NOTICE
The Medical University of South Carolina Bulletin and Student Handbook contains official university policies.

The Division of Physical Therapy Student Handbook is intended to inform students about policy and procedures that are particularly important and specific to the graduate program in Physical Therapy, and to provide helpful information.

The PT Division Policy and Procedure Committee will have regularly scheduled quarterly meetings as well as meetings as needed to monitor, assess, and discuss:

- issues that may arise pertaining to existing policies;
- issues identified by the faculty that may require the development of new or additional policies;
- the effectiveness of all written policies.

All records and actions of the committee can be accessed in the meeting minutes or the policy and procedure matrices, which have been constructed and are maintained by the PT Division Policy and Procedures Committee. (updated 11/20/2012)

Student Handbooks contain information intended to benefit students. They are not contracts. Student Handbooks are subject to change as University, College, Department, and Division policies may change.

Please seek advice on particular matters from your faculty advisor or the director for the Division of Physical Therapy

Students in the Division of Physical Therapy are responsible for following the policies and procedures outlined in this handbook, those located in the Bulletin for the Medical University of South Carolina, and those in the MUSC Student Handbook.

The complete Bulletin can be located at: http://www.musc.edu/bulletin/index.htm
The MUSC Student Handbook can be located at: http://www.musc.edu/studenthandbook/index.html

For additional information or clarification, contact:

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PROGRAM MISSION:

The mission of the Medical University of South Carolina’s Division of Physical Therapy is to prepare autonomous, ethical, compassionate, and competent entry-level physical therapy practitioners who are able to evaluate and utilize scientific literature in order to provide competent patient / client management, with sensitivity to diversity and culture. We seek to improve the health of the citizens of South Carolina and beyond by emphasizing health promotion, prevention, and the restoration and maintenance of optimal physical function across the curriculum through the use of current best practice evidence. The division promotes advancement in the areas of physical therapy education, scholarship, and service, and supports interprofessional activities and post-professional education.

PROGRAM LEARNING OBJECTIVES:

At the completion of the program, all graduates will be able to:

<table>
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<tr>
<th></th>
<th>Demonstrate autonomous, competent, safe, ethical, and legal practice with adherence to federal, state, professional, and institutional standards.</th>
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<tr>
<td>2</td>
<td>Demonstrate competency with the provision of initial patient/client contact; review medical records; obtain a pertinent history; perform a review of systems; and perform a screening examination to determine the need for physical therapy services.</td>
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<td>3</td>
<td>Identify, respect and integrate patients’/clients’ cultural differences, diverse characteristics, values, and preferences for patient/client management in a compassionate manner.</td>
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<td>4</td>
<td>Plan and perform a physical therapy examination, and evaluate results to determine prognosis, differential diagnoses relevant to physical therapy, and/or referral to another health care provider.</td>
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<td>5</td>
<td>Develop and implement a comprehensive, safe, and appropriate physical therapy plan of care with measurable goals, and demonstrate competence in procedural interventions utilizing principles of evidence-based practice.</td>
</tr>
<tr>
<td>6</td>
<td>Integrate, promote and provide physical therapy services that address prevention, health education, wellness, and restoration of physical function.</td>
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<tr>
<td>7</td>
<td>Demonstrate effective collaboration when working in interprofessional teams.</td>
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1. CURRICULUM

The Physical Therapy curriculum is 3-years in length, beginning in May (summer semester) of the first year, and ending in May of the third year. The curriculum spans 9 semesters. The curriculum can be found at: http://academicdepartments.musc.edu/esl/bulletin/cht/curriculum.html

2. COURSE DESCRIPTIONS

Course descriptions can be located through the Office of Enrollment Management at the following website: http://academicdepartments.musc.edu/esl/bulletin/cht/course_descripts

3. COMPREHENSIVE EXAMINATION

Students in the DPT program take a comprehensive examination the fall semester of the second year in the curriculum. The comprehensive examination is given prior to the students’ second clinical practicum.

4. COLLEGE OF HEALTH PROFESSIONS ACADEMIC PROGRESS GUIDELINES

College of Health Professions academic progress guidelines are found in the College of Health Professions Student Policies and Procedures Manual and are consistent with those found in the Student Handbook-Division of Physical Therapy 2012-2013. Student academic progress will be discussed and reviewed by faculty at regularly scheduled faculty meetings and recorded in the minutes. Any student who is experiencing academic difficulty will be contacted by Physical Therapy Division faculty for counseling and advising about improvement.

Information regarding academic progress can be found on the College of Health Professions website at: http://dev.musc.edu/chp_archive2011/chpstu_services/student/chp_policies_procedures.pdf

5. DIVISION OF PHYSICAL THERAPY ACADEMIC STANDARDS

Assessment of Grades, personal and professional conduct provides the basis on which satisfactory academic progress is determined. Attendance and timeliness to class and scheduled activities is a part of professional conduct.

Grades

1. Students who have questions concerning a grade received on an exam or an assignment for a course must contact the course instructor within one week from the date the score or grade is released to the student. This includes the posting of final grades by the Office of Enrollment Management. The instructor will then schedule a meeting with the student to review the student’s concerns in a timely manner.

2. Students receiving an exam or assignment grade below an 80 may be required to contact the instructor or course coordinator within one week of receiving the grade to discuss
strategies to improve performance. In addition, students receiving a grade below 80 on any exam are also encouraged to schedule a consultation with the Center of Academic Excellence before the next examination, or the first week of the following semester for examinations given at the end of the semester.

3. A grade below 75 is considered a failing grade.
4. Absence from a Final Exam: refer to section 2.3 in the CHP Student Policies and Procedures Manual
5. Appealing an Exam Grade: refer to section 2.4 in the CHP Student Policies and Procedures Manual

Final Clinical Practicums (CP2-CP4) Performance and Grade Requirements

A student who fails to meet the required level of professional competency during any of the final clinical practicums (i.e. CP2-CP4) will not be issued a passing grade. Any student who is unsuccessful in earning a passing grade will receive a learning contract that will indicate the specific expectations and requirements to successfully complete the repeated practicum. The student may be required to remediate prior to repeating the failed practicum.

Indicators of failed performance may include the following:

- Any red flag” items that are of “significant concern” at the final evaluation.
- Evidence in the form of written documentation demonstrating greater than 2 areas of “significant concern”.
- Written comments indicating lack of progress over the course of the rotation.
- Failure to achieve an appropriate level of performance on the CPI as described in the course materials and syllabus.

If a student has to repeat a failed or non-completed final clinical practicum (a WP or WF in CP2-CP4), then/he she will have to register for an additional semester to complete the practicum. Any continuation of a clinical practicum beyond the date of graduation will result in the student having to register for the summer semester and paying tuition for the summer semester, regardless of the length of the practicum. **Because this is a repeated course, the student will not be eligible for financial aid.**
Academic Progress

Students must demonstrate attainment of the necessary knowledge, behaviors and skills for progression in the physical therapy division. The following criteria must be met for students to participate in clinical practicums and to graduate from the program:

1. Maintain a 3.0 or higher cumulative grade point average (GPA).
2. Demonstrate acceptable professional development.
3. Demonstrate acceptable skill requirements (technical standards).

Notification regarding concerns with academic / professional behavior progress will occur in writing when appropriate throughout a semester, or when appropriate, after grade reports are available from the Office of Enrollment Management. Any student wishing to appeal a decision regarding academic progress should refer to the specified methods found in the College of Health Professions Student Policy and Procedures Manual (page 8) and the MUSC policy on academic review. The applicable MUSC policies may be found at the following websites:

http://www.musc.edu/bulletin/acad_policies/academic_standards.html
http://www.musc.edu/bulletin/acad_policies/acad_review.html

The following are the academic criteria and consequences for students with problems related to academic progress in the Division of Physical Therapy:

Probation:
1. A student with a semester GPA or a cumulative GPA below 3.0 will be placed on academic probation (see item 5 in this section below for additional details).

