

# **Doctor of Physical Therapy Program Handbook of Student Policies and Procedures 2019-2020**



**NOTE: All policies and procedures within this handbook are in alignment with the School of Health Professions (SHP) & the UT Health Science Center guidelines. Questions related to policies can be addressed to any Department of Physical Therapy Faculty member or the Chairperson. As appropriate, the full SHP policy and University Catalog should be consulted for guidance or clarification.**

**Students are responsible for reading and understanding all policies and procedures in this student handbook.**

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# A Warm Welcome to the New Students of the Doctor of Physical Therapy Program

This is a special time for the faculty, staff, and current students, as we welcome you to the PT Department. You have made a great decision in choosing to undertake your professional education in Physical Therapy at UT Health San Antonio. We are excited that you are here and hope that you will strive for the same success that our current students have already experienced.

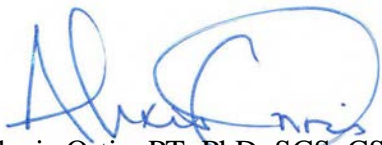
The next three years will be challenging and stimulating and will require concerted efforts on your part. As in all areas of life that really matter, you will benefit greatly with *effort* and *involvement*. You and the other students in your class have been carefully selected from a large group of program applicants. You have qualities that we value in our program: intelligence, commitment to a career in Physical Therapy, involvement in health care, academic achievement, perseverance and professionalism. With dedication, hard work and application to your studies, you are bound to succeed.

We know that you have what it takes to succeed in the Doctor of Physical Therapy Program. The PT program at UT Health San Antonio will certainly challenge you close to your limits. We recognize that your efforts to succeed will require a major commitment on your part. Keeping a good balance is the key! Rest assured that many groups of students have gone before you and though the effort was formidable, the rewards were great. It is only when you are really challenged that you find out just how good you are and how great you can become. You will feel the need to sacrifice many of the things you have taken for granted; but you must take the time to exercise, socialize or participate in other activities you enjoy to revive and ready yourself for the next project.

So, maintain a positive outlook, keep your career goals in focus, work hard, and make new friends. And don't forget to always do your best have fun along the way!

## Welcome back to continuing students

We have missed you and are glad to have you back! This is your program, and this is your handbook. Please take time to review the information included and to enjoy your year of learning.



Alexis Ortiz, PT, PhD, SCS, CSCS, FACSM  
Chair and Professor  
Department of Physical Therapy

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## Core Faculty and Staff of the Department of Physical Therapy

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<b>Dr. Julie Barnett</b> Clinical Assistant Professor	2.233R.2	567-8754	<a href="mailto:Barnettj3@uthscsa.edu">Barnettj3@uthscsa.edu</a>
<b>Dr. Gregory Ernst</b> Associate Professor	2.208R.2	567-8757	<a href="mailto:Ernstg@uthscsa.edu">Ernstg@uthscsa.edu</a>
<b>Dr. Michael Geelhoed</b> Associate Professor and DCE	2.208R.7	567-8756	<a href="mailto:Geelhoed@uthscsa.edu">Geelhoed@uthscsa.edu</a>
<b>Dr. Selina Morgan</b> Clinical Assistant Professor	2.233R.1	567-8765	<a href="mailto:Morgans5@uthscsa.edu">Morgans5@uthscsa.edu</a>
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**EMERGENCY SECURITY NUMBER to call security for any Emergency Dial 567-2800**  
**General Information 567-1000**



# Meet the Faculty and Staff

For more information on the Faculty, please go to the Department web site and follow the links to each member of Faculty.

## Core Faculty

### **Alexis Ortiz, PT, PhD, SCS, CSCS, FACSM**

Professor and Chair

Chair & Professor Dr. Ortiz is a physical therapist trained in Puerto Rico graduating with his Bachelor of Science in Physical Therapy in 2000. He obtained his Master of Science in Physical Therapy (2000-2003) and PhD in Physical Therapy (2006) at Texas Woman's University-Houston. He worked at The University of Puerto Rico-Medical Sciences Center from 2000 to 2012 where he started as an Assistant Professor until becoming the Program's Chair. From 2012 to 2018 he was a Professor at the School of Physical Therapy at Texas Woman's University-Houston. He is being the Chair of the UT Health San Antonio Department of Physical Therapy since the Summer of 2018. Dr. Ortiz is a board-certified sports physical therapist and a certified strength and conditioning specialist. He also is a Fellow of The American College of Sports Medicine. His research agenda lies within the area of human performance, physical function, and physical activity.

### **Gustavo Almeida, PT, Ph.D.**

Assistant Professor

Dr. Gustavo Almeida received his PT bachelor and training in Brazil and has over 18 years of clinical experience with focus in Sports and Orthopedics Rehabilitation. He obtained his PhD in Rehabilitation Science from the University of Pittsburgh in December 2015. He taught Kinesiology in Undergraduate (Rehabilitation Science) and Graduate (Master's of Science in Prosthetics and Orthotics) programs from 2014-19 at the University of Pittsburgh. He has also contributed as invited lecturer in courses related to Evidence-based Practice, Biomechanics and Diversity during that period. Dr. Almeida is currently an Assistant Professor at UT Health San Antonio where he serves as the Course Director for Exercise Physiology (PHYT 7005), co-teaches Movement Science I (PHYT 7012) and supervises student research projects. He keeps an active research agenda in the area of musculoskeletal rehabilitation to improve physical function and activity in individuals with arthritis. His research activity has led to 29 peer-reviewed publications and over 50 peer-reviewed abstracts and presentation. Dr. Almeida is an active member of the APTA and the ARP (Association of Rheumatology Professionals), and continuously participates in the National Meetings promoted by these Associations.

### **Martha Acosta, PT, PhD, GCS**

Associate Professor

Dr. Acosta received her Bachelor's degree from the University of Southwestern Louisiana in Pre-Medicine. She received the second Bachelor's degree from the University of Texas Medical Branch in Physical Therapy. Following that, she obtained a Master's degree in Healthcare Administration from Texas State University (1991). Her PhD was awarded in 2007 in the area of Preventive Medicine and Community Health, with program specialization in Rehabilitation Sciences. In the area of clinical experiences, Dr. Acosta has practiced in various settings for over 30 years including acute care, out-patient, rehabilitation, long-term care, pediatric, skilled nursing and home health. In clinical practice she has held positions including clinician, clinical instructor, director, and consultant. She has participated in numerous community activities doing volunteer work. Service work also included membership on the advisory board of a physical therapy assistant program. As a diplomat and item writer, she is a member of the Specialty Academy of Clinical Experts (American Physical Therapy Association). Dr. Acosta's interest in geriatrics culminated in the attainment of board certification as a geriatric clinical specialist

from the American Physical Therapy Association in 1997. As a researcher, Dr. Acosta's interests are related to study of the geriatric population specifically in frailty, falls, osteoporosis and nutrition. Dr. Acosta maintains active participation in several professional associations. She joined the faculty at the University of Texas Health Science Center in 2007.

**Julie Barnett, PT, DPT, MTC**

Clinical Assistant Professor

Dr. Julie Barnett completed pre-requisite physical therapy course work at Baylor University and graduated with her BS in Physical Therapy from the University of Texas Medical Branch in Galveston Texas. She completed her clinical doctorate degree from Rocky Mountain University of Health Professions in Provo, Utah. Special interest research review was performed on orthopedic overuse injuries in runners. Dr. Barnett received her certification in manual therapy from the Stanley Paris' Institute of Graduate Health Sciences from St. Augustine Florida. Dr. Barnett owned and directed her private practice with specialization in sports and spine medicine from 1989-2002. She continues to work part-time as director of The Non-Surgical Center of Texas in conjunction with a physiatrist specializing in regenerative injections and rehabilitation. Her specialty areas include: manual therapy, stabilization training, biomechanical and orthotic interventions and multiple strategies incorporating taping techniques. She provides sports medicine consultation to San Antonio marathon training groups for preparation for the local Rock N Roll marathon each year.

**Greg Ernst, PT, PhD, ECS**

Associate Professor, Tenured

Dr. Greg Ernst completed over 24 years of clinical experience, teaching, and leadership as an active duty army and navy physical therapist. He received his Master's in Physical Therapy from the US Army-Baylor University Graduate Program in Physical Therapy and PhD in Education/Sports Medicine from the University of Virginia. Dr. Ernst's assignments included clinical, teaching, and leadership positions at army or navy hospitals in California, Japan, Texas, and Virginia, including managing the Navy's largest physical therapy facility in Portsmouth, VA. His military career culminated in being named the Navy's lead Physical Therapist and consultant to the Navy Surgeon General. Dr. Ernst's interests are in the clinical sciences, orthopedic physical therapy, and clinical electrophysiology. He is extensively involved in post-graduate training programs in these specialty areas and is board certified in clinical electrophysiology. Dr. Ernst was an assistant and then associate professor at the Army-Baylor University Graduate Program in Physical Therapy and Brooke Army Medical Center Orthopedic Clinical Residency Program from 1997-2001. Dr. Ernst has been a member of the APTA Specialization Academy of Content Experts and a Reviewer for Physical Therapy and the Journal of Orthopedic and Sports Physical Therapy. He has published several manuscripts and book chapters on various topics in orthopedic and clinical electrophysiologic physical therapy. Dr. Ernst joined the faculty at UT Health Science Center in Sept 2006.

**Michael Geelhoed, PT, DPT, OCS, MTC**

Associate Professor and Director of Clinical Education

Dr. Mike Geelhoed is a member of the inaugural Master of Physical Therapy graduating class of UT Health Science Center in 1998. He worked in San Antonio as a physical therapy clinician, manager and administrator from 1998-2003. He accepted a full-time faculty appointment at UT Health Science Center in January 2004. Currently he teaches Professional Issues I and II and Movement Science I to the first-year students, Professional Issues III to the second-year students, and is the Director of Clinical Education, coordinating and supervising all clinical experiences for the third-year students. He is very active in national and state PT associations, currently serving as Vice President of the Texas Physical Therapy Association. He is the founder and primary faculty supervisor of the PT Student-run Free Clinics at Alpha Home and Haven for Hope. Dr. Geelhoed received his Certification in Manual Therapy

(MTC) from the University of St. Augustine in 2002 and his Board Certification in Orthopedic Physical Therapy (OCS) from the American Board of Physical Therapy Specialties in 2003, with re-certification in 2013. He completed his Doctorate of Physical Therapy through the University of St. Augustine in December 2004. In recognition of his professional accomplishments, he has been awarded the President's Award and Jeanette Winfree Award from the TPTA, the Spectrum Award from the School of Health Professions, and a Secretary's Award for Excellence in Public Service from the US Department of Health and Human Services.

**Selina Morgan, PT, DPT, NCS**

Assistant Clinical Professor

Selina Morgan received her Bachelor of Science degree in Community Health Education from Texas A&M University in College Station, Texas. She received her Bachelor of Science Degree in Physical Therapy from the University of Texas Southwestern in Dallas, Texas. She earned her clinical doctorate in Physical Therapy from the University of Texas Medical Branch in Galveston, Texas.

Her primary teaching responsibilities include Management of the Patient with Neuromuscular Dysfunction I and II. Dr. Morgan's clinical expertise is in neurological rehabilitation, specifically in the management of paralysis and spasticity. She continues to practice clinically at the Medical Arts and Research Center (MARC) within the UT Health System in San Antonio. She was certified as an Assistive Technology Professional in 2003 and the Herdman clinical competency in vestibular rehabilitation and integrates these specialties in her practice at the MARC. She represents physical therapy in the multidisciplinary Muscular Dystrophy Association's weekly clinic at the MARC. She is a member of the American Physical Therapy Association, with a section membership in Neurology.

Dr. Morgan is also an instructor with North American Seminars teaching spinal cord injury and motor control courses nationally and in Canada. She was recently recognized by the Texas Physical Therapy Association Consortium of Clinical Educators with the Dorn Long Award for outstanding clinical educator. Dr. Morgan became a board-certified neurological specialist (NCS) by the American Board of Physical Therapy Specialists in summer of 2019.

**Yolanda M. Rangel, PhD.**

Assistant Professor

Dr. Rangel received her Bachelor's degree in Biology from the University of Texas at San Antonio. She received her Master of Science degree in Biology with a concentration in Developmental Neuroanatomy from the University of Texas at San Antonio. She earned her Ph.D. in Neuroscience from the University of Pennsylvania in Philadelphia, PA in 2001. Dr. Rangel did her first postdoctoral fellowship at the University of Miami, School of Medicine where she investigated molecular signaling mechanisms mediating axonal regeneration in the central nervous system. She completed a second postdoctoral fellowship at Washington University School of Medicine during which time she investigated the role of leukocyte-derived inflammatory responses following focal cerebral ischemia. She joined the Department of Physical Therapy at the UT Health Science Center full-time in February 2008. Her primary teaching responsibilities include Neuroscience, The Scientific Basis of Neurological Disorders, Anatomy, along with Cells, Systems and Disease. Dr. Rangel's current research interests are focused on elucidating the protection of human macrophages from oxidative stress-induced mitochondrial dysfunction through the inhibition of S-glutathionylation of heat-shock protein 60 by glutaredoxin in the setting of atherosclerosis.

**Sandeep Subramanian, PhD., BPT**

Assistant Professor

Dr. Sandeep Subramanian obtained a Bachelors in Physiotherapy from Mumbai, India. He worked for a year as a physiotherapist in a pediatric setting in India. He completed his MSc (2008) and PhD (2013) in Rehabilitation Sciences at the School of Physical and Occupational Therapy, McGill University. He was funded by the Physiotherapy Foundation of Canada for his MSc studies and by the Focus on Stroke

initiative (by the Canadian Institutes of Health Research, Heart and Stroke Foundation of Canada and the Canadian Stroke Network) and the Faculty of Medicine, McGill University for his PhD studies. He recently completed a post-doctoral fellowship at the Department of Neurosciences, University of Montreal which was funded by the Heart and Stroke Foundation of Canada. His research interests include upper limb rehabilitation after stroke, motor control, motor learning, use of virtual reality and outcome measurement. His research articles have been published in journals like Stroke, Neurorehabilitation and Neural Repair, Restorative Neurology and Neurosciences and Journal of NeuroEngineering and Rehabilitation. He is a member of the editorial board of Restorative Neurology and Neurosciences and is a reviewer for journals including Archives of Physical Medicine and Rehabilitation, Neurorehabilitation and Neural Repair, Topics in Stroke Rehabilitation and Motor Control.

## **Adjunct Faculty & Clinical Lab Instructors**

**Gail Deyle, PT, DPT, DSc, OCS, FAAOMPT:** PHYT 8112-Management of the Complex Patient.

**Brian Ehler, PT, FAAOMPT:** PHYT 8002 & 8114-Management of the Patient with Musculoskeletal Dysfunction 1 & 2.

**Brittany Elliot PT, FAAOMPT:** PHYT 8002 & 8114-Management of the Patient with Musculoskeletal Dysfunction 1 & 2.

**Adam Guerrero, PT, DPT:** PHYT 8108 & 8116-Management of the Patient with Neuromuscular Dysfunction I & II.

**Chad Hodges, PT, DPT:** PHYT 8002 & 8114-Management of the Patient with Musculoskeletal Dysfunction 1 & 2.

**Daniel Hughes, PhD:** PHYT 7014 & 8102- Systematic Reasoning and Scientific Investigation I & II.

**Rekha Kar, PhD:** CSAT 5022-Interprofessional Human Gross Anatomy.

**Crystal Keller, PT, DPT, NCS:** PHYT 8011- Therapeutic Approaches to Pain and Movement Dysfunction.

**Elizabeth Koyle, PT, PhD, DPT, MBA:** PHYT 8106-Principles of Administration in Physical Therapy.

**Jacquis Lagura, DPT:** PHYT 7001-Clinical Foundations I.

**Francis Lam, Pharm D.:** PHYT 7018-Pharmacological Principles in Physical Therapy

**Barry Morgan, PT:** PHYT 8116-Management of the Patient with Neuromuscular Dysfunction II.

**Haley Nation, PhD:** CSAT 5022-Interprofessional Human Gross Anatomy.

**Erica Pearce, PT, FAAOMPT:** PHYT 8002 & 8114-Management of the Patient with Musculoskeletal Dysfunction 1 & 2.

**William Person, PT, DPT, FAAOMPT:** PHYT 7001 & 7011- Clinical Foundations I & II.

**Jessica Rodríguez, DPT, C/NDT:** PHYT 8116-Management of the Patient with Neuromuscular Dysfunction II.

**Todd Schwartz, PT, C/NDT:** PHYT 8116-Management of the Patient with Neuromuscular Dysfunction II.

**Kathryn Schwartz, PT, NCS:** PHYT 8108 & 8116-Management of the Patient with Neuromuscular Dysfunction I & II.

**Noel Vega, PT, CPO:** PHYT 8012-Prosthetics in Rehabilitation.

## **Staff Members**

### **Betty Hall**

#### *Department of Physical Therapy Administrator*

Ms. Hall came to the Department of Physical Therapy in April 2011 from the Department of Occupational Therapy where she continues to serve as administrator. Ms. Hall assists the Chair with daily management and administrative support for the Department. Her duties include decision making and data gathering activities to relieve the Chair from many of these responsibilities such as: budget planning, preparation, and management. She manages the department office, supervising and evaluating the administrative/secretarial support staff. Ms. Hall verifies/processes certification of graduation and provides information to graduates for licensing requirements. She also coordinates the processing and orientation of new and continuing faculty appointments.

### **Jacqueline Grace**

#### *Department of Physical Therapy Administrative Assistant*

Jacqueline Grace is the Administrative Assistant, serving to support the functions of the Chairperson and assist with student and faculty needs. Prior to her current appointment, Jacqueline was a Senior Administrative Clerk for the Department of Lab Animal Resources where she submitted orders for Biomedical Research Community within UT Health San Antonio. She has also worked at USAA as a Security Systems Technician. All scheduling is done through Jacqueline Grace and students with questions or requests should see Ms. Grace. She also coordinates the course schedules for each semester.

### **Patricia Perez**

#### *Department of Physical Therapy Administrative Assistant-Associate*

Patricia Perez is new to UT Health Science Center Physical Therapy Department. Her roll in the department provides administrative support for the student admissions process of the Department of Physical Therapy and provide a variety of support to the chair, faculty and administrator of the department. She also works closely with both current and prior year to help organize and assist with interview process. Inform all applicants of status of their applications upon completion of process by PT Admissions Committee. Maintain contact with all incoming students regarding needed documentation and procedures for matriculation into the program.

## **Introduction to the Doctor of Physical Therapy Program**

The Doctor of Physical Therapy (DPT) program fosters growth and development of professionalism through innovative educational opportunities in the Department of Physical Therapy in the School of Health Professions at UT Health San Antonio.

## Mission

The Department of Physical Therapy, in accordance with the mission of the School of Health Professions and UT Health San Antonio, serves the healthcare needs of the people of Texas and the nation, while advancing the profession of physical therapy, and promoting health and wellness through excellence in education, research, patient care, and service.

## Vision

The UT Health Science Center Department of Physical Therapy will be recognized nationally and internationally as an exemplary leader in education patient care, scholarly activity, and service.

## KNOWLEDGE – INTEGRITY (Ethics) – COMPASSION

The UT Health Science Center Department of Physical Therapy, comprised of faculty, staff and students, holds the following as *Core Values*:

**Knowledge:** we value the acquisition, interpretation and synthesis of evidence-based information linking the basic sciences and clinically applied movement sciences. We want to foster lifelong professional development and innovative approaches to clinical examination and intervention with the aim of health, wellness, prevention and improvement of health.

**Compassion:** we value the quality of mutual respect of the opinions, perspectives and experiences of all faculty, staff, students and patients. We foster professional behavior that nurtures learning, hearing and communication between all faculty, staff and students.

