Physical Therapy Department
Student Handbook

2016-2017
Welcome

Welcome to the Physical Therapy Department! The path to becoming a physical therapist is exciting and challenging. The individual seeking to extend his or her knowledge and ambitions in this particular service to mankind must master the basic skills of the practicing professional while simultaneously learning, accepting, and helping to shape the codes of behavior that guide the entire profession.

This manual exemplifies the guidelines that are critical to success and achievement in the program. The policies and procedures have grown out of careful deliberation and consideration of the Department's philosophy, accreditation standards, and curricular objectives. They reflect the interests and needs of the students and faculty; the activities of daily business at the University; the policies of the College of Health Sciences, of the Graduate School, and of the University. Above all, they represent underlying and expressed expectations for professional behavior and responsibility stemming from the ideals and missions of our nation, state, University, and profession. This guide is not meant to be exhaustive nor complete in the delineation of what is to be expected as professional behavior. Good judgment, respect and concern for others, desire for understanding, role model behavior, and high achievement, are to be promoted and displayed throughout one’s academic career. The goal is to create an optimal learning environment for all involved in the program.

It is the hope of the faculty that this manual will assist the students in the achievement of a successful and enlightening academic experience. The faculty wishes each student success, health, and happiness in the pursuit of knowledge and skill in the physical therapy profession!

*The Physical Therapy Faculty 2016-2017*
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The University of Rhode Island  
Physical Therapy Department

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The Rules and Regulations for licensing are available on the Rhode Island Department of Health, Office of Health Professionals Regulation website at:

The Rhode Island Board of Physical Therapy

Applications for licensure are available on-line at:
http://www.health.ri.gov/applications/PhysicalTherapist.pdf
Mission
The Physical Therapy Program is dedicated to graduating doctors of physical therapy who are competent in providing physical therapy services to a variety of patient/client populations in Rhode Island and nationwide; who value the need for and use of evidence in practice and; who are committed to professional development through life-long learning; and are active contributors to their communities. The Program aspires to advance the theory and practice of physical therapy and provide service to the University, state, and nation. The Program works to promote the profession and interdisciplinary care by working closely with related disciplines.

Philosophy
The faculty and staff of the Physical Therapy Department believe:

- In the inherent worth of the individual and that all individuals, in light of their unique qualities, should be given opportunities to develop to their fullest potential.
- That professional behaviors will be exhibited and guide all encounters among members of the Program.
- That graduates of the Program must be prepared as generalists capable of functioning at entry level in a variety of settings.
- That the curriculum of the Physical Therapy Program is based on an accumulation of both empirical and applied evidence.
- That scholarly activity is an integral part of clinical practice.
- That all physical therapists should be doctors of physical therapy who function autonomously and are the provider of choice for movement-related concerns.
- That all physical therapists should be competent and understand the importance of collaboration among all care providers and related disciplines.
- That lifelong learning is critical to the continued competence of a profession and professional.
- That service to the profession and the community benefit both the individual and the profession.
- Efforts will be made in curricular and extracurricular planning and practice to provide students with opportunities to ensure that each cohort of graduates will perform at or above the CAPTE expectations for pass rates on the National Physical Therapy Exam for licensure.
Goals
The program faculty will:

Prepare doctors of physical therapy who are competent to provide physical therapy services to a variety of patient/client populations in Rhode Island and nationwide.

Prepare clinical scholars who find, critically interpret, and synthesize the professional literature so that scientific theory can be integrated with empirically derived clinical protocols in treatment progression for patients/clients under their care.

Prepare practitioners with high standards of professional conduct demonstrated through participation in the professional organization; local and campus volunteer service activities, and public health and/or legislative actions or functions.

Be actively involved in professional activities and in scholarship that contributes to the body of knowledge in physical therapy.

Consistent with the mission of a Land Grant university and professional association goals, the faculty will facilitate the development of global citizens prepared to serve the College, University, the profession, state and nation.

Expected Student Outcomes
Upon completion of the program students will be prepared to demonstrate proficiency in the following areas:

Cognitive Functions

1. Comprehend, integrate and analyze complex information from program content and apply it in laboratory, simulated and real patient situations.
2. Effectively and efficiently utilize classroom, laboratory and experiential information to create interventions for real and simulated patients.
3. Access, critique and analyze information from the professional literature, clinical experience and patient input to provide evidence-based interventions.
4. Demonstrate the ability to utilize teaching and learning theory to appropriately educate patients, students, colleagues, peers, the general public/community groups and other health professionals.
5. Assess movement dysfunction and efficiently develop an appropriate plan of care.
7. Demonstrate legally and ethically sound leadership and management skills in patient care and other situations.
8. Identify and analyze factors affecting the health of society, healthcare policy, access, delivery and quality and demonstrate the ability to create prevention and health programs to meet the needs of various patients and community populations in various settings.
9. Utilize professional skills, knowledge and community resources to advocate for patients and members of the community.
10. Consider and integrate knowledge and evidence about psychosocial interaction/factors, diversity and cultural competence in all aspects of practice.
Affective Functions

1. Establish professional, respectful, empathic relationships with individuals from a variety of lifestyles, cultures, ages, socioeconomic backgrounds and abilities.
2. Develop and maintain effective professional, peer, patients/client and family, and community relationships.
3. Work effectively as part of an interdisciplinary team.
4. Utilize effective, appropriate, informative and culturally sensitive communication with patients, families, colleagues and others.
5. Identify and address the psychosocial impact of movement dysfunction and disability and plan care accordingly.
6. Demonstrate adherence to deadlines and time constraints in practice.
7. Demonstrate the ability to effectively manage stress during all peer and patient interactions.
8. Practice and delegate responsibilities in a safe, ethical, and legal manner, following guidelines established by federal, state, and local law, the University, clinical facilities, the American Physical Therapy Association, and related professional organizations.
10. Respond to sensitive patient situations and emergencies in a calm, safe, and professional manner.
11. Utilize effective and proper English grammar in spoken and written communication.
12. Interpret the verbal, non-verbal, and written communications of others and respond in an appropriate, professional manner.
13. Place the needs of the patient before his/her own.

Psychomotor Functions

1. Safely, reliably, and efficiently evaluate and provide interventions that are consistent with currently established best practices to patients across the lifespan.
2. Effectively and consistently practice standard precautions.
3. Effectively read instructions, manipulate and safely operate physical therapy equipment and devices.
CAPTE
It is the intention of the Physical Therapy Department to maintain its accreditation status with the Commission on Physical Therapy Education (CAPTE). To accomplish this, the Department will do the following:

1. Meet all CAPTE membership requirements and deadlines.

2. Notify CAPTE immediately of any change in leadership of the Department, School or University.

3. Notify CAPTE immediately of any changes or threatened changes in the accreditation status of the University.

4. Maintain a program of on-going self-assessment that includes gathering of data on a regular basis from students, faculty, alumni, and employers of our graduates. Student performance on the national physical therapy exam is also monitored and has consistently been above the national passing rates. Data gathered through focus groups and surveys is assessed and used in determining curricular changes at the curriculum review meetings.

5. The Department Chair will be responsible for assuring that all of the above activities are completed and reviewing and updating this policy as needed.

6. Take corrective actions to allow the Department to be in compliance with accreditation criteria within 2 years of being determined to be out of compliance.
James Agostinucci, ScD, OTR/L (Boston University), Associate Professor. Dr. Agostinucci’s teaching focus is in anatomy, physiology, neuroscience and physical agents. His research is in peripheral nervous system physiology and its role in the regulation of motoneuron excitability and muscle tone. Emphasis is on pathophysiological mechanisms that cause movement disorders resulting from nervous system diseases.

Jennifer Audette, PhD, PT (University of Rhode Island), Assistant Professor. Dr. Audette's teaching focus is in the areas of management/professional practice, basic evaluation skills, and Broadening Experiences. Her research interests relate to physical therapy faculty, physical therapist education in developing nations, and global health issues.

Peter R. Blanpied, PhD, PT, OCS, FAAOMPT (University of Iowa), Professor. Dr. Blanpied's teaching focus is in musculoskeletal therapeutics, specifically biomechanics and orthopaedics. He is a Board Certified Specialist in Orthopaedics from the APTA, and a Fellow of the American Academy of Orthopaedic Manual Physical Therapists. His research interests include mechanistic effects of musculoskeletal therapeutics. He was an Associate Editor for the Journal of Orthopaedic and Sports Physical Therapy for more than 18 years. He works part-time in the Faculty Clinic.

Anne-Marie Dupre, DPT, MS, NCS (MGH Institute of Health Professions), Clinical Assistant Professor and Academic Coordinator of Clinical Education (ACCE). Dr. Dupre’s expertise is in the area of neurological physical therapy. She is a Board Certified Clinical Specialist in Neurology from the APTA and she continues to practice in the clinic. Her research interests relate to neurological physical therapy and clinical education.

Janice B. Hulme, PT, MS, DHSc, CEEAA (University of St. Augustine), Clinical Associate Professor. Dr. Hulme’s expertise and teaching is in the area of neurological physical therapy, geriatrics and women’s health. She is responsible for coordinating interprofessional education experiences concurrent with didactics. Dr. Hulme works in the clinic mentoring students to treat people with neurological pathologies and seniors at risk for falls.

Jeff Konin, PhD, PT, ATC, FACSM, FNATA (Nova Southeastern University), Professor & Chair. Dr. Konin’s expertise is in the areas of injury prevention for youth sports. This includes sport concussion and the effect of obesity on musculoskeletal injuries. His teaching is focused in the areas of orthopaedics, medicine biomechanics, comprehensive cases management, and ethical and legal practice. To date he has published several textbooks and peer-reviewed manuscripts on various sports medicine related topics, and is a frequent invited speaker having travelled throughout the United States and to many International countries.

Susan E. Roush, PhD, PT (University of Washington), Professor. Dr. Roush's expertise is in the areas of professional issues and disability studies. Her work has focused on attitudes of health care providers toward persons with disabilities, accommodating allied health students with disabilities, patient satisfaction, empathy in physical therapy students, quality of life of adults for developmental disabilities and professional issues. Her teaching encompasses these areas in addition to research methods, ethical and legal aspects of practice.
John McLinden, MS, PT (University of Rhode Island), Clinical Assistant Professor. Professor McLinden teaches musculoskeletal therapeutics, physical agents and health policy and administration course content. He is the coordinator of University Physical Therapy clinic. His research interests include reimbursement issues and use of diagnostic imaging in rehabilitation. Professor McLinden is in the final stages of completing his Ph.D. from Nova Southeastern University.

Carol G. Petrie, PT, DPT, GCS (University of Vermont), Clinical Assistant Professor and Director of Clinical Education (DCE). Dr. Petrie’s expertise in in the area of Geriatric physical therapy and acute care practice. She is a Board Certified Clinical Specialist in Geriatrics from the APTA and she continues her practice in both acute care and acute rehabilitation settings. Her professional activities include serving as the Rhode Island delegate to the American Physical Therapy Association’s House of Delegates and local continuing education programming with the Rhode Island APTA. She also serves as a U.S. Army reserve physical therapist with the 405th Combat Support Hospital in Worcester, MA.

Jane Schmitz, Administrative Staff. Ms. Schmitz is the welcoming person at the front desk. She is responsible for assisting faculty with the business of running the department. She also assists students with information, resources, and paperwork necessary for getting through the program.

