

Student Handbook Policies and Procedures

UWL Physical Therapy Program
Department of Health Professions

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1. PROGRAM OVERVIEW

1.1. VISION / MISSION / PHILOSOPHY OF DPT PROGRAM

1.1.1. Vision Statement

The University of Wisconsin-La Crosse Physical Therapy Program will be a recognized leader in evidence-based, clinically integrated, physical therapy education through collaboration among uniquely specialized professionals and institutions, serving diverse student and community populations and the physical therapy profession.

1.1.2. Mission Statement

The mission of the DPT Program is to graduate physical therapists who are licensed healthcare practitioners competent in the prevention, diagnosis and treatment of movement dysfunction, and who enhance the health and functional abilities of the Wisconsin public.

1.1.3. Philosophy

The faculty believes that the professional education of physical therapists is complex and multi-faceted. It involves the student, the faculty, the academic institution and the professional community. The faculty further believes that the learning environment must be student-centered in order to maximize the learner performance. Faculty also recognizes students possess a wide array of desires, past experiences, and capability to learn. Therefore, the program promotes teaching styles that encourage students to be active learners and to take responsibility for their own learning.

Professionalism is central to the educational process and will be modeled for and developed in students as an integral part of their academic and clinical learning. Therefore, the program promotes inclusion of professional behaviors into the curriculum as a required component for many academic courses and all clinical courses.

Physical Therapists practicing in healthcare at this time must be able to provide direct-access to their clients and serve as expert practitioners throughout patient management. Therefore, the program uses a hybrid model whereby curricular content is centered on strong foundational sciences, and evidence-based clinical practices which promote the development of clinicians who are capable of managing patient/client care.

1.2. GOALS OF PHYSICAL THERAPY EDUCATION

The faculty believes that the professional education of physical therapists is complex and multi-faceted. It involves the student, the faculty, the academic institution and the professional community. The faculty further believes that the learning environment must be student-centered in order to maximize the learner performance. Faculty also recognizes students possess a wide array of desires, past experiences, and capability to learn. Therefore, the program promotes teaching styles that encourage students to be active learners and to take

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Each student is valued as a graduate student with unique life experiences and educational backgrounds. The student is expected to be a full participant in their educational experience and invited to seek out additional experiences provided on campus and in the community. The intensive 34 month curriculum is thoughtfully designed to provide each student optimal advantages for success in the classroom, on clinical internships and to successfully pass a rigorous state licensure exam. The full DPT curriculum is outlined in Appendix A-1.

Program Goals

In order to execute the mission statement that is consistent with the faculty philosophy on physical therapy education, the following goals have been established:

1. Recruit applicants from a variety of backgrounds and matriculate the most qualified students to completion of the program.
2. Develop contemporary practitioners who possess knowledge and skills necessary for entry-level practice of physical therapy.
3. Develop Physical Therapists who display the core values of professionalism and professional behaviors consistent with expectations of a doctoring professional.
4. Faculty will possess a variety of educational credentials and specializations who demonstrate effective teaching and serve as professional role models.
5. Faculty will contribute to evidence-based practice through faculty and student scholarly activity.
6. Faculty will facilitate lifelong learning within the physical therapy community.

1.2.1. Student Learning Outcomes

Programmatic Objectives:

The DPT graduates will:

1. practice professionalism as observed through their ethical, moral and legal actions.
2. display cultural competence through their words and actions.
3. examine patients of all ages by obtaining a history, performing a systems review, and administering selected tests and measures.
4. evaluate data from the examination in order to render evidence based clinical decisions and determine a diagnosis that guides patient/client management.
5. prepare a patient plan of care that is safe, effective, considers available resources, and client centered.
6. perform physical therapy interventions and monitor patient outcomes.
7. promote prevention, health and wellness at the individual, community, and societal level.
8. display ability to utilize information technology to access scientific literature to support clinical decisions.

1.2.2. Curricular Threads

1. Professionalism
2. Evidence-based practice
3. Clinical reasoning/ Critical thinking

1.3. GOVERNANCE HIERARCHY

The Physical Therapy Program exists within the bureaucracy of the University of Wisconsin-La Crosse. It may sometimes be helpful for a student to know the appropriate levels of this hierarchy.

University of Wisconsin-La Crosse
Chancellor
Provost / Vice Chancellor
College of Science and Health
Dean
Department of Health Professions
Department Chair
Physical Therapy Program
Program Director/s

The Physical Therapy Program must also follow the rules and guidelines laid down by the Commission on Accreditation in Physical Therapy (CAPTE: <http://www.capteonline.org/home.aspx>), which is itself governed by the American Physical Therapy Association (APTA: <http://www.apta.org/>).

1.4. COMPLAINT PROCEDURES FROM CLINICAL SITES, STUDENTS OR COMMUNITY MEMBERS

Any person (e.g. prospective and currently enrolled students, clinical instructors, employers of graduates and the general public) can file a signed complaint about the Physical Therapy Program with the Program leadership, the Department of Health Professions Chair, or the University administration. The complaint must be in writing and must identify the complainant. The complaint must clearly identify and describe the specific nature of the complaint, provide supporting data, and specify the requested response to the complaint.

In general, a formal complaint should be initiated with the person who is the next level higher than the target of the complaint. For example: a complaint against a faculty member should be addressed to the Program Director; a complaint against the program director should be addressed to the Department Chairperson; and a complaint against the Department Chairperson should be addressed to the Dean of the College of Science and Health. Such complaints should be lodged either orally or in writing within 90 days of the last occurrence.

2. STUDENT RIGHTS AND OBLIGATIONS

DOCUMENTED DISABILITIES

Any student with a documented disability (e.g., physical, learning, psychiatric, vision, or hearing, etc.) who needs to arrange reasonable accommodations must contact the instructor and the ACCESS Center Office (165 Murphy Library) at the beginning of the semester. Students who are currently using these services will have a copy of a contract that verifies they are qualified students with recommended accommodations on file in the ACCESS Center Office.

2.1. PROGRAM EXPECTATIONS OF THE GRADUATE STUDENT

Consistent with APTA document on the minimal requirements for entry-level skills (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTGrad.pdf), students are expected to excel in academic and clinical environments by demonstrating problem solving techniques for clinical problems, incorporating values of self and others in decision making, exhibiting ethical behavior, and participating in professional development activities.

2.1.1. Professional Behaviors and Professionalism

Professional behaviors are expected in all physical therapy professional courses and activities. Students are expected to display growth in the practice of professional behaviors and skills through self-reflection on performances and interactions with instructors, peers, patients, clients and the public.

Detailed descriptions of professional behaviors emphasized with their associated expectations are included in Appendix A-5. Expectations of the demonstration of professional behaviors grow with the student's progression through the program curriculum. The following are the professional behaviors assessed by the PT Program:

- Critical Thinking
- Communication Skills
- Problem Solving
- Interpersonal Skills
- Responsibility
- Professionalism
- Use of Constructive Feedback
- Effective Use of Time and Resources
- Stress Management
- Commitment to Learning

Students are expected to provide examples of self-assessment and change over time relative to these behavioral expectations. In addition, faculty will provide input and recommendations to facilitate each student's personal development at least once each semester within advising sessions. Students will complete formal self-assessment of their status and progression with these skills within their assigned expectations for clinical internships.

Faculty will evaluate student professional behaviors to use as progression criteria within the PT Program. Failure to meet these standards of professional behavior will result in delayed participation in clinical internships and/or dismissal from the PT Program.

2.1.2. Classroom/ Laboratory Attire

Doctor of Physical Therapy Students are expected to represent the Physical Therapy Program, UWL, and themselves in a professional manner at all times. The following professional attire is expected:

Classroom Attire

In the classroom, students may generally wear casual clothing of choice based on personal and professional judgment. Individual faculty may impose stricter expectations as specified in their syllabus.

Classes Involving Patients/ Clients/ Guest Speakers

Students are required to wear professional attire for classes/ labs that involve volunteer patients/ clients and guest speakers unless informed by the primary instructor. Appropriate attire includes name tags, shirts, blouses, sweaters and khaki or dark slacks. Shoes must be closed-toe, closed heeled and low-heeled (1 inch). Visible piercings or dangling jewelry should be worn with discretion and not endanger the safety of others. Long hair should be tied back/ restrained for all students. Perfume or cologne should not be used.

Lab Attire

Unless otherwise stated, in the course syllabi, students are expected to wear appropriate lab attire in order to provide a positive learning experience for both the student and his/her lab partners. Appropriate lab attire will be specified by the primary instructor but likely includes shorts, allowing for free movement and adequate coverage of undergarments. For labs requiring visual or palpable

access to upper trunk and body, men should wear tee shirts and women should wear a halter top, bathing suit top or sports bra. Students are advised to keep a set of clean laboratory clothing in the locker room. Socks and closed-toed shoes should be worn for labs requiring transfers or gait activities. Nails should be clean and clipped short enough to allow handling of lab partners without scratching or gouging.

Anatomy lab attire: Students are referred to the HSC Anatomy Laboratory Policy (Appendix B-5) for lab attire expectations.

At the instructor's discretion, students who fail to comply with the expected attire for any class session may be asked to leave and change into appropriate lab clothing prior to returning to class

Attire During Clinical Experiences

Appropriate attire for clinical experiences and internships is explained in the Clinical Education Handbook.