**Integrity:** We will model and enforce firm adherence to a professional code of ethics with respect of peer, faculty and patient relationships and interactions.

In addition, the additional American Physical Therapy Association's Core Values of accountability, altruism, excellence, professional duty, social responsibility underlies the actions and philosophy of the department of physical therapy faculty, staff and students.

## Doctor of Physical Therapy Program Purpose

The Doctor of Physical Therapy Program prepares entry-level physical therapists that will practice physical therapy competently and participate actively in the enhancement of health care in multicultural settings.

## Doctor of Physical Therapy Program Goals

Students will be able to:

1. Demonstrate the skills necessary for entry-level practice of physical therapy.
2. Perform service to the community and the profession.
3. Develop critical inquiry skills related to clinical practice and research.

4. Implement principles of ethical and professional behavior in PT practice.

Graduates will be able to:

1. Be an advocate for service to the community and the profession.
2. Be a lifelong learner and engage in personal and professional development and lifelong learning activities.
3. Perform evidence-informed PT practice based on foundational knowledge and professional clinical skills.
4. Practice in an ethical and professional manner.

Faculty will be able to:

1. Be a role model in committing to service activities to the community and the profession, and
2. Be engaged in scholarly activity, the promotion of evidence-based practice in their teaching and the pursuit of professional advancement.

The department of Physical Therapy will be able to:

1. Through its faculty & students, demonstrate a commitment to the public and professional communities through activities of health promotion, continuing education, service and advocacy for the PT profession,
2. Deliver an accredited, entry-level physical therapy education program which incorporates the core values of the profession,
3. Prepare the graduate to be an autonomous Doctor of PT who practices in a safe, ethical and legal manner, and
4. Prepare the graduate to accept the responsibility for continuous professional development.

## History and Accreditation Status

### Early History

Planning for the Physical Therapy program began in the mid-1970s at The University of Texas at San Antonio where the Program was first housed. The first class of 18 students was admitted in June 1978; they were awarded Bachelor of Science degrees in May 1980.

In 1980, the Board of Regents approved funds to renovate space for the medically related allied health programs at UT Health San Antonio. Faculty offices and the teaching laboratory were completed and occupied two years later.

### The Master of Physical Therapy Program

The Master of Physical Therapy (MPT) program was initiated in August 1995. The MPT program built on prerequisites and requirements of course work in the social sciences, humanities, and natural sciences that provide students with the background to think independently, weigh values, understand fundamental theory, and exercise social responsibility.

The professional phase of the program offered in the MPT program consisted of integrated, progressive course work in foundational sciences, clinical sciences, hands-on clinical experiences, and professional practice competencies.

The program included three consecutive clinical practicums in various health care settings; an additional clinical elective enabled participant to develop advanced skills in specific areas of clinical practice. In addition, each student participated in a scholarly project by developing a research proposal as part of the Scientific Inquiry course sequence.

### **New Location, New Opportunities**

In May 1998, the Department of Physical Therapy moved into the new Allied Health/Research Building, on the north campus of the UT Health Science Center.

The building offers state-of-the art technology for classroom and laboratory instruction, as well as the capability to provide distance education to sites throughout South Texas and beyond.

### **The Doctor of Physical Therapy Program**

With APTA's Vision 20/20 and new emphasis on skills and knowledge needed for direct access to physical therapy, physical therapy schools across the country began a rapid transition from Master Degree programs to Doctoral Degree entry level programs. Planning for the conversion of the UT Health Science Center Physical Therapy Program to convert from the MPT program to the DPT program began in 2005. With the program already at three years, it was not necessary to increase the length of the physical therapy program.

However, more material, increased clinical experience time, and course restructuring to emphasize direct access skills, critical thinking, evidence-based practice, and the addition of a capstone lifespan course will enhance preparation for tomorrow's physical therapist practicing at a more independent level. Final approval for the DPT program was made on July 24, 2008 for the class to start in the fall of 2008.

### **Move back to Main Campus**

In the Fall of 2018, the DPT program moved to the newly renovated dental building. The new space and equipment offers the latest in technology and will promote collaboration among other departments and schools within the university.

### **Current Accreditation Status**

Educational programs in Physical Therapy are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). Initial accreditation was granted for the Bachelor of Science program in 1980, with subsequent re-accreditation in 1985 and 1989. The MPT program was granted interim accreditation in 1995 and fully accredited in August 2000. The most recent CAPTE visit to UT Health Science Center at San Antonio occurred in Spring 2011 and resulted in full accreditation for the maximum cycle of ten years.

Students and/or the public can file any comments or complaints regarding the physical therapy program by contacting the Commission on Accreditation in Physical Therapy Education (CAPTE) at:

Department of Accreditation  
Commission on Accreditation in Physical Therapy Education-APTA  
1111N. Fairfax Street  
Alexandria, VA 22314 (703) 706-3240

## **Doctor of Physical Therapy Curriculum Statement of Philosophy**

**Program Philosophy:** Teaching in the field of physical therapy presents challenges and requires techniques that are specific to the profession. However, there are certain premises that hold true for all teachers. Our faculty at the UTHSCSA Department of Physical Therapy shares a common philosophy regarding teaching and learning which stems from our core values of compassion, integrity and knowledge. Our faculty strives to identify, respect and integrate cultural differences as we educate students. A successful education results in a graduate who has become a better learner and a committed



life-long learner. The teaching philosophy held within the UTHSCSA Department of Physical Therapy forms the foundation of the teaching practices used. These values will foster the development of our students to be able to meet our University, School, and Program missions that include meeting the healthcare needs of Texas Citizens, to include those in medically underserved areas. This is consistent with the APTA Vision of Transforming society by optimizing movement to improve the human experience.

## **Educational Principles and Values**

Our educational principles and values are based on our content streams of: biological and physical sciences, clinical science, critical thinking, and professional application.

1. Our biological and physical science stream consist of Interprofessional Human Gross Anatomy, Neuroscience, Scientific Basis of Neurological Disorders, Cells, Systems & Disease, Exercise and Physiology of Rehabilitation, Movement Science I and II, and Pharmacologic Principles in Physical Therapy Practice. Students must have a strong basis to understand the science behind what physical therapist do. For example, in areas of practice where clinical evidence is lacking, students must fall back to the basic sciences to develop theories for the mechanisms that bring about effective patient management strategies.
2. In the clinical science stream, students practice the foundational skills necessary of all physical therapist no matter the practice pattern. These skills are developed in the first year Clinical Foundation I and II course series. Students then apply these generic skills in their second year as faculty lead the students in developing their patient management skills in the areas of cardiopulmonary, integumentary, musculoskeletal, and neuromuscular physical therapy across the lifespan. Rehabilitation of patients following limb loss is also included in the second year.
3. The critical thinking stream is woven implicitly throughout the entire curriculum. Explicitly, critical thinking skills are developed in the systematic reasoning and scientific inquiry courses. This series begins in the first year where students learn research design, statistical techniques, and how to critically appraise the scientific and clinical literature. Explicitly the critical thinking stream culminates in the presentation of a completed, faculty-driven research project or an expanded critical appraisal of a topic (CAT). Implicitly, the critical thinking stream culminates in capstone Human Development Across the Lifespan and Management of the Complex Patient courses where students complete a PICO project.
4. The professional application stream emphasizes professional behaviors expected of a graduate physical therapist. As in the critical thinking stream, professionalism is woven throughout the entire curriculum. However, the Professional Issue and Clinical Decision Making I, II, and III courses are designed specifically to help develop these skills. These three courses together focus on learning styles across the lifespan, teaching techniques, communication in the clinical setting, ethics, cultural competence, health care provider roles and responsibilities, and professional development. These very practical courses prepare the students to function as professionals during their clinical rotations (also part of this stream) and for careers as a physical therapist. The professional application stream culminates administratively with The Principles of Administration in Physical Therapy course and clinically with the Management of the Complex Patient course. These are in the third year, spring semester.

## **Health and the Physical Therapist's Role**

Health is defined not only as the absence of disease and dysfunction, but also the attainment of optimal human function.

Physical Therapy is a health care profession that helps ameliorate or eliminate disease and dysfunction, and promotes optimal function by identifying, assessing, treating, and preventing movement dysfunction.

## **Roles and Responsibilities of the Physical Therapist**

In order to provide the best possible health care, physical therapists must be competent in examination, assessment, evaluation, and the diagnosis of movement dysfunction.

Physical therapists develop, implement, and manage appropriate interventions based on current scientific evidence as well as the individual's psychological, physical, family, social, and economic circumstances.

Physical therapists must continually evaluate outcomes of health care to determine if they are consistent with patients' needs in the context of the current health care system.

Physical therapists must seek and evaluate new information and incorporate appropriate changes in practice.

Physical therapists educate patients and clients, their families and caregivers, the public, and other health care professionals who provide care for individuals with disabilities and chronic illness.

## **Physical Therapy Professional Education**

Education in Physical Therapy is designed to prepare clinically competent graduates who have acquired professional knowledge, skills, and values in an atmosphere that inspires commitment to self-directed, lifelong learning.

Physical therapists must be able to evaluate critically and apply new knowledge in movement science as they solve clinical problems. Physical Therapy education provides a coherent foundation in the scientific theory and knowledge underlying professional practice, criteria for evaluating new knowledge, and opportunities for students to engage in scientific scholarship.

Physical therapists must apply skills related to professional behavior, oral and written communication, assessment and evaluation, treatment program planning and delivery, and scholarly activity to promote evidence based comprehensive healthcare. Physical Therapy education also promotes the values, attitudes, ethical behaviors, and culture of the profession so graduates will be prepared to provide compassionate, ethical care that adheres to the highest professional standards.

## **Roles of Faculty in Professional Education**

All faculty members are committed to continuous personal and professional development to fulfill their individual roles, including but not limited to, scholars of movement science, facilitators of learning, mentors, promoters of compassionate, ethical practice, and clinicians.

All faculty members recognize the need for Physical Therapists to critically evaluate scientific knowledge in movement science and apply it in professional practice. They participate in the discovery, integration, and application of new knowledge in practice and professional education.

## **Roles of Students in Professional Education**

Under guidance from the faculty members and their clinical colleagues, students in the Physical Therapy professional education program assume responsibility for their own ongoing learning and personal and professional growth. Students take advantage of opportunities for leadership development, participate in the ongoing scholarship activities in the department, and contribute to the critical review of the program.

# **Curriculum Principles and Values**

Students in the program are intelligent, mature, and highly motivated to succeed. They represent a variety of learning styles, work preferences, cultural and ethnic backgrounds, motivations, abilities, and aspirations. To meet students' varied learning needs and professional goals, the curriculum is organized around several key principles:

## **Professional Development**

The curriculum is designed to help students with varied backgrounds and abilities develop into well-rounded, skilled generalist physical therapists that are capable of fulfilling roles as clinicians, educators, administrators, and consultants, etc.

Throughout the curriculum students participate in learning experiences that highlight: professional values and attitudes, sensitivity to cultural issues, personal accountability, communication with a variety of audiences, peer assessment, and safe, ethical practice.

In addition, opportunities are provided for students to develop leadership abilities through professional and community service, and to engage in scholarly activities that contribute to the knowledge base of the profession.

## **Development of Competency**

The curriculum is organized around the development of clinical skills and the knowledge and values that support them.

Throughout the curriculum, foundational knowledge is integrated with skill development, and students are accountable for integrating knowledge and skills with professional values and attitudes.

## **Empirically-Based Professional Practice**

The content of the program is based on current scientific evidence. Students are taught methods of critically evaluating scientific knowledge so that they can judge the applicability of new knowledge and techniques, solve clinical problems, and integrate new information into professional practice.

## **Variety of Educational Strategies**

Because students' learning styles vary, the program incorporates a variety of methods for teaching, learning, and evaluating. Teaching methods range from direct instruction in small groups, to large group lectures, to clinical scenarios, and flipped classrooms.

Learning activities vary from traditional classroom methods, to simulations and role-playing, to practice with volunteer patients. Evaluation methods include written and oral tests, projects, reports, clinical competency tests, and "on-the-job" assessments.

## **Personal Responsibility**

Students are expected to take personal responsibility for their own learning and professional development. Case-based learning methods encourage students to determine their own learning needs and locate resources to meet them. Students learn how to assess and evaluate their own progress, a key element in lifelong learning.

## **Service to the Community and Profession**

It is our philosophy and part of UT Health Mission that physical therapist should contribute their own time to benefit the community they live in and their professional association. To this end, physical therapy students are required to fulfill service hour's requirement to realize the benefits of giving.

## **Service Hour Requirements**

Physical Therapy is a doctoring profession which includes teaching and service. In order to develop entry-level practitioners in this doctoring profession, the Department of Physical Therapy requires that students perform service hours throughout their time in the program. This yearly requirement includes 20 service hours both within the university and off-campus within the community.

Students are encouraged to establish relationships with community organizations while advancing the profession and promoting the mission of the university. If these hours are not completed within the semester, the student will have a letter grade decrease in the relevant course for that semester and must complete the service hours to advance in the program. Should this occur in the final semester of the curriculum a grade of incomplete will also be issued and a student will be delayed from graduation. The Student Service Hours procedure document (See Appendix) lists examples of acceptable service hour activities

## **Conceptual Bases of the Curriculum**

The Doctor of Physical Therapy Curriculum is organized around four primary concepts essential to contemporary physical therapy practice:

- Health and Wellness
- Continuum of Care
- Functional Movement
- Lifespan Orientation

Although all courses do not address each of these concepts directly, the concepts are represented in multiple forms throughout the curriculum. Below are brief descriptions of the concepts and their relationship with physical therapy.

### **Health and Wellness**

Physical therapy is committed to the restoration of optimum health and the advancement of wellness through the design and implementation of curative and preventive health care.

Physical therapists are dedicated to the enhancement of the quality of life by minimizing the effects of disease and disability, while protecting maximum functional independence for individuals in the community.

### **Continuum of Care**

Physical therapy is practiced along a continuum of care that crosses multiple professional roles and health care settings. The continuum of care depends, primarily, on the patient's disability-to-health status, and the physical therapist may provide services in primary, secondary, and tertiary care settings, as well as in prevention and wellness.

The therapist's roles in these settings include those of clinician, consultant, educator, critical inquirer, and manager.

### **Functional Movement**

Physical therapists help individuals gain or re-gain functional movement, which is movement that is purposeful. Functional movement is goal-oriented movement that includes activities of daily living, mobility within the environment, and recreational movement.

Complex interactions of three physical systems provide physiological maintenance, executive control,

mechanical means, and regulation that support functional movement. These systems are the cardiopulmonary, nervous and musculoskeletal systems.

Functional movement is conceptualized on a movement continuum that ranges from mobility, to stability, to controlled mobility, to skill. This continuum provides a foundation for planning and providing treatment for the majority of patients served by physical therapists.

## **Lifespan Orientation**

Physical therapy interventions are provided for persons of every age, from infancy through adulthood. Interventions are designed for the individual needs of the patient/client with consideration for their psychological, cognitive, and physical development. Infants and children need support for acquiring independent mobility and function. All adults have needs for services to maintain health and prevent disability. As persons grow older, they will benefit from physical therapy interventions for maintaining independent function throughout their lifetime.

## **End of Course Evaluations**

Students are asked to provide feedback at the completion of each course. This feedback is used to adjust and improve course delivery and content as appropriate. Student input is also helpful to determine if teaching methods have been effective and helpful. It is expected that all comments provided be as objective as possible and that students remain professional with feedback provided about the courses.

## **CANVAS learning platform Instructions**

Website Instructions:

You can access course material on the CANVAS learning platform two ways:

- from the top right of the institution homepage at <http://www.uthscsa.edu> select the Quick links and click on CANVAS, (first option)
- or you may also directly access Canvas at this link, <https://uthscsa.instructure.com/login/ldap>.
- Login with your UT HSC domain account name and password

At the top of the page, your course list is available in a dropdown list.

In Canvas if you go to the upper right corner, click HELP to access 24/7 toll-free, phone support, or chat or email. Please keep in mind that this support deals with Canvas features (for example how to submit an assignment), so if you have a specific question about course elements, such as assignments or quiz questions, they should be addressed directly to your professor. If you have problems with your computers, you should still call the IMS Service Desk at 210-567-7777.

**NOTE:**

- Courses are not available unless registration has been completed. Registration cannot be completed unless students clear their holds (including immunizations).
- Students will not be able to access their courses until the start date of the first day of classes (per the Registrar/PeopleSoft system process).

## **Academic Policies and Procedures**

Each student is responsible for abiding by all provisions in the "General Regulations and Requirements" and "General Academic Policies" in the *UT Health Science Center Catalog*, and "Chapter VI, Section 3" of the *Board of Regents' Rules and Regulations*. Violation of regulations, requirements, and policies may

result in disciplinary actions or dismissal. Policies and procedures are available through the UT Health Science Center Catalog and the following website:

*UT Health Science Center School of Health Professions*

<http://catalog.uthscsa.edu/schoolofhealthprofessions/>

*Board of Regents' Rules and Regulations*

<http://www.utsystem.edu/bor/rules.htm>

Policies and procedures with specific application to the Doctor of Physical Therapy program are provided here below.

## Academic Advising

Upon entry into the program students are assigned to a faculty member who serves as their personal mentor and advisor for the duration of the educational program. The advisor consults with students on both academic and non-academic matters. Each faculty member has approximately 18 advisees, divided among 3 classes. The advisor meets with his/her group of advisees at least once per semester and may meet with the individual advisees upon student request. Advisees may request a change in their advisor group as necessary. See Appendix for the advisor list.

## Academic Integrity

The Department of Physical Therapy views academic dishonesty (cheating) as a serious breach of professional conduct. The practice of physical therapy requires high levels of personal integrity and honesty. Evidence of academic dishonesty will be regarded as evidence of a lack of personal integrity and thus will reflect significantly on the student's ability to act in a professional manner. All cases of academic dishonesty will be vigorously investigated as appropriate. Any form of academic dishonesty (as defined below) may result in dismissal from the program.

## Definition of Academic Dishonesty<sup>1</sup>:

Academic dishonesty can take many forms. It may include:

**Cheating:** Using, or attempting to use, unauthorized material or information as study aids in any academic exercise. Visually or verbally receiving or giving information before, during or after tests, quizzes or examinations, when not specifically allowed by the instructor, is a form of unauthorized assistance and is defined as cheating. Aiding and abetting others in their pursuit of academic dishonesty is also prohibited, as is providing false information in connection with any inquiry regarding academic integrity.

**Counterfeit work:** Turning in work as one's own that was created, researched, or produced by someone else. Turning in a report of another's research, submitting a paper researched or written by someone else, having someone else take a test, and submitting joint projects as solely one's own, are all forms of counterfeit work and are unacceptable.

**Falsification of Academic Records:** Knowingly and improperly changing grades on transcripts, grade sheets, electronic data sheets, related documents, academic reports, tests and projects is an act of academic dishonesty.

**Falsification of Data or Creation of False Data:** Reporting untrue data in research, experimental procedures, on class projects.

**Plagiarism:** Presenting as one's work the work of someone else without properly acknowledging the

source. Plagiarism is theft — using words and ideas of another person as if they were one's own. Exact copying should be enclosed in quotation marks and be appropriately documented in footnotes or end notes that indicate the source of the quotation. Paraphrasing is also plagiarism.

**Theft:** Communicating all or any part of tests, lab practical exams or answer sheets, specifically prepared for a given course and as yet not used or publicly released by the instructor of a course, and theft of completed tests constitutes academic dishonesty. This includes retaining, possessing, using or circulating previously given examination materials. Stealing, destroying, modifying, defacing or concealing library, computer or laboratory materials with the purpose of depriving others of their use is also a form of theft. This constitutes intentionally obstructing or interfering with another student's academic work.

**Unauthorized Reuse of Work:** Turning in the same work to more than one class without consent of the instructors involved constitutes academic dishonesty.