ADJUNCT FACULTY

Wendy Fox, DPT, PT, GCS

Natalie Masson, DPT

David Pavao, DPT

Jackie Pierce, PT, CCS

Jennifer Rebello, PT, PCS

Megan Schwartz, DPT

Ellen Sturtevant, PT, PCS

Suzanne Tinsley, PhD, PT, NCS

Megan Wyatt-Olean, DPT
The physical therapy program is a 3-year, entry-level Doctor of Physical Therapy (DPT) degree program accredited by the American Physical Therapy Association's Commission on Accreditation in Education (CAPTE). The Program prepares students for the professional license examination. The curriculum emphasizes critical thinking, clinical skills and use of evidence-based practice through six semesters and three summer sessions of study including didactic coursework, faculty-guided research projects, and part-time and full-time clinical internships. Teaching assistants are available on a competitive basis. Full-time University faculty, together with adjunct and invited clinical lecturers, provide the curricular instruction.

The Physical Therapy Department is housed in the Independence Square II facility on the URI Kingston campus. It occupies approximately 16,000 square feet within a modern structure, easily accessible and ADA compliant, on the west end of campus situated on Route 138 and West Independence Way. The location is adjacent to campus athletic facilities and the Thomas Ryan Center.

A partnership between Independence Square Foundation and the University of Rhode Island allows for the sharing of space and resources among cooperating state and nonprofit agencies. Several not-for-profit organizations share the building, providing a unique environment for learning and professional development.

Classrooms
A 45-seat, tiered multimedia classroom provides a professional lecture setting. An adjacent conference-type classroom allows for expansion of the multi-media lecture room into a large assembly/conference hall, which together can accommodate 125 people. Two ‘clinical practice labs’ provide classroom/treatment laboratory space in which treatment methods can be demonstrated and practiced as lecture and theory are presented. The clinical practice labs are equipped with either high/lo mats or treatment tables, providing state of the art, safe environments in which students can develop and practice hands-on skills. Multimedia/internet capabilities are available in all rooms.

Research and Educational Laboratories
Specialized research and educational equipment includes Gait Rite, KinCom dynamometer, biofeedback, clinical, and research electromyographic and neurophysiologic devices, body composition analysis, diagnostic ultrasound, computerized balance assessment, body weight-supported treadmill system, and biomechanical/motion analysis equipment. In addition, electrocardiographic and exercise testing devices, computerized spirometry, and a fully instrumented human motion analysis laboratory are available in collaboration with the URI Kinesiology Department. Cadavers for anatomic study are acquired annually.

Library and Conference Facilities
The Department houses a combined conference room and library for study and meeting opportunities. Additional space is available in the shared ‘community space’ of Independence Square with a multi-function ‘executive board room’ and a small professional conference room.

Clinic Facilities
A reception room, two large gyms, two clinical treatment rooms, clinician office space, aquatic therapy room, and associated education/research labs are on site. These facilities are used in the provision of physical therapy services to patients referred from URI Health Services and local medical care
providers. The gyms include equipment for specialized range limited exercise, strength, coordination, and balance development.

**Student Lounge**
A student lounge, including mailboxes, bulletin boards, two refrigerators, a sink, and 2 microwave ovens are available for student use. Students are expected to keep this area clean.

**Faculty Offices and Clerical Support Space**
All faculty offices and clerical support are located in Independence Square II and allow students convenient access to advisory and educational opportunities with faculty.

**Cafeteria**
There is a small cafeteria that provides a variety of economical choices, including breakfast, lunch, and snacks. The cafeteria provides training and employment opportunities for people with developmental disabilities. Regular hours are 9am – 1pm.

**Day Care**
“First Step” at Kingston is a private, licensed, non-profit childcare facility designed to meet the needs of families affiliated with Independence Square, the University of Rhode Island, as well as, the surrounding communities. The Day Care Center provides caring for children ages 6 weeks to 5 years. A kindergarten program is also provided on a limited enrollment basis.
General Policy Statement

All students, staff, and faculty of the University of Rhode Island Physical Therapy Department are required to comply with the policies and procedures stated in the Department Handbook as well as those in the University Student Handbook. Furthermore, the missions and philosophies of the University, Graduate School, Independence Square II Foundation, College of Health Sciences, and local jurisdictions are to be understood, and their policies and procedures followed. All members of the Department are expected to perform their respective roles representing the Department and University with the utmost integrity, responsibility, respect for others, and professional demeanor.

Upon orientation to the Program all students are expected to sign and return the following documents to the Department secretary:

1. Acknowledgement of Receipt and Review of the URI Physical Therapy Department Handbook
2. Doctor of Physical Therapy Program of Study
3. Consent to Participate in Physical Therapy Treatments and Activities
4. Program Informed Consent
5. Confidentiality Agreement
6. Cadaver Use Agreement
7. Plan of Study

Forms are included at the end of this Handbook.
The University of Rhode Island
Physical Therapy Department

Property Use

All students are expected to conduct themselves with respect and professionalism in their dealings with the staff and visitors of the Department.

Food and Beverages
Food and beverages are allowed in the student lounge and the cafeteria. All persons are expected to properly dispose of the refuse and immediately wipe any spills. The presence of such in the classrooms is at the discretion of the instructor. All areas used should be cleaned after use.

Resource Loans
A faculty member should approve borrowing books, journals, equipment, and supplies. All items are to be signed-out through the Department Secretary with notification of where the item will be used and a phone number for contact. Any cost for damage or loss is the responsibility of the borrower. Grades may be withheld until all responsibilities are cleared.

Use of Linens
All persons using Department linens are responsible for putting used linen in one of the laundry bins, and for applying fresh linen as indicated. Department linens are not to be used for personal purposes. When faculty or students find a full laundry bin or a low supply of linens, they will notify a Graduate Assistant (GA) in person or document in the GA notebook.

Cleanliness and Appearance of the Facilities
All students and staff of the Department are expected to contribute to the cleanliness, order, and professional appearance of the facilities. There is no regular position assigned to maintenance, orderliness, and organization of Department resources.

Treatment Tables and Mats
Shoes are not to be worn on treatment tables or mats. Care must be taken when using the surface of a treatment table or mat for writing/computer. For example, placement of projectors or other items with narrow points of support must include an intervening pressure distribution surface such as a piece of cardboard, so that indentation of the plinth surface will not result. Cords and adjustment plates should be neatly stored under treatment tables and mats to prevent damage and to ensure a safe environment. Users must clean mats at the end of each class session with the cleaning solution provided.

Breakage
All persons are responsible for reporting the breakage of any equipment, supplies, or furnishings of the Department to the Department Secretary, a regular faculty member, or the Department Chair as soon as possible after the occurrence. Power circuit interruptions, water leaks, or any other similar risk potential situations must also be reported as soon as possible.

Copier Use
Students may make copies on the student copier in the copy/mail room (located to the left as you enter the copy/mail room). To access this copier for personal use a user must consult with the Department Secretary. A charge per page may be applied.
Phones
All cell phones must be on “silent” or “vibrate” settings during classroom and laboratory activities unless specific permission from the instructor is obtained. Cell phones and other electronic devices are not allowed during examinations except by special arrangement by the instructor. Specifics in regard to the use of cell phones are at the discretion of the instructor.

Fax
All incoming student faxes will be placed in mailboxes as able. A faculty member must approve student use of the fax machine.
Department Security Procedures and Key Issuance

During regular working hours (Mon - Fri 7:30 AM - 5:00 PM):
Doors to the classrooms, support areas, and laboratories are to be locked if unattended for more than 60 minutes during regular working hours. Doors will be closed when leaving rooms unattended for any length of time. The doors on the northeast corner of the building (Northeast entrance (NE) – rear entrance near tennis courts and ice arena) will be secured outside of normal working hours by custodial staff, a Department graduate assistant, staff, or Department faculty.

Outside of regular working hours (including weekends):
The NE doors will remain locked at all times outside of regular working hours. There are no exceptions to this rule. Doors to the classrooms, support areas, and laboratories are to be locked at all times, or, if in use, will be closely monitored at all times by the room user(s). Only those individuals who have been issued a key or who have signed for the key with a designated person have permission to use the facilities at these hours. The outside building door and the door to the anatomy lab will have card swipe access for all students during outside hours. Persons using the facility at these times are responsible for the security of the area, and should be aware of the need to immediately contact Campus Security 874-2121 (or 4-2121 from on-campus phones) should any breach of security be suspected. The main hall doors are to be kept locked at all times.

Key Issuance:
Graduate Assistants
Graduate Assistants (GA) and students conducting approved research may be issued keys for the doors on the NE entrance and for appropriate labs, should their work require them to be in the building outside of regular working hours. These keys are to be issued as specified under guidelines for Department Security.

Other Students
Students who are not GAs may sign out keys to the NE doors and to the research laboratories. These keys may be signed out for one night, or weekend only. One copy of these keys will be available for this use per student group. Keys must be returned at the start of the next business day. The key sign out may be authorized by any faculty or staff member and must be logged in the appropriate notebook at the Department Secretary's desk. It is the responsibility of the faculty or staff member that checks the key out to ensure that the student is knowledgeable and competent regarding security procedures.

Any key loss will result in a $100 lost key fee to be charged to the user to cover the cost of changing locks and making new keys.
Anatomy Laboratory Security Procedures

The Anatomy Laboratory is locked for security. If a student wishes to be in the Lab during non-class hours, it is the student’s responsibility to ensure that all lab procedures are followed, equipment and supplies are returned to their proper placement, and the door is always kept closed and locked.

Procedure for entering and leaving the Anatomy Laboratory after hours:

1. Obtain permission from Dr. Agostinucci.
2. Get a key for the back door and the Anatomy Lab (see Key Check-out Procedures).
3. Dr. Agostinucci must give permission before a laboratory key may be signed out. After receiving permission, keys may be signed out by Dr. Agostinucci, Dr. Konin, or the department secretary.
4. Use these keys to gain entry into the building and the Anatomy Lab.
5. When leaving make sure lab door and back door are securely closed and locked.
6. Return all keys the next morning to the person that gave them to you.
Injury:
All incidents involving direct or potential significant personal injury are to be reported to the Department Secretary, a regular faculty member, or the Department Chair as soon as possible after the occurrence. An incident report must be completed and submitted in such cases (see Forms section) to the Department Chair and to the Campus Safety office as soon as possible. Incident Report forms are located on the Main Desk on a clipboard.

Incidents and External Complaints:
Complaints and incidents that fall outside the realm of due process will be handled as follows:
All incidents and complaints considered being an obstruction or deterrent to promoting a positive learning environment should be reported to the Department Chair by memo or other appropriate format. After receiving the report of an incident or complaint, the Department Chair will verify the problem, gather additional data where possible and take it to the faculty for discussion and resolution. Records of complaints will be recorded in the minutes of faculty meetings. Unresolved problems will be referred to the HSS Dean. Furthermore, incidents that may be considered sexual harassment should be reported as directed under the guidelines available from the Affirmative Action Office (refer to URI web or call 874-2442). See form 4.5 in Forms section.

Emergency Procedures:
In the event of a non-life threatening emergency, students should contact the faculty or Department Secretary, who will call the campus security. If faculty/secretary is not available, students should contact Campus Security at 874-2121 directly. They will make a decision regarding what should be done (e.g. calling 9-911, calling an ambulance, sending the person to Health Services, etc.) In a life-threatening situation, students should call 9-911 and notify Campus Security at 874-2121.

