities or that might be exacerbated by such activity. Students are responsible for being evaluated by an appropriate healthcare provider to determine the extent of physical or psychological problems and the protective strategies that should be employed. Faculty are not responsible for evaluating students’ physical conditions. Students are required to provide written documentation from a healthcare provider regarding specific health-related limitations and/or clearance to fully participate in learning experiences. Documentation should be given to Course Instructors or the Course Coordinator (for team taught courses). Faculty and students will work together to determine strategies or accommodations that will allow as full participation as possible with
maximized learning experiences.

If problems preclude sufficient participation in class or clinical activities to fulfill course requirements, the student may receive an “Incomplete” grade for the course. The Course Faculty will determine what specific class material, assignments, or exams must be completed. “Incompletes” generally have to be made up within two weeks of the start of the next semester or before a full-time clinical experience. Specific deadlines will be stipulated on the “Petition for an Incomplete Grade” Form which must be filed with the Office of Student Affairs. Depending on the extent of material missed and the student’s ability to make up the work in a timely fashion, the student may not be able to continue into the following semester or to attend clinical experiences. This situation would disrupt the sequence of the curriculum, requiring that the student take a “Leave of Absence” until the sequence can be resumed usually the following year.

Students are also encouraged to take advantage of the Employee Assistance Program (EAP) at Massachusetts General Hospital for counseling services (see the Online IHP Student Handbook).

10. INFORMED CONSENT

10.1. CLASSROOM AND LABORATORY EXPERIENCES
Students in the Post Professional Physical Therapy Programs are informed of potential risks involved with participation in classroom and laboratory activities via the “Consent Form for Classroom, Laboratory, and Clinical 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 asked 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.

10.2. 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 the consent form in Appendix C).

10.3. RESEARCH PROJECTS
Students involved in the conduct of research are required to complete the “Collaborative IRB Training Initiative” through the University of Miami (http://www.miami.edu/citireg/) 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) and in the Thesis Manual.
11. PHYSICAL THERAPY LABORATORIES

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

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

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

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

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

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

11.6. Students are responsible for demonstrating concern for their own safety and the safety of others in all laboratory activities.

11.7. 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
  - All food and drink brought into the lab must be discarded in appropriate containers outside the lab.

11.8. 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.

12. PETITIONS

12.1. FORMAT OF PETITIONS
Students maintain the right to petition the Physical Therapy Faculty for any variance from standard policy or procedure. Petitions should be submitted to the Physical Therapy Faculty through the Academic Advisor. Petitions should include the specific request and 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. This is also available online at www.mghihp.edu under Student Service/Registrar/Printable Forms. This can be completed and faxed to the Advisor. All other petitions should be submitted in the form of a letter addressed to the student’s Academic Advisor.

12.2. APPROVAL OF PETITIONS
All petitions must be approved by majority vote of the Physical Therapy Faculty. The student’s Academic Advisor or Program Coordinator will be responsible for communicating the results of the petition process to the student in writing.

13. OSHA REQUIREMENTS, CPR, and HIPAA TRAINING FOR CLINICAL STUDY

13.1. UNIVERSAL PRECAUTIONS
Students involved in patient care as part of their degree requirement, who have not received training, are required to attend an Institute-sponsored training session on OSHA and Universal Precautions in the fall of the first year of study. Thereafter, students complete any further training as required by their clinical preceptor/residency sites.

13.2. HIPAA TRAINING
All students are required to complete HIPAA training as part of student orientation.

13.3. CURRENT STATUS
Students are required to sign a form verifying that they have completed both the OSHA and HIPAA by at the time of registration.

13.4. IMMUNIZATIONS
13.4.1. 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. Students will not be permitted to attend academic classes or clinical experiences if out of compliance.

13.5. FIRST AID AND CPR CERTIFICATION
All students in the Post Professional Masters program must show proof of current First Aid and CPR certification. A copy of the certifications must be provided to the program office prior to PT 603 Clinical Management 3.

