



**THE OHIO STATE UNIVERSITY**

---

SCHOOL OF HEALTH AND  
REHABILITATION SCIENCES

**PHYSICAL THERAPY DIVISION**

**DOCTORATE OF  
PHYSICAL THERAPY**

**STUDENT HANDBOOK**

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# SECTION 1. GENERAL DPT PROGRAM INFORMATION

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## 1.1 General Introduction

The Doctorate of Physical Therapy (DPT) curriculum is planned and administered to provide the student with a range of knowledge, skills, and behaviors that are required for professional success as a physical therapist. The educational program addresses foundational knowledge and contemporary issues in physical, biomedical, and social sciences that are significant to health care and its appropriate delivery to the consumer. The content of the total program is governed, reviewed, and revised in response to historical, political, and social forces as they relate to health care. The Doctorate of Physical Therapy Program is accredited by the Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave, Suite 100, Alexandria, VA 22305-3085.

Throughout this handbook, certain abbreviations or partial references are used as follows. "The university," "university," and "OSU" all refer to The Ohio State University. "The college" or "college" will typically refer to The College of Medicine at OSU. "The school," "school," "SHRS," or "HRS" will refer to The School of Health and Rehabilitation Sciences. "The division," "the program," or "the PT division" will typically refer to the Division of Physical Therapy in HRS, and to the Doctorate of Physical Therapy degree program, which the PT division administers.

It is each student's responsibility to become familiar with and to comply with the various Ohio State University and School of Health and Rehabilitation Sciences requirements as published in their handbooks, and DPT program regulations outlined in this handbook. By carefully reading the entire handbook, you should be able to avoid difficulties related to class scheduling, petitions, disciplinary action, graduation, and initial licensure. The Ohio State University has developed a Code of Student Conduct that is accessible at the following website: the <http://studentconduct.osu.edu/>. As a DPT student, you are under the authority of the graduate school, and that handbook is here: <https://gradsch.osu.edu/handbook>. In addition, the School of Health and Rehabilitation Sciences has a "Student Code of Ethics," outlined in the school's handbook, which defines expectations specific to our students. Each student is responsible for reading and following these expectations. The school's handbook along with that of the division is found on the school's website: <https://hrs.osu.edu/academics/academic-resources/student-handbooks>.

Student questions or concerns that are not addressed in this Handbook should be referred to the Division Director or to the Director of the School for review, discussion, and possible action. Students are encouraged to maintain frequent contact with their faculty advisors for assistance with academic, personal, or career matters.

In case of any discrepancy between this handbook and others that govern at OSU, the most recent published policy from the appropriate level of authority will apply.

## **1.2 Faculty**

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## 1.3 Mission and Philosophy of the Program

The faculty, staff, students, and alumni share great pride in the history and accomplishments of the Physical Therapy Program of The Ohio State University, which began in 1955. The program is energized by its location within a vibrant and diverse university. The OSU motto is, *Education for Citizenship*. The school spirit, traditions, and loyal alumni enrich the academic and clinical practice environment of the Physical Therapy Division in partnership with the Wexner Medical Center at The Ohio State University.

### 1.3.1 Mission Statement

**The mission of the physical therapy division is to advance the profession of physical therapy through education, research and scholarship, leadership, and service.**

### 1.3.2 Vision Statement

**OSU DPT students, alumni, and faculty will be leaders in promoting and optimizing human movement.**

### 1.3.3 Core Values

The Doctorate of Physical Therapy program embraces the shared values of The Ohio State University, which are explained in detail here: <https://www.osu.edu/shared-values>

#### **Excellence and Impact**

Advancing sustainable and evidence-based solutions through mutually beneficial partnerships

#### **Diversity and Innovation**

Encouraging open-minded exploration, risk-taking, and freedom of expression

#### **Inclusion and Equity**

Advocating for access, affordability, opportunity, and empowerment

#### **Care and Compassion**

Putting people at the center of all we do

#### **Integrity and Respect**

Building trust through honesty, transparency, and authentic engagement

### 1.3.4 Philosophy

Graduates from the Doctorate of Physical Therapy program are equipped to diagnose and manage movement dysfunction as it relates to the restoration, maintenance, and promotion of optimal physical function and the health and well-being of individuals, families, and communities. The program graduate must demonstrate 1) mastery of the profession's theoretical and scientific foundations, 2) the clinical skills required to manage a comprehensive plan of care for their patients, and 3) the professional behaviors necessary to advance the profession and develop as physical therapists.

The division believes that professional education in physical therapy should be based on prerequisite coursework in a four-year college degree followed by graduate coursework in the Doctorate of Physical Therapy (DPT) program to develop a strong knowledge base in foundational sciences, including Anatomy, Physiology, Pathology, Human Development, Biomechanics and Kinesiology, Neuroscience, and Pharmacology. Mastery of the foundational content is critical to the integration and application of the clinical science that is unique to physical therapy. The clinical science content will be integrated throughout the curriculum with didactic content that is reinforced through problem solving and case studies to foster development of clinical reasoning and independent decision-making skills.