In the very rare event that there is an active, campus-wide emergency threatening the safety of faculty, students, staff, or campus visitors, the University’s Emergency Preparedness procedures will be activated. Emergency protective actions may include lockdown, shelter-in-place, shelter and evacuate. During these events students are encouraged to maintain updated contact information through e-campus. Students are to register for this service at www.uri.edu/ecampus, following the URI Emergency Alert System links. In the case of a threat in the immediate area, the Run, Hide, Fight procedure should be followed: first, run out of the building if it is safe to do so, secondly, hide yourself in a way that diminishes the chance of detection, and lastly, attempt to disrupt the action as able. In addition, students are required to take Emergency Preparedness training provided by the URI Public Safety Department, and are encouraged to familiarize themselves with the information at www.uri.edu/readyuri.
IN CASE OF FIRE OR VISIBLE SMOKE
1. Pull the nearest fire alarm station.
2. Call the Campus Police at 874-2121 and give as much information as possible as to location extent, etc.
3. AFTER the alarm has been activated, DO NOT remain in the building. Exit the building and do not re-enter until instructed to do so.
4. Excessive smoke, keep as close to the floor as possible when exiting a building, as hot gases and smoke rise.

WHEN FIRE ALARM SOUNDS – Leave the building
1. Close all windows and transoms in your room.
2. Do NOT open your room door if it feels hot to the touch.
3. Before opening your door, brace yourself against the door and open it slightly. If heat and smoke are present, close the door, wedge cloth items around the cracks, and stay in the room.
4. If you must remain in the room, open a window, attract the attention of fireman, and await rescue.
5. If you can leave the room, close all doors behind you making sure they are UNLOCKED.
6. Leave by the nearest, useable exit.
7. Move away from the building about 100 feet.
8. Do not return to the building until instructed to do so.

FIRST AID (Medical Aid) – If you find an injured or very sick person
1. Call Campus Police at 874-2122 (or 4-2121 from on-campus phones) and say, “Medical Aid is needed at _________.”
2. Give your name and where you are calling from.
3. Give as much information as possible, as to the person and their injuries.
4. Let the infirmary or police know where you will meet the ambulance.
5. Do NOT MOVE THE VICTIM UNLESS ABSOLUTELY NECESSARY.

POLICE MATTERS – (Accident, Larceny, Assault, etc.)
1. Call Campus Police at 874-2121 (or 4-2121 from on-campus phones) and state the problem, giving your name, location, and other necessary information.

EXPLANATION OF FIRE EXTINGUISHER MARKINGS
‘Class A’ – means useable on wood, textiles, paper, but NOT electrical fires
‘Class B’ – means useable on grease, oil, gasoline and most all burning liquid
‘Class C’ – means useable on electrical fires
Extinguishers are classed as, ‘A’; ‘AB’; ‘BC’; ‘ABC’; - Heed the marking.
UNIVERSITY OF RHODE ISLAND
EMERGENCY, INFORMATION AND REPAIR NUMBERS

The number to call in an EMERGENCY is

874-2121
(or 4-2121 from an on-campus phone)

NON-EMERGENCY CALLING INFORMATION

FIRE (KINGSTON FIRE DISTRICT)……………………………………………………... 783-6830
FIRE (NARRAGANSETT FIRE DEPARTMENT)…………………………………… 789-1000
FIRE (PROVIDENCE CAMPUS)……………………………………………………... .421-1293
HEALTH SERVICES…………………………………………………………….. 874-2246 (4-2246)
POLICE (KINGSTON CAMPUS)…………………………………………………… 874-2121 (4-2121)
POLICE (NARRAGANSETT CAMPUS)………………………………………… 874-6262 (4-6262)
POLICE (STATE POLICE-WICKFORD)…………………………………………….. 294-3371
SAFETY ENVIRONMENTAL PROBLEMS……………………………………….. 874-2618/874-2121
SNOW STORM AND EMERGENCY CLOSING INFO…………………………….. 874-SNOW (4-7669)
URI NEWS LINE……………………………………………………………..874-NEWS (4-6397)

REPAIRS
BUILDING REPAIRS………………………………………………………………... 874-4060
HOUSING REPAIRS………………………………………………………………….. 874-5373
RAMCONNECTION………………………………………………………………….. 874-4357

GENERAL INFORMATION

URI – KINGSTON CAMPUS………………………………………………………. 874-1000 (0)
  KINGSTON, RHODE ISLAND 02881
URI – NARRAGANSETT CAMPUS………………………………………………… 874-1000 (0)
  NARRAGANSETT, RI 02882
W. ALTON JONES CAMPUS………………………………………………………… 397-3302
  VICTORY HIGHWAY, WEST GREENWICH, RI 02816
ALAN SHAWN FEINSTEIN COLLEGE OF CONTINUING EDUCATION.... 277-5000
  80 WASHINGTON STREET, PROVIDENCE, RI 02903
Purpose: This document outlines URI emergency policy and procedures regarding planned and unplanned utility outages, particularly as they affect critical facilities and equipment related to research. A number of events, both expected and unexpected, may lead to the loss of utilities in URI buildings. In addition, storms, plumbing failures, fires, etc. may require emergency action in order to minimize damage to University buildings, equipment and materials within the buildings. For many emergency responses, there is a need to notify and communicate with persons who are familiar with or responsible for facilities so as to prevent and/or minimize losses.

Applicable to: All employees

Responsibility: The Department of Facilities and Operations has the primary and official role in the implementation of substantial portions of this policy. However, other departments and individuals with key responsibilities include: Police Department, Department of Safety and Risk Management, and Principal Investigators (PIs). Department Chairs and Building Managers or Building Contacts may also be asked to provide assistance in utility outages and emergencies.

POLICY AND PROCEDURES:

A. Role and Responsibilities of Police and Security

The initial contact point for all emergencies, including medical emergencies, hazardous material or chemical spills, and utility outages, shall be URI Police and Security. The primary telephone numbers for reporting emergencies are: x2121 from campus or 874-2121 from non-campus telephones. Because 911 operators cannot determine the location of callers more specifically than just the Kingston Campus, the emergency 911 number should not be used to report campus emergencies.

1. Medical emergencies: When notified of a medical emergency or of a request for medical assistance, URI Police and Security are responsible for notifying appropriate emergency response personnel and for assisting them in responding to the emergency.

2. Hazardous material or chemical spills: When notified of any spill or release of material that may represent a risk to personnel, URI Police and Security are responsible for notifying the URI Office of Safety and Risk Management. URI Safety and Risk Management shall respond and assist in chemical or hazardous material spills as necessary at any time.

3. Utility Outages: When notified of any utility outages, URI Police and Security are responsible for notifying Facilities and Operations. They are also responsible for passing any subsequent information that might be reported to them about the outage to Facilities and Operations.

4. Alarm Systems: URI Police and Security monitors a number of alarms on campus. Where those alarms are related to the physical facilities, Police and Security will notify Facilities and Operations of the alert. For intrusion alarms, Police and Security will notify directly the responsible persons listed with the response instructions, which the Office shall keep on file for each alarm.
B. Role and Responsibilities of Facilities and Operations

The URI Department of Facilities and Operations has a primary and official role particularly in cases of planned and unplanned utility outages. Utilities include electric power, water, building heat, and building air conditioning. Among other duties, it shall be the responsibility of Facility and Operations, to notify persons responsible for buildings, laboratories, and other facilities of utility outages or other problems that could lead to loss or damage to materials, equipment, living plants or animals, or loss of an unrepeatable experiment. This notification is to permit the responsible person, with the assistance of URI Facilities and Operations as appropriate, to take action to prevent or minimize damage and losses.

To carry out its role, Facilities and Operations shall maintain a "Critical Facilities and Call-up List" or similar data. Among other items, the data shall include information about laboratories or other specialized facilities where a utility outage would result in: 1) loss of animal or plant life; 2) damaged equipment; or, 3) irreplaceable loss of data. Included in this information shall be persons to contact in case of utility outage or other emergency. By appropriate systematic means, Facilities and Operations shall solicit information from persons responsible for laboratories and special facilities for inclusion in the list.

Facilities and Operations shall also maintain a list of building contacts, people who can pass important safety or maintenance information to users of particular buildings.

1. Planned utility outages: Some utility outages are known in well in advance such as when the utility must be shut off in order to conduct maintenance or make repairs. In cases of planned utility outages and when there is sufficient time to notify persons during normal working hours, advance notification will be made through building contacts, for example through building managers. Building contacts shall take necessary steps to notify persons in the building of the planned outage. Facilities and Operations shall also endeavor to notify those affected of planned utility outages by other available means, for example via voice mail or e-mail posting.

2. Unplanned or emergency outages: It is impossible for the University to prevent all utility outages. Further, it is difficult to even be aware of some short-term outages such as power fluctuations. In cases of unplanned or emergency utility outages, Facilities and Operations, referencing information in its "Critical Facility & Experiment Call-up List," shall begin notifying those affected only if the outage has already lasted one hour and is expected to last at least three more hours. Every effort will be made to notify all responsible persons identified on the list within four hours of the onset of the outage. Building contacts may be notified and asked to help pass information along during regular working hours, but will not be contacted after regular working hours.

3. Special arrangements for long utility outages: Because of resource limitations, Facilities and Operations cannot provide special assistance during utility outages that last or are expected to last four hours or less. Should planned or unplanned utility outages last or be expected to last longer than four hours, Facilities and Operations will make every reasonable effort to assist responsible persons in making special arrangements such as emergency generator power or moving materials to other locations, etc. However, it must be recognized that the University has limited resources (e.g., a limited number of generators) to respond to emergency outages. During extensive outages, it may not be possible to provide or respond to all critical facilities.

4. Information updates regarding utility outages: To allow the responsible persons to keep abreast of developments, Facilities and Operations shall post information updates on an answering machine whose number shall have been provided to persons notified via the Critical Facilities & Experiment List. This is to help responsible persons make decisions on the need to take action, especially if the need for their action is dependent upon the length of time the utility is out. URI Police and Security
usually will not have information on the status of a utility outage or information as to the probable time for restoration of utilities. They should not be called for such information.

C. Role and Responsibilities of Principal Investigators and Others in Charge of Laboratories or Other Special Facilities
Principal investigators or those in charge of laboratories or other special facilities which could qualify for inclusion on the Critical Facilities & Experiment Call-Up List are responsible for notifying and providing accurate information to Facilities and Operations for the list; for posting pertinent emergency information on the door or other appropriate place of a laboratory or special facility; and for making their own arrangements to prevent loss or damage, especially during short term (4 hours or less) utility outages.

1. Inclusion on the Critical Facilities List: If utility outages of four or more hours can be expected to cause damage or losses as described above, the investigator or person responsible for a special facility shall provide the necessary information to Facilities and Operations. The information should be submitted to the Assistant Director of Facilities and Operations for Maintenance and Repair in formats or on forms specified by the Director or Assistant Director. The investigator or person responsible for a special facility shall inform Facilities and Operations of any changes to this information as necessary.

If a facility no longer needs to be on the Critical Facility List, the investigator or responsible person shall notify Facilities and Operations to have the laboratory or facility removed from the list. This is to prevent unnecessary notifications that slow response and prevent unwanted after-hour disturbances to investigators and responsible persons.

2. Door Postings: Persons responsible for laboratories and other special facilities, including those registered with Facilities and Operations on the Critical Facilities and Call-up List shall keep an up-to-date posting of critical information on the door or other obvious place of each laboratory or special facility. The posting shall include names and phone numbers of persons who should be contacted in an emergency, of persons who are familiar with the facility, and shall give notice of any special hazards related to the facility. The posting shall be updated as often as necessary to reflect any changes in personnel or other circumstances associated with the facility or at least once per year. Suggested or required formats for these postings shall be available through the Offices of Safety and Risk Management and from Facilities and Operations and shall also be printed in the University Telephone Book.