2. A student receiving a final grade below 2.0 (75%) but greater than 1.0 (70%) in any core course will be placed on academic probation. The student is then required to repeat the course before continuing in the physical therapy curriculum. This may require taking leave from the program until the course is offered again. Other stipulations may also be required upon returning to the program, as determined by the Division Director. In addition to specifying the grade point average (GPA), the Division Director may require completion of specific courses or remediation activities, may limit the number of hours for which the student registers, and may exclude the student from taking certain courses until any probationary status as directed by the Division Director is satisfactorily completed.

Dismissal:
1. A student receiving a final grade of 1.0 (70%) or below in any core course will be dismissed from the physical therapy educational program.

2. If a student who is currently on academic probation, earns a failing grade in any course (i.e. below a 2.0), the student will be dismissed from the physical therapy educational program.
3. If a student receives a final course grade below 2.0 (75%) but above a 1.0 (70%), he/she cannot continue in the physical therapy curriculum until the course has been retaken and passed with an earned grade of at least 3.0 (85%). However, any student falling in this category must undergo a review by an academic progress committee, which will recommend whether the student takes a leave of absence and returns the following year to retake the failed course or is dismissed from the physical therapy educational program.

4. A student receiving a final grade below 2.0 (75%) in any two-core courses during a single semester will be dismissed from the physical therapy educational program.

5. A student placed on academic probation for greater than any two semesters may be dismissed from the physical therapy educational program.

Example: A student who at the completion of the summer semester has a cumulative GPA below a 3.0 will be placed on probation for the fall semester. If the student does not improve his/her cumulative GPA to over a 3.0 in the fall, he/she will again be placed on probation for the spring semester. If the student does not improve his/her cumulative GPA to a 3.0 by the end of the spring semester, he/she will then undergo a review by the academic progress committee, who will recommend either remediation or dismissal from the physical therapy educational program.

Additionally, a student who fails to achieve a 3.0 semester GPA in any 2 (two) semesters and does not improve to a semester and cumulative 3.0 GPA in the immediate semester subsequent to the second semester in which the cumulative 3.0 GPA was not achieved, that student will undergo a review by the academic progress committee and may either be recommended for remediation or be dismissed from the physical therapy educational program.

Example: If a student earns a semester GPA below a 3.0 in the first summer semester, then earns a high enough GPA in the fall semester to bring his/her cumulative GPA up to a 3.0 at the end of the fall semester, but then fails to maintain a cumulative GPA 3.0 at the end of the spring semester; that student must then bring his/her cumulative GPA up to a 3.0 during the following summer semester. Failure to do so will result in the student undergoing review by an academic progress committee, which will recommend either remediation or dismissal from the physical therapy educational program.

*Academic probation begins at the start of the semester immediately following the semester that a student fails to achieve a 3.0 GPA.

Example: If a student does not score above a cumulative 3.0 in the fall semester, his/her probation period will start with the beginning of the spring semester.

All courses in the physical therapy curriculum are considered to be core professional courses unless they are specifically labeled as elective courses. Decisions concerning dismissal from the Division of Physical Therapy are made by the Division Director with advisement from the academic progress committee and the faculty. Upon advisement from the academic progress committee and the faculty, the Division Director makes all final determinations regarding a student’s academic progress.
Any student wishing to appeal a decision regarding academic progress should refer to the specified methods for pursuing student grievances found in the Bulletin of the Medical University of South Carolina. http://www.musc.edu/bulletin/acad_policies/acad_review.html

6. PROFESSIONAL DEVELOPMENT EVALUATION PROCESS (revised 11/20/12)

The Division of Physical Therapy has adopted a code of professional conduct which all students are expected to follow. Each student’s professional conduct is continually monitored and assessed by the faculty, both in academic courses and clinical rotations, based on the criteria listed below. Incidents of non-adherence will be addressed with the student (or students) not in compliance, and he/she/they will be allowed the opportunity to correct the issue(s). Continued non-adherence will be reported to the Division Director for correction. Non-adherence may also be discussed with possible penalties levied by faculty at regularly occurring bi-weekly meetings.

Under the code of professional conduct, a student enrolled in the College of Health Professions is expected to:

• appear and conduct himself/herself in a professionally acceptable manner in accordance with the Division of Physical Therapy dress code (see policy 14 in the Student Handbook – Division of Physical Therapy 2012-2013 regarding dress code) and the Code of Ethics of Physical Therapists at: http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf
• be cognizant of and adhere to the channels of authority.
• show respect for and be mutually supportive of fellow students, faculty, and staff regardless of race, religion, sex, nationality, or economic status.
• identify truthfully and accurately his/her credentials and professional status.
• refrain from performing any professional service which requires competence that he/she does not possess or which is prohibited by law, unless the situation morally dictates otherwise.
• accept responsibility for relating incompetence and unethical conduct to the proper authorities.
• regard as strictly confidential all information concerning each patient and refrain from discussing this information with any unauthorized individual, including the patient.
• show respect and consideration for the patient, regardless of race, religion, sex, nationality, or economic status.
• be guided at all times by concern for the welfare of patients entrusted to his/her care.
• adhere to College and Division specific policies and procedures including but not limited to attendance, dress code etc.
If a student does not adhere to professional conduct standards the student will be counseled by his/her faculty advisor and/or the instructor who observed the behavior. During this meeting the student may be asked to complete the generic abilities form and/or the Professionalism in Physical Therapy Core Values Self-Assessment Form to identify areas that need improvement. If unprofessional behavior/conduct continues to be noted, the student will receive a written notice of an unsatisfactory professional conduct and will be counseled by the Division Director, and may be recommended for dismissal. Upon recommendation of the Director of the Division of Physical Therapy, a student who receives an unsatisfactory evaluation on professional development for one or more semesters may be dismissed from the Division of Physical Therapy. The College of Health Professions reserves the right to discipline, suspend, and/or dismiss any student who appears physically, morally, psychologically, or academically unsuited to continue studies necessary to complete the requirements for the degree for which he or she is enrolled. The student has the right to appeal a disciplinary action or dismissal; refer to the Academic Review Policy in the College of Health Professions Student Policies and Procedures Manual for guidance.

The appeals process is also outlined at the following website: http://www.musc.edu/bulletin/acad_policies/acad_review.html

7. HONOR CODE

All students of the Medical University of South Carolina are bound by the Honor Code. It is the student’s responsibility to know rules and regulations governing the Honor Code and the processes governing the Honor code. The Honor Code and information about the process can be found at: http://www.musc.edu/honorcode/index.html

Student Complaints: refer to section 2.7 in the CHP Student Policies and Procedures Manual. Also, see Appendix A in the CHP Student Policies and Procedures Manual for the MUSC Student Complaint Form.

8. PHOTO CONSENT

All students must review policy at the following link and complete a form to be kept on file http://academicdepartments.musc.edu/chp/faculty_and_staff_links/chp_photo_audio_video_consent_form.pdf

9. ACCIDENT/INCIDENT REPORTING AND INVESTIGATIONS

An accident or incident is defined as any situation in which an injury may have occurred to a student. A reportable injury that results from the accident or incident is one that requires a student to completely stop participating in an activity or one in which a student displays obvious physical harm and/or requires first aid or medical attention.

A student who has incurred a reportable injury (as defined above) should go to Student Health Services during his/her normal class day on the day of the injury. In the event that a physical therapy faculty member is not present when a reportable injury occurs to a student, the injured student should report the injury to his/her faculty advisor or to the Physical Therapy Division Director.
Student/Faculty Responsibilities

Unless unable to do so, the student who has incurred the reportable injury should fill out a first report of injury form (located in the Student Handbook-Division of Physical Therapy). The student must then carry this form to Student Health Services in order to receive assistance. If the injuries are of such a severe nature to prevent the completion of the first report of injury form before the injured student receives medical attention, the supervising faculty should fill out this form as soon as possible, preferably on the day of the accident/incident, and carry to Student Health Services. The first report of injury form is intended to be used to report the facts of all accidental injuries of students. Also, a copy of the completed first report of injury form should be forwarded to the Director of the Division of Physical Therapy.