Professional physical therapist education must also develop the entry-level clinical skills necessary for examination, evaluation, diagnosis, prognosis, and intervention. Skill development must be integrated into the academic curriculum and reinforced through high quality clinical education experiences. The learning of clinical skills is based on sound scientific principles, investigations of clinical efficacy, and clinical reasoning based on critical analysis of the scientific literature and with consideration of individual differences. Scientific investigation and application of evidence is taught as standard physical therapy practice. The principles and interpretation of research are taught throughout the curriculum. In addition, graduates will understand teaching and learning styles and their impact on communication with patients/clients. Education regarding clinical skills and behaviors is focused on preparing graduates for self-directed practice across settings. The faculty value collaborative practice and work in a multi-disciplinary environment to provide inter-professional management of patient care for optimal outcomes. Students have many opportunities to practice in this manner during the program.

The OSU PT Faculty also believe that Doctorate of Physical Therapy programs should be housed in institutions that provide entry level DPT students the opportunity to pursue their unique talents and interests at the highest levels in the areas of advanced educational experiences, research and scholarship, service, and leadership. DPT program faculty should collectively be involved in these activities at high levels of accomplishment to set the example for the students.

Graduates of the program are expected to have the professional behaviors required for competent, ethical, and responsible practice, including early development of management and leadership skills. Professional behaviors are emphasized throughout the didactic curriculum and reinforced with service-learning activities. Each graduate is expected to exhibit a dedication to the promotion of optimal health and physical function in patients/ clients of all ages, regardless of race, religion, age, biological sex, gender identity, sexual orientation, socioeconomic status, or other personal characteristics.

## 1.4 Information for Enrolled Students

This information is provided to assist you in completing several necessary activities. Please read these items carefully and follow instructions contained in them.

### 1.4.1 Related Costs

Related costs beyond tuition, fees and individual living expenses include:

1. Required textbooks and supplies (approximately \$1,500 / year).
2. All costs associated with clinical education experiences, including but not limited to university fees, travel, food, lodging, personal liability insurance, health insurance, uniforms, postage and the like, are the responsibility of each student. Students can expect an average of about \$3,500 for the total amount spent on clinical education experiences during the entire program. These costs vary widely according to the experience.
  - a. Every student is required to travel for at least one clinical education experience; most students travel for two or three experiences during their education. Exceptions to this policy are covered in Section 5.4.9.
  - b. The student is also responsible for any other costs that may occur during the clinical education experience (outings, travel, recreational activities, meetings, continuing education programs, etc.).
  - c. Note: Costs for faculty to visit clinical education sites are paid by the program, not the student.
3. CPR Certification fees. Students have the option to complete their American Heart BLS for the Provider CPR certification through an HRS sponsored course for \$30 once in the first year and again the third year.
4. Professional dues: Students are required to join the American Physical Therapy Association (\$90 annually). This provides access to journals, content on the APTA website, and materials that are required reading. The program pays your first year, students pay subsequent years. Students may also join individual APTA academies or sections. The cost of those memberships are the responsibility of the student (some of them are free to students with APTA memberships).
5. Cost to Attend Combined Sections Meeting in Year 2
  - a. The program will pay your registration fee and may also provide a small amount (~\$100) towards the cost of your attendance.
  - b. You will be responsible for travel to/from the conference, meals, and lodging. The DPT Student Club typically holds fundraisers to help offset these costs.
6. Licensure Costs in Year 3
  - a. The program pays for the cost of the Practice Exam (PEAT) administered by the Federation of State Boards of Physical Therapy
  - b. You will be responsible for the cost of an exam preparation course that the students arrange (optional). This typically costs about \$110 per student.

- c. You will be responsible for initial application for licensure fees. In Ohio, the cost is \$100. Costs vary by state.
  - d. You will be responsible for the cost of the National Physical Therapy Examination. In 2023, the examination fee was \$493. There is also a Prometric site fee of ~ \$100, for a total cost of approximately \$600.
7. Other costs and fees as may be required for the student to meet requirements of the program.

## 1.4.2 Financial Assistance

The procedure for application for financial assistance can be obtained from the Student Financial Aid Office at <http://sfa.osu.edu>. The deadline for requests for most grant, loan, or scholarship funds is March 1 prior to the academic year of financial need. There is also an emergency fund and other resources available for students who have unexpected difficulties while enrolled, which can be found at <https://advocacy.osu.edu>.

