



**DEPARTMENT of
PHYSICAL THERAPY**

POLICIES & PROCEDURES MANUAL

Alvernia University
465 Saint Bernardine Street
Reading, PA 19607

Revised July 2026

Department of Physical Therapy

Policies & Procedures Manual Acknowledgement

I acknowledge that at all times I will conduct myself as a doctoral student, operating within the requirements as outlined within the *Alvernia University Department of Physical Therapy Policies and Procedures Manual*. I understand that each year I will be required to renew my commitment to these policies as my guide through the program.

I understand that this manual serves as an **important reference** for my conduct within the program and as a guideline that enables me to answer important questions as they arise. I understand that any questions regarding policies and procedures should be brought to the Department Chair to ensure satisfactory understanding.

As an AU DPT student, I attest via my initials that I have read and reflected upon the following sections in detail.

_____(initials) Part 1: Program Overview
_____(initials) Part 4: Rights, Responsibilities, & Citizenship
_____(initials) Part 5: Review Essential Functions
_____(initials) Part 6: Student Retention, Progression, Withdrawal & Dismissal
_____(initials) Part 7: Curriculum & Academic Requirements

My signature below attests that I have read, understand, and will comply with the Department of Physical Therapy Policies and Procedures. I am aware that I am responsible to understand and fully comply with any revisions that may be made to this manual following my entrance into the DPT Program.

Name (print): _____

Signature: _____

Date: _____

Cc: Student; Student File

DPT Code of Citizenship ***“Knowledge Joined with Love”***

As a graduate student, adult learner, and member of the Department of Physical Therapy at Alvernia University, I live by the core Franciscan values of service, humility, peacemaking, contemplation, and collegiality. As a future Doctor of Physical Therapy, I respect the core values of the American Physical Therapy Association that include, but are not limited to, accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. I understand that these values are considered essential functions of a Doctor of Physical Therapy and are integral to effective and ethical practice, a skill which must be exemplified within the student phase of a DPT career.

Professionalism, as defined within the AU Community Standards includes, but is not limited to, being respectful of other's thoughts and opinions, obeying rules and procedures, demonstrating respectful communication with faculty, staff, and peers in person and in writing, avoiding profanity, gossip and demeaning dialogue, demonstrating teamwork and collegiality, informing faculty and supervisors of absences and tardiness, and maintaining favorable relationships with others.

I understand my critical contribution to the Department's "Culture of Excellence" and commit to embrace and support these basic values and standards of citizenship. I understand that my failure to consistently uphold these values and standards, as outlined within the DPT Policies & Procedures Manual and determined by the Department faculty, may result in consequences up to and including dismissal from the Program.

Notification of Breaches in Citizenship Standards

A breach of the Department "Code of Citizenship", ***as determined by Department faculty***, will result in verbal and written notice provided by the faculty to the student at the time that the breach is identified. This "Citizenship Alert" will identify the date and the specific nature of the breach. If a student receives more than one alert during his or her time within the Program, or if a single egregious infraction should occur, the student will be asked to meet with the DPT Academic Review Committee (ARC) for review, discussion, and due process. The ARC will construct a learning contract that outlines specific behavioral requirements, with timelines for resolution. If the student fails to meet the requirements outlined within the learning contract, he/she will be dismissed from the Program for non-academic reasons. For the purpose of clarity, behaviors that constitute a breach in the Department's Code of Citizenship that warrant a "Citizenship Alert" include, *but are not limited to*, the following:

- Unprofessional verbal and/or non-verbal communication during learning experiences, or within interactions with fellow students, core faculty, associated faculty, clinical faculty, or other external stakeholders
- Unprofessional communication or failure to communicate via electronic media (email, etc) in an effective, professional, or timely manner. This includes violation of the Social Media policy of the University or Department.
- Failure to meet faculty expectations relative to positive engagement or contribution to the learning environment
- Failure to adequately prepare for classroom learning experiences, as an example, required readings or preparation assignments.
- Demeaning and distracting behavior or language within the learning environment; demeaning behaviors toward any individual internal or external to the program is unacceptable at any time.
- Failure to assume personal responsibility for behaviors and actions
- Failure to meet established contribution requirements of volunteerism, service, community engagement, and other non-academic opportunities within the program

My signature below acknowledges that I have read, understand and agree to abide by this Code of Citizenship.

Signature

Date

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Alvernia University Department of Physical Therapy



Part 1: Program Overview

Introduction

The following policies and procedures have been established for the purpose of clarifying, organizing, and maintaining a vibrant Department of Physical Therapy at Alvernia University. This manual is primarily intended to serve as an important source of information regarding the Department's policies and procedures for the core and associated faculty, staff, and students within the Department.

These policies and procedures have been instituted with the primary objective of ensuring the development and maintenance of a “**Culture of Excellence**” in which faculty and students become partners in the pursuit of academic success.

The Department reserves the right to revise these policies and procedures at any time within the student's period of enrollment. Students will be made aware and expected to fully comply with any revisions that are made to this manual. Faculty, staff and students within the Department of Physical Therapy will be required to acknowledge review of the policies and procedures within this manual on an annual basis.

Mission & Vision

Alvernia University Mission & Vision

Guided by Franciscan values and the ideal of “knowledge joined with love,” and rooted in the Catholic and liberal arts traditions, Alvernia is a rigorous, caring, and inclusive learning community committed to academic excellence and to being and fostering broadly educated, life-long learners; reflective professionals and engaged citizens; and ethical leaders with moral courage.

To Be a Distinctive Franciscan University, Committed to Personal and Social Transformation, Through Integrated, Community-based, Inclusive, and Ethical Learning. **Integrated Learning:** combining liberal arts and professional education, and blending rigorous inquiry, practical experience and personal reflection in the classroom, on campus, and in society; **Community-Based Learning:** engaging the local, regional and global communities as partners in education and service; **Inclusive Learning:** welcoming people of diverse beliefs and backgrounds; responsive to the educational needs of recent high school graduates, working adults and established professionals, and senior citizens; respectful and self-critical in our dialogue about differences in values and perspectives; **Ethical Learning:** challenging individuals to be values-based leaders by developing habits of the mind, habits of the heart, and habits of the soul.

College of Health Sciences Mission

The Mission of the College of Health Sciences is to empower departments to develop students', faculty members', and staffs' personal and professional responsibility in the context of their vocations. Through modeling ethical standards of our richly diverse professional programs, we encourage continual investment in best practices and engaged learning in collaboration with our communities.

Doctor of Physical Therapy Program Mission

The mission of the **Alvernia University Doctor of Physical Therapy (DPT) Program** is to pursue academic excellence in preparing the next generation of autonomous physical therapist clinicians. By challenging students to think critically, act professionally, and serve altruistically, the Program endeavors to develop graduates who are life-long learners, reflective professionals, engaged citizens, and ethical leaders with moral courage. Graduates will be prepared to assume a leadership role in the ever-changing health care environment as Doctors of Physical Therapy who are committed to clinical competence and the application and perpetuation of evidence-based knowledge.

Achievement of this mission is accomplished through the promotion of a graduate who is self-reflective, service-oriented, and highly skilled. **Self-reflective** professionals are committed to lifelong learning and demonstrate the capacity to thoughtfully consider their actions and creatively solve problems. **Service-oriented** professionals are agents of change who understand their role within the health care continuum. Such practitioners are committed to making contributions to the profession and to the communities in which they live in the context of client and societal needs. **Skilled** professionals exhibit clinical knowledge and competence through the application of evidence-based principles and practices. Such practitioners are dedicated to achieving optimal outcomes through exploration of innovative strategies.

Department of Physical Therapy Goals

Graduate Goal 1

Goal: Graduates will demonstrate competence in the examination, evaluation, diagnosis, prognosis, and intervention of the movement system across the lifespan within all available practice settings.

Graduate Outcome 1: Graduates will attain licensure within one year of graduation.

Graduate Outcome 2: Graduates will assume clinical positions as physical therapists within a variety of practice settings within one year of graduation.

Graduate Outcome 3: Graduates will demonstrate clinical effectiveness through the provision of care in accordance with best practice standards as evidenced by favorable clinical outcomes.

Graduate Goal 2

Goal: Graduates will embrace best practice standards through the implementation and perpetuation of evidence-informed principles, which include the integration of best available research, clinical expertise, and patient-centered values and goals.

Graduate Outcome 1: Graduates will integrate the best available evidence, clinical expertise, and patient goals into treatment planning as evidenced by employers and through self-reflection.

Graduate Outcome 2: Graduates will add to their own base of knowledge and/or contribute to the body of evidence through the scholarship of clinical practice and/or critical inquiry.

Graduate Goal 3

Goal: Graduates will collaborate with other health care providers, consumers, and community organizations to address the health-related challenges that society faces as autonomous Doctors of Physical Therapy, who are characterized by independent thinking, self-determination, altruistic service, and who embody the highest standards of ethical and moral practice.

Graduate Outcome 1: Graduates will recognize health disparity and promote advocacy in practice, education, and research.

Graduate Outcome 2: Graduates will perpetuate evidence and explore strategies to support the comparative effectiveness of physical therapy, to offer creative solutions to enhance the delivery of health services and to increase the value of physical therapy to society.

Graduate Outcome 3: Graduates will engage in regular collaboration with other healthcare providers and the community to address society's healthcare needs.

Graduate Goal 4

Goal: Graduates will engage in the persistent, lifelong acquisition of authentic knowledge and skill to advance the art and science of Physical Therapy and its role in the delivery of health care and health promotion.

Graduate Outcome 1: Graduates will engage in self-reflective clinical practice that advances their knowledge and skill in the delivery of health care and health promotion.

Graduate Outcome 2: Graduates will pursue new knowledge through continual investigation of the evidence and continuing education that advances their knowledge and skill in the delivery of health care and health promotion.

Graduate Outcome 3: Graduates will explore answers to clinical challenges that advance their knowledge and skill in the delivery of health care and health promotion, that may include dissemination.

Program Goal 1

Goal: Provide an innovative and visionary curriculum that includes interprofessional learning, responds to the needs of the profession, fosters new educational models and delivery methods, and adjusts to the changing manner in which students learn.

Program Outcome 1: The Program will engage students in regular interprofessional learning experiences that include interaction with students in other health-related professions, interaction with health professionals from other disciplines, and/or course content focused on interprofessional practice.

Program Outcome 2: The Program will pursue models of teaching and learning designed to connect the classroom with the clinic in a manner that addresses the needs of all students and includes the use of technology, web-based learning, active learning, innovative clinical education, and service-learning.

Program Outcome 3: The Program will adapt the curriculum in concert with changing trends in the profession and in accordance with the current, best evidence and best practice standards.

Program Goal 2

Goal: Promote the profession through research that emphasizes the translation of evidence into clinical practice, includes new models of research, and explores innovative strategies related to movement and function.

Program Outcome 1: The Program will promote evidence and models of research designed to impact clinical practice and ~~promote~~ advance the profession of physical therapy.

Program Outcome 2: The Program will collaborate with clinicians and educators in the integration and perpetuation of evidence into clinical practice and professional education.

Program Goal 3

Goal: Collaborate with local clinicians, other health professionals, consumers, and community organizations to pursue patient-centered initiatives that address the health-related challenges of ~~our~~ society.

Program Outcome 1: The Program will pursue opportunities to collaborate and advocate with ~~our~~ state/national organizations, other healthcare professionals and students, consumers, legislators, and individuals/organizations within the community in the pursuit of effective strategies for addressing health-related challenges.

Program Outcome 2: The Program will pursue patient-centric activities designed to promote innovation, access, and value.

Program Goal 4

Goal: Students will demonstrate entry-level competence in the examination, evaluation, diagnosis, prognosis, and intervention of the movement system across the lifespan within all available practice settings.

Program Outcome 1: Students will demonstrate entry-level competence through the successful completion of all curricular requirements, including all written and practical examinations, clinical performance benchmarks, and the comprehensive examination.

Program Outcome 2: Students will demonstrate clinical effectiveness through the provision of care in accordance with best practice standards and informed by the current, best evidence as demonstrated through favorable clinical outcomes during patient-care experiences.

Program Goal 5

Goal: Students will embrace best practice standards through the implementation and perpetuation of evidence-based principles, which include the integration of best available research, clinical expertise, and patient-centered values and goals.

Program Outcome 1: Students will successfully integrate the best available evidence, clinical expertise, and/or patient goals into treatment planning as evidenced by clinical

faculty, clinical instructors, and through self-reflection.

Program Outcome 2: Students will demonstrate competence as critical consumers of the literature and make contributions to the body of evidence.

Faculty Goal 1

Goal: Demonstrate expertise in the clinical practice of Physical Therapy with advanced knowledge and skill in accordance with best practice guidelines and informed by the current, best evidence.

Faculty Outcome 1: Core and associated faculty will possess, or be in pursuit of, an advanced clinical specialization through the American Board of Physical Therapy Specialties (ABPTS), or other recognized body, that is specific to the area of content in which they teach.

Faculty Outcome 2: Core faculty will continue to engage in clinical practice/consultation that promotes contemporary knowledge and expertise.

Faculty Outcome 3: Core and associated faculty will attend regular clinically-based continuing education courses and pursue scholarship designed to contribute to the advancement of clinical practice standards.

Faculty Goal 2

Goal: Embody the principles and practices of effective teaching by fostering an environment conducive to authentic learning and serve as a role model and resource for students, graduates, and colleagues.

Faculty Outcome 1: Core faculty will demonstrate evidence of teaching practices that reveal instructor knowledge, adherence to best practice standards, and skill in content delivery by meeting requirements and expectations, of as determined through student, self, peer, and administrative evaluation.

Faculty Outcome 2: Tenure-track core faculty will demonstrate effectiveness in teaching, scholarship, and service as evidenced by the achievement of tenure, and possible promotion, within the University.

Faculty Goal 3

Goal: Demonstrate a commitment to serve the Program, University, profession, and local/global community through collaboration and leadership.

Faculty Outcome 1: Each core faculty member will serve on University and/or College committees and a minimum of two Program committees annually and regularly attend Program, College, and University faculty meetings.

Faculty Outcome 2: Core faculty will maintain membership and involvement in professional associations which support the practice, education, and research of Physical Therapy.

Faculty Outcome 2: Core faculty will actively serve the profession at the local, state, or national level.

Faculty Goal 4

Goal: Advance an agenda of scholarly activity, pursue professional development, and engage in lifelong learning that is designed to enhance teaching effectiveness and contribute to the profession of Physical Therapy.

Faculty Outcome 1: Core faculty will maintain an agenda of scholarly activity which includes dissemination in non-peer and peer-reviewed formats.

Faculty Outcome 2: Core faculty will participate in continuing education to inform their teaching and promote contemporary clinical expertise, as evidenced by maintenance of state licensure.

Accreditation Status

Since 1967, the Middle States Association of Colleges and Schools has granted Alvernia University full accreditation. The most recent reaffirmation of accreditation was granted in June 2025. In order to maintain compliance with Middle States accreditation standards, Alvernia has implemented a system of shared effort that includes collaboration amongst administration, non-tenure track and tenure track faculty, and staff. Ultimately, the Provost is responsible for achieving and maintaining accreditation.

Graduation from a physical therapist program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) is necessary for eligibility to sit for the licensure examination, which is required in all states.



The Doctor of Physical Therapy Program at Alvernia University is accredited by the Commission on Accreditation in Physical Therapy (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.
If needing to contact the program/institution directly, please call 610-7976-8398 or email soo.sun@alvernia.edu.

Compliance with Accreditation Policies & Procedures

Accreditation is the primary responsibility of the Program Director in consultation with core faculty. The duties of the Department Chair related to achieving and maintaining compliance with accreditation policies and procedures are delineated within the **DPT Department Chair Job Delineation**.

Contingency Plan When Accreditation is Denied or Withdrawn:

The teach-out plan for students currently enrolled in the program if accreditation is withdrawn is as follows:

- 1) Students who are enrolled in the program at the time that accreditation is withdrawn will be

immediately notified of this change in accreditation status, classes will be suspended, and no new students will be enrolled into the program,

2) Students who are enrolled at the time that accreditation is withdrawn will be offered the option of completing the current semester's coursework or until the time in which the accreditation withdrawal goes into effect. Assistance in the identification and transfer of the students to another accredited DPT program may be offered. Students will have the option of remaining in the Program until the adverse event identified by CAPTE has been addressed by the Program and the decision by CAPTE to withdraw accreditation has been removed. Students will not be able to take courses within the Program until CAPTE has granted accreditation,

3) Students who are in their first year of the DPT program and have entered the program through the 3+3 year format will be given the opportunity to complete their Bachelor's degree at Alvernia University but will be required to complete the standard curriculum for the undergraduate major that they chose prior to admission into the DPT program. Credits earned in the DPT program prior to accreditation withdrawal will be attributed to the student's bachelor's degree. The program has initiated dialogue with other accredited DPT Programs for the purpose of assisting students within the Program to complete their education. Details regarding the extent to which accredited programs are able and willing to assist have not been delineated since these details are subject to change based on the circumstances.

Other Actions Taken by CAPTE:

In cases where CAPTE decides to defer action on accreditation, the Program Director in consultation with Department chair and the program faculty ("program") will prepare a Compliance Report in accordance with the timeline as determined by CAPTE. If CAPTE issues a "warning" or "show cause" designation to the program, the program will provide evidence of improvement in the form of a Compliance Report to CAPTE prior to their next regularly scheduled meeting. In the event that a focused visit is requested by CAPTE, the Program will submit a Compliance Report and/or other documentation as requested by CAPTE. The Department Chair will negotiate with CAPTE regarding dates for the visit. The Department Chair will ensure that fees associated with the focus visit are paid to CAPTE in a timely manner. If CAPTE chooses to offer an accreditation cycle that is shorter than the typical 10-year period, the Program will attempt to eliminate the conditions that warranted such a decision. In the event that CAPTE chooses to perform an off-cycle visit, the Program will collectively prepare and provide assistance as required to CAPTE and the on-site team, which includes any additional information requested by the on-site team.

Required Information to be Made Public:

To alert the public of the program's accreditation status, the specific statement provided by CAPTE will be used on the institution/program web site and included in any other educational and promotional materials in which the program's accreditation status has been disclosed.

If the program's status changes to probation, a specific statement from CAPTE must be used during the time that probation is in effect. The program will also direct the public to the accreditation status of the university that is outside of the purview of CAPTE. Any changes in the university's accreditation status will be made immediately available to the public.

The Department Chair, in consultation with program faculty, will provide the public with accurate, reliable and easily available information about student outcomes. This information will include, but is not limited to, graduation rate, first time/ultimate licensure exam pass rate, and employment rate. This information will be updated annually. Program outcome data required by CAPTE is delineated within the **CAPTE Accreditation Handbook** (Reference: [Accreditation Handbook | Commission on Accreditation in](#)

[Physical Therapy Education \(capteonline.org\)](http://capteonline.org).

Submission of Accreditation Fees:

The Department Chair and University administration will ensure that all required fees are paid to CAPTE within the established time frame.

Submission of Required Reports:

If the Program is found to be in non-compliance or conditional compliance with a standard or element, the Department Chair and Program Director (in consultation with program faculty) will address the deficiency in a Compliance Report. CAPTE determines the specific date(s) at which Compliance Reports are due. The Program is notified of the due date in the Summary of Action and the Department Chair will ensure compliance with requested information and the timeline for submission.

Annual Accreditation Report (AAR). The Department Chair and Director of Clinical Education (DCE), in consultation with program faculty, will submit an Annual Accreditation Report (AAR) each fall by the date required by CAPTE. Additional information in the form of a Compliance Report may also be submitted with the AAR as requested by CAPTE. The Department Chair and faculty will demonstrate compliance with all revised criteria within two years of their effective date unless otherwise modified by CAPTE.

Substantive Changes. Additional changes will be reported to CAPTE by the Department Chair at the time when they occur as described in the **"Rules and Regulations"** section of the **CAPTE Accreditation Handbook** (Reference: [Accreditation Handbook | Commission on Accreditation in Physical Therapy Education \(capteonline.org\)](https://www.capteonline.org)). The Department Chair will be responsible for reporting changes in the AAR as recommended within the CAPTE Accreditation Handbook.

The Department Chair will be responsible for obtaining pre-approval from CAPTE for any substantive changes to the program. As soon as possible and practical, the Department Chair will report any substantive changes resulting from natural or man-made disasters.

Changes in information that CAPTE utilizes to contact the university or program will be reported in writing at the time of occurrence.

Alvernia University Department of Physical Therapy



Part 2: Department Personnel & Responsibilities

DPT Faculty & Staff

Core Faculty

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Dr. Soo Yeon Sun, PT, PhD

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Dr. Pamela Unger, PT, DPT, FAPTA, CWS

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Department Chair
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Dr. Stephen Vandenberg, PT, DPT, NCS

Assistant Professor of Physical Therapy
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Dr. Robin Zappin, PT, EdD

Assistant Professor of Physical Therapy
610-796-8389
robin.zappin@alvernia.edu

Associated (contract) Faculty

Dr. Cory Fox, DPT

Dr. Peter Cunnius, DNP, CRNP

Dr. Holly Mays, PT DPT

Dr. Matthew Musket, PT, DPT

Associated (hourly) Faculty

See course syllabi for a complete list of Associated (hourly) Faculty

Staff

Catherine Stark

Administrative Assistant, DPT Department

610-796-1546

Faculty and Staff Roles & Responsibilities

Department Chair- Roles and Responsibilities

The Department of Physical Therapy Chair (DC) is a senior, tenured or tenure-track faculty member with all of the rights and responsibilities delineated in Section III of the **Alvernia University Faculty Handbook**. The DC is appointed by the Provost following recommendation by the Dean of the College of Health Sciences and Department Faculty. The DC reports directly to the Dean of the College of Health Sciences and Department Faculty.

The Roles and Responsibilities of the Department Chair include the following and are provided in detail within the **DC Job Delineation**.

Knowledge of Higher Education and Contemporary Clinical Practice:

The DC possesses and maintains a thorough understanding and knowledge of best practices as it applies to standards of Higher Education and faculty governance, the professional education of physical therapists, and contemporary clinical practice.

Faculty Evaluation

Evaluation of department faculty will be performed as outlined in the Faculty Handbook.

Planning and Administration of Financial Resources

The DC is responsible for submitting and managing an annual operational budget in collaboration with the Dean, Program Director, and core faculty, which will be done in accordance with guidelines outlined in the Faculty handbook and University policies. Within the limits of the operational budget and under the direction of the Dean, the DC will have the ability to move line items as dictated by programmatic needs. Recommendations for capital equipment needs will be made by the DC, upon consultation with program faculty, to the Dean. Authorization for hiring of new staff or faculty is approved by the President of the University upon the recommendation of the Provost of the University. Approval is obtained after a careful consideration of the petition made for each new hire by the DC in collaboration with the Dean.

In addition to the expectations outlined in the Faculty Handbook, the DC will work closely with the Program Director and core faculty in determining the needs of the Program and in the allocation of the Program's financial resources. The DC will solicit recommendations from the faculty regarding both short-term and long-term use of the Program's financial resources. Planning will include, but not be limited to, such areas as equipment purchases, hiring of new core and associated faculty, allotment of funds for faculty development, support of faculty scholarship, allocation of funds for teaching and research space, among others. Core faculty are considered experts in their areas of content and are expected to have knowledge of what is required to create an optimal educational experience. Therefore, on an ongoing basis, the DC will request core faculty to submit recommendations for needs related to each faculty member's area of teaching along with the cost and a detailed rationale for his/her recommendation. Requests related to human or financial resources will be considered in the context of overall Program needs and prioritized

accordingly. A prioritized list of Program needs and associated costs will be shared with the Dean after which a final decision will be made regarding allocation of funds by the Dean.

Facilitates Effective Communication

Fostering an environment of collegiality where honesty, camaraderie, diversity, and candor are valued is among the most important responsibilities of a DC. To maximize the potential of each core and associated faculty member within the DPT Program and to forge and strengthen relationships between the program and multiple constituents both within and outside of the University, the DC will facilitate open lines of communication.

Intra-Departmental Mechanisms for Communication:

The DC will facilitate open intra-departmental communication among all faculty in the following ways:

1. Bimonthly PT Department Faculty Meetings: Bimonthly faculty meetings will be held to review current and pending issues facing the program and faculty. All core faculty are expected to attend these bimonthly meetings.
2. Biannual Program End-of-Semester (ESR) Review: Every fall and spring, DPT Program faculty will engage in interactive deliberation, discussion, and planning over the course of 1-2 days. These retreats will provide opportunity for faculty to discuss issues facing the faculty during the prior semester and academic year and plan for future and pending needs and issues.
3. Department Chair's "Open-Door" Policy: Core and associated faculty are encouraged to meet with the DC on an as needed basis. The DC will be available on campus during normal working hours, except when in class, off-campus for meetings, vacation, or during clinical/research day and is also available by phone 24 hours/day.
4. Meeting Minutes and Committee Reports: The DC will coordinate with the program faculty to ensure that all meeting minutes and committee reports are created and available to DPT core faculty and made available to others within the university as needed.
5. Faculty-Chair One-on-One Annual Review Meetings: Annually, the DC will arrange one-on-one meetings with core faculty members. These meetings, which are part of the annual faculty review process, are designed to support individual faculty development and to foster open dialogue between the faculty and DC. These meetings are both summative and formative and include individual faculty self-reflection and goal setting for the upcoming academic year. See **Annual Evaluation of Faculty** section for details of the faculty review process.
6. Student-Chair Meetings: On an as-needed basis, the DC will meet with all three student cohorts. These meetings are designed to alert students of any new program changes or developments, to foster dialogue between the students of the program and the DC, and to support the class faculty advisor as needed.
7. Programmatic Updates and Student/Faculty Issues: The DC will immediately contact DPT faculty and staff regarding any important program updates or relevant student issues through necessary means.

External Mechanisms for Communication:

The DC will facilitate opportunities for collaboration and communication with local constituents within the community that are outside of the University, which include:

1. Alvernia DPT Professional Advisory Board: The advisory board will be comprised of the DC, DCE, University administration, DPT core and local PT and non-PT clinicians, business professionals and healthcare administrators. The board will meet intermittently as needed to support program needs. The primary objective of the board is to ensure that the DPT Program is pursuing educational initiatives that are consistent with contemporary physical therapy practice and the needs of the community. The advisory board reserves the right to seek student input. Refer to **DPT Professional Advisory Board Description and Purpose**.
2. Alvernia DPT Alumni Association: The DPT Alumni Association will allow graduates of the Program to stay connected to the Program. The DC and faculty will serve on this committee along with Program alumni. This association will plan events specific to the DPT Program, including such things as continuing education. This association will support DPT alum and the Program.
3. Community Collaboration: In order to altruistically serve the community in which the DPT Program resides and to provide opportunities for students to engage in interactive, collaborative learning, the program will maintain vibrant relationships with various community constituents.

Clinical Education: Based on clinical site requirements, the DPT Program is actively engaged in vital, long-term relationships with a diverse complement of clinical sites. Student clinical experiences comprise an important aspect of the students' overall educational experience and program faculty continue to engage in the expansion and development of clinical faculty and sites. See the **Department of PT Clinical Education Program Director – Roles and Responsibilities**

The Department of Physical Therapy Program Director (PD) is a senior, tenured or tenure-track faculty member with all of the rights and responsibilities delineated in Section III of the **Alvernia University Faculty Handbook**. The PD is appointed by the Provost following recommendation by the Dean of the College of Health Sciences.

Director of Clinical Education- Roles and Responsibilities

The Roles and Responsibilities of the Director of Clinical Education (DCE) are provided in detail within the **Department of PT Clinical Education Manual**.

Facilitates Effective Communication

Communication with Core Faculty: "Clinical Education Program Updates" are included as a standing agenda item for bimonthly department meetings and end of semester retreat. The clinical education program report is prepared by the DCE and posted for core faculty review prior to each department meeting. Follow-up questions and clarification is provided during the meeting. The format for this report is structured and includes the following elements: 1. updates on student clinical site placements including percentage of students placed for each pending and future course and specific data related to individual student placement, 2. review of individual student needs and requests for the purpose of core faculty consultation related to strategies for

addressing these needs, 3. updates on clinical site development, expansion of clinical sites, and long-term planning of the clinical education program.

The DCE collaborates with faculty members in developing plans to support individual student performance and progress and obtains the faculty's vote of confidence prior to students embarking on each full-time clinical practice experience. Informal communication occurs between the DCE and DC and faculty on a regular basis as needed.

Communication with Clinical Faculty: The DCE engages in regular, ongoing communication with each clinical site before, during, and at the conclusion of every clinical experience. At the time at which a clinical site is confirmed, the DCE provides the Clinical Instructor (CI) with the student's contact information as well as the expectations of the CI as it relates to each specific clinical experience. Prior to each part-time clinical experience, the DCE provides the following: 1. course syllabus, 2. list of Clinical Skills Expectations, and 3. copy of the Integrated Clinical Experiences (ICE) Evaluation Form.

In order to request clinical placements for the following academic year, the annual process for site requests occurs by March 1st. For each full-time clinical experience, the DCE provides the following: 1. Clinical Placement Confirmation Forms, which includes a hyperlink to the Clinical Education Manual, 2. Curriculum Sequence, 3. Clinical Site Requirements Table, 4. Associated course syllabus, 4. Access to the Clinical Performance Instrument (CPI), APTA Student Evaluation of the Clinical Experience and Clinical Instruction Form, and Clinical Education Feedback Form: Clinical Faculty.

The DCE provides additional formal communication through regular focus groups that take place either at the clinical site or on campus. At the midway point of each clinical practice course, the DCE, or designated alternate, performs a site visit or phone interview with both the CI as well as the student. During these interactions the DCE and CI interact formally and informally, and the mid-term site visit form is completed.

To ensure that the clinical faculty understand both student and CI expectations for each experience, the DCE, or designated alternate, engages in ongoing personal communication with clinical sites. Any identified concerns are shared with the DC and core faculty and addressed, as needed.

Communication with Students: The DCE communicates with students formally and informally throughout the academic year in a variety of ways. The initial contact between the DCE and students begins in the spring prior to matriculation through the welcome letter that includes all student background and medical clearance requirements. This contact is initiated immediately following student acceptance into the program. Prior to the first day of instruction, students engage in new student orientation. During orientation, the DCE provides a summary of the clinical education program and details the expectations and requirements of this program. An overview of the Physical Therapy Department Clinical Education Manual and an overview of medical compliance requirements from the Director of Health Services are reviewed. As with the PT Department Policies and Procedures Manual, students are required to sign an affirmation of receipt and agreement with the Clinical Education manual.

Immediately following the conclusion of each clinical practice course, the DCE hosts a post-clinical debriefing seminar session at a pre-arranged time. During these sessions, the DCE engages the students in large group discussion. These seminars are designed to update and review the clinical education requirements, track student progress through the clinical practice coursework, engage students in guided self-reflection related to their development in the area of clinical practice, and glean important student feedback related to the clinical education program, performance of the DCE, and past clinical experiences that are used to assess outcomes. At this time, the DCE also provides any program updates to the students and discusses planning for future clinical practice courses.

The DCE makes information related to the clinical education program available to students on an ongoing basis. The Physical Therapy Department Clinical Education Manual is reviewed and revised annually prior to the start of each academic year through the work of the DPT Mission, Policy, and Planning Committee in collaboration with the DCE. This manual is made available to students in complete form at [DPT Manuals](#). To facilitate student clinical placements as it relates to student preferences, the DCE makes clinical site information available to students on an ongoing basis through the Clinical Site Information Form (CSIF) and other resources, as discussed below.

During the course of the clinical practice courses, the DCE hosts a Canvas page that consists of guiding questions that requires students to journal on their ongoing clinical experiences. This ongoing open line of communication allows students to self-reflect on their learning and provides an open line of communication that enables the DCE to address any issues, concerns, or challenges that arise. This typically occurs on a biweekly basis. For students who are currently in the clinic with an active learning contract in place, these Canvas discussions occur on a more regular basis and specific objectives with timelines for completion are included within the learning contract that are designed to ensure student success.

Clinical Education Site Placement Process

The DCE is responsible for assigning students to clinical sites for all part- and full-time clinical experiences. During the early part of each Fall and Spring semester, each student will be asked to complete a **Student Clinical Placement Preference Form**. This form is provided to allow the DCE to gather information regarding each student's interests, learning needs, and available and/or preferred geographic locations for future full-time clinical placements.

As a requirement of accreditation, student clinical experiences must provide a variety of experiences that are similar to those in which students will be exposed to in clinical practice. Variety of clinical experiences may include physical therapy services across different settings, learning experiences across practice patterns, across the lifespan, throughout the continuum of care, and learning experiences which encompass physical therapy services for a variety of patient conditions. The DCE maintains records of all previous clinical education experiences for each student and utilizes a classification system to ensure that this requirement is met and that students achieve established entry-level practice benchmarks.

Student placements in clinical sites are determined by the DCE based on the availability of clinical sites for specific clinical experience time periods, as well as the consideration of learning needs

and students' interests, as feasible. Students are informed that not all types of learning experiences are available during all clinical experience time periods.

Information is gathered from students regarding their clinical experiences, which helps inform future placements.

1. Mid-Term Site Visit/Interview- During each full-time clinical practice course, the DCE, or designated faculty member, will complete mid-term evaluations in person or by phone. Students and CIs are encouraged to share challenges, concerns, likes and dislikes at this time.
2. Clinical Education Seminar- Following each clinical practice course, the DCE will meet with each class to collect data and to provide an opportunity for student's to collaboratively discuss their overall clinical experiences.

As primary instructor of the clinical practice courses, the DCE has the primary responsibility for submission and communication of final grades after consultation with the CI. The DCE provides opportunities for feedback on grading to students following their clinical experiences.

Maintains Agreements between the Institution and Clinical Education Sites

The DCE maintains site files for each active clinical site, containing the contract, communication with site, previous student site evaluations, specific clinical site requirements, and all other correspondence between the University and the site. A database of active clinical sites is maintained by the DCE to track contract dates/renewals, main contact information, and clinical site utilization. The APTA Clinical Site Information Form (CSIF) is used to complement the clinical site database information.

Contracts are maintained, reviewed/updated according to contract type, either Clinical Facility or University generated. Prior to expiration, clinical sites which utilize facility-generated contracts are contacted to begin the renewal process, whereas sites which utilize university-generated contracts are sent new contracts to review and sign.

Refer to the **DPT Clinical Education Manual** for details regarding the role of the DCE in the development of written clinical education agreements.

Upholds Academic Regulations, Policies, and Procedures Related to Clinical Education

The DCE assumes responsibility for maintaining the integrity of the clinical education program, with oversight from the DC. This will be accomplished through a process by which the academic regulations and all policies and procedures that are related to clinical education are strictly upheld. This process is most effective by enacting 3 levels of interaction. The DCE will seek to communicate and assist clinical sites in meeting the expectations and policies related to the clinical education program prior to contract execution, during affiliation experiences, and following completion of each affiliation experience. See the **PT Clinical Education Manual** for details regarding the role of the DCE in upholding the policies and procedures related to clinical education.

Prior to executing a contract with a clinical site, the DCE will fully inform each site of all policies and expectations. As clinical sites are added to the cohort of active affiliation sites, the DCE will communicate both informally and formally with the CCCE regarding the distinct roles of both the university as well as the clinical site. The DCE will provide each clinical site with the **PT Clinical**

Education Manual, which includes the program mission, philosophy, expected outcomes, an overview of the curriculum, and all policies and procedures related to the clinical education program. Prior to hosting a student, all clinical sites will engage in a fully executed contract with the University (see sample contract in **PT Clinical Education Manual**). The DCE will encourage open dialogue to ensure that any questions or concerns from the clinical site are addressed prior to contract execution. In March of each year, the DCE will mail a Letter of Intent requesting placement for student in all clinical education experiences for the following calendar year in compliance with the Uniform Mailing Date established by the Education Section of the APTA. Once a Letter of Intent is received, the DCE will provide the CCCE with pertinent information regarding the student and the objectives related to that specific affiliation experience and a confirmation letter will be sent to the student and clinical site.

The DCE shares the responsibility of student supervision and evaluation with the CI throughout each clinical experience utilizing periodic reports, phone conversations, site visits, and consultation. The DCE, or assigned core faculty member, will contact the clinical site to discuss the student's progress and performance at various points during each experience. The DCE, or designated faculty member, will attempt to visit each student during each clinical experience. The purpose for these site visits is to assist with clinical site development and to foster productive working relationships between the DPT program and the clinical sites.

If a student is on a learning contract upon entering a clinical experience, the DCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the DCE. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as previously defined in Part VI of the DPT P&P Manual. The ARC's decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

If a student is at risk of not meeting expectations during a clinical practice experience, the CI will confer with the DCE. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the ARC, as described in Part IV. If submitted, the ARC will act accordingly as previously outlined in **Part VI Academic Review Committee (ARC)**. The ARC's decision may result in the development of a learning contract which may lead to an alteration in the student's progression and/or dismissal of the student from the program. If a learning contract needs to be established during a clinical experience, those components of the contract that are applicable to the Clinical Experience or to clinical instruction will be communicated to ensure student success. In circumstances when a student has transferred to another instructor or facility, the DCE will check in with the CI and student on a daily basis during the first week.