The faculty member who is supervising the student activity and/or who is with the student in which a reportable injury occurs is the key person in investigating accidents in such cases. If underlying causes are thought to be outside this faculty member’s responsibility, they must be brought to the attention of the Director of the Division of Physical Therapy.

Accident Investigation

The primary consideration in accident investigation should be to determine the cause of the accident/incident and how to prevent future accidents/incidents. The faculty member who is supervising the student activity and/or who is with the student in which a reportable injury occurs should consider possible underlying causes or conditions that may have contributed to the mishap. Investigations of the occurrence of an accident/incident should not be considered complete until actions within reason to prevent recurrences have been taken.

The following steps should be completed to the degree possible in the conduct of an accident/incident investigation:

1. Interview the injured student as soon as possible after the accident;
2. Ask the injured person (or witnesses) to describe or demonstrate within the limits of safety how the incident/accident happened;
3. Review the physical causes that may have been involved, such as improper apparel, poor housekeeping, defective equipment, lack of proper safeguards, and/or poor working conditions;
4. Review the causes of the accident/incident, such as hazardous practices or inability to perform an activity properly (i.e. inexperience, physical disability, or poor judgment);
5. Attempt to identify all contributory causes that are present;
6. Recommend a suitable preventive solution to further accidents/incidents.

After the cause of the accident/incident has been determined, there should be a follow up within a **maximum of 30 days** to make sure that the student has recovered satisfactorily and to insure that any needed corrective actions have been taken. The follow up should be done by the following individuals: a) the faculty member who was supervising the student activity AND b) the Director of the Division of Physical Therapy.

Follow up actions may include:(as applicable):

1. Meet with the injured student and note whether the problem has resolved;

2. Note as to whether the injured student has documentation showing that he/she has been discharged from MUSC Student Health (as a result of the incident/accident);

3. Correct unsafe conditions or take steps to have any needed corrections made;

4. Educate students against unsafe behavior, especially the nature of which resulted in the investigated accident/incident;

5. Give more adequate and/or complete instructions to students to prevent recurrence of future accidents/incidents.
Student’s name:_________________________ Date Incident/Accident occurred:_____________________

Student’s Age and Gender:_____________________________________________________________________

Location of Accident (Building/Room # or other location):______________________________________________

Time of day that Incident/Accident occurred:___________________________________________________

Cause of Incident/Accident (Describe in detail the circumstances associated with Incident/Accident and identify anyone else involved):______________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Nature of injuries:______________________________________________________________________

___________________________________________________________________________________________

Were there specific precautions that were being followed by faculty or other supervisory individuals when Incident/Accident occurred? If so, please describe:___________________________________________________________
Please include any further comments regarding this Incident/Accident: ____________________________
Action taken to resolve this Incident/Accident:
______________________________________________________________________________
______________________________________________________________________________

Describe action taken to avoid future Incidents/Accidents:
______________________________________________________________________________
______________________________________________________________________________

Is there a plan to follow-up on this Accident/Incident by faculty or supervising individual(s)?

Yes:____
No:____

If yes, please supply the date of scheduled follow-up and anticipated actions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If no, please explain why no follow-up is deemed necessary:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student’s Signature:___________________________________________

Faculty\Supervising Individual’s Signature:________________________
Student’s Name______________________________________________________________

Date Incident/Accident Occurred_______________________________________________

Give a brief description of the Incident/Accident___________________________________

____________________________________________________________________________

____________________________________________________________________________

Were Medical or other Health Care Services sought after or required?
Yes:______
No:_______

Does the Incident/Accident appear to be resolved?
Yes:______
No:_______

If no, please explain what additional steps must be taken to achieve resolution.

Student’s
Signature:_____________________________________________________________________


Faculty\Supervising Individual’s
Signature:_____________________________________________________________________

10. DIVISION OF PHYSICAL THERAPY GENERIC ABILITIES ASSESSMENT FORM/PROFESSIONALISM IN PHYSICAL THERAPY CORE VALUES SELF-ASSESSMENT

The Generic Abilities Assessment Form and/or the Professionalism in Physical Therapy Core Values Self-Assessment Form are used by students for self-assessment, and by faculty as a feedback tool towards student professional behavior and performance in the program. Students should review the content of the forms as a guide to expected behavior. The student’s faculty advisor/instructor may require students to complete one or both forms in the event that professional development issues have been identified.

Link to Professionalism in Physical Therapy Core values self-assessment

http://www.apta.org/search.aspx?q=professionalism%20in%20physical%20therapy:%20core%20values%20self%20assessment
As a student in the Division of Physical Therapy of the Medical University of South Carolina, I provide informed consent that I understand that:

1. I am expected to serve as a “practice patient” for my lab partner during laboratory practice and practical exams.
2. I may be asked to serve as a “model” for class or laboratory demonstrations by faculty members.
3. I may be exposed to patients/clients with infectious diseases while a student or as a practicing physical therapist.
4. I may be exposed to hazardous materials/waste while a student or as a practicing physical therapist.
5. I may be exposed to legal action/litigation as a result of my actions while a physical therapy student.
6. I will receive instruction in and am expected to use universal precautions whenever a potential for risk exists for me, my patient, or others.
7. I may be assigned to work with patients/clients who are medically unstable.
8. I am required to have the results of a current TB test on file throughout my enrollment in the physical therapy educational program (Division of Physical Therapy).
9. I am required to complete the Hepatitis B immunization series within the first semester of enrollment.
10. I am required to complete any other immunizations/examinations required by a clinical site to which I have been assigned for clinical education.
11. I am required to obtain American Heart Association (AHA) CPR (“Healthcare Provider” version) and the AHA First Aid certification by the end of July my first and third years of enrollment in the physical therapy educational program. The Physical Therapy Division will oversee the scheduling of the required CPR and First Aid classes for all PT students.
12. I am required to complete a criminal background check upon beginning the program, and again if necessary for clinical education.
13. I am required to participate in the group Professional Liability Policy throughout the program.
14. I am responsible for all expenses related to clinical education, including but not limited to, room and board, transportation, uniforms, and any required health examinations or immunizations.
15. I will be required to submit to drug testing.
16. I will be required to obtain and maintain personal health insurance throughout the years of enrollment in the Physical Therapy Program.

My signature indicates that I understand each of the conditions of participation and agree to comply with all responsibilities and requirements.

Signature: ________________________________
Date: ________________________________
12. DIVISION OF PHYSICAL THERAPY LABORATORY COURSE INFORMATION AND INFORMED CONSENT

During the physical therapy educational experience at MUSC, students will be instructed in and practice techniques and skills that will be used for clinical practice. As students first learn to perform these techniques, performance may well be less than optimal, and at times may be stressful. As a student performing the techniques and as a student serving as a model, several things need to be understood.

1. Serving as a practice patient allows participants to practice and perfect technique performance. It is important for the education experience.

2. Students who are performing a technique with another student should always explain what they are going to do, give their partner instructions on what to expect and the purpose for what is being done, and gain consent for the technique to be performed.

3. Students who are the practice patient are to consider the technique to be performed on them, in light of any current or previous injuries or problems, and also considering their body type and tolerance for stress. The student serving as a patient has the right to remove themselves from any situation that they do not feel comfortable with or in which they feel they may be harmed. This includes when working with an instructor / or faculty member. Likewise, while one’s medical history is private and protected, it is in everyone’s best interest if the student serving as a patient discloses to their partner and the instructor if they have a problem / condition so that their partner and the instructor are aware of this. While caution should be used at all times regardless, this allows for added caution when needed, or avoiding the activity altogether.