14. COURSE EXEMPTIONS AND CREDIT BY EXAMINATION
Students may petition for exemption of courses according to guidelines set forth in the Online IHP Student Handbook.

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 Student Handbook.
15. AWARDS and FELLOWSHIPS

Post Professional students are eligible to be nominated for the following awards and fellowships:

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

**Marjorie K. Ionta Grant**
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.

**Barbara Adams 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.

**Mary Mankin Prize**
The Mary Mankin Prize is awarded to a student in the Post Professional Physical Therapy Program who is judged by the faculty to have the most outstanding master’s thesis for the year. The prize was established in 1992 by Institute Honorary Trustee Henry J. Mankin and his wife Carole in memory of Dr. Mankin’s mother. This carries a $500.00 award.

**DATATEL SCHOLARSHIP**
This is an Institute scholarship program for currently enrolled students. Students should contact OSA for information on the scholarship.

16. AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)

16.1. AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)
Students are encouraged to become student members of the American Physical Therapy Association (APTA). Applications for membership are available in the program office. The APTA can be accessed via their website at [http://www.apta.org](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.

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.
16.2. MASSACHUSETTS CHAPTER
The American Physical Therapy Association of Massachusetts represents more than 2,200 therapists in the Commonwealth of Massachusetts. The chapter office mailing address is APTA of MA, c/o Karen Gallagher, 34 Atlantic Street, Gloucester, MA, 01930-1625, (Phone 617-429-1325). The chapter homepage can be accessed at http://www.aptaofma.org. The chapter office can be reached via email at aptaofma@mindspring.com.

PART II: SPECIFIC REQUIREMENTS FOR DEGREE AND CERTIFICATE

A. MASTER OF SCIENCE IN PHYSICAL THERAPY FOR INTERNATIONAL STUDENTS

1. CREDIT REQUIREMENTS AND LENGTH OF STUDY

Students must complete 39 credits of study for the Master of Science degree. (See
Appendix A.)

1.1. MAXIMUM TIME LIMIT FOR COMPLETING DEGREE
All degree requirements must be completed within seven years from the date of matriculation as a student.

1.2. TRANSFER CREDITS - SIX CREDITS PRIOR TO MATRICULATION
Students may transfer a maximum of two academic courses or 6 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 Physical Therapy Faculty for acceptance of transfer credits. Students must attach course syllabi, transcripts, and any other requested documentation to the petition. Petitions should be submitted through the Program Coordinator.

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.

1.2.1. Time Limits of Transfer Credits
The “shelf life” of courses in the Post Professional Physical Therapy Program is seven (7) years. The credit value of courses older than 7 years will not be applied to the total required for graduation.

1.2.2. Petition to Waive Time Limit on Transfer Credits
Students who have taken courses that are now older than the 7 year limit may petition through his/her Academic Advisor to waive the 7 year limit. The Program Faculty will consider approving such a petition if the student has demonstrated an appropriate level of knowledge and understanding of the course material.

1.2.3. Demonstration of Achievement
This achievement may be demonstrated by such activities as 1) having taught the course material in formal continuing education, in-service programs, or entry-level classes 2) conducting thesis work in the content area and 3) having prepared a research or scholarly paper in the content area. In the event that the petition is denied, the student will be required to retake the course or register for a 1 credit independent study that may be designed as 1) a review of material and formal examination or 2) an independent case study or scholarly paper on the relevant topic.

2. GRADING AND MINIMUM COURSE GRADES
All students must have an overall GPA of “B” (3.0) or better in order to complete the Master of Science degree and certificate requirements. No more than two courses in which the student received a "C" can be counted towards the MS degree. A grade of "F" in two courses may be grounds for dismissal. COURSE FACULTY SHOULD COMPLETE AND SENT A “NOTIFICATION OF WARNING” LETTER WHEN A STUDENT IS DETERMINED AT MID-SEMESTER TO BE IN JEOPARDY OF FAILING THE COURSE. A COPY OF THE NOTIFICATION LETTER SHOULD BE SENT TO THE STUDENT’S
ADVISOR AND THE ASSOCIATE CHAIR.