If a clinical instructor is identified as not meeting the requirements of the program, the DCE will immediately contact the Clinic Coordinator of Clinical Education (CCCE) to determine the extent of the breach. The DCE will submit a "request for corrective action" in writing to the CCCE, which must be completed. If this occurs during a student's clinical experience, the "request" must be completed within 2 days or the student will be removed. If the nature of the breach in contract is egregious or emergent, the student will be removed immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract or cannot ensure that the situation will not arise again, that site will be removed from the active site list until further notice.

After removal of a student from a clinical experience or removal of a clinical site from the active site list, the DCE will provide a formal letter to the CCCE outlining the reasons and invite further discussion and clarification as needed. To ensure that all CI's are meeting program requirements, the DCE will monitor the CSIF on an annual basis, during the process of site selection, and immediately prior to student placement. The DCE closely monitors student progress at sites where one individual supervises more than one student at a time, or at sites where a student might start with one instructor and be transferred to another instructor, to ensure the necessary support is provided.

At the conclusion of the clinical experience, each student will complete the **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Experience (reference PT Clinical Education Manual or APTA SECECI)** for full time internships and the **Part-time PT Student Assessment of the Clinical Experience (see PT Clinical Education Manual or ICE Evaluation Form)** before their grade for the course is issued. This evaluation will provide valuable information to the DCE regarding the student's perception of the experience and the suitability of the site, CI, and CCCE in fostering an optimal educational experience. The DCE will review these forms and provide feedback to the clinical sites. These forms are also reviewed prior to sending out reservation requests for future placements.

If a clinical site is identified as not meeting the academic regulations established by the program, the DCE will immediately contact by phone or site visit the CCCE/CI to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the DCE will notify the clinical site of this breach of contract and submit to the site a "request for corrective action" notification in writing. The DCE will follow up with the clinical site within 2 days of this request to identify if the situation has resolved.

If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the affiliation at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or clients, the student will be removed from the clinical site immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her affiliation at another location. After removal of a student from a clinical experience, the DCE will provide a formal letter outlining the reasons for the removal to the site's CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another student at a site where an issue has arisen with the clinical site, the DCE will verbally communicate with the CCCE prior to the affiliation to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

Assessment of Student Learning in Clinical Education

The DCE, or designated alternate, as primary instructor for all part- and full-time clinical practice courses, will be responsible for assigning student grades, as described. See the **PT Clinical Education Manual** for details regarding the role of the DCE and the instruments used in the assessment of student learning during the clinical education experiences.

Assessment of Clinical Education Sites & Faculty

Prior to entering into a clinical education contract, the DCE ensures that each clinical site and all clinical faculty meet the expectations of the Program and to the best of the clinic's abilities, meet current standards set forth by the **APTA, Guidelines for Clinical Education** (updated 12/14/2009). The DCE, using the following sources, determines the appropriateness of the clinical education sites: the Clinical Site Information Form (CSIF), clinical site visits, and/or communication with the CCCE/CI. To meet program expectations, each site must have a copy of each clinician's current valid PT license, demonstrate adequate administrative support and space, employ a designated CCCE, and offer a variety of appropriate learning experiences that are commensurate with course objectives. The administration and clinical faculty must exhibit a positive attitude toward clinical education as determined by past student feedback reported on the CSIFWeb and current interactions with the DCE. The clinical atmosphere must be professional and foster an "environment of learning" as shown by positive interactions and willingness for clinicians to assist and facilitate goal setting with students. Optimally, clinical sites have educational policies that include staff education on teaching and student supervision through in-servicing and support for continuing education. Sites that do not meet the above described standards will be offered assistance by the DCE to further develop their clinical education program.

The DCE, in collaboration with the clinic's CCCE, is responsible to ensure that clinical education faculty meets the needs of the program and individual students. The CSIF provides information related to the clinical faculty's years and type of experience, certification and continuing education. CSIF also provides past evaluations of CI and clinical experiences, however, many CI have not uploaded information on CSIF and, therefore, the DCE will be responsible for collecting this information through site visits, email, or by phone conversations with the CCCE and/or CI. Prior to confirming a student placement, the DCE will attempt to ensure that the CI has the skills and experience to meet the course objectives. If the CI appears to lack adequate experience, the DCE will determine if resources are available from the clinic and AU DPT faculty to educate the CI and provide the necessary support or the DCE will find a different CI or clinical site. At the conclusion of each academic year, the DCE will evaluate the effectiveness of each CI through the use of the **APTA PT Student Evaluation and Integrated Clinical Experiences Evaluation Form**, and data collected through informal interactions with CCCE's/CI's and students. From this data, the DCE will seek to identify trends across all clinical sites as well as needs or deficiencies of clinical faculty within specific clinical sites or needs among specific clinical instructors. The DCE will utilize this information to develop resources to support clinical faculty. This information will also be used to determine if CI's are not meeting the Program's criteria for retention, upon which they will not be assigned another student until such deficiencies have been corrected. These criteria include appropriate communication and supervision of students, safety in the clinic, and appropriate professional behavior and attitudes towards patients, staff, and students. A summary of the process used to evaluate clinical education faculty by the Program and all forms used for assessment can be found in the **PT Clinical Education Manual**.

Core Faculty- Roles and Responsibilities

Teaching, Scholarship, and Service Expectations

Core faculty are expected to fulfill all expectations in the areas of teaching, scholarship, and service as outlined in the **Alvernia University Faculty Handbook**. Each core faculty member will pursue contemporary expertise in their assigned content area and demonstrate effectiveness in teaching and student evaluation as determined by the process of faculty evaluation. Core faculty will engage in an annual evaluation process. See **Evaluation of Faculty** section for details. Core faculty are encouraged to consult with the **Faculty Development Committee**, as well as mentors who are external to the department, in pursuit of continued development.

The Program allows core faculty one day per week and reduced summer and holiday schedules to engage in clinical practice, scholarship, and service. Core faculty will contribute to important programmatic activities such as admissions, governance, assessment of student and program outcomes, and coordination and development of associate and clinical faculty.

Initiate, Adopt, Evaluate, and Uphold Academic Regulations

Academic regulations specific to the DPT Program are developed and evaluated through a process of collaboration and based on active engagement from all core DPT faculty in consultation with the DC and the Dean of the College of Health Sciences. Academic regulations are revised and new regulations added as the Program evolves and as the need arises to further clarify or develop new regulations.

During bimonthly DPT faculty meetings and end-of-semester review retreats, faculty propose, discuss, deliberate, and vote on the development and implementation of academic regulations and policies that impact the Program. Development of these policies may originate among individual faculty members, or they may result from the work of a DPT committee, such as the curriculum or outcomes committee. New initiatives that originate within these committees may be brought to the full DPT faculty where they are discussed and voted upon. Once new or modified academic regulations and policies have been agreed upon internally within the Program, the DPT Mission, Policy, and Planning Committee ensures that these revisions are reflected in the next edition of the Program's manuals. These manuals are presented to the Dean, and Provost for annual review and verification that the policies contained herein are consistent with those of the university. Any areas of concern or question are sent to university counsel for review and clarification. If the revisions involve changes to the curriculum, they are vetted by the appropriate university committee and department. Academic regulations are discussed and modified on an ongoing basis by core faculty for the purpose of ensuring that these regulations are consistent with the mission and expected outcomes of the Program. All newly instituted policies must also be consistent with those of the University and in keeping with the requirements of CAPTE.

Communication of Academic Regulations:

Once a new or modified regulation has been approved, it is communicated to all faculty, staff, and students of the Program through various means including the program webpage, printed materials, personal communication, independent and group interaction, email or mass mail updates, and educational sessions. New or revised policies are added to the appropriate Program document and posted on the DPT Program website for the purpose of communicating the details of each regulation to all constituents. These regulations are conveyed to all core, clinical, and associated faculty, as well as staff, upon hire with the expectation that they will be strictly followed. Adherence to these regulations is ensured through annual reviews performed by the Department Chair, and Dean in which staff and faculty are evaluated with respect to their adherence to all

program policies.

Upholding Academic Regulations:

It is the responsibility of the DPT core faculty to ensure that the academic regulations adopted by the Program are upheld.

FERPA. Upholding a student's privacy and the protection of their educational records from unauthorized disclosure to third parties, or The Federal Family Education Rights and Privacy Act of 1974 (FERPA) is one of the most critical academic regulations. Outlined in more detail to students under **Confidentiality of Records**, a student must grant access to release of his/her information about their education, progress or as contained in their student record, unless an exception is permitted by law. These privacy requirements apply to students' parents and/or legal guardians except for specific situations. For information on FERPA responsibilities, the faculty is directed to the Registrar's Office.

The core faculty under the leadership of the Department Chair will inform the students of academic regulations upon entering the Program and will continue to remind students of these regulations throughout their time in the Program.

Program Policies & Procedures. Incoming students receive and are oriented to the **PT Department Policies and Procedures** and **PT Department Clinical Education Manuals** ensuring they have knowledge of existing academic regulations. Each student in the program attests to having read and agreeing to adhere to the policies contained within the department manuals at the beginning of each AY. Course syllabi serve as the contract between student and instructor and reinforce the academic requirements of the program.

Similarly, each faculty member reads/reviews and acknowledges understanding of all department policies and procedures on an annual basis. Upon hire, each new faculty member reads the PT Policies & Procedures Manual and provides signed acknowledgement. Within each AY, faculty provide substantial input into the development of new policies, which are discussed/debated within department meetings. Prior to each new AY, substantial changes within the manual are outlined by the Mission, Policy and Procedures Committee for specific review and acknowledgement by each faculty member.

Students are apprised and reminded of expectations throughout their time in the program and, therefore, are held accountable by faculty if such expectations are not met. The **DPT Academic Review Committee** will seek to uphold the academic integrity of the Program by making recommendations, developing learning contracts, and enforcing the academic standards of the program. The academic regulations that specifically impact clinical sites and clinical faculty will be clearly communicated, both formally and informally. The **PT Clinical Education Manual** is provided to each clinical education site and will serve as an important resource for the site and its' clinical instructors. The DCE, through annual re-evaluation of each active clinical site, as described elsewhere in this document, will ensure that clinical sites are strictly adhering to the academic regulations of the Program.

The primary determinant upon which the effectiveness of the academic regulations which govern the Program are based largely relates to student outcomes. The effectiveness of the Program's academic policies is reflected in the development of a student that is able to competently integrate and apply best practice guidelines as a generalist in all practice settings. The Program relies on a valid set of distinct outcome measures to direct the future development of the Program's

academic policies and seek to communicate these important guidelines to all who participate in educating Program students. These outcomes will be consistently monitored by the **DPT Outcomes Committee**.

Develop, Review, and Revise the Curriculum Plan:

The DPT core faculty are the sole developers and arbiters of the curriculum and primarily responsible for the development, review, and revision of the curriculum. The Program's curricular plan and content was conceived with an appreciation for the Program's mission, goals, philosophical underpinnings, and expected outcomes and in the context of University and CAPTE requirements. The Program is fully committed to ensuring that the curriculum remains in alignment with contemporary PT practice, the current best evidence, and best practice standards. To achieve this objective, core faculty, in collaboration with colleagues both internal and external to the university, have identified standards for the development and ongoing revision of the curriculum. The primary responsibility for development, review, and revision of the Program's curricular plan lies within the purview of the DPT Curriculum Committee and faculty is informed by data that is collected and evaluated by the DPT Outcomes Committee with final approval of changes and updates provided by the core DPT faculty.

The following resources have been used to develop and revise the curricular plan:

Clinical Practice Guidelines (CPG): The standard definition of a CPG is "systematically developed statements to assist practitioners and patient decisions about appropriate health for specific circumstances".¹ Guidelines have been designed to support the decision-making processes in specific areas of patient care. The content of a guideline is based on a systematic review of clinical evidence, which is considered to be the primary source for evidence-based care. The benefits of developing a curriculum founded upon these guidelines is that the faculty can feel confident that the content of the curriculum is guiding students toward more effective outcomes that fully reflect the current best evidence. Core and associated faculty within the Program regularly utilize CPGs when developing and revising course content within the curriculum. Evidence of the use of CPGs can be observed in course materials that reflect published guidelines.

Current Best Evidence: There is a growing list of systematic reviews that have been translated into CPGs. However, not all areas of clinical practice have been systematically evaluated. In addition, CPGs often focus on specialty areas that have been studied more extensively and a paucity evidence often exists in more discrete areas of clinical practice. In such areas, core and associated faculty rely on other peer-reviewed and non peer-reviewed scholarly products such as publications and presentations. Studies that serve as seminal work in a particular field of inquiry is particularly compelling. To a lesser extent textbooks and platform/poster presentations at regional and national conferences may be considered as resources to help guide development and revision of the curriculum.

Descriptions of Advanced Clinical Practice (DACP) and Best Practice Standards: Although these often include a level of interpretation that are not subject to peer-reviewed scrutiny, these resources may still be helpful in guiding curricular development in the absence of other sources. Many specialty practice councils develop descriptions of advanced clinical practice to assist individuals in preparing for board certification. Although advanced practice is not the expectation of entry-level students within the Program, a description of what is

considered advanced practice in specific areas of specialization may be useful in developing course materials. Since these guidelines do not always represent the results of specific research, they may offer some guidance when other such sources are silent on an area of clinical practice.

Faculty Expertise: As the third leg of Sackett et al's¹ EBP stool, the experience and training of each core and associated faculty member provides a level of evidence that is a valuable component in patient care. Although some of this evidence is anecdotal, Sackett makes a case for the value of considering this level of evidence in the context of providing expert patient care. Toward this end, the Program has labored to ensure that clinical experts that represent the breadth and depth of the profession have been identified and are engaged in teaching within the Program. Utilizing local expert clinicians to teach specific areas of content such as pelvic floor dysfunction, prosthetics and orthotics, laser therapy, lymphedema, and pharmacology, among others has served to enhance these learning experiences for students. Foundational practice guidelines, models used in the development of physical therapy curriculum have been uploaded to the DPT Faculty SharePoint under the Faculty Development folder and Curriculum Committee Folder. TM for access and use by faculty in the development of their course content.

1. Field MJ, Lohr KN (Eds). Clinical Practice Guidelines: Directions for a New Program, Institute of Medicine, Washington, DC: National Academy Press, 1990.
2. Sackett D et al. Evidence-Based Medicine: How to Practice and Teach EBM, 2nd edition. Churchill Livingstone, Edinburgh, 2000.

Curricular and Course Revision

The curricular plan is considered a “working process” with a strong foundation that is revised over time to reflect changes within the profession and newly-emerging evidence. Revision of the curriculum is achieved through a collaborative process between DPT core faculty and constituents from both within and outside of the university. Review and revision of the curricular plan by the core faculty is accomplished through course evaluation by the primary course instructor(s) of each course. Upon completion of each course, the primary course instructor completes the **DPT Course Evaluation Form**. This form is reviewed at ESR and faculty deliberate over the role of the course within the overall curriculum. Ideas for revisions to individual courses and the overall curricular plan are discussed.

The DPT Curriculum Committee facilitates discussion of curricular needs and plan with core faculty on an ongoing basis and develops curriculum proposals as needed. Decisions related to curriculum revisions are made after collecting data from multiple sources including students, core/associated/clinical faculty, external stakeholders, and student outcomes data, collected by the DPT Outcomes Committee and through ESR activities. Once approved by Program faculty, curriculum proposals are presented and proceed throughout the university faculty approval process. All curricular revisions are proposed using Alvernia **University's Curricular Change Proposal Form**.

This process is initiated and coordinated by the DPT Curriculum Committee and influenced by the following:

Clinical Education Faculty: Input is collected by the DCE during clinical experiences and through informal interactions. More substantive feedback regarding student performance is provided via the PT CPI Web during full-time experiences and utilizing the ICE Evaluation

Form in the part-time clinical experiences. These instruments provide an opportunity for CI's to offer input regarding the Program's curriculum based on contemporary clinical practice. The DCE utilizes data obtained from clinical faculty as a curricular outcome measure and presents this data during end-of-semester review (ESR) and bimonthly faculty meetings. Core faculty deliberate over feedback provided by CI's and a plan for addressing any areas of deficiency is developed, as appropriate.

Students: Student feedback provides data that influences the curricular plan. Students have multiple opportunities to offer informal and formal feedback, including:

- Group feedback opportunities are provided through a variety of available sessions (Regularly scheduled Class Advisor Updates, group feedback sessions)
 - Feedback and input during DPT Professional Advisory Board meetings
 - Individual student program feedback on exit interviews and surveys prior to graduation
 - Student course feedback on each course throughout the curriculum
 - Feedback regarding clinical experiences using the standardized **APTA PT Student Evaluation of Clinical Experience and Clinical Instructor survey** (SECECI; Reference: **SECECI**, or PT Clinical Education Manual) and the **DPT ICE Feedback Form**
 - Post-clinical seminar debriefing sessions with the DCE, others.
- **Student/Graduates/Employer Outcomes Data:** Aggregate student academic performance on several measures including NPTE pass rates, comprehensive exam pass rates, graduation rates, employment rates, etc. will also provide evidence of curricular effectiveness and/or the need to make curricular changes. Refer to Part 3: Assessment & Planning for more detailed information on how student feedback plays a critical role in the assessment of program outcomes.

Data collected from alumni and employers of Program graduates will provide insight into the factors associated with employment and board passage which may be used to inform the curriculum. Outcome data from the **DPT Graduate Survey** and **Employer Survey** are used to identify trends. This data are collected and analyzed by the DPT Outcomes Committee and discussed with the Department faculty during End of Semester Review (ESR) meetings and/or during bimonthly Department meetings.

Associated Faculty: Associated faculty who serve as primary course instructors are required to complete a **DPT Course Evaluation** for every course, each semester. This form will provide input regarding the effectiveness of each course and its place within the overall curriculum. Associated faculty who serve as lab assistants will provide input related to course content and delivery to the primary course instructor, who will include this feedback on the course evaluation form. Feedback from associated faculty will be discussed at ESR and identified trends may be used to make revisions to the curriculum. Refer to Part 3: **Assessment & Planning** for more detailed information.

- **Local Healthcare Professionals and the Community:** Local healthcare professionals will be solicited for feedback both informally and formally. The DPT Professional Advisory Board provides an opportunity for local PT clinicians, healthcare colleagues, and other

local constituents to offer recommendations and provide input regarding the Program's curriculum. These meetings are held intermittently and provide an opportunity for the professional community to offer feedback and recommendations designed to ensure consistency of the Program's policies and curriculum with contemporary practice. The minutes of each meeting will reflect discourse related to curricular recommendations and revisions. This input will be reviewed during faculty meetings and ESR and may be used to revise the curricular plan. Refer to **DPT Professional Advisory Board Description and Purpose**.

PT and non-PT associated hourly faculty ("adjuncts") with specific areas of content knowledge may be identified by core faculty to deliver content within various courses throughout the curriculum or serve as outside practical examiners, are reimbursed on an hourly basis, and thus referred to as Associated Hourly (AH) faculty. Primary course instructors should submit an Adjunct Hourly Faculty Request Form and instructor Curriculum Vitae (CV) to the Department Chair to obtain necessary approvals.

Student Advising and Support

All Core DPT Faculty will share the responsibility of student academic advising at some level. Faculty advisors provide support, mentoring and advising for students and will serve as an important resource for students on an ongoing basis through the program. The AU Faculty handbookThe AU [Faculty Handbook](#) outlines this responsibility..

To ensure consistency and advocacy, a student's faculty advisor remains unchanged throughout their time in the Program. A student may request to be assigned a different advisor for many reasons and it is important to note that changes may be granted by the Department Chair to best serve a student's needs. There is a formal process for change of advisor, which is outlined below.

The **AUAdvise** program enables pro-active engagement of students and faculty to ensure student success within the program. Student advising processes are designed to support students in three areas linked to student success: 1) academics; 2) behavioral and professional; and 3) medical and/or mental health. As a University requirement for advising, faculty must designate at least 6 hours/week over 2 – 3 days/week (in person or virtual) as advising hours. Faculty schedules and office hours are to be made available through **AUAdvise**, as well as in paper copy on each course syllabus, on the faculty member's office door and provided to the department secretary.

Throughout the program faculty will engage both formally and informally (as needed) with their assigned students to lend support and guidance in their academic and professional development, serving as both advisor and mentor. All advising encounters are documented within AUAdvise as described in detail below.

Formal Advising: A minimum of one time each semester (usually around mid-term), faculty are expected to meet formally with their advisees to review student progress throughout the Program and to discuss any challenges and successes. Prior to this session, each student will engage in a process of self-reflection related to professional and academic behaviors by evaluating themselves using a standardized inventory. Students are expected to develop goals for their upcoming clinical experiences and consult with their advisor based upon their current learning strengths and weaknesses. This information will be used to facilitate discussion during the advising session. Advisors will keep record of these interactions via the AUAdvise appointment reporting system.

These sessions are best scheduled using the AUAdvise *Appointment Campaign* feature which will allow students access to the faculty advisor's available advising times to schedule these appointments. Students are expected to come to these sessions prepared by filling out their **Individual Development Plan** as well as their **Student Clinical Site Preference Form** which will then be forwarded to the DCE. During these sessions, faculty should review the student's overall health & wellness, , and their Individual Development Plan to offer formative guidance to the student. These forms can be uploaded electronically into the student's AUAdvise file. Inquiries into volunteer () activities, academic performance and any difficulties that the student is having should be made.. Record of these appointments should be made using the "Report on Appointment" documentation feature within AUAdvise.

Informal Advising. As needed advising sessions can be scheduled by either a faculty advisor or a course instructor to support students or address concerns in any of the three areas linked to student success outlined above. These concerns can include, but are not limited to, academic support, professional behaviors, as well as personal or coping concerns. General academic or non-academic support provided can be documented quickly using the 'Add a Note' function.

Faculty Responsibilities to At-Risk Students. Specific to academic performance concerns, an advising session should be scheduled in the event a student fails an exam within a course or if their semester class grade falls below 83%. If a student's course grade falls below 83%, a "Progress Report" should be generated to identify academic risk.

If a faculty member has concerns that a student is at non-academic risk in progression, for example missing required materials, having financial or emotional difficulty, needs a job on campus, housing concerns or other stressors, they should generate an "Alert". Alerts are a way to draw attention to a student who may be at-risk, may need a referral to support services, or when a faculty member believes an intervention by the student's Faculty Advisor is warranted.

If a faculty member encounters a student with a more serious or emergent need, they should place a notification in *Report-It*, which is an emergent reporting system accessed through *myAlvernia* under the *Faculty and Staff* tab. This system activates the University TAG system (Thoughtful Assessment Group) which will provide the student with the necessary services to address this need. Examples of behaviors that would cause this level of concern include self-destructive behaviors, extreme mood swings, threats to cause harm to self or others, among others.

Submitted Progress Reports (academic risk) and Alerts (non-academic risk) will automatically be sent to both the student and to the student's faculty advisor. In addition, an Alert is sent to designated support personnel within the University who determine the level and timing of official intervention and follow up required. Should one of these notifications be received, faculty advisors are expected to contact students to offer support and guidance, as needed.

Should more than one of these notifications be received within a semester, or at any point an advisor feels concern for a student's progression within the program, the student's advisor is expected to convene an Academic Review Committee consisting of core faculty, of which the advisor assumes the role of Chairperson.

Documentation of appointments. **AUAdvise** also facilitates documentation of formal and informal interactions, both academic and non-academic. Student advising processes are designed to support students in three areas linked to student success: 1) academics; 2) behavioral and professional; and 3) medical and/or mental health & wellness. Faculty and advisors are encouraged to engage in a timely manner with students in both positive and negative aspects of

performance within each area and to document these interactions in AUAdvise.

Documentation takes several forms depending on the level of interaction. Different reports are designed for each type of advisement & support and level of risk. Any report is forwarded immediately to the Faculty Advisor, and all reports are viewable within AUAdvise to any faculty member. This powerful documentation and communication tool is highly protected by FERPA, and should be accessed only as it relates to the progression of a student within your class or your advisee.

Levels of interaction and appropriate documentation are summarized below.

Meeting Documentation		Notifications		
Note	Report on Appointment	Progress Report	Alert	REPORT IT!
Individual student	Individual student	Individual student or Group (class)	Individual student	Individual student
Informal support; weekly meetings; Low stakes support	Formal advising or counseling meeting; ARC; High stakes support	Academic. At risk. High stakes	Non-academic. At risk; time-sensitive support High-stakes	Non-academic. At risk; time-sensitive support Highest-stakes
		<i>Action:</i> Student should schedule meeting	<i>Action:</i> Generates University Response	<i>Action:</i> Generates TAG Emergent University Response
<i>Visible to:</i> Faculty (author) Student Optional	<i>Visible to:</i> Everyone, but student	<i>Copy to:</i> Advisor Student	<i>Copy to:</i> Advisor Student	

Add a Note

Add a Note is the simplest form of documentation of a student interaction. This form of documentation should be utilized for lower-stakes meetings and interactions (email trails), routine meetings, or other communications. In general, this type of documentation is less standardized, and therefore does not lend itself to report running. The type of meeting (e.g. Weekly review, follow up meeting, etc) should be documented in the Note Reason location. Any related documents can be attached (emails, other), as needed.

If you wish visibility restricted to the author (faculty member) only and/or the student only, select the desired option. If nothing is selected, the note will be visible to anyone with access to the student's AU Advise file. **NOTE: The student will *always* see the note entry unless the author (faculty) only selection is made.**

****PLEASE NOTE:** If you wish a copy of your documentation to go to the Advisor, you may choose to document with Report on Appointment instead. The Note function does not provide copy, and may restrict visibility.

Report on Appointment

Report on Appointment is a more formal mode of documentation, requiring additional standardized data entry. Standardized data entry allows for the department to run related reports surrounding student support and advisement activities. This form of documentation should be utilized for higher-stake meetings and interactions, formal/mid-term advising sessions, ARC or related meeting documentation, etc. All associated documents should be attached.

Report on Appointment is visible to all persons. The Advisor does not receive notification.

Progress Reports – Academic Risk

If a student is experiencing academic difficulty within a semester, a course instructor should generate a progress report. Progress Reports are a useful way to help students know early on in

a semester (and along the way) if a student is not meeting or is exceeding the goals and objectives of a course. They allow faculty to submit in-semester feedback (e.g., current grade, absences) on the progress of students in their courses. Progress Reports ask about a student's overall performance in the class and academic progress. "This student is at-risk to fail my course" or "This student is doing great in my class" are examples of what you might see on a professor's progress report.

DPT Faculty are encouraged to submit Progress Reports should a student fail an exam in their course or begin to have difficulty with content at a level that raises concern for the primary course instructor. DPT Faculty are required to submit Progress Reports for all students with overall course performance below 83% each mid-semester. Faculty may consider submitting Progress Reports on all students in their class, identifying both higher and lower performers.

Ideally, providing this information as it occurs and before the mid-point of the semester enables students to seek assistance in time to achieve a positive outcome. If more than one Progress Report is received in a semester, then the student's Advisor should meet with the student and strongly consider convening an ARC in order to develop a comprehensive support plan for the student.

A submitted Progress Report will automatically be sent to both the student and to the student's faculty advisor. Progress Reports can be submitted for a single student or for a group of students experiencing difficulty within a class.

Alerts – Non-Academic Risk

Alerts are a way to draw non-emergent attention to a student who may be at-risk, may need a referral to support services, or when a faculty member believes an intervention by the student's Faculty Advisor is warranted. Alerts are non-emergent situations or behaviors that are not related to academic performance within a class but are concerns that may put the student at-risk in progression. Examples include: struggling bilingual, absences, missing required materials, having financial/financial-aid difficulty, emotional difficulty, needs a job on campus, housing concerns, or other stressors, etc.

A submitted Alert will automatically be sent to both the student and to the student's faculty advisor. In addition, an Alert is sent to designated support personnel within the University who determine the level and timing of official intervention and follow up required. Faculty noting emergent risks should activate the Alvernia *Report-It* system as noted previously.

Alvernia AUAdvise provides a summary chart of Alert and Progress Note Reasons and where they go in both at the level of the faculty and the university.

Assigning & Changing DPT Student Advisors: Once the Incoming class has been determined, the DPT core faculty, under the supervision of the DC assign each student to a faculty advisor. The complete list of students and their faculty advisors are then provided to graduate admissions.

3 + 3 students present a special circumstance. As undergraduates (UG), they are assigned an UG faculty advisor within Power Campus by the Registrar's Office. At the time of their matriculation into the university, they are also assigned a second advisor within their major. A DPT faculty member is assigned to provide support during the undergraduate phase for the purpose of assisting them in entering and succeeding within the DPT program. If there is a need or request for a change of assigned advisor, this change must be initiated by the Student and

approved by the Department Chair, after consultation with the faculty.

Faculty Class Advisor: A DPT core faculty will assume the role of faculty class advisor. The Faculty class advisor perform the following functions: 1. Assist with election of class officers in the Fall semester of the Program and guide the process for the replacement of officers as needed, 2. Serve as liaison between the class and core faculty, 3. Guides class volunteer activities in collaboration with the L.E.A.D.S. committee, 4. Guides decisions related to class gift, 5. Guides class through white coat ceremony, graduation, NPTE registration, and licensure application process.

L.E.A.D.S. Faculty Committee Chair: The LEADS Faculty Committee Chair, along with the committee will assist faculty in defining the scope of Real-World Learning (service-learning activities, Co-curricular activities and volunteerism) within the program as well as student involvement in these activities. The LEADS Chairperson will also serve as the LEADS student organization advisor. Within this role the LEADS Advisor will direct students in defining the scope of service activities and lend assistance in these activities when necessary. The LEADS advisor will also work with the individual Class Advisor(s) and/or other faculty in helping students define and perform community service when necessary.

Fund Raising Advisor: A DPT core faculty member will serve as the fund raising advisor for all three cohorts. The Faculty advisor assists each class with fundraising ideas and implementation as needed, and helps coordinate fundraising efforts between cohorts. The fundraising advisor will also assist each cohort in identifying fundraising targets.

Ensure Readiness to Engage in Clinical Education

Requirements for Student Participation in a Clinical Practice Course:

Prior to students embarking upon each of their clinical education experiences, it is vital for the core faculty to determine each student's readiness for managing the rigors and challenges of clinical practice. A student's readiness for clinical practice will be based on each student's demonstration of sufficient ability in the cognitive, affective, and psychomotor domains in all coursework leading up to the clinical experience. To ensure competent care and to protect the clients whom the students serve, each student must meet the following specific criteria before beginning each clinical education course.

3. All students must have successfully completed all coursework prior to the clinical practice course. Students will not be permitted to enter a clinical practice course with a grade of "Incomplete" in any course unless authorized by the DPT Academic Review Committee.
4. A learning contract may be in place for students entering a clinical practice course. However, in such cases, core faculty must agree that the student is sufficiently prepared for the

experience and that no adverse event will occur, in regard to harm to the student, Clinical Instructor (CI), or patients. The extent to which a CI and clinical site is able to accommodate and comply with the specific requirements of the learning contract may also impact a student's ability to engage in a clinical practice course at a particular location.

5. The student must meet the criterion, "student demonstrates safe practice principles in the performance of lab skills and practical examinations". This criterion is determined through student passage of all practical examinations. Each practical exam includes criteria related to "Safety" and "Professionalism". Failure to achieve these criteria results in an immediate failure of the practical examination.
6. Any student who has committed a breach of the Program's policies regarding professional behaviors may be prohibited from participation in a clinical practice course. If a student fails to correct identified unprofessional behaviors, demonstrates ongoing breaches in professional behavior, or commits an egregious breach of the Program's expectations related to professional behavior, the student will be prohibited from participation in a clinical practice course and disciplinary action may be taken up to and including dismissal from the Program.
7. All students must demonstrate the ability to execute all of the "Essential Functions" of a physical therapist with or without reasonable accommodation, as outlined in Program manuals.
8. The student must be deemed by the core faculty, including the student's faculty advisor and DCE, to be sufficiently prepared for the clinical education experience, as determined by the professional judgment of the faculty. This determination is based upon each student's performance within the Program in combination with the requirements of the planned clinical site. To support student success, faculty reserve the right to restrict access to specific clinical sites based on these factors. Faculty will share any concerns regarding a student's readiness to participate in a particular clinical experience during faculty meetings within the standing agenda item, "student issues". At the ESR, faculty will vote on which students they feel are prepared and which students are not prepared to engage in the pending clinical education experience. A majority of faculty must affirm each student's placement in order for students to enter each clinical education experience. It is the responsibility of core faculty to first and foremost preserve the safety of patients and students to the extent to which they are able.

Process for Students not Prepared for Participation in a Clinical Practice Course:

Students for whom it has been determined to lack the readiness for a scheduled clinical experience may be referred to the DPT Academic Review Committee (ARC). To support student success in these clinical experiences, the ARC may develop a learning plan that includes specific tasks with timelines to be implemented prior to and during the clinical experience. In the event that a student is deemed to be unprepared to participate in a clinical practice experience, the student will be disallowed from participating in the experience until evidence of meeting the criteria is demonstrated.

If failure to achieve competency and safety is not possible within the time frame required for the student to complete his or her clinical practice course, the student may be given an incomplete ("I") grade for the course with additional time required to demonstrate competency or the student will not receive a passing grade for the course and will be dismissed from the Program with or

without the opportunity for readmission. All courses are pre-requisites of one another so failure to complete a clinical practice course may result in failure of the student to progress within the Program. The ARC, in conjunction with the DCE, will determine if an exception can be made that would enable the student to complete a clinical practice course out of sequence. This will be decided on an individual basis and based upon the extent and nature of each particular student's deficiencies and unique situation.

Compliance with Accreditation Policies and Procedures

Each core faculty member is responsible for maintaining compliance with accreditation policies and procedures under the direction of the department chair. This component of the core faculty role includes participation in the development of department policies and procedures that result from collaborative engagement with faculty and students within the department and all necessary stakeholders external to the department to ensure strict adherence. Review of the department's adherence to accreditation standards occurs annually during development of the Annual Accreditation Report (AAR). The department's Mission Policy & Planning Committee, composed of core faculty, provide review and make revisions to the Department's Policies & Procedures Manual on an annual basis that ensures adherence to accreditation standards.

Associated Faculty- Roles and Responsibilities

Contemporary Expertise and Effectiveness in Teaching

Each associated faculty member will possess and maintain contemporary expertise in their assigned content area and demonstrate effectiveness in teaching and student evaluation as determined by the process of faculty evaluation.

The Role of Associated Faculty within the Program

Associated Faculty in the program contribute contemporary content expertise within the curriculum in three ways, as 1) Primary Course Instructors; 2) Lab Instructors; and/or 3) Hourly Guest Lecturers & Lab Instructors

- Primary Course Instructors: Associated faculty may be utilized to teach curricular content as primary instructors for specific courses. Whenever possible, associated faculty actively involved in clinical practice are utilized to connect the classroom to the clinic. These individuals will be offered a semester term contract through the office of the President and are referred to as **Associated Contract (AC)** faculty. Term contracts, as outlined in the **Alvernia University Faculty Handbook**, are granted to non-tenure track full-time or part-time (adjunct) faculty.

These contracts are limited to the term of employment and do not confer on a faculty member any entitlement to continued employment beyond the term specified in the contract. This contract will specifically outline the tenets of the agreement including the specific course(s) to be taught, responsibilities of the instructor and University, as well as compensation. The contract will direct the

instructor to consult the [Faculty Handbook](#) for details regarding responsibilities.

In this role, associated faculty will be expected to deliver content, evaluate student learning, provide student advisement, and grade reporting. They will be expected to have dedicated time reserved for students on a weekly basis. Primary course instructors will provide feedback every semester, evaluating each of the courses they instructed using the online **DPT Course Evaluation Form**.

Student course feedback will be assessed as per university policy and reviewed by the DC, with feedback or guidance provided to each associated faculty member as needed for development. Classroom observation of the associated faculty member will be completed by members of the Curriculum committee, with oversight by the DC. The assigned committee member will provide peer review to that faculty member, ensuring not only the quality of instruction, but also that the instructional content is well connected to the overall curriculum. This data is collected and analyzed by the DPT Outcomes Committee and discussed with the Department faculty during End of Semester Review (ESR) for recommendation or action.

- **Lab Instructors:** As needed associated (contract) faculty will be used as lab instructors within the clinical courses of the curriculum. As full-time expert clinicians, they will contribute a contemporary clinical perspective that represents contemporary clinical practice. Their involvement in these lab courses will assist the Program in achieving the required student to faculty ratio. In this role they will also serve as examiners for practical examinations and evaluation of lab skills.

These individuals will be identified by the primary course instructor for each course based on their content knowledge and clinical skill and will receive a semester contract. Primary course instructors should submit the name and contact information of the requested Associated Hourly Faculty member to the administrative assistant. This will trigger the process for completion of the **Associated Hourly Faculty Request Contract Form**. This form will be signed by the faculty member who is making the request and the associated faculty member, then approved by the Department Chair. The administrative assistant will ensure that an updated CV is on file, as well as completion of a W9.