4. Students performing techniques should constantly observe their partner and themselves for signs of discomfort or any other problem. One important sign is if the patient / partner is guarding or not relaxing. In most cases, this implies that the technique should not proceed. In addition, students should discuss with the instructor any limitations they have that may impact their performance of laboratory skills and techniques.

5. The consent process needs to be followed every time something is practiced. It should become habit, and carried over into the clinic. While repetition is needed to perfect skills, techniques that stress / strain tissues should only be performed a couple of times at the most during any one practice session.

6. PARTICIPANTS ARE TO REMOVE THEMSELVES FROM ANY SITUATION IN WHICH THEY HAVE CONCERN THAT THEY WILL BE HARMED IN ANY WAY (mental or physical). Participants with a history of an injury or problem related to the task should not be a patient for stressful examination or treatment techniques involving that area until they are assured that it is safe. Participants may speak to the instructor at any time about this.

7. Any adverse response during a course or during practice MUST BE REPORTED to the instructor immediately. This is not meant to get anyone in trouble. It is the policy of the Division of Physical Therapy to report all problems, and this serves to protect all participants.

Signature: _____________________________________
Date:       __________________________
Important Note: Students are expected to alert the course instructor(s) and his/her/their lab partner(s) of any laboratory activities/techniques that they feel may be unsafe for them to participate in due to an existing medical issue. It is also the student’s responsibility to contact the CHP ADA Compliance Officer to determine what course of action is necessary to attain formal accommodations granting temporary or permanent exemption of selected laboratory activities.
13. Division of Physical Therapy Essential Functions and Technical Standards
Candidates for Physical Therapy Program Admission, Continuance and Graduation

Policy

The Medical University of South Carolina (MUSC) Division of Physical Therapy endeavors to select applicants who have the ability to become highly competent physical therapists. As an accredited physical therapy program, the MUSC Curriculum in Physical Therapy adheres to the standards and guidelines of the Commission on Accreditation for Physical Therapy Education of the American Physical Therapy Association.

Within these guidelines, the MUSC Division of Physical Therapy has the freedom and ultimate responsibility for the selection and evaluation of its students, the design, implementation, and evaluation of its curriculum, and the determination of who should be awarded a degree. Admission and retention decisions are based not only on prior satisfactory academic achievement, but also on non-academic factors which serve to insure that the candidate can complete the essential functions of the academic program required for graduation.

The Division has the responsibility to the public to assure that its graduates can become fully competent and caring physical therapists, capable of doing benefit and not harm. Thus, it is important the persons admitted possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice physical therapy.

The Division is committed to the principle of equal opportunity. The Division does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, or disability. When requested, the University will provide reasonable accommodation to otherwise qualified students with disabilities.

Program

Technical standards, as distinguished from academic standards, refer to those physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. The essential functions required by the curriculum are in the following areas: sensory, communication, motor, intellectual (conceptual, integrative, and quantitative abilities for problem solving and patient assessment) and the behavioral and social aspects of the performance of a physical therapist.

The student must have the ability to master information presented in course work in the form of lectures, written material, and projected images. The student is held accountable to all compliance documents (including CPR, First Aid, HIPAA, OSHA, immunizations, TB, criminal background screening and drug screening) and any lapse in currency will result in the student being removed from the classroom or clinic. Additional compliance items may be required by affiliating facilities during the clinical practicums.
The University’s Doctor of Physical Therapy (DPT) degree signifies that the holder of that degree has been educated to competently practice the profession in all healthcare settings and to apply for licensure. The education of a healthcare professional requires the assimilation of knowledge, acquisition of skills and development of judgment through patient care experiences in preparation for practice. The practice of the profession emphasizes collaboration among healthcare providers and the patient.

The curriculum for the DPT requires the student to engage in diverse, complex and specific experiences essential to the acquisition and practice of physical therapy. Unique combinations of cognitive, affective, psychomotor, physical and social abilities are required to satisfactorily perform these functions. In addition to being essential for the completion of the requirements for the DPT, these functions are necessary to ensure the health and safety of patients/clients, fellow candidates, faculty and other healthcare providers.

The essential functions necessary to acquire or demonstrate competence in the Physical Therapy program and needed for successful admissions and continuance by candidates for the DPT program at MUSC, in addition to the standards of professional conduct set forth by the College of Health Professions, include but are not limited to the following abilities:

**Sensory/Observational Skills**
- Ability to acquire the information presented through demonstrations and participate in lecture and laboratory settings as required in the curriculum
- Ability to observe patients accurately both at a distance and close at hand and observe and appreciate non-verbal communications during patient interactions
- Capable of perceiving signs of disease and malfunction as manifested through the physical examination
- Ability to use vision, hearing, and tactile means for acquisition of information

**Communication Skills**
- Ability to effectively use English to communicate in oral and written form with faculty, peers, patients, families and health care team members
- Ability to express ideas clearly and freely, and demonstrate a willingness to give and receive feedback
- Ability to exchange information in order to obtain a health history, identify problems presented, explain alternative solutions and give directions during treatment and post-treatment
- Must be able to process and communicate information on the patient’s status with accuracy in a timely manner to members of the health care team
- Ability to complete reading assignments, writing assignments, search and evaluate the literature, and maintain written records in a timely manner

**Motor Skills**
- Ability to execute movements required to provide general care and treatment to patients in all health care settings
- Ability to elicit information from patients by palpation, auscultation, percussion and other evaluative procedures
• Ability to execute motor movements required to provide general physical therapy including coordination and speed and agility to assist and safely guard patients who are walking, exercising or performing other therapeutic activities
• Ability to perform cardiopulmonary resuscitation
• Ability to lift and transfer patients
• Ability to demonstrate adequate gross and fine motor movements, balance, manual dexterity and kinesthetic awareness to safely perform physical therapy procedures

Intellectual and Cognitive Skills
• Ability to measure, calculate, reason, analyze and synthesize data
• Ability to obtain, interpret, analyze, evaluate, and document data to determine a physical therapy diagnosis
• Ability to quickly read and comprehend extensive written material
• Ability to use sound judgment, prioritize therapeutic interventions, and measure and record outcomes
• Ability to use the computer for searching, recording, storing and retrieving information
• Ability to comprehend 3-dimensional and spatial relationships of anatomic structures

Behavioral and Social Attributes
• Ability to use their intellectual capacity, exercise good judgment and promptly complete all duties related to diagnosis and care of patients under potentially stressful circumstances.
• Ability to carry full DPT course load, as it reflects the nature of the area of practice
• Demonstrate the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning or in an unpredictable manner
• Ability to demonstrate empathy, integrity, ethical standards, mature interpersonal skills, motivation and interest, not only for admission, but also throughout their careers as physical therapists
• Ability to demonstrate cultural sensitivity
• Demonstrate effective, collegial, collaborative and harmonious relationships in diverse academic and working environments

Professional Conduct
• Ability to reason morally and practice physical therapy in an ethical manner
• Ability to learn and abide by professional standards of practice
• Ability to demonstrate cooperation, compassion, empathy, altruism, integrity, honesty, responsibility and tolerance
• Ability to engage in patient care in all clinical settings
• Ability to deliver care to all patient population
Reasonable Accommodation for Disabilities

MUSC Division of Physical Therapy is committed to ensuring that otherwise qualified candidates with disabilities are given equal access through reasonable accommodations to its services, programs, activities and education. The Division of physical therapy works closely with the ADA officers in Student Affairs in this process. Each case is considered individually for best outcomes.