All courses in the Master of Science Program must be taken for a letter grade.

3. CONVERSION FROM MASTER OF SCIENCE DEGREE TO CERTIFICATE OF ADVANCED STUDY PROGRAM

Students who are working toward the Master of Science degree may apply to convert to the Certificate of Advanced Study any time through the standard program change process. Matriculated students must have a cumulative grade point average of 3.0 or better to petition to convert to the CAS in Physical Therapy. Students petition to their Academic Advisor who presents the petition to Physical Therapy Faculty for formal vote. Once approved, the student must complete a “Program Change” form and have it signed by the Academic Advisor and Associate Chair.

3.1. LIMITATIONS ON CONVERSION
No more than 6 credits earned as a non-degree student can be applied to the MS or CAS.

3.2. LIMITATIONS ON CONVERSION FOR INTERNATIONAL STUDENTS
Conversion from the MS to the CAS requires that students meet the CAS curriculum requirements. CAS requirements must be completed within two semesters. Students must discuss any changes in the program of study with the Institute's International Student Advisor and how these changes may impact their visa status prior to filing the program change form. International students enrolled in the CAS are NOT eligible to complete the optional practical training (OPT) post graduation.

4. INTERNATIONAL STUDENTS

4.1. INTERNATIONAL STUDENT EMPLOYMENT
Because of visa and licensure restrictions, International students may not be employed outside the Institute campus. (Contact the Office of Student Affairs for a description of "campus.") However, they are eligible to be graduate assistants after the first semester of study. Students must contact the Office of Student Affairs for information on employment positions at IHP and to determine whether they are eligible to apply for positions in MGH affiliates.

5. MASTERS THESIS OPTION

Students who are approved to take the thesis option (by petition only) work with a Faculty Advisor to develop a proposal and carry out a research project. Research projects may involve clinical data collection, case studies, systematic reviews, or secondary analysis of data that have been collected previously. (For more details, see the Thesis Manual.)

B. CERTIFICATE OF ADVANCED STUDY

1. CREDIT REQUIREMENTS AND LENGTH OF STUDY
The Certificate of Advanced Study is awarded upon completion of a minimum of six courses totaling 15-18 credits from the Master of Science in Physical Therapy for International Students curriculum. Courses must be selected in consultation with and approved by a student's Academic Advisor.
MASTER OF SCIENCE IN PHYSICAL THERAPY FOR INTERNATIONAL STUDENTS CURRICULUM

MASTER OF SCIENCE IN PHYSICAL THERAPY FOR INTERNATIONAL STUDENTS CURRICULUM AND CONCENTRATIONS TABLE
# Master of Science in Physical Therapy for International Students Curriculum

## Fall, Year 1
- **PT 865** Concepts of Neuromusculoskeletal Dysfunction 3
- **PT 644** Motor Control 3
- **PT 601** Clinical Management 1 2
- **PT 654** Critical Inquiry 1 2
- **PH 750** Diagnostic Imaging 2

**Total 12**

## Spring, Year 1
- **PT 602** Clinical Management 2 2
- **PT 655** Critical Inquiry 2 2
- **PT XXX** Extremities 4
- **PH 842** Exercise Physiology 3

**Total 11**

## Summer, Year 1
- **PT 603** Clinical Management 3 2
- **PT 785** Diagnostic Screening 2
  - Elective: Spine 4
  - or
  - Elective: Neuro 4
- **PT 895** Thesis 1* 2

**Total 8-10**

## Fall, Year 2
- **Comprehensive Case§** 1-3
- **Teaching Procedural Interventions** 3
- **PH 740** ICU to Home Care 2
  - or
  - **PT 896** Thesis 2* 2

**Total 6-8**

*Students wishing to elect the Thesis option (PT 895 and PT 896) must petition for approval.