Lab instructors will provide substantive feedback regarding the course to the primary instructor, who will add this data to the **DPT Course Evaluation Form**. Associated faculty who serve as lab instructors will be evaluated by students through the University process and by the primary course instructor of the course within the evaluation of their course. This data is collected and analyzed by the DPT Outcomes Committee and discussed with the Department faculty during End of Semester Review (ESR) for recommendation or action.

- **Use of Associated Hourly Faculty:** See Submission of Associated Hourly Faculty requests in the Administrative Responsibilities Associated with Teaching Section above.

Related Responsibilities of Associated Faculty within the Program

- **Student Advising:** Considered an extension of classroom instruction, associated faculty may be involved in informal student advising functions. Most basically, this may involve assisting students, individually or collectively, in understanding key concepts and helping students to prepare for learning assessments. However, Associated Faculty also share specific responsibilities for students who are struggling academically within a course and those responsibilities are outlined above. In cases where student learning contracts have been

developed, associated faculty may assist in providing important clinical and academic support for students. For those students struggling in non-academic areas within a course, an associated faculty member may choose to take an active role in advisement (as outlined above) or alternately choose to interface with the student's faculty advisor to ensure the appropriate support and advisement is provided and documented.

- **LEADS Supervisor:** Associated faculty may be asked to volunteer in the provision of care and to supervise students in a variety of Real-world learning activities, both co-curricular (course-related) and in service to the community activities. Refer to a description of the LEADS Real World Learning programs
- **Program Advisor:** Associated faculty may serve as expert clinical consultants for the Program. Associated faculty may be asked to provide feedback regarding specific aspects of the curriculum both informally and formally.

Formally, associated faculty may have the opportunity to provide input within the DPT Course Evaluation process, as described above.

Select associated faculty members may also offer feedback as members of the **PT Professional Advisory Board**

Informing Associated Faculty of Expectations and Relevant Academic Policies

In order to clarify expectations and to communicate the details of the Program's academic policies, associated faculty serving as primary course instructors will meet with the Department Chair (DC) or a member from the DPT Curriculum Committee, for Department and Curriculum orientation, emphasizing the role of the course within the program.

Associated faculty who will serve as lab instructors or guest lecturers will communicate directly with the primary instructor of the course in which they are teaching regarding relevant academic policies and details pertaining to the course. Associated faculty will be provided with course syllabi with relevant objectives emphasized, required paperwork, as well as any materials already developed for each course. Associated faculty will be expected to have reviewed and be knowledgeable of both University and Program policies as outlined in these materials.

The curriculum committee representative and core faculty will clearly communicate expectations to all associated faculty related to his or her involvement in each specific course, with oversight from the DC. The curriculum committee representative will be prepared to review all materials, highlight any relevant policies, and be available to answer any questions. The curriculum committee representative or core faculty member serving as primary instructor for the course in which the associated faculty member is involved will ensure that the faculty member is fully prepared for all of the tasks being requested and that the faculty member is remunerated for their contributions.

Associated Faculty Participation in Program Governance

Although they are not eligible for tenure, associated faculty serving as a primary course instructor

within the Program will engage in shared governance with the Program as it relates to the specific course in which they are involved. The academic policies as determined by the Program will apply to each course within the Program. To ensure that the required curricular content is delivered, the core faculty will determine the primary objectives for each course. The associated faculty member will adhere to all Program policies.

Associated faculty who serve as primary instructors and content experts for a particular content area, will be involved in making decisions regarding the specific content to be included, the manner in which this content is to be delivered, and how students will be evaluated. Evaluative criteria for grading, rubrics for grading, student attendance policy, and instructional methods will be decided upon by the associated faculty member in consultation with core faculty.

Rights and Privileges of Associated Faculty

As outlined in the **Alvernia University Faculty Handbook**, an associated (contract) faculty member is a discipline-specific highly qualified individual who is not employed by Alvernia University but is closely associated with teaching in a specific Alvernia University academic program. Associated faculty will be directed to the Alvernia University Faculty Handbook, which delineates the rights and privileges of associated faculty members.

In the Department of Physical Therapy, this individual must have the appropriate professional degree (DPT, PhD or equivalent) and license in the area of teaching activity and aligned with the academic program's accreditation standards and/or outcome assessment criteria. The associated faculty member is not eligible for tenure and has no rights in the University Faculty Governance System. Appointment as an associated faculty member shall be based on a recommendation by the DC, and College Dean, with approval from the Provost. Reappointment of the associated faculty member is based on evidence of consistent, high-quality teaching in the classroom, lab and/or clinical settings, effective interactions with students, and adherence to the Program mission and curricular plan.

Within the limitations of University policies related to the rights and privileges of associated faculty, the Program may offer additional privileges which may be used to assist in keeping faculty current in his/her area of expertise and to encourage their future involvement with the Program. Associated faculty will be issued an identification card upon hire and be given access to all buildings on campus, including campus fitness centers and the Franco library. Associated faculty will be offered an Alvernia University email address and technology support. Associated faculty will also be given Access to Alvernia online search engines and databases. The use of resources, such as paper goods and the use of the copy machine, and computer access will also be offered.

Each associated contract (AC) faculty member will receive two copies of his/her term contract by mail along with a letter of welcome and a new employee packet, prior to employment. As described, the contract fully outlines all rights and responsibilities associated with the acceptance of the position. This contract must be signed and returned to the College of Health Sciences office prior to the start of employment.

Associated faculty who are performing duties other than primary course instruction and lab assisting are considered associated hourly faculty and will not require the execution of a contract. The policy for reimbursing associated hourly (AH) Faculty in the DPT Program is as follows:

1. Primary instructor identifies the AH faculty needed for a specific course and provides the name and contact information for the requested AH faculty member to the

administrative assistant

2. The administrative assistant initiates completion of the **Associated Hourly Faculty Request Form** electronically. This form is completed by the primary course instructor and AH faculty member.
3. The administrative assistant ensures that the AH faculty member's CV and W9 is on file.
4. The DC approves the request by signing the form electronically

Associated Contracted and Hourly Instructor Support

In order to provide support for adjunct and hourly faculty, each associate contract (AC) faculty member will be assigned a core faculty member liaison. Adjuncts are oriented to the program and its' culture by the Department chair and the faculty, but responsibility for orientation and mentorship within the curriculum falls to the core faculty.

For associated contract faculty members serving as primary course instructor, a core faculty member will be assigned to provide the following support:

1. Instructional Guidance
 - a. Review course content and fit within the DPT curriculum
 - b. Provide guidance as needed for objective, content and Learning Assessment (LA) development
 - c. Expectations for student behavior and reporting of unprofessional behaviors
 - d. Testing policies and procedures
 - e. Assist with use of instructional technologies
 - f. Assist with rubric development
2. Mentoring:
 - a. Regular meetings to provide support as needed
3. Feedback
 - a. Perform at least 1 classroom observation during the semester, or designate an alternate
 - b. Outcome of Student Feedback Surveys
 - c. Review Item Analysis of Learning Assessments, as needed
 - d. Provide support for development as indicated

For associated hourly faculty teaching guest lectures or serving as practical examiners (single or multiple) within a course, the primary course instructor will provide the following support:

1. Instructional Guidance
 - a. Expectations for student behavior and reporting of unprofessional behaviors
 - b. Exam testing policies and procedures (if needed)
 - c. Review lecture content as its fit into the course and general DPT curriculum
 - d. Provide guidance as needed for objective, content and Learning Assessment development
 - e. Posting of lectures and other pertinent materials
 - f. Assist with any rubric development
2. Mentoring:
3. Meet with lecturer prn prior to instruction
4. Feedback
 - a. Perform classroom observation as needed

- b. Provide for student feedback via anonymous survey administered by the curriculum committee
- c. Review Item Analysis of Learning Assessments, if performed
- d. Review this feedback with instructor
- e. Provide support for development as indicated

Administrative Assistant- Roles and Responsibilities

The Department Administrative Assistant provides administrative support to assist the Department Chair (DC), Program Director (PD) and Director of Clinical Education (DCE) in the completion of work assignments related to academic requirements, accreditation, student requirements, budgeting, program assessment, record keeping, department correspondence, clinical education, student/faculty organizations, and other tasks related to the activities of the Department as assigned. As such, the scope of the administrative assistant's primary responsibilities is to assist the DC, PD and the DCE in completion of pertinent administrative duties. The administrative assistant engages in a varied work schedule that includes problem resolution and prioritization of work demands that supports student and faculty needs relative to these priorities.

The administrative assistant reports directly to the DC who obtains faculty input and conducts a review of performance on an annual basis. The Administrative Assistant Job Delineation provides details regarding specific work duties.

Clinical Education Faculty- Roles and Responsibilities

The roles and responsibilities of the clinical education faculty (CCCE's and CI's) are clearly defined within the Department of **Physical Therapy Clinical Education Manual**.

Evaluation of Faculty: Tenured, Tenure-Track & Non-Tenure-Track

Core Faculty Evaluation

All core faculty are reviewed annually in accordance with the policies, procedures, and timeline established by the university. The university faculty evaluation policies and procedures can be found in the [Faculty Handbook](#) (Section: Evaluation of Faculty). This process is formative and summative, grounded in self-assessment, with the intent of developing each faculty member into a vital contributor to the institution and the Department. As part of the evaluation of core faculty, Student Feedback is typically provided and will be reviewed by the Department Chair with areas of deficiencies addressed as needed. Particularly, feedback items that reveal scores <4/5 require the faculty member to provide an explanation with a plan for resolution on the course evaluation form.

Departmental Annual Performance Evaluation

During the years in which faculty do not participate in an external committee review (*years 1, 3, 5, and post tenure*), each core faculty member will engage in a process of self- and chair-evaluation as per the procedures and timelines outlined in the [Faculty Handbook](#).

Evaluation of the Chair, Program Director, and DCE

Faculty who have additional administrative roles within the Department (i.e., Chair, DCE) will be evaluated in regard to the specific nature of these tasks. The DCE includes an additional narrative self-assessment and supportive evidence related to their performance in the administrative aspects of this role. The DCE utilizes data from multiple sources including students, CI's, and core faculty. This narrative with supportive evidence is included in their annual self-evaluation, which includes performance related to previous and future goals. During the processes for both departmental and external review, the additional responsibilities of the DCE are evaluated by the chair or external review committee. All core faculty complete the **Physical Therapy Department Chair and Program Director Evaluation** surveys, which is used by the chair in their annual self-evaluation. The chair and program director complete annual self-evaluations, which includes a review of the prior year and goals for the upcoming year. This evaluation is submitted directly to the Dean by the first Friday in February and is reviewed with the Dean. Other core faculty who provide oversight of clinical education courses (i.e., clinical liaison/assistant DCE) are evaluated by the chair, in consultation with the DCE, during the annual departmental and external review processes.

Faculty Improvement Plans

In areas in which opportunity for improvement exists, as identified during either the departmental or external review process, the faculty member and chair will develop a **Faculty Improvement Plan (FIP)**. This FIP is designed to address any areas of deficiency and includes measurable objectives, specific actions with rationale, and timelines for completion. For policies and procedures for faculty discipline and dismissal, see Section VIII. Separation, inclusive of Non-reappointment and Dismissal for Cause in the [AU Faculty Handbook](#).

Associated Faculty Evaluation

Within the department, associated faculty are designated as either **Associated Contract (AC)** or **Associated Hourly (AH) faculty**. AC are contracted faculty who provide either primary or lab instruction for a course (ie. faculty who are assigned credits for teaching within a course) and AH are guest lecturers or practical examiners who teach within a course. Annual evaluation of AC faculty is designed to ensure that all areas of curricular content are being sufficiently and effectively provided, the mission and goals of the University and Department are achieved, and that associated faculty are receiving adequate support toward their individual goals. It is performed in accordance with the provisions in the [Faculty Handbook](#). Evaluations of AH faculty are performed by the appropriate course faculty and may be done in consultation with the DC or PD. As part of the evaluation of AC faculty, Student Feedback is typically provided and will be reviewed by the Department Chair with areas of deficiencies addressed as needed. Particularly, feedback items that reveal scores <4/5 require the faculty member to provide an explanation with a plan for resolution on the course evaluation form.

Curricular review and outcome data are assessed by the core faculty every semester during ESR. During this review, areas of needed support are identified with the development of action plans to address any deficits in the performance of the associated faculty. Data related to ineffective teaching will be addressed by the chair, in collaboration with the primary instructor if applicable, and will be used to make future decisions about contract renewal. In accordance with university

policy, associated faculty are not offered voting rights or the privilege of serving on faculty committees within the University, nor do they have scholarship expectations, although scholarly activity is encouraged and supported.

The Chair and/or Program director or their designee are responsible to assess associated faculty needs to ensure that appropriate teaching resources and support are available during the: 1.) Course Development Phase: associated faculty are encouraged to communicate needs to the Chair as they prepare to teach a course. Resources made available may include: access to databases, course materials, information on previous coursework, textbooks, and core faculty mentoring. 2.) In-process Phase: For AC who serve as primary instructors, classroom observations may serve to highlight areas of development that are required. 3.) Post-Course and Future Planning Phase: At the conclusion of each course, AC faculty engage in course and self-evaluation, as described below. The primary instructor provides a peer-evaluation of all AH faculty involved in the course. 4.) Core Faculty Deliberation Phase: Following self- and peer-assessment of AC faculty, core faculty deliberate over opportunities to support associated faculty, in the context of individual faculty and departmental needs. This occurs at a minimum at ESR, at the conclusion of each semester.

The Department provides support to meet associated faculty needs in the following ways: 1) Orientation: AC faculty orientation is conducted by the university twice/year. Upon hire, they are issued an ID badge and parking permit, which also allows access to all facilities on campus, including the fitness center and on-campus events. 2) Resource Support: All AC faculty are provided with a university email account and online access to the full complement of multimedia resources, including online journals and Canvas and technology training and support. 3) Pedagogical Support: The Chair, or relevant core faculty member, provides support in course content development, textbook selection, grading instruction, determination of student learning assessment, and course evaluation in all courses in which AC/AH faculty are involved.

Evaluation of Associated Hourly (AH) Faculty

AH faculty are evaluated annually by the primary instructor of the course in which they are involved. As an expert of the given content area, the primary instructor is in the best position to assess the performance of the AH faculty member, as it applies to content knowledge and teaching effectiveness. This evaluation is formally done in the context of the **Course Evaluation**, as described above. The results of course evaluations are assessed in aggregate during curricular and outcome review every semester at ESR. During this review, the role of each AH faculty member is assessed in the context of individual courses and more broadly across the curriculum.

Areas of deficiency, when identified, result in mentorship of the current AH member by the primary instructor or adjustments to course personnel the next time the course is offered.

Alvernia University Department of Physical Therapy



Part 3: Program Planning, Assessment, & Outcomes

DPT Assessment & Planning

Overview

Program evaluation at Alvernia University is a continuous process. At the core of AU Program evaluation is an assessment of the congruence of the DPT Program activities with the mission of the University and the Program, the **DPT Program's Strategic Plan** and the standards of professional practice. The DPT Program coordinates all data collection, analysis, and reporting activities in coordination with and under the leadership of the Academic Assessment Committee. This committee, consisting of staff, administration, and faculty, serves to centralize reporting of institutional effectiveness and learning outcome data and disseminate data to inform decision-making. This committee operates within the existing shared governance structure and is available to departments and programs to assist them in their assessment processes.

The primary purpose of assessment is to systematically and continuously improve the quality of teaching, learning, and student success. This faculty-driven process utilizes multiple sources to examine student learning or *outcomes* at course, program, and institutional levels. The cornerstone of this process is based upon **Essential Learning Outcomes** established by the American Association of American Colleges and Universities (2005) which defines a process guided by the following principles: 1. assessment is a process of inquiry leading to consensus about expectations for learning, 2. learning encompasses a range of student experiences, 3. assessment is a collaborative endeavor among members of the Alvernia community and beyond, 4. clear statements about measures of knowledge, skills, and values, which guide ongoing review are required, 5. assessment includes methods and sources by which useful data are interpreted.

Demonstration of learning is required by **Middle States Commission on Higher Education (MSCHE)**, who ensures congruence between mission and outcomes, and a commitment to improvement. Alvernia is committed to an internally driven process that espouses the belief that "teaching and learning is the necessary context within which assessment develops and matures." (Maki, p.29)

Based upon established *Characteristics of Excellence in Higher Education: Requirements of Affiliation and Standards for Accreditation* (MSCHE, 2006), the **Graduate Academic Council (GAC)** Outcomes Committee of the School of Graduate & Adult Education oversees curriculum, policies, and assessment of all graduate programs. One of GAC's primary duties is to "evaluate and recommend improvements in academic policies and procedures", comprehensively reviewing graduate programs on a 5-year cycle. These reviews include: 1) data collection, 2) self-assessment of recruitment, admissions, advising, curriculum, outcomes, and 3) assessment by external evaluator.

The **Commission on Accreditation of Physical Therapy Education (CAPTE)** has established evaluative criteria to similarly ensure that the DPT Program meets graduate achievement measures and program outcomes related to its mission and goals. The Program must be engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement. Outcomes assessment processes include analysis of the effectiveness of Program Admissions, Core and Associated Faculty, Clinical Education Faculty, Financial and other program resources, Student resources, Department Policies & Procedures, and Curricular plan and effectiveness.

Program outcomes are aligned with **Professional Standards** as delineated within such

documents as the *A Normative Model of Physical Therapist Professional Education* (APTA), *The Guide to Physical Therapist Practice* (APTA), the *WHO International Classification of Function* (ICF), Clinical Practice Guidelines (CPGs), and seminal publications. Input from Associated and Clinical Faculty and from the **Professional Advisory Board** provide insight into current best evidence and best practice standards and ensure synergy with contemporary PT practice and professional standards.

Strategic Planning

The Department's Strategic Plan was developed in synergy with the Alvernia University and CHS Strategic Plans to ensure that specific Departmental goals that are aligned with CHS goals are pursued and achieved. This plan was developed in AY 2023-2024 and will serve to guide Department initiatives over the next 3-5 years.

This plan consists of four primary goals: Goal 1: Foster Student Success, Goal 2: Academic Excellence, Goal 3: MSCHE and CAPTE Accreditation, Goal 4: Access and Equity. Within each goal are several objectives with clearly delineated Action Steps, Outcomes, Timeline, Associated Alvernia Pillar/Goal/Objective, CHS Goal/Objective, Person Responsible, and Resource Allocation.

Each objective includes an associated budgetary allocation designed to ensure that action steps that require funding and resources are supported. These allocations are then included in the annual budget development process that occurs annually between the DC and Dean of CHS. Details of the Department's Strategic Plan can be found in Weave.

Outcomes Assessment

The **Outcomes Committee** is the body with formal responsibilities for collecting, analyzing and reporting outcomes data, identifying deficiencies, and determining the need specific action. The Mission, Policy, & Planning (MPP) and Curriculum Committees monitor specific aspects of Program assessment and provide specific feedback at faculty meetings and ESR.

The Outcomes Committee facilitates review of those program outcomes which do not meet established benchmarks with the core faculty, ensuring development of related action plans, responsible persons, and timelines. The Outcomes Committee is responsible for all timely reporting of all DPT Program Outcomes to the DPT Faculty, AU Academic Assessment Committee, MSCHE, and CAPTE. The Department Chair and Program Director maintain oversight for all Program Assessment initiatives and activities.

Bimonthly faculty meetings allow for informal dialogue surrounding program assessment and outcomes, however, formalized assessment is accomplished in several ways.

Formal Program self-assessment and reporting occurs internally and externally on an annual* basis, and includes:

- DPT Department Outcomes Committee bi-annual End of Semester (ESR) review and annual analysis, faculty assessment and reporting
- **Academic Assessment Committee (AAC)** requires assessment and reporting from the Program on one Graduate Student Learning Outcome (GSLO). A comprehensive review is completed every 5 years*.
- **Middle States Association of Colleges and Schools (MSCHE)** 5-year* assessment and reporting
- **Commission on Accreditation of Physical Therapy Education (CAPTE)** Annual Accreditation Report (AAR)

The Program Director is responsible for summarizing Program Outcomes in the CAPTE **Annual Accreditation Report (AAR)**, in conjunction with the Outcomes committee and core faculty.

Program Outcome Data

Outcomes data that are collected from multiple sources will be used to comprehensively assess all aspects of the Program. Data will be used to determine program strengths areas of the program that do not meet established benchmarks and will require an action plan to ensure resolution of deficit. The **DPT Outcomes Matrix** provides a detailed and formalized plan for ongoing Program assessment and planning, with a comprehensive summary of established program outcomes and benchmarks.

The DPT Outcomes Committee coordinates mechanisms for the collection and reporting of both qualitative and quantitative data related to:

- Faculty teaching effectiveness as measured through the University's Student Course Feedback Evaluations (Reference: [AU Student Feedback](#)), **Classroom Observations** (Reference: [Classroom Observation Form](#)) and the **Faculty Evaluation process** (Reference: [Alvernia Faculty Evaluation Form](#)), in accordance with University Policy as part of the University's promotion and tenure review process for tenure-track faculty (Reference: [AU Faculty Handbook](#), section *VB Evaluation of Tenure Track Faculty*).
- Student progression through the Program (grades, learning assessments) and graduation rates, measured annually.
- Student performance in full and part time clinical education experiences, as measured by student and Clinical Instructor (CI) evaluation (**PT CPI Web** and other Program-specific clinical education assessment forms).
- Student evaluation of full and part time clinical education experiences as measured by the **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** (refer to [PT Clin Ed Manual](#)).
- Student satisfaction with the Program as measured by student responses on the **DPT Student Exit Survey** and within exit interviews, measured annually.

- Graduate performance on the NPTE as measured from FSBPT data annually.
- Graduate satisfaction with the Program is measured by graduate responses on the **DPT Graduate Survey**, measured at 1 and 5 year intervals following graduation.
- Employment rate, job placement, and Program graduate's employer assessment of the Program as measured by the **Employer Survey** and are executed in collaboration with the Alvernia Alumni Association and Institutional Advancement at 1 and 5 year intervals. Program Graduates are encouraged to provide updates to the Program and Alumni Association when changes in their job and home locations are made.

End-of-Semester Review (ESR)

A key component of the Program Evaluation Plan are the DPT Course Evaluation process and the End-of-Semester Review (ESR) meeting of all core faculty members. Following each semester, DPT faculty are required to reflect and complete a **DPT Course Evaluation** for each course in which they served as primary and/or lab instructor. Primary course instructors will solicit and include feedback from associated faculty involved in their course. For Associated faculty serving as primary course instructors, members of the Outcomes Committee will assist and ensure completion of Course Evaluation.

At the ESR meeting, co-facilitated by the Chairs of the Outcomes and Curriculum Committees and the Department Chair, several key program assessment activities occur, including:

- Faculty summarizes highlights from their DPT Course Evaluations, including (but not limited to) course strengths and opportunities for improvement, recommended changes to learning activities or assessments, and/or student performance concerns related to progression and retention.
- The DCE reports on overall student performance and learning experience effectiveness during each clinical practice course completed during the prior semester.
- The Outcomes Committee reports on overall program outcomes and reviews those outcomes that did not achieve established benchmarks. The Outcomes Committee Chair facilitates discussion surrounding plausible explanation, recommended actions, assigned personnel, and timelines. A review of any outstanding action plans will also occur in an effort to close the loop for continuous improvement.
- The Curriculum committee reports on results of the prior semester's curriculum assessment, which includes a review of the curriculum's alignment with accreditation standards and contemporary practice.
- Recommendations from the DPT Professional Advisory Board are considered and voted upon by the core faculty, with implementation as appropriate in accordance with Program, faculty, and University policy and procedures, planning and timelines.
- The Department Chair facilitates reflection and discussion on the overall Program Outcomes as related to the mission, goals, and strategic planning to ensure congruence or the need for change.
- In addition, open discussion amongst faculty may ensue to propose curriculum changes, explore NPTE or survey results, or other topics that may influence accreditation etc.

PT Professional Advisory Board

A PT Professional Advisory Board was established for the purpose of ensuring that the Program's

mission and goals accurately reflect current trends and best practice standards of the profession and that the Program responds to the needs of the community and workforce trends. The Board is an important mechanism for ensuring that the curriculum reflects the dynamic nature of the profession and healthcare by developing a process whereby individuals who have experience and regular exposure to the private sector can help guide the Program in the right direction. The advisory board consists of local physical therapist clinicians, educators, and researchers as well as local healthcare administrators, local healthcare-related business professionals, University administration, physicians, and health professionals from disciplines outside of physical therapy. The board reserves the right to seek student input as needed.

Information from DPT Program Assessment and any accreditation reports are shared with the DPT Professional Advisory Board. In addition to internal Program review, the PT Professional Advisory Board deliberates over the current and future direction of the Program as it relates to the stated mission and goals and the future of the profession during Board meetings. The advisory board may make recommendations important for guiding Program initiatives and provide important outcome data related to the Program. The advisory board meets on a biannual or annual basis. Minutes from these meetings reflect deliberation regarding these topics and recommendations are included within End of Semester Review discussion

Strategic Actions in Response to Outcomes: Closing the Loop

Once outcomes data has been collected, it will be maintained within established Program and University Assessment Committee electronic databases. Core faculty will initiate efforts to address any Program deficiencies identified through analysis of the outcomes data and will develop an action plan to rectify any areas in which the Program partially fulfilled or did not meet threshold criteria under the direction of the Chair and chairperson of the DPT Outcomes Committee. Progress toward achieving Program goals and the plan to address Program weaknesses will be monitored by the Chair and DPT Outcomes Committee and outcomes data specifically regarding progress toward these goals will be reviewed annually and every 5-year intervals. Corrective actions designed to address any identified Program weaknesses will be in place and ready to be implemented at the start of the next academic year and a timeline for resolution of the deficiency will be explicitly stated in the goals and outcome measures that are established. When possible, correction of the identified deficiency will occur within one academic year or before from the time that the corrective action is implemented. The Program's success in achieving its mission and goals will be determined in the context of professional standards and guidelines and the mission and policies of Alvernia University.

Annually, a **Program Assessment** is submitted to the University. Each year the department provides a summary of outcomes related to one graduate/student learning outcome with an action plan and evidence. In addition, all graduate academic programs at Alvernia University are reviewed by the **Academic Assessment Committee (AAC)** on a rotating five-year schedule. The analysis of the Program includes: vision and mission, trends in the field of study, resource allocation and administrative support, overall evaluation of student and faculty development, curriculum, and evaluation of program performance. A written report precedes an oral presentation to the council. The AAC utilizes this data to determine if the program is meeting university requirements and this data is utilized for the purposes of academic planning. As the Program prepares for review at the AAC, faculty will evaluate the Program in all of the dimensions described above and attempt to combine this review with that required for accreditation.

Data is collected in each of the key areas every semester and presented at ESR. The core faculty are responsible for data collection, evaluating the extent to which each area is meeting the needs of the Program and is in alignment with the Profession and Institution, and developing strategies with a timeline for addressing any areas of deficiency. Core faculty typically accomplish these tasks through an ongoing collaborative process that organizes faculty into committees. Each committee is charged with collecting data and addressing Program needs related to the specific purview of each committee. Based on collected data, an action plan is developed that culminates in Program improvement.

Alvernia University Department of Physical Therapy



Part 4: Rights, Responsibilities & Citizenship

Rights, Responsibilities, Safety, Privacy & Dignity of Program Constituents

The Department of Physical Therapy clearly defines the Rights, Responsibilities, Safety, Privacy, and Dignity of each of its constituents. The Department's constituents include its' faculty & staff, students, and those involved with the program.

This mirrors the AU Student Handbook regarding **Community Standards** (Reference: [AU Student Handbook](#), Community Standards), in which the University outlines the basic rights afforded to students, individually and collectively; the Alvernia University Student Code of Citizenship; and the Community Standards system by which the tenets of the Code are upheld and through which violations are addressed. An Alvernia University student accepts the duties and responsibilities as a member of a private educational community. In return, the University makes available a fair process, as defined below, to every student in situations involving alleged violations of our Student Code of Citizenship.

The first portion of this section will outline the Rights, Responsibilities, Safety, Privacy, and Dignity of each of its' faculty & staff and those involved with the program, as this content is less expansive. The section will end with critical information regarding these basic rights and responsibilities afforded to DPT Students within their graduate studies, as well as to the rights of grievance and due process when necessary. Each student is responsible for careful review and consideration of the content contained within this section.

I. Faculty & Staff: Rights, Responsibilities, Safety, Privacy, & Dignity

The institutional policies and procedures that affect the rights, responsibilities, safety, privacy, and dignity of Program faculty and staff are identical to those which apply to all faculty and staff within the University and can be found in the [AU Faculty Handbook](#), [AU Graduate Catalog](#), and the [AU Employee Handbook](#). These University policies and procedures apply to all faculty and staff within the DPT Program and are available electronically to Program faculty and staff. The institutional policies related to Program faculty and staff rights and responsibilities include the following: **Non-Discrimination, Harassment, Confidentiality, Promotion and Tenure, Faculty Development, Grievance, Professional Liability Insurance, Workplace Safety.**

II. Individuals involved with the DPT Program: Rights, Responsibilities, Safety, Privacy, & Dignity

Real-world learning experiences within the DPT curriculum enhance the integration and application of knowledge, the development of affective and psychomotor skills, and the connection between the classroom and the clinic for DPT students. As such, faculty incorporate *Co-curricular real-world learning activities* that may utilize human participants ("participants") during classroom and laboratory learning experiences intermittently throughout the curriculum.

Use of Human Participants for Educational Purposes (Classroom, Co-curricular)
Informed Consent: Informed consent from the participant, legal guardian or power of attorney is required from all individuals who may be receiving supervised¹ care by students and/or faculty of the program prior to their participation in classroom instruction, co-curricular learning activities, such as pro-bono physical therapy interventions. Prior to entering the classroom or a clinical learning environment, the instructor will identify the subject's wishes in regard to the parameters of participation during the classroom or co-curricular experience. This may include the extent to which care may be provided and whether or not that care may be provided by students during the

experience. The instructor will clearly communicate the expectations for the class to the participant and answer any questions that they may have. The instructor also ensures that the participant understands that their decision to be involved, and to what extent, will in no way impact the medical or rehabilitative care that they are receiving outside of the teaching environment.

Should the individual consent to allow student involvement in examination and intervention, the primary course instructor will provide direct, onsite supervision and ensure safe practice. The individual may at any time, choose to discontinue the session or may refuse a particular intervention or specific student or instructor from performing intervention. Following the experience, clients will debrief with the instructor for the purpose of answering questions and to assess the individual's response to the experience.

Photographic/Video/Audio Release for Classroom Teaching and Learning: Teaching and learning is enhanced through the use of images and video of client posture and movement patterns. Prior to participation, any individual external to the Program who is involved in a classroom or co-curricular teaching and learning experience must consent to be photographed or recorded, which may or may not include audio recording, and will sign a **Video/Photographic Release for Classroom Teaching and Learning** form.

Indemnity Agreement. Specific to service learning activities, all community participants or volunteers in a program-related activity with students or faculty that **is related to, but does not involve physical therapy care**, must agree to indemnify, defend and save and hold harmless Alvernia University students and employees with respect to, any and all claims, demands, causes of actions, losses, damages, liabilities, costs and expenses (including reasonable attorneys' fees and expenses, court costs, and costs of appeals) resulting from their participation in a classroom teaching experience. Prior to participation, any individual external to the Program who is involved in a program-related activity will sign a **Service-Learning Activity Guest Indemnity Agreement** If the participant or organization is a *Community Partner* of the University, identified as such through the Holleran Center for Community Engagement, then individual participant indemnity agreements may not be necessary.

Physician Referral or Medical Release: Prior to participation in classroom co-curricular activities that involve physical therapy intervention, Physician referral and/or medical release to participate may be secured from the Physician of record. No specific form is required, but the physician may provide consent to participate, provide information relative to medical history or provide guidelines for participation.

¹ Supervising physical therapy faculty, associate faculty, guest instructors, or pro-bono volunteer staff must provide the Program with a current copy of physical therapy licensure and malpractice to ensure protection of participants. In the pro-bono clinic environment, a redacted copy of the physical therapy license must be posted within the clinic environment in accordance with state regulations.

Injury or Adverse Event Reporting: If a participant reports an injury or adverse event from their participation, the activity will be immediately discontinued, and the participant will be referred by faculty (whenever possible) to the [Medical and Counseling Center](#) at 610-568-1467. The [Medical and Counseling Center](#) is located at 421 Adams Street on the main campus of Alvernia University next to the Art Studio.

If the injury requires immediate attention when the Medical and Counseling Center is closed, faculty will contact Alvernia Public Safety at 610-796-8350 or dial 911. If the injury cannot wait until normal business hours, faculty will refer the subject to the Emergency Department at Reading Hospital and Medical Center. Faculty will follow up with the participant to check on his/her status.

Policies and Procedures Related to Human Subjects Research

The Alvernia University [Institutional Review Board \(IRB\)](#) maintains ethical standards for research that involves human subjects, which is an integral part of the professional development for the faculty and the University. The function of this Institutional Committee is to formulate, recommend, and oversee policies and procedures for conducting research with human participants. The privilege of conducting human subject research is granted based on a responsibility to engage in ethical research, respecting the rights of participants, and acting in a manner that is consistent with the values of the University. The IRB protects the rights, safety, and welfare of human research participants by adhering to the policies of the National Institutes of Health when conducting human subjects research.

University policies and procedures related to human subjects research can be found on the IRB webpage, [University Faculty Handbook](#), under the heading, "**Institutional Review Board**". Policies and procedures involving human subjects research are published and available to students and faculty.

HIPAA and Protected Health Information (PHI)

In all learning activities in which "live" participants are used, the confidentiality of patient/participant health information is protected. During Program orientation and throughout the curriculum, students are introduced to the use of Protected Health Information (PHI) and proper protection through formal training in the Health Insurance Portability & Accountability Act (HIPAA).

Under HIPAA, protected health information is considered to be any information that can be individually identified relating to the past, present, or future health status or conditions of an individual, such as diagnoses, treatment information, medical test results, and prescription information, as well as national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact and emergency contact information.

DPT faculty model strategies for proper handling of PHI as they incorporate actual patient scenarios into regular classroom and lab teaching activities and as they integrate actual "patients" into classroom teaching situations. Students will be expected to strictly follow all guidelines established by the host Clinical Education Site related to the use of PHI.

Mandatory Online HIPAA Training. It is the policy of Alvernia University College of Health Sciences pertaining to health-related professions Health Care Students and Faculty (Athletic Training, Nursing, Occupational Therapy, Social Work, and DPT) to complete mandatory online Health Insurance Portability and Accountability Act (HIPAA) training program prior to entering the clinical education coursework. The goal of this program is to identify HIPAA initiatives regarding patient privacy and data security and to help healthcare workers comply with the guidelines. HIPAA training course objectives include: 1) Describe the overall purpose and goals of the HIPAA, 2) Discuss the compliance issues with privacy reforms, including written notice, acknowledgement, prior authorization, and minimum disclosure, and 3) Discuss compliance with data security reforms, including issues regarding workplace layout, information storage, and rules covering conversation. At the conclusion of these training sessions, students will sign a **“Proof of HIPAA Training”** form and they will be expected to adhere to all policies and procedures related to HIPAA when interacting with individuals from outside of the University. Prior to embarking on each clinical practice course, students will engage in a review of HIPAA and the policies that govern the protection of PHI as it applies to specific clinic requirements.

III. Students: Rights, Responsibilities, Safety, Privacy, & Dignity

The University policies and procedures that address the rights, responsibilities, safety, privacy, and dignity of DPT program students can be found under the heading “Community Standards” in the [AU Student Handbook](#). More specifically, they can be found under the headings, “Students’ Personal Rights” and “Students’ Collective Rights”, “Student Code of Citizenship” and “Examples of Prohibitions that Flow from the Tenets of the Student Code of Citizenship”. Upholding Academic Regulations

Each student’s signed acknowledgement of having received and read the [PT Department Manuals](#) (P&P, Clinical Education) will ensure that all entering students have knowledge and intend to follow these regulations. At the start of each AY, returning students are asked to review and attest to ongoing knowledge of current academic regulations. As the contract between student and instructor, course syllabi will reinforce the academic requirements of the Program. Academic program policies that span all courses within the curriculum and expected professional behaviors that govern student behavior throughout the Program are clearly communicated and reinforced. Student academic performance and professional behavior are closely linked to specific grading criteria within each course. In this way, breaches in academic performance and behavior will be identified and corrected or the student will be unable to continue in the program.

With knowledge of the [PT Department Manuals](#) (P&P, Clinical Education) and **DPT Code of Citizenship**, students will always know what is expected and, therefore, will be held accountable by faculty if such expectations are not met. The **DPT Academic Review Committee** will seek to uphold the academic integrity of the Program by making recommendations, developing learning contracts, and enforcing the academic standards of the Program. The academic policies of the University within which the DPT Program operates will also provide assurance that standards are upheld. The academic regulations that specifically impact clinical sites and clinical faculty will be clearly communicated, both formally and informally. The [PT Clinical Education Manual](#) will serve as an important resource for clinical education sites. The DCE, through annual re-evaluation of each active clinical site, as described elsewhere in this document, will ensure that clinical sites are strictly adhering to the academic regulations of the Program.