2.1.3. Online (Internet) Code of Conduct

Participating in internet based social networking sites, discussion forums, blogs, and similar applications have become an integral part of communication in our society. Use of these sites can be fun, educational, and informative. We are probably all aware that their ease of use can sometimes lead to conversational, off the cuff, comments rather than careful considered opinions. Because the words are written, and semi-permanent, they tend to have a stronger impact than the same words would convey if spoken in a casual conversation. It is beyond the scope of the UWL Physical Therapy program to attempt to regulate student participation in these forums. However, that does not absolve the student of consequences that can stem from serious breaches of professional ethics, institutional integrity or personal privacy that can occur through the misuse of these public and personal resources. With that in mind, students are advised:

- There should be no expectation of privacy. Internet postings are easily, and sometimes inappropriately, shared.
- Most internet content is protected by copyright from the moment of its creation. Downloading or sharing files without the owner's permission can be a violation of U.S. laws. In addition, inappropriate use of information from internet websites may constitute plagiarism and would be subject to appropriate academic penalties.
- As a clinician you are responsible for protecting the personal health information of your patients. Clearly it is unacceptable to ever post a patient's name or picture. However, it can be equally inappropriate to post information that you think has been cleansed of identifying factors, such as age, sex, diagnosis, date of evaluation, treatment protocol, or photographs with bars over the face. Even seemingly anecdotal postings can violate confidentiality. You are never empowered to judge when a patient's information has been sufficiently anonymized for inclusion within a public forum (most pictures you see of patients with clinicians are almost always posed photographs using professional models). You will

open yourself to professional and legal sanctions if you forget this guideline. In order to avoid accidental slip-ups or misunderstandings it is probably best to not initiate or accept “friend” requests (or the equivalent) from patients, clients, their family or friends, your professors or your clinical instructors. Do not exchange email addresses with patients until you become an actual licensed clinician, and then only do so with care.

- Clinical advice provided in online forums can be deemed a therapeutic relationship which can impose upon you the “duty of care” associated with any clinician-patient relationship. It is always a poor idea to offer clinical advice without physically examining and interacting with the patient. As a student, offering clinical advice can be interpreted as “practicing without a license” and thereby open you up to severe penalties. This can be a career ending mistake that you should avoid at all costs.
- You may never post information where you create the impression, either intentionally or not, of being an official representative or spokesperson of UWL, the Physical Therapy program, or any of its affiliates. Guard yourself against posting statements that include phrases like: “As a UWL PT student ...,” “In my PT program ...,” “At my clinic ...,” etc. You should never create a posting that makes use of UWL logos without first obtaining permission to do so. Take care when using your UWL email address (be aware that some sites automatically include your sign on email address), as its use can create the impression of representing UWL even if that was not your intention.
- All emails on the UWL server (sent to or from a UWL email address) actually belong to the University of Wisconsin System. As such, they are legally accessible by anyone who requests them. For this reason, you probably do not want to use your UWL email address for personal business. If any inappropriate email comes to you through your UWL email it is probably best to delete it immediately. Similarly, regularly examine and flush your Spam folders.
- You cannot avoid responsibilities and consequences if you violate these guidelines by anonymous means. On the contrary, you will probably compound consequences by attempting to do so anonymously.

General courtesy as well as civic and professional responsibility should be displayed at all times. We cannot forbid you from practicing your first amendment rights of free speech and expression. Nonetheless, we remind you that freedom of expression is not the same thing as freedom from consequences. You are, and will be held, academically, professionally and personally accountable for every contribution you make in the real or virtual realms. Therefore, you should take pause and consider these consequences before making contributions that may contain:

- Offensive language, recordings, photographs or drawings.
- Comments concerning age, sex, race, ethnicity, or sexual orientation of any person or group.
- Contributions that imply condoning or participating in irresponsible use of alcohol, illicit substances, sexual promiscuity or illegal activities.

- Critical comments or contributions posted to the web space of another person or organization, especially if those critical comments have not been specifically and publically solicited by the site owner.

Examples of things related to your student experience that you can post:

- Statements of learning experiences in classes, such as: “I learned about the relationships between neurological and orthopedic treatment options today.”
- Statements of personal interactions, such as: “Had fun with my classmates today while exploring the trails in Hixon Forest. Here are some pictures of what we did and saw.”
- Dialogues about treatment or diagnosis, such as: “I am wondering if [Clinical Condition] is always appropriately treated through physical therapy.”

The guidelines provided here are best seen as extensions of the American Physical Therapy Association’s (APTA) social media policies. This policy can currently be found at: <http://www.apta.org/SocialMedia/>. Essentially, these guidelines come down to three basic principles:

- Use your common sense.
- Beware of privacy issues.
- Play nice, and be honest.

2.1.4. Personal Electronics

Personal electronics are part of our everyday lives. They make note taking, documentation and communication easier than they have ever been before, and are likely to become even easier in the future. Nonetheless, ease of use does not necessarily mean that they should always be used. The following activities will not be tolerated:

- Audio or visual recording of any classroom activity unless explicit permission is obtained from the course instructor, and if appropriate classmates or other classroom participants. Yes, this means that you may not record lectures without the instructor’s permission.
- Audio or visual recording of any patient interactions without first obtaining permission from the relevant faculty member and from the patient involved. In this case, permission from the faculty **MUST** be obtained first. The patient may not be approached with this question on an even theoretical basis unless the relevant faculty member is aware and approves. Then, the patient’s permission must be obtained. In this context, “patient” implies every person who is acting in the role of patient, which includes but is not limited to: clinic patients, public being served by PT students, students when acting in the role of patient during classroom instruction or practice, and cadavers in the anatomy lab.
- Mobile electronic communication devices should be set in silent mode during all classroom and professional interaction activities. Use of these devices within the classroom or clinic should be limited to emergencies only.

- Use of electronic communication devices during class should be limited to that course's content and not for general Internet use.
- You should never allow your personal electronic device to interfere with patient care.
- Be aware that some portable electronic devices can interfere with vital medical equipment. Depending upon the environment it may not be appropriate to carry these devices on your person.

2.2. STUDENT ACADEMIC PERFORMANCE

2.2.1. Student Exemption from Professional Course Work

Students enrolled in the physics dual degree program can apply for exemption from professional course work, given that the student has successfully completed previous coursework that is similar in content. It is the student's responsibility to demonstrate that he/she has successfully mastered the material in the course.

The procedure for seeking exemption from a professional course is:

- Student should discuss exemption with course instructor
- Student should write an appeal to the Chair of the PT Program Admissions Committee requesting exemption from desired course. The written appeal should include the course description and course syllabus of the previous coursework. In addition, the Admissions Committee may request copies of exams or written work completed in the previous course
- The course instructor should provide the PT Program Admissions Committee with recommendations for supporting or not supporting the appeal
- Students seeking exemption from professional program coursework should make the written appeal to the PT Program Admissions Committee no later than six weeks (6 weeks) before the last day of classes of the semester *preceding* the semester in which the required course is offered. This will allow time for the appeal to be reviewed by the Admissions Committee, a decision to be made, the student notified, and time for the student to register for the course if necessary.

2.2.2. Graduate Student Expectations

Student Conduct

Academic honesty and integrity are fundamental to the mission of higher education. Students are responsible for the honest completion and representation of our work and respect for others' academic endeavors. For a list of academic regulations and student conduct please consult UWL's Academic Regulations and Student Conduct found at (<https://www.uwlax.edu/student-life/student-resources/student-handbook/>).

Student conduct during examinations: Students are expected to comply with examination practices per course instructor. These include but are not limited to removing backpacks, electronic devices (unless prior authorized by course instructor) and texts, notes and/or study aides from the testing area.

The PT Program holds students to the same exam security expectations that are articulated by the Federation of State Boards of Physical Therapy when administering the National Physical Therapy Exam (board exam) (<http://www.fsbpt.org/SecondaryPages/ExamCandidates/NPTESecurityAgreement.aspx>).

As such, students will not:

- “disclose or discuss [exam] content with anyone verbally, in writing, or through other methods of communication including on the Internet, through email accounts or through any social media;
- bring any materials or devices into the testing room or attempt to remove any items from the testing room;
- copy, memorize, record or otherwise attempt to retain or recreate examination content including questions, concepts, topics, graphics and images;
- assist anyone to copy, memorize, record, otherwise retain, recreate or reconstruct the content for any purpose;
- share answers to questions;
- study from information derived from any item above.”

Attendance and Participation

Students who enroll in courses offered by the program are expected to attend and participate in these classes. The faculty expects that students will devote sufficient non-class time to complete all class assignments in a timely manner and to undertake additional study of the material as necessary to demonstrate satisfactory mastery of the material. *It is reasonable for students to expect to devote 2-3 hours of study per week for every course credit hour.*

Absences from class

Absences should be negotiated with course instructor in advance.

Missed Examinations and Incomplete Class Material

Individual faculty set course expectations that will be outlined within each course syllabus. Students should realize that these requirements can differ from course to course and from instructor to instructor.

2.2.3. Advising and Evaluation of Student Performance

Advising of Students in Professional Programs

Each student enrolled in the physical therapy program will be assigned a faculty member as their advisor. During one faculty meeting each semester, each student's academic performance and professional behaviors will be reviewed. Students are required to meet with their faculty advisor at least once each semester to discuss academic progress, clinical performance, and professional behaviors (example forms included in Appendix A-6: Student Advising Forms).

Evaluation of Students in Professional Programs

Faculty meet once each semester to discuss strengths and any concerns about students. The results of these discussions are shared with students in an advisory review session and documented. If necessary, students will complete action plans to address unsatisfactory academic performance or professional behaviors (sample form included in Appendix A-7: Assessment and Advising).

Office of Student Life Resources

The Office of Student Life (located at 149 Graff Main Hall) provides advising for academic and personal issues. Students are encouraged to explore resources from these professionals who may offer a comprehensive list of options for students experiencing academic challenges or personal stresses. Students considering a personal withdrawal or medical leave are strongly encouraged to explore options with them. More information on withdrawal from the University or emergency medical leave may be found at <https://www.uwlax.edu/student-life/student-resources/withdrawal/>.