§ Comprehensive Case is a 3 credit course for students who are not taking the thesis option. Students taking the thesis option will register for 1 credit of Comprehensive Case.
### Masters of Science in Physical Therapy for International Students Curriculum and Concentrations Table

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APPENDIX B

PROGRAM MISSION

MASTER OF SCIENCE IN PHYSICAL THERAPY PROGRAM PHILOSOPHY AND GOALS

PROFESSIONAL BEHAVIORS FOR THE 21ST CENTURY 2009 - 2010
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
We are so happy that you are considering studying at the MGH Institute of Health Professions!

Welcome to an exciting opportunity for professional graduate studies!

- Our curriculum is designed specifically to meet the needs of students from countries around the world, affording opportunities to focus on orthopedic or neurologic physical therapy, and also to learn to treat the whole patient and become familiar with the American health care system.
- Expand your clinical and decision-making skills in a dynamic health care environment, learning with real patients under the supervision of esteemed clinical and academic faculty!
- You will go through your curriculum as a cohort, completing your studies in 4 semesters.

The International Master of Science in Physical Therapy Program is based on a philosophy that values the development of clinical skills and clinical decision-making within the student’s area of clinical focus. The program provides foundations in decision-making, scientific inquiry, and clinical measurement in addition to basic and clinical sciences, enhanced through exposure to clinical experiences within the U.S. Health Care System. Due to the variety of our students’ preparation and backgrounds prior to entering our program, the student’s course of study concentrates on developing skills to optimize delivery of care for the total patient.

- The program will focus on preparing you to examine, evaluate and treat a variety of patients with difficulties in the musculoskeletal, cardiopulmonary, neuromuscular and integumentary systems.
- Developing your skills in communication with the healthcare team, patient education, critical thinking and development of the PT plan of care will enhance your ability to provide optimal care to patients with a variety of diagnoses.
- You will be given opportunities to focus on your area of interest in neurology or orthopedics through integrated case-based activities, clinical activities and elective offerings.
Curricular goals include:

- Exposure to the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems to integrate aspects of the whole patient into a physical therapy plan of care.
- Promoting culturally competent care to all patients or clients, with recognition of the variety of students’ cultural backgrounds.
- Achievement of critical thinking and analytical thought within a context of evidence-based practice, sufficient to discuss complex patients, including discussions around difficult clinical decisions about diagnosis, prognosis, and interventions based on a comprehensive examination and evaluation process.
- Improvement of clinical skills and broadening of their application using practice patients, simulated activities, and selected clinical experiences.

Clinical Management Courses
All students in the Master of Science program participate in a series of three Clinical Management courses that focus directly on clinical skills and decision-making related to patient care. These courses provide opportunities to practice and enhance hands-on skills, and to learn how to apply these skills to various patient diagnoses. Seminar sessions allow students to discuss cultural and academic issues that impact graduate education and the physical therapy profession. The final course in this sequence is a clinical experience where students will work directly with patients in a physical therapy clinic at the Institute. Students will have a chance to focus on the provision of care for adult and geriatric patients with neurological or orthopedic problems.

Capstone Project
All students in the Master of Science program will complete a capstone project that will provide an opportunity for comprehensive analysis. Most students will present a Comprehensive Case Study in their final semester, demonstrating a full understanding of diagnosis, prognosis and intervention procedures on a complex patient. Some students may complete a thesis research project, based on faculty scholarship. The thesis option will only be available to students who fulfill specific academic criteria, and who are recommended by a faculty member.

Certificate of Advanced Study
Students may choose to work towards a Certificate of Advanced Study only, which requires the completion of a minimum of 15-18 credits. Students may focus on orthopedic or neurologic physical therapy. The CAS takes 2-3 semesters to complete, depending on course choices. Students may convert to the Master of Science at the end of the fall semester only.

For additional information, please contact the program at pt@mghihp.edu
Professional Behaviors for the 21st Century
2010-2011

Definitions of Behavioral Criteria Levels

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

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

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

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

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

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

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

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed Physical
Therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria, and placement within developmental levels (Beginning, Intermediate, Entry Level, and Post Entry Level) (2009). Interestingly, the 10 statistically significant behaviors identified were identical to the original 10 Generic Abilities; however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE’s) and Clinical Instructors (CI’s) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE’s), Academic Faculty, CCCE’s, and CI’s from all regions of the United States.