The effectiveness of the Program’s academic policies is reflected in the development of a student

that is able to competently integrate and apply best practice guidelines as a generalist in all practice settings. The Program relies on a valid set of distinct outcome measures to direct the future development of the Program's academic policies and seek to communicate these important guidelines to all who participate in educating Program students. These outcomes will be consistently monitored by the **DPT Outcomes Committee**.

Reasonable Accommodations

In accordance with Act 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), the University offers accommodations to students with documented learning, physical and/or psychological disabilities. Alvernia University determines its ability to meet the specific requests of special needs student on a case-by-case basis. Reasonable accommodations, as defined by Act 504 and the Americans with Disabilities Act (ADA), are provided *when students self-identify* and provide documentation to the University's Accessibility Services Coordinator. It is the responsibility of the student to contact the ADA coordinator, preferably prior to the beginning of the semester, to initiate the accommodation process and to notify instructors as soon as possible to develop an accommodation plan. Course requirements will not be waived but, if possible, reasonable accommodations will be made to allow each student to meet course requirements. All DPT students must successfully perform, with or without reasonable accommodation, all of the Essential Functions of a Physical Therapist as listed on the [Alvernia DPT website](#)..

Medical and Learning Accommodations as they apply to classroom and laboratory activities/assessments in the DPT Learning environment and the NPTE are discussed further under support for student retention.

Students needing assistance should contact the Accessibilities Services Director

Office of Accessibility Services

**Bernardine Hall Room 105C (in the Academic
Success Center) Phone: 610-568-1499**

Fax: 484-335-4486

accessibility.services@alvernia.edu

Details on academic support for special needs students can be found in the “**University Procedures**” section of the [AU Student Handbook](#).

Confidentiality of Records (FERPA)

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) protects a student's educational records from unauthorized disclosure to third parties. A student must sign a consent form to grant access to his/her Community Standards record before the Office of Community Standards will disclose the information contained in the student's records, unless an exception is permitted by law. These privacy requirements apply to students' parents and/or legal guardians except for specific situations. Federal law makes an exception in these cases and does allow, but not require, the University to share Community Standards information. FERPA affords students certain rights with respect to their academic records. For information on FERPA rights, the student is directed to the **Registrar's Office**.

The policy related to the confidentiality of records that involve student disciplinary action is described in the [AU Student Handbook](#) under the heading, “**Privacy of Community Standards Records**”. The policy for student inspection of their records is under the heading, “**Inspection**”.

of Community Standards Records” and parent review of student disciplinary file records is found under the heading, **“Parent/Legal Guardian Notification”**. The policy regarding the making of amendments to disciplinary records is found under the heading, **“Amendment of Records”**.

Release of Medical Information to Clinical Facilities/Sites

For details related to the Release of Medical Information to Clinical Sites, see the [Physical Therapy Clinical Education Manual](#).

Information Shared with Clinical Facilities/Sites

For policies related to Information shared with Clinical Faculty, see the [Physical Therapy Clinical Education Manual](#).

Protection of Information used for Verification of Student Identity

The DPT Program will protect information that may be used to verify student identity in accordance with University policy as dictated by FERPA. As described above, this Act protects student educational records from disclosure to third parties. Prior to disclosure of any information to other parties for educational purposes, such as clinical sites or associated faculty, students will be asked to provide written approval to release this information to the Registrar’s Office and PT Department Chair.

During all clinical education experiences, Alvernia University DPT students will always maintain ID cards and name badges when they are at the off-campus clinical site for the purpose of identification. The policy for protection of student identifying information can be found in the [PT Clinical Education Manual](#) under the heading, **“Student Identifying Information”**.

Student Background Checks and Clearances

For details related to Student Background Checks and Clearances, see the [Physical Therapy Clinical Education Manual](#).

Mandatory Drug Testing

For details of policies related to Mandatory Drug Testing, see the [Physical Therapy Clinical Education Manual](#).

Professional Liability Insurance Requirements

Professional liability insurance coverage is provided for DPT Program students through United Educators

- Policy No. E54-261 (www.ue.org), which is renewed annually on July 1 beginning at 12:01 a.m. at address of 400 Saint Bernardine St., Reading, PA 19607 with the retroactive date of the previous July 1 at 12:01 a.m. The limits of liability (including defense costs) are \$1,000,000 each claim, \$3,000,000 annual aggregate, with a deductible of \$10,000 per claim.

Students enrolled in the Program are automatically covered and do not need to enroll for professional liability coverage. Students are expected to immediately report any incident related to or arising out of a Professional Service or Professional Internship Program to the PT DC and/or DCE who in turn will report the incident to Alvernia University's insurance carrier. The policy

covers any actual or alleged wrongful act in the performance or failure of performance of any professional service or while performing services in a professional internship program. Professional services are activities that may only be legally performed by a person holding a professional license, regardless of whether the person is licensed or not; and, whether the person is an employee, uncompensated volunteer or independent contractor of Alvernia – as long as they are acting within the scope of his or her professional license and only while acting within the scope of his or her duties assigned by the Included Entity (i.e. Alvernia or internship site). It does not include any activity for which an employee is compensated by any party other than an Alvernia or internship site.

Safety and Security

Required Immunizations and Medical Tests

For the safety of all students, the University requires specific immunizations and medical tests. These requirements are supported by the Centers for Disease Control and the Advisory Committee on Immunization Practices. See Required Immunization and Medical Tests in the [PT Clinical Education Manual](#) for further details.

Vaccination Policy

The Program will comply with all [University policies](#) regarding vaccinations. In some cases, the Program's policies may be more stringent based on particular clinical site placement and classroom activities. (See [PT Clinical Education Manual](#) for further details) In keeping with the CDC guidelines related to vaccination and to assume a leadership role in reducing risk and protecting those entrusted to our care, DPT students who choose to not be vaccinated must follow all university requirements for exemption. The University requires vaccination with option for medical and religious exemption only. If unvaccinated, DPT students will be unable to engage in active patient care in classroom experiences that involve individuals external to the program. Reasonable accommodations will be made, if possible, in accordance with existing health guidelines established by the University Medical and Counseling Center. Masks will be worn during all patient care interactions if a student is symptomatic or in a recovery period after illness.

Due to accessibility of clinical sites, delays may result in fulfilling the curricular requirements of the Program

Exposure Control Plan

Potential Health Risks and Standard Precautions: The Occupational Safety and Health Administration (OSHA) requires that all health care workers understand the dangers of blood borne pathogens and how to protect themselves and others through the use of standard precautions. The DPT Program, as well as many of the contracted clinical facilities require that students have been educated regarding standard precautions. The DPT Program provides education regarding standard precautions within the first semester of the Program and revisits these principles in subsequent coursework. This session is mandatory, and students must sign a declaration page indicating that they have received such training, which will be placed in the student's clinical education file in the office of the DCE. A copy of this signed document will be

provided to a student's assigned clinical facility, upon request. During each clinical experience, students are required to follow all clinical facility policies regarding blood-borne pathogens. Such policies include, but are not limited to, standard precautions, regular hand washing, and the appropriate use of personal protective equipment such as gloves, gowns, masks, and goggles. Any potential exposure to body fluids must be reported via the facility's reporting mechanism with an additional report made to the DCE. Any follow-up care will occur upon the advice of a physician.

Policy: The DPT Program's Exposure Control Plan is consistent with the [University Academic Affairs/Environmental Health, Safety & Risk Management Policy](#) and is designed to reduce the chances of exposure to blood borne pathogens that individuals in the DPT Program may encounter during classroom, laboratory, or clinical education experiences. Blood borne pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HBC), and human immunodeficiency virus (HIV). The following information will serve as a supplement to the guidelines put forth in the Exposure Plan written for all employees of Alvernia University. These guidelines were established by the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910.1030. This plan specifically focuses on the following individuals: 1.) Licensed Physical Therapists serving as clinical or associated faculty involved in educational activities with DPT Program students, 2.) Core DPT Faculty involved in educational activities with DPT Program students, 3.) DPT Program students engaged in classroom, laboratory, or clinical education experiences within the curriculum, 4.) DPT Program students engaged in pro bono services or service-learning activities arranged through the Program.

Procedure: All DPT core faculty and students must attend an annual training seminar on blood-borne pathogens. The University will be responsible for providing this information and training. All employees are encouraged to review the detailed exposure control plan developed by the University, which is available in the Health Center. It is important that all bodily fluids are treated as if they contain a blood-borne pathogen. The following activities may place an individual at risk for encountering the potential exposure to a blood borne pathogen: performing CPR that includes resuscitation using mouth to mouth; dressing wounds, burns, blisters; managing an ill individual (vomitus); suture/post-surgical dressing removal; assisting physicians with procedures or operating room observation; proper disposal of soiled linens and towels; cleaning tables and infected areas; proper disposal of biohazard waste.

Compliance: The goal of compliance in preventing disease transmission of blood borne pathogens is achieved in several ways. Appropriate engineering and work practice controls along with practicing Universal Precautions can help protect all members of the Program. Appropriate containers for biohazard waste along with personal protective equipment are available in the DPT learning space. All waste soiled with potentially infectious material should be disposed of in specific containers for hazardous waste and labeled accordingly. Appropriate hygiene measures (i.e. hand washing) should be performed immediately after care of a sick and/or injured individual. Antiseptic gels or wipes will be used for routine cleaning of equipment. Areas that are in direct contact with individuals will be cleaned using antiseptics after each use. If hands come in contact with any bodily substance or materials contaminated by a bodily substance, they should be washed with soap and water immediately. A sink with antiseptic hand cleanser is available in the DPT learning space. No food or drink will be allowed in the DPT learning space due to possible

exposure to blood borne pathogens. It is important that personal protective equipment be used when the potential for exposure exists. This equipment consists of the following: latex gloves, goggles, face shields, CPR masks, and gowns. Any equipment that is single use should be disposed of in red biohazard bags. Any sharps instruments (i.e. needles or scalpel blades) should be placed in an appropriate “sharps” container. An appropriate disinfectant solution will be made available in the circumstance that any surface is soiled with blood or body fluids. All surfaces used during lab experiences will be routinely cleaned using disinfectant solution.

Post-Exposure: In the event that an exposure incident occurs, the involved individual must contact his/her direct supervisor or faculty member. If the supervisor is unable to be contacted, treatment should not be delayed. The following steps should be taken after an attempt to contact the supervisor: 1.) Wash the affected area with soap and water. If an eye splash injury occurs, flush the eye with water, 2.) Go immediately to the nearest Emergency Room with your source individual, if feasible, 3.) If an individual is at an off-campus clinical facility at the time of exposure, go to the nearest emergency room in the respective area. Do not wait until you return from the experience or activity before receiving care, 4.) the involved individual should follow-up with recommended care as directed by the Emergency Department personnel, 5.) the involved individual should inform the DPT Department Chair of the event and inform him/her of the recommended treatment plan and any treatment that has been provided since the exposure.

It is important that documentation of the incident also takes place immediately on the **Exposure Incident Report** form which can be found on the DPT Digital storage platform under “Department Forms & Templates” This document will contain the route(s) of exposure and how the exposure occurred. The exposed individual will be given the option for baseline blood testing. If the source individual is known, they will be given the option to consent for testing to determine HIV, HCV, and HBV status. If the source individual is already known to have a blood borne disease, new testing does not need to be performed. If their status is unknown and they consent to testing, laws protecting the confidentiality of this information will be followed.

Storage and Use of Hazardous Materials

The DPT Program maintains compliance with OSHA’s laboratory health standards. Occupational Exposures to Hazardous Chemicals in Laboratories (29 CFR 1910.1450) requires employers of laboratory employees to implement exposure control programs and convey chemical health and safety information to laboratory employees working with hazardous materials. Specific provisions of the standard require: 1.) laboratory inspections, 2.) establishment of standard operating procedures for routine and “high hazard” laboratory operations, 3.) research protocol safety reviews for procedures, activities or operations which employer believes to be of a sufficiently hazardous nature to warrant prior approval, 4.) employee exposure assessments, 5.) medical consultations/exams, 6.) employee training, 7.) labeling of chemical containers, and 8.) the management of chemical safety information sheets (Material Safety Data Sheets) and other safety reference materials. The standard’s intent is to ensure that laboratory employees are apprised of the hazards of chemicals in their work area, and that appropriate work practices, procedures and controls are in place to protect laboratory employees from chemical health and safety hazards.

The **Alvernia University Chemical Hygiene Plan-Documents ID No. S-2** provides the standard operating procedures (laboratory practices and engineering controls) that identify the safeguards

that should be taken when working with hazardous materials. These safeguards will protect the students and faculty from unsafe conditions in the vast majority of situations. There are instances, however, when the physical and chemical properties, the proposed use and quantity used for a particular purpose or the toxicity of a substance will be such that either additional or fewer controls might be appropriate. Individual laboratories may modify these procedures to meet their specific uses and operational needs. These modifications, however, must be in writing and maintained in the laboratory with a copy of this document. In addition, the Hazardous Materials Safety Committee should also be informed of these changes. The manner in which Alvernia University is complying with each of the elements in OSHA's laboratory standard is detailed in the Chemical Hygiene Plan. An official copy of this document is located in the **Facilities Department Office**. It is available for review between the hours of 8:30 and 4:30 Monday through Friday when the university is open. Copies of this plan are also available in the reference section of Franco Library.

Safety Regulations and Emergency Procedures

Safety regulations and emergency guidelines are outlined in the [AU Emergency Guidelines and Procedures Manual](#), which are available to the students in written form and online at. A copy of this document is located in the DPT Learning Spaces. An **Emergency Procedures Placard** and an **Evacuation Plan** are posted in every classroom on campus to advise students and faculty about emergency procedures and evacuation. Additional questions regarding emergency procedures can be obtained by contacting the **Alvernia University Public Safety Department** at **610-796-8350**.

In an effort to ensure the safety and security of the Alvernia community, the University has adopted **Omnilert**. Omnilert is a campus-wide, text-messaging system that will enable Alvernia University officials to communicate with registered students, faculty, staff, and parents in the event of a catastrophic emergency. Use of Omnilert is voluntary, but students, faculty, and staff are encouraged to register. It is the surest and most efficient way to provide information that is critical to the safety and well-being of everyone in the University community.

This service and procedures are available at <https://alvernia.omnilert.net/subscriber.php>

Automated External Defibrillator (AED) are available on each floor of the Flynn Plex, located to the right of the entrance of the building and, similarly, on each floor below. The closest **AED** to the DPT learning spaces/lab is located in the main gym, at the entrance by Rm 113 wall. It is easily accessible exiting the lab space gym-side doors and turning left. It will clearly be identified with wall mount signage.

OSHA 29 CFR 1910.157(d)(2) and NFPA 10 Chapter 6.2.1.1 mandate that the distribution of portable fire extinguishers allows for a maximum travel distance of 75 feet for a Class A fire extinguisher. **A portable Class A extinguisher is located within each DPT lab space (Plex 133, 134)**. In accordance with OSHA and NFPA regulations, the Alvernia University Fire Prevention Plan requires that only trained employees are authorized to use a fire extinguisher. Alvernia University offers fire extinguisher training on a regular basis. See Alvernia University Fire Prevention Plan.

Personal Safety in Classroom Activities

Hands-on learning experiences within lab classroom activities in the DPT curriculum enhance the integration and application of knowledge, the development of affective and psychomotor skills, and the connection between the classroom and the clinic for DPT students. However, the safety of students when in the role of subjects or patient-simulators is paramount and is the responsibility of students and faculty alike. Students are trained in body mechanics and in the proper use of equipment in class and laboratory activities. They are taught how to properly don and doff equipment for simulation to endure safety. In addition, students complete lab activities that introduce them to the equipment they will be using within labs (e.g. IV, ECG, other acute care equipment; electrophysical agents) and are tested in skill checks and practical examination on their safe use. This safety is the responsibility of the faculty in class/lab instruction and a student to faculty ratio that ensures an optimal learning experience is maintained in lab activities. A component of each practical examination rubric is focused to student safety, including the protection of body mechanics. Outside of formal classroom activities, students are responsible for preserving their safety by following established instructions and guidelines, as outlined below.

Use and Maintenance of Equipment

The dedicated DPT learning spaces, classroom spaces, and faculty offices will be protected and maintained by the Maintenance Department of Alvernia University. Such maintenance will include routine cleaning and general repairs.

Protection of Equipment

All students and faculty share equally in the responsibility to protect and preserve the equipment within the learning environment.

Equipment should only be utilized for the use it is intended and students must follow all precautions and contraindications for the use of all equipment. Students are expected to utilize only the equipment **for which they have been trained during their DPT program coursework**. We recognize that many students have worked as PT Aides in the past and been asked to perform a wide range of tasks within the scope of a licensed physical therapist. However, until properly trained

in both theory and practice, with competency and entry-level performance determined against minimum standards, students may not legally use equipment.

Students will remove shoes when using the tables and any other clothing or accessories that may damage the equipment (ie. belt buckles, jewelry, etc.). Students will not write directly onto paper on the treatment tables, using only the clipboards provided as their writing surface.

The consumption of food and drink in the classroom is outlined in the policy below. Consumption of food and drink near electrical equipment is not allowed.

Daily Maintenance

All students share equally in this responsibility, with or without faculty reminders.

The learning environment should be returned to clean and orderly condition after EACH CLASS or USE.

Regular cleaning of all surfaces and equipment and facilities will also be performed at the completion of each class or use by the students/class utilizing the space(s). All mat surfaces will be disinfected ONLY with the cleaner provided.

During daily cleaning, DPT students should take inventory and report to the DPT administrative assistant any supplies that need to be re-ordered or equipment that must be repaired. The administrative assistant will communicate and facilitate these activities in coordination with the Department Chair.

On a weekly basis, the Department will make arrangements for laundry and other routine cleaning activities, typically using work-study students. During weekly cleaning, work study students will take inventory and report to the Department Chair any supplies that need to be re-ordered or equipment that must be repaired.

Scheduled Equipment Maintenance

Annual inspection and maintenance of fire extinguishers will be addressed by the Maintenance Department.

Electrical equipment will be maintained using an external contractor. **Muhlenberg Medical Repair**, Inc. at 127 W Summit Street, Mohnton, PA 19540, (610) 777-9693 will be contracted to perform annual equipment inspection and repairs that exceed the limitations of warranties. All electrical equipment is affixed with a current inspection sticker that can be easily viewed and verified. Any electrical equipment found to be out of inspection, to be defective or non-operational should be reported to the Department Administrative Assistant immediately. A list of all equipment that has passed annual inspection is located at the front desk of the PT suite.

Classroom Use and Laboratory Access

All DPT students will be oriented to the lab during their first semester in the Program. Students will be informed of the location of AED's, external phone line, fire extinguisher, and all equipment that is at their disposal.

Each student will acknowledge their understanding and acceptance of these policies signing and submitting the Acknowledgment Page in the front of this **PT Policies & Procedures Manual**

The following policies, will govern student use of the DPT lab in the Plex:

Only DPT students who are currently enrolled in the DPT Program will have access to the lab before, during, and after classroom hours. No other students may use the lab space without the consent of the DPT Faculty.

- DPT students **must restore the lab to a neat and orderly appearance after each use**. "Leave it as you found it".
- Only DPT students are permitted to utilize the equipment located within the DPT lab including, but not limited to exercise equipment.
- DPT students will utilize the lab at their own risk.
- DPT students will be expected to utilize only the equipment **for which they have been trained during** their coursework within the DPT Program at Alvernia.
- DPT students must follow all precautions and contraindications for the use of all equipment.
- DPT students using the lab must properly clean/disinfect all surfaces and equipment after each use with the cleaner provided.
- DPT students will remove shoes when using the tables and any other clothing or accessories that may damage the equipment (ie. belt buckles, jewelry, etc).
- DPT Students will not write directly onto paper on the treatment tables.
- Sustenance food/drink only will be allowed in the DPT learning space during active

classroom activity. Consumption of food and drink near electrical equipment is not allowed.

- If equipment is damaged, the identifying or responsible party should inform DPT faculty or staff immediately. If applicable, equipment should be removed from service and labelled 'Do Not Use'.
- No equipment or supplies will be removed from the lab without the consent of the DPT faculty.
- To gain access to the building outside of normal classroom hours, students should contact Public Safety at (610) 796-8350 and be prepared to show their Student ID.
- Students must maintain their ID cards to verify their identity the entire time that they are within the building.
- The DPT lab will be available for student use when the building is open. Students may gain access to the Plex after hours by contacting Public Safety 610-796-8350 and presenting student identification. To gain access to the lab/classrooms in the DPT area outside of normal classroom hours, students will utilize their identification cards to operate the card access system located at the inside door to the DPT lab. The card access system provides information to campus security regarding student use of the DPT lab.
- Before and after classroom hours, students are encouraged to enter the DPT lab in the company of at least one other classmate.
- DPT students are expected to comply with the policies for preventing disease and the transmission of blood borne pathogens as outlined in Part IV: Safety & Security: Standard Precautions section.
- Students should contact Public Safety immediately if any issues arise at (610) 796-8350.

Location of AED's and Evacuation Routes in the Plex

- Equipped with 3 public use AEDs: One on each level.
- First Aid Kits are located in the 200-level mezzanine area desk
- Emergency Evacuation Signs are in all classrooms, offices, and general use areas of the building.
- **Emergency Evacuation Locations:** In the event of a building evacuation, please proceed to one of the following locations depending on how you exit the building.
 - Grassy area at the front of the softball field. Please proceed to that area as emergency vehicles will be responding to those front rows of the rear parking lot.
 - Rear of front parking lot near Saint Bernardine Street. Please proceed to the rear of the parking lot closets to St. Bernardine Street. Emergency vehicles will be responding to the front area of the parking lot and the side of building that runs parallel to St. Bernardine Street.
 - Always remember to know the buildings you work and learn in.

DPT Student Parking

DPT Student Parking is designated for the lot directly in front of the Plex. Students may not park in spaces designate for Visitors, Handicapped, or Faculty/Staff. Parking assignments are subject to change and students should attend to all temporary or permanent announcements from AU Public Safety.

Classroom Citizenship and Community Standards

All members of the DPT community must recognize the human dignity of all students, faculty, staff, and all others who are involved with the Program.

Each student has the right to equal educational opportunities within the program and every DPT student is expected to act as responsible citizens within the academic community. The AU Student Code of Citizenship (**Reference the [AU Student Handbook](#), Community Standards section**) further defines our mission as a rigorous, caring, and inclusive learning community committed to academic excellence, and is inspired by our Franciscan Catholic heritage. To that end, all students are required to read and reflect upon these standards and will be held accountable to the policies as set forth for the greater Alvernia Community.

All members of the DPT community must recognize themselves as part the larger physical therapy community, grateful individuals who have now entered the *Student-phase of their Physical Therapy career, e.g. their job*. In this phase of their careers, students should consider the importance of professional behaviors in all aspects of the program as reflective of their future job performance.

All students are asked to review, acknowledge and abide by the **Department of Physical Therapy Code of Citizenship** at the beginning of each year of the program

Pets in the Classroom and Department

The DPT program recognizes the important role pets play in the lives of many of our students and faculty. Nevertheless, pets are prohibited in the classroom and within the department except as allowed by University employee and student policies. In general, domestic pets are permitted in all areas used by faculty and students **with documented disabilities** who are assisted by designated guide or working pets (per the Americans with Disabilities Act), and classrooms when pets or demonstration animals are being used for teaching purposes. Additionally, faculty and staff of the Program are permitted to have domesticated animals in the department (non-public areas) only on days designated by the University, if approved. This policy will be superseded by any future changes

in University policies concerning pets on campus and in the workplace. Please refer to the [Alvernia University Student Handbook](#) and Employee Handbook for further details.

Professional Behaviors

All students within the DPT Program are expected to act professionally when interacting with faculty, staff, classmates, volunteers, patients/clients, and all individuals who are involved in the program. Acting professionally includes, but is not limited to, being respectful of other's thoughts and opinions, obeying rules and procedures, demonstrating respectful communication with faculty, staff and peers in person and in writing, avoiding profanity, gossip and demeaning dialogue, demonstrating teamwork and collegiality, informing faculty and supervisors of absences and tardiness, and maintaining favorable relationships with others.

Student response to faculty email is expected within 24 hours of receipt, unless otherwise specified. **All of the following may also be considered part of the professional behavior and conduct becoming of a Doctor of Physical Therapy.**

Dress Policy

Students are expected to dress appropriately for classroom and laboratory instruction. As indicated by course faculty, students are to be dressed in clinical or professional attire when guests are present during classroom experiences and when students are presenting during class. Appropriate dress is defined as clothing commensurate with the classroom or laboratory setting and activity. Professional attire will include covering of visible tattoos with clothing, armor sleeves, or skin-tone tattoo covers and flesh-colored gauges¹. A given course syllabus may define an instructor's requirements for a specific lab activity (for instance, clothing that allows for easy removal or palpation). In general, dress in the classroom should be comfortable, but with discretion, considering that students are considered representatives of the program and profession. Clinical attire is defined as that which would be acceptable in a physical therapy clinical setting. Hats of any kind are not permitted in class. Professional attire includes business dress (pants or skirt suits, button down shirts tucked in, necktie or bowtie and dress shoes unless otherwise indicated) Students who engage in off-campus learning experiences must strictly adhere to the dress code of the facility in which they will be present. See the [PT Clinical Education Manual](#) for details related to appropriate attire for part-time and full-time clinical practice courses.

Eating in the classroom

Food and drink during class time are limited to individual sustenance snacks (water/juice/coffee in closed containers; fruit, energy bars or protein snacks, contained). Eating meals during class is akin to eating meals in front of patients in the clinic and therefore may be considered unprofessional behavior and will not be allowed. Students with special nutritional needs requiring consideration outside of this policy should be brought to the attention of the Department Chair for evaluation for reasonable accommodation. The eating of snacks, although allowed, should not be disruptive to the learning environment. Students are expected to clean up any waste (food, wrappers, crumbs) during class and non-class times and dispose of properly. Any violations of this policy may result in the suspension of snacks/food in the classroom at any time.

Attendance and Class Absence

It should be understood that the Alvernia University DPT Program is a **year-round program**, which includes the summer months, during which important classes and activities are scheduled. This program can be considered an important transition time from the classroom to the profession, where available time for vacations may be somewhat limited. As such, all time away from the program should be scheduled time off, planned well in advance and approved by the Department Chair and all pertinent course instructors. The faculty make every attempt to communicate schedules well in advance (as able) to allow students to plan their time off appropriately.

Although, as graduate students, there is no mandatory attendance policy, students are expected to attend and *be prompt* for all classes and scheduled activities. If a student is going to be late or will need to miss class or a scheduled event, the student is expected to notify the course instructor in advance and to acquire missed content or skills. Student financial aid awards require class attendance and, therefore, faculty are required to take attendance. Course instructors have the freedom to implement policies for attendance and tardiness as they apply to individual courses and such policies will be described in course syllabi, which will serve as the contract between the

¹ Visible large tattoos or gauges may affect how colleagues and patients perceive you in clinics that serve a variety of individuals crossing ethics, cultures and ages. It's important to avoid/cover tattooing potentially offensive or racist signs that may not fit with the policy and ethics that the company you want to work in is trying to manifest. [Wideman 2023](#)

instructor and the student. Students who do not comply with attendance policies as outlined by individual course instructors will be in breach of the Department's Code of Conduct and will receive a "Citizenship Alert". Failure to comply with attendance requirements may also impact a student's course grade.

Class Absence for Athletic Competition

Student-athletes are excused from class attendance in order to represent Alvernia University in intercollegiate athletic competition.

1. Provisions:

- a. Student-athletes are not permitted to miss class for practices.
- b. Student-athletes are entitled to the same number of class absences as students who do not represent Alvernia University in intercollegiate athletics.

2. Procedures:

- a. The Director of Athletics, or designee, will forward a roster of all student-athletes to all faculty at the start of each sport season.
- b. A student-athlete will be required to give his/her instructor an Athletic Participation Class Absence Form (obtained from your coach) one week in advance of the date of the class he/she will miss.

3. Modular Classes:

It is recognized that the compactness of modular class instruction presents a varied aspect to excused class absence for intercollegiate athletic participation. Student-athletes whose team will be travelling during vacation periods must receive permission from the instructor prior to registration.

Absence for Bereavement

Consistent within clinical practice and general employment policy, bereavement absence is approved for immediately family members. Immediate family is defined as parent/step-parent, grandparent/step-grandparent, sibling child/step-child, spouse and in-laws. One day for funeral attendance may be approved for non-immediate family, defined as aunts, uncles, cousins, or brother- or sister-in-law. Appropriate communication and approval is required and AU DPT reserves the right to request additional verification of the need for bereavement time. Bereavement time is not offered for the death of a pet.

Addition: 6/13/25: JO/PU/SV

Although bereavement time off does not reflect negatively upon class engagement scores, the student remains responsible for all missed content or learning assessments. Within each Clinical Experience, students must make up any time missed from the clinic and the amount of bereavement time off will be in accordance with the host facility's policies and pre-approved by the DCE. Students are referred to the [PT Clinical Education Manual](#).

Absence for Military Service

Alvernia University has been recognized as a Military Friendly University. To recognize and honor the military service of our students, the DPT Program will allow short-term absence for military service to the extent in which these absences will not negatively impact the student's success

within the program, as determined by the DPT faculty. The faculty will explore options for accommodations that intend to reduce the impact of these short-term absences on student learning. In cases of expected long-term absence, the student will be offered the opportunity to defer their progression within the program. In the case of military deferment, the Academic Review Committee will develop a learning contract designed to ensure student success upon returning to the program.

Participation

Participation is a requirement for all learning activities throughout the program and professional engagement is a requirement. Students are expected to prepare for class, to participate in lecture and lab learning activities, and to engage in active practice in and out of class time to ensure acquisition of knowledge and skill. Course instructors have the freedom to implement policies for participation, such as participation or engagement points, as they apply to individual courses and such policies will be described in course syllabi, which will serve as the contract between the instructor and the student.

Communication

All DPT students are expected to take responsibility for maintaining mutually agreeable relationships that includes treating others with kindness and empathy, acting in a civil manner in all settings, and fostering an atmosphere of collegiality among classmates, faculty, staff, and all individuals involved with the Program. Every student is responsible for maintaining a positive, interactive, learning environment.

Verbal and Non-Verbal Communication

Both verbal and non-verbal communication should demonstrate civility and respect for all individuals. Effective communication also involves effective listening and respect for the individual speaking. Therefore, when a student encounters a situation in which a student's behavior is inconsistent with the Program's code of citizenship, the student is expected to take one of these actions: address the situation in question directly with the individual(s) until the behavior ceases, report the situation to a faculty member, or, remove themselves from the situation.

Profanity in the classroom will not be tolerated, as it has no place in the clinical environment.

Unprofessional or ineffective verbal or non-verbal communications is always considered unprofessional and is addressed within the [DPT Code of Citizenship](#). Repeated unprofessional activities or egregious acts will not be tolerated. It is important for students to be aware of the policies that govern dismissal from the Program for non-academic reasons. The reader is referred to Part 6: Student Withdrawal and Dismissal

Person-First Language

Physical Therapists and students shall apply cultural competence in every aspect of professional conduct/practice in accordance with APTA's Core Documents. To identify cultural competence in practice, students and faculty will use person-first or patient-centered language in all verbal and written communications.

Examples of patient-first language include:

A person with quadriplegia, a person with paraplegia

instead of...

a quadriplegic, a paraplegic

<i>A person s/p total shoulder replacement</i>	<i>instead of...</i>	<i>A total shoulder</i>
<i>A person with Parkinson's Disease</i>	<i>instead of...</i>	<i>A Parkinson's patient</i>
<i>A person with a total knee replacement</i>	<i>instead of...</i>	<i>A total knee</i>

Social Media Guidelines

The Department of Physical Therapy maintains a social media presence on Facebook, Instagram, and Twitter for the purposes of sharing, collaboration and marketing at the program level. The social media accounts are maintained and managed by a faculty member in conjunction with the Volunteer Coordinator and VP from each class. The assigned core faculty member provides oversight to all posting to the Department accounts.

All postings must adhere to University Social Media Policy, as outlined in the AU Student Handbook, Social Media Policy (Reference: [AU Student Handbook](#)). Postings to personal social media accounts should remain personal whenever possible, without reference to AU or AU DPT in an inappropriate or unprofessional manner.

Electronic Communication – “Netiquette”

Netiquette is a set of unofficial rules for good behavior and politeness followed by users of online and digital technologies such as the Internet, email, and chatrooms. Netiquette is derived from the word "etiquette," which refers to the general rules or conventions of correct and polite behavior in social settings and situations. The same expectations of behavior should be followed for online contexts, such as Internet discussion boards and emails. Below are some general Netiquette guidelines for online communications.

Here's a brief summary of the important points to remember when sending an email.

- Include a subject line that is meaningful and reflects the content
- Write a salutation (greeting) with the person's **name and title** according to how you know the person
 - Avoid 'Hey', 'Hi there', or other more causal greetings when communicating with professionals and faculty.
- Do your homework before sending an email. Be respectful, concise and stay on topic.
- Use proper closing line.
- Proofread for correct spelling and grammar
- Do not use emoticons or abbreviations when communication with colleagues and faculty.
- Respond in a timely manner (within 24 hours, as previously stated)

Unprofessional email or electronic communications is addressed in the [Code of Citizenship](#) will be brought to the attention of the student/author for reflection and re-submission. A copy of the communication will be forwarded to the student advisor and to the file. Each case will be handled on an individual basis, with patterns of unprofessional communications or egregious communications elevated to the ARC.

Student Use of Technology During Class

The use of electronic devices such as cell phones, tablets or computers can be disruptive to the learning environment and is restricted to those activities considered integral to an assigned learning activity or assessment. All other uses are prohibited within the classroom, excepting in emergency situations. Students are expected to place extraneous devices (e.g. cell phones) in their personal belongings, out of sight, unless other arrangements have been agreed upon. Non-approved use of devices during class may result in the removal of the student from class and/or a reduction in a student's grade.

During examinations, the definition of electronic devices is expanded to include any smart technology such as watches, etc. All electronic devices must remain within their personal belongings and all personal belongings must remain outside of the testing area (or alternate designated area). The presence of any electronic device within the examination area will be considered a breach of **Academic Honesty and Integrity**, resulting in sanctions as outlined below.

With this in mind, the DPT Program faculty and staff will expect each student to act professionally throughout all interactions. Within each part and full-time clinical experience, students are expected to meet or exceed the expectations of the clinical setting with regard to professional attire, promptness, attendance, and completion of assigned tasks. Students should understand that violation of this policy is considered a serious breach of contract that may result in the development of a learning contract and/or penalties up to and including dismissal from the Program. The reader is referred to Part 6: Student Withdrawal and Dismissal

Recording Lectures and Learning Activities

Students may not make audio or video recordings of any course activity unless the student has an approved accommodation from the Office of Accessibility Services permitting the recording class meetings. In such cases, the accommodation letter must be presented to the instructor in advance of any recording being done and all students in the course will be notified whenever recording will be taking place. Students who are permitted to record classes are not permitted to redistribute audio or video recordings of statements or comments from the course to individuals who are not students in the course without the express permission of the faculty member and of any students who are recorded.

Academic Honesty and Integrity

All students are expected to adhere to the university's Academic Honor Code, as outlined in the:

[Undergraduate Student Handbook](#)

[Graduate Student Catalog](#) listed in the Graduate and Adult Education section Breaches of honesty include but are not limited to:

- copying another student's work
- submitting work that you did not do yourself,
- plagiarizing any part of the published (online or in print) work of another,
- submitting a paper from another course in lieu of doing a new assignment,
- facilitating the dishonesty of another student,
- cheating on an examination

- Use of ChatGPT or other generative Artificial Intelligence (AI) without explicit permission from the instructor

It is the student's responsibility to read and understand the policy, including definitions and examples of all of the above.

Failure to do so does not excuse the student from the consequences of the policy.

Violation of Academic Honesty may include a range of sanctions, up to and including dismissal from Alvernia University. The student is referred to the Alvernia Student Handbook for additional information and guidelines.

Part II of the Alvernia University Syllabi template also contains updated policies regarding Academic Honesty, including a list of breaches of honesty.