<sup>1</sup> Adapted from the *Student Handbook of Trinity University* and *University Principles and Safeguards of Northwestern University*.

## Advancement, Probation and Dismissal

**Continuation in the Doctor of Physical Therapy program is dependent on the following requirements:**

- Satisfactory progress in removing any conditions imposed at the time of admission, if applicable.
- Maintenance of a minimum cumulative grade point average of 3.00 (*B*) for courses taken while enrolled in the program.
- Satisfactory rate of progress toward the degree as determined by the Student Progress Committee throughout the student's enrollment.

Decisions about a student's status in the Doctor of Physical Therapy program are made by the Student Progress Committee. The Student Progress Committee of the Department of Physical Therapy consists of the Department Chair and all members of the department's core faculty.

The Student Progress Committee regularly reviews students' performance and progress in the program. The Committee may decide on one of the following options that is not necessarily sequential.

In accordance with the UT Health Science Center Catalog, "*Continuation in a School of Health Professions program is dependent on maintenance of a minimum cumulative grade point average as set by the department. A student whose cumulative GPA falls below the minimum may be subject to academic probation. All decisions concerning probation or dismissal will be based on recommendations from the Student Progress Committee within the department. The faculty and the committee may recommend (1) academic probation; (2) repetition of the course when next offered; (3) suspension with repetition of the course when next offered; (4) repetition of the year or semester; or (5) dismissal.*"

A student may also be placed on probation if he or she fails to demonstrate appropriate professional behaviors as outlined under the generic abilities section of this handbook and/or the "Professional Conduct" guidelines as listed in the *UT Health Science Center Student Catalog* (SHP section)

<http://catalog.uthscsa.edu/schoolofhealthprofessions/>).

**For the Department of Physical Therapy at UT Health Science Center DPT Curriculum, the required minimum cumulative grade point average for students is 3.0.**

The Student Progress Committee will evaluate each student's performance on a case by case basis to determine the student's status as outlined above (in the University Catalog). Probation is a status given to

a student by the Student Progress Committee for unsatisfactory academic performance (typically defined as less than a 3.0 cumulative GPA) or not adhering to professional conduct as outlined in the UT Health Science Center Catalog and/or under the Generic Abilities section of this PT Student Handbook. This is an option to improve Academic Performance or Professional behaviors.

If the student is placed on probation, they will remain on probation until they meet the stipulations as set forth by the Student Progress Committee. Being placed on probation jeopardizes a student's ability to continue in the program.

**A student may be dismissed from the program under the following conditions (this list is not all inclusive):**

- Violating provisions listed as professional behaviors outlined under the Generic Abilities section of this PT Student Handbook and/or the "Professional Conduct" guidelines as listed in the *UT Health Science Center Student Catalog* (SHP section) <http://catalog.uthscsa.edu/schoolofhealthprofessions/>). These provisions relate to the intellectual, ethical, behavioral, and attitudinal attributes necessary to perform as a physical therapy student or health care provider. As written in the Student Catalog, "In health professions education, professionalism is a required academic standard. Students who do not adhere to professional conduct standards may be subject to probation, suspension or dismissal from the certificate or degree program".
- Unsatisfactory progress toward correcting academic deficiencies to include professional behavioral, or clinical deficiencies.
- Failure to adhere to the Academic Integrity Policy (dismissal for academic dishonesty, an unprofessional behavior)
- Failure to maintain a minimum semester average of a 3.00 (B) while on probation.
- Violating provisions of the APTA Code of Ethics.

## Notification of Students on Probation

At the completion of each semester, the Chair of the Student Progress Committee (SPC) will direct the SPC to review all student records. The SPC chair will contact, in writing, each student that is on probation. This contact will take the form of an electronic letter with return receipt, sent to the student's official UT Health Science Center email address per UT Board of Regents guidelines, with copies sent to the Chair of the Department for the student file, Dean's Office in the School of Health Professions and the Registrar. This notification may also be sent via certified letter, mailed to the student's home address, though the electronic notification will be sufficient, per UT Board of Regents guidelines. For academic probation, the letter will inform the student that they are on academic probation, but will be removed from academic probation once they have met the stipulations in the notification letter.

If a student is allowed to remain in the program, they may be allowed to repeat courses as stipulated by the SPC in order to improve their cumulative grade point average. They may also be allowed to continue in the program with the regular curriculum. These decisions will be made, on a case-by-case basis, by the Student Progress Committee. A student will not be allowed to carry a grade of D forward into the subsequent year.

Status of a student on probation at the end of his/her second year will be determined by the Student Progress Committee. A student on probation at the end of the second (completion of the DPT II year) year may be subject to dismissal from the program, may be required to repeat courses (only once) in which a grade of C was earned, may be placed on a learning contract for a clinical rotation or may go on



to clinical rotations if deemed to be safe for patient interaction by the Student Progress Committee (SPC). The criteria of safety and readiness for clinical rotation in the cognitive, affective and psychomotor domains will be determined **FOR ALL STUDENTS WHETHER ON PROBATION OR NOT**, based upon evaluations performed by Department of PT faculty to include practical and written examinations as well as Generic Abilities Based Assessments performed by the faculty in the second year. A student who has less than a passing grade on an examination (<70%--cognitive) and/or has failed the safety component of a practical examination (cognitive-psychomotor-affective), and/ or has been given a score at the lower third of any professional behavior/ generic ability on the Abilities Based Assessment, may be deemed unsafe and the SPC will consider options as listed above. As stated above, a student may be placed on a learning contract prior to performance of a clinical rotation to address safety concerns and must satisfactorily meet the requirements of the contract or be considered for dismissal.

## **Notification of Students Going Off Probation**

At the completion of each semester, the Chair of the Student Progress Committee will direct the Student Progress Committee to review all student records. The Chair of the SPC will contact, in writing, each student on probation that met the stipulations as written by the Student Progress Committee in the notification letter. This contact will take the form of an electronic letter with return receipt, sent to the student's official UT Health Science Center email address, per UT Board of Regents guidelines, with copies sent to the Dean's Office in the School of Health Professions and the Registrar. Though the electronic notification will be sufficient per UT Board of Regents guidelines, this notification may also be sent via certified letter mailed to the student's home address.

## **Notification of Students Being Dismissed from the Program**

If a student is to be dismissed from the program, the student will receive a letter from the Chair of the Student Progress Committee. In accordance with UT System guidelines, the letter will be sent electronically, and copies sent to the School of Health Professions (SHP) Dean's Office and the Registrar. Though the electronic notification will be sufficient per UT Board of Regents guidelines. A student may appeal the department's process in making the decision of dismissal by following the Appeals Procedures found in the UT Health Science Center Catalog, SHP section (<http://catalog.uthscsa.edu/schoolofhealthprofessions/>) and here below.

## **Appeal Process for Academic Matters and Grievance Procedures**

Procedures for appealing a decision regarding academic matters by the Student Progress Committee are described in the *UT Health Science Center Student Catalog* (School of Health Professions (SHP) Section). Academic matters include: (1) any question considered to be of an academic nature, to include professional conduct or behavior and (2) grades awarded for an assignment, project, examination, clinical procedure, course, etc. As noted in the *Student Catalog SHP Section*, "the appeals procedures should not be used to question a rule, procedure or policy established by an authorized faculty or administrative body. Rather it may be used to provide due process for those who believe that a rule, procedure or policy has been applied in an unfair or inequitable manner, or that there has been unfair or improper treatment by a person or persons" and if the student has been treated in a manner inconsistent with previously defined standards for the class.

**A student with a complaint or grievance regarding a course or instructor should follow the process**

**summarized below, in the sequence indicated.**

**Step 1.** In the academic community, the responsibility for course development, course delivery, and the assessment of student achievement rests primarily with the course instructor. Any student who has a complaint of inappropriate treatment related to a course should first seek to resolve the issue with the course instructor. If the course instructor is the department chairperson, or if the complaint does not pertain to a specific course, the student should seek resolution with the Student Progress Committee at the outset.

- a. A student with such a complaint must file their complaint or grievance of the application of a rule, procedure, or policy or unfair or improper treatment within five (5) working days following the incident that forms the basis for the complaint (e.g., five days after grades are posted), in writing with the instructor.
- b. The instructor will meet with the student (or speak with the student via telephone for those students who are unable to come to the instructor's office). The instructor will notify the student in writing of his/her decision regarding the complaint.

**Step 2.** If resolution is not achieved as described in Step 1, the student should seek resolution with the chairperson of the department in which the course is offered within five (5) working days following notification by the instructor of his/her decision.

- a. The chairperson will meet with the student (or speak with the student for those students unable to come to the chairperson's office) following receipt of the student's request for resolution to discuss the problem or complaint.
- b. The chairperson will notify the student of his/her decision in writing following the meeting or discussion.

**Step 3.** If the issue was not resolved in Step 2 the student may submit a written appeal, describing the nature of the complaint and reasons for seeking an appeal to the Student Progress Committee of the department within five (5) working days following notification by the department chairperson of his/her decision.

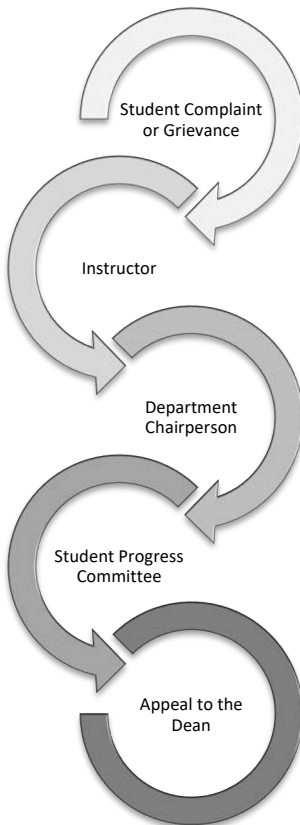
- a. The student may be asked to appear before the Student Progress Committee in person, make an oral statement and answer questions from the committee. The department chairperson will not be allowed to be present during this meeting nor be present during the deliberations of the Student Progress Committee. The student will not be allowed to be present during committee deliberations.
- b. The committee may request that the course instructor or faculty member named in the grievance appear before the committee to make an oral statement and answer questions. The instructor or faculty member named in the grievance may not be present during committee deliberations.
- c. Following review of information provided, the committee will notify the student of its decision.

**Step 4.** If the issue was not resolved to the student's satisfaction in Step 3 the student may submit a written request seeking a hearing to the Dean within five (5) working days of receiving the department progress and promotion committee decision (Student Progress Committee). The written request should include a description of the complaint and the reason the student is seeking an appeal.

- a. The Dean or his/her designee\* will meet with the student following receipt of the written request.
- b. Following the meeting with the student, the Dean may render a decision, or choose to appoint a panel to investigate the grievance and make a recommendation to the Dean.
- c. Following review of the information provided and any recommendations from the panel (should one be appointed), the Dean will then notify the student of his/her decision. The decision of the Dean is final and may not be appealed.

\* The dean may delegate authority to complete this step of the appeals process to the Associate Dean for Academic and Student Affairs

## Summary of the Process for Filing a Student Complaint or Grievance Regarding a Course or Instructor



within five (5) working days following the incident that forms the basis for the complaint with the chairperson of the department.

- a. The chairperson will meet with the student (or speak with the student for those students unable to come to the chairperson's office) following receipt of the student's request for resolution to discuss the problem or complaint.
- b. The chairperson will notify the student of his/her decision in writing following the meeting or discussion.

**Step 2.** If the issue was not resolved in Step 1 the student may submit a written appeal, describing the nature of the complaint and reasons for seeking an appeal to the Student Progress Committee of the department within five (5) working days following notification by the department chairperson of his/her decision.

- a. The student may be asked to appear before the Student Progress Committee in person, make an oral statement and answer questions from the committee. The department chairperson will not be allowed to be present during this meeting nor be present during the deliberations of the Student Progress Committee. The student will not be allowed to be present during committee deliberations.
- b. Following review of information provided, the committee will notify the student of its decision.

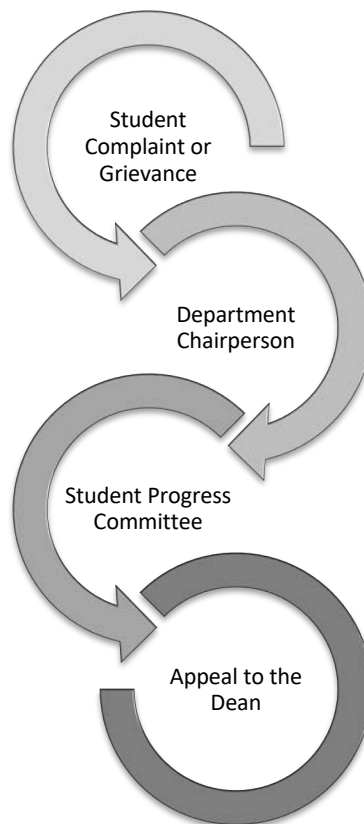
**Step 3.** If the issue was not resolved to the student's satisfaction in Step 2 the student may submit a written request seeking a hearing to the Dean within five (5) working days of receiving the department progress and promotion committee decision (Student Progress Committee). The written request should

include a description of the complaint and the reason the student is seeking an appeal.

- a. The Dean or his/her designee\* will meet with the student following receipt of the written request.
- b. Following the meeting with the student, the Dean may render a decision, or choose to appoint a panel to investigate the grievance and make a recommendation to the Dean.
- c. Following review of the information provided and any recommendations from the panel (should one be appointed), the Dean will then notify the student of his/her decision. The decision of the Dean is final and may not be appealed.

\* The dean may delegate authority to complete this step of the appeals process to the Associate Dean for Academic and Student Affairs

**Summary of the Process for Filing All Other Student Complaints and Grievances NOT Related to a Course or Instructor or Filing an Appeal of Dismissal From the Program**



# Cumulative Final Exam

To assist students in the preparation for their licensure exam and to assess student learning outcomes from the DPT curriculum, students will take a cumulative final exam in their final semester. Below are the procedures for this process

1. Students will take a mock board exam early in the spring semester of the DPT III year. Students should prepare for this exam to optimize performance. Students will use the results of this exam to identify areas of strengths and weaknesses.
2. Students shall register and pay for the Practice Exam and Assessment Tool (PEAT) exam: ([https://www.fsbpt.org/OurServices/CandidateServices/PracticeExamAssessmentTool\(PEAT\).asp](https://www.fsbpt.org/OurServices/CandidateServices/PracticeExamAssessmentTool(PEAT).asp)). Students will take the exam in the April to early May timeframe as determined by faculty.
3. If a student does not pass the exam (cut-off score determined by faculty), they will receive an incomplete in Management of the Complex Patient (PHYT 8112) course. A student cannot graduate and be certified to sit for the board exam with an incomplete for a course on their transcript.
4. The student may retake the PEAT and earn a passing score to complete course requirements, graduate, and be certified by the UT Health Department of Physical Therapy to sit for the board exam.
5. If the student does not pass the PEAT in time to sit for the board exam, the Department of Physical Therapy Student Progress Committee will evaluate the student's situation and determine whether to certify the student and provide the diploma to sit for the next board exam.

## Attendance in Class and Clinic

### Class Attendance

In keeping with the Core Values of **Knowledge, Integrity and Compassion**, the Department of Physical Therapy at UT Health San Antonio has created a culture of ethics, academic integrity and professionalism. This culture is reflected in the Student Handbook which provide guidelines to help faculty, staff and students determine 1) what constitutes ethical behavior in the academic and clinical settings, 2) what constitutes the Department's definition of academic integrity, and 3) how the Department defines professionalism.

One of the fundamental goals of the Department is for all Faculty and Staff to role model professional behavior, and to expect professional behavior on the part of the students. One aspect of professional behavior involves punctual attendance to all classes and labs, timely notification of unavoidable absences, and the recognition of what constitutes an excused versus an unexcused absence. This requires a fundamental commitment to the qualities of honesty, trust, fairness, respect and personal responsibility, all of which are embraced by this Department.

I. Student absences will be **excused** for one of the following University approved reasons:

1. Participation in an activity as a representative of the University, School or Department as approved by the chair of the department.
2. Death or major illness in a student's immediate family.
  - a. Written verification in the form of an obituary with date or doctor's note is required.
  - b. Immediate family is defined as: mother, father, sister, brother, grandparents, spouse, child, spouse's child, spouse's parents, spouse's grandparents, stepmother, step-father, step-sister, step-brother, step-grandparents, grandchild, step-grandchild, legal guardian, and others as deemed appropriate by faculty member or department chairperson.

- c. Any exams or other course work must be made up in a reasonable amount of time (typically within one week) that simulates the experience of other physical therapy students in the class.
- 3. Participation in legal proceedings or administrative procedures that require a student's presence.
  - a. Written verification with the student's name and the date for the excused absence is required.
- 4. Religious holy day. A student shall be excused from attending classes or other required activities, including examinations and assignments, for the observance of religious holy days and travel for such observances. Examinations, assignments, or other required activities must be taken or completed within a reasonable time after the absence (ordinarily within one week after the absence.). Students must provide faculty notice of an absence on a religious holy day within two weeks of the start of the semester.
- 5. Public Holidays. The student schedule permits the observation of public holidays specified on the academic calendar each year. Classes/clinicals normally scheduled on a public holiday on the academic calendar may be rescheduled at the discretion of the faculty or supervising therapist.
- 6. Required participation in military duties.
  - a. Written verification is required.
  - b. Mandatory training related to military service is considered an excused absence and students should inform faculty at the start of the semester to accommodate missed assignments or examinations. Accommodations will only be made for the actual days of the training. Students should plan to meet deadlines and attend scheduled exams around the required travel and training. Adjustments to scheduled class assignments and assessments will only be made for the specific days of training that occur during the school week.
- 7. Illness that is too severe or contagious for the student to attend class.
  - a. If the student is too ill to attend class, he or she will personally contact the faculty through a phone call or e-mail as soon as the student is able, preferably prior to the beginning of class. The following policies will be followed regarding whether the absence is considered excused:
    - i. One day of illness per semester without a physician's note will be considered excused.
    - ii. Within the same episode of illness or any future absence, a physician's note is required for the absence to be considered excused.
    - iii. **If a student is ill on a day when a written or practical exam is being conducted (even if it is the first absence of the semester), a physician note is required in order for the absence to be considered excused**
- 8. When an absence results in a visit to a physician, the following information must be included in the note provided to the instructor managing the course missed by the student
  - i. Date and Time of physician visit
  - ii. Physician's name and phone number
  - iii. Reason for physician visit and written statement that student was too ill to attend class on the day(s) missed
  - iv. If a student misses more than one day of class, for the missed days to be excused, the physician's note must state that the student was indeed too ill to attend class covering the span of the days missed.
  - v. It is the student's responsibility to provide copies of this note to each relevant instructor.

<p><b>NOTE: STUDENTS SHOULD NOT SCHEDULE DOCTOR APPOINTMENTS DURING CLASS TIME. ROUTINE MEDICAL VISITS AND CHECKUPS ARE NOT EXCUSED ABSENCES.</b></p>
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- II. If an absence is one of the 7 excused categories; it is the student's responsibility to meet with a fellow classmate to obtain materials and information missed. A subsequent meeting may be scheduled with

the course instructor for clarification as needed and to “make-up” exams or turn in work due. Excuses for excused absences must be turned in the class period upon student return. The excuse must be the original, not a copy or fax. It is recommended that notice be given to the instructor (when this is possible).

**III. If an absence is unexcused, the student will not be allowed to make up missed work.**

IV. Unexcused absences from laboratory sessions or lecture will result in a total of 1% deduction (for each instance) from the entire grade of the course to a maximum of a 10% deduction. Any subsequent unexcused absences above the 10% threshold will be reason for referral to the Student Progress Committee (SPC) for assessment and appropriate actions.