Each year, during Spring Semester, awards from university scholarships are made to a small number of physical therapy students. These scholarships provide partial support for tuition costs during the professional program and are based on varying combinations of merit, financial need, and specific endowment criteria. Students will be given information about these scholarships by the Division Director during the acceptance process. In general, a student must have filed the FAFSA with student financial aid in order to receive these scholarships. Physical Therapy students may also be eligible for scholarships or grants compiled in the Scholarship/ Financial Aid Information Packet provided by the American Physical Therapy Association. This brochure is available at <https://www.apta.org/for-students/scholarships-awards>.

## 1.4.3 Student Information

The DPT program is required to collect information beyond what the university normally keeps in its student records. This may include your social security number, date of birth, and other data. The program needs this information to be able to certify graduation and program completion for state licensing boards, to comply with accreditation requirements, and to provide information to our clinical partners for clinical education. The program follows university policies to protect these data.

## 1.4.4 Due Dates for Registration, Scheduling, and Fee Payments

After the student has been accepted into the School of Health and Rehabilitation Sciences, all registration, class scheduling and counseling procedures will be provided by the university, with assistance from the school's Student Services Office. Registration information is sent from the Registrar's Office to your university email address at the appropriate time during the semester. Each student is responsible for reviewing all academic requirements of the curriculum and the university so that all requirements are satisfied prior to graduation.

During some semesters of the program, the start and stop dates of PT classes depart from the normal academic calendar. **However, the fee payment and registration deadlines, including deadlines for withdrawal and late fees, still follow the normal university calendar.** Although a class in the DPT

program may not meet until the middle of the semester, the student is required to pay tuition at the beginning of the semester. If in doubt, the student should ask well in advance. Late fees are not waived except in extraordinary circumstances.

### **1.4.5 Advising**

Matters pertaining to individual student conflicts and concerns (scheduling, petitions, personal matters, etc.) should be discussed with the student's faculty advisor or the school's graduate advisor. Graduate advising is used for matters that require interaction with the university, such as course change forms, transferring to a different program, enrolling in a dual degree program, etc. The school's graduate advisors are found in the school's Office of Academic Affairs, which is located in 206 Atwell Hall.

Each student is assigned a faculty advisor during summer term of year one. The program provides a mandatory schedule for advising meetings (see section 2.13.3). Additional meetings may be arranged by the student or advisor as the need arises.

Every student in the OSU DPT program has an advising folder located in Microsoft Teams in the team named OSU DPT Program. Each student's advising folder is visible to the DPT faculty and to the school's graduate advisors and to the individual student. Students can only see their own folder, they cannot see folders for other students. When a student enters the DPT program, as soon as an OSUMC account is made, the DPT program begins the process of setting up the advising folders. Typically, these are ready to use after the first or second week of the program, after students arrive in the summer. Forms used to track student progress in the program, professional behaviors, and progress in specialization programs are kept in each student's advising folder. Students will receive specific instructions about how to use this folder during their first summer in the program.

### **1.4.6 Counseling Services**

The school has a dedicated counseling service, which is paired with the university's Center for Career and Counseling Services. You can learn more at their website: <https://hrs.osu.edu/academics/academic-resources/counseling-services>. Students who need help or support from counseling for any reason are encouraged to contact the school's counseling service to setup an appointment. To schedule an appointment, email and let them you are in the DPT program and that you'd like to set up an initial counseling appointment.

### **1.4.7 Academic Success**

There are a variety of resources available on campus to support academic success. For even the best students, the adjustment from undergraduate coursework to more rigorous graduate level curricula can be challenging. The Dennis Learning Center provides one-on-one to help develop individualized study strategies for graduate students. The Dennis Learning Center also offers resources to graduate students to further develop study skills and tips to adjusting to graduate level courses. You can sign up for these workshops as an individual or with a group of students.

Click this link to access these resources: <https://dennislearningcenter.osu.edu/student-resources/resources-for-grad-prof-students/>

## **1.4.8 Lockers**

Lockers are available in Atwell Hall for students to use. Students who wish to obtain a locker should see staff in the Office of Academic Affairs, 206 Atwell Hall, or email them at [hrsstudentservices@osumc.edu](mailto:hrsstudentservices@osumc.edu) for more information. The student must use a combination lock (key locks are not permitted).

## **1.4.9 Computer Information Technology and Systems**

### **1.4.9.1 Email Accounts**

You will have three email accounts associated with the university. You will be sent instructions for how to use these accounts during your first semester.

#### **1.4.9.1.1 Ohio State “osu.edu” accounts**

Every student who applies to Ohio State gets assigned a “lastname.#@osu.edu” account. This is your last name followed by a period followed by a number. This is what you will use to log into all general OSU resources.

Along with your OSU lastname.# account, students who enroll get a “buckeyemail” account. It has the same number but the form lastname.#@buckeyemail.osu.edu. For most students, their experience will be that the buckeyemail account is their email address. If a student has a job at the university, the lastname.#@osu.edu is the ‘work’ email and it functions independently of the buckeyemail account.