2.2.4. Grading System for Coursework

The instructor of record has the ultimate decision on developing a scoring rubric that is appropriate for each course. Students are referred to the UWL Graduate Student Catalog for guidelines regarding cumulative GPA (<http://catalog.uwlax.edu/graduate/academicpolicies/gradesgrading>).

Awarding a Grade of “Incomplete”

A student may request a temporary grade of “incomplete” because of illness or other extenuating circumstances (see Graduate Student Catalog for further information). A grade of “incomplete” is not awarded unless extenuating circumstances can be verified. Offering a student an “incomplete” is the discretion of the instructor of record. Time frames and terms for removal of an “incomplete” grade are at the discretion of the instructor, including the creation of alternative assignments. Students have one year (12 months), barring any extenuating circumstances, to remove an incomplete grade.

2.2.5. Substandard Performance

2.2.5.1 – Remedial work

Students should not expect to be given remedial work. Any remedial work will be left to the discretion of the instructor of record.

2.2.5.2 – Examinations - Assessment of Learning

Failure to demonstrate minimal competency in any subject can result in course failure and therefore program dismissal. The retaking of a failed exam or practical exam will be left to the discretion of the instructor of record.

2.2.5.3 – Failure to Meet Academic or Professional Behavior Standards

The student will be informed in writing by the Program Director if they fail to meet the academic or professional behavior standards established by the program. Failure to meet the standards may occur based on any one of the following:

Academic:

- Grades below a “C” in any physical therapy course (academic or clinical) constitute failure of that course and the respective credits cannot be used toward physical therapy degree completion.
- A cumulative GPA below a 3.0 (following the probationary semester).
- Failure to demonstrate competency in skill development within practical examinations consistent with instructor expectations as stated in course syllabi.

Professional Behaviors:

- Faculty members formally assess students across courses relative to their professional behaviors. Expectations are described in detail in Appendix A-5: Professional Behaviors Assessment. Students can be dismissed from the program based on documented failure to meet expectations.
- Violation of codes of conduct established by the university (<https://www.uwlax.edu/student-life/student-resources/student-handbook/>).

2.2.6. Clinical Fieldwork Prerequisites

Students must be in good academic standing prior to entering the clinic as evidenced by successful completion of all required coursework up to the clinic assignment and having no significant faculty concerns regarding professional behaviors (Appendix A-5: Professional Behaviors Assessment). Faculty will meet to determine student progression status at the end of the fall and spring semesters. The following holds true:

- Students must complete all required courses prior to beginning any clinical assignment.
- Students must be functioning at 50% of all beginning behavioral criteria of the Professional Behaviors prior to beginning their first clinical.
- Students must be functioning at 100% of all beginning and 50% of all developing criteria of the Professional Behaviors prior to beginning their second clinical.
- Students must be functioning at 100% of all beginning and developing criteria of the Professional Behaviors prior to beginning post-didactic internships.

2.3. SOLICITATION OF FEEDBACK FROM STUDENTS

2.3.1. Evaluation of Instruction

Students have an obligation and the right to evaluate their instructors in each course offered by the program, unless exempted by UWL policy. These evaluations are offered as an online survey during the last three weeks of course instruction, or at the conclusion of the clinical internships, using a common Department of Health Professions Student Evaluation of Instruction (SEI) instrument. Except for courses in which the department chairperson has deemed the use of an SEI to be inappropriate, this instrument is used for all instructors regardless of the format of the course (including lab/lecture/clinical instruction, clinical coordination, internship coordinator, academic course coordination, and problem-based learning course facilitation). A Likert scale (1-lowest to 5-highest) is used for these evaluations. Much like course grades, where a C is typically considered to be minimally acceptable performance, an evaluation score of 3 is similarly interpreted. Students should avoid using the score of 3 to represent “no opinion” or “neutral” responses. If a student truly has no opinion on a question, then the question should be skipped with no response given.

Students should make their best effort to match their evaluations to the specific instructor roles within the course. In many cases, courses are divided into a didactic (lecture) component and a laboratory (applied or seminar) component. The lead instructor is probably involved in both components, while assisting instructors may only contribute to the applied/laboratory component. Inasmuch as is possible, evaluation of instructors in the applied/laboratory setting should not be influenced by evaluation of instructors in the lecture/didactic setting, and vice versa. Nonetheless, these instructors should be working as a team and your evaluations can reflect the coordination of their efforts.

Students are also given the opportunity to provide written comments in their evaluations. Written comments are anonymous communications directly to the instructor, and should be written as such. Written comments, while always voluntary, are strongly encouraged in association with evaluation scores of 1 (strongly disagree) or 5 (strongly agree). The instructor needs to know, as specifically as is possible, how or why they succeeded or failed. Giving specific examples will always help the instructor improve course delivery. However, when giving examples try to stick to observed facts and avoid interpretations of motive or opinions. Examples of written comments that are particularly useful take the following forms:

- Generally a very good lecturer, but particularly excelled with topics A and B.
- Lectures were typically adequate, but those on topics C and D were difficult to follow.
- Demonstration of technique A was done well.
- Demonstration of technique B confused me. I still do not understand it.

2.3.2. Evaluation of the Physical Therapy Program

Students have an obligation and the right to evaluate the physical therapy program. Feedback on programmatic elements of policy, procedure, curriculum and clinical experiences will be requested in multiple ways during the student's participation in the program.

- Invitation
Students will be invited to provide program feedback to their faculty advisor during each mid-semester advising session.
- Student Surveys
Surveys regarding student perceptions of their academic preparation will be administered to each class at various times in the curriculum and following completion of all degree requirements. Surveying students allows the program to gain insight into how well the didactic portion of the curriculum prepared them for the clinical portion of the curriculum.
- Focus Groups/ Debriefing
Students will periodically be asked to participate in focus groups on selected topics. These groups allow the program to further explore data from feedback received via surveys and questionnaires.
- Student Evaluation of the Internships
Feedback is obtained using a standardized APTA form. This feedback allows the program to interact with clinical instructors at the internship site in ways that facilitate development and retention of high quality clinical sites.

2.4. STUDENT COMPLAINT, GRIEVANCE, AND APPEAL PROCEDURES

Situations may occur where a student believes that they have suffered harm during their association with aspects of the Physical Therapy Program or with UWL. The basic expectation is that the student will first attempt to find a resolution at the lowest appropriate level. When such a resolution is not possible, or practicable, an appeal, complaint, or grievance may be pursued. In casual usage the terms appeal, complaint, or grievance are often used interchangeably. For the purpose of clarity these terms are given three distinct definitions to reflect a hierarchy of procedures in redressing perceived harm:

Grievance: Addresses harm stemming from the highest levels of the program or university. A grievance is a claim of harm stemming from unfair and/or inconsistent application of published policies or because those policies are themselves unfair, inconsistent or inappropriate. Examples of grievance topics would include, but not be limited to, discrimination based on race, sex, religion, or some other quality that is not directly related to academic performance. A grievance is generally filed against the system and not against a particular individual. Although the actions of a particular individual may be the basis for a grievance, the grievance itself would be against the institutional support that was provided to that individual.

Complaint: Addresses harm stemming from the actions, or inactions, of an individual. Most typically that individual is someone in authority over the student, such as a faculty member or program director. However, a complaint can also be based on the actions of a staff member or classmate. Typically the student (complainant) would accuse someone of violating published policies. Examples of complaints against an individual would include, but not be limited to: harassment, unfair or inappropriate treatment.

Appeal: Addresses a questioning of an academic judgment, such as a grade or dismissal decision. There can be some overlap with the basis of a formal “complaint” if an inappropriate grade or dismissal occurred in a manner that violates published policies. However, an appeal can also ask that the circumstances surrounding the calculation of a grade, or other academic decision, be reassessed without necessarily claiming that the person who made the decision did so in violation of published procedures or basic student rights. The appeal is not necessarily an accusation of wrong doing on the part of faculty, staff, or peers, but rather a request that an academic decision be reassessed possibly in light of new or previously underemphasized information.

2.4.1. Grievance Procedure

A student may file a grievance with the university because of discrimination or a violation of published policies. The following link contains the university policy as it pertains to discrimination: <https://www.uwlax.edu/student-life/student-resources/student-handbook/#tm-discrimination>. In general, a grievance against the Physical Therapy Program, or some other level of the university, should be addressed through the Student Life Office (149 Graff Main Hall, email: studentlife@uwlax.edu).

A student may also file a grievance with the accrediting agency (CAPTE), generally to allege that the program is not in compliance with the required evaluative criteria (standards of program offerings, achievement, or claims of educational value) (<http://www.capteonline.org/Complaints/>).

2.4.2. Complaint Procedure

A student may initiate a complaint against an individual faculty member, program director or department chairperson. Depending upon the level of the individual who is the target of the complaint some of the same procedures should be followed as are noted above for filing a grievance. In general, a formal complaint should be initiated with the person who is the next level higher than the target of the complaint. For example: a complaint against a faculty member should be addressed to the Program Director; a complaint against the program director should be addressed to the Department Chairperson; and a complaint against the department chairperson should be addressed to the Dean of the College of Science and Health. Such complaints should be lodged either orally or in writing within 90 days of the last occurrence.

2.4.3. Appeal Procedures

A student may initiate an appeal for individual exam or assignment grades, course grades, or for a programmatic and college level decision such as dismissal.