Students wishing to request reasonable accommodations are encouraged to contact disability services to start the process of documenting their disability and determining eligibility for services prior to the start of the program. While this can be started at any time, accommodations cannot be implemented retrospectively. MUSC does have policies regarding the type of documentation required in order to document a disability and request accommodations. To learn more about this process, please go through the College of Health Professions Disability Services office (http://academicdepartments.musc.edu/chp/current_students/disability_services.htm).

Students with disabilities are expected to perform all essential functions of the program with or without reasonable accommodation. The University will work with the student and respective campus disability office to provide reasonable and appropriate accommodations. While we will make every effort to work with our students with disabilities to accommodate their disability-related needs, it is important to note we are not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program.

Implementation of Essential Functions for Admission, Continuance and Graduation

Incoming students will be alerted to the Essential Functions during program orientation and where to locate the information for future reference (student handbook). Faculty will address student performance and abilities to meet essential functions during regularly scheduled faculty meetings. Faculty advisors in conjunction with course instructors and the Division Director will be responsible for monitoring whether the student is meeting the essential functions for the program.

By signing below, you indicate that you have read and understand the content of the previous 4 pages entitled Division of Physical Therapy Essential Functions and Technical Standards.

Print your name on this line____________________________________________________________

Sign your name on this line____________________________________________________________

Date_________________________
14. ACCOMMODATIONS FOR EXAMINATIONS, LAB COURSES, AND LEARNING EXPERIENCES

Students requesting special accommodations for testing / examinations, lab courses, and learning experiences must have a documented disability. The request for accommodations is made through the CHP ADA compliance officer, who is located in the Student Services office. The specific accommodations should be outlined in a letter from the compliance officer to each faculty member the student has for class, including clinical instructors. It is the student’s responsibility to provide a copy of the letter requesting accommodations to each faculty member the student has for classes. This must be done each semester. The information in the letter only denotes the accommodations requested. Diagnoses or conditions are not disclosed in the letter.

15. ABSENCES

The course instructor determines the absence policy for any particular class, and publishes the policy in the course syllabus. In general, students requesting an excused absence in advance should contact all of the instructors for the courses they are taking or will be taking a course from at the time of the absence. This request should be made in writing as early as possible to determine if the absence will be excused or not. An email is an appropriate method to request an excused absence. It is typical for students to receive excused absences for family or medical emergencies. Excused absences are not given for vacations, family trips, or weddings. Students who wish to participate in medical mission trips, etc., should request an excused absence before committing to the trip. Faculty members are not obligated to excuse absences for mission trips and professional meetings. Students who have demonstrated academic difficulty are advised not to schedule activities that require an absence from class, and are not excused for mission trips or professional meetings, etc. that require missing class or other programmatic educational experiences.

Tardiness

The course instructor determines the tardiness policy for any particular class, and publishes the policy in the course syllabus. Students are expected to arrive to all classes scheduled in a timely manner to avoid unnecessary disruptions. Excessive tardiness, specifically outlined in course syllabi, may result in penalties as outlined by each individual faculty member.

16. BEHAVIOR DURING EXAMINATIONS

At no time while taking an examination shall students use cell phones to text messages to others or respond to text messages or any other form of electronic communication (i.e. Twitter or Facebook). Also, unless proven to be a legitimate emergency, students are not allowed to use cell phones to make or accept calls during an examination. Cell phones or computers may not be used to browse the internet (other than any site that may be assigned by the instructor) while taking an examination, nor or cell phones or any other camera or camera-like devices allowed to be used to photograph any part of an examination or anyone/anything in the testing environment. Students who engage in any of these behaviors are subject to disciplinary action, which may include:
1) Appearance before an Honor Council Court to answer to charges of rules violations and possibly academic dishonesty (i.e. cheating).
2) Negation of the exam being taken when the incident occurred, which may result in the assignment of a reduced grade or a zero on the exam.

If an Honor Court rules that a student is guilty of a violation of any of the above misbehaviors and/or cheating while taking an examination, he/she may then be subject to penalties including a reprimand from the Division/Division Director and/or dismissal from the educational division in which he/she is a student. If the student is allowed to remain enrolled in his/her Division, there may be conditions required that will need to be met satisfactorily in order to continue and be allowed to progress.

17. DRESS CODE

All students at MUSC are responsible for presenting a clean, neat, and positive appearance that enhances the image of MUSC to patients, other MUSC personnel, visitors/guests, and the public, and is in compliance with the PT Division policy. Personal attire and accessories shall not be soiled, torn, or create a potential safety hazard for the students or any other individual. The purpose of a dress code is not to inhibit personal freedom, but rather to demonstrate respect, and acknowledgement of the role of the student as a developing professional and health care provider. Personal grooming and dress for class and in public are a reflection of you, the Division of Physical Therapy, the College of Health Professions, MUSC, and our profession.

All classes will have 3-4 students as the dress code task force. These students will be asked to volunteer in this role at the start of their time on campus. The role of these students is to peer counsel their classmates on any dress code issues that should arise. The students on the task force will monitor dress and be the first contact for any student who is not in adherence with the PT Division dress code. If the peer counseling does not change the behavior of the classmate, the task force may approach any faculty member with their concerns. The faculty member will then verbally counsel the student and a first letter of warning will be given to the student. If the behavior continues, the student will be asked to meet with their advisor to be counseled and a second written professionalism letter will be presented to the student. At this time the student will be brought before the full faculty for discussion on unprofessional behavior. Pending the faculty decision, the student may receive an unsatisfactory professionalism letter in their record.

The following dress code guidelines should be followed on a daily basis for all students during scheduled class times. Lab dress code may differ based on the activities performed in lab. The lab dress code will be faculty specific.
Guidelines:

**Shoes:** Closed toe and clean flat soled shoes.

**Pants:** Slacks of any kind including khakis, corduroys, Capri pants, scrub bottoms etc. No leggings, denim, shorts, dresses or skirts are permitted. Clothing should not be so tight that it prevents you from doing a functional squat.

**Shirts:** Collared, crew neck, scrub tops or conservative V-neck tops are acceptable. Tops should not be sheer, and bras and camis of any type should not be seen when worn under another top including scrub tops. ALL SHIRTS should pass the PT lean over as if to transfer a patient with arms out in front and arm lift overhead test.

**Outerwear:** When worn in class outerwear should not be grossly oversized or sloppy, no hats inside

Dress Code for Clinical experiences in the lab, guest lecturers/volunteers, or community presentations

When attending a clinical/community experience or a class with invited guests, students shall wear a polo style buttoned, collared shirt, dress pants or slacks (NOT jeans) and closed toe shoes. This attire should not be tight fitting or revealing in nature. If students are out of dress code for these activities they will be requested to leave and be permitted return upon adherence with the dress code.

Individual Faculty will enforce the dress code policy; however, chronic non-compliance (3 or more instances) will be brought to the entire faculty and the student will be required to meet with the division director for counseling. Action beyond this point will be at the discretion of the division director.
18. REQUIREMENTS FOR ALL LABS

USING MATS AND EQUIPMENT

• A **maximum** of three people are allowed on the low mat tables at any one time, low mat tables have a weight limit.
• Unplug all electrical equipment after use (at the end of each class).
• Do not stand on the tables unless the activity is related to formal instruction.
• Do not place shoes on any vinyl mat surface at any time.
• Do not place sharp objects, book bags, drinks, stools or other foreign objects on mat tables at any time.
• Do not put feet in chairs.

STRAIGHTENING LABS

• Tidy the lab room after each class.
• Put tables and chairs into neat, organized positions.
• Place all pillows, sheets, equipment back in the cupboards or storage room after use regardless of whether you need them again that week.
• Use wastebaskets, trash bins, and recycling containers for water bottles, or other debris; or, remove them from the room.

CARING FOR TECHNOLOGY

• Turn off the computers/technology at the end of each use—the LCD should be **off**; the screen should be **blank**.
• Get instruction from your faculty member about *how to use* equipment; if you are not sure, please ask.
• Report technology problems immediately; use the “hotline” number provided.