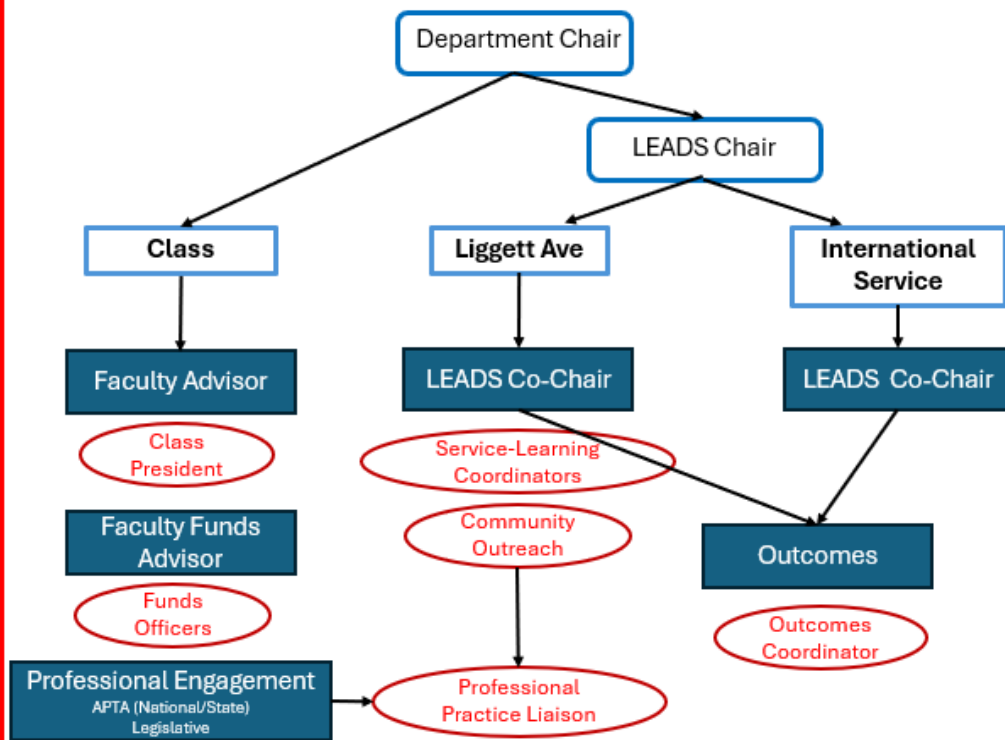
Class Leadership (see figure below – student class leaders are indicated with red circles)

Class leadership focuses on the successful function, service, and advocacy of a given cohort and its role within the Program, University, APTA PA, APTA, and the community. Class leaders include a Class President, Funds Officers, Community Outreach Coordinator, and Professional Engagement Coordinator. Leaders within LEADS include the Pro Bono Clinic Co-coordinators, and Pro bono Outcomes Coordinator. Listed below are the leadership roles and their corresponding responsibilities.

A Faculty Advisor provides oversight, communication, and support of class-related activities and provides mentorship for the student class president. A faculty funds advisor provides mentorship and guidance for the student funds officers. The faculty chair of the LEADS committee provides oversight, guidance and support for all service and advocacy related activities.

Class leadership is designed in a collaborative mentorship model. Class officers support the functions of their own classes but also work together with the officers of the other cohorts for the good of the program. The DPT I class leadership is mentored by the DPT II class, who was mentored by the class before them. The DPT II class officers serve as the officers of the Physical Therapy Student Association ([PTSA](#)) of the University.

Cohort Leadership Functions and Responsibility



Student Leadership Elections

The election of class officers will occur before the start of the second semester and is coordinated by the Class Faculty Advisor. Class elections will be conducted through anonymous voting. Those students interested in serving as a class officer should review the position descriptions and responsibilities carefully, then submit a "Personal Statement" (400-word maximum) describing why they are applying for the specific position. In some cases, faculty may identify certain students they think may serve their class/the program well and approach them to consider service and application. The personal statement will be submitted to the Class Faculty Advisor and posted publicly for class members to review and contemplate before the formal voting period.

Officers remain in place throughout the program unless they request to be replaced or if they experience academic and/or non-academic challenges that preclude their ability to continue in their role. To support academic success, students who are placed under a Learning Contract for academic or professional concerns by an Academic Review Committee will be evaluated by the faculty to determine their continued service.

As class officials, the class officers are expected to model and mentor personal and professional leadership, professional communication, and active engagement in academic and service-related activities. Class officers must maintain active membership and model engagement in the APTA and the APTA PA and other potentially relevant organizations. The Class President and Fund officers of the second-year class cohort assume the dual role of officers of the PTSA.

Leadership Positions: Roles & Responsibilities

The leadership of a class is an essential component of the success of each student and the program. Effective leaders²: possess Self-management, Act Strategically, effectively Communicate, are Accountable & Responsible, display Determination & Persistence, have Vision, are Problem Solvers, foster Creativity & Innovation, promote Teamwork, create lasting Relationships. The class leaders are the face of their class and the program to the University, Community and Profession. The APTA Code of Ethics and the Mission of the Department & University serve as their guide.

The success of each class and the program is linked to the successful execution of several key responsibilities:

- 1) representation of the AU community and the DPT Program;
- 2) communication between all parties (students, faculty, community);
- 3) leadership that serves to organize, strategize, and mobilize initiatives generated by the student body and/or faculty of the Program (i.e., a letter-writing campaign to change legislation);
- 4) service to the Program, community, and profession, and
- 5) fundraising for the class, for service-related needs, and for the Program.

In the first semester of the program, DPT I students meet to get to know each other, begin fundraising, and discuss class needs, with oversight by the DPT II Class officers and support from the Faculty Class Advisor and Faculty Fund Advisor.

Class President

The President of each class cohort is responsible for leadership that serves to primarily organize, strategize, mobilize, and coordinate the activities of class in a manner that demonstrates the true qualities of an ethical leader with moral courage. This steadfast, forward-looking individual leads by example and promotes the development of professionalism, teamwork, and servant leadership in all students within the program.

The Class President is responsible for:

- Assist and support all officers within their designated roles and responsibilities.
- Coordinate professional, productive class meetings with documentation
- Facilitate effective communication between all members of the class, officers from each cohort, and the faculty
- Serve as the primary contact between the class, class faculty advisor, course faculty, and Program Director and Department Chair, which includes addressing the collective concerns brought forth by the class
- Serve as a student ambassador or designate a representative for the DPT program or university events
- Coordinate activities and mentor the development of the underclassmen counterpart.
- Represent the AU DPT Program or designate a representative for APTA PA South Central District Events.
- Maintain active engagement in community service events, modeling servant leadership.
- Maintain active membership and modeling engagement in the APTA/PPTA
- Promote class involvement and participation in service events, fundraising efforts, and decisions made in the class benefit

‘LEADS’ (Leadership through Excellence, Altruism, Determination and Service)

The Doctor of Physical Therapy’s servant leadership program, LEADS’ (Leadership through Excellence, Altruism, Determination and Service) was created to cultivate in our students a lifelong commitment to service as engaged citizens and to improve the quality of life in our local and global community. The program includes Service-Learning Experiences (SLE), Co-Curricular Learning (CCL) and Community Service opportunities as described in Part 7: Curriculum & Academic Requirements ([LEADS and the Real-World Learning Curricular Thread](#)). The faculty and student LEADS Committee oversees all LEADS programs. The student LEADS committee is composed of a Service-Learning Coordinators, Client Advocate, Outcomes Coordinator, and Community Outreach Coordinator)

LEADS Co-Coordinators

The LEADS co-coordinators are primarily responsible for the oversight of AU Health & Wellness Center on Liggett Ave (here by called Liggett Ave). Specific responsibilities include the following:

- Ensure the Liggett Ave is operating according to AUHW Center on Liggett Avenue Policies and Procedures.
 - patient scheduling, student duties/assignments (laundry, cleaning, charts, etc)
 - Work directly with Spanish translator
- Facilitate communication between the physical therapy supervisor and students to ensure evidence-based and ethical treatment of patients
- Assist and support all LEADS officers (Outcomes Coordinator, Community Outreach Coordinator)
- Engage in/facilitate inter-class student LEADS leadership meetings to address service initiatives
- Ensure completion of meeting minutes and committee reports

The Community Outreach Coordinator

The Community Outreach Coordinator is responsible for developing and maintaining relationships between community members, clients, patients, and other individuals involved in RWL

experiences, which includes developing and maintaining social media.

- Serve as an active liaison between the student body, the Program, and the public through social media engagement
- Communicate with the community partners associated with each distinct SLE specific for scheduling needs

Outcome Coordinator

The outcome coordinator ensures that appropriate, up-to-date, and accurate outcome data is collected, analyzed, and reported for all RWL experiences.

Professional Engagement Coordinator

The Professional Engagement Coordinator coordinates student activities within the professional associations.

Specific roles and responsibilities include:

- Educate classmates on the role of DPT students within the APTA, and the APTA PA Chapter Foster participation in the APTA and APTA PA Chapter
- Establish and maintain a relationship with board members from the APTA PA Student Special Interest Group
- Educate the DPT student body about the importance of membership and membership benefit awareness
- Serve as an active liaison between the professional organization and the DPT student body
- Attend and encourage student attendance at professional meetings, social events, programming at conference
- Educate classmates on key advocacy issues at the national (APTA) and state level (APTA PA)
- Facilitate student involvement with advocacy effort to promote the advancement of the physical therapy profession.
- Coordinate activities and mentor the development of the underclassmen Professional Practice Liaison

Funds Officer

There are two Funds Officer positions. The Fund Officers are responsible for the development, coordination, and execution of the fundraising activities in support of class related activities and RWL experiences. Class related funds support class related activities and funding for RWL experiences support students in local, national and international RWL as outlined in [Student Fundraising and PAX](#). As such, all class Funds Officers (FO) collaborate and coordinate fundraising activities and schedules.

Specific roles and responsibilities include:

- Solicit for and move forward ideas from the student body for fund raising
- Coordinate ideas and develop schedules with all cohorts to avoid overlap, redundancy, or over- exposure of activities.
- Obtain approval for all fundraising activities through Student Activities
- Submit and manage all funds raised using the PAX system.
- Keep a detailed record of all revenue and expenses within the class account
- Communicate with other members of the class leadership and the faculty advisor on the status of all finances within the class.
- Coordinate activities and mentoring the DPTI fund officers

Physical Therapy Student Association (PTSA): The Alvernia University Physical Therapy Student Association (PTSA) is University Registered Student Organization (RSO) within the Student Government Association (SGA) designed to support DPT Faculty/Student initiatives. The PTSA is charged with (responsible for) developing and managing a budget and PAX account (see below) under the direction of the faculty advisor. Further details regarding the PTSA mission, membership and operations, as well as roles and responsibilities of PTSA officers are outlined in the By-laws of the PTSA. Each cohort's class officers and activities will be guided by their class advisor.

Fundraising and PAX

Promoting Alvernia Experience (PAX): Fundraising is a mechanism to support each class, the PTSA, Service-Learning, and Program activities. As a registered student organization (RSO), all activities including fundraising are subject to the rules and regulations set forth in the [AU Student Handbook](#). The Class Officers (PTSA) will have an organizational page on the PAX site along with access to the financial section which serves as the accounting process for the PTSA. Oversight of the site is provided by the Faculty Advisor and Department Chair.

As an RSO, the PTSA may receive annual funding from the University which will be placed in a general PTSA account for collaborative use by Faculty and students to accomplish organizational priorities.

There are two general categories of funds in PAX. One is accessible to each student cohort and the other is accessible to department faculty only.

Class Cohort Fund Raising Account: This account is where each cohort's fundraising proceeds are deposited and used, upon class advisor approval, for cohort-related activities such as:

- White Coat Ceremony
- Class Gift
- Graduation Celebration
- NPTE preparation materials
- Miscellaneous activities

Service Learning (Advisor Access Only) Account: This account is where proceeds from department fundraising events (e.g. continuing education courses) are deposited. DPT faculty only have access to these funds. These funds may be used, but are not limited to, any of the following:

- Pro bono equipment and supplies
- Support of service-learning activities
- Support of student research
- Costs associated with fundraising
- Miscellaneous activities and events

The Student Activities Office maintains instructional materials regarding accessing to and deposit of funds on the PAX website. Fundraising among all class cohorts should be coordinated to ensure fairness in distribution of available fundraising opportunities.

Alvernia University Department of Physical Therapy



Part 5: Recruitment & Admissions

Recruitment

Recruitment of prospective DPT students for the 4+3 curricular format is managed through the Alvernia University School of Graduate and Adult Education, and by the Office of Undergraduate Admissions for the 3+3 curricular format. Information regarding recruitment procedures for graduate programs will be available to prospective and enrolled students on an ongoing basis on the [Alvernia University website](#). Additional information can be obtained on this page by navigating to the following links: “[Graduate Programs](#)”, “[Financial Aid](#)”.

Recruitment Events. [Graduate and Adult education](#) holds multiple recruitment events throughout the year, with details available at “[Visit Alvernia](#)”.

Recruitment events specific to the DPT Program, **DPT Information Sessions**, will be held intermittently throughout each semester. Information Sessions include presentations and Q & A from core DPT faculty and students, tours of campus and DPT facilities, as well as an admissions and financial aid session.

Other Program-specific recruitment events may include accepted student day, transfer student events, and University presence at college fairs, etc. The DPT Program faculty collaborates with the Office of Graduate and Adult Education, the Office of Undergraduate Admissions, and the marketing department for the purpose of informing the public of current events associated with the DPT Program. The Department Chair and core faculty are available to meet with prospective students and their families by appointment (preferred) or informally.

Admissions

Admissions Procedures

The DPT program is offered in a 4+3 year and 3+3 year curricular format. Prospective students with an earned bachelor's degree from Alvernia or another four-year accredited institution are welcome to apply to the 4+3 year format. Transfer students are welcome to apply as well, following the policy and procedures as outlined below.

The 3+3 year format enables Alvernia students who are admitted into 1 of 3 majors (Biochemistry, Biology, or Healthcare Science) to follow a curricular plan in that major with the intention to be admitted to the DPT program in his/her senior year, upon completion of all requirements.

Interested students should contact the Associate Director of Admissions for Graduate Education, who may refer the potential applicant to the Chairperson of the DPT Admissions Committee or Department Chair. The processes and policies that govern admission into and progression through the DPT Program can be found at: <http://www.alvernia.edu/academics/graduate/dpt/admission/index.html>.

The Program's pre-requisite courses for admission are reflective of the position of the Academic Council of the APTA (Position: Standard Prerequisite Course for Admission in Entry Level Physical Therapist Education Programs). This motion was heard before the council in October of 2012. The council supports the standardization of prerequisite requirements for the purpose of assisting program applicants in achieving required courses as they apply to multiple programs and for the purpose of assisting pre-professional institutions with program development. The list

of courses recommended by the council is consistent with information presented in the PTCAS Course Prerequisites Summary; 2011-12 Admissions Cycle, APTA, August 27, 2011, and the publication by Lake, et al¹. Additional rationale for the choice of these pre-requisite courses was obtained following close analysis of the pre-admission course requirements of other accredited DPT Programs. This information is available through PTCAS at www.ptcas.org.

1. Lake DA, Breckenridge W, Beverly M. Admission requirements for physical therapist education programs: an uDCate. The Advisor. 2012;3:30-37.
2. Hayward, L. M., & Blackmer, B. (2010). A model for teaching and assessing core values development in Doctor Of Physical Therapy students. Journal of Physical Therapy Education, 24(3), 16-26.
3. Jaschik, Scott. Popularity of Early Admission Grows and Grows. 2017, 2018, January 30, <https://www.insidehighered.com/admissions/article/2017/12/11/despite-concerns-many-early-admissions-programs-continue-see-growing>

Transfer into the Program

Students may transfer a maximum of two graduate courses (six graduate credits) from an accredited university with a CAPTE-accredited DPT Program. Further information can be found at <http://www.alvernia.edu/academics/graduate/dpt/admission/index.html>.

Undergraduate Transfer into the University

The policy for the transfer of credit into the DPT Program will comply with University Graduate Programs policy, as outlined in the **Alvernia University Graduate Catalog**, located under **"Transfer of Credit"**. **"Transfer Partnerships"**, which identifies programs with which Alvernia has currently partnered with for smooth transition, can be found at http://www.alvernia.edu/transferstudent/transfer_partnerships.html.

Matriculation Agreements

For the purpose of identifying qualified candidates with a proven record of academic success, the Program has developed matriculation agreements with local four-year accredited universities. Applicants who desire to enter the program from another university through a formal matriculation agreement, must submit their application through the physical therapy centralized application service (PTCAS) by October 1 of the year prior to matriculation. Students who enter the program through a matriculation agreement must meet ALL admission criteria, which is specified within each executed matriculation agreement. If the number of 3+3, Alvernia 4+3 applicants who desire conditional guaranteed admission, or applicants desiring to enter the program from another university through a matriculation agreement who meet all admission criteria exceeds the number of available seats in the program, as determined by the program's accrediting agency, Alvernia 3+3 and 4+3 students will be given first preference followed by students entering within a matriculation agreement from another university. In such cases, Alvernia student applicants then matriculating student applicants will be rank ordered based on: 1. Science GPA, then 2. Overall GPA for final decisions related to admission.

International Applicants

International Applicants who are applying to the professional DPT Program, must submit official TOEFL results for all students for whom English is a second language (www.ets.org). In addition, transcripts from a university outside of the United States must be evaluated by an independent service. (www.naces.org)

Application Review Process

Upon notice of the initiation of an application by a prospective student, a G&AE Admissions Coordinator will screen each application. If an application is incomplete, the Coordinator will work with the applicant to complete the application and ensure that the minimum criteria for each requirement have been met. Applicants who have not met the minimum criteria will be denied admission and the Admissions Coordinator will communicate this decision to the applicant.

Once an application is complete, it will be forwarded to the DPT Admissions Committee. The Admissions Committee is comprised of the DPT core and associated faculty. All decisions regarding the status of the applicant will be made by the DPT Admissions Committee.

Once completed applications are forwarded from the Office of G&AE to the DPT Admissions Committee, the process for reviewing applications is as follows:

All applicants:

The application of those who have met the minimum criteria for admission will be assigned to 3 reviewers who serve on the DPT Admissions Committee for independent review.

- Each reviewer will review the entire application and verify that the applicant has achieved the minimum academic requirements.
- The written essay and personal references will be scored using established rubrics for standardization assessment between reviewers.

- Pending the results of the application review, an applicant may be progressed to the interview phase of the application.
- Reviewers make one of the following decisions for each application:
- **Offer, Waitlist, or Deny.**
 - Applicants who receive an “Offer” decision will be prioritized based on the score that includes both academic aspects of his/her application as well as the score assigned to the applicant’s essay and references (score” as described below).
 - Applicants who receive a “Waitlist” decision will also be prioritized.
 - Applicants who receive a “Deny” decision will receive a letter of denial from the Graduate and Adult Education admissions Team communicating this decision.
- The size of each cohort to be admitted annually is determined by the Department, in conjunction with the University and the Commission on Accreditation in Physical Therapy Education (and is subject to change).
- Those applicants who receive the highest score will be offered one of the available number of seats within the cohort, receiving a letter of acceptance from the Department Chair or notification by the Director of Graduate Enrollment. All other applicants who receive an Offer or Waitlist decision will be placed on a prioritized wait list.
- Applicant Interviews
Pending the results of the written application, an applicant may advance to the interview phase of the process. This interview with core faculty may be virtual or in-person. This will provide applicants with the chance to learn more about the University and the DPT Program, as well as provide the Program with important data relative to an applicant’s potential success in graduate education and as future professionals in the field of physical therapy.
- All applicants will receive written notification regarding their status by **March 1**.
- For those students offered a position within the upcoming class, they must submit their formal acceptance of this position/for admission in writing along with a security deposit in the amount of \$300.00 by **May 1**. This non-refundable deposit will be attributed toward the student’s tuition costs and fees.

Should a student who received an “Offer” decline, the next applicant on the prioritized wait list will be offered acceptance into the Program via email notification or phone from the G&AE Admissions Coordinator.

- Wait-listed applicants who are offered admission will be given 2 weeks from the time of acceptance, or less depending on the time of year, to submit written notification of their acceptance with submission of the security deposit. If the applicant fails to respond within that period of time or chooses to decline acceptance, the next applicant on the waiting list will be offered acceptance.

Special Considerations Related to Admissions

Deferment:

There may be an extenuating circumstance (including military service) that impacts an applicant's ability to accept admission into the DPT Program. In such cases, students may choose to defer their acceptance into the DPT Program. If such a situation arises, the following process will be implemented:

- A student who has been accepted into the Program yet desires to defer their admission will provide written notification of this decision including an explanation by **May 1** to the School of G&AE. Notifications received after this time period will be considered on an individual basis.
- This deferment will only be offered for up to one year beyond which the student will forfeit their acceptance into the Program. Students are not prohibited, however, from re-applying to the Program at any time in the future.
- When a deferment is offered, the next student on the waiting list will be offered admission into the Program.

International Student Admission:

International students who will be graduating from a fully-accredited university with a Bachelor's degree are welcome to apply to the professional DPT Program. International students applying to the program must fulfill the requirements of the “**Essential Functions**” document which is delineated on the DPT Program webpage at under [DPT Essential Functions](#). The University uses the Student and Exchange Visitor Information System (SEVIS) to facilitate compliance with regulations set forth by the United States Citizen and Immigration Services (USCIS).

Admission requirements for prospective international students are identical to those previously described. In addition, all students who are non-native English speakers or are from a country where English is not the official language will be required to provide proof of English proficiency. The CIA world fact book website will be used for verification if the student's country of origination is considered English- speaking. To provide evidence of English Proficiency, students must take the Test of English as a Foreign Language (TOEFL) and achieve a minimum score of 550 for the paper-based test, 190-213 for the computer-based test, or 75-80 for the internet-based test in order to be considered for admission.

Information about the TOEFL and registration can be accessed at **www.ets.org**. If a student has had at least two consecutive years of education in an American high school or institution of higher education, the TOEFL requirement may be waived. A transcript from the American school should suffice for proof unless otherwise determined by the Admissions Office. In addition, transcripts from a university outside of the United States must be evaluated by an independent transcript evaluation service in order to ensure compliance with University admission standards. World Education Services can be accessed at **www.wes.org**.

The procedure for admission of prospective international students to the University is as follows:

- Once accepted to Alvernia, prospective students will be first notified by e-mail of their acceptance. The following will also be mailed to his/her home country mailing address: a

formal letter of acceptance, confirmation of enrollment form, Health and Wellness forms, Housing forms, and other forms that the student will need to complete the enrollment process.

- International students must be enrolled as full-time students (6 credits minimum) for the Fall and Spring semesters.
- Prospective students must send \$300 USD for confirmation of enrollment and \$250 USD for housing deposit to finalize the enrollment process.
- The American government requires that all foreign students are financially qualified to enter the United States and enroll at Alvernia University. International students must complete the Foreign Student Financial Statement. Students must provide documentation that they have sufficient funds available to them amounting in total cost of attendance (tuition, room, board, fees, books, health insurance, travel, and personal expenses) for at least the first year of study at Alvernia University.
- Once accepted and once adequate financial documentation is received, Alvernia University will create an Initial Form I-20 to be mailed to the student's home address as indicated on the International Application.
- Once the student receives the package they must follow any home-country approval processes and must make an appointment with the American Embassy or Consulate in their home country to apply for an F-1 visa. The student's I-20, acceptance letter, and copies of all documents requested by the American Embassy or Consulate are needed to support the student's F-1 visa application. There is a fee to be paid in order to apply for an F-1 student visa. Students are encouraged to check with the American Embassy or Consulate in his/her country of origination for details and special requirements. Students are also responsible for paying all SEVIS fees prior to their appointment at the American Embassy or Consulate.
- The student will complete his/her Health and Wellness documentation and send back to the International Student Admissions Counselor via e-mail so they can be reviewed by the Health and Wellness Center. Students are required to present his/her health and wellness documents and proof of received vaccines to the Health and Wellness Center. All vaccinations are required prior to arrival on campus.
- Once the F-1 student visa is approved, the student will be responsible for making travel arrangements that allow him/her to arrive to the United States in time for orientation weekend in August (usually the third week of month) of the year they are to enroll.
- During the first week of class the student must provide a copy of his/her passport and I-94 card to the DSO.
- Information related to the admissions of international students is available to prospective and enrolled students on an ongoing basis on the University website at <http://www.alvernia.edu/internationalstudent/>.

Applicant Rights- Class Size and Prevention from Over Enrollment

Throughout the admissions process, each applicant's rights are protected and procedures that meet the standards of due process are applied equitably. To ensure fairness in decisions regarding admission, 3 different reviewers independently score each application using established rubrics. All admission decisions are based upon the strength of each applicant's total "application profile" and in no way relate to the applicant's race, color, ethnicity, or religious affiliation, etc. Applicants are notified of the decision at the time that the decision is made and no later than March 1. Applicants may request rationale from the Department Chair for the admission decision, upon request.

A file for each applicant is securely maintained in the School of G&AE for up to one year. For those enrolled in the Program, applications and evaluation forms used to assess each applicant are securely maintained in the student's file in the PT Department. Admissions data are published in aggregate with no identifiable student information provided. Admissions data are also used in assessing Program outcomes and may be used in disseminated publications or presentations, without individual identifying information. The planned class size is maintained according to accreditation standards through acceptance of the maximum number of planned students. Additional students are admitted from the waiting list as initial offers are declined or not acted upon. Any changes in planned class size will be determined by workforce data while remaining in alignment with the Program mission. This process is monitored by the Chair and admissions coordinator.

Policy for Applicants with a Criminal Record

An individual with a prior criminal history may be prohibited from engaging in clinical education experiences that span all practice settings, therefore, impacting the student's learning experience and the student's achievement of all learning outcomes within the program. Furthermore, an individual with a prior criminal history may limit the ability of an individual to practice in all practice settings upon graduation. A positive criminal history may also preclude an individual from being offered the ability to pursue licensure. For these reasons, individuals who have a positive criminal history must report this information upon application to the program and these individuals will not be offered admission into the Program.

Essential Functions of a Physical Therapist

The DPT Program at Alvernia University, in compliance with the Americans with Disabilities Act (ADA), does not discriminate against qualified individuals with disabilities. A person qualified for the DPT program is one who has met academic standards and is able, with or without reasonable accommodations, to meet the essential functions of a physical therapist, in alignment with current practice as determined by several sources as referenced. The Essential Functions adopted by the Alvernia University DPT Program are available on an ongoing basis at <http://www.alvernia.edu/academics/graduate/dpt/functions/index.html>.

Alvernia University Department of Physical Therapy



Part 6: Student Retention, Progression, Support, Withdrawal, Dismissal

Student Retention & Progression

Course Registration

To enroll in courses, all students must complete the University registration process. No student can register for another student or allow another person to register on the student's behalf. In order to register, all students must be authorized by their academic advisor in the **"Self-Serve"** tab on the University website. If a student registers during pre-registration and then decides not to return to the University, it is the student's responsibility to notify the School of Graduate & Adult Education in writing prior to the beginning of classes in order to avoid charges. Registration dates can be found on the Academic Calendar. Information regarding tuition and course offerings is available from the School of Graduate & Adult Education. The policy for enrollment in graduate courses is found under the heading, **"Registration"** in the [Alvernia University Graduate Catalog](#).

Additional Student Fees

Students will pay an annual student activity fee. Costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences will be covered by the student's individual insurance coverage, which all students must have prior to admission into the program. Any deductibles, co-pays, or costs for care not covered by insurance will be the responsibility of the student and their families. Students will also incur additional costs related to textbooks, subscriptions and supplies that are required for each course. Students may incur travel and housing costs during any of the full-time clinical education experiences. Students will incur a \$100 Graduation fee. See [Tuition and Residential Costs](#) for details related to additional student fees.

The Impact of Student Academic Performance on Financial Aid

Students are expected to be aware of the implications of their academic performance on their financial aid. Based on federal guidelines related to financial aid, if a student's overall GPA falls below a 3.0, the student will be notified that a formal appeal must be submitted to the Office of Financial Aid with rationale for the student's less than satisfactory academic performance. Upon acceptance of the appeal, the student will be placed on probation for one additional semester after which the student's overall GPA must be >3.0. If the student fails to achieve a 3.0 GPA, additional financial aid will not be available to the student. Students must also be aware that incomplete ("I") grades for a course cannot be calculated within the student's GPA or be included on the student's official transcript until the course has been completed. The student's overall GPA will not include the grade of a course until the course has been fully completed and a final course grade has been submitted by the instructor. Incomplete courses will not be considered in the overall number of credits earned by a student. Students should be aware that incomplete course grades may, therefore, impact their financial aid portfolio.

DPT Course Progression

Course Pre-Requisite Policy

Every course within the curriculum serves as a pre-requisite course for subsequent courses. This means that a student must earn a passing grade for every course within the curriculum prior to

enrolling in subsequent coursework. However, exceptions can be made on an individual basis that will enable students to enroll in a course with an incomplete ("I") grade in a pre-requisite course. The following statement is included on all syllabi: *"Exceptions for the progression of students with an incomplete grade in a pre-requisite course can be made on an individual basis as determined by the DPT Academic Review Committee."*

Computation of Grades

At the completion of a course, each student is assigned a letter grade based upon the appropriate scale below:

The DPT Grading Scale is as follows:

A	4.0	94-100
A-	3.7	90-93
B+	3.3	87-89
B	3.0	83-86
B-	2.7	80-82
C	2.0	73-79*
F		Below 73

*A grade of 73% or higher is required to pass all courses within the DPT curriculum. A grade of <73% is considered a failing grade. The grading scale for each course is listed in every course syllabus.

NOTE: Individual faculty may raise the minimum passing grade in a given course at their discretion. The minimum passing grade for the course will be clearly listed on the course syllabus. It is recommended that students closely review the grading scale for each course. Students will receive an Incomplete grade if ALL paperwork for a course is not submitted on time.

Semester Grades Policy

Students with certain levels of outstanding financial obligations will not have access to their Self-Service transcript until their accounts are cleared. The responsibility for identifying grade errors is that of the student. Canvas does not necessarily represent the final grade earned and students are advised to review academic transcripts. Students on hold may visit the Office of the Registrar or the Graduate and Adult Education office during business hours to view their transcript. Any grade correction must be made by the instructor and filed in the Registrar's Office. The deadline for corrections is 21 calendar days after the grade is issued (except in cases of a grade grievance or in the case of an approved Incomplete). After that time, no changes will be made on the student's record. This policy can be found under the heading, "Semester Grades" in the Alvernia University Graduate Catalog.

Course Repeat Policy

The Course Repeat Policy allows for students to complete the requirements of a learning contract that may be required for readmission to the Program. If a student fails to pass a course, and Faculty vote for readmission, the student will be considered to be in poor academic standing and a learning contract will be established by the DPT Academic Review Committee (ARC),

which may include the option for a student to repeat/delete a course. In addition to the policy as described under the heading, "Repeat/Delete Option" in the Alvernia University Graduate Catalog, the Program has additional requirements. Since each course within the DPT Program requires the successful completion of all prior coursework, students failing to pass a course with a grade of "C", or better will be unable to continue within the Program and must re-take and pass the course with a grade of "C", or better, if offered readmission, the next time that the course is offered. For students seeking readmission into the DPT program, courses that were scored below a B (B- or worse) will be required to be retaken. Exceptions for the progression of students with an incomplete grade in a course can be made on an individual basis as determined by the DPT Academic Review Committee. The repeat/delete option may only be used in cases where both the original and repeated courses were earned at Alvernia; neither course may be by correspondence or by study at another institution.

Auditing Policy

In order to progress through the Program, students may be required to audit one or more courses. Auditing a course that was previously passed may be required in fulfillment of a learning contract in order to reinforce material that was previously instructed. No credit is earned for an audited course. The cost of auditing a course is 50% of the per credit cost of the course. University policies related to auditing courses can be found under the heading, "Auditing" in the Alvernia University Graduate Catalog.

Credits/Overloads Policy

The University policy related to number of credits per semester requires graduate students to register for a minimum of 9 credits per academic semester. Greater than 18 credits per semester is considered overload. Overloads require the approval of the student's faculty advisor. Students enrolled in the DPT Program and undergraduate students who are currently pursuing the 3+3 accelerated track will be automatically approved for overload as dictated by the pre-determined curricular plan. The University policy for taking overload credits can be found under the heading, "Credits/Overload" in the Alvernia University Graduate Catalog. Transcripts Policy

Requests for transcripts may be made in writing to the Registrar's Office or requested through Self Service. Forms are available from that office or at <https://www.alvernia.edu/current-students/registrar/registrar-transcripts>. No transcript request is released until all financial obligations to the University have been met. Students may request unofficial copies for their personal use. The first transcript requested after the degree is conferred is free. Processing of a transcript request is completed within five working days after the request is received; the prevailing fee must be submitted with the request for each transcript. This policy can be found under the heading, "Transcripts" in the Alvernia University Graduate Catalog.

Student Notification of Academic Performance

Students and faculty will maintain open communication regarding student academic and clinical performance and progress through both formal and informal means throughout each semester. Students will receive formal notification regarding academic and clinical performance: 1.) when performance on any learning assessment falls below established benchmarks; 2) at the midterm of each semester, during the faculty advising session; and 3) at the conclusion of each semester when final grades are submitted.

Mid-Semester Notice Policy: In mid-semester, faculty members submit Progress Report notices

through AUAdvise. Students who are doing less than “B” work are identified and specific information regarding their lack of progress is noted. Students, their advisors, and the Registrar’s Office are notified. Further information regarding Progress Reports and Alerts can be found below in [Resources to Support Student Retention and Progression](#).

End of Semester Notice: At the conclusion of each semester, students will be issued a final grade for each course by the primary instructor of the course in accordance with the University grading system described under the heading, “**Computation of Grades**” section of this Manual. This final grade will be added to the student’s permanent, official transcript. Assigned grades are consistent for all courses across the curriculum using AU graduate grading scale, which is more rigorous than the scale utilized by other graduate programs within the university and will be included on each course syllabus. Unofficial grade reports are posted on the course page in Canvas and under the “**Self-Service**” tab on the University website, at the conclusion of each semester. This “unofficial transcript” will include individual final grades for each course as well as the student’s semester and cumulative GPA. In cases where student performance places them in poor academic standing, formal written notification will be provided by the Department Chair.

Instructors may informally notify each student of grades in Canvas or by another mode of their choosing. It is expected that grades on exams are communicated to students within 48 hrs. and within one week for other learning assessments, of their completion. For larger projects, more time may be necessary and will be communicated. Grades on assignments and exams will be communicated confidentially to each student by the primary course instructor via email, Canvas, telephone, or personal contact between the student and primary course instructor. The Program espouses the importance of timely student feedback in the educational development of each student.

Program Grade Guidelines and Expectations

In alignment with the Program’s philosophy, which emphasizes clinical competence, assessment of student cognitive, affective, and psychomotor knowledge and abilities through written and practical examinations is of critical importance throughout the curriculum. For this reason, students must demonstrate the ability to successfully complete all written and practical examinations.

Although the specific policies and procedures related to the administration of examinations is an issue of academic freedom and is determined by each individual faculty member, the following shall serve as the minimum requirements regarding written and practical examinations within the program:

Minimum Passing Grade

Unless otherwise specified by the course faculty and written within the course syllabus, the minimum passing grade for all learning assessments is 73%. This policy applies to all courses within the program, including those taken as an audited course, unless otherwise specified within a student’s learning contract.

Examination Retakes

Unless otherwise specified by the course faculty and written within the course syllabus, students unable to pass a written or practical exam within 3 attempts will fail the course in which the exam is required and will be unable to proceed through the curriculum. This policy applies to all courses

within the program, including those taken as an audited course, unless otherwise specified within a student's learning contract.

Maximum Re-examination Attempts

If the student is not successful on the first attempt, a maximum of 2 re-examination attempts are allowed for each written and practical examination. Each student has a maximum of 3 attempts to pass each written and practical exam. When an examination is re-taken and passed, **the original examination grade will be used to calculate the student's final course grade.**

Failure to Achieve a Passing Score on the Maximum Number of Re-examination Attempts

If the student is not successful in passing a written or practical examination within the maximum number of allowable attempts for a course, a grade of "F" for both the exam and the course will be assigned. If a grade of "F" is received, the student will be unable to proceed through the curriculum and will be dismissed from the program.

Student Responsibilities in preparation for re-examination

In preparation for written or practical re-examinations, the student is expected to engage in self-guided remedial preparation and contact the course instructor if assistance is required.

Recording Reexaminations

Whenever possible, practical re-examinations will be video recorded for review purposes. This will allow for review by an additional examiner as necessary.

Missed Examinations

In the event that a student misses a written or practical examination in one of their classes, without a request for an exception submitted PRIOR to the exam and approved by the course instructor, students will receive a maximum grade of 73%. Missed exams due to illness will be managed on an individual basis and students will be expected to have a note from a physician.

External Examiners

External examiners may be used for practical examinations. The course instructor will ensure that all external examiners have knowledge and experience in areas related to course content and that all examiners are aware of examination grading procedures and criteria. All practical examination grades provided by external examiners are considered to be final. The use of external examiners assists in ensuring that course instruction is commensurate with contemporary practice.

Reexamination Format and Process

The methods and processes used to assess student learning during written or practical reexaminations are under the purview of the course instructor. Reexaminations are scheduled at a time agreed upon by the student and instructor and should be completed prior to the initiation of the next semester whenever possible.

Resources to Support Student Retention and Progression

The Department and University provide extensive support for student progression throughout the Program. The strategies that support student retention and progression within the Program

are provided equitably among all students without respect of gender, religious affiliation, ethnicity, socioeconomic status, sexual orientation, or any other identifying factor. In so doing, these resources support the success of a diverse student body.

University Support

University resources include are outlined in the **AU Student Handbook**, and include Counseling Services, Academic Student Success Center, Career Development, Writing & Learning Center, Educational and IT Services, and Financial Aid/Planning. In addition, Campus Ministry provides spiritual support, and the Office of Justice Equity and Inclusion provides opportunities and forums for the student community to grow in self-understanding, humility and empathy through equity- based advocacy, empowerment and social justice initiatives. The Justice Equity and Inclusion Council (JEI) is comprised of faculty, staff, students and Alumni who work together to create an inclusive campus community and environment in which diverse students can thrive. The Council commits to ensuring the Alvernia community is one of inclusive thoughts, culture, ideals and vision. Financial and Career planning are provided by the Office of Student Financial Services and Office of Career Development, respectively.