2.4.3.1 – Grade Appeals:

The process for administering grade appeals is governed by the bylaws of the Health Professions Department. Details for this procedure are provided as Appendix A-2: Procedure for Hearing Grade Appeals. Note that for all grade appeals, the instructor of record for a course, assuming that this person is still available, is the **ONLY** person authorized to change an assignment or course grade. If the instructor of record is no longer available, no longer a member of the university faculty, the authority to change the grade defers to the Department Chairperson in consultation with the Program Director. Every step of this process is an attempt to convince the instructor to change the grade. However, no authority can compel the instructor to do so.

The first step in the process should be an informal meeting with the relevant faculty member. Most often this meeting will result in a better understanding of both the student's and the faculty member's position and will result in a mutual acceptable resolution. If this process is unsuccessful, the student may initiate a formal grade appeal.

A formal grade appeal requires that the student demonstrate that the grade in question was determined through a process that was arbitrary, biased or capricious. It is the responsibility of the student to demonstrate this fact. To that end, the following definitions may be useful:

Arbitrary: a decision determined by chance or whim and not by necessity, reason, or principle. For example, the last student to turn in the assignment will automatically lose 10 points is an arbitrary grading decision.

Biased: a decision that inappropriately favors one group or idea. For example, students who wear green lose 1 point because I dislike green clothes is a biased grading decision.

Capricious: a decision that is sudden or odd and otherwise unpredictable. For example, a rule in the syllabus that has never been enforced is all of a sudden enforced today is a capricious grading decision.

The common theme in these three categories is the abuse of power by the instructor. Note that the instructor is the presumed local expert on a subject, so a disagreement with the instructor who insists that their answer is the only acceptable correct answer is not sufficient evidence of an abuse of power.

The formal grade appeal process occurs by generating a written request at four levels:

1. A formal appeal meeting with the relevant instructor.
2. A formal appeal meeting with the Program Director (this step may be skipped if the Program Director is also the relevant instructor).
3. A formal meeting with the Department Chairperson.
4. A Grade Appeal Hearing before a committee of department faculty appointed by the Department Chairperson.

Each level of the grade appeal produces a written record that outlines the discussion, relevant evidence and rationale for the decision. If necessary this written record will be forwarded to the next higher level of the appeal process. The appeal process can end at each level if the instructor and the student agree to accept the findings of that level.

2.4.3.2. – Appeal Process for Reinstatement after Dismissal

Students can be dismissed from the Graduate School and from the Physical Therapy Program for poor academic performance (cumulative GPA below 3.0 for two consecutive semesters, or a course grade of D or F) or poor professional development (two consecutive semesters of poor professional development). Students who are dismissed may appeal for readmission. If readmission is granted it is usually associated with specific conditions that must be met by the student. If these conditions are unacceptable, or student fails to meet these conditions, dismissal will not be subject to further appeals.

Be aware that a student in the Physical Therapy Program is also a student within the Graduate School of UWL. These two organizations have different rules and criteria for reinstatement after dismissal. A student who has not been granted reinstatement by the Graduate School cannot be readmitted into the Physical Therapy Program. However, a student can be dismissed from the Physical Therapy Program and still retain their status as a student within the Graduate School if admissions standards are met.

The procedure for appealing for readmission may be found in Appendix 3 of this manual.

2.4.3.3. – Reinstatement to Physical Therapy Program

A student will not be reinstated if they have been out of the program for more than three full semesters or one calendar year. The faculty of the Professional Program will vote on acceptance or non-acceptance of the student's appeal. If a student remains out of the program for more than one calendar year, the student will have to apply to the program as a new student. If accepted, the student would be required to repeat all professional course work previously taken or show evidence that the student is competent in any academic or clinical course.

3. POLICIES GUIDING ACCESS TO AND USE OF RESOURCES

3.1. HEALTH SCIENCE CENTER (HSC) BUILDING RULES AND SECURITY POLICY

- HSC rooms must be locked at all times if unattended.
- All audio and video equipment is to be turned off upon exiting a room
- Computers in classroom labs are not to be used for group or individual projects or assignments

There will be limited access to HSC rooms where costly equipment and supplies are housed. Access will be granted by ID card swipe access or at the discretion of PT staff members. Room utilization conflicts will be resolved based upon prior faculty consensual planning, program leadership decision, and PT Program priorities. All reservations of rooms (including conference rooms on each floor) are made through HP Dept. program assistants.

Students have access to the HSC building when the building is closed to the public by using their ID card activated via the HSC 1st floor information desk attendant. Students must sign an agreement regarding conduct to secure and retain this privilege (Appendix B-1: HSC Security Policy). Room utilization during outside hours is considered a privilege that can be lost – students must abide by the strictest of security measures to prevent entry by unauthorized individuals.

Health Science Center Student Information and Policies Guide may be found at (http://www.lacrosseconsortium.org/uploads/content_files/files/Student%20Guide%208-2016.pdf).

3.2. LAB ACCESS

Students have access to selected laboratories via ID card access. The purpose of these open laboratories will be to provide additional time for students to have access to equipment, treatment tables and cadaver specimens for study and review. Since the ID card identifies the specific user, students are advised to enter rooms only using their own ID card since any violations in lab use, cleanliness, or equipment maintenance would be tracked to those whose access is identifiable. If needed for specific functions, the program will be responsible for providing a graduate assistant to monitor laboratory access.

PT Program faculty members can block access to any lab for instructional or testing purposes. These times of limited access will be announced to students in advance.

Lab policies will be made clear for each course by the program faculty. Multiple programs share many of the lab spaces in the HSC. Therefore, all lab users must share responsibility to respect space and equipment and participate to ensure access to a clean and safe laboratory environment.

3.3. REPORTING OF EQUIPMENT MALFUNCTION

Students are working in active research laboratories with expensive equipment. Care in handling equipment and professional conduct is necessary. It is the responsibility of students to immediately notify appropriate faculty or staff if equipment is broken, damaged, or found to be malfunctioning. This will facilitate faculty and staff in repairing damage, removing equipment from open use, and supplying alternatives to minimize down-time for research and instruction.

3.4. EQUIPMENT LOAN

Selected pieces of equipment can be loaned to students and faculty. Equipment on loan must be signed out through the faculty responsible for that equipment. Equipment can be loaned related to coursework, project or demonstration and can be loaned under the discretion of the faculty member responsible for that equipment. Equipment may be loaned only when the faculty has agreed that the equipment will not be necessary for classroom or research needs during the time

the student will be borrowing the equipment. The equipment must be returned in working order and cleared by the faculty member responsible for that equipment.

Damage to equipment due to misuse is the responsibility of the borrower. Repair or replacement costs will be charged to the borrower. Depending on the faculty member responsible for the equipment, the cost and the nature of the need the faculty member may ask the borrower to sign a borrower's agreement form (Appendix A-4: Equipment Loan – Borrower's Agreement).

3.5. RELEASE OF LIABILITY

Students enrolled in the professional physical therapy program of the University of Wisconsin-La Crosse will be required to sign a RELEASE OF LIABILITY. These forms must be submitted prior to enrolling in the program (Appendix B-2: Liability Waiver).

3.6. ACCESS TO EMAIL AFTER GRADUATION

UWL student email accounts will remain available for 6 months after graduation (November) and will then expire. Graduates may open a new, free account as an alumnus. More information may be found at (<http://www.uwlalumni.org/content/connect/alumni-email>).

3.7. ANTICIPATED ADDITIONAL FEES

Course fees will be listed in the Timetable of Classes and will be included in the student's billing statement from the University Business Office. Examples of fees include:

- Student Malpractice (liability) insurance
- Criminal Background Check
- Materials and resources for expendable items associated with courses
- Clinical supervision fees associated with the clinical education curriculum
- Graduation fees

APPENDICES

APPENDIX A: FORMS AND RESOURCES

Appendix A-1: Current Curriculum

Please reference this link for the most current curriculum outline. It can also be found on the UWL PT Program website at (<https://www.uwlax.edu/grad/physical-therapy/curriculum/>).

UW-La Crosse: Doctor of Physical Therapy Degree Professional Curriculum

(Revised 11/28/16)

Summer I (10 weeks)				
Course Number	Title	Format	Contact Hours/Semester	Credits
PTS 509	Human Gross Anatomy	Lecture	42	3
PTS 510	• Applied Human Gross Anatomy	Seminar	84	3
PTS 512	Medical Physiology	Lecture	56	4
PTS 520	Intro to PT Practice & Evaluation Techniques	Lecture	14	1
PTS 521	• Applied Intro to PT Prac & Eval Tech	Seminar	56	2
Summer I: Total			252/semester; 25hr/wk	13
Fall I (14 weeks)				
PTS 516	Physiological Regulation of Exertion & Disease	Lecture	14	1
PTS 517	• Applied Physiol Reg of Exertion & Disease	Seminar	28	1
PTS 523	Physical Agents	Lecture	28	2
PTS 524	• Applied Physical Agents	Seminar	28	1
PTS 525	Biomechanics & Kinesiology of Movement	Lecture	28	2
PTS 526	• Applied Biomechanics & Kinesiology	Seminar	28	1
PTS 527	Foundations of the PT Exam	Lecture	42	3
PTS 528	• Applied Foundations of the PT Exam	Seminar	56	2
PTS 535#	Functional Neuroanatomy	Lecture	28	2
PTS 536#	• Applied Functional Neuroanatomy	Seminar	28	1
Fall I: Total			308/semester; 22hr/wk	16
Winter (2 weeks)				
PTS 651	Fieldwork: Introduction	Fieldwork	80	1
Winter: Total			80/semester; 40hr/wk	1
Spring I (14 weeks)				
PTS 518	Motor Behavior	Lecture	14	1
PTS 519	• Applied Motor Behavior	Seminar	28	1
PTS 545	Foundations of Clinical Research	Lecture	14	1
PTS 546	• Applied Foundations of Clinical Research	Seminar	28	1
PTS 611	Pathophysiology	Lecture	28	2
PTS 619	Early Intervention and Acute Care PT	Lecture	28	2
PTS 620	• Applied Early Interv and Acute Care PT	Seminar	28	1
PTS 625	PT Mngment of Cardiovasc & Pulmonary Syst	Lecture	42	3
PTS 626	• Applied PT Cardiovascular & Pulmonary	Seminar	28	1
PTS 627	Therapeutic Exercise & Manual Techniques	Lecture	14	1
PTS 628	• Applied Therap Exercise & Manual Tech	Seminar	28	1
PTS 631	Professionalism & Ethos of Care	Lecture/Lab	42	2
Spring I: Total			322/semester; 24hr/wk	17