For internal university login screens, such as the library or registrar, enter the lastname.# part of the email address, and leave off the @osu.edu part. For a system where the university has a special account with an outside software vendor, like Adobe, if prompted to enter a complete email address, then use the lastname.#@osu.edu version of the email (not the buckeyemail one) for authentication as a member of the OSU community.

After graduation, the only email that will still work is the lastname.#@buckeyemail.osu.edu account. If you want to keep using it, that is good for the rest of your life. The lastname.#@osu.edu only works while you are an actively enrolled student, or if you are a university employee. The university leaves it active for a couple of semesters after your graduate so you can finish up certain things, but eventually, it will be turned off.

#### **1.4.9.1.2 Wexner Medical Center “osumc.edu” account**

Once you are on campus and you have passed your background check, you will also get an email address through the Wexner Medical Center. This will allow you access to computer resources that are unique to the College of Medicine and the medical center. Your user ID for this account will include the starting letters of your last name followed by numbers to create a user ID that is four - six letters long (last##). This is what you will use to log into computers in the school and throughout the medical center to

access things like the medical record system when you see patients in the OSU system. The password for this will be the same as the password for your osu name.# account. You will get an email for this medical center account in the form firstname.lastname@osumc.edu.

***NOTE: ONCE YOUR MEDICAL CENTER EMAIL IS ACTIVATED, FACULTY WILL USE THE MEDICAL CENTER EMAIL AS YOUR PRIMARY ACCOUNT.***

#### **1.4.9.1.3 Getting help with email accounts**

For help with your password, university email, Carmen, or any other technology issues, questions, or requests, contact the Ohio State IT Service Desk. Support is available 24/7 for urgent issues.

- Self-Service and Chat support: [it.osu.edu/help](https://it.osu.edu/help)
- Phone: 614-688-4357(HELP)
- Email: [servicedesk@osu.edu](mailto:servicedesk@osu.edu)
- TDD: 614-688-8743

If the issue is with the osumc.edu account, please contact the HRS OT Specialist, Bruce Noskowiak, at his email address, [bruce.noskowiak@osumc.edu](mailto:bruce.noskowiak@osumc.edu)

#### **1.4.9.2 Technology skills needed for the DPT program**

- Basic computer and web-browsing skills
- How to navigate Carmen: [go.osu.edu/canvasstudent](https://go.osu.edu/canvasstudent)
- How to use CarmenZoom for virtual meetings: [go.osu.edu/zoom-meetings](https://go.osu.edu/zoom-meetings)
- Other skills as indicated by particular courses

#### **1.4.9.3 Required software**

- Microsoft Office 365. All Ohio State students are eligible for free Microsoft Office 365. Full instructions for downloading and installation can be found at <https://it.osu.edu/microsoft-365>. You will need this software to access things like your advising folder and other information like the weekly schedule of assignments known as “the grid.”
- Adobe Acrobat. You will at least need the free acrobat PDF reader software.
- Exemplify. Faculty use a program called ExamSoft for many of your written exams. The student version of this is called Exemplify, which is what you will use to take exams.

#### **1.4.9.4 Required equipment**

- Computer: current Mac or PC with up-to-date operating system that meets requirements for the software systems listed below, and high-speed internet connection
- Webcam: built-in or external webcam, fully installed and tested
- Microphone: built-in laptop or tablet mic or external microphone
- Other: a mobile device (smartphone or tablet) to use for BuckeyePass authentication

Here are links to websites you can use to check your computer to see if it meets requirements:

System requirements for Zoom. <https://support.zoom.us/hc/en-us/articles/201362023-Zoom-system-requirements-Windows-macOS-Linux>

System requirements for Canvas. <https://community.canvaslms.com/t5/Canvas-Basics-Guide/What-are-the-browser-and-computer-requirements-for-Instructure/ta-p/66>

System requirements for Exemplify: <https://examsoft.com/resources/exemplify-minimum-system-requirements/>.

#### **1.4.9.5 Carmen access**

The university's learning management system (LMS) is called Carmen Canvas. The OSU Carmen Canvas LMS is based on a product called Canvas made by a company called Instructure. The location is <https://carmen.osu.edu>.

#### **1.4.9.6 Buckeye Pass (Duo)**

You will need to use BuckeyePass ([buckeyepass.osu.edu](http://buckeyepass.osu.edu)) multi-factor authentication to access multiple systems at Ohio State, including the Carmen system for your courses. To be sure you can get into the system when something goes wrong, here are some recommendations.