3. Special arrangements to protect against losses or damage: Since it is not feasible for the University to prevent short-term utility outages or to provide all the equipment or facilities necessary to prevent loss or damage, it is the responsibility of the investigator or person responsible for a facility to make their own special arrangements to prevent loss during utility outages lasting four hours or less. If there are other losses of university-supplied services, not specifically covered in this policy, that will lead to damage of materials or to an experiment, it is the responsibility of the investigator or responsible person to make arrangements to prevent the loss or damage.

D. Changes to This Policy
Requests or suggestions for changes to this policy should be forwarded in writing to the Offices of the Faculty Senate, the Vice President for Business, and/or the Vice Provost for Graduate Education, Research and Outreach.
# DPT Curriculum 2016 - 2017

## Summer I
- **PHT 505** Intro to PT  
  - 2 credits
- **PHT 500** Human Anatomy and Histology  
  - 5 credits

## Fall I
- **PHT 512** Basic Eval I/ICE  
  - 3 credits
- **PHT 501** Applied Anatomy  
  - 3 credits
- **PHT 510** Biomechanics and Pathokinesiology  
  - 5 credits
- **PHT 532** Physical Agents  
  - 4 credits
- **PHT 508** Psycho-social  
  - 2 credits
- **PHT 600** Foundations of Evidenced Based (EB) Practice  
  - 3 credits

## Spring I
- **PHT 522** Basic Eval II/ICE  
  - 4 credits
- **PHT 550** Musculoskeletal Therapeutics I  
  - 5 credits
- **PHT 655** Diagnostic Imaging  
  - 2 credits
- **PHT 535** Pathophysiology  
  - 3 credits
- **PHT 513** Independent Study (Pathology)  
  - 1 credit
- **PHT 570** Cardiopulmonary PT  
  - 4 credits
- **PHT 610** EB Inquiry  
  - 1 credit

## Summer 2
- **PHT 552** Musculoskeletal Therapeutics II  
  - 5 credits

## Fall 2
- **PHT 544** Health Promotion  
  - 4 credits
- **PHT 672** Pharmacology  
  - 2 credits
- **PHT 511** Human Neuroscience  
  - 5 credits
- **PHT 518** Communications & Education  
  - 3 credits
- **PHT 586** Geriatrics/ICE  
  - 2 credits
- **PHT 537** Management/Administration  
  - 2 credits
- **PHT 620** EB Inquiry  
  - 3 credits

## Spring 2
- **PHT 580** Pediatrics  
  - 2 credits
- **PHT 528** Ethical/Legal  
  - 3 credits
- **PHT 538** Management Practice  
  - 2 credits
- **PHT 560** Neuromuscular Therapeutics /ICE  
  - 5 credits
- **PHT 592** Comprehensive Cases  
  - 4 credits
- **PHT 576** Broadening Experiences  
  - 2 credits
- **PHT 630** EB Inquiry  
  - 3 credits

## Summer 3
- **PHT 605** Special Topics  
  - 2 credits
- **PHT 640** EB Inquiry  
  - 1 credit
- **COMPREHENSIVE EXAM**  
  - 3 credits

## Fall 3 → Spring 3
- **PHT 575** Internship I  
  - 4 credits
- **PHT 585** Internship II  
  - 4 credits
- **PHT 595** Internship III  
  - 4 credits

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Total Credits (including 8 EB Inquiry): 109
MECHANISMS FOR HANDLING COMPLAINTS WITHIN THE PT DEPARTMENT

1. Each class has 1-2 class representatives who are elected by the students. One of the responsibilities of the class reps is to bring issues that relate to the whole class to the attention of the course instructor or the Department Chair. Class representatives will attend designated faculty meetings to provide the faculty with an update on class activities and concerns.

2. Individual students having difficulty with a course instructor are advised to approach the instructor directly. If they are not able to resolve the conflict, they should then bring the issue to the attention of the Department Chair. This policy is described in the student handbook.

3. Students having complaints during their clinical experiences are advised to approach their clinical instructor and as needed the CCCE. The DCE should also be contacted as early in the process as possible. This policy is described and provided to students as part of the Student’s Responsibilities for Clinical Education handout.

4. Students having complaints that involve the Department Chair should first speak with their advisor regarding consultation for handling the complaint. If unresolved, then the student should contact the Dean of the College of Health Sciences or the Dean of the Graduate School.

REPORTING COMPLAINTS ABOUT THE DEPARTMENT TO CAPTE
The Physical Therapy Department at the University of Rhode Island is fully accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). In accordance with the policies of CAPTE, any person may make a complaint about an accredited department. Explanations of the types of complaints and procedures for registering a complaint with CAPTE are located on the following website
(CAPTE Rules of Practice and Procedure Accreditation Handbook Pages 11-1 through 11-5)

POLICY FOR HANDLING COMPLAINTS BY AND AGAINST STUDENTS
Complaints about the program, its faculty, students or staff will be directed to the Department Chair. All policies of the University will be followed with regard to handling of such complaints. Documentation of all complaints made by or against students in the URI PT Department will be kept in a locked file drawer in the Department Chair’s office.
Communication Within The Department

Several mechanisms exist for students to formally communicate ideas, concerns, and desires to the Department faculty and staff.

If a student has a concern with a specific instructor, she or he is to make an appointment to meet with that instructor during regular office hours. If the student is not satisfied with this interaction, the next step is to make an appointment and approach the Department Chair for resolution.

A group of students, or the entire class, communicates with the faculty as a whole through:

1. The faculty representative to the class. A faculty representative will be assigned to each class on a rotating basis. The students will be notified of their faculty representative during the orientation session at the beginning of each academic year.

2. The class representative to the faculty. At the beginning of each semester, the class will elect a student representative, who will attend a portion of designated faculty meetings each month. During this meeting, the student will be given the opportunity to voice the concerns of the class, as well as be charged to take any concerns of the faculty back to the class.
Becoming a physical therapist involves learning more than just academic information and clinical skills. It also includes developing attitudes, values, and behaviors appropriate to a professional. All academic policies and procedures in the University and Graduate School manuals apply to the Physical Therapy Department as well. The manuals are available online. A reference copy of the Graduate School Manual is available from the Department Main Office. Further clarification and expectations for students of the Department follow.

**Advising:**
Students are assigned to an academic advisor (a faculty member) who will be the students’ contact for questions regarding procedures and resources available at the university.

**Attendance:**

*Department overall attendance policy.* Because of our belief in and attention to the value of collaborative learning, there is value in attendance of lecture and labs. The URI Physical Therapy Department expects students to attend all regularly scheduled lectures and labs, except under unusual medical or other emergency circumstances. In such a case, the student is expected to provide appropriate explanation to the instructor and to the Department Chair. The instructor and Department Chair have the prerogative to ask for an explanation in writing. The student is responsible for **all** material and announcements made during class time (see below).

*Course policies* regarding the consequences of non-attendance shall be established by the instructor, who shall inform the students of the policy at the beginning of the course.

*Assignments, exams* and other course material may be rescheduled: 1) when a written medical excuse is provided, 2) if there is a family emergency, 3) under other unusual circumstance or 4) as established by the instructor in the course syllabus. Under all circumstances, the student is expected to notify the instructor of any absence. Make-up arrangements must be made with the instructor either prior to the excused absence (preferable) or within one week of returning to school.

**Leave of absence:**
Leaves of absence may be granted for prolonged illness, family emergencies, military service, or other unusual circumstances that result in prolonged absence from class(es), at the discretion of the Department Chair, in consultation with the PT Department Academic Standing Committee. Requests for extended leaves of absences will be reviewed by the PT Department Academic Standing Committee on a case-by-case basis and require submission of the Graduate School’s Leave of Absence Application, and the Graduate School’s approval of the same. Extended leaves of absence will necessitate revision of a student’s Plan of Study. The student’s Academic Advisor, in consultation with the student and DPT faculty, will develop this revision. The revised Plan of Study requires approval by the Physical Therapy Department Academic Standing Committee. Re-admission after a leave of absence requires submission of the Graduate School’s Re-enrollment Application, and the Graduate School’s approval of the same. Medical and/or other documentation may be requested to support a full return to the DPT curriculum and Physical Therapy Department. Less than full return to the DPT Curriculum (e.g. a 50% load) needs to be supported by medical and/or other documentation. Also, with an extended leave of absence, remedial sessions and/or
re-testing of certain material to demonstrate retained competence may be required, at the discretion of
the DPT faculty. There is no guarantee of an efficient schedule for course offerings for students
who take a leave of absence.

All paperwork pertaining to Leaves of Absence is the responsibility of the student to complete in a
timely manner. Financial hardships that result from such decisions are also the sole responsibility of the
student.

Note: Graduate School forms can be found at www.uri.edu/gsadmis/GradFormsPage.html.

Religious Accommodations:
The Department of Physical Therapy welcomes members of all races, religions, sexes, and ethnicities. It
is understood that with diversity comes differing beliefs, traditions, and practices. The department seeks
to provide reasonable accommodations in regards to absence of class due to religious holidays,
assignments asking students to view or read materials outside the student’s beliefs, de-robing for
practicing purposes, or other circumstances. We ask that if you anticipate need for any accommodations
based on religious grounds that you inform the department upon matriculation. If any unforeseen
accommodations prove necessary, please inform the professor(s) as soon as possible. Equivalent make-
up work for missed classes, exams, or assignments will be decided between the professor and student.
Please refer to Chapter 6 of the University manual for more information regarding observation of
religious practices.

Withdrawal:
The student may deem withdrawal from the DPT program appropriate. Procedures for withdrawal are
the responsibility of the student. Class registration cancellation and other withdrawal requirements of the
University must be followed. Forms may be obtained from the Graduate School Office or online at the
Graduate School website.

Examinations:
It is the responsibility of all faculty to assure that University policies are followed with respect to the
administration of examinations in courses for credit. All examinations are to require only a student code
number as an identifier so that written examinations may be graded in an unbiased and confidential
manner without knowledge of the student’s identity.
STUDENT RESPONSIBILITIES

1. Professional Conduct:
   It is the philosophy of this Department that when a student is admitted to the Physical Therapy Department, their professional responsibilities begin. The student’s conduct needs to reflect the professional attitudes and behaviors expected of Physical Therapists. Therefore, violations of the Code of Ethics of the Physical Therapy profession may result in dismissal from the Department. See APTA Guide of Professional Conduct in this Handbook.

2. Participation in Professional Association:
   It is expected that all students enrolled in the Doctor of Physical Therapy program will become student members of the American Physical Therapy Association in the first year of enrollment and remain active members throughout their matriculation. Applications are available from the Department Secretary or online.

3. Professional Behaviors:
   In addition to adhering to the Code of Ethics and Standards of Practice, all students must display the professional behaviors as described later in this Handbook. Students will be formally evaluated at the end of each semester in the Program on their behaviors utilizing the Physical Therapy Department Professional Behaviors Report Card. Concerns about professional behavior can result in development of a remedial plan, recommendation of a leave of absence, probation, suspension, or dismissal from the Department. Please see the Physical Therapy Department Professional Behaviors Report Card found later in this Handbook.

ACADEMIC STANDING

All requirements of the Graduate School are in effect. To summarize, the following standards apply:

1. Grades
   Criteria – Students must maintain a cumulative GPA of 3.0 or better to be considered in good academic standing. Students receiving a cumulative GPA of less than 3.00 at the end of any semester will be placed on academic probation. Students receiving a cumulative GPA of less than 3.00 more than once during enrollment in the program are subject to probation, suspension, or dismissal from the program. In addition, students must have a cumulative GPA of 3.0 in order to participate in clinical affiliations and to graduate. Summer I and II courses are counted in the following fall GPA.