Summer II (8 weeks)				
PTS 542	Research & Applied Statistics	Lecture	42	3
PTS 543	Instrumentation	Lecture	14	1
PTS 544	• Applied Instrumentation	Seminar	28	1
PTS 623	Integumentary System	Lecture	14	1
PTS 624	• Applied Integumentary System	Seminar	28	1
PTS 728	Musculoskeletal: Spine	Lecture	28	2
PTS 729	• Applied Musculoskeletal: Spine	Seminar	28	1
Summer II (8 weeks): Total			182/semester; 23hr/wk	10

Summer II August (4 weeks)

PTS 751	Fieldwork: General Practice	Fieldwork	160	2
August (4 weeks): Total			160/month; 40hr/wk	2

Fall II (14 weeks)				
Course Number	Title	Format	Contact Hours/Semester	Credits
PTS 701*	Applied Adult Clinical Practice	Seminar	28	1
PTS 709	Health and Wellness in PT Practice	Seminar	28	1
PTS 711	Pharmacology	Lecture	28	2
PTS 712	Clinical Radiology	Lecture	14	1
PTS 715	Musculoskeletal Eval & Treat: Lower Extrem	Lecture	28	2
PTS 716	• Applied Musculoskeletal: LE	Seminar	28	1
PTS 717	Clinical Teaching	Lecture	14	1
PTS 718	• Applied Clinical Teaching	Seminar	28	1
PTS 735	Adult Neuro Rehabilitative Physical Therapy	Lecture	28	2
PTS 736	• Applied Adult Neuro Rehab PT	Seminar	56	2
PTS 741	Evidence Based Practice (EBP) in PT	Lecture	28	2
PTS 742*	Research Practicum	Practicum	28	1
Fall II: Total			336/semester; 24hr/wk	17

Spring II (14 weeks)				
PTS 701*	Applied Adult Clinical Practice	Seminar	28	1
PTS 702**	Advanced Manual Therapy	Lecture/Lab	42	2
PTS 703**	Clinical Anatomy Review	Seminar	28	1
PTS 710	Applied Health & Wellness in PT Practice	Seminar	28	1
PTS 730	Pediatric Neuro Rehab Physical Therapy	Lecture	42	3
PTS 731	• Applied Pediatric Neuro Rehab PT	Seminar	28	1
PTS 733	Health Care Systems and Administration	Lecture	42	3
PTS 742*	Research Practicum	Practicum	28	1
PTS 737	Musculoskeletal: Upper Extremity	Lecture	28	2
PTS 738	• Applied Musculoskeletal: UE	Seminar	28	1
PTS 743	Evidence Based Practice Seminar	Seminar	28	1
Spring II: Total			280/semester; 20hr/wk	14
			350/semester; 25hr/wk	17

Summer III (13 weeks)				
PTS 851	Internship I (12 weeks)	Fieldwork	480	6
Summer III: Total			480/semester	6
			40hr/wk on internship	

Fall III (14 weeks)				
PTS 831	Clinical Decision Making	Seminar	28	1
PTS 852	Internship II (12 weeks)	Fieldwork	480	6
Fall III: Total			508/semester	7
			40hr/wk on internship	
Spring III (14 weeks)				
PTS 853	Internship III (12 weeks)	Fieldwork	480	6
PTS 854***	Case Report / Capstone Project	Practicum	28	1
Spring III: Total			480/semester	6
			508/semester	7
			40hr/wk on internship	

• These applications seminars are linked to lecture courses – indicated by course names

* Students take this two semester series course in fall and spring semester

** Elective Courses ~ Offered in Spring ~ (note: PTS 703-Enrollment Capped at 20 Students)

*** Offered Summer, Fall, Spring (elective)

Offered either Fall or Spring

Summary:

Cohort size:	45 admitted per year
Total program credits:	109 credits/ 113 credits (all electives)
Curriculum length:	34 months
Didactic study:	86 weeks (1708-1806 contact hours)
Full time clinical study:	42 weeks (1680 contact hours)
Terminal internships:	36 weeks

Appendix A-2: Department of Health Professions Procedure for Hearing Grade Appeals

Relevant Bylaws:

1.2.1 Grade Appeals

Students who believe that the grade they received for a course does not reflect their performance in that course may appeal the disputed grade. This appeal must take place before the end of the term immediately following the term in which the grade was recorded.

Appeals Process:

The Department of Health Professions appeal process has four steps: Instructor, program director, department chair, department. The process will be detailed for each step:

Instructor

The request to appeal a grade will be put in writing and addressed to the individual course instructor. The appeal will contain the reason for the grade appeal and any supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.

The instructor will acknowledge the appeal was received via e-mail within 1 working day of receipt of the appeal. The instructor will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be attended by the course instructor, another faculty member or program director, the student, and anyone else the student wishes to bring (if desired). If the course instructor is the program director, another faculty member or department chair will be asked to attend the meeting. The meeting will be recorded by notes and audiotape.

The possible outcomes of this appeal hearing are:

- Instructor accepts student's appeal for grade change and changes the grade
- Student acknowledges instructor's rationale for grade and accepts the grade
- Instructor does not change the grade; student does not accept the decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the course instructor with a copy sent to the student and placed in his/her file.

Program Director (optional step: may be skipped if the program director has been involved in the initial appeal hearing with the individual faculty member).

The request to appeal the grade will be put in writing and addressed to the program director. The appeal will contain the reason for the grade appeal and supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.

The program director will acknowledge the appeal was received via e-mail within 1 working day of receipt of the appeal. The program director will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be attended by the program director, the student, and anyone else the student wishes to bring (if desired). The meeting will be recorded by notes and audiotape. The program director may seek additional information from the course instructor and /or student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- Support for the instructor and a recommendation that the grade should stand as given.
- Recommendation to instructor to change the grade
- Student accepts the grade and ends the appeal process.
- Student does not accept the grading decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the program director with a copy sent to the student and placed in his/her file.

Department Chair

The request to appeal the grade will be put in writing and addressed to the department chair. The appeal will contain the reason for the grade appeal and supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.
- Program director recommended a grade change to the instructor; instructor did not change the grade.

The department chair will acknowledge the appeal was received via e-mail within 1 working day of receipt of the appeal. The program director will contact the student within 5 working days of receipt of the appeal and schedule a formal meeting with the student. This meeting will be attended by the department chair, the student, and anyone else the student wishes to bring (if desired). The meeting will be recorded by notes and audiotape. The department chair will speak to the course instructor after meeting with the student to gather information about the grading. The department chair may also formally seek additional information from the course instructor and /or student before rendering a judgment.

The possible outcomes of this appeal hearing are:

- Support for the instructor and a recommendation that the grade should stand as given.
- Recommendation to instructor to change the grade.
- Student accepts the grade and ends appeal process.
- Student does not accept the grading decision and decides to appeal to the next level.

The outcomes of the appeal will be documented by the department chair with a copy sent to the student and placed in his/her file.

Health Professions Department Level

A student may request for a formal appeal at the Health Professions Department Level. The appeal must be filed in writing with the department chair. The appeal will contain the reason for the grade appeal and supporting materials. Acceptable reasons for appeal are limited to the following:

- Instructor used different grading standards for student work than for other students in the class
- Grading for student was biased, arbitrary, or capricious.
- Department chair recommended a grade change to the instructor; instructor did not change the grade.

The department chair will acknowledge receipt of the written appeal within 1 working day. The department chair will appoint a five-member ad hoc committee to hear the appeal. The committee will consist of five faculty/staff of the Department who have not yet been involved in the appeals process.

The department chair will appoint one of the committee members to chair the committee. The department chair shall not be a member of this committee but will attend the committee meeting as observer and witness. The instructor will also attend this meeting but will not be a voting member. This appeals committee will meet within 1 week of receipt of the written grade appeal. The committee members will be given copies of the documentation of the previous 3 levels of appeal prior to the appeal hearing.

The appeals hearing will be conducted as follows:

- Student will be given 15 minutes to describe the basis for the appeal and provide supporting documentation to the committee.
- Involved teacher will be given 15 minutes to describe the rationale for the grade and reason for not changing the grade.
- Department chair will be asked to describe involvement in the situation and outcome of actions.
- The student, instructor, and department chair will be excused and committee will deliberate.
- The committee may ask for additional information from any of the parties involved. The committee will specify the time frame for supplying the materials. The request for additional materials will be put in writing.
- If additional materials are requested, the committee meeting will be adjourned. The committee will reconvene within one week after deadline for receipt of the requested materials.
- The possible decisions the committee can make are:
 1. Support the appeal and make a recommendation to the course instructor to change the grade.
 2. Deny the appeal and support the grade as given.

The appeals committee chair will communicate the outcome of the appeal hearing in writing to the student, course instructor, and department chair within 5 days of the final committee hearing. A copy of the student's written appeal and the response of the committee will be given to the student and placed in the student's permanent record.