Orientation

Prior to the start of class, all DPT students will attend orientation facilitated by the DPT faculty. Orientation is designed to achieve the following general objectives: 1) introduce first year students to the faculty, staff, facilities, and resources; 2) facilitate introduction and integration between all student cohorts; 3) engage in the University mission and tradition; 4) orient to the DPT Program including mission, vision, curricular structure, and academic schedule, 5) provide and orient to Program policies, procedures and requirements. 6) orient and introduce the profession of physical therapy.

As part of orientation processes and every year thereafter, each student is required to read/review the PT Policies & Procedures Manual and attest to their understanding and their commitment to comply with all department policies and procedures. The PT Policies & Procedures Manual serves as a valuable resource for students, providing answers to most questions related to the department.

Student Advising

All students will be assigned a faculty advisor in the summer before beginning the Program. Faculty advisors will provide mentoring and advising for students and will serve as an important resource for students on an ongoing basis through the program. Similarly, individual course faculty will provide advisement as it relates to their course or instruction.

AUAdvise enables engagement of students and faculty to ensure student success within the program. Student advising processes are designed to support students in three areas linked to student success: 1) academics; 2) behavioral and professional; and 3) medical and/or mental health.

Throughout the program students will engage both formally and informally with their faculty and faculty advisor. These advising sessions are documented for maximum support of student progression, as required, and will adhere to all FERPA privacy requirements.

As adult learners, students are expected to initiate interactions with their faculty and/or faculty advisors for the purposes of academic or personal guidance or support. Faculty schedules and office hours are made available through the AUAdvise system and in paper

copy on each course syllabus, on the faculty member's office door or with the department secretary. It is recommended that students make advising appointments through AUAAdvise or as requested by a given faculty member.

A student and their Faculty Advisor may receive notification through the AUAAdvise system if the individual student advisee is experiencing academic or other difficulties. This notification may come in the form of a Progress Report, or an Alert if immediate action is required. The two types of notifications are defined below. If the student receives an Alert, the student will be encouraged to seek help by speaking to both the instructor and Faculty Advisor.

Alerts

Alerts are a way to draw attention to a student who may potentially be "at-risk", a student who needs a referral to support services, or an instructor who believes an intervention by the student's Faculty Adviser is warranted. Alerts are not related to a class but relate to concerns that may put the student at risk. Examples are missing required materials, having financial or emotional difficulty, needs a job on campus, housing concerns or other stressors, etc.

Progress Reports

Progress Reports are a useful way to help students know early on in a semester (and along the way) if they are not meeting or are exceeding the goals and objectives of a course. Progress reports allow faculty to submit in-semester feedback (e.g., current grade, absences) on the progress of students in their courses. Progress Reports ask about a student's overall performance in the class and academic progress. "This student is at-risk to fail my course" is an example of what you might see on a professor's progress report. Alternately, there is nothing to preclude entry of a positive comment, if desired: "This student is doing great in my class".

DPT Faculty are encouraged to submit Progress Reports should a student fail an exam in their course or begin to have difficulty with content at a level that raises concern for the primary course instructor. Ideally, providing this information as it occurs and before the mid-point of the semester enables students to seek assistance in time to achieve a positive outcome. If more than one Progress Report is received in a semester, then the student's Advisor should meet with the student and strongly consider convening an ARC in order to develop a comprehensive support plan for the student.

Formal Advising: A minimum of one time each semester (usually around mid-term), faculty will meet formally with their advisees to review student progress throughout the Program and to discuss any challenges and successes. Prior to this session, each student will engage in a process of self-reflection related to professional and academic behaviors by evaluating themselves using a standardized inventory. Each student may be asked to develop SMART Goals for their upcoming clinical experiences with their advisor based upon their current learning strengths and weaknesses. This information will be used to facilitate discussion during the advising session. Advisors will keep record of these interactions via the AUAAdvise appointment reporting system.

To ensure consistency and advocacy, a student's faculty advisor remains unchanged throughout their time in the Program. If a student wishes to be assigned a different advisor, this can be discussed with and granted by the Department Chair in consultation with all involved parties.

Learning Contracts: In order to assist in and facilitate student success throughout the

program, and if students are not fulfilling (or in danger of not fulfilling) academic or non-academic Program requirements, a formal learning contract may be generated. Learning contracts are developed in cooperation between the student, their advisor, and course instructor(s), if applicable. Such contracts are designed to proactively curtail a student's decline in performance, when possible, or to provide a strategy for assisting a student who is not meeting Program expectations or who has not met Program progression requirements to be restored to good academic standing. See below for details of the various types of learning contracts developed by the Program. See [Academic Review Committee](#) (below).

Students who are experiencing academic difficulty throughout the curriculum but have not yet failed to meet academic and/or professional behavioral requirements may be notified by faculty through formal and informal interactions of his/her areas of deficiency. During these interactions, the faculty member or academic advisor will notify the student of his/her current academic status and, with the student, develop a plan to address these issues proactively, when possible. A summary of these interactions will be completed by the faculty member and placed in the student's permanent file. Students who are having consistent issues or those whom a primary course instructor or faculty advisor perceives as demonstrating the potential for not meeting course or Program requirements may be required to appear before the DPT Academic Review Committee (ARC), at which time a learning contract (Progression Plan) may be developed to assist the student in addressing any issues.

Advising is a critical responsibility of core faculty, and the University requires all faculty members to schedule at least 6 office hours across 2-3 days per week. Office hours may be held in person or virtually, using MS Teams, Zoom® or other available technologies and students are requested to make appointments with faculty within posted office hours whenever possible using AUAAdvise, email, or designated scheduling methods.

Medical and Learning Accommodations

In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act ("ADA"), the University offers accommodations to students with documented learning, physical and/or psychological disabilities. It is the responsibility of the student to contact the Accessibility Services Director at/prior to the beginning of the program, to initiate the accommodation process.

Office of Accessibility Services

Bernardine Hall Room 105C (inside the Academic Success Center) Phone: 610-568-1499

Fax: 484-335-4486

accessibility.services@alvernia.edu

Additionally, a student can apply for accommodations via the Alvernia University Accommodation portal which can be found under the [Accessibility Services](#) page on the University website. Once accommodations are granted, faculty will be alerted to access and sign a student's accommodation letter via the Alvernia Accommodations Portal. It is the students' responsibility to follow up with each of the professors in their classes to confirm the current letter of accommodation has been received and to discuss their accommodation needs and plan for the course. All students must successfully perform, with or without reasonable

accommodation all of the [Essential Functions of a Physical Therapist](#).

Student Responsibilities within the DPT Program

Learning Accommodations: A student's learning accommodations may carry over from semester to semester, with appropriate documentation from Accessibility Services. The student is required to provide documentation to the department and to each course instructor at the beginning of each semester or if there is a change in status. To do this a student must submit a Semester Renewal Request, which can be done by following the link on the [Accessibility Services](#) page on the University website. Once complete, faculty are alerted and must access and sign a student's accommodation letter via the Alvernia Log-in page. Students can also download their **Letters of Accommodation** from the Accommodation section of the Universities' Health and Wellness portal and must provide the letters to the department and their course instructors in either electronic or paper format. As with the initial granting of accommodations, it is the student's responsibility to follow up with each of the professors in each of their classes to ensure that the professor has received the accommodation letter and to discuss their accommodation needs and plan for the course.

If there has been a change in the student's condition, documentation from the student's physician must be provided to the Director of Accessibility Services immediately.

Accommodations for short-term medical conditions are managed through the Student Health Center, located in Veronica Hall. The Director of Health Services reviews all medical information and guidelines, subsequently directing the accommodations. All medical accommodations are revised as the medical condition warrants and subject to timeframes as set by the medical director. Students are expected to maintain regular contact with the Medical Director as long as medical accommodations are in place. Short-term medical accommodations do not carryover from one semester to the next.

Accommodations as they apply to DPT Learning Activities & Assessments:

Classroom and Learning Activities. Doctoral student work requires full and active engagement in cognitive and psychomotor activities within lectures and labs.

If an accommodation prevents a student from full participation in learning activities during class time, the student must make arrangements for 'make up' of these activities as soon as their status permits.

If accommodations require audio or video recording of lecture or lab content, the student is responsible for establishing how that recording will be done in cooperation with the course instructor. Audio or video recording requires the permission of the instructor involved. The recordings contain intellectual property and may not be shared with others (external to the program) without the expressed permission of the faculty member. Reference: [Recording Lectures and Learning Activities](#)

Learning Assessments. **Written assessments**, such as exams, projects, and **presentations** are subject to compliance with all documented accommodations. If a modification of time allotment, testing location, or assessment frequency is required for completion of learning assessments, the student is responsible for coordination of these modifications with his/her advisor and each course instructor to ensure timely completion. If a physical limitation prevents active skill assessment, the student must make arrangements for modifications or 'make up' of these assessments as soon as medically permitted.

Practical examinations assess application of knowledge and psychomotor skills to clinical situations, a requisite skill for entry level practice. As such, no accommodation can be made relative to completion time or demonstration of skills. If the practical exam includes preparation time (a 'prep station') or documentation, then accommodations apply to those components only.

If an accommodation arises that disallows the student from performing the **Essential Functions of a Physical Therapist**, the student may be prevented from continuing in the program. The student is referred to the section outlining the [Essential Functions](#) within this handbook and to the Accessibility Services Office.

Accommodations and the National Physical Therapy Examination (NPTE).

The Americans with Disabilities Act of 1990 (ADA) and 2008 amendment (ADAAA) also covers all agencies that require tests for licensing, including the Federation of State Boards of Physical Therapy (FSBPT). If a student has a disability that is covered by the Americans with Disabilities Act (ADA), special testing accommodations may be requested at the time of registration to take the exam. The process for requesting testing accommodations depends on the jurisdiction (state) where a student is seeking licensure.

Students with documented disabilities are encouraged to begin their investigation and preparation for accommodation as early as possible in their final spring semester. Students should obtain the latest **FSBPT Guide to Testing Accommodations** (www.fsbpt.org; <https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/Testing-Accommodations/Accommodations>) and depending upon the state where a student is seeking licensure, contact should be made to the licensing authority for details about how to request testing accommodations. As an example, the Commonwealth of Pennsylvania is one such state, whereas the state of New Jersey is not. Again, the best place to determine what procedure should be followed is to visit the site above for specific direction. The Accessibility Services Coordinator may be able to provide guidance with this information and based upon their knowledge of the student.

In general, the FSBPT has the right and responsibility to approve reasonable and appropriate accommodations for candidates who meet the requirements specified in the ADA.

The standard list of accommodations that are currently available to candidates for the NPTE are listed on the [FSBPT website](#). The FSBPT will evaluate any accommodation approved by a licensing authority that is not on the standard list of accommodations "to ensure that the requested accommodation does not compromise the psychometric integrity, security and/or fairness of the examination".

Additional Program Support for Students

Physical Therapy Student Association (PTSA): As previously described, The Alvernia University Physical Therapy Student Association (PTSA) is a University Registered Student Organization (RSO) within the Student Government Association (SGA) designed to support DPT Faculty/Student initiatives. This student-governed organization is designed to promote and represent the Program and the profession of physical therapy within the university and surrounding community.

Peer-Mentor Program: To aid in the transition of first year students into the DPT Program and to support the success of each student as they progress within the program, each incoming DPT student is assigned a peer mentor from the second year DPT class. Each peer mentor will attempt to contact the incoming students before orientation and make plans to interact with them at orientation and on an ongoing basis as they progress throughout the program. The incoming students are also expected to actively engage and to pursue a mutually beneficial relationship with their peer mentors.

Alvernia Physical Therapy Alumni Association (APTAA): The APTAA is self-governed by electing officers who are alumni of the program. The purpose of the APTAA provides guidance and support for the past and current students and the faculty of the program. The APTAA will support the DPT program in several ways that includes, but is not limited to, leading fundraising efforts, seeking opportunities to connect the program with the local community, and elevating the profile of the program within the local physical therapy community.

Academic Review Committee (ARC)

The ARC fulfills one of the most important functions of the DPT Program, that of student support and advocacy to facilitate success and progression through the program. Challenges to student success are considered in three primary areas: 1) Academic performance; 2) Behavioral, professional or citizenship challenges impacting the learning environment; or 3) Medical or other accommodation. As such, the primary objective of the ARC is to review and develop a plan to resolve current or emerging issues related to the progress of students throughout the program.

The ARC is convened on an as needed basis and is comprised of the student's faculty advisor (chairperson) and those core faculty members with first-hand knowledge to best support development of support plans. The ARC will gather relevant information, consider requests, make recommendations, and take action related to: 1) academic rules, regulations, and performance, 2) violations of student conduct (Code of Citizenship), including issues of safety and professionalism, 3) student grievances, 4) dismissal and re-admission of students, and 5) other issues impacting student performance or progression. If a student is not demonstrating consistent development in knowledge, skill, and professional behavior commensurate with program expectations and requirements, the student will be invited to attend an ARC meeting, and a formal Learning Contract will be developed. The primary objective of this process is to identify areas of needed improvement and provide support to ensure student success.

What a student can expect if a Faculty Advisor schedules an ARC. Under most situations, the request to schedule an ARC meeting should not come as a surprise or shock to any student, as these meetings are called in response to a need for support. A student can expect to attend a meeting with about 2 – 4 faculty members, including the faculty advisor and faculty who know the student, the student's performance, or situation well. The current challenge will be factually summarized and discussed openly with the student, with the root cause(s) of the challenge and potential solutions explored. In preparation for these meetings a student is expected to reflect on the situation and consider possible solutions or changes in behavior that may assist in addressing these challenges. The faculty will guide the development of a support plan based upon these discussions and develop a **Learning Contract** with the student designed to support the student in successful progression.

Learning Contracts – Supporting Progression

A Learning Contract is a formal contract that will include specific measurable, behavioral objectives, expectations, responsibilities, and consequences. These learning contracts are designed to provide very specific expectations and objectives that may be used to guide progression, to proactively prevent the student from failing to meet progression requirements, or to facilitate restoration of the student to good academic standing within the Program. Contracts may be developed to address student performance in either the classroom or clinical practice environment and may relate to issues regarding any of the Program requirements including academic performance or professional behavior. Once established, the learning contract will be provided to the student in written form from the Chair of the ARC following the ARC meeting.

Members of the ARC, as well as the student, will agree to the terms of the contract through their signatures. An original signed copy of the learning contract will be maintained in the student's advising file and Department electronic file storage system, and the student will receive a copy.

There are three specific types of Learning Contracts which may be established by the ARC to achieve these objectives.

- ✓ **Progression Support Plan** is a contract between a student and the faculty, which may be written in the case where areas of potential risk or need for improvement have been identified in either the classroom or clinical setting; areas that if a support strategy was not adopted, could place a student at risk for not achieving Program expectations or requirements in the future. It is designed to bolster the student's current status and be pro-active in maintaining a student in good academic standing. This plan is utilized in cases where potential academic challenges have been identified upon admission or at any time throughout the program, and in cases where professional challenges have been identified.
- ✓ **Restoration Support Plan** is a contract between a student and the faculty, which may be used in response to a student who has failed to meet Program expectations and requirements and is considered to be in poor academic standing within the program. The Restoration Support Plan is written to outline the specific tasks, requirements, and expectations that must be accomplished, including time frames, by the student in order to be removed from poor academic standing and reinstated to good standing within the Program. This plan is also utilized for those students who have been readmitted to the Program after successful completion of the Readmission Support Plan noted below.
- ✓ **Readmission Support Plan** is a contract which will be developed between a student and the faculty in cases where a student has been dismissed from the program for failure to meet academic or non-academic criteria as outlined in the section of this manual titled **Poor Academic Standing and Dismissal** and has been granted the opportunity for readmission by the ARC. The Readmission Support Plan is written to outline the specific tasks, requirements, and expectations that must be accomplished, including time frames, by the student in order to be readmitted into the Program. The Readmission Support Plan

will include retaking courses in cases where a student was dismissed due to failure of a particular course and may also require the student to perform tasks that are beyond general program requirements, such as meeting regularly with academic or clinical faculty (among others), retaking additional courses in which the student achieved <B, auditing courses, or engaging in remedial work or clinical observation. Upon successful completion of this plan, a student will be required to successfully complete a Restoration Support Plan in order to return to good academic standing within the program.

What you can expect following an ARC. A student who has been placed on a Learning Contract will be required to provide periodic progress reports to their academic advisor. The specific interval of these reports will be outlined in the specific learning contract for each student. Faculty will record these interactions as a *Report on Appointment* in AUAdvise and inform necessary department faculty of progress. At the end of the timeline designated in the Learning Contract, the student will meet with their academic advisor and/or DC to review their progress and status in the program. After this review several steps may be taken: 1) Consider the contract fulfilled and the student in good academic standing, 2) Depending on the circumstances, continue the contract, 3) In cases of contracts involving a Restoration Support Plan, if the student has fulfilled the criteria of this plan, the student may be placed on an Progression Support Plan in order to continue to provide formal support for the student to ensure continued success in the program. In these cases, the new Plan will be added as an addendum to the original Plan and progress reported to the full faculty, as well as documented within AUAdvise.

Progression Activities and Addressing Violations in Academic Regulations

The DPT Program will make every effort to assist students in identifying and addressing specific deficits in knowledge, behavior, and skill. As an adult learner and in keeping with the learner-directed philosophy of the Program, it is ultimately the student's responsibility to identify areas of deficiency and develop a plan for resolution. Progression activities designed to assist students in overcoming deficits observed in student knowledge, behavior, and skill will occur both formally and informally. When deficits in student performance are observed by an academic or clinical faculty member or by the student's academic advisor, the DPT Program will endeavor to provide timely assistance to support students in maintaining or returning the student to good academic standing within the Program. Events such as exam failures, poor academic performance, unprofessional behaviors identified via a violation of the DPT Code of Citizenship, among others, should be reported to a student's academic advisor via an AUAdvise Progress Report or Alert (see above). Two or more Alerts or Progress Reports within a semester will trigger consideration of convening an ARC. At the time in which a deficit in knowledge, skill, or behavior is identified, and upon consultation with the core faculty, the student's academic advisor will invite the student to meet with the Academic Review Committee (ARC). In cases in which the Admission Committee identifies a student with potential academic concerns, an ARC may be convened and a learning contract administered for the purpose of supporting student success.

The ARC provides the primary mechanism by which the Program will develop a formalized plan, referred to as a learning contract, to assist students in addressing deficits that are

identified throughout the Program. Upon meeting with the student and considering all factors related to the deficit that has been identified, the ARC will develop a learning contract and inform the full DPT core faculty of the parameters of the contract.

Each learning contract will vary and is designed to address each student's specific needs. These contracts are designed to address each deficit through supplementary instruction and remediation that results in evidence that each deficit has been resolved. In addition to the support services previously described, students with identified deficits in knowledge, skill, or behavior who have been placed on a learning contract may be provided with additional support services designed to promote student progression within the Program.

If a student behavior is found to be egregious, the student will not be offered the opportunity to further progress within the Program and may be immediately dismissed from the Program with or without the option to reapply at a later date. Egregious behaviors consist of any behavior in which the student knowingly disregards Program policies resulting in a situation which places themselves, other students, faculty, or patients/clients at risk for harm. Unsafe practices may be one manifestation of an egregious behavior; however, unsafe practice may also be an indicator of profound deficits in student knowledge and/or skill. Within the Program, unsafe practice is considered a serious offense and handled with fervent diligence at every level. From lab skill checkouts to practical exam criteria and throughout the clinical practice coursework, students who routinely engage in unsafe practice will not be allowed to continue within the Program. The decision to dismiss a student from the Program as a result of unsafe practice depends on the nature of the event and the student's history of similar events. Each case will be handled on an individual basis by the ARC. If a student is dismissed for egregious behavior or repeated episodes of unsafe practice, the services designed to support the student's retention and progression will no longer be available to the student.

If a student is dismissed from the Program with the potential to be readmitted, all University and Program support services for retention and progression, as described above, are available to the student during the time in which the student is waiting for readmission. The ARC may also recommend a course of action in which additional support and specific actions may be required of the student. In such cases, the full complement of University and Program support services are available to the student. The learning contracts developed by the ARC may require the student to access specific University and/or Program support services for the purpose of addressing the specific needs of the student. The full complement of support services offered at both the University and Program levels that are designed to support student retention and progression in the Program are outlined in the previous section.

Support of Student Research

Graduate Student Research Fellows Program

Description:

The goals of the Graduate Student Research Fellows Program are to:

- Promote graduate education and support innovative research and scholarship by graduate students and collaborative projects, involving faculty and staff working with

- graduate students.
- Promote and reward student professional growth and development by offering financial support for scholarly and creative achievements.
- Support the University's mission to nurture "broadly educated, life-long learners; reflective professionals and engaged citizens; and ethical leaders with moral courage" by encouraging graduate students to pursue research and projects designed to address important community issues and concerns.
- Enable the University to engage graduate students in responding to community generated requests and initiatives.

Guiding Principles:

This grant program supports student scholarly research on community-based projects and creative leadership research projects. Funding may support reimbursable expenses along with a stipend. A broad range of scholarly activities will enhance education of graduate students while fostering community engagement, including activities that:

- Promote the discovery, integration, or application of knowledge to issues of concern within the community;
- Promote innovative solutions to community revitalization and development;
- Encourage interdisciplinary projects and/or involve diverse student perspectives;
- Foster the relationship between members of the Alvernia community and organizations that have the potential to improve the community and enhance civic engagement;
- Promote the Franciscan tradition of Alvernia University, which emphasizes ethics, leadership, and community engagement.

Eligibility:

This program is open to all graduate students.

Community based and leadership research projects may be directly generated by students or faculty/staff or may come to the University from external constituencies. However, in all cases graduate students will serve as principal investigators.

Application and Submission Information:

The complete proposal must be reviewed and endorsed by your Research Advisor and Graduate Program Coordinator/Director. Research projects from external constituencies shall also be reviewed and endorsed by the Director of the O'Pake Institute. The Sub Committee of the Graduate Academic Council will inform applicants of final decisions. Grant recipients may also be designated O'Pake Institute Graduate Research Fellows.

Application Review:

Applications will be evaluated based on the significance of the project, the appropriateness and feasibility of its plan and timeline, the proposed method of peer review and dissemination, and its results and overall impact. See [Graduate](#) Student Research Fellowship. Students are encouraged to consult with their research advisor if interested in pursuing this grant. Additional funding may be available through the Graduate Student Association. Students should consult with their faculty research advisor for more details

Graduate Assistantships

Graduate assistantships may be available on an annual basis as approved by Alvernia Administration. See Department Chair for details.

Student Withdrawal & Dismissal

The policies and procedures related to student withdrawal, dismissal, and poor academic standing are made available to all prospective and enrolled students on the DPT Program website.

Essential Functions: A student who is unable to perform these functions with reasonable accommodation, as mandated by official documentation from the Academic Success Center or documentation from a physician will be considered to be unable to fulfill the minimum demands of a practicing physical therapist. The possibility of student withdrawal or dismissal will be considered at the time in which a student's inability to perform these functions with reasonable accommodations has been identified. The list of Essential Functions can be accessed through a link on DPT page of the Alvernia University web site and are discussed earlier within this manual (Reference [Essential Functions](#)).

Academic Integrity: The Program's Academic Integrity Policy is in alignment with the University's policy described in the **Alvernia University Student Handbook** under the heading, "**Academic Honesty**". This policy will be repeated on every course syllabus within the curriculum as a reminder of this important contract between the program and the student. Violation of this policy is considered a serious breach of contract that will result in a failing grade on the assignment and penalties up to and including dismissal from the program without the opportunity to return.

Professional Behaviors: As previously stated, the Program places a high priority on student professional behaviors in accordance with the APTA Code of Ethics and Professional Conduct. Students of the DPT Program are representatives of their class, the DPT Program, the University, and the profession of physical therapy. Policies surrounding the [DPT Code of Citizenship](#) and professionalism are discussed in detail earlier within this document and will be repeated on every course syllabus within the curriculum as a reminder of this important contract between the program, the student, the profession, and the patients we serve.

It cannot be stated more clearly that the DPT Program faculty, our Clinical Faculty, and the Profession will expect each student to act professionally throughout all interactions. Students should understand that violation of this policy is considered a serious breach of contract that may result in the development of a learning contract and/or penalties up to and including dismissal from the Program.

Students who exhibit behaviors that are unprofessional may be required to meet with the Academic Review Committee, who may recommend or require a specific learning contract. Depending on the situation and environment in which an unprofessional behavior occurs, the DPT Program or Clinical Faculty reserves the right to manage this situation as seems best. This may include being asked to leave the class or clinic and referral to the ARC. In addition,

participation points may be deducted at the discretion of the course instructor per the course syllabus. Students who do not comply with required contracts, who commit egregious acts, or who continue to display unprofessional behaviors may be dismissed from the program.

Unsafe Practice: Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student's dismissal from the Program. All practical exams throughout the curriculum will assess and grade each student's performance as it relates to safety. Significant or repeated issues related to safety during lab and/or practical examination experiences may put the student at risk for failing the examination and/or the course. The Clinical Performance Instrument (CPI) and the Integrated Clinical Experience Form also include criteria related to safety. The Clinical Instructor and/or the CCCE is encouraged to contact the DCE immediately if an issue of safety arises with an affiliating student.

Depending upon the nature of the issue, or in the case of repeated safety issues, a student may be at risk for failing the clinical education experience. During mid-term follow up and at the conclusion of each clinical education experience the DCE, or designated alternate, will obtain information regarding the student's adherence to safe practice guidelines. The policy for safe practice within the Program is as follows:

A Physical Therapist's primary obligation to his/her client is to avoid harm. As such, a student's safe performance of all procedures and utilization of equipment during all lab and clinical education experiences is vital. For purposes of safety, students are required to observe recommended guidelines to ensure safe practice not only for others but for themselves as well. Students are expected to fully understand all indications, precautions, and contraindications that govern the use and implementation of all procedures prior to their use. In addition, students will be expected to have knowledge and observe best practice guidelines. Students who do not feel safe performing or receiving certain examination or intervention procedures are expected to make their concerns known and not engage in such activities until they feel safe to do so.

Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student's failure of the course and dismissal from the program.

Comprehensive Examination: Every student in the Program must achieve a passing score of 73% on the Comprehensive Examination in order to graduate. The purposes of the examination are as follows: 1.) to determine students' knowledge in all areas of content contained within the curriculum, 2.) to determine students' knowledge in all of the major practice patterns including musculoskeletal, neuromuscular, cardiopulmonary, and integumentary; and 3.) to determine students' understanding of the impact of issues related to impairment, functional limitations and disability across the lifespan, 4.) to facilitate student preparation for the National Physical Therapy Examination (NPTE) toward achievement of a passing score. Students will take the comprehensive examination at the successful completion of all required didactic and clinical coursework as a 1 credit course.

If a student is unsuccessful on the first attempt, 2 retakes will be allowed within the same semester. If the student is unsuccessful on the second attempt, the student will be required to register for DPT 590 (1 credit) each semester (fall, spring, summer) to remain a matriculated graduate student until a passing grade on the exam and course is achieved. Failure to register will make the student ineligible to sit for the examination. Students will continue to enroll in the course and will have 3 opportunities to pass the exam within each

semester, and so on until the student passes. Each student **must** achieve a passing score on the examination to graduate. See the [DPT 590 Course Description](#) for details of requirements for the comprehensive examination.

The dates of the comprehensive examination will be communicated to students through the course syllabus. A student must complete all required pre-requisite courses prior to taking the comprehensive exam and will be required to take the exam on the first date on which the exam is offered after all requirements have been met.

Dismissal for Non-Academic Reasons: In addition to the policy on professional behaviors, the Program has instituted a policy of dismissal for non-academic reasons, which is in alignment with University policies. In addition to the specific programmatic requirements related to professional behavior, University policy states that students may be dismissed from the graduate program for any of the following non-academic reasons: 1.) failure to respect the rights of others as evidenced by verbal, physical or mental abuse of others, harassment of any kind, assault, or any action which endangers the rights of others, 2.) failure to abide by federal, state, and local laws which prohibit the use, possession and sale of illegal substances, 3.) failure to adhere to the various professional codes of ethics, such as the American Physical Therapy Association Code of Ethics, 4.) failure to function appropriately within the site placement settings, internships or practicums, as documented through evaluations by on-site supervisor and academic adviser.

In addition to University policy, the DPT Program will recommend dismissal to the Provost for the following non-academic reasons: 1.) Students unable to perform all of the criteria within the Program's "Essential Functions" document with or without reasonable accommodations. (Should a situation arise in which the student is unable to perform all criteria described in this document, he/she will be unable to continue in the Program. For additional information regarding reasonable accommodations the student will be referred to the Alvernia website at [Accessibility Services](#)). 2.) Misconduct outside of the Program that results in a felony conviction. (A felony conviction may make a student ineligible for licensure.) 3.) Breaches in scientific misconduct as defined in the document, "*Honor in Science*", breaches in academic honesty, breaches in the code of ethics and standards of practice as published by the American Physical Therapy Association, and breaches in the standards of clinical integrity as defined in the **PT Clinical Education Manual**, 4.) Students who place their clients at risk physically and/or emotionally. 5.) Students who are unable to relate appropriately with others, including clients. 6.) Students who are unable to perform in a professional manner, including inability to adhere to professional work ethics, professional dress codes, and resistance to supervision. 7.) Students who are unable to use professional judgment, including seeking help for personal problems which interfere with professional practice, 8.) Students who are consistently unable to demonstrate the knowledge, values, and skills necessary for generalist PT practice, 9.) Failure to respect the rights of others as evidenced by verbal, physical or mental abuse of others, harassment of any kind, assault, or any action which endangers the rights of others, 10.) Failure to abide by federal, state, and local laws which prohibit the use, possession, and sale of illegal substances. Only the Provost may dismiss a student from the University for non-academic reasons. Students may appeal such a dismissal to the President of the University. This policy is delineated under the heading, "**Dismissal from the Academic Program**" in the **Alvernia University Graduate Catalog**.

Voluntary Withdrawal: Students, for any reason and at any time, may voluntarily withdraw from the Program. The tuition refund schedule for students who withdraw from the University and the policy regarding withdrawal from the University can be found under the heading, **"Withdrawal Policies"** in the **Alvernia Student Handbook and University Graduate Catalog**. Total withdrawal from the University applies only to students who submit in writing to the G&AE office their intention to completely withdraw from all courses. Reapplication and acceptance are required for these students to be readmitted after withdrawing from the University. The effective date of withdrawal is the date a completed official withdrawal notice is returned to the G&AE Office. Students who do not comply with the withdrawal procedure forfeit their right to any refund. Students withdrawing from Alvernia University will be held financially responsible for all costs and fees. Students who withdraw from a course for any reason will not be allowed to progress through the Program. Students may be eligible to re-enroll at a later time pending approval by the DPT ARC. As long as a student withdraws prior to the end of a course, the student will receive a grade of "Withdraw" ("W") on their official transcript. A grade of "W" will be recorded, regardless of the student's current grade within the course.

Medical Leave: A medical leave may be granted as outlined in the **Alvernia Student Handbook and University Graduate Catalog**

Students who are in poor academic standing at the time that medical leave is initiated will have 2 semesters from the time of readmission to elevate their cumulative GPA at or above a 3.0. Failure to achieve this will result in dismissal of the student from the program.

Military Deferment: In cases of expected long-term absence due to military service, the student will be offered the opportunity to defer their progression within the program. In the case of military deferment, the Academic Review Committee may develop a learning contract designed to ensure student success upon returning to the program.

Registration Change: As dictated by University policy, which is outlined under the heading, **"Registration Changes"** in the **Alvernia University Graduate Catalog**, each of the following constitutes a registration change: adding or dropping a course, withdrawing from a course after the add/drop period, or auditing a course. Schedule Change Forms can be found by logging into *myAlvernia* under the Student Resource Tab and choosing "Registrar's Office", and must be filed with that office to complete the process. The policy regarding each of the following types of registration changes is described below.

Add/Drop Period: The deadlines for the add/drop period are located on the academic calendar. Requests to add/drop a course must be received by 5 PM on the date listed. Students wishing to drop a course may do so by dropping via Self-Service or by completing the proper paperwork. Paperwork can be found on the myAlvernia website as noted above.

Poor Academic Standing and Dismissal

The Program's Policy for poor academic standing and dismissal is in alignment with the University policy described under the heading, **"Academic Notice/Academic Dismissal"** in the **Alvernia University Graduate Catalog**. A student will be considered to be in poor

academic standing for the following reasons:

1. A student whose cumulative GPA falls below 3.0,
2. A student who earns a semester GPA below 3.0. For the purpose of this policy, summer term grades will be considered part of the Fall Semester total GPA.*
3. A student who earns a final grade of “C” in more than one course in the same semester.*

* For the purpose of this policy, summer term grades will be considered part of the Fall Semester total GPA.

See **Medical Leave** section of this manual for details related to the academic requirements for students returning from medical leave who are in poor academic standing

A student will be dismissed from the DPT Program for the following academic reasons*:

1. A student earns a semester GPA below 3.0 more than one time within the program.*
2. A student whose cumulative GPA has fallen below 3.0 and is unable to elevate this to 3.0 or greater within one semester.*
3. A student earns a final grade of “C” in more than one course in the same semester more than one time within the program.*
4. A student who earns a final course grade that is below a passing grade per course syllabus, thus indicating failure of the course.
5. A student who is in poor academic standing, as demonstrated by having met one of the aforementioned criteria, more than once throughout the Program.

* For the purpose of this policy, summer term grades will be considered part of the Fall Semester total GPA.

For Example:

- *If a student's semester GPA falls below a 3.0 in Spring semester 2 of the program, they would be considered to be in poor academic standing. The student must achieve 3.0, or better, GPA in the combined Summer (semester 3) plus Fall (semester 4) of the program, and all future semesters in the Program in order to progress within the program.*
- *If a student's overall GPA falls below 3.0 in the Fall (semester 4) of the program, they would be considered to be in poor academic standing. The student must elevate his/her overall GPA to 3.0, or better, by the end of the Spring (semester 5) of the program in order to progress within the program.*

As per University policy, a student who has been academically dismissed may write an appeal letter to the Department Chair if extenuating circumstances warrant a review of the

academic record. Appeal letters should include documentation of the extenuating circumstances. A student who does not appeal or whose appeal has been unsuccessful will no longer be enrolled in the Program and will not be entitled to Financial Aid. If there is a change in the student's academic status, the student will receive written notification and will be asked to meet with the DPT Academic Review Committee (ARC), at which time a learning contract will be developed.

Procedure for Dismissal, Appeal, and Readmission

Students who have failed to meet the academic and/or professional behavior requirements of the Program will be dismissed from the program with or without the possibility of readmission. Students will be notified of their dismissal from the Program through written notification from the Department Chair immediately. The student's DPT faculty advisor will also be notified of the student's change in status. Students may appeal this decision, as described in the Graduate Catalog, or seek readmission to the program through the following process:

- The student must provide a formal written request to the Department Chair regarding his/her desire to be readmitted **within 7 days** of the dismissal letter including barriers to successful progression through the program that the student has identified, altered plans or changes to ensure successful progression through the program if granted readmission. After which, if the student does not provide a formal written request within 7 days, they forfeit the opportunity for readmission to the program.
- The faculty will convene upon the receipt of the readmission request to determine whether or not the student will be offered the opportunity to be readmitted to the program within 7 days.
- Students requesting consideration for readmission may be given the opportunity to present their case to the Full Faculty Academic Review Committee (ARC) that supports their readmission to the program. This ARC will convene upon receipt of the request.
- The Full Faculty ARC will deliberate regarding whether or not the student will be offered the opportunity to be readmitted.
- If the opportunity for readmission is offered, a formal learning contract will be established by the ARC, will be signed by the student and all members of the ARC, and will be provided to the student in written form by the Department Chair within 30 days following notification of the opportunity to be readmitted back into the program. This learning contract will require the student to engage in self-remediation and will contain specific measurable and behavioral goals. The student will be required to re-take any failed course when it is next offered, along with any courses in which the student earned <B, and will be unable to continue in the Program until they have successfully completed the course. The student's initial grade will remain on the student's permanent transcript, but the most recent course grade will be used to calculate the student's cumulative GPA. The student may also be required to audit courses that have been previously taken and passed by the student for the purpose of bolstering the student's knowledge in key areas of curricular content. The learning contract and all written notifications will be placed in the student's

permanent file.