   Minimum passing grade for all courses is 2.0 (C)

   A minimum course grade of C or better must be achieved for every course in the program. The curriculum is one that provides foundation courses in the first year. These are the building blocks for additional courses in the curriculum. Receiving a grade of C- or lower in Anatomy 500 will result in dismissal from the Program. For other courses, students receiving a grade below a C must repeat that course or its equivalent the next time it is offered. This is typically one year later. Students will not be allowed to go forward in the curriculum until the course that they failed is satisfactorily repeated.

   Minimum grade point for each semester is a 3.0
   Failure to meet this standard will result in the student being placed on academic probation.
Pass/fail grades are acceptable for PHT 513 (Directed Study), all of the internship courses (PHT 575, 585, and 595), the Evidence-Based Inquiry courses (PHT 610, 620, 630 and 640), and for electives taken outside of the Physical Therapy Department.

Incomplete (I) grades may be given, if deemed necessary by the instructor, to give the student sufficient time 1) to demonstrate proficiency in a clinical skill as long as the student is passing the course, 2) to be adequately assessed for competency in a clinical skill area, or 3) for other unusual circumstances at the discretion of the faculty. Note that poor performance on an exam, not handing in (an) assignment(s), or poor time management by the student is not an acceptable reason for an incomplete grade. The incomplete grade must be removed within one calendar year. Failure to do so may result in dismissal proceedings, except by extension granted by the instructor, in consultation with the Department Chair and the Dean of the Graduate School.

Dismissal - Students are subject to dismissal from the program as a result of any one of the following conditions: 1) failure to successfully pass Anatomy 500 on the first attempt, 2) receipt of two course grades below “C”, 3) being on probation more than twice, or suspended more than once, 4) or failure to comply with the Professional Behaviors.

Notification – Each student’s academic standing will be reviewed at the end of each semester by the Program faculty. The Chair of the Department will notify the student, in writing and in a timely manner, of failure to meet satisfactory academic standards. At this time students will also be informed of all decisions to recommend probation, suspension and dismissal including grounds for the decision, a time frame for probation/suspension, and any remedial work or repeat course work that must be completed prior to continuing in the program.

The Academic Standing Committee of the Physical Therapy Department will make all decisions regarding the recommendation of probation, suspension, or dismissal, any remedial work to be completed, and the removal of probation or suspension. The Graduate School makes final decisions. Appeals may be made to the Graduate School.

Definition of Terms
“Second Year Standing” is achieved only upon successful completion of all of the courses normally taken during the first year. Students will not be allowed to enroll in any second year classes until they have successfully completed all first year classes.

“Third Year Standing” is achieved only upon successful completion of all of the courses normally taken during the first and second years. Students will not be allowed to enroll in any third year classes until they have successfully completed all first and second year classes.

2. Skill Competency
   a. Assessment of skill competency will be performed in all clinically oriented courses, through competency exams, as established by the instructor. Therefore, students must satisfactorily pass each competency exam given in the course with a score of 80% or above, regardless of academic performance in the course. The instructor will be responsible for determining the criteria necessary for successful performance. These criteria will be made available to the students prior to the exam.

   b. Repeating exams. Competency exams may not be repeated to improve a passing score. However, competency exams may be repeated to re-examine a marginal clinical skill deficiency, at the discretion of the instructor. Each exam may be taken a maximum of two
times. On the second try, the student will be observed by two faculty members, including one who was not present during the initial practical. Failure to pass a competency exam on the second try will result in the student having to re-take all or part of the course.

3. Remedial Work
Remedial work may not be taken to improve passing grades. Students failing a required course (receiving a grade of C- or lower) must repeat the course or pass an equivalent directed study course per determination of the academic standing committee. faculty.

a. Tutoring may be arranged with the teaching assistant or the instructor of the course. It is the responsibility of the student to arrange for and to follow through with this tutoring.

b. Repeating clinical exams. The student may be asked to repeat the original version (or a comparable alternate version) of the non-satisfactory exam.

c. Repeating courses. The student may be required to repeat all or part of the course the next time that it is offered. A student will be recommended for dismissal from the program after failure of a course for a second time. Options for assisting the student in meeting academic standards include a, b and e.

d. Directed study (PHT 513, 1-3 credits, graded S/U). The student may be directed to enroll in the PHT 513 "Directed Study" course while performing remedial work.

4. Comprehensive Exams
The Comprehensive Exam is given at the end of summer semester, Year 2. DPT faculty informed by national data will determine Pass/Fail grades. Failure to achieve a passing grade will result in remedial work and/or possible re-examination according to Graduate School policy. The remedial requirements will be determined following a meeting by the academic standing committee. In accordance with the Graduate School manual, the student will be allowed 2 attempts to pass the comprehensive exam. Successful completion of the comprehensive exam is required for participation in PHT 575, 585, and 595.

5. Plagiarism
Plagiarism is not permitted. According to the University Manual, students are expected to be honest in all academic work. Such requirements include prohibitions against: 1) unauthorized communication during examinations, 2) unauthorized access to lab practical materials, 3) quotation of material from other sources without acknowledging those sources, and 4) papers written with the assistance of others, without acknowledging those sources. In known cases of plagiarism, it is the faculty’s responsibility to report such to the Department Chair, Dean of Graduate School, Dean of the College of Human Science and Services, the Office of Student Life.

Adherence to all academic and social behavior codes of the University is expected of each student. These are outlined in a very important document: “Community Standards of Behavior: University Policies and Regulations,” available at http://www.uri.edu/judicial/standards.html Failure to adhere to these expectations will result in: 1) a failing grade on the specific examination or paper, 2) probation status or 3) recommendation for dismissal, at the discretion of the Physical Therapy Faculty. The Graduate School makes final decisions.

6. Academic Conduct
The Physical Therapy Department will follow the policies established by the University of Rhode Island for academic conduct. These policies can be found in sections A.10-A.13.11 of
the Graduate Student Manual. For all courses in the Physical Therapy Department, it is understood that all work is to be completed individually unless specifically stated by the course instructor or in the syllabus. Students suspected of any type of academic misconduct will be brought before the University Committee on Academic Conduct. Students found guilty of academic misconduct by the University Committee will be brought before the PT Department Academic Standing Committee to determine sanctions. Sanctions can range from receiving a zero on the assignment to failure of the course. Refer to University Handbook.

DISMISSAL

1. Notification. Dismissal procedures may be initiated for students who are not in good academic standing for two semesters as defined above. It is the responsibility of the Graduate School to provide notification, in writing and in a timely manner, indicating initiation of this status to the student.

2. Criteria for dismissal include:
   a. The student is performing below acceptable standards in a course or in the curriculum as a whole.
   b. Efforts have been made to provide remedial help through one or more of the following mechanisms:
      1) the teaching assistant, 2) the instructor, 3) the University Counseling Service.
   c. Remedial work has not resulted in improved performance.

3. The student may make an appeal, if he or she perceives the dismissal to be improper. The appeal process is according to Graduate School policy sections A.20-A.26 in the Graduate Student Manual.

RESPECT FOR HEALTH, SAFETY & RIGHTS OF SELF & OTHERS

The University of Rhode Island expects its students to treat other persons with respect and human dignity. All members of the community share the responsibility for protecting and maintaining community health, safety, and the rights of other persons. Because of the University's concentrated housing, varied activities, and the individual needs of students and faculty to pursue their work free from hazards and intrusions on their privacy, the cooperation of all is needed in order to maintain these standards. More information is available in the student handbook (http://www.uri.edu/judicial/Student%20Handbook/ch2.html).

Additionally, each member of the University community has the responsibility to foster an environment of acceptance, mutual respect and understanding. If you are a target or a witness of a bias incident, you are encouraged to contact the URI Bias Response Team www.uri.edu/student_life/brt where you will find people and resources to help.

The University of Rhode Island also has an Ethics Hotline. If you know or suspect unethical behavior as it relates to your education at the University of Rhode Island, you are encouraged to report it by calling 1-855-236-1845. The system is confidential, easy-to-use and always available. Additional information about the Ethics Hotline can be accessed at http://www.uri.edu/administration/internal_audit/
STANDARDS OF CONDUCT IN THE USE OF SOCIAL MEDIA HOD P06-12-17-16 [Position]

Whereas, social media creates opportunities to communicate in a public forum;

Whereas, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) must be knowledgeable and respectful of the principles of patient/client privacy and confidentiality in safeguarding identifiable patient/client information as it relates to social media;

Whereas, PTs, PTAs, and students who use social media should represent their views and be professional and accurate in their communications;

Whereas, errors and omissions in communication, harassing statements, and unprofessional language presented via social media may have a long-lasting and possibly negative impact on the individual or the physical therapy profession;

Whereas, PTs, PTAs, and students shall consider when and how to separate their personal and professional lives on social media; and,

Whereas, PTs, PTAs, and students should be knowledgeable about employers’¸ educational institutions’, or clinical training sites’ published policies on social media;

Resolved, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) shall consider whether to interact with patients on social media or create separate personal and professional social media profiles;

Resolved, PTs, PTAs, and students shall not misrepresent when they are speaking for themselves or the American Physical Therapy Association (APTA), other organizations, educational institutions, clinical sites, or employers; and

Resolved, if an individual identifies content posted to social media by a colleague that appears unprofessional, s/he has a responsibility to bring that to the attention of the individual that has posted the content so that s/he can remove it or take other appropriate action;

Resolved, PTs, PTAs, and students engaging in social media activities shall demonstrate appropriate conduct in accordance with the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.

Explanation of Reference Numbers: BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

THE UNIVERSITY OF RHODE ISLAND
Physical Therapy Department

Social Networking and Blogging Policy

In general, the URI Physical Therapy (PT) Department views websites, blogs and other information published on media accessible by the public positively and it respects the rights of students to use them as a medium of self-expression. If you choose to identify yourself as a student in the URI Physical Therapy Department or to discuss matters specific to the Department, please bear in mind that although the information will typically be viewed as personal expression, some readers may nonetheless view you as a de facto spokesperson for the Department. In light of that possibility the following guidelines should be followed:

• URI PT Department computers and electronic systems are limited to business use only.

• You should be mindful that you are an informal ambassador for the Department and it is the hope of the Department that you will represent it in a positive way.

• You should make it clear to your readers that the views expressed are yours alone and do not represent the views of the PT Department or its faculty.

• If you blog or publish information about the Department you should openly include/disclose that you are a student in the Department.

• Understand that you assume full responsibility and liability for your public statements.

• You must not disclose patient information/pictures or proprietary information without consent. You must abide by non-disclosure and confidentially policies, including those of the RI Board of Physical Therapy Licensure, the American Physical Therapy Code of Ethics, and HIPAA at all times.

• URI and PT Department logos should be used only as allowed by the Department and/or University.

• Making discriminatory, defamatory, libelous, or slanderous comments when discussing the PT Department, faculty, staff, patient/clients, clinical sites, and fellow students is unacceptable.

• Social networking and blogging are subject to all other student policies, including harassment and anti bias policies/statements.

If the information you publish via social networking and blogging is accessible to the general public, the URI PT Department hopes your comments will be truthful and respectful of the PT Department, its faculty and staff, patients/clients, clinical sites, and fellow students. If you are going to criticize individuals, consider discussing the criticism personally before making it public. The URI PT Department will not tolerate statements about the Department, faculty and staff, patients/clients, clinical sites, and fellow students that are defamatory, obscene, threatening, or harassing.