Any further appeal will be directed to the Dean of the College of Science and Health.

Appendix A-3: Procedure for Appeal for Readmission

If a student wishes to appeal for readmission, the request for a formal appeal must be provided in writing to the Program Director/s within 1 week of receiving official notice of dismissal from the College of Science and Health. The request will contain the reason/s for appeal. Students will be advised of their rights and privileges by the Program Director/s.

The Program Director/s will acknowledge receipt of the written appeal request within 2 working days. The Program Director will determine a time when the majority of faculty will be present prior to the beginning of the next semester.

Prior to the appeal meeting, the student must provide the Program Director/s with a letter describing factors that contributed to the student's performance, extenuating circumstances (if any), status of most recent action plan (if any) and specific new strategies that may contribute to the student's success if they are readmitted. The Program Director/s will disseminate the letter to the faculty in advance of the appeal meeting.

The Program Director/s will appoint a faculty member to chair the committee. The appeal meeting will be conducted as follows:

- The student will be given time to describe the basis for the appeal and provide supporting documentation to the program faculty.
- Faculty may ask the student questions regarding the appeal and action plan.
- Student will be excused and program faculty will deliberate the appeal decision.

The possible decisions the committee can make are:

1. Support the appeal with or without conditions regarding readmission to the Program.
2. Deny the appeal and reaffirm the student's dismissal from the Program.

The Program Director/s will notify the student of the outcome of the appeal decision as soon as possible after the meeting. Written documentation of the appeal decision will be given to the student, Department Chair, Dean, and Director of Graduate Studies within 5 working days of the appeal meeting. This documentation will also be filed in the student's permanent record.

Any student who is not readmitted to the PT Program will be advised of their right to appeal to Graduates Studies per https://www.uwlax.edu/uploadedFiles/Offices-Services/Graduate_studies/Academic%20Dismissal%20Appeal%282%29.pdf

A student can be dismissed from the Physical Therapy Program and still retain their status as a student within the Graduate School **if admissions standards are met.**

Appendix A-4: Equipment Loan – Borrower's Agreement

(In some labs for frequently used equipment such as wheelchairs, a posted self-serve sign out sheet would provide adequate documentation.)

Physical Therapy Program University of Wisconsin-La Crosse

BORROWER'S AGREEMENT

Name _____
(Last) (First) (MI)

Circle one: Faculty Student Other: _____
(Specify)

Campus Address: _____

Campus Phone: _____ Home Phone: _____

If borrowed for a class, name of class: _____

Instructor's Name: _____

Equipment Borrowed: _____

Date Borrowed: _____

Signature of Borrower: _____

Date Returned: _____

Signature of Borrower: _____

I have received the above piece of equipment and agree to assume full responsibility for its proper use, care and return. I will personally reimburse the Physical Therapy Program for expenses incurred due to the damage or loss of this item while in my possession.

Signature of PT Staff Member

When borrowed: _____

When Returned: _____

Appendix A-5: Professional Behaviors Assessment Procedure

1. Overview and philosophy

- a. In accordance with APTA Code of Ethics and Core Values in Professionalism
- b. It is the expectation that students in the UW-L DPT program will understand the importance of professional behaviors.
 - i. These behaviors are expected of all students throughout the course of the program; in the classroom, the clinic, and the community
- c. UW-La Crosse PT program values professionalism as highly as academic success in the classroom or clinic
- d. It is the belief of the UW-L PT Program that professional behaviors can be taught and developed.
- e. Professional Behaviors will be assessed using “Professional Behaviors Assessment” by May et al (2010)
 - i. “The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician.”
- f. Students who are not meeting the expectations of professional behaviors will be held accountable for their actions
- g. “Student Updates” section of faculty meetings

2. Expectations

- a. In accordance with the 2010 Professional Behaviors Assessment (May et al), the following behaviors will be expected, to the varying degrees of student progression, throughout the course of the PT Program (see Professional Behaviors Document below)
 - i. Critical Thinking
 - ii. Communication
 - iii. Problem Solving
 - iv. Interpersonal Skills
 - v. Responsibility
 - vi. Professionalism
 - vii. Use of Constructive Feedback
 - viii. Effective use of Time and Resources
 - ix. Stress Management
 - x. Commitment to Learning

3. Procedure for Assessment and Actions

- a. If a student is not in compliance with one or more of the items listed in “Professional Behavior Expectations” (academic or clinical), any faculty member can bring the behavior to the attention of the faculty, either at a meeting or electronically. If the faculty are in support of action, the faculty member involved will issue a *Professional Behaviors Notification*. This statement, given either via

email, in writing, or verbally, will be documented using the Professional Behaviors Notification Form and sent via email to the student, the student's advisor, and the program director(s).

- i. The Professional Behaviors Notification will include an action plan detailed with a timeline if appropriate for the behavior/situation
- b. Faculty will routinely assess "Student Issues" during regular faculty meetings
 - i. If it is determined, upon faculty collaboration, that a student is not in compliance with one or more of the items listed in the "Professional Behavior Expectations" the student's advisor, or the involved faculty member will issue the student a Professional Behavior Notification.
 - ii. If a student has an active Professional Behavior Notification, their status will be discussed and updated as needed. (see next bullet)
- c. Should the student fail to comply with the terms of their Professional Behaviors Notification, OR should the student receive 2 or more Professional Behaviors Notifications, the student will meet with the Professional Behaviors Committee for determination of course of action.
- d. If a student demonstrates a behavior that is determined by the faculty to be reprehensible (i.e. felony convictions, pleading no contest for behaviors that would prohibit the granting of a physical therapy license, behaviors that jeopardize the welfare of patients or potential patients), the student will be subject to sanctions/dismissal in accordance with the UW-L Non-Academic Dismissal Policy.
- e. If a student demonstrates unprofessional behavior that falls under the University Academic Policies, (academic dishonesty, etc.) the program will defer to the policies and procedures of the University for such behaviors.

4. Professional Behaviors Committee:

- a. The Professional Behaviors Committee will be comprised of five members:
 - i. Program Director (or Associate)
 - ii. Director of Clinical Education (or Associate)
 - iii. Faculty Member
 - iv. Community Physical Therapist
 - v. Alumnus
 - vi. Alternates
- b. If a student is called to meet with the Professional Behaviors Committee, the following procedure will take place:
 - i. Meeting will be scheduled by Program Director
 1. Meeting shall take place between 1-3 weeks following the notification
 - ii. Committee members and student will be provided with all documentation relative to the Professional Behaviors Notification and the subsequent activities.
 - iii. Student will be given 30 minutes time to address the committee regarding the Professional Behaviors Issue, and their plan for remediation, if any.
 1. The Student will be excused (note- the committee does not present their recommendation to the student)

- iv. The Committee will discuss the student's behavior and recommend a course of action. The committee's recommendation will be forwarded to the faculty by the next business day for consideration. The faculty will then make the recommendation and communicate this verbally, and in writing to the student, program director(s), and other appropriate parties.
 - 1. Dismissal from the Program – for behaviors the committee believes are not remediable or are reprehensible.
 - 2. Program continuation with remediation terms
 - a. Terms **do not** allow student to complete next clinical experience
 - 3. Program continuation with remediation terms
 - a. Terms **do** allow student to complete next clinical experience
 - 4. Program continuation without remediation terms
- 5. Appeal Process.
 - a. Should a student be dismissed from the Physical Therapy program for a violation of the Professional Behaviors Policy, the student has the right to appeal the dismissal in accordance with University Policy and Procedures.

Professional Behaviors Procedure for Assessment & Actions



1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.			
Beginning Level: <ul style="list-style-type: none"> ❖ Raises relevant questions ❖ Considers all available information ❖ Articulates ideas ❖ Understands the scientific method ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ❖ Recognizes holes in knowledge base ❖ Demonstrates acceptance of limited knowledge and experience in knowledge base 	Developing Level: <ul style="list-style-type: none"> ❖ Feels challenged to examine ideas ❖ Critically analyzes the literature and applies it to patient management ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ❖ Seeks alternative ideas ❖ Formulates alternative hypotheses ❖ Critiques hypotheses and ideas at a level consistent with knowledge base ❖ Acknowledges presence of contradictions 	Entry Level: <ul style="list-style-type: none"> ❖ Distinguishes relevant from irrelevant patient data ❖ Readily formulates and critiques alternative hypotheses and ideas ❖ Infers applicability of information across populations ❖ Exhibits openness to contradictory ideas ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ❖ Justifies solutions selected 	Post-Entry Level: <ul style="list-style-type: none"> ❖ Develops new knowledge through research, professional writing and/or professional presentations ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process ❖ Weighs information value based on source and level of evidence ❖ Identifies complex patterns of associations ❖ Distinguishes when to think intuitively vs. analytically ❖ Recognizes own biases and suspends judgmental thinking ❖ Challenges others to think critically
2. Communication Skills - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.			
Beginning Level: <ul style="list-style-type: none"> ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting ❖ Recognizes impact of non-verbal communication in self and others ❖ Recognizes the verbal and non-verbal characteristics that portray confidence ❖ Utilizes electronic communication appropriately 	Developing Level: <ul style="list-style-type: none"> ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ❖ Restates, reflects and clarifies message(s) ❖ Communicates collaboratively with both individuals and groups ❖ Collects necessary information from all pertinent individuals in the patient/client management process ❖ Provides effective education (verbal, non-verbal, written and electronic) 	Entry Level: <ul style="list-style-type: none"> ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing ❖ Maintains open and constructive communication ❖ Utilizes communication technology effectively and efficiently 	Post Entry Level: <ul style="list-style-type: none"> ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning ❖ Effectively delivers messages capable of influencing patients, the community and society ❖ Provides education locally, regionally and/or nationally ❖ Mediates conflict

3. Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.			
Beginning Level: <ul style="list-style-type: none"> ❖ Recognizes problems ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and locate resources ❖ Identifies possible solutions and probable outcomes 	Developing Level: <ul style="list-style-type: none"> ❖ Prioritizes problems ❖ Identifies contributors to problems ❖ Consults with others to clarify problems ❖ Appropriately seeks input or guidance ❖ Prioritizes resources (analysis and critique of resources) ❖ Considers consequences of possible solutions 	Entry Level: <ul style="list-style-type: none"> ❖ Independently locates, prioritizes and uses resources to solve problems ❖ Accepts responsibility for implementing solutions ❖ Implements solutions ❖ Reassesses solutions ❖ Evaluates outcomes ❖ Modifies solutions based on the outcome and current evidence ❖ Evaluates generalizability of current evidence to a particular problem 	Post Entry Level: <ul style="list-style-type: none"> ❖ Weighs advantages and disadvantages of a solution to a problem ❖ Participates in outcome studies ❖ Participates in formal quality assessment in work environment ❖ Seeks solutions to community health-related problems ❖ Considers second and third order effects of solutions chosen
4. Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.			
Beginning Level: <ul style="list-style-type: none"> ❖ Maintains professional demeanor in all interactions ❖ Demonstrates interest in patients as individuals ❖ Communicates with others in a respectful and confident manner ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons ❖ Maintains confidentiality in all interactions ❖ Recognizes the emotions and bias that one brings to all professional interactions 	Developing Level: <ul style="list-style-type: none"> ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions ❖ Establishes trust ❖ Seeks to gain input from others ❖ Respects role of others ❖ Accommodates differences in learning styles as appropriate 	Entry Level: <ul style="list-style-type: none"> ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action ❖ Responds effectively to unexpected situations ❖ Demonstrates ability to build partnerships ❖ Applies conflict management strategies when dealing with challenging interactions ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	Post Entry Level: <ul style="list-style-type: none"> ❖ Establishes mentor relationships ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction
5. Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.			
Beginning Level: <ul style="list-style-type: none"> ❖ Demonstrates punctuality ❖ Provides a safe and secure environment for patients ❖ Assumes responsibility for actions ❖ Follows through on commitments 	Developing Level: <ul style="list-style-type: none"> ❖ Displays awareness of and sensitivity to diverse populations ❖ Completes projects without prompting ❖ Delegates tasks as needed 	Entry Level: <ul style="list-style-type: none"> ❖ Educates patients as consumers of health care services ❖ Encourages patient accountability ❖ Directs patients to other health care professionals as needed 	Post Entry Level: <ul style="list-style-type: none"> ❖ Recognizes role as a leader ❖ Encourages and displays leadership ❖ Facilitates program development and modification

<ul style="list-style-type: none"> ❖ Articulates limitations and readiness to learn ❖ Abides by all policies of academic program and clinical facility 	<ul style="list-style-type: none"> ❖ Collaborates with team members, patients and families ❖ Provides evidence-based patient care 	<ul style="list-style-type: none"> ❖ Acts as a patient advocate ❖ Promotes evidence-based practice in health care settings ❖ Accepts responsibility for implementing solutions ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	<ul style="list-style-type: none"> ❖ Promotes clinical training for students and coworkers ❖ Monitors and adapts to changes in the health care system ❖ Promotes service to the community
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6. Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics ❖ Demonstrates awareness of state licensure regulations ❖ Projects professional image ❖ Attends professional meetings ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<p>Developing Level:</p> <ul style="list-style-type: none"> ❖ Identifies positive professional role models within the academic and clinical settings ❖ Acts on moral commitment during all academic and clinical activities ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making ❖ Discusses societal expectations of the profession 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices ❖ Discusses role of physical therapy within the healthcare system and in population health 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Actively promotes and advocates for the profession ❖ Pursues leadership roles ❖ Supports research ❖ Participates in program development ❖ Participates in education of the community ❖ Demonstrates the ability to practice effectively in multiple settings ❖ Acts as a clinical instructor ❖ Advocates for the patient, the community and society ❖
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		❖ Demonstrates leadership in collaboration with both individuals and groups	
7. Use of Constructive Feedback – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.			
Beginning Level: <ul style="list-style-type: none"> ❖ Demonstrates active listening skills ❖ Assesses own performance ❖ Actively seeks feedback from appropriate sources ❖ Demonstrates receptive behavior and positive attitude toward feedback ❖ Incorporates specific feedback into behaviors ❖ Maintains two-way communication without defensiveness 	Developing Level: <ul style="list-style-type: none"> ❖ Critiques own performance accurately ❖ Responds effectively to constructive feedback ❖ Utilizes feedback when establishing professional and patient related goals ❖ Develops and implements a plan of action in response to feedback ❖ Provides constructive and timely feedback 	Entry Level: <ul style="list-style-type: none"> ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities ❖ Seeks feedback from patients/clients and peers/mentors ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities ❖ Uses multiple approaches when responding to feedback ❖ Reconciles differences with sensitivity ❖ Modifies feedback given to patients/clients according to their learning styles 	Post Entry Level: <ul style="list-style-type: none"> ❖ Engages in non-judgmental, constructive problem-solving discussions ❖ Acts as conduit for feedback between multiple sources ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients ❖ Utilizes feedback when analyzing and updating professional goals ❖
8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.			
Beginning Level: <ul style="list-style-type: none"> ❖ Comes prepared for the day's activities/responsibilities ❖ Identifies resource limitations (i.e. information, time, experience) ❖ Determines when and how much help/assistance is needed ❖ Accesses current evidence in a timely manner ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards ❖ Self-identifies and initiates learning opportunities during unscheduled time 	Developing Level: <ul style="list-style-type: none"> ❖ Utilizes effective methods of searching for evidence for practice decisions ❖ Recognizes own resource contributions ❖ Shares knowledge and collaborates with staff to utilize best current evidence ❖ Discusses and implements strategies for meeting productivity standards ❖ Identifies need for and seeks referrals to other disciplines 	Entry Level: <ul style="list-style-type: none"> ❖ Uses current best evidence ❖ Collaborates with members of the team to maximize the impact of treatment available ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care ❖ Utilizes community resources in discharge planning ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate ❖ Meets productivity standards of facility while providing quality care 	Post Entry Level: <ul style="list-style-type: none"> ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) ❖ Applies best evidence considering available resources and constraints ❖ Organizes and prioritizes effectively ❖ Prioritizes multiple demands and situations that arise on a given day ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

		and completing non-productive work activities	
9. Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.			
Beginning Level: <ul style="list-style-type: none"> ❖ Recognizes own stressors ❖ Recognizes distress or problems in others ❖ Seeks assistance as needed ❖ Maintains professional demeanor in all situations 	Developing Level: <ul style="list-style-type: none"> ❖ Actively employs stress management techniques ❖ Reconciles inconsistencies in the educational process ❖ Maintains balance between professional and personal life ❖ Accepts constructive feedback and clarifies expectations ❖ Establishes outlets to cope with stressors 	Entry Level: <ul style="list-style-type: none"> ❖ Demonstrates appropriate affective responses in all situations ❖ Responds calmly to urgent situations with reflection and debriefing as needed ❖ Prioritizes multiple commitments ❖ Reconciles inconsistencies within professional, personal and work/life environments ❖ Demonstrates ability to defuse potential stressors with self and others 	Post Entry Level: <ul style="list-style-type: none"> ❖ Recognizes when problems are unsolvable ❖ Assists others in recognizing and managing stressors ❖ Demonstrates preventative approach to stress management ❖ Establishes support networks for self and others ❖ Offers solutions to the reduction of stress ❖ Models work/life balance through health/wellness behaviors in professional and personal life
10. Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.			
Beginning Level: <ul style="list-style-type: none"> ❖ Prioritizes information needs ❖ Analyzes and subdivides large questions into components ❖ Identifies own learning needs based on previous experiences ❖ Welcomes and/or seeks new learning opportunities ❖ Seeks out professional literature ❖ Plans and presents an in-service, research or cases studies 	Developing Level: <ul style="list-style-type: none"> ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice ❖ Applies new information and re-evaluates performance ❖ Accepts that there may be more than one answer to a problem ❖ Recognizes the need to and is able to verify solutions to problems ❖ Reads articles critically and understands limits of application to professional practice 	Entry Level: <ul style="list-style-type: none"> ❖ Respectfully questions conventional wisdom ❖ Formulates and re-evaluates position based on available evidence ❖ Demonstrates confidence in sharing new knowledge with all staff levels ❖ Modifies programs and treatments based on newly-learned skills and considerations ❖ Consults with other health professionals and physical therapists for treatment ideas 	Post Entry Level: <ul style="list-style-type: none"> ❖ Acts as a mentor not only to other PT's, but to other health professionals ❖ Utilizes mentors who have knowledge available to them ❖ Continues to seek and review relevant literature ❖ Works towards clinical specialty certifications ❖ Seeks specialty training ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) ❖ Pursues participation in clinical education as an educational opportunity

Appendix A-6: Student Advising Form

UNIVERSITY of WISCONSIN
LA CROSSE

PHYSICAL THERAPY PROGRAM

STUDENT/FACULTY ADVISING FORM

Student: _____ FYS / SYS **Semester:** Fall / Spring **Year:** _____

ACADEMIC PERFORMANCE:

- Satisfactory / Risk of Probation (GPA Near 3.0) / Currently on Probation (GPA below 3.0)
- Cumulative GPA: _____ GPA in most recent semester: _____
 - If student is on probation, GPA needed to move off of probationary status: _____
- Action Plan Required: Yes / No

CLINICAL UPDATE

Most recent clinical fieldwork completed: _____ (location and experience)

- Skills Development:
 - Satisfactory / Recommendations based on CPI feedback (Circle One)
- Professional Behaviors
 - Satisfactory / Recommendations based on CPI feedback (Circle One)

PROFESSIONAL BEHAVIORS

Satisfactory

Concerns Identified (circle below)

Notes: _____

(attach any related documents if necessary)

Has student been issued a Professional Behaviors Notification? Yes/No Explain: _____

<ul style="list-style-type: none">• Commitment to Learning• Interpersonal Skills• Communication Skills• Effective use of Time & Resources• Use of Constructive Feedback	<ul style="list-style-type: none">• Problem solving• Professionalism• Responsibility• Critical thinking• Stress management
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- Action Plan Required: Yes/No

STATEMENT OF REVIEW

I met with _____ (faculty member) on _____ (date) to discuss my academic performance, clinical performance, and the development of my professional behaviors.