This resulting document, Professional Behaviors, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The ‘developing level’ was changed to the ‘intermediate level’ and the title of the document has been changed from Generic Abilities to Professional Behaviors. The title of this important document was changed to differentiate it from the original Generic Abilities and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in Physical Therapy education and practice.

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

The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of Physical Therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each Professional Behavior is defined and then broken down into developmental levels. Each level contains behavioral criteria that describe behaviors that represent possession of the Professional Behavior. Each developmental level builds on the previous level such that the tool represents growth over time in Physical Therapy education and practice.

It is critical that students, academic faculty, and clinical faculty utilize the Professional Behaviors Assessment Tool in the context of Physical Therapy and not life experiences. For example, a learner may possess strong communication skills in the
context of student life and work situations; however, he or she may be in the process of developing their Physical Therapy communication skills, those necessary to be successful as a professional in a greater healthcare context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each Professional Behavior through self, peer, and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool; however, he or she should demonstrate and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, but they are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool’s use and, ultimately, the professional growth of the learner. The Professional Behaviors Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

**Professional Behaviors**

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

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

**Intermediate Level:**
- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions
Entry Level:
- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

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

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

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

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

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

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

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

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

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

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

**Post Entry Level:**
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

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

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

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

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

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

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

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

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

**Post Entry Level:**
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the healthcare system
- Promotes service to the community

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

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

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

Discusses societal expectations of the profession

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Post Entry Level:**
• Acts as a mentor not only to other PTs, but to other health professionals
• Utilizes mentors who have knowledge available to them
• Continues to seek and review relevant literature
• Works towards clinical specialty certifications
• Seeks specialty training
• Is committed to understanding the PTs’ role in the healthcare environment today (i.e. wellness clinics, massage therapy, holistic medicine)
• Pursues participation in clinical education as an educational opportunity
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 Master of Science 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 healthcare 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.

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I have discussed the information contained in this form with __________________________ and I have answered questions to the best of my ability.

Academic Advisor __________________________ Date _____________

I understand my responsibilities and the potential risks, and I agree to participate in learning experiences as outlined above. Any questions I have about my expected participation in this program have been answered to my satisfaction. 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 healthcare professionals, and the class activities are part of their professional preparation. The purpose of my participation is for student learning only, and it 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
- Videotape Recordings
- Motion Pictures
- Photographs
- Electronic Images (including images 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, 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, and performances, 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, and performances 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

NOTIFICATION FORMS:

Notification of Concern

Notification of Planned Absence
Notification of Concern

TO: ___________________________________  FROM: ___________________________________
Student’s Name                  Faculty

This form indicates that faculty have concerns regarding your academic and/or professional performance. This notification is intended to provide important feedback for you, with suggestions for remedial action. Further instances of problems with professional behavior may result in a formal disciplinary warning.

This form will be completed by the appropriate faculty, and copies will be forwarded to the student’s Academic Advisor, Director of Clinical Education, and the Program Coordinator. You must meet with your Academic Advisor to discuss this notification.

Course Number and Title: ___________________________________________________________

Concerns:                              Comments:

Failed Exam  ☐  ___________________________
Poor Attendance  ☐  ___________________________
Professional Behavior  ☐  ___________________________
Missing Assignments  ☐  ___________________________
Other:__________________________  ___________________________

Actions:

☐  Must attend open labs  ☐  Tutor recommended  Other: __________________________

Issued by:

______________________________  _________________________
Faculty Signature                Date

I have read and understand the information in this Notification of Concern.

______________________________  _________________________
Student Signature                Date

Copies to: Advisor, Directors of Clinical Education, Program Coordinator
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 student’s Academic 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 Master of Science 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 Student Handbook and the Master of Science in Physical Therapy Program Manual.

The statements contained within the Program Manual serve as a supplement to the catalogue, delineating policies and procedures that are specific to the Master of Science 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 Student Handbook and the Master of Science in Physical Therapy Program Manual, 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