Failure to comply with this policy may lead to discipline, up to and including, dismissal from the program, and if appropriate, legal action.
Establishment of Faculty/Student Alliances

1. Each student is required to participate in an evidence-based research project, through a formal completion of PHT 610, 620, 630, and 640 for a total of eight credits.

2. Each student must have a research advisor to guide this effort.

3. Formal faculty advisor/student alliances will be established in PHT 600. Many factors guide the development of these alliances including student input, faculty availability, and faculty workloads. Group size will vary depending on the number of available research advisors, but typically will be between 3 and 6.

4. If a student would like to change his/her faculty research advisor after the initial assignment, the student must seek permission to change groups from the original and potential new advisor. Notification should also be made to the original and potential new group members. These requests will not be considered during PHT 600; permission may or may not be granted.

5. Failure to complete the expectations outlined on the syllabi and may result in an incomplete or failing grade for PHT 610, 620, 630 and/or 640.

Project Content Expectations

1. Research Outline
   a. It should be recognized that the research paper required for PHT 600 is intended to familiarize the student with the elements of a research proposal. The PHT 600 research paper is not intended to be a final research product. Additional literature searching and integration will likely be required to master the information pertaining to the research topic.

   b. Faculty, other than those responsible for PHT 600, will restrict their involvement at this stage.

   c. In selecting a project topic, students will primarily be involved with on-going faculty research projects. Student-generated topics may be considered at the research advisor’s discretion.

2. Final Platform Presentation
   a. Will be presented to students, faculty, and invited clinicians at a formal research event. Individual faculty may have additional requirements such as a publishable paper.

   b. Ownership of the project and corresponding data in regard to authorship of any publication will follow the Physical Therapy Journal Guide to Authors.

   c. Refer to PHT 610, 620, 630, and 640 syllabi for specific requirements and deadlines.

PRESENTATIONS AT THE REGIONAL AND NATIONAL LEVEL
The PT Department attempts to provide some financial support for students to present their research at state, regional, national and international levels, depending upon resources available and numbers of students requesting support. See your Research Advisor for details.
THE UNIVERSITY OF RHODE ISLAND
Physical Therapy Department

Essential Functions for Students

Physical therapy students must be able to perform, with or without accommodations, the Essential Functions* listed below in order to fully participate in the URI Physical Therapy Program and successfully complete the requirements for a doctorate of physical therapy. University of Rhode Island policy provides reasonable accommodations for qualified students with identified/documentated disabilities so they can meet these essential functions. Requests for accommodations should be made through the URI Office of Disability Services for Students, located in 301 Memorial Union, or 874-9811. Whether or not a requested accommodation is reasonable will be determined on an individual basis in consultation with the Disabilities Services for Students.

*References:
1. Northeastern University (Boston) Department of Physical Therapy Essential Functions
2. Simmons College (Boston) Essential Functions
3. Ingram, Debbie; Opinions of Physical Therapy Department Directors on Essential Functions. *Physical Therapy* 1997; 77(1)

Cognitive Functions
1. Comprehend, retain, and retrieve complex information from the liberal arts, basic sciences, mathematics, and psychological and clinical sciences and apply this information to professional course and clinic work.

2. Comprehend, synthesize and integrate information from written materials, demonstration, lectures, class discussion, laboratory sessions, and simulated patients.

3. Apply information obtained from classroom, laboratory and written materials to the examination, evaluation and intervention of real and simulated patients.

4. Critically analyze information taken from lectures, class discussions, written and on-line materials, research literature, laboratory and patient demonstrations to develop and support the rationale for appropriate patient examinations, evaluations and interventions.

5. Determine the physical therapy needs of any patient with potential movement dysfunction.

6. Develop and document a physical therapy plan of care for any patient with movement dysfunction.

7. Demonstrate management skills including planning, organizing, supervising and delegating.

8. Develop and apply programs of prevention and health promotion in a variety of clients and patient populations.

9. Participate in the process of scientific inquiry.
Affective and Communication Functions

1. Establish professional, empathic relationships with individuals from a variety of backgrounds, ages and needs based on mutual trust.

2. Recognize the impact and influence of lifestyle, socioeconomic class, culture, race and abilities on patients and colleagues.

3. Engage in respectful, non-judgmental interactions with individuals from various lifestyles, cultures, races, socioeconomic classes, and abilities.

4. Develop and maintain effective, respectful working relationships with professional colleagues, peers, patients, families and the general public.

5. Work effectively as part of an inter-disciplinary team.

6. Utilize appropriate professional verbal, non-verbal and written communication with patients, families, and colleagues.

7. Recognize the psychosocial impact of movement dysfunction and disability on the client and family; integrate these needs into the evaluation and plan of care.

8. Apply teaching/learning theories and methods in the health care and community environments.

9. Meet externally imposed deadlines and time requirements.

10. Effectively and consistently manage personal stress and the stress of others.

11. Effectively attend to people, information and tasks in a complex, highly stimulating environment during an 8-10 hour workday.

12. Practice in a safe, ethical and legal manner.


14. Accept responsibility for all actions, reactions and inactions.

15. Respond to medical crisis and emergencies in a calm, safe and professional manner.

16. Speak and write effectively in English to convey information to other individuals and groups.

17. Understand and interpret the verbal, non-verbal and written communications of others and respond in an appropriate professional manner.
Psychomotor Functions

1. Safely, reliably and efficiently perform appropriate physical therapy procedures (as defined in course syllabi) to examine the functional skills of patients and gross motor system across the lifespan.

2. Consistently practice universal precautions.

3. Perform CPR and emergency first aid.

4. Safely, reliably, and efficiently perform treatment procedures (as defined in course syllabi) that are appropriate for the patient’s status and plan of care for patients across the lifespan.

5. Safely and reliably read meters, dials and printouts.

6. Manipulate and operate physical therapy equipment and monitoring devices.

7. Demonstrate appropriate body mechanics and react safely and appropriately to sudden or unexpected movements of patients/classmates.

8. Function in an environment that requires significant physical activity and mobility throughout the workday and which does not compromise patient or therapist safety.
Background Information
In 1991 Physical Therapy Generic Abilities were identified. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study. Physical Therapy curricula have undergone significant changes that mirror the changes in healthcare and the academy. These changes include expansion in the scope of physical therapist practice, increased direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association’s Vision 2020 supporting doctors of physical therapy.

Today’s physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. More recently, May, Kontney, and Iglarsh (2008-2009) analyzed the PT-Specific Generic Abilities in relation to the changing landscape of physical therapist practice and in relation to generational differences of the “Millennial” or “Y” Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

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

This resulting document, Professional Behaviors, is the culmination of this research project. The definitions of each professional behavior have been defined along with the behavioral criteria for each developmental level. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

The Professional Behaviors 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 is critical that students, academic and clinical faculty utilize the Professional Behaviors Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context.

Opportunities to reflect on each Professional Behavior through self-assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate.
Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the professional growth of the learner.

Definitions of Behavioral Criteria Levels

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

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

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

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

The 10 Professional Behaviors

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

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

**Intermediate Level:**
- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

**Entry Level:**
- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
• Identifies appropriate measures and determines effectiveness of applied solutions efficiently
• Justifies solutions selected

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

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

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

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

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

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

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Beginning Level:
- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

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

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

Post Entry Level:
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

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

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

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

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

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

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

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

**Entry Level:**
• Educates patients as consumers of health care services
• Encourages patient accountability
• Directs patients to other health care professionals as needed
• 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

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

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

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

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

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

**Post Entry Level:**
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback. Reflects on and integrates the feedback, and provide meaningful feedback to others.

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

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

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

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

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

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

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

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

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

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

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

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

**Entry Level:**
• Demonstrates appropriate affective responses in all situations
• Responds calmly to urgent situations with reflection and debriefing as needed
• Prioritizes multiple commitments
• Reconciles inconsistencies within professional, personal and work/life environments
• Demonstrates ability to defuse potential stressors with self and others
**Post Entry Level:**
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

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

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

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

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

**Post Entry Level:**
- Acts as a mentor not only to other PTs, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the 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
The intent of the Professional Behaviors’ Assessment / Report Card is to identify and describe the professional behaviors deemed necessary for success in the practice of physical therapy. Professional behaviors will be assessed using the model of Professional Behaviors by May et al (2010). This Professional Behaviors tool is intended to demonstrate a student’s growth and development in the classroom and clinic. The tool is also designed to assist students in developing Professional Behaviors, if there is a detected weakness. Students will be assessed on all 10 criteria including Critical Thinking, Communication, Problem Solving, Interpersonal Skills, Responsibility, Professionalism, Use of Constructive Feedback, Effective use of Time and Resources, Stress Management and Commitment to Learning.

Faculty assessment of Professional Behaviors will be reviewed in two ways. First, EVERY student’s professional behaviors will be discussed and documented at the Department Academic Standing Committee meetings that are held at the end of each semester. The expectation is that most/all students will be reviewed positively. Secondly, the faculty will assess specific students’ Professional Behaviors weekly when Student Issues are reviewed at faculty meetings. If a student’s professional behavior is in question, the issue will be discussed in faculty meeting. If a consensus is met among the faculty that the professional behavior requires action the Professional Behaviors Assessment/Report Card will be completed and a meeting will be established to include the faculty advisor, the student and any necessary faculty members to discuss the issue. That discussion and plan will be document on the Assessment Report Card and signed by the Chair, Faculty Advisor, Student and any other member deemed appropriate in resolving the issue.

For students with persistent Professional Behaviors’ issues, progress in their remedial plan will be assessed at the end of the semester at the Academic Standing Committee meeting. Adequate progression with professional behaviors is required to continue in the curriculum, including progression into the Clinical Internships.
# Student Professional Behaviors Assessment Card

**Student Name:** [Name]

**Date:** [Date]

<table>
<thead>
<tr>
<th><strong>Professional Behaviors</strong></th>
<th><strong>No Concerns</strong></th>
<th><strong>Concern - Description of incident</strong></th>
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<tbody>
<tr>
<td>Critical Thinking</td>
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<td>Communication</td>
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<td>Problem Solving</td>
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<td>Interpersonal Skills</td>
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<td>Responsibility</td>
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<td>Stress Management</td>
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<tr>
<td>Commitment to Learning</td>
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</tbody>
</table>

Describe the discussion with student regarding the identified problem behavior.

Establish outcomes to address identified behavior(s) with timeframe for resolution.

Department Chair  Faculty Advisor  Student  Other
Graduate Assistantships

Graduate assistants (GAs) are used in many aspects of curriculum delivery within the Physical Therapy Department. The availability of graduate assistantships is dependent on funding from the Graduate School and College of Human Science and Services. Graduate Assistantships are for 10 hours/week and provide half tuition and a small stipend. The responsibilities of each assistantship and the generic job tasks are described in the Graduate Assistant Notebook located at the front desk. A standard application form, resume, and letter of intent are required by the posted deadline, which is usually about mid-semester, but may vary with availability of opportunities (funding of positions). Applications are reviewed and the candidates for the available positions are selected.

The following procedures are to be followed relative to the assignment of coursework duties for Graduate Assistants:

1. Graduate Assistants should read, sign, and date an "Agreement on Confidentiality for Graduate Teaching Assistants" form at the start of each semester.

2. All written tests graded by Graduate Assistants will use codes (e.g., student ID number) instead of student names as identifiers. Access to those codes will be limited to faculty and staff.

3. Graduate Assistants enrolled in the same course in which they are assisting are not allowed access to grade information of any form for that course.