CLEANING LABS

• Wipe mats and tables *at the end of each class* with disinfectant.

FOOD AND DRINK

• Do not bring food into the labs, e.g., candy, snacks, pizza, etc.
• Do not bring glass into the lab.
• Drinks in plastic or aluminum bottles/containers are allowed.

TAKING RESPONSIBILITY

• Caring for equipment and supplies in the labs is an individual and a shared responsibility.
• Any student who does not share responsibility or demonstrate compliance with these essential rules will risk losing professional development grades that semester.
• Faculty members have agreed to oversee compliance.
• Labs will remain open evenings and weekends for students’ use, contingent upon compliance with these rules.
What is Clinical Education?
The curriculum includes four courses organized as one 6 week and three 8 week full time clinical experiences. Specific assignments reflect current physical therapist practice and consideration of individual educational needs.

- Clinical Practicum I, second year, fall semester (August - October)
- Clinical Practicum II, third year, fall semester (October - December)
- Clinical Practicum III, third year, spring semester (January - February)
- Clinical Practicum IV, third year, spring semester (March – April)

Clinical education is a cooperative effort of students, clinicians, and the academic faculty. Typically the clinical facilities accept one student for an assignment; often only one MUSC student each year. The health care system today dictates that students become sensitive to the rapidly changing demands on the clinical faculty.

Why Clinical Education?
Clinical education provides opportunities for integration of didactic knowledge, psychomotor skills, clinical reasoning, time management, team management, and patient education principles within the confines of the current health care system and under the supervision of a licensed physical therapist. Experiences prepare the student for the entry-level practice of physical therapy.

Where Does Clinical Education Occur?
Primary care settings such as outpatient orthopedics and acute care outpatient orthopedics are appropriate for Clinical Practicum I. Experiences appropriate for Clinical Practicums II – IV include the above practices, as well as those that include pediatrics, geriatrics and individuals with neurological impairments. The Medical University of South Carolina Division of Physical Therapy has excellent partnerships with clinical facilities in urban and rural locations throughout the United States. Settings include medical centers, home health agencies, outpatient facilities, and educational systems.

Who is Involved with Clinical Education?
The Academic Coordinator of Clinical Education (ACCE) is the primary Core faculty responsible for the management of the clinical education portion of the curriculum. The ACCE is available for advising and consultation, is willing to consider student requests and special needs, serves as the liaison between the academic program and the clinical facility, provides timely communication and documentation, and serves as a resource for continuous improvement in the clinical education program.

The Assistant Academic Coordinator of Clinical Education (AACCE) works with the ACCE to meet the needs of the program.

The Center Coordinator of Clinical Education (CCCE) is an individual that the clinical facility designates as the liaison between academic institutions and the facility clinical instructors. The CCCE may or may not be a Physical Therapist.
The Clinical Instructor (CI) provides the student (while in the clinic) with opportunities to interact with individuals for examination and intervention, develops a schedule that incorporates opportunities for instruction, and supervises and evaluates student performance on a regular basis. The clinical instructor is a licensed physical therapist. The student is responsible for completion of all Clinical Practicum (I, II, III, and IV) assignments prior to and during the clinical practicum. The ACCE determines appropriate educational goals and student physical therapists accomplish those goals during the experience. As representatives of the Medical University of SC, students are expected to demonstrate exemplary professional behaviors at all times.

Students are NOT to contact any clinical facility without prior approval of the ACCE. The program Clinical Education Committee is comprised of the clinical education faculty, two students, and a clinical educator. This committee meets as needed to review the clinical education process and consider written student special requests.

**How Are Clinical Sites Selected?**

Contracts are developed and maintained with facilities that value clinical education. The clinical facility staff demonstrates an interest in clinical education, quality physical therapy service, professional role modeling, and a willingness to cooperate with clinical education requirements. The clinical education program includes an ongoing evaluation of facilities and clinical instructors. Students may suggest new clinical sites to the ACCE to augment our current list. The faculty will consider all suggestions, but are under no obligation to pursue and institute clinical sites for the sake of students’ convenience.

**How Are Students Assigned to the Clinical Facilities?**

Student requirements:
- Do not request clinical assignments at facilities where there has been previous employment, volunteer hours or is a contract for employment after graduation.
- Schedule at least one rotation outside the counties contiguous to the assigned campus.
- One rotation must be in an acute care facility or a setting that provides opportunities to work with an underserved or rural population.
- The individual program should reflect a depth and breadth of experience
- **Attend all clinical education information sessions**

A lottery system or computer-matching program is used to facilitate each of the assignments. Students submit a list of ten (10) sites where they are willing to accept assignment. **The academic clinical education faculty will assign those students failing to meet clinical education deadlines or requirements as stated.**

Clinical Practicum I is assigned during the spring semester of the first year. Students and the facilities are notified of the August assignment in March. Clinical Practicum II, III, and IV assignments are made during the second year spring and third year summer semester. The second and third practicums are assigned before the fourth match is
made. Students and the facilities are notified of the fall assignments in the summer and the spring assignments in the fall.

**Is Housing Assistance Available?**

Many of the facilities provide a list or offer guidance to find affordable housing. Students are responsible for their specific housing arrangements. The lodging type ranges from rooms in homes, to dormitories, or shared apartments. Students should be prepared for costs of $200-600 per month for each rotation. Some students prefer to commute distances of 60-90 miles each way to avoid additional housing expenses.

**How Does A Student Finance Clinical Education?**

Students are responsible for all personal expenses incurred as a part of clinical education. Budgeting for travel, local transportation, and housing should begin the first semester of the first year.

**What Are Attendance Requirements?**

Daily, punctual attendance is expected. The CI determines if a one day absence due to illness or emergency should be made up. **Absences of more than one day require that the student notify the ACCE**; the clinical facility determines the method to make up the absences. It may be appropriate to require make up during the week following the rotation.

**What is the Role of the Academic Faculty During A Clinical Rotation?**

Within reason, the ACCE is reasonably available for consultation to students and clinicians during clinical experiences. The faculty contacts the student and CI to determine progress at the rotation midpoint. Should a student experience problems prior to midterm, he/she should attempt to resolve the matter with the CI and or the CCCE. Problems, particularly related to professional behaviors and safety, should be addressed early. The ACCE should be contacted if a satisfactory resolution is delayed. Concerns about sexual harassment should be directed to the CCCE, then the ACCE as quickly as possible. The CI, CCCE, or student should contact the program if problems with safety or professional behaviors occur.

**Advising**

**During the second semester of the program (fall of the first year), each student is required to attend an orientation to clinical education meeting.**

• Advisement concerning clinical education is available upon student request at any period during the student’s enrollment in the Division of Physical Therapy.

**The Assignment Process**

The clinical practicum assignment process begins with an interest survey. Approximately two months before student physical therapists submit their final selection, students participate in a web-based survey noting interests from a list of those clinical sites that are appropriate for the
rotation. The survey serves two purposes. First, the Academic Coordinator for Clinical Education (ACCE) attempts to obtain rotations that are most appropriate for the student’s needs. Secondly, students use the clinical site information in determining their final listing.

Students enter a final rank, ordered list of 10 sites into the lottery system on the assigned date and time. The lottery program randomly assigns students to sites. The computer program makes assignments matching student selections to available rotations. Occasionally, students are not assigned by the program. Those students are assigned by the ACCE with student preferences and educational goals considered. Placement options are discussed with the student through email, phone, or personal communication.

When all students have been placed, the listing will be posted. Students may discuss options with the ACCE during the first week that assignments are posted. Student options are carefully reviewed and other options may be considered. Students may formally request changes to their assignment by sending an email to the ACCE. The ACCE will forward the student request in anonymously to the Clinical Education Committee to determine if the request is in the best interest of the student and the clinical education program. The Committee may suggest options to the student. However, alterations in assignments are seldom warranted. After one week, all clinical education placements are considered final for the student. Please note: there are occasions when the clinical site must request a change.