(Student Signature) _____ (Faculty Signature) _____

Student Action Plan

Student's Signature: _____

Faculty Signature: _____ Date: _____

Instructions: Students are expected to schedule mid-semester meetings with their professional advisor during each fall and spring semester of the academic portion of their professional education at UW-La Crosse. Faculty advisors will use this time to provide feedback to students on their academic, clinical and professional performance.

- FYS are expected to demonstrate competency in professional behaviors at the *beginning level* before they will be allowed to advance to their second year in the program.
- SYS will be expected to demonstrate competency in professional behaviors at the *developing level* before they will be allowed to advance to their third year in the program.
- All students will be expected to demonstrate competency at the *entry level* before they will be allowed to graduate from the program.

Students demonstrating academic, clinical or professional behavior that falls below that expected by the program will be required to develop an action plan directed at remediation of the concerns. Several drafts of the action plan may be needed in order to produce one that is acceptable to both the student and the advisor. All drafts must be signed by both the faculty advisor and the student and will become part of the student's academic record.

Identified Problem	Expected Outcome	Remediation Plan

Comments:

APPENDIX B: SIGNATURE FORMS FOR COMPREHENSION & AGREEMENT

Appendix B-1: Health Science Center Security Policy

Signed agreement is required for access to Health Science Center (HSC). Students will be asked to sign this policy during the orientation.

Health Science Center Access

Acknowledgment of Receipt and Responsibility

http://www.lacrosseconsortium.org/uploads/content_files/HSC%20Access%20Document_1.pdf

Appendix B-2: Physical Therapy Program - Student's Release of Liability

This form must be submitted prior to participation in any program classes.

I, (print name) _____ have been accepted as a graduate student in the UW-La Crosse Doctor of Physical Therapy Program. I understand that I will examine and be examined by faculty and students in the program to practice techniques and learn various procedures. I hereby release the University, its agents and employees and agree to hold it and them harmless from any and all liability, claims, damages, actions, and causes of actions whatsoever, for loss, damages or injury to persons or property, irrespective of how arising and however caused, including but not limited to all kinds and degrees or extent of negligence with which the University, its agents or employees may be charged in connection, directly or indirectly, with these instructions.

I further agree to disclose, in writing, any physical and medical conditions, limitations or sensitivities that may require special accommodations, and agree to release and hold the University, its agents and employees harmless from any liability, claims, damages, actions, and causes of action in any way relating to or arising from said conditions, limitations and sensitivities. I expressly agree that all instruction and use of all facilities and equipment shall be undertaken at my own risk, and I represent that I am physically and medically able to undertake any and all instructions provided.

I further agree that the University of Wisconsin-La Crosse Physical Therapy Program, its agents and employees shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever arising out of, or connected with the use of any of its services, facilities or equipment. I hereby expressly forever release and discharge the University, its agents and employees from all such claims, demands, injuries, damages, or actions or causes of action, and from all acts of active and passive negligence on the part of the University of Wisconsin-La Crosse Physical Therapy Program, its agents or employees.

Date: _____

Signature: _____

Appendix B-3: Voluntary Video and Photo Release

As a student in the Doctor of Physical Therapy program at UW-La Crosse, I am aware that photographs and videotaped clips of classroom, laboratory, volunteer, and clinical activities may occur that would involve pictures and videotape clips of me as a participant in these educational activities.

I agree to the use of any pictures and videotaped segments for future program needs – including educational and marketing needs of the program or university.

Date: _____ **Signature:** _____

Appendix B-4: Student Statement - Program Policies and Expectations

I (print name) _____ have read and agree to abide by the expectations and policies outlined for participation and success in the Physical Therapy program at UW-La Crosse.

I am aware that any violation of the expectations and policies stated could result in dismissal from the professional program and from graduate school at UW-La Crosse.

Date: _____ **Signature:** _____

Appendix B-5:
Health Science Center
Anatomy Laboratory Policies
(Last Revised May 2010)

Human bodies available for dissection and study are the remains of individuals who chose to make a final contribution to human health care education and research. It is a rare and valuable privilege to have access to this unique resource. The rules of the anatomy laboratory are constructed to reflect upon the magnitude and value of this gift. As such, they reflect policies and procedures that will be familiar to all health care practitioners with regard to patient interactions. Professional behavior applies to behaviors within the laboratory as well as to outside demeanor inasmuch as it may reflect upon conduct within the anatomy laboratory.

Violation of any of these policies can result in the revocation of all anatomy laboratory privileges, which may carry consequences with regard to an ability to meet course responsibilities. When necessary, violations will be addressed by course dismissal, program dismissal, university expulsion and/or criminal prosecution.

Respect:

1. The anatomical donors will be treated with the utmost respect at all times.
2. The patient's right to privacy and confidentiality will be extended to the anatomical donors at all times.
3. Bones, skeletons, and tissue samples are human remains, and will be treated with the same respect as the other anatomical donors.
4. Do not use pens, or pencils, as pointers when examining bones or tissue samples. Writing on your patients, even accidentally, is not acceptable.
5. The modesty of the anatomical donors will be respected. All regions not under study should be covered. This policy also helps to maintain preservation.
6. The anatomy donors will be properly maintained. Each donor will be wrapped, wetted with preservative, and covered at the end of each dissection session. Any suspicion of mold, or decay, should be reported immediately, since it can spread rapidly to other bodies in the room.
7. All superfluous tissues from the anatomical donor should be stored in the donor specific tissue bin, to insure that all parts of the donor can be returned to next-of-kin. Under no circumstance will trash be placed in these storage bins.
8. Dissection tables should be kept clean and free of excessive tissue.
9. No pictures of any sort may be taken within the anatomy laboratory, unless the aim and purpose of the images are approved by the anatomy director.
10. Only current anatomy students, faculty and persons authorized by the anatomy director may enter the anatomy lab. Visitors are not permitted without prior authorization. Students DO NOT have the ability to authorize visitors.
11. No anatomical tissues, bones, or items that could be confused for them, may be removed from the laboratory without prior authorization from the anatomy director.

Security

1. Access to the anatomy laboratory is granted to current anatomy students via an electronic ID card key. Under normal circumstances, students will have access to the anatomy laboratory whenever the Health Science Center is open. Students should remain mindful of personal security issues during non-business hours.

2. Access via the ID card key maintains an electronic record of all persons who have properly entered the anatomy laboratory. Students should be mindful that this record can be used to hold persons accountable for security breaches that occur during non-business hours.
3. No one should be granted access to the anatomy laboratory without using their own ID card key.
4. The university, and the Health Science Center, will not assume responsibility for personal items that are lost or stolen during anatomy laboratory activities. Students are provided with locker facilities within the Health Science Center and are advised to use them to protect personal property.

Safety

1. No food or drink is permitted within the anatomy laboratory at any time.
2. Proper closed foot coverings, no sandals or open toed shoes, are to be worn within the anatomy laboratory.
3. Nitrile gloves are provided for use during dissection procedures.
4. All used scalpel blades, or other sharp items, are to be disposed of in medical waste sharps containers. Appropriate containers are located on opposite ends of the laboratory.
5. Levels of chemical preservatives are maintained at, or below, concentration levels that are deemed safe for exposure associated with typical student activities. Material Safety Data (MSD) Sheets for all laboratory chemicals are available upon request.
6. Some students may be extra sensitive to the laboratory's chemical environment. These students are advised to consult with their personal physician about mitigating this sensitivity.
7. Pregnant, or breast feeding, students are advised to consult with the anatomy director and their personal physician about procedures for mitigating additional risks that may be present in the anatomy laboratory.
8. Chemical spills should be reported to the anatomy director.
9. Minor injuries should be dealt with immediately, by thoroughly washing and disinfecting the injured area using the first aid facilities within the laboratory.

Maintenance

1. The anatomy laboratory must be kept neat and clean at all times.
2. Students hold primary responsibility for the cleanliness of their own work stations, but share collective responsibility for the maintenance of the entire laboratory.
3. The drain buckets associated with each table should be emptied and cleaned after each dissection period.
4. Spills should be cleaned up immediately.
5. Common areas and equipment (sinks, saws, tools, etc.) must be kept clean and orderly by all students.
6. Trash must be disposed of using the proper receptacles
7. Excess cadaveric tissue is placed within the cadaver specific tissue storage bin.
8. Soiled gloves, cadaver soaked paper towels, etc. are placed in the red-lined medical waste bins.
9. Used scalpel blades, and other sharp items, are disposed in the red plastic medical waste sharps bins.
10. All normal trash (not associated with the cadavers by contact) is placed in the gray trash cans.