- Register multiple devices in case something happens to your primary device. Visit *BuckeyePass - Manage Devices* for step-by-step instructions ([go.osu.edu/add-device](http://go.osu.edu/add-device)).
- Request passcodes to keep as a backup authentication option. When you see the Duo login screen on your computer, click Enter a Passcode and then click the "Text me new codes" button that appears. This will text you ten passcodes good for 365 days that can each be used once.
- Download the Duo Mobile application ([go.osu.edu/install-duo](http://go.osu.edu/install-duo)) to all of your registered devices for the ability to generate one-time codes in the event that you lose cell, data, or Wi-Fi service.

If none of these options will meet the needs of your situation, you can contact the IT Service Desk at 614-688-4357(HELP) and IT support staff will work out a solution with you.

#### **1.4.9.7 Zoom Access**

The university has a special instance of Zoom, which is branded as "Carmen Zoom." Online learning via zoom uses this platform. Each student gets their own zoom account while enrolled that can be used for their learning activity. Limited personal use is permitted consistent with university policy. The login is <https://zoom.osu.edu> and your university name.# credentials are used for access.

#### **1.4.9.8 Multimedia Content Sites**

OSU has two systems for online multimedia content associated with courses. The legacy system is MediaSite. The url for this is <https://mediasite.osu.edu>. Be aware, however, the MediaSite may be sunsetting. The new system, which provides better accessibility, is called Echo360. This is integrated within your Carmen learning system so that you login from there.

#### **1.4.9.9 OSU Software Installation Site**

Additional software is available for free, or for a discount, to students and staff. Students are not eligible for the same things as staff, but there are still many useful programs available to students either for free or at a discount. Visit <https://it.osu.edu/software> for more information.



## SECTION 2. DPT PROGRAM RULES, POLICIES, AND REQUIREMENTS

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### 2.1 Policy for Background Checks

The Joint Commission on Accreditation of Health Care Organizations has mandated that all students working in hospitals and clinic settings must have a background check, which includes records of criminal activities and other items on an individual's record that may warrant further review. To comply with this mandate, The Doctorate of Physical Therapy program follows HRS policy for background checks. (See HRS Policy #14: Academic Standards for Clinical Practice: Background Check).

### 2.2 Policy for Patient/Volunteer Confidentiality

Students shall respect patient's rights to confidentiality. All patients or volunteers who come into the laboratory setting for the purpose of demonstrations and practice by students will sign the CONSENT FOR EVALUATION, CARE AND TREATMENT AS AN EDUCATION MODEL PATIENT Form. Faculty will be present at all times during practice sessions. (See HRS Policy #13 Academic Standards for Clinical practice: HIPAA Compliance)

### 2.3 Policy for Cardiopulmonary Resuscitation (CPR) Training

Each student is required to show proof of completion of an approved Cardiopulmonary Resuscitation (CPR) course from the American Heart Association for the Healthcare Provider prior by the end of the first Autumn Semester or be enrolled in an American Heart Association certified healthcare provider course for early Spring Semester of the first year. The period of certification must include the student's full-time clinical education assignment time period. A copy of the certification must be provided to the division director or designee as soon as the student has received the certification card.

The school will provide this training at minimal cost (typically ~\$30) to DPT students in the fall of their first year and again in the fall of their third year, which should cover all the time the student is in the program. If for some reason a student cannot attend that training, then it is the student's responsibility to arrange and complete the required training program at their own cost. A student must check with the director of clinical education to ensure that any course other than that provided by the school meets criteria. **If the course does not meet criteria, the student will not be allowed to begin their clinical education experience.**

## 2.4 Policy for Vaccinations and Health Requirements

**No student will be permitted to start a full-time clinical education affiliation without current CPR certification, a physical examination, and proof of required vaccinations.**

A list of vaccinations required for clinical practice is mandated by the school in the school's handbook. These include the typical childhood vaccinations, as well as vaccinations for illnesses that can be transmitted through contact in clinical settings. Current flu vaccination is also required. Please be advised that clinical education sites set their own policies, so an exemption that is approved by OSU does not guarantee that the clinic will accept that exemption. Additional requirements may apply at certain sites. The school oversees these requirements in consultation with the division's director of clinical education. (See HRS Policy #16 Academic Standards for Clinical Practice: Immunization Requirements ).

An annual physical examination by a physician, nurse practitioner, or physician's assistant is required for the student to begin clinical practice. Whenever there is a significant change in a student's health status, school policy dictates that the program must be notified to allow a determination as to whether accommodation may be required. Elective surgeries should be planned in consultation with the program to ensure that the student's progress in the program is not adversely affected.

To summarize, for clinical education experiences in physical therapy, OSU requires students to have the following

- A yearly physical examination
- A two-step PPD the first year and then annual one step PPD each additional year OR TB blood test
- Immunization verification of MMR (a titer is only required if proof of vaccination is unable to be located), varicella (titer only required if previously infected with the disease (Chickenpox) or if proof of vaccination is unable to be located), Tdap, hepatitis B including a positive titer, and a yearly flu vaccine to minimize their health risks during clinical experiences.
- Students are required to maintain current CPR certification, have training for infection prevention and HIPAA, and pass both an annual criminal background check and a 12-panel drug screen.