## Clinic Attendance

### Absence and Tardiness

Excessive tardiness or any absences during a clinical rotation or over a series of clinical courses could result in an unsatisfactory (U) grade and a requirement for additional clinical time.

Attendance at all scheduled clinical experiences is ***mandatory***. **An unexcused absence during a clinical rotation is reason for immediate termination from the program.** In the case of emergency or illness, an excused absence can be granted according to the following procedures. The student must:

1. Notify the Clinical Instructor (CI) or Site Coordinator of Clinical Education (SCCE) according to that clinical site’s policy), ***prior*** to the scheduled daily arrival time giving the reason necessitating the absence. The CI/SCCE will determine if the reason is appropriate for an excused absence.
2. If absence exceeds one day per clinical internship, the missed time must be made up during that clinical at the discretion of the CI/SCCE.
3. The makeup time will be determined by the CI/SCCE (according to facility policy) at a time deemed convenient for the clinic.

Tardiness is to be avoided. If tardiness is due to extenuating circumstances that result in the students’ being more than 15 minutes late in reporting to the clinic, the student ***must*** notify their CI or SCCE according to that facility’s policy before the normal scheduled arrival time.

## Auditing Courses

Auditing a course allows a student the privilege of observing a class. No grade is given, and no credit is received. The university charges a small fee for auditing a course. Students must obtain permission from the instructor and the Department Chair to audit a course. Students may be asked to audit courses as part of an Individualized Education Plan.

## Bulletin Boards

There are several bulletin boards at various locations of the health professions building that students should check regularly. The classroom white boards are for faculty use only. Bulletin boards in the PT department lab and classroom contain safety information notices including but not limited to the number for the UT Police Department (210-567-2800), the Safe Walk program, after-hours patrol request and motorist assistance.

All bulletin boards are the property of the Department of Physical Therapy and are to be used for

Departmental purposes only. Students may place information on the boards only with the permission of the Department Chairperson or the Department Administrator.

## **Career Information**

The Department periodically receives employment announcements for job vacancies throughout the United States and other countries. These announcements are initially posted on the bulletin boards. Interested students and graduates are welcome to use the employment files.

The Department and PT Alumni Association host a PT Job Fair every Spring in conjunction with Texas PT Olympics. In addition, employers host periodic lunch sessions with students to educate them about topics of their companies.

## **Core Performance Standards and Disability Accommodation**

Students with disabilities who require reasonable accommodations to meet course requirements should contact the instructor as soon as possible to arrange for accommodations. To receive special accommodations the student should be able to provide documentation of the disability. (See Procedures for Requesting Reasonable Accommodation that follows Core Performance Standards.)

**Policy regarding the implementation of the document entitled, “Core Performance Standards for Admission to, progression in and completion of the program in Physical Therapy.”**

## **Introduction**

UT Health San Antonio, School of Health Professions, Department of Physical Therapy strives to select applicants who have the ability to become highly competent physical therapists. As an accredited physical therapy program, UT Health San Antonio’s curriculum in Physical Therapy adheres to the guidelines of the American Physical Therapy Association. Within these guidelines, UT Health San Antonio Department of Physical Therapy has the freedom and ultimate responsibility for the selection and evaluation of its students, the design, implementation, and evaluation of its curriculum, and the determination of who should be awarded a degree.

Admission and retention decisions are based not only on prior satisfactory academic achievement, but also on non-academic factors, which serve to insure that the candidate can complete the essential functions of the academic program required for graduation. The Department of Physical Therapy has the responsibility to the public to assure that its graduates can become fully competent and caring physical therapists, capable of doing benefit and not harm.

It is the philosophy of the Department of Physical Therapy that there are certain core performance standards and/or essential tasks and functions of an entry-level physical therapist. Therefore, it follows that to successfully progress and complete the professional component of the program, students in Physical Therapy must also possess or demonstrate the potential to achieve these core performance essentials. It is acknowledged that certain sensory and motor deficits can be compensated for and that a reasonable degree of accommodation can and should be provided. However, it is ultimately the student's responsibility to make certain that he/she can adequately perform the basic academic and clinical fieldwork requirements.



# Purpose of the Core Performance Standards Document

The purpose of the *Core Performance Standards* document is designed to be advisory in nature and to educate potential students and students already enrolled in the Professional Component of the Physical Therapy program regarding the minimum essential tasks and functions of a physical therapy student and of an entry-level generalist practitioner.

The technical standards outlined in the Core Performance Standards Document are non-academic requirements that a student must be able to meet to participate meaningfully in the program to demonstrate the skills required for safe effective practice in any health care setting where physical therapists practice.

These technical standards refer to those physical, cognitive, and behavioral abilities required for satisfactory completion of the curriculum, and the development of professional attributes required by the faculty at graduation. The essential abilities required by the curriculum are in the following areas: general, observational, communication, motor, critical thinking, interpersonal, behavioral and social attributes. A specific description of these abilities is in the Appendix of this document.

## Core Performance Standards Document Availability/Distribution

The Core Performance Standards document is in the Appendix of this document. The document will be distributed routinely at the following times:

1. As part of the Admissions process during interviews.
2. To students who have been offered and have accepted a position in the Professional Component of the curriculum.
3. To all professional students during initial Department Professional Component Orientation as part of the Student Handbook.
4. To all Professional students during the clinical education seminar prior to beginning clinical affiliations.

## Procedure for Completing the Core Performance Standards Document

Every applicant for potential admission into the Physical Therapy program will receive a copy of the *Core Performance Standards* document with the other admission materials. All candidates who accept a position in the Physical Therapy program will be **required** to sign a copy of the *Core Performance Standards* document. By signing this document, the candidate will acknowledge that they have read the material and are able to perform all the necessary functions and/or have the ability to achieve the required standard given reasonable and appropriate accommodations. Students who wish to request reasonable accommodation in order to meet any of the core performance standards must identify themselves to the Assistant Dean for Student Services on admission to the program.

### Procedures for Requesting Reasonable Accommodation under the Americans with Disabilities Act

## (ADA)

Students who wish to request accommodations for disabilities should complete a *Student/Resident Request for Accommodations Under the Americans with Disabilities Act (ADA)* form (Form ADA-100). The form and additional information may be obtained at: <http://www.uthscsa.edu/eo/request.html>.

The completed form should be submitted to the Assistant Dean for Student and Academic Affairs and a copy should be submitted to Dr. Bonnie Blankmeyer, Executive Director of the Equal Employment/Affirmative Action Office (Room 101F-02 in the Medical School Building). This process takes time and should be completed as early in the semester as possible.

\*\* An academic institution and/or clinical site is required to provide accommodation only if the student discloses a known disability. If an accommodation is not needed, the student is not required to disclose the disability. The decision belongs to the student.

*Students must meet the objectives of the class and/or clinical affiliation in order to pass. Objectives do not change for a student with a disability – only the manner in which they are met.*

## Procedure for Development of a Disability during the Professional Studies Component

Should a student develop a disability for which he/she requests special accommodations, the same procedures must be followed as listed under Requesting Reasonable Accommodations.

### Department Office

A limited amount of equipment (hole-punches, staplers etc.,) is available for student use in the two main practical labs. Students are requested to provide their own office equipment for use with assignments, etc. The office is not equipped to provide students with the consumables necessary to submit their assignments.

### Dispute/Complaint Resolution

From time to time, individual students may have a problem, a dispute or complaint concerning some aspect of the program, the School of Health Professions, or the University. Sometimes this complaint involves a group of students, or occasionally the entire class. Each student in the program is assigned a Faculty Advisor and this faculty member is available to provide (where possible) advice on any issue that the student wishes to raise. This may include advice concerning an individual problem, complaint or dispute that the student would like to have addressed. In order to resolve such issues in an orderly and appropriate manner, the Faculty Advisor will advise the student that the following procedures must be followed.

### Individual

**Step 1.** Any student who has a dispute/complaint **not related to a course or instructor** must file their dispute/complaint with the chairperson of the department. If the dispute/complaint involves the department chairperson, the student should seek resolution with the Student Progress Committee at the outset.

- a. The chairperson will meet with the student (or speak with the student for those students unable to come to the chairperson's office) following receipt of the student's request for resolution to discuss the dispute/complaint.
- b. The chairperson will notify the student of his/her decision in writing following the meeting or discussion.

**Step 2.** If the issue was not resolved in Step 1 the student may submit a written appeal, describing the nature of the dispute/complaint and reasons for seeking an appeal to the Student Progress Committee of the department within five (5) working days following notification by the department chairperson of his/her decision.

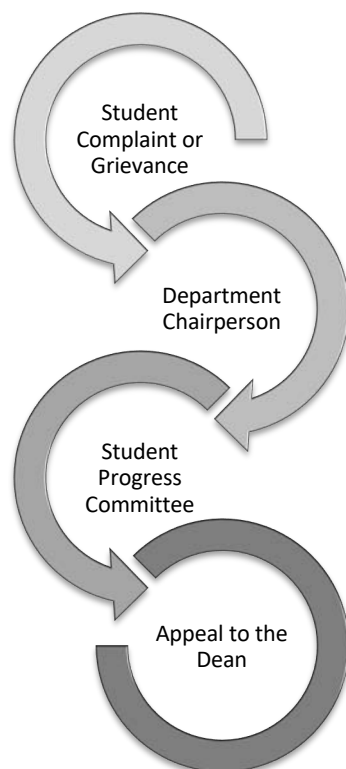
- a. The student may be asked to appear before the Student Progress Committee in person, make an oral statement and answer questions from the committee. The department chairperson will not be allowed to be present during this meeting nor be present during the deliberations of the Student Progress Committee. The student will not be allowed to be present during committee deliberations.
- b. Following review of information provided, the committee will notify the student of its decision.

**Step 3.** If the issue was not resolved to the student's satisfaction in Step 2 the student may submit a written request seeking a hearing to the Dean within five (5) working days of receiving the department progress and promotion committee decision (Student Progress Committee). The written request should include a description of the dispute/complaint and the reason the student is seeking an appeal.

- a. The Dean or his/her designee\* will meet with the student following receipt of the written request.
- b. Following the meeting with the student, the Dean may render a decision, or choose to appoint a panel to investigate the grievance and make a recommendation to the Dean.
- c. Following review of the information provided and any recommendations from the panel (should one be appointed), the Dean will then notify the student of his/her decision. The decision of the Dean is final and may not be appealed.

\* The dean may delegate authority to complete this step of the appeals process to the Associate Dean for Academic and Student Affairs

**Summary of the Process for an Individual Filing a Dispute/Complaint NOT Related to a Course or Instructor**



# Group

**Step 1.** Any group of students who have a dispute/complaint **not related to a course or instructor** should use their class president as the liaison to seek resolution of the dispute/complaint. If the dispute/complaint involves the department chairperson, the student should seek resolution with the Student Progress Committee at the outset.

- a. The chairperson will meet with the class president (or speak with the class president if he/she is unable to come to the chairperson's office) following receipt of the request for resolution to discuss the dispute/complaint.
- b. The chairperson will notify the class president of his/her decision in writing following the meeting or discussion.

**Step 2.** If the issue was not resolved in Step 1 the class president on behalf of the group of students may submit a written appeal, describing the nature of the dispute/complaint and reasons for seeking an appeal to the Student Progress Committee of the department within five (5) working days following notification by the department chairperson of his/her decision.

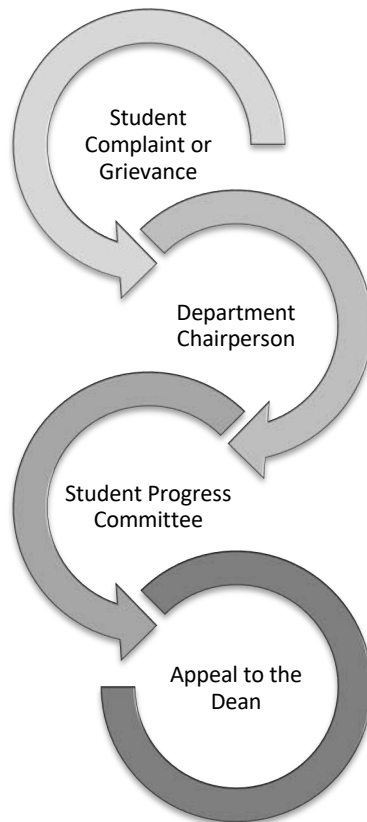
- a. The class president may be asked to appear before the Student Progress Committee in person, make an oral statement and answer questions from the committee. The department chairperson will not be allowed to be present during this meeting nor be present during the deliberations of the Student Progress Committee. The class president will not be allowed to be present during committee deliberations.
- b. Following review of information provided, the committee will notify the class president of its decision.

**Step 3.** If the issue was not resolved to the group of student's satisfaction in Step 2, the class president on behalf of the group of students may submit a written request seeking a hearing to the Dean within five (5) working days of receiving the department progress and promotion committee decision (Student Progress Committee). The written request should include a description of the dispute/complaint and the reason the class president is seeking an appeal.

- a. The Dean or his/her designee\* will meet with the group of students/class president following receipt of the written request.
- b. Following the meeting, the Dean may render a decision, or choose to appoint a panel to investigate the grievance and make a recommendation to the Dean.
- c. Following review of the information provided and any recommendations from the panel (should one be appointed), the Dean will then notify the group of students/class president of his/her decision. The decision of the Dean is final and may not be appealed.

\* The dean may delegate authority to complete this step of the appeals process to the Associate Dean for Academic and Student Affairs

## Summary of the Process for a Group Filing a Dispute/Complaint NOT Related to a Course or Instructor



If a student feels they have been mistreated, they should refer to the UT Health Science Center Student Mistreatment Policy in the University Catalog.

## Food and Drink in the Department

It is university policy that no food or drink be consumed in the lab rooms or classrooms. In general, food and drink items are not allowed in the classrooms areas of the building, however, the Department of Physical Therapy has allowed exceptions when students have limited time between class periods. Students should obtain permission from the course instructor to eat or drink during a class or lab session and it is the instructor's discretion to limit this privilege if the activity detracts from the learning environment. It is always the student's responsibility to remove any food or beverage containers or wrappings from the class and lab rooms.

## Drugs and Alcohol

Alcohol **MUST NOT** be consumed in any part of the building, or its immediate surroundings (parking lot, etc.). Alcoholic consumption or drug use (other than necessary medications) **WILL NOT** be tolerated under any circumstances. A student, who attends any class with obvious signs of alcoholic consumption, or drug use, is at serious risk of dismissal from the program. The unauthorized purchase, manufacture, distribution, possession, sale, storage, or use of alcohol, illegal drugs or controlled substances by students while attending classes, or while on UT Health San Antonio property (or any property affiliated with the UT Health San Antonio including clinical affiliates), or sites used to provide

community service, will be considered unprofessional conduct which may result in academic probation, suspension or dismissal. (See SHP Catalog for complete policy).

## Animals in the Classroom/Building

Animals (pets or otherwise) of any description should not be brought into the classroom or building unless the animal is designated as a service animal.

## Grading

Students in the Doctor of Physical Therapy program are required to achieve at a performance level suitable for graduate work. Grades of *D* or *F* are not acceptable in the Doctor of Physical Therapy program. If a student earns a *D* in a course, that course must be repeated before the student moves forward in the program. When a course is repeated, the new grade earned will replace the original grade on the student's transcript and will be used for re-computation of the cumulative grade point average. If a student earns a *D* in a course, the student may be subject to dismissal, while a student who earns a grade of *F* will be subject to dismissal and not be allowed to move forward in the DPT program.

Students should note that posting of final grades on Canvas is not considered official. Only grades posted with the Registrar through the PeopleSoft system are considered official.

Credit hours are earned in the program only for grades of *A*, *B*, and *C* (see grade descriptions below). However, all grades of *A* to *F* are included in the computation of the grade point average (GPA). Grade points are assigned as follows with no rounding of scores.

A (90.00 – 100) = 4 (above average graduate work)

B (80.00-89.99) = 3 (average graduate work)

C (70.00-79.99) = 2 (below average graduate work)

D (60.00-69.99) = 1 (failing graduate work)

F (<59.5) = 0 (failing graduate work)

A passing grade will not be assigned to a student whose performance in professional behaviors (Abilities Based Assessment ABA– see Appendix) is unacceptable (e.g., performance under stress, integrity, initiative, interpersonal relations, ethics violations, professional characteristics, etc.). Additional standards for professional conduct may be found in the *Student Catalog* (SHP), *UT Health Science Center Catalog*, and the *APTA Code of Ethics* ([www.apta.org](http://www.apta.org)).

**\*\*Students must include name on all assignments and assessments or points/credit for work will be lost.**

Faculty will post assignment and assessment grades for students on hard copy documents (if relevant) or on the current password protected learning system in use, e.g., Blackboard, Canvas, Moodle, etc. Within 2 weeks of the date of the assignment or before a follow up assignment is due.

Students are responsible to view and get clarification of grades on assignments and assessments within 2 weeks of posting of the score/ grade by faculty. Only final course grades as reported by the registrar are official.

**Remediation:** In concert with our mission statement, the Department of Physical Therapy Faculty wants to see each student succeed in both the program and in the practice of physical therapy. The faculty will provide each student with the opportunity to demonstrate competency in their course of study. For those students who are unable to demonstrate competency during the regular schedule, the faculty members will make a reasonable attempt to assist the student to achieve course competency by remediation. Remediation is defined as a process used to correct a student's ineffective learning

strategies, and to achieve an acceptable level of practical competence and/ or conceptual understanding by the end of a course. Remediation is NOT re-grading but may include a reassessment of skills, starting at a lower score. The initial grade earned will not be changed. The outcome of remediation, however, is directly related to the student's commitment to learning.

When a student demonstrates academic or clinical deficiencies (grades below a 3.00 or unsatisfactory laboratory evaluations), it is in the student's interest and **it is the student's responsibility**, to correct the deficiencies before they lead to failure in the program. Opportunities for remediation are available on an individual student basis, and may take different forms depending on the requirements of specific courses at the discretion of the individual professor, e.g., review of written examination question, reassessment of psychomotor skills with feedback etc. Students who feel that they may be in danger of failing a course should discuss their concerns with the professor as soon as possible. Specific tutoring may be arranged as time, resources and availability allow, e.g. the School of Health Professions at times has peer tutors available for specific course content. Students experiencing academic or personal difficulties are also encouraged to seek assistance or counseling from the Health Science Center Student Services. Remediation should not be viewed as punitive; rather, remediation is a concerted effort by the student and faculty to help the student succeed in the Doctor of Physical Therapy Program.

**Privacy of Grades:** Educational records are kept by University offices to facilitate the educational development of students. Faculty and staff members may also keep confidential password protected informal records relating to their functional responsibilities with individual students. Faculty will post assignment and assessment grades for students on hard copy documents (if relevant) or on the current password protected learning system in use, e.g., Blackboard, Canvas, Moodle, etc.

A federal law, the Family Educational Rights and Privacy Act of 1974 (also known as FERPA, and the Buckley Amendment) as amended, affords students certain rights concerning their student educational records. Students have the right to have some control over the disclosure of information from the records. Educational institutions have the responsibility to prevent improper disclosure of personally identifiable information from the records. All Faculty are aware of this regulation and will not release grades or related documents to others outside this institution without the students' specific permission.

## **Guidelines for Repeating a Course Following Completion of the Semester:**

- The minimum acceptable grade in any course in the Doctor of Physical Therapy curriculum is a *C*. If a grade of *D* is received in any course, that course must be repeated. The grade of *D* is not related to the lack of generic abilities.
- While the goal of every student is to earn a grade of 3.00 or better in every course, it is recognized that this may not always happen. A *B* is considered to be the minimal acceptable **cumulative** standard in the UT Health Science Center DPT program, since students are required to maintain a cumulative grade point average of 3.00. However, a grade of 2.0 is considered passing and can be carried in a student's cumulative grade point average, as long as the student has enough *A*'s to balance the *C*'s.
- Due to minimum grade point average requirements, if a grade of *C* has been earned in one or more courses, a grade of *A* must be earned in enough credits to maintain a cumulative grade point average of 3.00 or better.
- If a student earns a grade of *D* in any course, he/she may be subject to academic dismissal. If allowed to remain in the DPT program, the student will be required to repeat (reregister and

retake) that course, at a time to be determined by the faculty. A student may only be allowed to repeat a course once. A grade of *D* cannot be brought forward into the subsequent academic year.