4. Graduate Assistants are not allowed to administer or grade portion exams or skills competencies in any course in which they are enrolled.

5. Graduate Assistants can participate in practical examinations for a class the GA has previously taken and passed; and the assigned assessments area monitored by the GA is a skill the current instructor has deemed appropriate for that GA skill sets.

6. Graduate Assistants are required to report any suspected incidents of academic dishonesty, and/or disclose any potential personal conflicts of interest to their faculty supervisor immediately.
THE UNIVERSITY OF RHODE ISLAND
Physical Therapy Department

Visitors to Department Classes

The Physical Therapy Department invites visitors (not enrolled) to experience, to a limited degree, various learning opportunities. Visitors who are professionals in the field are allowed to attend a limited number of course sessions at the discretion of the instructing faculty, usually as a benefit for some contribution to the program (such as in the clinical instruction of interns). The primary purpose of a visit to a class from a non-professional visitor should be to acquaint the visitor with the nature of the Department and the depth of coverage of the curriculum, or in response to a faculty member’s invitation to be present during class for instructional demonstration purposes.

Due to the nature of some of the research and clinical course material, (such as the involvement of volunteer patients), not all sessions are open to all visitors. The instructing faculty member’s prior permission is required before any visitor may attend a class or laboratory session. This applies especially to visitation of children to the Department, in order to avoid disruption of the ongoing educational activities. It is expected that any visitor regarded as disruptive or distracting would be asked to leave the educational setting of the Department.

Visitors to the various rooms of the Department must comply with the spirit of the above guidelines. Since research, study, concentration, and advising are virtually ongoing in the Department, any consistent disruptive behavior may be accompanied by denial of permission to occupy rooms of the Department. It must be emphasized that the Department has no accommodations for childcare activities, and although the incidental presence of attended infants or toddlers may be allowed for circumstances beyond the Department member’s control, the regular or extended presence of children in the Department facilities is discouraged.
Code of Ethics for the Physical Therapist

HOD 506-09-07-12 [Amended HOD 506-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

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

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.
**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.  
(*Core Value: Integrity*)

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

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

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

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

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

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

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

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

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

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

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

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Proviso: The Code of Ethics as substituted will take effect July 1, 2010, to allow for education of APTA members and nonmembers.*
APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

1.1 Attitudes of a Physical Therapist

A. A physical therapist shall recognize, respect, and respond to individual and cultural differences with compassion and sensitivity.

B. A physical therapist shall be guided at all times by concern for the physical, psychological, and socioeconomic welfare of patients/clients.

C. A physical therapist shall not harass, abuse, or discriminate against others.

PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

2.1 Patient/Physical Therapist Relationship

A. A physical therapist shall place the patient/client’s interest(s) above those of the physical therapist. Working in the patient/client’s best interest requires knowledge of the patient/client’s needs from the patient/client’s perspective. Patients/clients often come to the physical therapist in a vulnerable state and normally will rely on the physical therapist’s advice, which they perceive to be based on superior
knowledge, skill, and experience. The trustworthy physical therapist acts to ameliorate the patient’s/client’s vulnerability, not to exploit it.

B. A physical therapist shall not exploit any aspect of the physical therapist/patient relationship.

C. A physical therapist shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists. Termination of the physical therapist/patient relationship does not eliminate the possibility that a sexual or intimate relationship may exploit the vulnerability of the former patient/client.

D. A physical therapist shall encourage an open and collaborative dialogue with the patient/client.

E. In the event the physical therapist or patient terminates the physical therapist/patient relationship while the patient continues to need physical therapy services, the physical therapist should take steps to transfer the care of the patient to another provider.

2.2 Truthfulness

A physical therapist has an obligation to provide accurate and truthful information. A physical therapist shall not make statements that he/she knows or should know are false, deceptive, fraudulent, or misleading. See Section 8.2.C and D.

2.3 Confidential Information

A. Information relating to the physical therapist/patient relationship is confidential and may not be communicated to a third party not involved in that patient’s care without the prior consent of the patient, subject to applicable law.

B. Information derived from peer review shall be held confidential by the reviewer unless the physical therapist who was reviewed consents to the release of the information.

C. A physical therapist may disclose information to appropriate authorities when it is necessary to protect the welfare of an individual or the community or when required by law. Such disclosure shall be in accordance with applicable law.

2.4 Patient Autonomy and Consent

A. A physical therapist shall respect the patient’s/client’s right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

B. A physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis.

C. A physical therapist shall collaborate with the patient/client to establish the goals of treatment and the plan of care.

D. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention.

E. A physical therapist shall not restrict patients’ freedom to select their provider of physical therapy.
PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

3.1 Professional Practice

A physical therapist shall comply with laws governing the qualifications, functions, and duties of a physical therapist.

3.2 Just Laws and Regulations

A physical therapist shall advocate the adoption of laws, regulations, and policies by providers, employers, third party payers, legislatures, and regulatory agencies to provide and improve access to necessary health care services for all individuals.

3.3 Unjust Laws and Regulations

A physical therapist shall endeavor to change unjust laws, regulations, and policies that govern the practice of physical therapy. See Section 10.2.

PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

4.1 Professional Responsibility

A. A physical therapist shall make professional judgments that are in the patient/client’s best interests.

B. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. See Sections 2.4 and 6.1.

C. A physical therapist shall not provide physical therapy services to a patient/client while his/her ability to do so safely is impaired.

D. A physical therapist shall exercise sound professional judgment based upon his/her knowledge, skill, education, training, and experience.

E. Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. See Section 2.4.

F. If the diagnostic process reveals findings that are outside the scope of the physical therapist’s knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.

G. When the patient has been referred from another practitioner, the physical therapist shall communicate pertinent findings and/or information to the referring practitioner.
H. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. See Section 7.1.D.

4.2 Direction and Supervision

A. The supervising physical therapist has primary responsibility for the physical therapy care rendered to a patient/client.

B. A physical therapist shall not delegate to a less qualified person any activity that requires the professional skill, knowledge, and judgment of the physical therapist.

4.3 Practice Arrangements

A. Participation in a business, partnership, corporation, or other entity does not exempt physical therapists, whether employers, partners, or stockholders, either individually or collectively, from the obligation to promote, maintain and comply with the ethical principles of the Association.

B. A physical therapist shall advise his/her employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. A physical therapist shall seek to eliminate aspects of his/her employment that are in conflict with the ethical principles of the Association.

4.4 Gifts and Other Consideration(s)

A. A physical therapist shall not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or give an appearance of affecting his/her professional judgment.

B. A physical therapist shall not offer or accept kickbacks in exchange for patient referrals. See Sections 7.1.F and G and 9.1.D.

PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

5.1 Scope of Competence

A physical therapist shall practice within the scope of his/her competence and commensurate with his/her level of education, training and experience.

5.2 Self-assessment

A physical therapist has a lifelong professional responsibility for maintaining competence through ongoing self-assessment, education, and enhancement of knowledge and skills.

5.3 Professional Development

A physical therapist shall participate in educational activities that enhance his/her basic knowledge and skills. See Section 6.1.
PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

6.1 Professional Standards

A physical therapist’s practice shall be consistent with accepted professional standards. A physical therapist shall continuously engage in assessment activities to determine compliance with these standards.

6.2 Practice

A. A physical therapist shall achieve and maintain professional competence. See Section 5.

B. A physical therapist shall demonstrate his/her commitment to quality improvement by engaging in peer and utilization review and other self-assessment activities.

6.3 Professional Education

A. A physical therapist shall support high-quality education in academic and clinical settings.

B. A physical therapist participating in the educational process is responsible to the students, the academic institutions, and the clinical settings for promoting ethical conduct. A physical therapist shall model ethical behavior and provide the student with information about the Code of Ethics, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts. See Section 9.

6.4 Continuing Education

A. A physical therapist providing continuing education must be competent in the content area.

B. When a physical therapist provides continuing education, he/she shall ensure that course content, objectives, faculty credentials, and responsibilities of the instructional staff are accurately stated in the promotional and instructional course materials.

C. A physical therapist shall evaluate the efficacy and effectiveness of information and techniques presented in continuing education programs before integrating them into his or her practice.

6.5 Research

A. A physical therapist participating in research shall abide by ethical standards governing protection of human subjects and dissemination of results.

B. A physical therapist shall support research activities that contribute knowledge for improved patient care.

C. A physical therapist shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal. See Section 9.

PRINCIPLE 7
A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

7.1 Business and Employment Practices

A. A physical therapist’s business/employment practices shall be consistent with the ethical principles of the Association.

B. A physical therapist shall never place her/his own financial interest above the welfare of individuals under his/her care.

C. A physical therapist shall recognize that third-party payer contracts may limit, in one form or another, the provision of physical therapy services. Third-party limitations do not absolve the physical therapist from making sound professional judgments that are in the patient’s best interest. A physical therapist shall avoid underutilization of physical therapy services.

D. When a physical therapist’s judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Section 4.1.H.

E. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.

F. A physical therapist shall not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee. See Sections 4.4.A and B.

G. A physical therapist shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical therapy services. See Sections 4.4.A and B.

H. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services within a business entity may pool fees and monies received. Physical therapists may divide or apportion these fees and monies in accordance with the business agreement.

I. A physical therapist may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association or applicable laws.

7.2 Endorsement of Products or Services

A. A physical therapist shall not exert influence on individuals under his/her care or their families to use products or services based on the direct or indirect financial interest of the physical therapist in such products or services. Realizing that these individuals will normally rely on the physical therapist’s advice, their best interest must always be maintained, as must their right of free choice relating to the use of any product or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in the production, sale, or distribution of products/services, they must act in accordance with law and make full disclosure of their interest whenever individuals under their care use such products/services.
B. A physical therapist may receive remuneration for endorsement or advertisement of products or services to the public, physical therapists, or other health professionals provided he/she discloses any financial interest in the production, sale, or distribution of said products or services.

C. When endorsing or advertising products or services, a physical therapist shall use sound professional judgment and shall not give the appearance of Association endorsement unless the Association has formally endorsed the products or services.

7.3 Disclosure

A physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy.

PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

8.1 Accurate and Relevant Information to the Patient

A. A physical therapist shall provide the patient/client accurate and relevant information about his/her condition and plan of care. See Section 2.4.

B. Upon the request of the patient, the physical therapist shall provide, or make available, the medical record to the patient or a patient-designated third party.

C. A physical therapist shall inform patients of any known financial limitations that may affect their care.

D. A physical therapist shall inform the patient when, in his/her judgment, the patient will receive negligible benefit from further care. See Section 7.1.C.

8.2 Accurate and Relevant Information to the Public

A. A physical therapist shall inform the public about the societal benefits of the profession and who is qualified to provide physical therapy services.

B. Information given to the public shall emphasize that individual problems cannot be treated without individualized examination and plans/programs of care.

C. A physical therapist may advertise his/her services to the public. See Section 2.2.

D. A physical therapist shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, deceptive, unfair, or sensational statement or claim. See Section 2.2.

E. A physical therapist who places a paid advertisement shall identify it as such unless it is apparent from the context that it is a paid advertisement.

PRINCIPLE 9
A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

9.1 Consumer Protection

A. A physical therapist shall provide care that is within the scope of practice as defined by the state practice act.

B. A physical therapist shall not engage in any conduct that is unethical, incompetent or illegal.

C. A physical therapist shall report any conduct that appears to be unethical, incompetent, or illegal.

D. A physical therapist may not participate in any arrangements in which patients are exploited due to the referring sources’ enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy. See Sections 2.1.B, 4, and 7.