## 2.5 Policy for Liability Insurance

1. Students will be covered under a blanket policy provided by the university at no cost to the student. The insurance will cover all clinical education assignments and other activities completed as part of a program requirement, including service learning.
2. The policy provided by the university does not cover any activities that are not part of the requirements of the DPT program.

Given that liability insurance for student physical therapists is generally quite inexpensive, students are encouraged to maintain personal coverage independent of the coverage provided by the school.

## **2.6 Policy for Technical Standards**

### **2.6.1 General Policy for the School of Health and Rehabilitation Sciences**

The faculty of the School of Health and Rehabilitation Sciences have outlined Technical Standards documents (TSDs) that are unique to professional students and to specific programs within the school. The TSDs include the minimum physical, cognitive, and behavioral standards expected of all students accepted in that academic program in the School of Health and Rehabilitation Sciences. The TSDs are described as expected outcomes rather than in terms of the processes used to achieve the standard. The TSDs of each school will be annually reviewed and updated with the Academic Accommodations Office. Each program may supplement the university-Wide Technical Standards with its own technical standards, which will be specific to the needs of the program.

Technical standards are nonacademic criteria for admission and continued program participation. They may include such things as abilities in context (ability to discriminate breath sounds), behaviors in the present (compliance with an established code of conduct), or safety (a direct threat to health and safety). Focus is on the specific curriculum to be mastered.

Standards should be anchored to the curriculum, supported in policy and practice, and utilize objective performance criteria that can be reliably applied to all program applicants or participants.

Standards should be defined as essential functions a student must demonstrate in order to fulfill program requirements and should be connected with professional licensure requirements.

In addition, students in professional programs within the School of Health and Rehabilitation Sciences must be able to perform the following universal Technical Standards with or without accommodations. Each program may further elaborate on these general descriptions so that they are congruent with the professional roles the student will eventually enter. An individualized interactive process must be used to determine if reasonable accommodations would allow a student to meet the technical standards.

#### ***2.6.1.1 Universal Technical Standards for the School of Health and Rehabilitation Sciences***

##### **2.6.1.1.1 Observation (to include the various sensory modalities):**

Students must be able to accurately observe close at hand and at a distance to learn skills and to gather data (e.g., observe an instructor's movements, a patient's gait or verbal response, a chemical reaction, a microscopic image, etc.). Students must possess functional use of the senses that permit such observation.

### **2.6.1.1.2 Communication**

Students must be able to communicate effectively and efficiently. Students must be able to process and comprehend written material. The student must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern, and sensitivity to potential cultural differences. In patient care settings the student must be able to process and communicate information on the patient's status with accuracy in a timely manner to physician colleagues and other members of the health care team.

### **2.6.1.1.3 Psychomotor Skills**

Students must have sufficient motor capacities and mobility to execute the various tasks and physical maneuvers that are required within each program. Students must be able to display motor functioning sufficient to fulfill the professional roles toward which each program educates.

### **2.6.1.1.4 Intellectual and Cognitive Abilities**

Students must be able to measure, calculate, reason, analyze, synthesize, integrate, and remember to apply information. Creative problem solving and clinical reasoning require all of these intellectual abilities. In addition, programs may include requirements specific to their programs.

### **2.6.1.1.5 Professional and Social Attributes**

Students must exercise good judgment and promptly complete all responsibilities required of each program. They must develop mature, sensitive, and effective professional relationships with others. They must be able to tolerate taxing workloads and function effectively under stress. They must be able to adapt to changing environments, display flexibility, and function in the face of uncertainties and ambiguities. Concern for others, interpersonal competence, and motivation are requisites for all programs. (See HRS Policies 1,5,11)

### **2.6.1.1.6 Ethical Standards**

A student must demonstrate professional attitudes and behaviors and must perform in an ethical manner in dealings with others. All programs require personal integrity and the adherence to standards that reflect the values and functions of the profession. Many programs also require adherence to a code of ethics. (See HRS Policy 1 Academic Standards: Code of Ethics)

## **2.6.1.2 Rights and Responsibilities**

Every qualified student with a disability has the right to:

- Equal access to educational and co-curricular programs, services, activities, and facilities available through Ohio State University, the College of Medicine and the School of Health and Rehabilitation Sciences.
- Reasonable and effective accommodations, academic adjustments, and/or auxiliary aids as determined on a case-by-case basis.
- Confidentiality regarding disability information including the right to choose to whom the disclosure of disability is made except as required by law.

- Receive information in reasonably accessible formats (e.g., meets request deadlines to ensure availability.)