- If a student earns a grade of *F* in any course, he/she will be subject to dismissal.

## **Incomplete Work**

The course instructor may assign a grade of *I* (Incomplete) when a student has not completed class and/or lab assignments before the conclusion of the course unless the student has been granted a leave of absence. Incomplete work must be completed within one year. When an *I* is issued pending a grade in a course which is prerequisite for another course, the *I* must be removed before the student is allowed to enroll in the next sequential course. When the work is completed or after one year, the grade will be converted to the appropriate letter grade.

## **Graduation Requirements for DPT Students**

The list of requirements for graduation from the DPT Program includes:

1. **cumulative GPA of 3.00 or above,**
2. **completion of all didactic and clinical rotation courses and requirements with satisfactory performance.**
3. **removal of University holds for unmet requirements, e.g., parking tickets, immunizations, compliance training etc.**
4. **completion of all service hours semester requirements to include attendance at one professional meeting per semester.**
5. **attendance at the board examination review course sponsored by the Physical Therapy Department or with prior approval, a similar, equivalent course approved by the Department of Physical Therapy Chairperson.**
6. **Satisfactory completion of the cumulative final exam as determined by the Department Student Progress Committee**
7. **Successful completion of the School of Health Professions TEAM STEPS program.**
8. **All DPT II students (including rising DPT II students) must volunteer at least one time in the free PT student-run clinic.**

## **Leave of Absence**

A student enrolled in the Doctor of Physical Therapy program may request a leave of absence for a maximum of one calendar year. This request must be submitted, in writing, to the Chair of the Student Progress Committee. This request must describe the conditions or circumstances necessitating the leave of absence. If the leave of absence is granted by the Chair of the Student Progress Committee, the student may return to the program within the allotted one-year timeframe, and their place in the class will be held. Should the student need to extend his/her leave of absence past the one-year timeframe, or need another leave of absence, he/she must reapply for admission into the program.

## **Non-PT students in the Department**

The Department recognizes that students need to practice on each other to develop the professional competency required. For legal and ethical reasons, it is not possible for students to use members of the public (family and friends in particular) for this purpose. Members of the public who come into the Department space must do so only by arrangement of a faculty member.



## Photocopying and Office Supplies

The Department of Physical Therapy does not supply photocopy services or office supplies. Copying services are located in the library or other locations on campus.

## Professional Dress, Demeanor, and Conduct

Students must dress always in a manner consistent with a professional image while on campus and at clinical internships. Appropriate attire for clinical internships or other patient care experiences is specified in the clinical curriculum policies section of this handbook. In addition, a student's conduct and behavior must always reflect the character of the Department of Physical Therapy, the School of Health Professions, The University of Texas Health Science Center, and the profession of Physical Therapy.

**The following is excerpted from the UT Health Science Center Catalog**

([http://studentservices.uthscsa.edu/GI\\_catalog.aspx](http://studentservices.uthscsa.edu/GI_catalog.aspx))

University students are expected to conduct themselves in a professional manner, not only in interaction with patients, but also with peers, faculty, and staff of the Health Science Center and the community in general. In addition to conventional academic tests and measurement criteria for assessment, students will be evaluated on issues relating to their professional conduct/judgment according to the previously defined standards of the school, program, and profession for which they are in training. The specific professional discipline/school in which the student is enrolled may have additional and more specific codes of conduct.

Violations of university regulations concerning standards of conduct which compromise professional integrity and/or competence shall be dealt with according to the Rules and Regulations of the Board of Regents. These rules and regulations can be found at: <http://www.uthscsa.edu/compliance/policies.asp> (series 50000).

## Standards of Personal Appearance

Classroom/Labs - Students are expected to appear neat and tidy at all times. There are many other Departments in the School of Health Professions and students should be aware that they represent the Department of Physical Therapy and profession and should dress appropriately at all times.

Any specific attire for classroom labs and labs held in clinical facilities will be announced by the course instructor in advance on the scheduled class. Most classroom labs require appropriate dress to ensure that anatomical parts are exposed for learning evaluation and treatment skills. In general, this includes loose clothing to allow movement of limbs (t-shirts, shorts, sweat pants etc.) as well as view of joints (sports bras for females as appropriate). Students are expected to exercise discretion and use draping as needed with modest exposure of chest and pelvic regions during laboratory sessions. Should the need arise, a faculty member may have to direct a student toward greater discretion with laboratory dress. Adequate space is available on campus for securing lab clothes in lockers. As mentioned, the course instructor will delineate the needed lab clothes on the first-class day.

<p><b>NOTE: Unless otherwise specified (i.e. for Anatomy Labs/hydrotherapy labs etc.), students are required to wear the standard laboratory attire listed in the paragraph above.</b></p>
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## Student Guests in the Classroom/Building during Business Hours (8:00 AM – 5:00 PM)

All classrooms (lectures/labs) represent a learning environment for the benefit of the entire class. Under normal circumstances, students may not bring guests of any type into the class, however, occasional

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guests may be permitted **at the discretion of the faculty member** teaching the class. Appropriate guests will usually be potential physical therapy students, or individuals interested in a career in the health professions. Arrangements must be made, **in advance**, for all such visits and must not in any way, cause disruption of the learning environment in the classroom, or pose a danger to students or visitors.

## Required Equipment

In order to maximize the learning experiences in the program, several items of equipment are required for certain courses, for example, a goniometer and a reflex hammer. In order to achieve competency, it is necessary for each student to have their own personal equipment, especially for them to practice outside of formal class time. Students are therefore reminded to take special note of the equipment/book list requirements for each course in the program.

## Room Care and Use

**Students are required to keep the classroom, labs and all other areas that they use clean and tidy.**

This includes replacing equipment, materials, books and supplies in their proper storage area, picking up and placing trash in the available trash cans, and placing dirty linen in the appropriate receptacle provided for this purpose.

The vinyl coverings of the treatment plinths require special care to prevent damage. When using them, please **do not wear shoes, set heavy or sharp items** on them. If using a plinth as a writing surface, be sure to use a clipboard, book or additional sheets of paper to protect the table surface from damage.

Please note that the building cleaning staff will clean only the fabric of the rooms, i.e. floor, walls, windows etc. We are responsible for keeping the contents of the room clean and tidy.

### Linen Use Policy

The sheets, gowns, towels, and pillow cases are expensive to launder and very expensive to replace. These linens are only to be used in the teaching labs for learning activities. Do not alter or remove any linens from the teaching labs.

### Reserving Classrooms and Labs

To develop the required theoretical and practical skills, students are expected to use the classroom and lab spaces to practice at times additional to scheduled sessions. For this reason, students will be able to reserve a PT lab or classroom by contacting one of the departmental staff. A memo will be sent to the University Police informing them that students will be in a certain lab after hours. The memo is faxed to UT Police and then posted on the door of the lab that is used. It is required that a student call the UT Police prior to leaving in order to have the door locked. After hours and on weekends, **the University Police will allow access to certain teaching areas only with prior approval.** Many of the classrooms and labs contain valuable equipment. It is **extremely important that the rooms be kept locked** when unattended.

**NOTE: It is the student's responsibility to ensure that all of the equipment or furniture in classrooms and labs are placed back in its proper location when practice is finished.**

**This is particularly important in those labs where there are many items of small**

The Department of Physical Therapy views all acts of sexual harassment as a serious breach of personal conduct on the part of the individual(s) concerned. Since the practice of Physical Therapy involves touching and undressing patients, it is particularly important that this be done professionally, and, in a manner, which will not leave the actions of the therapist open to misinterpretation. During training, students are expected to practice on each other. This will often involve undressing and touching each

other. At all times, it is essential that this be done professionally with appropriate care and consideration for the dignity of the person involved. The issue of sexual harassment will be addressed specifically during the early part of the program with guidelines for incident management included here and within the Professional Issues II course.

**NOTE: Sexual harassment or related unprofessional conduct will not be tolerated and may be grounds for dismissal from the program.**

The university policies concerning sexual harassment can be found in the Handbook of Operating Procedures (HOP) 4.2.2 and the Student Mistreatment Policy found in the University Catalog.

If a student feels they are a victim of sexual harassment or know of another student who may be a victim of sexual harassment by another student, faculty, or staff member they should contact one of the following (per the University Student Mistreatment Policy):

- The SHP Associate Dean for Student Affairs
- The Health Science Center's Office of Student Life Ombudsperson
- Executive Director of the Academic, Faculty, and Student Ombudsperson and ADA Compliance Officer
- Senior Director, Student Success and Title IX Director

Note if a student feels they have been mistreated in any other way, for example discrimination or harassment based on race, gender, age, ethnicity, religious beliefs, sexual orientation, or disability; disparaging or demeaning comments, loss of personal civility, use of grading in a punitive or retaliatory manner, or being sent by faculty or staff on inappropriate errands; they should contact one of the above individuals for assistance.

## Student Email Policy

Every student is issued a university ("LiveMail") email address and account at the time the student first enrolls. As a standing university policy only, the student's UT Health San Antonio email address shall be used for any electronic institutional communications of an official nature. To enhance effective communication, students are expected to check email daily basis. The UT Health San Antonio "LiveMail" address is in effect throughout the time that a student is enrolled and onward as a lifetime email account.

To receive help with your UT Health San Antonio email account, contact the Information Management Systems (IMS-Computing Resources help desk) at [ims-servicedesk@uthscsa.edu](mailto:ims-servicedesk@uthscsa.edu) or phone 567-7777.

Students are encouraged to link LiveMail accounts to an often-used 'personal' account if desired. ***Should you wish to have your email delivered to an off-campus account***, you can send IMShelpdesk@uthscsa.edu an email request from your UT Health Science Center account, requesting email forwarding--be sure to include the complete forwarding address. The email routing change takes effect overnight.

Once this routing is requested, it is the ***student's responsibility*** to notify the IMS Department of any changes. Do not assume delivery changes have occurred unless you receive an email reply from Triage informing you of the change.

## Student Injuries and First Aid

A limited first aid kit is available in the Department of Physical Therapy office and in each lab. **Faculty will not provide evaluation and treatment for student injuries.** The only exception will be for

emergency treatment. In the event of a cardiac emergency call 911, initiate first responder aid, and contact the department of emergency health services on the first floor of the health professions building (for an AED or other needs). Material Safety Data Sheets (MSDS) about chemicals used in the department (mainly cleaning supplies) are kept in the office and are available to any student. University policies regarding hazardous materials can be found at <http://research.uthscsa.edu/safety/forms.shtml>.

## **Student Safety**

The UT Health San Antonio patrol division provides security and safety for the well-being of students while they are pursuing studies on campus. Detailed information concerning the services provided by the patrol division are posted on the bulletin boards in the PT classrooms and labs. The Safe Walk program provides a defensive tactic trained public safety officer to safely escort students on and around campus upon request. For your safety the department recommends you avail yourself to the Safe Walk service if you are on campus outside of normal business hours. To request a Safe Walk escort:

1. Call the UT Health San Antonio Police Department at 210-567-2800, option 3 and request a Safe Walk escort.
2. Provide your name, affiliation with the University, student ID number, call-back phone number, your current location and the destination of your requested Safe Walk.
3. Remain in the area of your current location and remain available at the phone number provided to the police dispatcher in the event he/she needs to contact you for location clarification or an update as to when the public safety office will arrive at your location.

Additionally, you may request additional after-hours patrol of your location on campus by contacting the University police department at 210-567-2800, option 3. A public safety office is available free of charge to students requiring motor assistance including but not limited to vehicle lock-outs, dead batteries, flat tires and vehicles that have run out of fuel. The public safety officer will not change the flat tire but will assist you in filling the flat tire enough for you to drive to a repair shop. To request motor assistance please call 210-567-2800, option 3.

## **Student Safety - Fire**

If you discover a fire:

1. React to the situation and call (210) 567-8-911 and answer all questions.
2. Activate the nearest fire alarm pull station (if this can be done safely).
3. Inform those around you of the fire.
4. Contain the fire by closing doors upon exit.
5. Exit the building using the nearest safe exit (DO NOT USE ELEVATORS).
6. Assemble at least 300 feet from the building. If you were in a class when the fire alarm sounds please assemble with your classmates at least 300 feet from the building.
7. Wait for the "all clear" signal from the On-scene Commander, UTHSAPD and/or Environmental Health and Safety before returning to the building.

Special considerations:

1. If you are outside the building when the fire alarm sounds, stay outside of the building.
2. If your clothing is on fire, drop to the ground and roll to extinguish the flame.
3. If you are injured by smoke or fire, inform a faculty member and seek medical attention immediately.
4. Do not attempt to extinguish a fire unless it is blocking your egress path or you are properly trained and equipped to extinguish a fire.
5. Mobility impaired students should communicate their special needs to the chair of the department and an evacuation plan should be developed and implemented for the student.

## Audio/Video Recording:

Any student wishing to audio/video record any lecture or lab **must obtain the speaker's permission**. Any such recordings can only be used by students in the classroom and shall not be sent or used by anyone other than students in the course without the specific permission of the speaker. Additionally, **recordings cannot be posted to any website other than in internal UT Health Science Center at San Antonio website without the specific permission of the speaker**.

## Telephone Policy

Telephones located within the Department are for Department business only. In emergency circumstances however, students may request use of a departmental phone. The Department staff can relay emergency messages for students in the program, however, they should be confined to serious emergencies (e.g., student illness or injury /illness of a close family member). In such cases the faculty and office staff will attempt to contact the student directly.

**NOTE: Cell phones may not be used in any practical lab or classroom session and should be turned off. Unless instructed by the professor.**

## NO Use of Backpacks and Cell Phones during Testing

**Backpacks, cell phones and watches as well as drinking mugs, cups and bottles must be placed against the wall of the classroom during testing.** The course instructor may allow the use of a covered container in the case of student illness.

## Withdrawing from a Course

Courses in the Doctor of Physical Therapy Curriculum are built on the knowledge, skill, and concept foundation established in prior courses. Because the curriculum is sequential and integrated, it is mandatory that courses be taken in the prescribed sequence. To withdraw from a course, a student must gain prior permission from the instructor, the Department Chair, and the Dean. The student is cautioned that withdrawal from courses may delay enrollment in subsequent courses until the course is taken again. If a student withdraws from a course for any reason, he/she will be granted a grade of W.

## Withdrawing from the Program

A student may withdraw from the program by submitting a request for withdrawal, in writing, to the Department Chair. This request must also be approved by the SHP Dean's Office designee. The student who wishes to withdraw from the program must complete an Administrative Clearance Form and obtain appropriate signatures. Before leaving the program, the student will schedule an exit interview with Department Chairperson.

## Clinical Policies and Procedures

### Introduction

Supervised clinical experiences are included throughout the professional training to help students apply theories and procedures learned in the academic setting in the clinical practice of patient care. A wide variety of health care facilities are under contract with the Department to provide these supervised experiences. The purpose of a clinical rotation is to provide the opportunity for the development of

sufficient skill for safe and effective entry into practice. Initially, clinical experiences are closely supervised by a clinician. More responsibility will be given to students with each rotation, so that during the final rotation they should be functioning with no less than minimal supervision. The information that follows further explains the clinical curriculum, the responsibilities of those involved, and the policies and procedures. Please read it carefully and request explanation of any part(s) not fully understood.

The following abbreviations are used:

*DCE (Director of Clinical Education)* – Educational program faculty member who is responsible for duties related to conducting the clinical portion of the curriculum. The current DCE for the Doctor of Physical Therapy program is Dr. Mike Geelhoed.

*SCCE (Site Coordinator of Clinical Education)* – The person at each clinical site designated to coordinate the clinical program at the facility; who may or may not be a student's direct clinical instructor at the facility.

*CI (Clinical Instructor)* – The therapist who directly supervises and evaluates the student at the clinical site.

## Clinics in Use

Students may complete a clinical rotation only at assigned facilities that are under a legal contract with the Department. A listing of current facilities is available from the DCE. Additional facilities may be added and students will be informed as these become available. Clinics are selected on the basis of many factors such as the variety of experiences they offer and staff expertise. Due to the legal contract process involved and the need to reserve and schedule student placements months in advance, it is necessary for students to contact the DCE a **minimum of one year** in advance if they wish to have the DCE establish a new contract. The student may make a request to have a contract pursued, but it is the DCE's decision as to whether a contract with the requested facility is appropriate to procure.

Clinic Information Files are maintained on clinical sites for student reference. These files are maintained electronically on the shared drive for the PT department. They are accessible to students by request by contacting the administrative assistant for Clinical Education (Patricia Perez). Each file includes a Clinical Site Information Form (CSIF) that describes experiences available, hours, locations, to whom to report, staffing, financial and housing information, dress code, directions, etc. Feedback regarding the experience and costs, as reported by students who were previously assigned to the site, are also included. A legal file containing the site contract and program agreement paperwork is maintained by the DCE in a separate location within the Physical Therapy staff office. Students may read the clinical education agreements/contracts and (CSIF) for each of their assigned clinical facilities in order to familiarize themselves with each site's requirements prior to their arrival.

## Evaluation of Student Clinical Performance

Texas Physical Therapy programs have created a standard document to monitor development of entry level skills for competent practice of physical therapy named *The PT MACS: Manual for the Assessment of Clinical Skills*. All students are required to have documented competency (as recorded in their *PT MACS* by the CIs) of all skills specified for graduation. Therefore, the *PT MACS* provides the student with specific goals to work towards in the next three years. Students are required to purchase it as a "clinical textbook." For the final selective clinical rotation, the *Clinical Internship Evaluation Tool* (CIET) is used by the CI's to document student performance, since the *PT MACS* has already been completed after the 3 ten week rotations.

Each clinical rotation documents the student's progress towards competence using the *PT MACS*. Students also assess their own progress and report to the school. Formal training in proper use of the *PT MACS* is provided in the Professional Issues III class, but students should read the instructions in the *PT MACS* periodically for review.

## Student Evaluation of the Clinical Experiences

As the *PT MACS* provides feedback on how students are progressing toward competent practice, the clinics and CIs also need feedback on how well they are providing information, supervision, and learning experiences. The *APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* is the form used for this purpose. Students should complete it before leaving the clinical rotation, share it with the CI, and return it to the DCE in electronic form. Information is used by the DCE to assist clinics and the school in improving the clinical program and for student review in the Clinical Information File on the clinic.

*The forms and feedback between student, CI and DCE are not meant to be threatening, but to facilitate open, honest, constructive evaluation and feedback for the improvement of all involved.*

## Clinical Preparation Class

A clinical preparation class (Professional Issues III) has been created to provide training in the use of the *PT MACS* and preparation for each clinical rotation. A course syllabus will be provided detailing the topics to be covered. Completion of Professional Issues III is a prerequisite for participation in the scheduled clinical rotations.

## Grading of Clinical Experience

All clinical rotations are graded as satisfactory/unsatisfactory (pass/fail). The DCE is ultimately responsible for assigning student grades for all clinical rotations. CI's provide ratings of student performance on specific skills in the *PT MACS* and *CIET*, along with written comments and global ratings of student performance. Using the minimum passing criteria outlined in the syllabi of the 10 week and 4 week rotations, the DCE determines if the student has satisfactorily met these criteria.

Please refer to the Passing Criteria detailed in the syllabus for each individual clinical rotation. The Syllabi and Passing Criteria will be given to each student during the Professional Issues III class.