- If a student has been dismissed from the program due to failure to maintain a GPA at or above 3.0 and has been offered readmission, the student may retake a course under the repeat and delete policy.
- If the student is successful in accomplishing the tasks required within the learning contract in accordance with the timeline that is provided, the student will be readmitted. In such cases, the student will be unable to progress with his/her student cohort and will join the next cohort.
- If a student successfully completes readmission criteria as specified in their learning contract, but is in poor academic standing upon readmission, the student will need to successfully elevate their cumulative GPA to equal to or greater than 3.0 within two semesters and avoid falling back into poor academic standing for any other reason specified above.
- Concurrently, the student has the option to appeal either a course grade or their dismissal from the program. The policy for DPT student grievances is consistent with the Graduate and Adult Education policy in the **Graduate Catalog** under the heading of “Academic Notice/Academic Dismissal” section and the **Undergraduate Catalog**.
- A student who has been readmitted will be dismissed without opportunity to be readmitted if the student 1. fails to pass a failed course upon retaking, 2. fails an additional course at any point in the program, 3. earns a final grade of “C” in more than one course in the same semester, 4. earns a semester GPA below 3.0 in any semester, 5. fails to elevate their cumulative GPA to 3.0 or greater within 2 semesters following readmission.

Grievance Procedures and Rights of Due Process

The policy for DPT student grievances and due process is consistent with the policy in the **Graduate Catalog** as well as the **Academic Information** section of the **Undergraduate Catalog**. See “Academic Grievance Policy ” under the heading of **Academic Information** of the **Undergraduate Catalog** as well as the “Academic Notice/Academic Dismissal” section of the **Graduate Catalog** for details. Additional directions for appeals and grievances can be found in the [Alvernia Student Handbook](#) under “Academic Policies and Procedures” section. The *Student Grievance Committee* attends to grievances of an academic nature. This Committee is comprised of seven faculty members (two of which teach in graduate programs) and two undergraduate and two graduate students. The procedure is also described in detail on the DPT Grievances & Complaints page of the Alvernia University DPT Doctor of Physical Therapy website.
<https://www.alvernia.edu/academics/graduate-programs/dpt-doctor-physical-therapy/dpt-grievances-complaints>

Filing a Formal Complaint About the Program with CAPTE

CAPTE has a mechanism to consider [formal complaints](#) about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of

CAPTE's [Evaluative Criteria](#) (for complaints about events occurring before Dec. 31, 2015) or the Standards and Required Elements (for complaints addressing events occurring Jan. 1, 2016, and thereafter) or has violated any of CAPTE's expectations related to academic integrity. CAPTE will consider two types of complaints: those that involve situations subject to formal institution/program due process policies and procedures and those that involve situations not subject to formal due process procedures:

- If the complainant is involved with an institution/program grievance subject to formal due process and procedure, CAPTE requires that the process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.
- If the complaint is related to situations that fall outside of formal due process policies and procedures, the complaint may be filed at any time.

CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria (or Standards and Elements, as appropriate) and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).

CAPTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, or dismissal. CAPTE will take action only when it believes practices or conditions indicate the program may not be in compliance with the Evaluative Criteria for Accreditation (or the Standards and Required Elements, as appropriate) or the statements listed above.

In order for CAPTE to consider a formal complaint, several conditions must be met:

- The complaint must be specifically linked to the relevant Evaluative Criteria (or Standards and Elements, as appropriate) (PT or PTA) or to the integrity statements.
- The complainant must have exhausted all remedies available through the institution, if appropriate.
- The complaint must be submitted in writing, using the format prescribed by CAPTE, and must be signed by the complainant.
- The event(s) being complained about must have occurred at least in part within three years of the date the complaint is filed.

In reviewing and acting on a complaint, CAPTE cannot and does not function as an arbiter between the complaint and the institution. Should CAPTE find that a complaint has merit and that the program is out of compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate) or the integrity statement(s), CAPTE can only require the program to come into compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate). CAPTE cannot force a program into any specific resolution of the situation that resulted in the complaint.

To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at 703-706-3245 or accreditation@apta.org.

Complaints will ordinarily be reviewed at the next meeting regularly scheduled CAPTE meeting. In order for the process to be completed in time for considered review by CAPTE, complaints must be received no later than 90 days prior to a meeting. At its discretion, CAPTE may choose to consider complaints between its regularly scheduled meetings. Ordinarily, such consideration will occur only when delay in consideration of the complaint could have a serious adverse effect on either the complainant or the institution.

- **Complaints About CAPTE**

Anyone may file a signed complaint about the agency with CAPTE. Complaints about the agency's criteria, its procedures, or other aspects of the agency's work, including its staff and volunteers, will be considered by CAPTE. To be considered as a formal complaint against CAPTE, however, a complaint must involve issues other than concern about a specific program action.

Complaints must be submitted in writing. The event(s) being complained about must have occurred at least in part within one year of the date the complaint is filed. The complaint must be identified as a complaint and submitted independent of any other documentation submitted to CAPTE. The complaint must 1) set forth and clearly describe the specific nature of the complaint; 2) provide supporting data for the charge; 3) specify the changes sought by the complainant; and 4) identify the person making the complaint.

Complaints are submitted to the Department of Accreditation, APTA, 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085. CAPTE acts on these types of complaints at its next regularly scheduled meeting following receipt of the complaint.

Degree Requirements

The Program's Degree Requirements policy is as follows: To qualify for the degree of Doctor of Physical Therapy from the Alvernia University DPT Program the following degree requirements must be accomplished:

1. Successful fulfillment of all graduate requirements of Alvernia University (see Alvernia University Graduate Catalog),
2. Successfully complete the minimum number of prescribed graduate credits (120 credits) within 3 calendar years from the start of matriculation unless approved by the DPT Academic Review Committee
3. Successfully complete all 6 clinical education experiences with a grade of 73% or better,
4. Successfully pass all required courses,
5. Achieve a cumulative GPA of 3.0 or better,
6. Successfully pass all written and practical examinations,
7. Successfully pass the comprehensive examination with a 73%, or better at the conclusion of all required coursework,
8. No student will graduate with an incomplete grade in a course,
9. Demonstrate strong moral character and consistently exhibit professional behavior,

10. Students who have met the above criteria and plan to graduate must file a petition to graduate, as required by the University.

The grading scale adopted by the DPT Program is congruent with graduate programs at Alvernia University. This grading scale is included on every course syllabus. See “**DPT Grading Scale**”. It is University policy that at the completion of a course, each student is assigned a letter grade by the primary course instructor.

Failing Grades. If a student is unable to achieve a passing grade per the course syllabus the student will be dismissed from the program. If readmission is approved, the student will be considered to be in poor academic standing and must repeat the course and achieve a passing grade or better, per the course syllabus, in the course in order to continue within the program.

Incomplete Grades. An incomplete grade will be assigned only if there are extenuating circumstances preventing the student from completing all course requirements. Exceptions to the pre-requisite course will be made by the DPT Academic Review Committee. The procedure for handling incomplete courses will follow the university policies. This includes the requirement for the instructor, Department Chair, and Dean to approve and sign the Submission for Incomplete Grade form. The completed form must be returned to the School of Graduate & Adult Education by the final day of the course to have the incomplete grade posted. The student must complete and submit the assignments listed on the form to the instructor within a designated period of time for a semester course. Incomplete grades that have not been changed by the instructor at the end of this period will automatically be changed to an “F.” No student will graduate or be able to proceed throughout the Program unless all courses have been completed. The University policy related to incomplete grades can be found under the heading, “**Incomplete Grades**” in the **Alvernia University Graduate Catalog**.

Graduation & Licensure Guide

The final semester includes many critical responsibilities and timelines as the DPT III class approaches graduation. It is important that students become aware and remain engaged with these activities, their responsibilities, and related deadlines.

In general, critical responsibilities begin in the final fall semester. The responsible parties, tasks, resources, and timelines are provided here as a guide for all students as they successfully navigate through to graduation and licensure.

National Physical Therapy Examination (NPTE)

The **Federation of State Boards of Physical Therapy (FSBPT)** is the governing body presiding over physical therapy licensure nationwide. The **NPTE or National Physical Therapy Licensure Examination** is offered by the FSBPT on one day in January, April, July (on 2 consecutive days), and October. Students will register to take the NPTE under the jurisdiction of the state they wish to obtain their license in or may take it under any state jurisdiction and apply for *endorsement* (transfer) of their NPTE results from the test state to

the state they wish to be licensed in (additional cost). Students take this examination at a designated testing location, which may or may not be located within the state they seek licensure.

Student Eligibility for the National Physical Therapy Examination (NPTE)

In order to register for the NPTE or National Physical Therapy Licensure Examination, candidates must meet certain eligibility requirements from both 1) the state in which they seek licensure and 2) The Federation of State Boards of Physical Therapy (FSBPT).

There are variations between states relative to the requirements for registration to 'sit' for the exam for licensure within their state. Students are encouraged to refer to the FSBPT website at <https://www.fsbpt.org/> for information and updates regarding student eligibility and the process of applying for the NPTE.

The program does not allow early completion of the NPTE.

Preparation for Graduation and the NPTE - Important Year 3 Dates

DATES	Responsible Person(s)	Task for Completion	Resources for Completion
Oct	Student (& Student Advisor)	Complete and submit "Graduate Application" to Department Secretary (to obtain Advisor signature) for submission to the Registrar's office.	Form received from Registrar directly or from department secretary
	Student	Set up a FSBPT portal account using your alvernia.edu email account	www.fsbpt.org
	Students w/ Accommodations	Complete the requirements of the licensure authority to be authorized for accommodations in the NPTE.	Refer to the guidelines for accommodations at https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/Testing-Accommodations
Nov	Class Officers	Communicate to faculty advisor decision on use of class funds for graduation related activities, NPTE preparation materials, class gifts, etc.	Refer to PAX guidelines
Jan	Student	Submit "Regalia Measurements", [Name, Height and Weight]	To Bookstore upon request
Feb	Department Chair	Add student cohort and "validate graduation" to release students to register for NPTE. FSBPT will notify each student of their ability to apply to sit the NPTE.	www.fsbpt.org
Feb-Mar	Student	Determine the jurisdiction (state) where you wish to obtain licensure. Research and obtain the application and application requirements of that licensing authority (board).	Guides to assist - All states: (http://www.fsbpt.org/FreeResources/RegulatoryResources/LicensureReferenceGuide.aspx)

		<i>Each student is responsible for determining and meeting their licensure responsibilities</i>	PA help guide: https://ptthinktank.com/guide-to-the-npte-pennsylvania/ www.fspt.org
	Student	Apply to sit for the NPTE in the state you have selected on FSBPT website. Pay associated fees (~\$485)	
	Student	Complete application materials from the licensing authority of the jurisdiction in which you seek licensure.	
	Student	Complete the requirements of the licensure authority to be authorized to take the NPTE. NOTE: PA requires Child Abuse training and Criminal History Records . NOTE: Certain states may require Jurisprudence Assessment NOTE: AU DPT program does not allow early completion of the NPTE.	The best resource is your state licensure authority website and personnel. http://www.fspt.org/ExamCandidates/JurisprudenceExam.aspx
	Student	(State of PA) Decide whether you would like to apply for a temporary license (discuss the pros and cons with your advisor or the department). If yes, identify your clinical supervisor and obtain their information. Complete Certificate of Supervisor Form.	https://www.dos.pa.gov/
May	Department Chair	<i>Following completion of all coursework</i> "Certificate of Completion of Doctoral Program" is obtained from registrar and completed by Department Chair	
	Student	(State of PA): Complete the Verification of Physical Therapy Education form and forward to Department.	This form will be/was made available by the licensure board after you have submitted the application and paid the application fee.
	Department & Registrar	Department forwards completed Verification of Physical Therapy Education form to the registrar. Registrar affixes the University seal and mail/emails to the PA State Board. <i>The verification process may vary by state.</i> (some states may require only transcripts, sent directly from the registrar)	
	Student & Registrar	<i>Following submission of all grades.</i> Determine if Official transcripts are required for your licensing authority. If required, request them from the Registrar's Office. These are sent directly from the registrar to your desired state.	Official transcripts requested: https://www.alvernia.edu/current-students/registrar/registrar-transcripts

May- Jun	Student (PA)	(State of PA) <i>Once the Board approves your application and receives all required documents it will submit student name to FSBPT for approval to schedule. The FSBPT will then provide student the Authorization to Test Letter (see below).</i>	
	Student	Student receives link to " Authorization to Test Letter (ATT) " which includes assigned testing date and Eligibility ID# from the FSBPT. Register for the NPTE as soon as you receive your ATT and pay the Prometric Center exam fee (~\$85-100).	Find a testing center near you using https://securereg3.prometric.com/siteselection.aspx

Filing a Complaint Within the Realm of Due Process:

It is the practice of the University to direct formal complaints to the group best qualified to address the specific area of concern. Student or faculty complaints are directed to the grievance procedures in the [Student](#) or [Faculty Handbook](#); issues of ethics are directed to EthicsPoint; complaints concerning research are directed to the Institutional Review Board, complaints concerning Discrimination, Equal Employment or Harassment are directed to the Office of Student Life/Human Resources. Each of these bodies is responsible for following up on complaints and maintaining records of the disposition of each complaint. Student records related to formal complaints will be kept on file by the appropriate office within the University which includes the Provost's office for student, faculty complaints or issues of ethics, the Chair of the IRB's office for complaints related to research, and in the Human Resources office for any complaints related to discrimination, equal employment, or harassment. University policies related to the handling of complaints are presented and made available to students and faculty within the Alvernia University Faculty Handbook, Alvernia University Course Catalog, Alvernia University Graduate Catalog, Alvernia University Student Handbook, and Alvernia University Employee Handbook.

Filing a Complaint Outside the Realm of Due Process:

An individual or organization who experiences an unfavorable experience with any student, faculty member, or staff member of the Alvernia University Physical Therapy Department is able to file a written complaint. This complaint should be filed within 30 days of the offending incident(s) and should be addressed to the Physical Therapy Department Chair. Once the written complaint is received, the Department Chair will inform all of the parties involved, the College Dean, and the complaint will be referred to the university group best qualified to address the specific area of concern. An investigation will ensue that is conducted by the group most qualified to address the specific nature of the complaint. A full report of the findings related to the investigation of the complaint will be developed, that includes a specific action plan with behavioral objectives with timelines. The written complaint, any corrective action(s) that were taken, and the disposition of the complaint will be kept on file in a locked cabinet in the Department Chair's office for a period of 5 years, after which they will be purged while maintaining confidentiality. Complaints should be addressed to: Alvernia University Physical Therapy Department Chair, 400 Saint Bernardine Street, Reading, PA 19607.

Alvernia University Department of Physical Therapy



Part 7: Curriculum & Academic Requirements

Curricular Overview

Alignment with Contemporary Practice

The Program's curricular plan has been developed with the primary focus of producing clinically-competent, community-conscious graduates who are prepared to think critically. Graduates are expected to creatively explore evidence-based solutions that are designed to specifically meet the individual needs of the client in all practice environments and to improve wellness through education and advocacy.

The curricular plan is in alignment with the foundational tenants of physical therapy practice as espoused in such documents as the Guide to Physical Therapy Practice (GPTP) and the Normative Model of Physical Therapist Education. In addition, published clinical practice guidelines, clinical specialist guidelines and seminal publications have been, and continue to be, utilized extensively to ensure alignment between the curriculum and contemporary PT practice. The Program's curriculum will also display a commitment to the creation of an educational experience that closely adheres to the standards of clinical practice as espoused by the **APTA Code of Ethics**, **APTA Revision of the Code and Standards**, and the **APTA Guide for Professional Conduct**. Throughout the curriculum, a strong emphasis will be placed on the use of the current best evidence and best practice standards in a learning environment that employs the use of sound pedagogical methods.

The theoretical underpinnings supporting the Program's curriculum are in alignment with the profession's vision for the future practice of physical therapy. The curriculum is consistent with the tenets of **APTA's Vision 2020** (<http://www.apta.org/Vision2020/>) and **APTA's 2013 Vision Statement** (<http://www.apta.org/Vision/>).

Curricular Philosophy

Consistent with these principles, the mission of Alvernia University, and the vision of the American Physical Therapy Association (APTA), the primary philosophical orientation of the Doctor of Physical Therapy Program is linked to four primary tenants.

I. Principle of Learner-Directed Education

The Doctor of Physical Therapy Program emphasizes a curricular structure that is individualized and learner-directed. Implicit in its framework is an appreciation of individual student learning styles. Kolb⁶ describes a model of learning that begins with a **concrete experience** followed by **reflective observation**, **abstract conceptualization**, and concluding with **active experimentation**. In clinical practice, physical therapists learn through a process very similar to that described by Kolb. The objective of the overall curricular structure and individual course structure is an explicit consideration of the learning style that is represented throughout each endeavor and to choose the experiences that best represent the pre-existing individual learning styles of the students. Paramount to philosophical orientation is the need for educators to possess a relentless preoccupation with the welfare of their students as equally contributing partners on a journey toward enhanced knowledge and understanding. In a model of learner-directed education, instructors are viewed as facilitators who guide students through meaningful learning experiences. The development of competent, critically-thinking graduates prepared to impact their profession and the lives of others requires an educational process that considers a myriad of

learning styles and seeks to provide opportunities for the integration of multiple learning preferences and one in which the onus of learning is placed upon the student.

II. Principle of Performance-Based Education

Above all, the AU DPT program graduate physical therapist must achieve clinical competence. With achievement of licensure as the minimum requirement and expert, competent, clinical care as the expectation, graduates of the program will develop the knowledge base and clinical skill to practice effectively and autonomously. The content and organization of the curriculum is performance-directed and engenders a philosophical orientation toward competence in clinical practice. In accordance with this initiative, content emphasizes evidence-based practice and encourages the pursuit of practice-based evidence. The knowledge base and essential skills required to enable graduates to practice competently and autonomously will serve as the preeminent criterion for inclusion in the curriculum. Teaching initiatives will focus on the specific development of the cognitive, affective, and psychomotor domains of learning.

III. Principle of Community-Conscious Education

Incumbent on the physical therapist professional is the ability to see beyond one's self and serve others altruistically, generously, and without prejudice. To empathetically view experiences from different perspectives is an imperative mandate for all health care professionals. The philosophical orientation of the AU DPT Program strives to instill, enhance, and expand each student's appreciation of those who are different. A myriad of deliberate and sustained experiences provide opportunities for students to develop cultural competence. This goal is achieved by changing attitudes and patterns of thought that precede behavioral adaptations. Viewing disability through the eyes of those whom we serve infiltrates every aspect of the curriculum and demonstration of skill in appreciating diversity is expected and required.

IV. Principle of Doctorally-Trained Professional Education

A doctor may be defined as *"a person who has earned the highest academic degree awarded by a college or university in a specified discipline"*⁷. Implicit within this definition is the doctor's contract with society.

With this privilege comes a great deal of personal responsibility to "do no harm". More than avoidance of malfeasance, however, doctors are expected to operate at all times under the terms of beneficence. As doctors, graduate physical therapists must attend to the dual constructs of personal responsibility and societal expectation. Graduates of the AU DPT Program receive explicit instruction in the personal requirements and professional responsibilities associated with their entrance into the doctoring profession of physical therapy. As Doctors of Physical Therapy, graduates will appreciate their role as leaders within the health care community and be fully equipped to pursue their rightful place as autonomous professionals in the service of those in need. As citizens of a larger community, graduates will be prepared to practice ethically, honestly, and diligently for the good of mankind in clinical practice, academic endeavor, and scientific inquiry. Graduates will be dedicated to embracing the art and the science of physical therapy according to the ethical principles and practice act requirements as delineated elsewhere. Associated with professionalism is the ability to altruistically serve those in need and to provide expert care that is founded upon the current best evidence.

Core Values Statement

Consistent with Alvernia University and the profession of physical therapy, the DPT Program is founded upon the core values of altruistic service, respect for the dignity and autonomy of others, cultural competence, and a relentless commitment to excellence.

These values guide all Program initiatives from course content to hiring practices to student admissions and ensure that the mission, goals, and outcomes of the Program are achieved. An appreciation for the role of the Program as part of a larger community will prepare graduates for making significant contributions to the communities in which they live and serve.

References:

1. Reynolds A. What is competent beginning teaching? A review of the literature. *Rev Educ Res.* 1992;62:1.
2. Irby D. What clinical teachers in medicine need to know. *Acad Med.* 1994;69:333.
3. Brophy J. *Teachers' Knowledge of Subject as it Relates to Their Teaching Practice.* Greenwich, CT: JAI Press, 1991.
4. Eisner EW. *The Educational Imagination: On the Design and Evaluation of School Programs.* New York: Macmillan, 1979.
5. Jensen GM, Gwyer J, Hack LM, Shepard KF. *Expertise in Physical Therapy Practice.* Boston: Butterworth-Heinemann, 1999.
6. Shea JB, Morgan RL. Contextual interference effects on acquisition, retention, and transfer of a motor skill. *J Exp Psychol Hum Learn.* 1979;5:179.
7. <http://www.thefreedictionary.com/doctor>

Curricular Model: A 'Hybrid' Model

The Program's curricular model is a "hybrid" model that combines both a traditional and systems-based approach to professional education.

The **traditional** aspect of the curriculum begins with a strong foundation in the basic sciences, which serves as the scaffolding upon which the clinical science and practice courses are built.

The **systems-based** model uses the systems-based practice patterns that progress from foundational to more complex concepts.

Initial course work in the clinical sciences lays the foundational knowledge of body structure and function and serves as a scaffold for understanding impairments and health conditions. The interaction of these health conditions as they relate to activity and participation restriction and influenced by personal and environmental contextual factors then serves as the platform from which students learn interventional strategies to address restoration of function. This model serves as the framework from which students address patient problems in each of the practice patterns as described in the Guide to Physical Therapist Practice (GPTP) (musculoskeletal, neuromuscular, cardiopulmonary, integumentary). Content and learning experiences are developed from basic to complex in the context of clinical practice and are consistent with evidence supporting the best methods to ensure the development of clinically-relevant skills and knowledge.

The curriculum embodies the application of service-learning and evidence-based educational principles as the foundation of the curriculum. Such principles include an emphasis on problem-solving and critical and integrative thinking. The application of these principles is demonstrated in the Program's learner-directed model in which students are required to routinely reflect on their performance. The curricular structure is designed with the intent to allow students to progress from foundational to complex concepts which culminate in empowering students to become independent problem solvers in the presence of ambiguity. Active learning represents a

significant component of the curriculum that includes an emphasis on connecting the clinic to the classroom, lab-based coursework, peer-mentoring in the classroom and clinic, and student assignments that require engagement and collaboration. The Program's extensive real-world learning opportunities connect the clinic to the classroom early and often through pro-bono and co-curricular service and in-class patient care activities. Structured and varied experiences of sufficient depth and breadth are included to allow the acquisition and application of essential knowledge, skills, attitudes, and behaviors, along with early and frequent exposure of students to clinical experts in the classroom and clinic.

Instructional Methods

Varied instructional methods will be used throughout the Program for the purpose of meeting student needs and achieving expected learning outcomes.

The overarching philosophy of the Program is **to engage each student as an active participant in the process of learning through learning experiences that place the responsibility for learning on the student**. Within this "Learner-Centered Paradigm", the course instructor facilitates and guides the student toward greater levels of knowledge and skill while the student takes the lead and responsibility for the attainment of new knowledge. The primary purpose of the learner-centered paradigm is for the instructor to create environments and experiences that bring students to discover and construct knowledge for themselves.

In-classroom instruction is considered to be only one of many ways in which learning may occur. Within this model, **the process of learning may be divided into three distinct phases:** 1.) the preparation for learning phase which is designed to prepare students for the active learning experience; 2.) the active learning phase which focuses on developing skill through practice; and 3.) the evaluation of learning phase which insures that learning has occurred and reinforces prior learning.

Within the Program, there is a consistent emphasis on connecting the classroom to the clinic. In the first year, students are introduced to assessment skills which are tied to basic physical therapy interventions to begin to address patient impairments and basic functional skills. During the course of the first-year, students may perform newly learned skills with actual patients during Integrated Clinical Experiences (ICE). Ultimately, a 10- and 12-week post-didactic clinical internships will ensure entry-level performance.

Whenever possible, clinicians and clinical experts from within the local community are actively involved in all aspects of the curriculum and may serve as lab assistants, guest lecturers, primary course instructors, clinical instructors, pro bono clinic supervisors, student mentors, and provide ongoing feedback regarding individual course content and overall curricular structure. Within this model, the integration of clinicians who are actively involved in regular clinical practice is elevated as the preferred method for creating an authentic, contemporary learning experience that connects the classroom to the clinic.

The curriculum will emphasize the importance of repetition in facilitating the attainment of new knowledge. Content will be delivered in a fashion that progresses from foundational to more complex. Teaching methods address the affective, cognitive, and psychomotor domains and will be developed in a manner that seeks to address the varied learning styles of each student. Opportunities for active engagement, which places the responsibility for learning on the doctoral

student, will result in the creation of authentic knowledge. Evaluative criteria that is used to assess student learning will be consistent with the manner in which the content was taught and applied. Faculty adhere to instructional methods and foundational curriculum guiding documents to inform teaching and learning strategies. These will include The Normative Model, GPTP, Clinical Practice Guidelines and other higher education resources, including the Journal of PT Education and published texts.

Evaluation of Student Learning

In addition to evaluating student performance for both competence and safety, an important aspect of evaluating student learning is to empower both instructors and their students to improve the quality of learning in the classroom. Faculty can use these assessments to refocus their teaching to help students to make their learning more efficient, effective, and meaningful. Evaluation of student learning must be: learner-centered, teacher-directed, mutually beneficial for teacher and student, formative rather than summative, context-specific, ongoing, and rooted in good teaching practice.¹ Assessment is a four-step continuous cycle which includes:

- establishing learning goals,
- providing learning opportunities
- assessing student learning, and
- using the results to improve student learning.

Throughout the Program, evaluation strategies will be viewed as an ongoing process that requires the collaborative effort of both instructor and student. Assessment tools used throughout the Program will be evaluated at the completion of each semester at the faculty End of Semester retreat to ensure alignment with student learning outcomes so that they will both assess and enhance student learning. To improve the accuracy of the tools used to assess student learning, the following strategies will be used throughout the curriculum: starting with clear statements, teaching what we are assessing, collecting more than one kind of evidence, writing a rubric before the creation of an assignment, creating a test blueprint for exams, making assignments crystal clear, making sure assignments explicitly relate to learning goals, asking colleagues to review drafts, experimenting with similar tools on smaller cohorts, scoring students fairly, and evaluating and utilizing the outcomes from assessment efforts in future teaching. In every evaluative strategy that is adopted, the overarching principle is to make assessment authentic which includes creating assignments that: are realistic, complex, simulate real life situations, and are psychomotor-based, when appropriate.¹

By the completion of the program, students are expected to demonstrate the ability to successfully complete all skills and demonstrate competencies as established by the APTA for entry-level practice.

References:

1. Fink LD. Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses. San Francisco: John Wiley & Sons, Inc., 2003.

Curriculum Evaluation Plan

Description of Curricular Evaluation as it Relates to the Dynamic Nature of PT & Healthcare

Curricular evaluation is an ongoing, formative process. The framework and overall design of the curriculum embodies the Program's Mission, Vision, and Goals and endeavors to remain in alignment with contemporary PT practice. This hybrid curricular model is committed to making explicit connections between the classroom and the clinic in several substantive ways, that include: identifying core faculty who possess a passion for excellence in evidence-based patient care, the integration of expert clinicians as associate faculty, early and frequent clinical education experiences, and learning experiences designed to engender clinical competence through the promotion of skill and knowledge, among others. The regular and relentless assessment of Program outcomes that emanate from multiple constituents from both within and outside of the university (core/associated faculty, students, clinicians, advisory board) will result in revisions to the curricular plan that lead to continual improvement.

The curriculum is evaluated in the context of its alignment with the tenets of PT practice as espoused in the GPTP, Normative Model, Clinical Practice Guidelines, descriptions of clinical practice in areas of specialization, accreditation standards, textbooks, as well as seminal publications that represent the current best evidence in specific areas of clinical practice. In addition, other documents that describe expectations related to professional behaviors are also used to evaluate the alignment of the curriculum with contemporary PT practice and current healthcare standards. Such documents include the **APTA Code of Ethics, APTA Revision of the Code and Standards, APTA Guide for Professional Conduct, and APTA Standards of Practice for Physical Therapy**. These documents that reflect the expectations for professional practice were regularly consulted during development of the curriculum plan and during subsequent revisions.

Curricular evaluation occurs on an ongoing basis during bimonthly faculty meetings; however, a more comprehensive evaluation occurs annually at the Fall and Spring End of Semester Retreats (ESR). The curriculum assessment plan is structured into two main components: 1.) Assessment of the Curricular Plan and 2.) Assessment of the Curricular Content. To facilitate data collection, key criteria and associated data are utilized.

- Curriculum Plan Assessment: This component attempts to assess the primary themes of the curriculum to determine the curriculum's alignment with professional and university standards as well as the mission and philosophy of the Program. Benchmarks with timelines have been established to ensure that the curricular plan is meeting the needs of the Program. Prior to ESR, the core faculty, the DPT Curriculum and Outcomes Committees review the curriculum outcome data and identify any areas of deficiency that need to be addressed. An action plan with timeline is developed to address any areas that require further development or revision. The findings of these committees are reported to the full DPT faculty during ESR and all core faculty vote and contribute to the proposed action plan for revision, as needed.

Curriculum Content Assessment: This process relates more specifically to evaluation of the curriculum at the level of course content. Within the larger framework of the curricular plan, each course is evaluated to ensure that the breadth and depth of content is threaded throughout the curriculum. Each curricular thread is introduced, reinforced, advanced, and

integrated in a manner that culminates in preparing Program graduates for entry-level practice within all practice settings. The themes of the Program and primary curricular threads are evaluated based upon course objectives found within each course and the learning assessments that are associated with each objective. The extent to which each course specifically and the curriculum in total prepares graduates for clinical practice is evidenced by student performance on individual course outcomes.

Data Utilized for Curricular Evaluation:

- Course Evaluations: DPT Course Evaluations include assessment related to the extent to which each course aligns with contemporary practice standards followed by discussion among core faculty at the conclusion of each semester at ESR. For every course within the curriculum, the primary instructor of the course is responsible for submitting a completed **DPT Course Evaluation Form**. This form provides an instructor self-assessment of the course that includes student feedback and outcomes related to course learning assessments. Once completed, these forms are used to guide deliberation of the core faculty over each course and its alignment with the profession and the rest of the curriculum. Evidence of these formative and substantive discussions can be observed in the minutes of the ESR meetings.
- PT Professional Advisory Board: As described in section III, the DPT Advisory Board serves to guide the Program via annual meetings during which the Board will deliberate over the current and future direction of the Program as it relates to the stated mission and goals and the future of the profession during Board meetings. Information from each End of Semester Review, reports and ideas for improvement from faculty, and the Annual Accreditation Report are shared with the DPT Professional Advisory Board. Minutes from these board meetings will reflect deliberation regarding these topics. Recommendations from the Board will be considered and voted upon by the core DPT faculty during the spring End of Semester Review and agreed upon changes will be implemented as appropriate in accordance with Program, faculty, and University policy and procedures in the next academic year.
- DPT Curriculum and Outcomes Committees: DPT Curriculum Committee, comprised of core faculty, is the primary body that oversees development and revision of the curriculum. This committee works closely with the outcomes committee to ensure that the curriculum meets the needs of the Program and remains in alignment with contemporary PT practice. These committees meet formally and informally throughout the course of each semester to discuss curricular revision that is outcomes-based and mission-driven. Data from a variety of stakeholders and sources are considered and minor to major revisions that are reflective of trends in the profession are made.
- Student Feedback: Current students within the Program serve as a valuable resource that may be used to guide the process of curricular development. Through formal mechanisms provided through the university, as well as Program-specific mechanisms, student feedback is collected and considered. The university course feedback process provides an opportunity for students to rate each course, its instructor as well as the student's own engagement in the course and to provide narrative comments. The rating scale serves to provide further

information related to student learning. This data is discussed by core faculty and thoughtfully considered. Trends in student feedback are identified and action plans for addressing issues are developed as deemed appropriate. Students also provide feedback formally and informally following each clinical practice course.

Refer to **Part 3: Program Planning, Assessment & Outcomes** for further details on Evaluation of Clinical Education experiences. This data is analyzed by the DCE and shared with the faculty during faculty meetings and ESR. This data may be used to inform faculty of areas within the curriculum that require revisions or development. Program students serve as an important liaison between clinical instructors and the Program, and their input provides important data related to current trends in PT practice.

- Student Exit Interviews/Surveys, Graduate Surveys, and Employer Surveys: These surveys seek to glean important information from these important constituents related to the alignment of the curriculum with contemporary PT practice.
- Associated Faculty Feedback: Feedback from associated faculty who serve in any capacity within the Program is considered essential to the process of curricular evaluation and revision. The Program has endeavored to infuse the principles of contemporary practice that closely reflect the tenants of PT practice by integrating local expert clinicians in various ways into the Program. As primary course instructors or lab instructors, these expert clinicians have the ability to develop content and learning experiences that reflect clinical practice. Guest speakers may also infuse relevant and authentic training into his/her teaching. As noted, formal feedback from these stakeholders is obtained within the DPT Course Evaluation and review process at the conclusion of each semester. This data is reviewed by core faculty during ESR.

The primary responsibility for curricular assessment and the development of proposals for modifying the curriculum falls within the purview of the **DPT Curriculum Committee**. This standing committee, comprised of core faculty, interacts with the **DPT Outcomes Committee** to collect data related to curricular outcomes, deliberates over these outcomes, and makes recommendations to the full faculty about proposed curricular changes, as needed. Refer to [Part 3: Program Planning, Assessment & Outcomes](#)

Proposing Curriculum Changes:

Any proposed curricular changes are submitted through the university curriculum proposal process using the **Curriculum Proposal Form** found electronically in the **College of Health Sciences** electronic storage platform. All curriculum proposals must be approved by DPT faculty and signed by the Department Chair prior to review as outlined in the Alvernia [Faculty Handbook](#). If a proposal is put forth for a 500-level course and impacts an undergraduate 7-semester plan in one of the 3+3 major pathways, then the proposal must be approved and signed by the undergraduate department chair for that major. The proposal is then presented, voted upon, and passed by the College of Health Sciences and the Undergraduate Curriculum Committee. Proposals concerning Second- and Third-Year DPT courses, also need to be approved by the College of Health Sciences. All proposals need to be reviewed and passed by the Alvernia Curriculum Committee. Changes to curriculum are classified as either, Level I, II, or III based on the impact of the change on the Program, College or University. Description of Levels and pathways for proposals based on Levels of change can be found in the [Curriculum Change Proposal Submission Procedure](#) document on the CHS on-line storage platform. The latest [Curriculum Change Form](#) is similarly stored and accessed. The core faculty, under the direction

of the Department Chair, will implement the proposed changes at the next occurrence of courses in question. Curriculum change proposals are necessary for the following reasons: addition and deletion of courses, as well as changes in course description, title or numbering, credit hours, level. Curriculum proposals must be processed and submitted through the University's curricular approval process prior to their May Meeting for inclusion in the Graduate Course Catalogue for the following academic year.

Curricular Detail

Curricular Tracks

The Program's curriculum is developed around 6 main curricular tracks. These tracks serve to provide overall structure and ensure the integration of important content. The 6 tracks consist of: Foundation Science, Clinical Foundation, Administration and Education, Critical Inquiry, Clinical Practice Patterns, and Clinical Practice. Within each of the curricular tracks, content is presented in a fashion that proceeds from foundational to more complex. Furthermore, the threads of critical thinking/problem solving, evidence-based practice, and the development of clinical competence are sequentially integrated into the curriculum. The Critical Inquiry track includes faculty-led student research projects that begin in the second semester of the program and culminate in the final semester with student presentations. See the **DPT Curriculum Sequence** for details of the Program's course of study.

Foundation Science Curricular Track

First Year Courses:

- DPT 500: Gross Anatomy & Histology
- DPT 503: Physiology for Physical Therapy
- DPT 502: Kinesiology

Clinical Foundation Curricular Track

First Year Courses:

- DPT 508: Foundations of Patient/Client Management I
- DPT 509: Foundations of Patient/Client Management II
- DPT 510: Foundations of Patient/Client Management III
- DPT 530: Pharmacological Management for PT Practice

Second Year Courses:

- DPT 608: Biophysical Agents and Clinical Electrophysiology

Practice Management

First Year Courses:

- DPT 504: Foundations of Physical Therapy
- DPT 505: Practice Management II

Second Year Courses:

- DPT 605: Health Care Policy and Advocacy for the PT

Third-Year Courses:

- DPT 705: Legal and Ethical Issues for the PT

Critical Inquiry Curricular Track

First Year Courses:

- DPT 513 Critical Inquiry I

Second Year Courses:

- DPT 643: Critical Inquiry II
- DPT 643R: Critical Inquiry II-Directed Research
- DPT 644: Critical Inquiry III
- DPT 644R: Critical Inquiry III-Directed Research
- DPT 645 Critical Inquiry IV

Practice Pattern Curricular Track

First Year Courses:

- DPT 516: Musculoskeletal PT Practice I
- DPT 520: Neuromuscular PT Practice I
- DPT 528: Cardiopulmonary PT Practice I

Second Year Courses:

- DPT 616: Musculoskeletal PT Practice II
- DPT 617: Musculoskeletal PT Practice III
- DPT 620: Neuromuscular PT Practice II
- DPT 621: Neuromuscular PT Practice III
- DPT 629: Cardiopulmonary PT Practice II
- DPT 631: Multiple Systems Influence within PT Practice
- DPT 632: Physical Therapy Practice Through the Lifespan

Third Year Courses:

- DPT 710: Comprehensive Physical Therapy Practice
- DPT 806: Sports Physical Therapy (Elective)
- DPT 807: Advanced Concepts in Pediatric Physical Therapy Practice (Elective)
- DPT 890: Advanced Vestibular Rehabilitation

Clinical Practice Curricular Track

First Year Courses:

- DPT 523: Clinical Practice I
- DPT 524: Clinical Practice II

Second Year Courses:

- DPT 622: Clinical Practice III
- DPT 624: Clinical Practice IV

Third Year Courses:

- DPT 724: Clinical Practice V
- DPT 725: Clinical Practice VI

Other

First-Year Course:

- ESLR 501: General Ethics (Alvernia graduation requirement)
- DPT 585: Foundations of Doctoral Learning and Practice

Second-Year Course:

- ESLR 502: Ethics and Leadership (Alvernia graduation requirement)
- ESLR 503: Social Responsibility (Alvernia graduation requirement)

Third Year Course:

- DPT 700: ISLE International Service-Learning Experience
 - DPT 810: Comprehensive Examination
-
- DPT 590: Comprehensive Examination (Remediation course)

Critical Inquiry (Research) Curricular Thread

The objective of the research track is to have students develop into a critical consumer of literature for their evidence-based clinical practice, by developing students' analytical and critical thinking skills and synthesis and integration of research literature relevant to physical therapy.