Prerequisites for Each Clinical Practicum

Clinical Practicum I
The student has:
• Demonstrated appropriate professional behaviors as judged by the program faculty.
• Achieved a minimum cumulative GPA of 3.0 for the first four semesters of didactic courses.
• Submitted clinical education documentation that is complete and received by the established deadlines (including but not limited to: advising form, preference survey, clinical selection survey, clinical packet)
• Attended required clinical education meeting(s).

Clinical Practicum II, III and IV
The student has:
• Demonstrated appropriate professional behaviors as judged by the program faculty.
• Achieved a 3.0 cumulative GPA for all didactic courses taken to date.
• Completed requirements for all previous clinical experiences.
• Submitted satisfactory documentation according to assigned deadlines (including but not limited to: advising form, preference survey, clinical selection list, clinical packet).
• Attended all required clinical education meetings.

Discontinuation of the Clinical Practicum Prior to Completion

Clinical Probation and Dismissal Since patient well-being is a major concern of the Division, College, and University, action will be taken when a student’s clinical practice poses a potential threat to patient health, welfare, or safety. Students, therefore, are subject to department and
program specific regulations governing clinical practice and may be placed on clinical probation and/or dismissed for unsatisfactory clinical behavior. Refer to division and department publications for specific regulations.

Discontinuation of the Clinical Practicum Prior to Completion

Student medical or family emergency:

The clinical experience may be discontinued if the student has a medical or significant family emergency that prohibits continuation of the clinical rotation. The plan to complete the clinical practicum will be determined by the ACCE and Division Director with input from the CI, CCCE and division faculty. The individual student reassignment will be based on the timing of the emergency and the student’s historical performance (both clinically and academically). Provisions in the individualized plan may not require further clinical experience or may require a specified time period at the same or different facility. Completion of the clinical experience will be scheduled as soon as possible based on the nature of the emergency and availability of clinical reassignment.

Ethical or legal concerns:

The clinical experience may be discontinued if the student reports substantive concerns about safety, legal or ethical issues. The procedures to complete the clinical experience are:

• The ACCE will advise the student and investigate as deemed appropriate.
• The ACCE will determine a course of action that is in the best interest of the student, the division and the clinic.
• The student will be reassigned to a quality clinical facility in a timely manner. The specifics of the reassignment will be determined by the ACCE and the Division Director with input from the division faculty after careful consideration of all pertinent factors.

If student behaviors are unsafe or unacceptable:

If a clinical faculty (CI or CCCE) identifies concerns about student performance, the following procedures will be followed:

1. The CI/CCCE contacts the ACCE immediately when the concern involves a red flag item (CPI items 1-5), particularly those related to safety, legal or ethical issues.
2. The ACCE and/or division faculty will consult with the clinical faculty and student. Outcomes of the meeting may include a comprehensive remedial plan or immediate termination of the clinical experience.
3. A remedial plan will include a written academic warning to the student with a requirement to improve his/her performance as specified above.
4. The student will be removed from the clinical experience if behaviors are such that the CI deems patient safety is impaired, voices frustration and unwillingness continue, or reports that the student’s behavior is interfering with the CI’s ability to meet professional responsibilities.
5. If the experience is terminated, the division faculty will determine an appropriate plan of action.
6. Students completing a remediation program will be assigned to either the first available clinic selected as appropriate by the faculty or to the next assigned rotation.
7. The assigned facility will be notified by the ACCE with information about the general nature of the concerns about the student by the previous clinical faculty.
8. The student must revise goals for the next clinical rotation based on the areas of weakness identified at the unsuccessful clinic and this information must be shared with the CI prior to the first day of the practicum.
9. An entire rotation must be completed with professional demeanor and appropriate level of performance for that particular clinical practicum.

**General Requirements For Satisfactory Completion of All Clinical Experiences**

- The student should demonstrate:
- A valuation of documentation by submitting all required forms before the deadline.
- Professional behaviors during their interactions with anyone involved in their clinical education. (Dress, attendance, communication courtesy, ethical and legal behaviors)
- Recognition of their ability to perform safe and effective physical therapist practice in the clinical setting.
- Competence in the practice of physical therapy, based at the level appropriate for the specific clinical rotation and the complexity of the individual patient.
- A strong desire to learn, as evidenced by formulation of clinical questions, discussions of self-directed reading, and initiative in the clinical practice.
- An interest in improving proficiency in physical therapist practice by demonstrating progress from midterm to final evaluation based on the Clinical Performance Instrument (CPI) documentation.
- A respect for the required clinical education documentation by submitting information by the assigned due dates after the clinical rotation has ended.
- Respect for the clinical environment by adhering to attendance requirements.

**Pass/Fail Grade Assignment**

A clinical practicum may be deemed unsatisfactory (failure) if any combination of the following occur:

- No progress is noted from midterm to final evaluation.
- Regression in level of performance from midterm evaluation is identified.
- Concerns about any red flag behavior is brought to the attention of the ACCE prior to the final evaluation and is not resolved by the completion of the rotation.
- Comments and anecdotal information on the CPI are accompanied by a suggestion of extended time by the Clinical Instructor.

The clinical faculty will consider the options/issues and make suggestions to the Core division faculty at a scheduled meeting. The core faculty will determine the educational plan for the student based on issues/concerns documented by phone calls and the CPI. The options available to remediate, with a passing grade, include, but are not limited to:

a] additional time at that particular facility.

b] an additional clinical assignment with the length of time as determined by the Physical Therapy Academic Committee.

c] a successful remedial program followed by another clinical experience assignment.
Specific Course Requirements:

Please refer to the syllabus for Clinical Practicum I-IV.

20. PROFESSIONAL LIABILITY

All students are required to hold professional liability insurance throughout their tenure as a student at MUSC. It is the student’s responsibility to ensure continued coverage through annual renewal of their policy. A group policy has been established and is maintained by the Departmental Clinical Education Administrative Assistant.

21. COMMUNICATION

Communication with faculty is strongly encouraged and may occur through a variety of methods. Students may make an appointment with faculty, and/or contact faculty by email. Faculty frequently communicate with students by email, and students should check their MUSC email account several times a day, and on weekends. Faculty may also communicate with students by placing information in the student’s mailbox. In an expedient situation, phone messages can be left for faculty by calling the faculty member’s office phone published in a course syllabus.

22. ACCREDITATION STATUS

The Physical Therapy Educational Program is accredited by the American Physical Therapy Association Commission on Accreditation in Physical Therapy Education (CAPTE) through 2020. Questions, concerns, or complaints about the program can be made to CAPTE at accreditation@apta.org

23. THE AMERICAN PHYSICAL THERAPY ASSOCIATION

Students in the Division of Physical Therapy are required to be members of the American Physical Therapy Association (APTA), and the South Carolina Chapter of the APTA. The benefits of membership will be explained multiple times throughout the curriculum. Students can establish membership at the following website: http://www.apta.org/CurrentStudents/

Addition websites of importance to students are:

http://www.apta.org  (APTA Home page)

http://www.apta.org/AM/Template.cfm?Section=Core_Documents1&Template=/CM/HTMLDisplay.cfm&ContentID=25854  (Code of Ethics)

http://www.apta.org/AM/Template.cfm?Section=Events_and_Activities3&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=220&ContentID=22314  (Student events and activities)

http://www.apta.org/AM/Template.cfm?Section=Minority_Affairs1&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=110&ContentID=14708  (Minority Affairs)
24. STUDENT AWARDS

The Medical University of South Carolina (MUSC) Division of Physical Therapy recognizes outstanding third year students for their service, leadership, clinical excellence, and research activities while a student in the program. These student awards are presented during the graduation hooding ceremony.