An incomplete grade will be issued if a student fails to complete and/or turn in all necessary forms in the manner and timeframe specified in the passing criteria. This failure may jeopardize a student's ability to register for the following semester courses as well as delay graduation if the deficiencies are not corrected in a timely manner.

## Clinical Discontinuance

A clinical rotation may be discontinued by the DCE and/or the facility if a student is found to be negligent in the performance of patient care activities to the point of detriment to the patient or lacking in professional behaviors to a degree that interferes with the facility and CI's ability to provide appropriate patient care. The DCE is to be notified in writing and verbally of the facility's desire to discontinue the clinical rotation. A grade of *Unsatisfactory (U)* will be issued if a clinical is discontinued for the above reasons and/or if the student fails to meet the criteria outlined on the passing criteria sheet. A grade of U may result in dismissal from the program.

If remediation of a clinical experience is warranted, then the remediation plan of the clinical experience will be determined by the DCE in conjunction with the Student Progress Committee.

## Submission of Clinical Forms

Required clinical forms are to be filled out appropriately and turned in to the DCE no later than **5 business days** following the completion of the clinical rotation. If this is the final clinical rotation the

entire PT MACS needs to be turned in no later than **five business days** following the completion of the clinical rotation. Specific forms are listed in the clinical course syllabi. **Failure to comply with these guidelines may result in a delay in beginning the next clinical rotation and/or graduation.**

## Costs of Clinical Courses

Students should be prepared to incur additional expenses beyond tuition for clinical courses, because assignments may be out-of-town or even out-of-state. They may need to maintain living arrangements in San Antonio as well as pay for accommodations at the clinical location. Of the current out-of-town facilities, less than 5% provide free housing, less than 5% offer lower-cost housing, and very few offer any financial stipend to help cover costs. Approximately 90% offer no financial assistance. Most clinical sites are accessible by car, although air travel may be preferable for distant locations. It is the *responsibility of the student* to secure out-of-town housing. The SCCE at the facility may be available to assist.

Because of the wide variety in location and financial considerations among clinical sites, costs for rotations are variable and can only be estimated. Recent student records estimate that the cost for a ten week out-of-town affiliation (including room, food, travel, deposits, and general living expenses) ranged from \$500 to \$2000 with an average cost of \$750. Some of these costs are based on sharing accommodations or staying with family or friends and include facilities that provide free housing, food, or stipends. ***Remember that these costs may be in addition to maintaining residence in San Antonio.***

**Health Requirements for Clinical Assignments** It is the student's responsibility to keep immunizations current and to comply with any other health requirements/documentation specified by the clinical facility to which they are assigned. (See Policies on Immunization.) Students must send the clinical site an updated copy of the *Health and Insurance Documentation Form* according to procedures specified in the following section – Policies on Immunization Requirements and Documentation. Students are required to carry health insurance coverage either through the Student Health Services or by private carrier. The clinical site has the right to bar a student from clinical activities if proof of meeting health requirements cannot be provided.

If a student is hospitalized, has surgery, becomes pregnant or develops a medical condition requiring bed rest, the student must have a medical release to begin or return to full clinical activities.

## Drug Testing and Criminal Background Checks

In addition to the required University background check and drug screen on matriculation, more recent drug testing and/or criminal background checks are required by some clinical facilities that accept students for clinical rotations. It is the student's responsibility to know if these requirements are necessary and the time frame in which they must be completed to begin a clinical rotation at their assigned facility. The student is responsible for any expenses incurred to meet these requirements if the clinical facility does not provide them. If the student is unable to be cleared on these requirements, then the student may not be eligible to continue in the program.

## Student Professional Liability Insurance

All students in the Doctor of Physical Therapy program are required to have malpractice/professional liability insurance coverage before beginning clinicals. Purchase of this insurance under a group policy for students at the Health Science Center is a required part of the registration fee for each clinical course. Students must be officially registered for clinical education courses before they can begin a clinical rotation. All clinical course work requires prompt payment of tuition and fees. Each student's name must appear on the class roll in order to continue on an rotation.

## Required Attire for Clinical Experiences

Unless otherwise notified, the following clinical attire is mandatory during any patient contact:



- Sensible shoes with closed heel and toe and non-slip soles are required. Sandals, high heels, or clogs are not considered appropriate for the clinic. Appropriate foot wear is at the discretion of the facility.
- UT Health Science Center name tag (unless a facility requires a hospital name tag). Cost of the UT Health Science Center name tag is included in student fees.
- Nails must be trimmed short. Shoulder length or longer hair must be secured off the face for safety in treating patients.
- Avoid excessive colognes, perfumes, and aftershave because they may be respiratory irritants for some patients or staff members.
- No large or excessive jewelry.

NOTE: If you are assigned to a clinical facility that requires a different uniform or dress code, you must follow that facility's requirements.

## Release Time for Job Interviews

Job interviews for employment should be arranged during non-working clinic hours. If the interview must be scheduled during work hours, the CI or SCCE (according to the facility's policy) at the assigned clinic site must give permission and will determine when this can be arranged at the convenience of the clinic, not the student. In any case, UT Health Science Center restricts this to no more than one day per clinical rotation to ensure adequate time for attainment of the primary goals of the rotation.

## Clinic Attendance

### Absence and Tardiness

Excessive tardiness or any absences during a clinical rotation or over a series of clinical courses could result in an unsatisfactory (U) grade and a requirement for additional clinical time.

Attendance at all scheduled clinical experiences is **mandatory**. *An unexcused absence is reason for immediate termination from the program.* In the case of emergency or illness, an excused absence can be granted according to the following procedures. The student must:

4. Notify the CI or SCCE (according to that clinical site's policy), **prior** to the scheduled daily arrival time giving the reason necessitating the absence. The CI/SCCE will determine if the reason is appropriate for an excused absence.
5. If absence exceeds one day per clinical internship, the missed time must be made up during that clinical at the discretion of the CI/SCCE.
6. The make-up time will be determined by the CI/SCCE (according to facility policy) at a time deemed convenient for the clinic.

Tardiness is to be avoided. If tardiness is due to extenuating circumstances that result in the students' being more than 15 minutes late in reporting to the clinic, the student **must** notify their CI or SCCE according to that facility's policy before the normal scheduled arrival time.

## Clinical Situations Requiring DCE Notification

Most situations involving clinical rotation responsibilities (e.g. sick, tardy, extra clinical days, daily concerns) can be handled between the CI, SCCE and the student. The student **must** notify the DCE immediately if any of the following occur:

- An extended absence (more than one day) is required due to sickness, injury, personal reasons, etc.
- A significant on-the-job injury occurs that requires medical care.
- An incident occurs that has *potential* malpractice/liability implications.
- There are problems with the clinical assignment that can't be worked out with the SCCE (e.g. communication difficulties, unresolved personality clashes which are preventing learning, inappropriate experiences or responsibilities being assigned to the student, etc.). The student should try to work these out with the CI, but if no improvement occurs within a reasonable length of time, the student should contact the DCE.

## Standard Precautions

Students must read and be familiar with the bloodborne pathogens control plan found at <http://research.uthscsa.edu/safety/BBPEXposureControlPlan.pdf>. Students must follow clinical facility rules regarding standard precautions and other infection control/personal safety policies.

## Reporting to Clinical Assignment

Students are responsible for obtaining contact information for the SCCE and/or CI for each site before leaving for any clinical assignment. Students are required to call and/or email the clinical facility 8 weeks prior to the start date of the rotation to confirm the assignment and other arrangements.

## Monitoring Student Progress During Clinical Rotations

The DCE attempts to visit or call during rotations to discuss progress with the student and the CI. Visits are made within travel budget limitations. Other faculty or a DCE from another Texas school may monitor progress of a UT Health Science Center student upon request and relay information to the student's DCE. Students should feel free to openly discuss their progress and concerns. If there is a significant need for the UT Health Science Center DCE to visit, all attempts will be made to arrange this, upon request of either the student or CI. Please notify the DCE during the call and/or visit of any skills receiving an NI (Needs Improvement) or a U (Unsatisfactory).

## Procedures for Assignment to Clinical Sites

*Availability of Sites* – Clinical sites are surveyed annually to determine sites and number of positions that will be available for student scheduling. Due to the volume of students and variety of experiences needed, the program cannot guarantee local rotations for any student regardless of their personal situation.

*Preliminary Activities* – Through periodic counseling with the student and review of PT MACS documentation for current and needed skill exposure, the DCE will assist the student to identify clinic sites available to meet those needs. **Students are given an opportunity to express their preferences for location of placement; however, the department cannot grant assurances that students will be placed in the setting of their choice.** Consideration for preferences will be made on a case by case basis.

## Assignment to Clinical Rotations

The DCE makes clinical assignments with primary consideration given to providing each student sufficient opportunity to attain competency of entry level skills. Assignments are finalized approximately six months in advance.

Students will not be placed in facilities where any real or potential conflict of interest exists. Some examples include but are not limited to: ownership of the clinic by a blood relative or relative by marriage or contract for future employment. Students are cautioned against working in a facility if they have a previous paid employment history in the physical therapy department at that clinical site. It is the

student's responsibility to notify the DCE if they feel a conflict of interest may exist prior to finalization of the clinical placement.

Occasionally, because of unforeseen situations, a clinical site must cancel a student placement on very short notice. The DCE will work with the student to find a suitable and timely alternative placement. However, it is unlikely that a student's preferences can be accommodated under these circumstances. Thus, the department cannot assume liability for delays in completion of the program or other losses/inconveniences sustained by the student under these circumstances. The department will make reasonable efforts to find alternative placements when extenuating circumstances have precluded the student's participation in the experience.

## **Responsibilities of the Student**

- a. Adhere to the rules and regulations of the clinical facility where assigned, including work schedules, holidays, dress code, following standard precautions, etc.
- b. Arrange his/her own transportation, meals, and health care needs.
- c. Arrange his/her own living accommodations for out-of-town rotations unless provided by clinical facility.
- d. Perform ongoing self-evaluation to identify goals, learning experiences needed, and progress being made to be used as a basis for mutual planning with the CI.
- e. Submit to the DCE within the first week of the clinical rotation, the Contact Information Form.
- f. Submit PT MACS and clinical documentation **within 5 days of the completion of each clinical rotation.**

## **Responsibilities of the Clinical Facility**

- a. Provide learning experiences as available and appropriate for the student at that time, based on objectives of the department, facility, and student.
- b. Provide supervision and counseling of students and document student's status using forms provided.
- c. Coordinate, communicate, and report student's status to the Department via the SCCE and/or CI.

## **Responsibilities of the DCE and Department**

- a. Coordinate and communicate with the facilities to plan, monitor, and assist in development of the clinical experience.
- b. Furnish facilities with the names of students to be assigned and dates of assignment.
- c. Assist students in setting goals and identifying learning needs.
- d. Evaluate the student's level of clinical competence in essential skills in consultation with clinical supervisors in order to assign grades.
- e. Assign grades for clinical courses and design remedial experience if required.

## **Description of the Type of Clinical Experiences**

**Acute/General Clinical Rotation** - Involves placement on a hospital ward where students will encounter a variety of diagnoses, and be exposed to "sick" patients, be involved with nursing and other health care professionals, be challenged to extract pertinent information from hospital charts, be given opportunity to observe surgical procedures and diagnostic testing, attend ward rounds and specialty clinics, be exposed to ICU/CCU, as available, participate in wound care, etc.

The goal of the acute/general assignment is to challenge students to treat and set goals for patients with a

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relatively short length of hospital stay so that students can develop discharge/planning skills.

Should a student become somewhat proficient and efficient in the ward setting, the “general” title of the rotation allows for treatment of outpatients, etc., as the CI judges appropriate.

The fact that the student may require more than one CI in order to obtain such a broad exposure is appreciated and approved by the school – as long as one individual takes responsibility for the general oversight of such an arrangement. Collaborative 2:1 models are also recommended in order to facilitate placement and management of students, as well as to take advantage of such an arrangement.

The *PT MACS* is the evaluative tool for the student and should guide the clinical experience. Since this rotation may be the student’s final core rotation, the student and the CI should pay close attention to the Passing Criteria.

**Orthopedic Clinical Rotation** - The intent of this type of rotation is to allow students to work in an outpatient orthopedic setting in order to develop evaluative and treatment skills.

We request that the CI attempt to select a variety of patients for the student to treat so that he/she will be equipped to handle different diagnoses and practice skills learned in orthopedics classes. This is not to limit the patient population to orthopedics or outpatient only, but to focus the student on specific orthopedic skills.

The *PT MACS* is the evaluative tool for the student and should guide the clinical experience. Since this rotation may be the student’s final core rotation, the student and the CI should pay close attention to the Passing Criteria.

**Neuro-Rehabilitation Clinical Rotation** – The intent of the neurological rehabilitation rotation is to provide the student with practical experience in the evaluation and treatment of patients with neurological diagnoses.

Neurological patients will be seen either on an inpatient or an outpatient basis and pediatric as well as geriatric clients may be encountered.

The *PT MACS* is the evaluative tool for the student and should guide the clinical experience. Since this rotation may be the student’s final core rotation, the student and the CI should pay close attention to the Passing Criteria.

**Selective Clinical Rotation** - The selective rotation has been designed as a four-week experience with specific objectives unique to the specialty area of practice.

The evaluation process is geared towards clinical instructor and student feedback on performance during the rotation. The student should have all PT MACS skills checked off prior to beginning a selective rotation. Therefore, evaluation requirements are minimal since the student will have already been deemed at entry level. However, there may be extenuating circumstances in which a student may need to address one or two skills from the PT MACS during an elective rotation. The CI will be notified prior to or at the beginning of the elective rotation if PT MACS skills need to be addressed.

**NOTE: Students will be completing their final year of the curriculum and will have completed 30 weeks of required clinical rotations prior to beginning a selective rotation.**

# Policies on Immunization Requirements and Documentation at Initial Registration

- a. All students must show proof of up-to-date vaccination and/or titer for Diphtheria-Tetanus, MMR (measles-mumps-rubella), Varicella, Meningitis and Hepatitis B prior to matriculation to the Health Science Center. If immunizations are not up to date, Student Health Services will give the immunizations free of charge. Specific information can be found at the Student Health Services webpage: [http://shc.uthscsa.edu/immunization\\_info.asp](http://shc.uthscsa.edu/immunization_info.asp)
- b. Students must also have a tuberculosis screening (PPD) performed and these must remain current prior to clinical rotations.
- c. Upon completion of these requirements, the Student Health Services will issue each student a "Personal Immunization Record". This form documents the student's immunization status as submitted to or completed by the Student Health Services as of that time.
- d. **Steps a-c must be completed before registration is allowed and clinical rotations can begin.**
- e. If a student does is not current with all immunizations to include Hepatitis B series and tuberculosis screening, the student will not be allowed to register nor to perform patient care in clinical rotations nor be allowed to register as mandated by UT System Rules.

The student is responsible for:

- a. Maintaining all current immunizations/screenings as indicated or required.
- b. Obtaining documentation of any subsequent immunizations/screenings performed (by physician or Student Health Services) on the Personal Immunization Record.
- c. Presenting a copy of this form to the DCE prior to the first clinical rotation for placement in the student's clinical file. Presenting this form to the Site Coordinator of Clinical Education (SCCE) or Clinical Instructor (CI) on the first day of each clinical rotation as written proof of current immunization status. If a student is assigned to a clinical site that specifies additional health requirements/ documentation, the clinical site should notify the student directly in a timely manner. **It is the student's responsibility** to comply with those requirements and to pay for any additional tests/immunizations that are not provided by the Student Health Services.

## Basic CPR Certification

All students are required to show proof of current certification in Healthcare Provider Infant and Adult CPR (from the American Red Cross or the American Heart Association) before the start of Clinical I. This certification must be kept current in order to participate in each rotation until graduation.

## Needlestick Policy

For required courses, students may be sent only to locations where the individual schools (Medical, Dental, Nursing, Health Professions, and Graduate School) have confirmed that resources are available to provide care in the event that a student sustains an infectious exposure.

Post exposure prophylaxis (PEP) for HIV, as recommended by the current CDC guidelines, should consist of medical counseling, lab work, and antiviral medications within the recommended time frame. These sites would need to be periodically reviewed to confirm that the appropriate policies and procedures are in effect, possibly as part of the annual affiliation agreements.

The Department will confirm that appropriate policies and procedures are in effect before students are sent to remote locations. This information will also be included in affiliation agreements.

For rotations in underserved areas, students will be notified that PEP may not be available as

recommended by CDC guidelines. Students will be given information about the nearest facility where this level of care can be obtained.

All UT Health Science Center students will be provided adequate education regarding universal precautions for infectious exposure and PEP procedures prior to any clinical rotations.

Students must follow procedures as outlined in the Needlestick Policy, which is given to each student at registration, available in the Student Guide and on the UT Health Science Center web page. Within this policy is information regarding how expenses for prophylaxis will be covered.

## Professional Organizations

Membership in professional organizations is voluntary but considered part of the duties of a physical therapist. Students should become members of the APTA by paying national dues and an additional portion for membership in the TPTA and the Central District. The bylaws, policies, and Code of Ethics are binding for all members. Annual dues for members vary by membership category: active, affiliate, life, student, student affiliate, graduate student, Master, and Doctoral. Student members receive the *PT Journal*, *PT Magazine*, *PT Bulletin*, newsletter publications, and lower costs to attend conferences/workshops. A new value to membership for students, is access to the electronic version of the PT Guide (a required text in the DPT curriculum that when purchased costs more than the membership dues). Another benefit of student membership is access to scholarship opportunities such as new and interesting professionalism modules.

### American Physical Therapy Association (APTA)

1111 N. Fairfax  
Alexandria, VA 22314

[www.apta.org](http://www.apta.org)

The *American Physical Therapy Association* is the national component of the professional organization for physical therapists (PT) and physical therapist assistants (PTA). Founded in 1921, the membership elected Mary McMillian as the first president. The current membership of approximately 75,000 represents the 52 chapters and 129 districts that constitute the foundation of the organization.

The national office of APTA is located in Alexandria, VA, and administered by an executive director and headquarters staff. The 15 elected members of the Board of Directors (BOD) oversee and direct the operation of the organization and headquarters staff.

Each summer the APTA holds an annual conference at which the House of Delegates meets to set policy and vote on issues pertaining to the profession. At the annual conference, educational programs, research papers, and exhibits are presented. Conference sites are rotated between cities. In addition, a Combined Sections Meeting is held each spring to present programs of interest to special interest sections of the APTA such as education, neurology, gerontology, and electrotherapy.

### Texas Physical Therapy Association (TPTA)

900 Congress Avenue  
Austin, Texas 78701 [www.tpta.org](http://www.tpta.org)

The Texas Physical Therapy Association is a state chapter of the APTA. The TPTA is divided into 13 districts. The executive director of the TPTA maintains the state office in Austin and is responsible for the operation of the state organization and its activities. TPTA conducts the Annual Conference. Elected officers and the executive committee oversee and direct the activities of the TPTA. Voting on officers and professional issues is conducted at the business meeting at the TPTA Annual Conference.

## **Central District (CD) of the TPTA**

San Antonio is located in the Central District of the TPTA. Central District officers are elected by the district membership. District meetings are held approximately 4-5 times per year at different facilities in the San Antonio area.

## **UTHSCSA Physical Therapy Alumni Association (PTAA)**

In the Summer of 2004, Alumni from the UT Health Science Center Physical Therapy program founded the UT Health Science Center Physical Therapy Alumni Association (PTAA). The mission of the PTAA is to serve the needs of UT Health Science Center PT alumni, students and faculty, to reconnect alumni with their alma mater, and to provide scholarship opportunities for current PT students.