PRINCIPLE 10

A physical therapist shall endeavor to address the health needs of society.

10.1 Pro Bono Service

A physical therapist shall render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist’s practice permits.

10.2 Individual and Community Health

A. A physical therapist shall be aware of the patient’s health-related needs and act in a manner that facilitates meeting those needs.

B. A physical therapist shall endeavor to support activities that benefit the health status of the community. See Section 3.

PRINCIPLE 11

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other healthcare professionals.

11.1 Consultation

A physical therapist shall seek consultation whenever the welfare of the patient will be safeguarded or advanced by consulting those who have special skills, knowledge, and experience.

11.2 Patient/Provider Relationships

A physical therapist shall not undermine the relationship(s) between his/her patient and other healthcare professionals.

11.3 Disparagement
Physical therapists shall not disparage colleagues and other health care professionals. See Section 9 and Section 2.4.A.

Issued by Ethics and Judicial Committee
American Physical Therapy Association
Last updated: 10/22/2013
Consent to Participate in Physical Therapy Treatments and Activities

The Physical Therapy Department at the University of Rhode Island utilizes assessment, evaluation, and treatment of volunteer subjects to aid classroom teaching or in the generation of Department materials. Treatments may involve the neuromuscular, cardiopulmonary, musculoskeletal or other body systems and may be accomplished manually, with instruments or through active exercise. Questions regarding the Physical Therapy Department may be directed to the Department Chair at (401) 874-5627.

Name of Volunteer Participant: __________________________________________________

Date(s) of involvement: __________________________________________________

Location of activities: __________________________________________________

☐ 1. I consent to participate in educational activities at University of Rhode Island by physical therapy students while under the supervision of University of Rhode Island physical therapy faculty.

☐ 2. I have been informed and understand that while participating, I may be touched by physical therapy students and faculty utilizing instruments or equipment. I consent to any appropriate touching necessary to accomplish the demonstration(s).

☐ 3. I consent to have my image used in Department materials.

☐ 4. I have been further informed and understand that there are some risks associated with physical therapy treatments, as described below:

Nevertheless, I consent to be a volunteer subject for such activities and agree to hold the University of Rhode Island, its trustees, employees and students harmless from any claims arising from such involvement.

☐ 5. I understand that I can stop participating at any time without jeopardizing my relationship with the University of Rhode Island, the Physical Therapy Department, faculty or staff.

☐ 6. I have read and understand this consent.

____________________________________________________ - ____________________20_________
Signature of Participant                                             Date

___________________________________________________ - ____________________20_________
Parent or Guardian if Participant is under 18 years of age       Date

___________________________________________________ - ____________________20_________
Witness                 Date
# Doctor of Physical Therapy Program of Study

**STUDENT NAME:** _________________________________________   **URI ID. #** _____________________

**DEPT/PROGRAM:** PHYSICAL THERAPY   **DEGREE:** DPT   **NON-THESIS**

I hereby certify that all course work taken at the University of Rhode Island is included below and that grades are indicated for all courses completed.

Student’s Signature ___________________________   **Date** ___________________________

Program Credit Courses Constituting This Student’s Doctoral Program

<table>
<thead>
<tr>
<th>Dept/No/Title</th>
<th>Credits</th>
<th>Dept/No/Title</th>
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<tr>
<td>PHT 500 Anatomy</td>
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<td>PHT 586 Geriatrics</td>
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<tr>
<td>PHT 505 Intro to PT</td>
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<td>PHT 672 Pharmacology</td>
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<tr>
<td>PHT 512 Basic Eval I / ICE</td>
<td>3</td>
<td>PHT 511 Human Neuroscience</td>
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<td>PHT 528 Ethical/Legal</td>
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<td>PHT 510 Biomechanics</td>
<td>5</td>
<td>PHT 537 Management/Administration</td>
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<td>PHT 580 Pediatrics</td>
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<td>PHT 518 Communication &amp; Educ</td>
<td>3</td>
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<td>PHT 600 Foundations of EBP</td>
<td>3</td>
<td>PHT 560 Neurotherapeutics</td>
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<td>PHT 522 Basic Eval II / ICE</td>
<td>4</td>
<td>PHT 592 Comprehensive Cases</td>
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<tr>
<td>PHT 550 MS I</td>
<td>5</td>
<td>PHT 605 Special Topics / ICE</td>
<td>2</td>
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<tr>
<td>PHT 655 Diagnostic Imaging</td>
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<td>PHT 576 Broadening Experience</td>
<td>2</td>
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<td>PHT 535 Pathophysiology</td>
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<td>PHT 538 Management Practice</td>
<td>2</td>
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<td>1</td>
<td>PHT 610, 20, 30, 40 EB Inquiry (variable credits)</td>
<td>8</td>
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<tr>
<td>PHT 570 Cardiopulmonary PT</td>
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<td>PHT 575 Internship I</td>
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<td>PHT 552 MS II</td>
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<td>PHT 585 Internship II</td>
<td>4</td>
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<tr>
<td>PHT 544 Health Promotion / ICE</td>
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<td>PHT 595 Internship III</td>
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Transfer Credits:

**TOTAL CREDITS (109 minimum)**

PROGRAM CREDIT TO BE TRANSFERRED FROM OTHER INSTITUTIONS

Official transcript and certification that courses are graduate level courses acceptable for program credit at the other institution must be provided before approval is final.

<table>
<thead>
<tr>
<th>Course Dept/No Title</th>
<th>School</th>
<th>Cred &amp; Grade</th>
<th>Date Unit</th>
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COURSES TO BE TAKEN AS NON-PROGRAM CREDIT (PREREQUISITES, ETC)

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<th>Credits</th>
<th>Course Dept/No Title</th>
<th>Credits</th>
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OPTIONAL NON-PROGRAM COURSES TAKEN (Credit or Non-Credit)

<table>
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<th>Course/Dept No. Title</th>
<th>Grade/Cr.</th>
<th>Course/Dept No. Title</th>
<th>Grade/Cr.</th>
</tr>
</thead>
</table>

ADVISER/MAJOR PROFESSOR ___________________________   **DATE** ___________________________

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Program Informed Consent

I understand that the primary goal of the Physical Therapy Department is to graduate students who have acquired both the knowledge and skill needed to treat patients competently and safely. These skills are developed and refined through a variety of learning experiences in the classroom, laboratory, and clinical settings. I further understand that as a student in the Physical Therapy Department I will be expected to participate in all learning experiences, both in the roles of “patient” and “therapist”. Other students and I will work on each other in class and lab in order to develop and refine the psychomotor skills and procedures needed to perform safely in the clinic. These skills and procedures will include, but are not limited to evaluation procedures to assess the cardiopulmonary, neuromuscular, musculoskeletal systems and treatment procedures including the use of manual therapies, ambulation aids, and modalities such as light, sound, cold, heat, electricity, and water. These learning experiences will be conducted under the guidance and supervision of licensed physical therapists. However, I fully understand that these learning experiences may involve potential hazards or risks of injury to me or others. I willingly assume any such risks.

In the event that I am injured in class or lab while working with a fellow student, I agree to report the incident to the class instructor and to complete an incident report. I agree that any medical care I may need as a result of the incident will be at my expense. I also agree that it is my responsibility to inform fellow students and instructors of any medical conditions that I have that would preclude my participation.

I have carefully read and full understand this Informed Consent.

__________________________________  __________________________  _____________
Student Signature         (Print Name)       Date

__________________________________  __________________________  _____________
Witness Signature        (Print Name)       Date
Confidentiality Agreement

Confidentiality of information is an expectation of all health care providers. I understand that as a student enrolled in the Doctor of Physical Therapy program at the University of Rhode Island I am responsible for maintaining the confidentiality of any and all patient information I am privileged to read or hear as part of my didactic and clinical education. In addition, I understand that I am responsible for maintaining the confidentiality of all fellow student grades or records that I may happen to view. Finally, I understand that violation of these confidences is considered a severe violation of the professional behaviors and could result in my inability to complete the program.

I, ____________________________, fully accept this responsibility.

____________________________  __________________________  _____________
Student Signature         (Print Name)       Date

____________________________  __________________________  _____________
Witness Signature        (Print Name)       Date
THE UNIVERSITY OF RHODE ISLAND  
 Physical Therapy Department  

Cadaver Use Agreement  

In accordance with the Physical Therapy Department at the University of Rhode Island and Rhode Island State Law regarding the use of human specimens, it is pertinent that you understand and comply with the followings rules and procedures.

1. The PT Department abides by the national uniform anatomical gift act. Please refer to this documentation in the laboratory manual located in the gross human anatomy laboratory.

2. Human cadavers are difficult to obtain and expensive to prepare. Please handle them with care and treat them with respect. Cadavers must be kept well wrapped. During lab, uncover only the part you are studying. At the end of each lab, wrap the cadaver and re-drape them before leaving. We have cadavers to study only because these individuals cared enough to donate their bodies for study.

3. All portions of the body studied must be accounted for and kept with the original cadaver. Therefore, all tissue will be placed in the dispenser located with the body.

4. Cadavers are obtained from donors who lived in Rhode Island. It is imperative that confidentiality is maintained. Therefore, no pictures, drawings or anything that might identify the body is permitted. In addition, no one except for physical therapy students and other authorized personnel are allowed in the cadaver laboratory at any time.

5. Any person who knowingly disposes, uses, or sells an unclaimed body or any part thereof will be severely reprimanded and may face termination from the program.

The cadavers for the Department are tools for study. It is your obligation to uphold the highest moral, ethical and professional standards in the classroom and laboratory and respect for the spirit in which these bodies were donated to science.

I have read the above and fully understand my obligation to uphold State and Department laws and rules and also maintain a high professional standard while studying Anatomy using human specimens.

__________________________________  __________________________  _____________  
Student Signature         (Print Name)       Date

__________________________________  __________________________  _____________  
Witness Signature        (Print Name)       Date
THE UNIVERSITY OF RHODE ISLAND
Physical Therapy Department

Acknowledgement of Receipt and Review
of the URI Physical Therapy Department Handbook

All students of the University of Rhode Island Physical Therapy Department are required to review a copy of the current Department Handbook and to acknowledge such review in writing. Such acknowledgement constitutes agreement to comply with and conform to all stated policies and procedures. Furthermore, your intention to review/reference and comply with the Graduate School Manual, Independence Square Manual, URI Student Handbook and the University Manual, all kept at the front desk or available through the University online, is acknowledged through this form.

Copies of any revisions to the Department Handbook will be posted on the student lounge bulletin board and kept in the front desk bulletin board binder. Signing this form also acknowledges the student’s responsibility to review such revisions during the course of the year. Students may make copies of the revisions for incorporation into their personal copy of the handbook at their own expense. A master copy may be checked out from the Department Secretary.

The following information is to be completed, the acknowledgement statement signed and dated, and submitted to the Department Secretary within the first ten days of the academic year.

By signing, the student understands that compliance with the policies, processes, and practices of the Department is part of their commitment to the professional behavior expectations of the Department.

ACKNOWLEDGEMENT

I, ______________________________ (print name), hereby acknowledge that I have reviewed the policies and procedures of the URI Physical Therapy Department, and I agree to comply with such rules and guidelines as part of my professional responsibility in the Department. I also agree to adhere to the requirements of the Graduate School Manual, Independence Square Manual, URI Student Handbook, and the University Manual, and will refer to these guidelines as needed.

______________________________  __________________________  _____________
Student Signature         (Print Name)       Date

______________________________  __________________________  _____________
Witness Signature        (Print Name)       Date

I am a member of the class expecting to graduate in May of __________