Every student with a disability has the responsibility to:

- Meet the academic program's qualifications including essential technical, academic, and institutional standards.
- Self-identify as an individual with a disability and request accommodations through the Office of Student Life-Disability Services (slds.osu.edu) in a timely manner.
- In order to assure accommodations are in place when classes begin, we recommend students with disabilities complete registration at least four weeks before the first day of each semester or rotation.
- Provide documentation from an appropriate professional source verifying the nature of the disability, functional limitations, and the rationale for specific accommodations being recommended and/or each semester as warranted.
- Follow specific procedures for obtaining reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids as outlined.

## **2.6.2 Technical Standards Specific to the Doctorate of Physical Therapy Program**

### **2.6.2.1 Rationale**

Physical therapy is a demanding career that requires a wide variety of cognitive, behavioral, sensory, and motor functions. The physical therapist is expected to independently perform all aspects of the job. As described in the Guide to Physical Therapist Practice, the physical therapist will professionally interact with clients and their families who come from a wide variety of backgrounds and at any stage of life, from infancy through old age. The therapist will also interact professionally with other health care professionals, payers, and regulatory or legislative institutions. Services are provided to persons with disabilities for changes in function due to injury, disease, or other causes. The scope of physical therapist practice includes assessment and reduction of risk, prevention of disease and disability, promotion of health, wellness, and fitness, as well as the direct and specific rehabilitation of motor abilities diminished for any reason. Physical therapists consult, educate, engage in critical inquiry, and administrate. Physical therapists also supervise the physical therapy clinic, including training and supervision of support personnel and paraprofessionals.

The philosophy of the Doctorate of Physical Therapy program at The Ohio State University is to prepare students competent for practice as entry-level generalists employable in any jurisdiction in the United States of America. It is also the expectation of the program that every student who graduates from this curriculum will be prepared to practice as a physical therapist, pending passage of the appropriate examination for state licensure. Therefore, in accordance with the requirements of this profession and the philosophy and expectations of this program, the faculty of the physical therapy division have developed the following list of technical standards for admission and progression.

### **2.6.2.2 General Procedures**

Before a student will be permitted to begin a clinical education experience as a student physical therapist, a satisfactory level of performance must be demonstrated in these areas. Performance in Critical Thinking, Interpersonal Skills, and Communication Skills will be assessed through the Division's application of the Professional Behaviors Policy (see section 3.2.3.5). Performance in the remainder of these abilities will be assessed through examinations (written and practical) incorporated within the courses in the curriculum. In each course, a notice of technical standards to be tested and the level of performance required will be written into the syllabus. These tests are designed as screening tools, such that successful performance on the tests indicates to the faculty that the student probably possesses the technical abilities required of a physical therapist. A student who does not achieve satisfactory performance of these technical abilities may not be permitted to begin their clinical education experience until satisfactory performance is demonstrated.

Reasonable accommodation may be made to enable individuals with disabilities to achieve these standards of performance. Students who wish to receive such accommodation must follow established procedures to register and work with the university's Office of Student Life Disability Services (SLDS) before faculty can make such accommodations. Students who are unable to perform these functions but who do not seek accommodation through SLDS should expect to not receive any accommodation. The program seeks to be supportive of individuals who can, through reasonable accommodation, meet the technical standards expected of a physical therapist.

### **2.6.2.3 References**

- APTA Guide to Physical Therapist Practice 4.0. Here is the link: <https://guide.apta.org/> (2023).
- May, W.W., Morgan, B.J., & Lemke, J.L. (1995). Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*, 9, 3-6.
- "29-1123.00 - Physical Therapists." O\*NET OnLine, National Center for O\*NET Development, [www.onetonline.org/link/summary/29-1123.00](http://www.onetonline.org/link/summary/29-1123.00). Accessed 16 May 2023.
- The Ohio State University Hospitals Job Descriptions for Physical Therapists, 2023.

#### **2.6.2.4 DPT Technical Standards**

These are the technical standards required for admission and progression in the Doctorate of Physical Therapy program. The student must read this list before signing the statement of understanding. If the student identifies any ability on this list that they feel unable to perform, please contact the program director. The student will be asked to register with student life and disability services, and through that office, we will begin a discussion to determine if reasonable accommodations can be made.