In accordance with the PTAA's mission and objectives, the students of the Department of Physical Therapy are organized under the PTAA as Student Alumni members. As student members of the PTAA, students are required to pay membership dues and are afforded all rights to Alumni events (reunions, picnics, mixers, etc.). Furthermore, student members enjoy extra privileges of being able to attend student specific events organized by the PTAA to include the Job Fair and Graduation Banquet. The student members also can apply for scholarships funded by the UT Health Science Center PTAA's Endowment for Student Scholarships. At the Graduation Banquet, student members in good standing with PTAA will receive their Gold Lifetime Member Pin as a symbol of completion of their formal education and transition into their professional career.

Student officers are elected from each class in accordance with the PTAA bylaws and the Presidents of each class sit on the Executive Committee of the PTAA. The student officers serve an important role in being the voice of the student members, planning PTAA events, and advancing our profession. Students will be oriented further with the bylaws and organization of the PTAA at the beginning of their first Fall term by the PTAA officers.

## **Licensing as a Physical Therapist in Texas**

**Executive Council of Physical Therapy and Occupational Therapy Examiners**  
**333 Guadalupe, Suite 2510**  
**Austin, Texas 78701**

[www.ecptote.state.tx.us](http://www.ecptote.state.tx.us)

The purpose of the Executive Council is to regulate the practice of physical therapy and provide penalties for practice irregularities. Physical therapy licensure is issued after successful completion of an accredited PT training program and the nationally standardized examination (or by endorsement). The Board may suspend or revoke a license and impose penalties for a breach of the *Texas Physical Therapy Practice Act (Texas Civil Statutes, Article 4512e)*. Fees for licensure and licensure renewal are established by the Board according to category of licensure issuance. Application to sit for the exam and procedures/dates/fees is provided upon request from the above Board. Students should be prepared for these required fees (that total greater than \$600) due during the months surrounding the graduation semester. The exam is given on computer and is part of the rationale for providing computer exams during the DPT curriculum here at the Health Science Center. Training sessions are provided on the use of the computer program prior to taking the exam.

# Student Honors and Awards

The following are special awards and scholarships typically awarded annually. The Department's Honors and Awards Committee may announce others that become available during the year. In addition, the Department maintains a notebook file located in the Clinical Education room with other sources of financial assistance specifically for Physical Therapy students. This notebook supplements sources available through the Financial Aid office.

## Department Awards

Certificates awarded to DPT-3 students at graduation recognize exceptional achievement in the following areas, based on performance during the professional phase of the program:

**Alpha Eta Society** – In conjunction with the School of Health Professions, graduating students are recognized for scholarship and leadership in this Health Professions Honor Society.

**Outstanding Academic Achievement** - Awarded to the student with the highest cumulative GPA in the professional phase.

**Clinical Excellence** - Awarded to the student showing consistent superior performance throughout clinical affiliations.

**Exemplary Service to the Professional Community** - Awarded to the student who has shown superior leadership abilities and who is actively involved in professional PT associations, as well as community, Department, and UT Health Science Center activities or services. Active participation, as well as holding elected offices in TPTA, Central District TPTA, and APTA programs are also considered.

**Exemplary Service to the Department** - Awarded to a student who has an outstanding record of participation and leadership in the SPTA and other department related activities.

**Outstanding Professional Growth** - Shown significant improvement in one or more of the following: clinical performance, academic performance, professional involvement.

## UT Health Science Center Scholarships

Scholarships for Health Professions Students  
School of Health Professions, UT Health Science Center

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Scholarships Available to All Health Profession Students  
(scholarships may vary year to year)

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## Health Professions Designated Tuition Scholarships

Purpose – To provide financial aid to Health Professions students with demonstrated financial need



## **Baptist Health Foundation of San Antonio**

Purpose – Student financial aid for students in specified programs in the School of Health Professions; awards made to students in Clinical Laboratory Sciences, Occupational Therapy, Physical Therapy, Physician Assistant Studies, and Respiratory Care

### **Bennie W. Schreck Scholarship**

Purpose – Student financial aid recognizing scholarship and service

## **Caleb Maxwell Endowed Memorial Scholarship in Health Professions**

Purpose – To support student scholarships in the School of Health Professions based on academic merit and financial need

### **Congressman Henry Bonilla Health Professions Scholarship**

Purpose – To provide scholarship support to students in good standing from the Texas 23<sup>rd</sup> Congressional District who may be of any classification and from any of the schools within the UT Health Science Center

### **David P. Green Family Scholarship Endowment**

Purpose – To provide need-based scholarships to students pursuing the health professions at UT Health Science Center and UTSA, with emphasis on students who work part-time to help finance their education

### **Dorothy Banks Charitable Trust Scholarship**

Purpose – Scholarship support for UT Health Science Center students

### **Greg Treibs Memorial Scholarship**

Purpose – To provide scholarships to students at UT Health Science Center

## **The National Council of Jewish Women Ethel Weiner Bloom/Ann Gorsch Endowed Scholarship Fund**

## **(Competitive Scholarship)**

Purpose – Support scholarships to assist with educational costs of students in Physical Therapy, Occupational Therapy, and Nursing who demonstrate financial need

### **Phyllis & Neil Bowie Student Community Service Award**

Purpose – Academic support of students through awards and recognitions

### **School of Health Professions Competitive Scholarship (Competitive Scholarship<sup>1</sup>)**

Purpose – To provide scholarships for deserving Health Professions students

By Texas statute, non-resident students who are awarded a “competitive” scholarship of at least \$1000 are eligible to pay resident tuition for the academic year.

### **Sjoerd Steunebrink Scholarship Endowment**

Purpose – To provide scholarships for students, based on proven academic ability and financial need

**South Texas Academic Rising Stars (STARS)** Purpose – To provide scholarships for eligible students from the 22-county area served by STARS, funds are matched by the Health Science Center

### **John H. White, Sr. Memorial Scholarship (Competitive Scholarship)**

Purpose – To provide competitive graduate scholarships in deaf education to students enrolled in the teacher training program associated with Sunshine Cottage School for Deaf Children

## **Scholarships Available to Physical Therapy Students**

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### **Matt Karns Memorial Scholarship Endowment**

Purpose - to provide scholarships to students enrolled in the PT program in the School of Health Professions (SAHS) at UTHSCSA.

### **Oleg Mirzakarimov Scholarship in Pediatric Physical**

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## **Therapy (Competitive Scholarship)**

Purpose - The purpose of this scholarship fund is to support a Physical Therapy student who exhibits the same devotion in the field of pediatrics.

## **UT Health Science Center Physical Therapy Alumni Association Endowment Scholarship**

Purpose – To provide scholarship support for Physical Therapy Students

**For more information, contact:**

Department of Physical Therapy Student Awards & Scholarship Committee Chairperson,  
Dr. Yolanda Rangel

# APPENDICES AND FORMS

## Code of Ethics for the Physical Therapist

APTA

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17;  
HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27;  
Initial HOD 06-73-13-24] [Standard]

### Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA).

The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct. No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

### Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.  
(*Core Values: Compassion, Integrity*)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (*Core Values: Altruism, Compassion, Professional*)

*Duty)*

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments. (*Core Values: Excellence, Integrity*)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (*Core Value: Integrity*)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations. (*Core Values: Professional Duty, Accountability*)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.  
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (*Core Value: Excellence*)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (*Core Values: Integrity, Accountability*)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (*Core Value: Social Responsibility*)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist

# A Patient's Bill of Rights

*A Patient's Bill of Rights was first adopted by the American Hospital Association in 1973.*

*This revision was approved by the AHA Board of Trustees on October 21, 1992.*

## Introduction

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

The American Hospital Association presents A Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. The American Hospital Association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

## Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
3. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
4. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
5. The patient has the right to make decisions about the plan of care prior to and during treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
6. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.
7. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy

that may limit its ability to implement fully a legally valid advance directive.

8. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
9. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
10. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
11. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
13. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
14. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
15. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.
16. The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment. Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable



accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care services.

Patients are responsible for recognizing the impact of their life-style on their personal health.

### **Conclusion**

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

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## **Generic Abilities (Professional Behaviors-APTA) Based Assessment Procedure**

Advisor Meetings and Timeline (revised 2018)  
Refers to Generic ABA Form adapted for classroom setting

### **DPT I**

1. DPT Is self assess as part of PI I in Fall DPT I year
2. DPT Is self assess again in PI II.
3. Spring academic advisee meeting – meet individually to discuss with students. For areas of improvement, ask students what they think they should do to improve in the weak areas. SPC chair needs to be sure to give faculty ABA self assessments to give to faculty for advisee meeting

### **DPT II**

1. DPT IIs Students self assess in Fall (Orthotics) and Spring (PI III)
2. Faculty identify strengths and areas to improve in January and give feedback to students. SPC needs to get the results of this to faculty in time for advisee meeting in February
3. DCE meets with DPT IIs to discuss ABAs prior to clinical rotation.
4. Students encourage to meet with advisees if they feel they need guidance on professional behaviors

### **DPT IIIs:**

Self-assess on clinical rotations and are assessed by CIs

## **DPT I**

1. Initial introduction to ABA form, given by Student Progress Committee Chairperson to DPT Is during Orientation and/or in a separate meeting early in the initial fall semester.
2. Reintroduce forms within Professional Issues & Critical Thinking I course. Students will self-assess, completing the form during a class session with electronic submission on e-learning course platform.
3. ABA forms will be downloaded by Prof Issues I course instructor to password protected shared drive.
4. Spring Semester, during Professional Issues & Critical Thinking II course, students will again self assess early in the semester and send a copy to their advisor. Students will then schedule an appointment with their advisor to discuss.

## **DPT II**

1. During the Spring Semester, DPT II students complete another self-assessment within the Orthotics course in the fall and the Professional Issues & Clinical Decision-Making III course in the spring.
2. Faculty identify strengths and areas to improve in January and give feedback to students. Chair of the SPC coordinates this.
3. Prior to clinical rotations, Generic Abilities (Professional Behaviors-APTA) will be reviewed for each student by the Student Progress Committee as part of determining readiness for clinical rotations.
4. DCE meets with DPT IIs to discuss ABAs prior to clinical rotation.
5. Students encourage to meet with advisees if they feel they need guidance on professional behaviors

## **DPT III**

1. While on clinical rotations, students will self assess Generic Abilities (PT MACS skills 1 through 10) followed by assessment by the Clinical Instructors for each rotation.

## **FACULTY ADVISORS:**

- Advisors will schedule Fall meeting with DPT Is & DPT IIs for introduction session, peer advice and discussion of issues or difficulties. Also, to reiterate “open door policy” regarding student concerns.
- DPT Is to meet with advisor individually in the spring semester (January or February) to discuss Generic Abilities Assessment.
- Advisors will also schedule a Spring meeting with DPT IIs & DPT IIIs for discussion of issues and peer advice. DPT Is are encouraged to attend this meeting as well.
- Advisors will review DPT II Spring forms and take time to discuss with students in Spring semester.

# Generic Abilities\*\*

(Clinical and Academic)

**Generic Abilities** are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are, nevertheless, required for success in the profession. Ten (10) generic abilities were identified through a study conducted at UW-Madison in 1991-1992. The ten abilities and definitions developed are:

Generic Ability	Definitions
1. Commitment to Learning	The ability to self-assess, self-correct and self-direct to identify needs and sources of learning and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem Solving	The ability to recognize and define problems, analyze data, develop and implement solutions & evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

\*\*Developed by the Physical Therapy Program, University of Wisconsin-Madison. May et al. Journal of PT Education, 9:1, Spring 1995.

**Generic (Clinical) Abilities  
Final Assessment**

Instructions: Assess each ability based on your observation of the student's performance. Mark the scale to reflect final rating. Comments and examples provide valuable information. Please sign and date the assessment.

B – Beginning Level      D – Developing Level      E – Entry Level

1.	Commitment to Learning	B	D	E
	Comments & Examples _____			
<hr/>				
2.	Interpersonal Skills	B	D	E
	Comments & Examples _____			
<hr/>				
3.	Communication Skills	B	D	E
	Comments & Examples _____			
<hr/>				
4.	Effective use of Time and Resources	B	D	E
	Comments & Examples _____			
<hr/>				
5.	Use of Constructive Feedback	B	D	E
	Comments & Examples _____			
<hr/>				
6.	Problem Solving	B	D	E
	Comments & Examples _____			
<hr/>				
7.	Professionalism	B	D	E
	Comments & Examples _____			
<hr/>				
8.	Responsibility	B	D	E
	Comments & Examples _____			
<hr/>				
9.	Critical Thinking	B	D	E
	Comments & Examples _____			
<hr/>				
10.	Stress Management	B	D	E
	Comments & Examples _____			
<hr/>				

Student \_\_\_\_\_ Faculty \_\_\_\_\_

Clinical Instructor \_\_\_\_\_ Date \_\_\_\_\_

## Generic Abilities for the Academic Setting

The ten components listed below are the abilities the students should develop throughout their experience in the PT program.

**Directions:** The primary purpose of this form is for student self-assessment. The form may also be used by the faculty, at any time during the program, for student counseling. To complete this form, read the descriptors below each line. The descriptors are divided into three subgroups along the continuum of the horizontal line. Based on self-assessment of the specified generic ability, mark a vertical line through the scale where you fit best represents your current level of acquisition. Skill development is expected as the student progress through the PT program.

1. Commitment to Learning									
1	2	3	4	5	6	7	8	9	10
Requires direction often. Has difficulty identifying needs and sources of learning and rarely seeks out new knowledge and understanding.			Self-directed. Frequently identifies needs and sources of learning and invites new knowledge and understanding.			Highly self-directed. Consistently identifies needs and sources of learning and deliberately seeks out new knowledge and understanding.			

2. Interpersonal Skills								
1	2	3	4	5	6	7	8	9
Engages in non-effective or judgmental interactions with individuals in the academic setting and loses focus in unexpected/new situations.			Usually engages in effective and non-judgmental interactions with individuals in the academic setting and maintains focus in unexpected/new situations.			Consistently engages in highly effective and non-judgmental interactions with individuals in the academic setting and responds exceptionally well to unexpected/new situations.		

3. Communication Skills								
1	2	3	4	5	6	7	8	9
Exhibits poor written, verbal and communication skills and lacks ability to modify information to meet the needs of various audiences/purposes.			Exhibits acceptable written, verbal and non-verbal communication skills and is usually capable of modifying information to meet the needs of various audiences and purposes.			Exhibits superior written, verbal and non-verbal communication skills and readily modifies information to meet the needs of various audiences/purposes.		

4. Effective Use of Time and Resources								
1	2	3	4	5	6	7	8	9
Exhibits poor use of time and resources. Shows lack of flexibility/adaptability and seems			Obtains good result through use of time and resources. Shows			Consistently obtains maximum results through superior use of time and resources. Shows		

incapable of setting goals.	adequate flexibility/adaptability and is capable of setting goals.	unusual flexibility/adaptability and sets realistic goals.
-----------------------------	--	--

<b>5. Use of Constructive Feedback</b>									
1	2	3	4	5	6	7	8	9	10
Accepts feedback defensively. Does not identify or integrate feedback, provides non-constructive, negative or untimely feedback to others.			Usually accepts, identifies and integrates feedback from others and frequently provides appropriate feedback to others.			Seeks out, identifies and eagerly integrates feedback from others and provides constructive, timely and positive feedback to others.			

<b>6. Problem Solving</b>									
1	2	3	4	5	6	7	8	9	10
Does not regularly recognize and define problems, analyze data, develop and implement solutions and evaluate outcomes.			Frequently recognizes and defines most problems, analyzes data, develops and implements solutions and evaluates outcomes.			Consistently and insightfully recognizes and defines problems, analyzes data, develops and implements solutions and evaluates outcomes.			

<b>7. Professionalism</b>									
1	2	3	4	5	6	7	8	9	10
Exhibits questionable or poor conduct concerning ethics, regulations and policies and procedures and represents the profession in an incompetent and negative manner.			Usually exhibits professional conduct concerning ethics, regulations and policies and procedures and represent the profession in a competent and positive manner.			Exhibits superior professional conduct concerning ethics, regulations and policies and procedures and actively promotes/represents the professions in a highly competent/commendable manner.			

<b>8. Responsibility</b>									
1	2	3	4	5	6	7	8	9	10
Demonstrates a poor level of commitment. Is not dependable, punctual, is not aware of personal and professional limitations and does not accept responsibility for actions and outcomes.			Demonstrates an appropriate level of commitment, is usually dependable, punctual, is aware of personal and professional limitations and does accept responsibility for actions and outcomes.			Demonstrates a high level of commitment over and above responsibilities, is very dependable, always punctual, is actually aware of personal and professional limitations and does accept full responsibility for actions and outcomes.			

<b>9. Critical Thinking</b>									
1	2	3	4	5	6	7	8	9	10
Does not identify, articulate or			Frequently identifies, articulates,			Readily identifies, articulates, and			

analyze problems, does not distinguish relevant from irrelevant, does not recognize/differentiate among facts, illusions and assumptions and does not present ideas.	and analyzes problems, distinguishes relevant from irrelevant, recognizes/differentiates among facts, illusions and assumptions, and presents ideas.	analyzes problems, consistently and accurately distinguishes relevant from irrelevant, recognizes/differentiates among facts and generates original ideas.
--	--	--

10. Stress Management									
1	2	3	4	5	6	7	8	9	10
Fails to identify sources of stress/problems in self and does not seek assistance or utilize coping skills and is unsuccessful at balancing professional/personal life.			Is usually aware of sources of stress/problems in self and others, frequently seeks assistance as needed, utilizes coping strategies and maintains balance of professional/personal life.					Accurately identifies sources of stress/problems in self and others, actively seeks assistance when appropriate, demonstrates effective use of coping mechanisms and successfully maintains balance of professional/personal life.	

# Department of Physical Therapy Procedure Regarding Service Hours (Updated July 2014)

Physical Therapy is a doctoring profession which includes teaching and service. In order to develop entry-level practitioners in this doctoring profession, the Department of Physical Therapy requires that students perform service hours throughout their time in the program. This semester requirement of a minimum of 20 hours includes service **both** within the university (10 hours recommended) and off-campus within the community (10 hours recommended). **The total number of service hours must be a combination of both on-campus and off-campus hours.** Additionally, students are also required to attend ONE physical therapy professional association meeting (state or national) per semester. Attendance at this meeting is NOT considered part of the 20 hours per semester requirement, but rather a separate professional development/ service requirement.

The purpose of this requirement is to assist students with establishing balance for life while in the academic setting and networking in the community. The pursuit of life-long learning, community service and promotion of the profession are part of the philosophy of the Department of Physical Therapy. Providing students, the opportunity to practice this in a sheltered environment is meant to establish habits for life. Students are encouraged to establish relationships with community and professional organizations for future opportunities.

Students are required to perform service hours and use a log to track these hours. Students will submit their completed log to the specified course director (the courses to which these hours are linked are listed below) by **Nov 15 for the Fall Semester and April 15 for the Spring Semester.** DPT Is and DPT IIs who fail to complete the service hours and attendance at a PT Professional meeting requirement will receive a letter grade demotion for the associated course. DPT IIs who fail to complete the service hours and attendance at a PT Professional meeting will receive a grade of Incomplete for the associated course and can be delayed for graduation.

DPT I Fall Semester: Professional Issues & Clinical Decision-Making I

DPT I Spring Semester: Prof. Issues & Clinical Decision-Making II

DPT II Fall Semester: Orthotics

DPT II Spring Semester: Professional Issues III

DPT III Fall Semester: Clinical III

DPT III Spring Semester: Management of the Complex Patient

Students must have the service hour log signed by the faculty member or representative supervising the specific activity **within TWO weeks of performing the activity.** Should student not gain a signature in the allotted time, the student must perform another activity.

Examples of on-campus and off-campus service activities is provided below. This list is **not intended to be all-inclusive** but rather a guide for recommended activities and examples of approved activities. Any student requiring clarification about an intended activity to meet the service hours requirement may confirm the activity with the Chairperson for Student Progress.