For students graduating in 2028, students will be assigned to a faculty-led research project in each of the fall and spring semesters of their second year. Each student is expected to contribute to the development, data collection, analysis and writing as indicated in the individual faculty member's research project. The course descriptions and general Curricular Sequence outlined in this manual are current for the 2026-27 academic year. Detailed descriptions of each of the courses within the thread are provided in the [Course Descriptions](#).

LEADS and the Real-World Learning Curricular Thread

The **Doctor of Physical Therapy (DPT) Program's mission is to** challenge students to think critically, act professionally, and serve altruistically. Our mission directly parallels the foundation of Alvernia University's mission, guided by Franciscan values and the ideal of "knowledge joined with love", to develop a culture that values unique, targeted and hands-on learning opportunities which help to form 'ethical leaders with moral courage'.

- The DPT Program endeavors to develop graduates who are life-long learners, reflective professionals, and engaged citizens who use what they know and learn to transform the world and the lives of the people. The Doctor of Physical Therapy Program, in collaboration with The Holleran Center for Community and Global Engagement, empowers students to engage with the community through community-based learning and civic engagement- locally, regionally and eventually nationally.
- DPT Students will engage in community-based learning through Service-Learning Experiences (SL-experience) or Service-Learning Courses (SL-course). Both types of service learning are associated with learning outcomes aligned with course and program outcomes, Reciprocal partnership with a community organization and include structured reflection associated with a course learning assessment.

Community engagement activities may include:

- Direct service
- Indirect service
- Virtual engagement
- Project-based service

Service-Learning Experience (SL-experience) A course-based academic experience integrating community engagement with academic objectives. Engagement may range from a single activity up to fourteen (14) hours and includes structured reflection connecting the experience to course content.

Service-Learning Courses (SL-course) A designated course-based academic experience integrating community-identified needs with academic objectives, including a minimum of fifteen (15) hours of structured engagement and critical reflection.

The Doctor of Physical Therapy's servant leadership program, '**LEADS**' (**L**eadership through **E**xcellence, **A**ltruism, **D**etermination and **S**ervice) was created to cultivate in our students a lifelong commitment to service as engaged citizens and to improve the quality of life in our local and global community. The program includes Service-Learning Experiences (SLE), Co- and Curricular Learning (CCL). Each opportunity encompasses a different aspect of hands-on learning through service, some involving active engagement in physical therapy intervention and some not, and as such, each requires different levels of oversight and liability.

What is Service Learning? Service learning has been defined as "a structured learning experience that combines community service with explicit learning objectives, preparation and reflection."¹ Service learning is a collaborative model in which the community's needs drive the structure of the experience, and community organizations are integral partners in the equation.

Service learning experiences are integrated into the student's

academic curriculum and provide structured time for reflection, to enhancing enhancing what is taught in school by extending student learning beyond the classroom and into the community. The goal of the service-learning in the AU DPT Program is to provide DPT students with a combination of community and professional service opportunities that will foster ethical and moral leadership and values consistent with Alvernia University and APTA's core values. Every DPT student must commit to and complete a minimum amount of service to the health and wellness of our communities each semester. In addition, service learning service-learning experiences, and service- learning activities are connected to a course but occur outside of class time..

Service-learning experiences include assisting in health and wellness community-based group activities (e.g.: PD Rise & Shine and Liggett Ave.) providing education in health and wellness to underserved populations, raising awareness of physical therapy as a career path, etc.

For liability purposes, individuals engaged within student SLE must complete a **Service-**

Learning Guest Indemnity Form (Reference: [SL Guest Indemnity Form](#))

Committee

The Student LEADS Committee serves as an important arm of the Class Leadership and is comprised of a LEADS Chairperson, a Professional Practice Liaison, a Funds Officer, and a Service Learning Coordinator from each class.

The positions descriptions and responsibilities are described in detail within the [Class Leadership](#) section of this manual.

LEADS and Real-World Learning – Graphic Summary

Administrator: LEADS Committees	
Co-Curricular Activities	Service-Learning Experience (SLE)
PT related procedures or client management	PT related procedures or client management
Connected to a course and occurs in place of seat time	Connected to a course Minimum hours required by the program for each DPT student (varies by year/semester)
PT Supervised	PT Supervised
Liability: Informed Consent for Student Treatment Form, Indemnity Form, Photo/Video Consent	Liability: Informed Consent for Student Treatment Form, Indemnity Form, Photo/Video Consent If a Holleran Community Partner or Not for profit organization, follow Holleran Center guidelines (no indemnity required)
Documentation: Preparation and Reflection assigned by course faculty	Documentation: Preparation and Reflection assigned by course faculty
#Students/#Hours provided to Holleran by Student	#Students/#Hours provided to Holleran by student
LEADS Committee aggregates all service hours, student engagement and determines annual service recognition and awards.	

1. Seifer SD. Service-learning: Community-campus partnerships for health professions education. Acad Med. 1998;73:273-277

Course Descriptions

DPT I Course Descriptions

Course Number: DPT 500

Course Name: Gross Anatomy and Histology

A comprehensive and in-depth study of the form and function of the human body at macroscopic, microscopic, and molecular levels. Virtual dissection tables aid a regional approach to the study of gross anatomical structures and histological sections. The course consists of lectures and virtual dissection.

Course Number: DPT 502

Course Name: Kinesiology

This course is an in-depth study of the interaction between the muscular and skeletal systems to produce human movement. The student reviews the anatomy and physiology of the muscular system and learns the mechanical influence it has on the skeletal systems to produce joint movement along with an introduction to motor learning influences and practices. A study of posture and gait and functional activity is also included as well as an analysis of balance and movement in normal and abnormal states. The course includes palpation of anatomical structures and study of the principles of biomechanics including arthrokinematics, osteokinematics, kinetics, and motor learning.

Course Number: DPT 503

Course Name: Physiology for Physical Therapy Practice

This course covers the study of basic human physiology addressing normal function and characteristics of the major body systems, with primary focus on the nervous, musculoskeletal, cardiovascular, and respiratory systems. Other systems will be covered through integration within the three major systems. Topics include, but are not limited to, the physiology of excitable tissues, reflexes, muscle contraction, hemodynamics, micro and macro circulation, respiratory mechanics, the cardiac cycle, bone remodeling, and the autonomic nervous system. This foundational science course serves as preparatory content for the study of pathophysiology, the introduction to health conditions, and integration within the practice pattern courses.

Course Number: DPT 504

Course Name: Foundations of Physical Therapy

Course description: DPT 504 is the initial course in the Practice Management sequence, introducing foundational concepts that support the development of professional identity and practice within the field of physical therapy. The course addresses ethical, legal, and professional considerations inherent to physical therapist practice and examines the therapist's role within the broader healthcare system. Emphasis is placed on the cultivation of professional behaviors, engagement in evidence-informed decision-making, and appreciation of the factors influencing contemporary physical therapy practice across diverse settings. The principles, vision, and core values of the American Physical Therapy Association (APTA) serve as a guiding framework for professional growth and responsibility throughout the course.

Course Number: DPT 505

Course Name: Practice Management II

DPT 505 is a continuation of the Practice Management courses that address topics within physical therapy practice that spans all practice settings and continuum of care. Topics covered in this course include patient-centered communication and education, health literacy, health informatics, culture humility, intercultural and gender-focused, communication and patient education. Additionally, physical therapy services to promote health and wellness will be covered in this course.

Course Number: DPT 508

Course Name: Foundational Skills in Physical Therapy I

DPT 508 is the first of three foundational courses in physical therapy patient management. Through lecture and lab, students are introduced to medical screening, review of systems, basic examination skills, evaluation concepts, and introductory interventions. Students begin to use the International Classification of Functioning (ICF) to understand a biopsychosocial approach to patient care. Emphasis is placed on developing foundational psychomotor skills and applying basic clinical concepts.

Course Number: DPT 509

Course Name: Foundational Skills in Physical Therapy II

DPT 509 is the second course in the foundational patient management sequence. Through lecture and lab, students continue to build skills in medical screening, review of systems, examination, and evaluation. The course reinforces the use of the International Classification of Functioning (ICF) to organize clinical information and guide early clinical reasoning. Emphasis is placed on progressing psychomotor skills and applying concepts to introductory clinical scenarios.

Course Number: DPT 510

Course Name: Foundational Skills in Physical Therapy III

DPT 510 is the final course in the foundational patient management sequence. Through lecture and lab, students further integrate medical screening, review of systems, examination, and evaluation findings to plan basic interventions and outcomes. Students continue to use the International Classification of Functioning (ICF) as a framework for early clinical decision-making. Emphasis is placed on applying skills to case examples in preparation for the students' clinical experience.

Course Number: DPT 513

Course Name: Critical Inquiry I

The purpose of this course is to provide the knowledge and skills necessary to critically appraise research designs as well as research findings relevant to physical therapy practice. This course will introduce both quantitative and qualitative research designs. In the quantitative research design, statistical analyses including the concepts of measurement, research design, analysis and communication of research findings will be introduced. In the qualitative research design, foundational concepts related to qualitative research will be introduced with an emphasis on the role that qualitative research fills in the evidence-based practice of physical therapy. Topics include: descriptive statistics, measures of variability, single subject designs, parametric and non-parametric statistics, inference, correlation and regression, reliability and validity, sensitivity and specificity, sampling, comparisons between research designs, and a discussion of multimodal research designs. The course also focuses on critically examining the psychometric properties of tests and measures of health status, body function and structure, activity, and participation. These topics will be presented with a focus on the application of clinical research principles to physical therapy practice. At the end of the course, students are expected to become proficient in the interpretation of published research by demonstrating knowledge of the application of statistics and different methods of research. Students will have opportunities to critically appraise the quantitative and qualitative literature and interpret statistical evidence in a manner that informs the practice of physical therapy.

Course Number: DPT 516

Course Name: Musculoskeletal Physical Therapy Practice I: Physiology and Pathophysiology

This course begins with a review of normal functioning physiological systems that are most relevant to the practice of musculoskeletal physical therapy as the foundation for a discussion of pathophysiology. The course progresses into discussion regarding selected syndromes impacting the musculoskeletal system that range across the lifespan. Content will cover the incidence/prevalence, etiology, clinical signs and symptoms, differential diagnosis, diagnostic imaging procedures, medical/surgical/pharmacologic management, as well as prognosis and potential for recovery of selected musculoskeletal conditions. The implications of each syndrome on Physical Therapy practice and evidence-based guidelines used in the management of these conditions will be reviewed. Using a regional approach, students will learn important features of selected conditions that will serve as the basis for future courses (DPT 616, DPT 617). Students will also be introduced to the concepts of exercise physiology that will be revisited within other courses throughout the curriculum.

Course Number: DPT 520**Course Name:** Neuromuscular Physical Therapy Practice I: Neuroscience

This first course within the neuromuscular track, DPT 520 Neuromuscular Physical Therapy Practice I, is designed to reinforce and apply foundational knowledge in neuroanatomy and neurophysiology, as requisite knowledge for the discussion of neuroscience and normal versus pathological neurophysiologic systems across the lifespan. Content will introduce the pathophysiology, structural imaging and medical diagnostics, clinical presentation and incidence/prevalence of common neuromuscular health conditions, and finally, an introduction to medical and rehabilitation management. The clinical implications of each disease, disorder or syndrome on Physical Therapy examination, evaluation, diagnosis, prognosis, and intervention will be introduced through diagnostic clinical reasoning activities and case application. Principles of neuroplasticity, motor learning and motor control will be reinforced and applied as related to pathological neuromuscular systems. This knowledge will serve as the basis for future neuromuscular practice pattern courses (DPT 620, DPT 621, DPT 710). Content will parallel and support student understanding of the clinical and diagnostic relevance of examination skills learned in DPT 509, relating them to central and peripheral nervous system structures and functions.

Course Number: DPT 523**Course Name:** Clinical Practice I

This course is comprised of part-time patient care and community wellness experiences. This course is intended to enhance students' abilities to engage in patient care and evidence-based practice. During this part-time clinical experience, students participate in clinical observation and the supervised application of discrete examination and intervention skills/procedures. Expectations for professional behaviors and clinical skill performance are commensurate with the course objectives and concurrent clinical skills courses. This course is concurrent with didactic courses in the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. The goal of these part-time clinical experiences is to expose each student to a variety of patient care experiences which encompass multiple systems diagnoses and impairments across the lifespan and continuum of care. These learning experiences are designed to enhance students' ability to interact with patients/clients, family, other members of the interprofessional healthcare team.

Course Number: DPT 524**Course Name:** Clinical Practice II

The purpose of this clinical practice course is to foster students' development of entry-level physical therapy skills. This is the first of four full-time clinical practice courses occurring in the third semester of the curriculum and lasting 6 weeks. This course is designed to support the translation of didactic learning experiences to clinical practice. Under the direct supervision of a Clinical Instructor, each student will further develop and demonstrate competence in clinical skills, critical thinking, professional behaviors, and administrative aspects of physical therapy practice against established benchmarks. Students will perform physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention skills for individuals with impairments and/or movement limitations in one or more body systems. Development of professional behaviors is an important component throughout the clinical practice series and students will have opportunities for self-assessment, self-reflection, and opportunities to receive feedback provided by their Clinical Instructors. Students will be exposed to a variety of patient care experiences which incorporate multiple system diagnoses and impairments across the lifespan and the continuum of care. In addition, students will be critically assessed by their Clinical Instructors against benchmarks

commensurate with their learning within the didactic curriculum and will assess their own performance of clinical skills and professional behaviors. By the conclusion of this full-time clinical experience, students are expected to perform at the “Advanced Beginner Performance Level” as delineated by the APTA Physical Therapist Clinical Performance Instrument.

Course Number: DPT 528

Course Name: Cardiopulmonary Physical Therapy Practice I

The structure and function of the cardiovascular and pulmonary systems provide the foundation for the series of cardiopulmonary physical therapy courses in the physical therapy curriculum. This course introduces mechanisms of pathophysiology that contribute to changes in the body structures and functions of the cardiovascular and pulmonary systems. These changes can result in specific conditions, diseases, and disorders that physical therapists encounter across the lifespan. Diseases and disorders of the cardiovascular and pulmonary systems are highly prevalent worldwide, and some are considered noncommunicable diseases associated with key psychosocial risk factors and sedentary behaviors. Dysfunction of the cardiopulmonary system can also result from injuries to other body systems and/or systemic conditions. Selected disorders of the cardiopulmonary system will be introduced, including incidence and prevalence, etiology (including modifiable and nonmodifiable risk factors), clinical signs and symptoms, differential diagnosis, diagnostic testing and imaging, medical/surgical/pharmacologic management, and prognosis for recovery at the levels of body structures and function. Students will build a knowledge foundation for courses later in the curriculum, which will advance the development of clinical skills related to the examination, evaluation, and intervention for patients with primary or secondary cardiovascular and pulmonary system involvement.

Course Number: DPT 530

Course Name: Pharmacological Management for PT Practice

This course covers basic pharmacology and its relevance to the practice of physical therapy. This course will present the primary drug classes, their pharmacokinetic effects and their physiologic effects across the lifespan. Major classes of drugs are covered, including those to treat autonomic, cardiovascular, central nervous system, musculoskeletal, and endocrine disorders. Special emphasis will be placed on drugs that are commonly used in individuals receiving physical therapy. Case examples are used to illustrate the interactions of medications and therapy, and students will learn and investigate the implications of pharmacology regimens on physical therapy practice. This course will address: 1) the interaction between drug therapy and physical therapy interventions, 2) the therapeutic and adverse/side effects of medications and 3) their impact on rehabilitation. This course will also emphasize the integration of drug effects with the clinical decision making that each physical therapist must perform in order to determine if physical therapy is appropriate and if a medical consult is necessary. This course prepares students to be able to integrate comprehensive patient care across diverse health care settings.

Course Name: DPT 585

Course Name: Foundations of Doctoral Learning and Practice

The purpose of this course is to foster students' development of entry-level physical therapy skills by focusing on 1) the current, relevant terms students need to know to succeed in physical therapy and 2) practical, evidence-based study strategies. Learners will practice the pronunciation and understanding of key terms through interactive activities, real-life medical scenarios and critical thinking exercises. This course will also help students stay organized, retain more, and feel confident in their learning.

Course Name: ESLR 501

Course Number: General Ethics

This course offers an in-depth exploration of normative ethical theories, including consequentialism, deontology, and virtue ethics, providing students with a foundational understanding of moral philosophy. Through case studies and real-world scenarios, participants will learn effective strategies for resolving ethical dilemmas and navigating complex moral landscapes. The course also emphasizes the cultivation of moral courage by encouraging students to confidently advocate for ethical standards in complex and challenging contexts.

DPT II Course Descriptions

Course Number: DPT 605

Course Name: Health Care Policy and Advocacy for the Physical Therapist

DPT 605 addresses topics within non-clinical physical therapy practice that spans all practice settings and continuum of care. Topics covered in this course include health care policies that impact the local and global health care environment and those specific to the practice of physical therapy. Students will collaborate with professional and community organizations in advocacy efforts for the profession and broader healthcare needs of society.

Course Number: DPT 608

Course Name: Biophysical Agents and Clinical Electrophysiology

This course prepares students for competent and safe use of biophysical agents and electrotherapeutic interventions in contemporary physical therapy practice. Students develop a strong foundation in electrophysiologic principles and the psychomotor skills required to apply thermal, mechanical, acoustic, electromagnetic, and electrotherapeutic agents. Through integrated lecture and laboratory experiences, this course emphasizes physiologic effects, dosage, patient safety, and effective clinical application. Students also develop the clinical reasoning necessary to select, progress, and discontinue interventions, using current evidence and sound judgment to address indications, contraindications, and precautions.

Course Number: DPT 643

Course Name: Critical Inquiry II

In the second course of the Critical Inquiry curricular thread, DPT 643 Critical Inquiry II, students will develop skills for evidence informed practice, including accessing, appraising and applying evidence. Emphasis will be on identifying and utilizing research evidence to inform physical therapy examination, evaluation, intervention, diagnosis, prognosis, including applying systematic reviews and clinical practice guidelines. The course format consists of lecture and small-group discussion.

To meet the faculty-led engaged research (FLER) requirement, students in small groups will apply what they have learned through participating and collaborating in assigned components of a faculty research project, which could include experimental or quasi-experimental studies, observational studies, systematic reviews, or meta-analyses. The purpose of this course is to introduce students to basic research skills pertinent to their development as critical consumers of literature for translation to clinical practice.

Course Number: DPT 643R

Course Name: Critical Inquiry II

In conjunction with the lecture portion of DPT 643 Critical Inquiry II, in order to meet the faculty-led engaged research (FLER) requirement, students in small groups will apply what they have learned through participating and collaborating in assigned components of a faculty research project, which could include experimental or quasi-experimental studies, observational studies, systematic reviews, or meta-analyses. The purpose of this course is to introduce students to basic research skills pertinent to their development as critical consumers of literature.

Course Number: DPT 644

Course name: Critical Inquiry III

DPT 644 Critical Inquiry III is the third course within the Critical Inquiry curricular thread. Students will advance and apply their skills in evidence informed practice. Specific topics include interpretation of research evidence related to health conditions, outcome measures, and the patient

experience. Students develop skills for synthesizing and communicating research evidence to patients through a group project. The course format consists of lectures and small-group discussions.

Course Number: DPT 644R

Course name: Critical Inquiry III

In conjunction with the lecture portion of DPT 644 Critical Inquiry II, in order to meet the faculty-led engaged research (FLER) requirement, students in small groups will apply what they have learned through participating and collaborating in assigned components of a faculty research project, which could include experimental or quasi-experimental studies, observational studies, systematic reviews, or meta-analyses. The purpose of this course is to introduce students to basic research skills pertinent to their development as critical consumers of literature.

Course Number: DPT 645

Course Name: Critical Inquiry IV

DPT 645 Critical Inquiry IV is the final (fourth) course within the Critical Inquiry curricular thread. This course consists of investigation of a patient case which the student was actively treating within DPT 624 Clinical Practice III. Prior to investigation, formal permission and consent will be secured from the patient and facility. Through collaboration with a faculty content advisor and the DPT 624 clinical instructor of record (as able), a formal patient Case Report will be developed and completed in small groups following established publication standards. The investigation culminates in an original written Case Report that will be disseminated and which may be published in collaboration with the faculty instructor.

Course Number: DPT 616

Course Name: Musculoskeletal Physical Therapy Practice II: Extremities

This course includes a regional approach to musculoskeletal examination, evaluation, diagnosis, and prognosis of musculoskeletal conditions of the upper and lower extremity. Students will utilize evidence-based examination procedures to establish a differential diagnosis that informs intervention. The intervention aspect of the course includes the theory and practical application of therapeutic exercise and manual interventions. The principles of range of motion, proprioceptive neuromuscular facilitation, mobilization, stretching, and progressive resistance activities are included, in addition to a review of adjunctive interventions. A review of common syndromes impacting the extremities throughout the lifespan will be reviewed with a discussion and practical application of a variety of proposed evidence-based physical therapy interventions.

Course Number: DPT 617

Course Name: Musculoskeletal Physical Therapy Practice III: Spine

This course includes a regional approach to musculoskeletal examination, evaluation, diagnosis, prognosis, and intervention of musculoskeletal spinal conditions. Students will utilize evidence-based examination procedures to establish a differential diagnosis that informs intervention. This course includes a review of common health conditions impacting the spine throughout the lifespan that includes evidence-based concepts and the application of therapeutic exercise, manual interventions, and alternate/adjunctive intervention strategies. Additional topics that are pertinent to musculoskeletal physical therapy practice of spinal health conditions will also be included. Throughout the course, an emphasis will be placed on evidence-based, clinical decision making that leads to optimal outcomes in the care of individual patients/clients

Course Number: DPT 620

Course Title: Neuromuscular Physical Therapy Practice II

The second course within the neuromuscular practice pattern, DPT 620 introduces the foundations

of examination and treatment of movement disorders resulting from pathology and/or impairments within the neuromuscular system. Students gain the foundational knowledge and psychomotor skills required for examination, evaluation, therapeutic handling, and neuromuscular re-education as applied to persons with stroke, traumatic brain injury, and other cerebrovascular disorders. In addition, they address the management of persons with balance and vestibular disorders. Lab learning activities apply knowledge of pathophysiology, neuroplasticity, and motor learning principles to clinical decision-making in evaluation, differential diagnosis, prognosis, and treatment planning. The principles of movement and gait analysis will be reinforced, and foundational concepts of lower extremity orthotics will be introduced.

This course begins to develop students' critical thinking and reasoning strategies through clinical case applications and real-world learning that can be applied across acute care, post-acute rehabilitation, skilled nursing, transitional care units, and home health care practice settings. The integration of structured movement analyses of activities performed in daily life and the use of the WHO International Classification of Functioning, Disability, and Health (ICF) will be reinforced to guide and inform clinical decision-making in physical therapist practice. Foundational knowledge and skills are reinforced and advanced within the course and throughout the practice pattern courses, within DPT 621 and DPT 710.

Course Number: DPT 621

Course Title: Neuromuscular Physical Therapy Practice III

DPT 621 is the third course within the neuromuscular practice pattern, which reinforces and advances student knowledge and skills in the examination and treatment of movement disorders resulting from pathology and/or impairments within the neuromuscular system. Lab experiences apply knowledge of pathophysiology, neuroplasticity, and motor learning principles and advance student skill in clinical decision-making in the areas of evaluation, differential diagnosis, prognosis, treatment planning, and inter-professional management of individuals with disorders of the spinal cord, cerebellum, basal ganglia, and progressive and degenerative disorders. The principles of movement and gait analysis, as well as wheelchair prescription, will be reinforced and advanced.

The course will also include the examination and management of individuals with amputation, introducing concepts of materials, design, and technology of prosthetic devices. The course will emphasize the principles of limb amputation, wearing/fitting of prosthetics, gait analysis, the importance of therapeutic alliance and interprofessional collaboration, and the psychological considerations of the patient with prosthetic devices.

DPT 621 is designed to advance the student's critical thinking and reasoning strategies through clinical case applications and real-world learning experiences applied across acute care, post-acute rehabilitation, skilled nursing, transitional care unit, and home health care practice settings, using the International Classification of Functioning, Disability, and Health (ICF) as a framework. Students are prepared with entry level skill that enables their final integration within DPT 710 Comprehensive Physical Therapy Practice and clinical experiences.

Course Number: DPT 622

Course Name: Clinical Practice III

This course is comprised of part-time patient care, community wellness experiences and advocacy. This course is intended to enhance students' abilities to engage in patient care and evidence-based practice. During part-time clinical and community wellness experiences, students participate in clinical observation and the supervised application of discrete examination and intervention

skills/procedures. These experiences will be within clinical environments and virtually. Expectations for professional behaviors and clinical skill performance are commensurate with the course objectives and concurrent clinical skills courses. This course is concurrent with didactic courses in the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. The goal of these part-time clinical experiences is to expose each student to a variety of health conditions and patient care scenarios across the lifespan and continuum of care. Students will learn to advocate for the health of society and the advancement of the profession of physical therapy through analysis of current issues within the regulatory agencies, the legislature and commercial payers. These learning experiences are designed to enhance students' interactions with the patient, family, other healthcare professionals, payers and regulatory agencies, as well as the state and national legislative bodies.

Course Number: DPT 624

Course Name: Clinical Practice IV

The purpose of this course is to foster the development of entry-level physical therapy skills in a non-specialized inpatient OR outpatient setting (which ever was not completed in DPT524). This is the second of four full time clinical internships and will occur in the sixth semester of the curriculum for 6 weeks. Under the supervision of a clinical instructor, students will practice physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Development of professional behaviors is an important component throughout the clinical practice series and students will have opportunities for self-assessment, self-reflection, peer and supervisory assessment. Students will be expected to perform at the Intermediate Performance and/or Advanced Intermediate Performance as assessed by APTA's Clinical Performance Instrument.

Course Number: DPT 629

Course Name: Cardiopulmonary Physical Therapy Practice II

Cardiopulmonary examination, evaluation, diagnosis, prognosis, and intervention. This course includes a regional approach to the physical therapy management of the cardiopulmonary system in a variety of practice settings ranging from acute care to outpatient that builds on DPT 628. This course will focus on developing and refining examination and intervention skills in patients with acute pathologies. The course will include a didactic and lab component intended to develop the students' hands on ability in performing skills such as strength, ROM assessment, auscultation of the heart and lungs, chest wall excursion and breathing pattern. In addition, students will gain exposure to intervention skills, such as airway clearance and chest wall mobility techniques. Cases encountered in this class will encompass the musculoskeletal, neuromuscular, integumentary and cardiopulmonary systems. A portion of the course will be devoted to the principles of exercise physiology and students will be exposed to principles and practices designed to evaluate the body's response to exercise and implement interventions designed to improve cardiorespiratory and metabolic function through exercise. Critical thinking skills will be evaluated during a variety of learning experiences, including an interprofessional experience in the Alvernia University Nursing Simulation Lab, during which students will analyze a medical chart, utilize clinical skills developed in this course and others, collaborate with other allied health students on a simulated medical team, and competently evaluate a complex patient case with multiple body system involvement.

Course Number: DPT 631

Course Name: Integrated PT Practice for Multiple Systems

This course introduces mechanisms of pathophysiology that contribute to changes in the body structures and functions of 'other' systems including the endocrine and metabolic, gastrointestinal, genital, and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, and

renal and urologic systems. These changes can result in specific conditions, diseases, and disorders that physical therapists encounter across the lifespan. Dysfunction within the 'other' systems can also result from injuries to other body systems and/or systemic conditions. Selected disorders within these systems will be introduced, including incidence and prevalence, etiology (including modifiable and nonmodifiable risk factors), clinical signs and symptoms, differential diagnosis, diagnostic testing and imaging, medical/surgical/pharmacologic management, and prognosis for recovery at the levels of body structures and function. Students will investigate the processes of medical systems screening for differential diagnosis, interpret basic medical imaging, analyze the effects of selected medical and surgical interventions, and evaluate implications of pharmacology regimens on physical therapy practice. Medical systems screening and analysis of diagnostic imaging will be expected as a component of patient examination, evaluation, and differential diagnosis, in order to identify concerning yellow and red flags, appropriateness for and degree of physical therapy participation, and referral to the most appropriate medical provider when indicated. Special emphasis will be placed on the Integumentary and Lymphatic examination, evaluation, diagnosis, prognosis, and intervention. The course will include a didactic and lab component intended to develop the students' hands on ability in performing skills such as wound assessment, debridement, and interventions for lymphedema.

Course Number: DPT 632

Course Name: Physical Therapy Practice Through the Lifespan

This course will integrate knowledge of human development, movement control, and functional activities and participation in the pediatric and geriatric segments of the lifespan. Designed in modules, the course will be focused on essential areas of knowledge and skill, including 1) all domains of development, emphasizing motor development, control and function at key transition points throughout the lifespan; 2) evaluation and assessment across developing, delayed, and aging physiologic systems; 3) intervention planning and coordination of age-appropriate patient/client management, family/caregiver-centered care and education, including end-of-life. Students will focus on introduction and reinforcement of skills in the physical therapy examination, evaluation, and intervention of individuals with congenital and acquired health conditions. Students will apply knowledge of psychosocial, cognitive, communication and developmental levels to effectively interact with individuals across the lifespan.

Course Name: ESLR 502

Course Number: Ethics and Leadership

This course explores the criteria for ethical leadership and the key elements that shape effective, ethical leaders. It also teaches students about practical strategies that are needed to cultivate the skills necessary to become a principled and impactful leader in various organizational settings.

Course Name: ESLR 503

Course Number: Ethics and Social Responsibility (Alvernia graduation requirement)

This course delves into the intricate relationship between ethical principles and broader societal obligations, highlighting how normative ethical theories shape our understanding of social responsibility. Through critical analysis, students will examine how various ethical frameworks inform moral responsibilities to promote social justice and equitable outcomes. The course also encourages the development of actionable strategies for fostering ethical practices that contribute to the well-being of communities and society at large.

DPT III Course Descriptions

Course Number: DPT 700

Course Name: Physical Therapy Practice within A Global Health Care Environment

This course is designed to advance the application and analysis of the physical therapist's role in an interprofessional collaborative team and design innovative health promotion and disease prevention programs in a global health care environment. This course will focus on the advancement of knowledge, attitudes and skills necessary to become a culturally competent physical therapy practitioner. This includes understanding the diversity dimensions that impact health care environments outside of the United States. In addition, this course will emphasize the advancement of interprofessional competencies, defined as "integrated enactment of knowledge, skills, values/attitudes that define working together across the professions, with other health care workers and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts." This course will include an international experience in collaboration with Occupational Therapy students.

Course Number: DPT 705

Course Name: Legal and Ethical Issues for the Physical Therapist

DPT 705 is a course that addresses topics within non-clinical physical therapy practice that spans all practice settings and the continuum of care. Topics covered in this course include practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing, continuous quality improvement, and financial management. Students will participate in a case management process that includes assessing safety risks within an interprofessional healthcare team.

Course Number: DPT 710

Course Name: Comprehensive Physical Therapy Practice

This clinically based, interprofessional service-learning course will reinforce, integrate, and advance knowledge and skills from all previous didactic course content through the case management of individuals with complex, multi-system health conditions. Students will provide pro-bono interventions for under-served and under-insured individuals in our community while learning to engage with other members of the health care team. To guide their examination, evaluation, and diagnostic/prognostic processes, and to select interventions, students will apply the principles of Evidence-based Practice (EBP), integrating clinical expertise, patient values, and best available evidence. Further, students will analyze, appraise, apply, and reevaluate the use of the best available evidence, while engaging in clinical decision making to address each patient's unique and complex presentation. The course will advance and reinforce the practice of physical therapy through direct application of health care policies that impact the local and global health care environment. Students will use these policies to guide patient documentation supporting reimbursement for physical therapy services provided to the pro-bono patients.

Individualized intervention programs may include service, advocacy, prevention, family education, as well as recommendation and use of basic and advanced assistive technologies. Consultation with other members of the health care team, effective co-treatment strategies, and teamwork play an integral role in successful completion of this course. Students will reflect on critical aspects of an individual's needs to maintain health, wellness, and participation across the lifespan as a foundational component of true service learning.

Course Number: DPT 724

Course Name: Clinical Practice V

The purpose of this clinical internship is to foster the development of the entry-level physical therapist in the outpatient/inpatient orthopedic or neuromuscular settings. This 12-week internship occurs following the completion of all didactic course work. Under the supervision of a clinical instructor, students will practice advanced physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Students will be expected to perform at the Advanced Intermediate or Entry-level performance as assessed by the APTA Clinical Performance Instrument.

Course Number: DPT 725

Course Name: Clinical Practice VI

The purpose of this clinical internship is to foster the development of the entry-level physical therapist in the outpatient/inpatient orthopedic or neuromuscular settings. This 12-week internship occurs following the completion of all didactic course work. Under the supervision of a clinical instructor, students will practice advanced physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Students will be expected to perform at Entry-level performance as assessed by the APTA Clinical Performance Instrument.

Course Number: DPT 810

Course Name: Comprehensive Examination

This course is composed of the preparation and administration of a comprehensive examination. This examination is the culminating experience of the program, which reflects mastery of the didactic component of the physical therapy curriculum. The examination is 4 hours and 15 minutes in duration and is comprised of 200 multiple choice questions. Passage of this exam is required for graduation.

Course Number: DPT 810590 (old number)

Course Name: Comprehensive Examination

This course is composed of a comprehensive examination for students who failed DPT 810. The passage of the examination reflects mastery of the didactic component of the physical therapy curriculum. Students must create their own plans for remediation. The examination is 4 hours and 15 minutes in duration and is comprised of 200 multiple choice questions. Passage of this exam is required for graduation.

Course Number: DPT 806

Course Name: Sports Physical Therapy

This course will investigate the application of physical therapy evaluation and treatment to the athletic population. Management and rehabilitation of surgical and non-surgical injuries and health conditions of the upper extremity and lower extremity common among athletes and the active population will be studied. Topics will also include special examination and intervention strategies often used in the athletic population as well as rehabilitation programs for injuries common in particular sports. There will be a focus on functional recovery with sports performance related exercises. A study of pre-season performance evaluation and screening will also be a part of this course. This class will be taught both in lecture and lab in a seminar format.

Course Number: DPT 807

Course Name: Special Topics: Advanced Clinical Decision Making in Pediatric Physical Therapy
This course will build upon the foundational pediatric concepts and diagnoses discussed in DPT632. Students will be provided an opportunity to investigate and gain more in-depth knowledge of some of the more common pediatric diagnoses and expand on more complex diagnosis through lecture, lab/clinic, group discussion and self-directed learning. It will enhance the student's ability to access community resources and challenge their creativity while refining manual skills when working with the pediatric population. Students will have an opportunity to utilize evidence-based practice and expand clinical reasoning skills in order to conduct a pediatric evaluation, implement a plan of care and support with the appropriate documentation in order to treat live patients in a pro bono pediatric clinic.

Course Number: DPT 890

Course Name: Special Topics: Advanced Vestibular Rehabilitation

This advanced special topics course provides doctoral physical therapy students with a comprehensive exploration of vestibular system dysfunction, integrating advanced pathophysiological principles, diagnostic reasoning, and evidence-based rehabilitation strategies. Students will develop high-level clinical reasoning skills to comprehensively assess, diagnose, and implement interventional approaches for patients experiencing complex vestibular and balance disorders across varied clinical populations and neurological presentations.

The course will critically examine vestibular dysfunction from both peripheral and central neurological origins, emphasizing differential diagnostic techniques and advanced clinical decision-making. Through an integrated lecture-and-laboratory format, students will engage in hands-on clinical skill development. Curricular content will include advanced neuroanatomical assessment, sophisticated diagnostic screening protocols, contemporary research-informed intervention strategies, and comprehensive patient management techniques.