Nomination Criteria
Each award has its own specific criteria. A nominee must meet the following criteria during his/her enrollment in the program to be considered:
1. Ability to work with others, including peers, faculty, fellow health care professionals, and clients.
2. Represent MUSC, the College of Health Professions, and the Division of Physical Therapy with a positive image of dedication, professional behavior, and dignity.

Selection Process
The faculty will evaluate all nominations for awards and determine recipients by majority vote.

AWARDS:

Excellence in Clinical Performance

The Excellence in Clinical Performance Award recognizes a student who has demonstrated excellence in clinical performance in both the laboratory and clinical settings.

A Student may be nominated by the faculty for this award based on the following criteria:

- The student must demonstrate exceptional clinical skills during clinical practicums as noted by the evaluation submitted by the clinical instructor.
- The student demonstrates initiative and integrity in all clinical interactions.
- The student demonstrates exceptional clinical skills in laboratory classes as noted by faculty evaluation and grades earned.
- The student exhibits mastery of clinical techniques.
Excellence in Leadership and Professionalism

The Excellence in Leadership and Professionalism Award recognizes a student who has demonstrated exceptional leadership abilities and demonstrates professionalism in the manner described by the American Physical Therapy Association. Third year physical therapy students or faculty may nominate a student for this award; however, final selection will be determined by the physical therapy faculty.

Nominees for the Excellence in Leadership and Professionalism Award are expected to meet a minimum of two of the following four criteria:

- The student demonstrates outstanding leadership skills within his/her class and is recognized as a leader by his/her peers and by the faculty.
- The student exhibits leadership characteristics as evidenced by active participation in the South Carolina Chapter of the American Physical Therapy Association (SCAPTA) and the American Physical Therapy Association (APTA). The student demonstrates integrity and initiative in all interactions with faculty and peers. The student serves as a class officer and actively participates in organizing or facilitating class events.

Graduate Research Award

The Graduate Research Award recognizes students who have participated in and excelled in a graduate research project while enrolled in the physical therapy education program.

Nomination criteria: Students will be nominated by the faculty for this award based on meeting at minimum of 2 of the following three criteria:

- The student demonstrates significant participation in a research project with a faculty mentor.
- The student presents original research at a national or regional conference or at MUSC student research day.
- The student submits a manuscript with the faculty mentor to a peer-reviewed journal.

Excellence in Service Award

The Excellence in Service Award recognizes students who have had outstanding contributions to their community through volunteerism while enrolled in the physical therapy education program.

Nomination Criteria: Students will be nominated by the faculty for this award based on meeting a minimum of 2 of the following five criteria:

- The student actively participated in a meaningful manner in multiple fundraising projects.
- The student actively participated in a meaningful manner in a large fundraising project.
- The student regularly participated in the CARES student run free clinic.
• The student is an active member of the physical and occupational therapy CARES board.
• The student actively participated in a significant number of volunteer activities.

25. WHITE COAT CEREMONY

The summer of the second year of the curriculum students participate in a White Coat Ceremony. This will be explained to you by the class advisor or Division Director.

26. CLASS ADVISOR

The class advisor periodically meets with the class to convey information and serves as a resource to students.

27. MUSC STUDENT HANDBOOK AND STUDENT GOVERNMENT

Students have the opportunity to participate as an officer in the student government associations for the University, the College of Health Professions, and their class in the Division of Physical Therapy. Class officers are elected the summer semester in the Foundations of Physical Therapy course. Information about student governance is located in the MUSC Student Handbook and at the SGA website:

MUSC Bulletin: http://www.musc.edu/studenthandbook/index.html
SGA: http://www.musc.edu/sga

28. SUPPORT SERVICES / OPPORTUNITIES

Information about various student support services can be found at the following websites:
http://www.musc.edu/bulletin/gen_info/support.html

MUSC Office of Student Life / Student Services:
http://academicdepartments.musc.edu/studentservices

Student Programs:
http://academicdepartments.musc.edu/studentprograms/index.html

MUSC Wellness Center:
http://academicdepartments.musc.edu/hsc/index.html

Center for Academic Excellence:
http://academicdepartments.musc.edu/cae/index.html

Counseling and Psychological Services:
http://academicdepartments.musc.edu/caps/index.html
Creating Collaborative Care / Student Interprofessional Society:
http://academicdepartments.musc.edu/c3/index.htm

Presidential Scholars:
http://www2.edserv.musc.edu/scholars/program/description.htm

29. MUSC OFFICE OF DIVERSITY

The Office of Diversity exists to serve all students at the Medical University of South Carolina in order to support a diverse, collaborative educational experience for all students. Information concerning the Office of Diversity can be found at: http://www.musc.edu/diversity/

30. IMPORTANT POLICY LINKS*

Financial Information (Tuition):
http://www.musc.edu/bulletin/gen_info/financial.html

Financial Aid:
http://www.musc.edu/bulletin/gen_info/financialaid.html

Health Professions Covenant:
http://academicdepartments.musc.edu/bulletin/chp/index.html

MUSC Academic Policies:
http://www.musc.edu/bulletin/acad_policies/index.html

Registration for courses:
http://www.musc.edu/bulletin/acad_policies/registration.html

Full-time status:
http://www.musc.edu/bulletin/acad_policies/fulltime.html

Student academic records:
http://www.musc.edu/bulletin/acad_policies/records.html

Leaving the University (LOA, withdrawal):
http://www.musc.edu/bulletin/acad_policies/leaving.html

Graduation requirements:
http://www.musc.edu/bulletin/acad_policies/graduation.html

Academic standards:
http://www.musc.edu/bulletin/acad_policies/academic_standards.html

Grading system:
http://www.musc.edu/bulletin/acad_policies/grading.html
Academic review:
http://www.musc.edu/bulletin/acad_policies/acad_review.html

Conduct standards:
http://www.musc.edu/bulletin/acad_policies/conduct.html

Student Arrest Policy:
http://academicdepartments.musc.edu/provost/pdf/Student ArrestPolicy.pdf

MUSC Policy for Substance Abuse Prevention and Intervention:
http://www.musc.edu/studenthandbook/Policies/alcoholabuse.html

MUSC Policy for Serving Alcoholic Beverages:
http://academicdepartments.musc.edu/studentorganizations/alcoholpolicy/index.html

Computer Use Policy (including using the MUSC network with a personal computer):

Criminal Background Check Policy:
http://academicdepartments.musc.edu/provost/pdf/CrimBckgrdChkstudents04.pdf

Electronic Communications Policy:
http://www.musc.edu/studenthandbook/Policies/ecommunicationpolicy.html

English Fluency Policy
http://www.musc.edu/studenthandbook/Policies/englishfluency.html

Privacy Policy Of Individually Identifiable Health Information:
http://www.musc.edu/studenthandbook/Policies/hipaa.html

Sexual Harassment Policy:
http://academicdepartments.musc.edu/genderequity/

Standards of Conduct:
http://www.musc.edu/studenthandbook/Policies/standardsofconduct.html

Severe Weather Policy and Plan:
http://academicdepartments.musc.edu/vpfa/operations/Risk%20Management/emergency/weather

Student Research Involving Human Subjects:
http://www.musc.edu/studenthandbook/Policies/studentresearch.html

The following are important links from College of Health Professions Bulletin:

Grading System:
http://www.musc.edu/bulletin/chp/grading.html
Graduation:
http://www.musc.edu/bulletin/chp/grad_req.html

Attendance and Conduct:
http://www.musc.edu/bulletin/chp/conduct.html

*The links and information obtained through the links are subject to revision and are planned to be updated each academic year. A revision of the links will be provided to students when available.

31. CONTACT INFORMATION

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Additional contact information can be found on-line with the MUSC Directory at http://find.musc.edu/

End of Handbook  --  April 2014