**Examples of activities off-campus would include activities to assist with the mission of non-profit organizations such as:**

- Kinetic Kids programs
- Girl Scouts of Southwest Texas or Boy Scouts of Greater San Antonio
- Habitat for Humanity
- Physical Therapy Alumni Association activities
- Bexar County Seniors Group
- Organizing fund-raising events (walk-a-thons, bike-a-thons etc.) for non-profit organizations such as:



- Muscular Dystrophy Association
- American Association of Retired Persons (AARP)
- Specific events could include
  - Charity fund raising or social events (church bazaars, dinners etc.)
  - City sponsored beautification projects

**Examples of activities on-campus would include:**

- Organizing / assisting with set-up for Student Government Association
  - Burger-Burn
  - Chili Cook-off
- Assisting with School of Allied Health Professions activities
  - Health Fair
  - School Picnic, making posters etc.
- Department of Physical Therapy Activities include
  - Physical Therapy Olympics – organizing but not participating in the event
  - UT Austin Health Fair

**Examples of a PT Professional meeting would include:**

- District or state meeting for the TPTA, monthly or yearly meetings
- APTA national symposium, combined sections meeting or similar

## Specific Points of Interest:

- Signed Service Hour Logs are due November 15 for the Fall Semester and April 15 for the Spring Semester. Students should plan accordingly to meet this deadline. Unsigned hours will not be considered valid and no credit will be given for these hours.
- Hours for the subsequent semester can be accrued immediately after the due dates for each semester (Nov. 16 for the spring and April 16 for the fall).
- As many as 20 hours per semester may be obtained during the Summer months as pre-approved by the appropriate faculty member.
- Travel time to and from activities within San Antonio city limits does not count toward service hours. Travel outside of San Antonio will count to a maximum of 2 hours per activity. Only a TOTAL of 2 of the 20 hours may be travel time. [**“Outside of San Antonio” is defined as a distance that is greater than 50 miles away from the UTHSC at San Antonio campus.**]
- DPT III students on clinical rotations can obtain all service hours OFF-CAMPUS for the DPT III Fall Semester. Additionally, DPT IIIs students on clinical rotations are exempt from the attendance of a PT Professional meeting for the Fall Semester ONLY.
- Participation in off-campus sporting events to raise money for a non-profit organization is permitted. Students participating may claim up to 1 service hour per event.
- Students in CLASS OFFICER **positions** as defined by the PTAA Association (President, Treasurer and Historian) may claim a maximum of 4 hours per semester for service activities related to their position. Students may claim a maximum of 4 hours per semester for other leadership positions.
- **ALL STUDENTS may claim a maximum of 8 service hours for service directly tied to the PT Department.** Routine, maintenance activities such as restoring order in labs (cleaning the lab after sessions), setting up prior to lab, or power cord procurement **do not count as service activities.**
- **No service hours will be awarded for baking or preparation of food items** (the only exception is grilling at the orientation and PTO BBQ).

A sample of the official log to be used is available at the end of this document and can also be downloaded at the department website. **Remember** to put your name on your completed log before submitting to the appropriate instructor.

**\*\*\*Routine, maintenance activities such as restoring order in labs (cleaning after sessions), or power**

cord procurement do not count as service activities.

## Service Hours Log

Student Name: \_\_\_\_\_

<b>Organization Brief Description of Activity</b>	<b>Date</b>	<b># of Volunteer Hours</b>	<b>On or Off Campus?</b>	<b>Supervisor's Signature</b>

<b>Please list the PT Professional Meeting that you attended in the space below</b>	<b>Date of PT Professional Meeting</b>	<b>Faculty's Signature</b>

<b>Name of free PT Student-run Clinic</b>	<b>Volunteer Date</b>	<b>Faculty's Signature</b>

# **CORE PERFORMANCE STANDARDS**

## **General Abilities**

To provide quality health care, the student is expected to possess functional use of the senses of vision, touch, hearing, taste, and smell. All data received by the senses must be integrated, analyzed and synthesized in a consistent and accurate manner. In addition, the individual is expected to possess the ability to perceive pain, pressure, temperature, position, equilibrium, and movement.

## **Observational Ability**

The student is expected to participate in and observe demonstrations and experiments in the basic sciences including but not limited to physiologic and pharmacological demonstrations in animals, microbiologic cultures and microscopic study of organisms and tissues in normal and pathologic states. The student is expected to observe the client accurately at a distance and close at hand to accurately assess health/illness alteration. The student is expected to be able to obtain visual information from clients including but not limited to movement, posture, body mechanics, and gait patterns for evaluation of movement dysfunction. Inherent in this observation process is the functional use of the senses and sufficient motor capability to carry out the necessary assessment activities.

## **Communication**

The student is expected to be able to effectively communicate verbally and non-verbally and to observe clients to elicit information, describe changes in mood, activity, and postures and to perceive non-verbal communications. The student is expected to effectively communicate to other students, faculty, clients, peers, staff, and families to ask questions, explain conditions, and procedures, teach home programs, and to maintain safety in a timely manner within any/all academic and clinical settings. The student is expected to send and receive verbal communication in life threatening situations in a timely manner within acceptable norms of clinical settings. This requires the ability to read, write, and effectively utilize the English language. The student must be able to communicate effectively and sensitively with clients.

## **Motor Ability**

The student is expected to be able to perform gross and fine motor movements required to provide physical therapy and operate equipment to deliver care safely, in a timely manner appropriate for the problems identified and consistent with the acceptable norms of all clinical settings. Examples of movements the student must be able to perform include lifting, turning, transferring, transporting, and exercising the clients. The student is expected to have the psychomotor skills necessary to perform or assist with procedures, treatments, administration of medication, managing of equipment, and emergency interventions. The student is expected to be able to maintain consciousness and equilibrium at all times and have the physical strength and stamina to perform satisfactorily in all clinical settings.

The student should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. The student must be able to do laboratory tests and work with scientific and other instruments and machinery utilized in the practice of physical therapy. The student should have motor skills necessary to administer emergency treatment such as CPR using the guidelines issued by the American Heart Association or the American Red Cross. Such actions require coordination of both fine and gross muscular movements, equilibrium and functional use of the senses of touch and vision.

## **Critical Thinking Ability**

The student is expected to have the ability to develop problem-solving skills. This includes the ability to measure, calculate, analyze and synthesize objective as well as subjective data and make decisions that reflect consistent and thoughtful deliberation and clinical judgment. In addition, the student should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

## **Interpersonal Abilities**

The student is expected to have the emotional stability required to exercise sound judgment, complete assessment and intervention activities. The student is expected to establish rapport and maintain sensitive, interpersonal relationships with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds. The student is expected to have the flexibility to function effectively under stress. Concern for others, integrity, accountability, interest and motivations are necessary personal qualities.

## **Behavioral and Social Attributes**

A student must possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of clients, and the development of mature, sensitive and effective relationships with clients. Students must be able to tolerate physically taxing workloads and to function effectively under stress. Students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many clients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and education processes.



## Core Performance Standards Form

**Individuals with disabilities are encouraged to apply to the program. However, it is the responsibility of the student to notify the Chair of the Department of Physical Therapy if there is any reason why the abilities/expectations described in the Core Performance Standards cannot be met. Students who indicate they cannot meet one or more of these standards and who request a review in writing will, be reviewed by the Equal Employment Opportunity / Affirmative Action Office (EEO/AA) to determine what, if any, reasonable accommodations might be possible to facilitate successful completion of the degree requirements.**

I, \_\_\_\_\_, have read the description of minimum core performance standards required for admission to, progression in and completion of the program in Physical Therapy and indicate by my signature that at this time, to the best of my knowledge, I possess these attributes and am able to perform the standards as listed **without** accommodation.

I, \_\_\_\_\_, have read the description of the minimum core performance standards required for admission to, progression in and completion of the program in Physical Therapy and indicate by my signature that at this time, to the best of my knowledge, I possess these attributes and am able to perform the standards as listed **with reasonable** accommodations. I understand that by acknowledging accommodations are necessary, I am required to submit to the Office of Equal Employment Opportunity/Affirmative Action **written documentation** regarding the nature of the illness or disability.

\_\_\_\_\_  
Student Applicant

\_\_\_\_\_  
Date

Full policy and procedures for request for accommodations under the ADA can be found at the UT HSC EE OO webpage with link here <http://uthscsa.edu/eoo/request.asp> but the student should refer to full policy via webpage as listed, however, an excerpt is listed here:

### Processing Procedures

The student, requesting accommodation submits the appropriate request for accommodation under the American with Disabilities Act (ADA). Employees submit **Employee Request for Accommodation Under the Americans with Disabilities Act (ADA)**, form ADA-99, and students, fellows and residents submit **Student/Resident Request for Accommodation Under the Americans with Disabilities Act (ADA)**, form ADA-100, with a copy of the current job description (if appropriate) to the Academic, Faculty and Student Ombudsperson & ADA Compliance Office and a copy to his/her immediate supervisor or if a student, fellow or resident the appropriate Associate Dean of their School and a copy to the ADA Coordinator.

The Academic, Faculty and Student Ombudsperson & ADA Compliance Office will determine if additional medical information is needed and will furnish the individual with any forms/questionnaires necessary for the health care provider to complete.

The Academic, Faculty and Student Ombudsperson & ADA Compliance Office will evaluate information to determine eligibility within the guidelines of the ADA and the ADAAA.

The Academic, Faculty and Student Ombudsperson & ADA Compliance Office will then coordinate with the necessary institutional staff and the individual to identify the essential functions of the job or the program of study and determine whether there is an effective, reasonable accommodation that will enable the employee, student, fellow, post-doc or resident to perform those essential functions (interactive process).



## Photographing and Videotaping Permission Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, will permit photographing or videotaping of myself during my studies in the Department of Physical Therapy, with the understanding that this material will be used solely for educational purposes and potentially for display on the World Wide Web through university web pages, by the faculty of UT Health San Antonio, Department of Physical Therapy.

\_\_\_\_\_  
(Participant / Student signature)

\_\_\_\_\_  
(Witness signature)



## **APTA Information Permission Form**

Date: \_\_\_\_\_

I, \_\_\_\_\_, will permit the Department of Physical Therapy to send my name and Social Security Number to the American Physical Therapy Association (APTA), the Texas Physical Therapy Association (TPTA) and the Executive Council of Physical Therapy and Occupational Therapy Examiners (ECPTOTE) for identifying me as a student/graduate of UT Health San Antonio, Physical Therapy Program.

\_\_\_\_\_  
(Student's printed name)

\_\_\_\_\_  
(Student's signature)



## Contact Information & Student Handbook Acknowledgment Form

### PRINT LEGIBLY

Name: \_\_\_\_\_

Complete **Local** Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hometown/Origin Address: \_\_\_\_\_

Current Degree(s) (B.S., B.A., etc.) \_\_\_\_\_ Prior Degree Major: \_\_\_\_\_

**\*\*Please submit any changes in contact information to the PT Office, as well as on the [http://inside.uthscsa.edu/ change of address link](http://inside.uthscsa.edu/change-of-address-link).\*\***

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### Acknowledgement Form

#### Understanding of Policies and Procedures in the Student Handbook

I, \_\_\_\_\_, have received the information as presented in *Doctor of Physical Therapy Program Handbook of Student Policies and Procedures* and have read all information. I agree to download the full document for future reference and will request clarification of any information not clearly understood. I understand that I am responsible for knowing and understanding all policies and procedures in this student handbook.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## UT Health Science Center Department of Physical Therapy Honor Code

- I understand that I am responsible for knowing and obeying the Rules and Regulations of The University of Texas Board of Regents and the UT Health Science Center School of Health Professions as they pertain to scholastic dishonesty.
- I understand that if I am found guilty of an act of scholastic dishonesty, the penalties can be severe, including expulsion from the School.
- Accordingly, I pledge that I will neither give nor receive unauthorized help on any examination, paper, or assignment that requires individual responsibility and that I will be scrupulously honest in the conduct of my research and the presentation of my research results.

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Name

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Signature

---

Date

**Documented cases of scholastic dishonesty will be handled according to the regulations and guidelines found in the UT Health Science Center Department of Physical Therapy Student Handbook, UT HSC Student Catalog and UT Board of Regents Guidelines.**



## HIPAA

(Health Insurance Portability and Accountability Act)

### Confidentiality/Security Acknowledgment

The UT Health Science Center at San Antonio (Health Science Center) has a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. During your employment or affiliation with the Health Science Center you may hear or read information related to a patient's health or see computer or paper files containing confidential health information, whether you are directly involved in providing patient services. You may also create documents containing confidential patient information, if it is part of your job description and/or as directed to do so by your supervisor.

As part of your employment or affiliation with the Health Science Center, you agree to adhere to the following regarding confidentiality and security of patient information:

- ✓ *Confidential Health Information.* I will regard patient confidentiality as a central obligation of patient care. I understand that all information, which in any way may identify a patient or which relates to a patient's health, must be maintained in the strictest confidence. Except as permitted by this Acknowledgement, I will not at any time during or after my employment or affiliation speak about or share any patient information with any person or permit any person to examine or make copies of any patient reports or other documents that I come into contact with or which I create, except as allowed within my job duties or by patient authorization.
- ✓ *Permitted Use of Patient Information.* I understand that I may use and disclose confidential patient information only to other providers of health care services, if the purpose of the disclosure is for treatment, consultation, or referral of the patient. If my job description allows, I may also disclose information for payment and billing purposes and/or internal operations, such as use for internal quality studies and for internal education activities.
- ✓ *Prohibited Use and Disclosure.* I understand that I must not access, use or disclose any patient information for any purpose other than stated in this Acknowledgement. I may not release patient records to outside parties except with the written authorization of the patient, the patient's representative, or for other limited or emergency circumstances. Special protections apply to mental health records, records of drug and alcohol treatment, and HIV related information. I must neither physically remove records containing patient information from the provider's office, clinic, or facility, nor alter or destroy such records. Personnel who have access to patient records must preserve their confidentiality and integrity, and no one is permitted access to health information without a legitimate, work-related reason.

I also agree to immediately report to my supervisor or to the Health Science Center Privacy Officer in the Office of Regulatory Affairs & Compliance any non-permitted disclosure of confidential patient information that I make by accident or in error. I agree to report any use or disclosure of confidential patient information that I see or know of others making that may be a wrongful disclosure.

- ✓ *Safeguards.* In the course of my employment or affiliation if I must discuss patient information with other health care practitioners in the course of my employment or affiliation, I will use discretion to ensure that others who are not involved in the patient's care cannot overhear such conversations. I understand that when confidential patient information is within my control, I must use all reasonable means to prevent it from being disclosed to others except as permitted by this Acknowledgement.

Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.

*Electronic Device Security.* If I keep any identifiable patient information on a laptop or other electronic devices, I will ensure that my supervisor knows I am using it and has approved such use. I agree to encrypt and/or

- ✓ password protect information on electronic devices. I agree not to send patient information in a "secure" e-mail (++) in subject line) unless my supervisor directs me to do so in an emergency. I will not attempt to access information by using a user identification code or password other than my own, nor will I release my user identification code or password code to anyone, or allow anyone to access or alter information under my identity. I will back-up any confidential information using approved back-up procedures.
- ✓ *Physical Security.* I will take all reasonable precautions to safeguard *confidential* information. These precautions include using lockable file cabinets, locking office doors, securing data disks, tapes or CDs, using a password protected screen saver, encrypted laptops and electronic devices, etc. I agree to store my electronic media on approved institutional servers and store back-up media in approved locations.
- ✓ *Return or Destruction of Information.* If my employment or affiliation with UT Health Science Center requires that I take patient information off the Health Science Center campus or off the property of the Health Science Center affiliates, I will ensure that I have the Health Science Center's or the other facility's permission to do so. I will protect patient information from unauthorized disclosure to others, and I will ensure that all patient information is returned to the appropriate facility.

Unless specifically stated in my job description, I am not authorized to destroy any type of original patient information maintained in any medium, i.e., paper, electronic, etc.

- ✓ *Termination.* When I leave my employment or affiliation or complete my training or residency at the Health Science Center, I will ensure that I take no identifiable patient information with me, and I will return all patient information in any format to the Health Science Center or other appropriate facility. If it is not original documents, but rather my own personal notes, I must ensure that such information is destroyed in a manner that renders it unreadable and unusable by anyone. Discharge or termination, whether voluntary or not, shall not affect my ongoing obligation to safeguard the confidentiality and security of patient information and to return or destroy any such information in my possession.
- ✓ *Violations.* I understand that violation of this Acknowledgement may result in corrective action, up to and including termination of my employment or affiliation. In addition, violation of privacy or security regulations could also result in fines or jail time.
- ✓ *Disclosures Required by Law.* I understand that I am required by law to report suspected child or elder abuse to the appropriate authority. I agree to cooperate with any investigation by the Department of Health and Human Services or any oversight agency, such as to help them determine if the Health Science Center is complying with federal or state privacy laws.

I understand that nothing in this Acknowledgement prevents me from making a disclosure of confidential patient information if I am required by law to make such a disclosure.

*My signature, on the following page, acknowledges that I have read the terms and conditions of this Acknowledgement. The signature page will be maintained by my department supervisor.*

*NOTE:* To access specific policies regarding privacy or security issues, please refer to the *Handbook of Operating Procedures* (HOP), available at <http://www.uthscsa.edu/hop2000/>. Security policies are located in Chapter 5 and privacy policies in Chapter 11.



## **Confidentiality/Security Acknowledgement Signature Page**

By my signature below, I acknowledge that I have read the terms and conditions of the HIPAA and Confidentiality/Security Acknowledgement included in the Department of Physical Therapy Student Handbook.

Signature: \_\_\_\_\_

*Please circle      Employee      Student      Resident/Intern      Non-employee*

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

**Texas Research Park**

Centers for  
Biology in Medicine  
Institute of  
Biotechnology  
SBC  
Teleconference  
Center

Lot 15 Lot 10

15355 Lambda Dr. (20 miles west of HSC)

Take Loop 418 West to HWY 90 West  
HWY 90 Drive to HWY 211  
Exit onto HWY 211 to the right (north)  
Approx. 2 1/2 miles turn left into  
Texas Research Park (Lambda Dr.)  
Take Lambda Drive about 1/2 mile to  
University research facilities (B7)

Medical Drive

Lot 17

Allied Health/Research

McDermott

Floyd Curl Drive

Lot 16  
(8403 Floyd Curl Drive campus)

Wurzbach

Veterans Hospital

University Hospital

Medical Drive

Student Health Clinic  
UFG Diagnostic Pavilion

Garage A

Bluff Creek Tower  
(4201 Medical Dr.)

Datapoint

Ewing-Haleell Dr.

Fredericksburg Road

Medical Drive

Annex

Lot 4

Auditorium

Administration

Lot 1

Student Services

ECS #1

Main Entrance  
(7703 Floyd Curl Dr.)

Floyd Curl Drive

Lot 2

Lecture Hall

Library

Medical

Basic Sciences

Physical Plant

Human Resources

Printing & Warehouse

ECS #4

Police

Forensic Science

Lot 3

Lot 10

Lot 6

Lot 9

Lot 9

Lot 9

Lot 5

Bookstore

Nursing

Visitor Parking

Lot 8

ECS #2

Louis Pasteur

Louis Pasteur

Entry Control Station (guard station) ECS

University Plaza

Lot 12

Babcock Road

Merton Minter Blvd.

Recreation Facilities

**Texas Research Park**

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Institute of  
Biotechnology  
SBC  
Teleconference  
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Lot 3

Police

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Human Resources

Printing & Warehouse

ECS #4

Lot 3

Recreation Facilities

Merton Minter Blvd.

Lot 10

Lot 9

Lot 9

Lot 9

Lot 10

Lot 11

Lot 12

Entry Control Station (guard station) ECS