##### **2.6.2.4.1 Critical Thinking**

**Standard: Critical thinking ability sufficient for clinical judgment**

*Example of necessary activities (not all-inclusive)*

- Synthesize examination findings to arrive at a physical therapy diagnosis
- Develop a comprehensive plan of care appropriate to each patient
- Apply results of current physical therapy research to clinical practice

##### **2.6.2.4.2 Interpersonal Skills**

**Standard: Interpersonal abilities sufficient to interact with patients, families, colleagues, and groups from various social, emotional, cultural, and intellectual backgrounds**

*Example of necessary activities (not all-inclusive)*

- Display appropriate sensitivity while training patients and families in complex caregiving tasks after life-changing events such as strokes, spinal cord injury, or the birth of a child with a disability, etc.
- Achieve the expected levels of performance in the Professional Behaviors policy of the DPT program

##### **2.6.2.4.3 Communication Skills**

**Standard: Communication abilities sufficient for effective verbal, non-verbal, and written interaction with others**

*Example of necessary activities (not all-inclusive)*

- Teach patients to perform exercises correctly
- Read and contribute to the medical record of the patient
- Gather relevant information during patient interviews
- Adjust verbal and written communications to accommodate the communicative ability of the targeted audience
- Written and verbal fluency in the English language as mandated by state licensure boards in the United States of America

#### **2.6.2.4.4 Mobility**

**Standard: Physical ability sufficient to move patient and self about the work environment throughout the day on a variety of surfaces, and to and from different levels**

*Example of necessary activities (not all-inclusive)*

- Complete transfers from the floor to standing with patient safely and appropriately
- Navigate confined spaces (e.g., car, hallway or bathroom) to train patients in appropriate and safe transfer methods
- Instruct and provide appropriate and safe physical assistance when needed to patients completing wheelchair mobility outdoors and on varied environmental terrain

#### **2.6.2.4.5 Motor Abilities**

**Standard: Gross and fine motor skill sufficient for safe and effective provision of physical therapy evaluations and treatments**

*Example of necessary activities (not all-inclusive)*

- Provide manual resistance sufficient for a maximal manual muscle test (MMT) of the quadriceps muscles of the knee and a poor grade MMT of the fingers
- Maintain safe patient handling and control of assistive devices (walker) simultaneously
- Fine motor skill sufficient to use surgical instruments to clean dead tissue away from open skin wounds
- Calibrate and use equipment
- Adapt manual inputs to patient ability during therapeutic exercise
- Balance sufficient to maintain safety of patient and self during crutch training outside in a dynamic, visually complex environment
- Occasionally lift and support objects weighing 50 pounds
- Help perform multi-person transfers of obese patients

#### **2.6.2.4.6 Auditory**

**Standard: Auditory acuity sufficient to assess patients, monitor their status, and maintain their safety**

*Example of necessary activities (not all-inclusive)*

- Respond to alarms from patient equipment
- Respond to patient verbal calls for help
- Appreciate and interpret heart and lung sounds



#### **2.6.2.4.7 Visual**

**Standard: Visual acuity sufficient to assess patients, monitor their status, and maintain their safety**

*Example of necessary activities (not all-inclusive)*

- Examine skin wounds and make clinical judgments based on their appearance
- Observe patient's movement patterns and adjust treatment approach accordingly
- Detect environmental hazards and patient actions to assess safety and prevent injury
- Gather information from medical equipment, such as EKG machines, to monitor patient status.

#### **2.6.2.4.8 Tactile**

**Standard: Tactile sensation sufficient to assess patients, monitor their status, and maintain their safety**

*Example of necessary activities (not all-inclusive)*

- Perform palpation functions for physical examination and treatment, such as detecting tissue irregularities, perceiving temperature and moisture of patient's skin, detect joint irregularities, and palpating injured structures to identify anatomical landmarks.
- Instruct and provide appropriate and safe physical assistance when needed to patients completing wheelchair mobility outdoors and on varied environmental terrain.

#### **2.6.2.5 Procedure for Assessment**

The faculty of the Doctorate of Physical Therapy program at The Ohio State University will assess each student for their ability to meet the Technical Standards. Students must meet these standards before entering the clinical education component of the curriculum. To enact this policy, the procedure outlined below will be followed.

1. The Technical Standards Statement of Understanding and the Technical Standards will be mailed to students after they have accepted the offer of admission to the program.
2. The student will read the statement and send the *Technical Standards Statement of Understanding* page back to the Physical Therapy program before starting the program.
3. If a student requests reasonable accommodations to meet the Technical Standards, the Physical Therapy program will work with the student, the Office of Student Life Disability Services (SLDS), and the Americans with Disabilities Act (ADA) Coordinator as needed to determine reasonable accommodations for both classroom and clinical education needs. Students are encouraged to report any condition that may need attention as early in the curriculum as possible. This means during the first week of each didactic semester for needs in the classroom and during the first autumn semester for clinical education needs. This will ensure ample time to identify resources for accommodation needs. The Office of Student Life Disability Services is located in 098 Baker Hall, 113 W 12<sup>th</sup> Ave, Columbus, OH 43210. The SLDS contact phone number is 614-292-3307

and email address is [SLDS@osu.edu](mailto:SLDS@osu.edu). The website is <https://slds.osu.edu/>. The contact person for PT is Tonya Apke, Director of Clinical Education. Her office is in 516 Atwell Hall. Her phone number is 614-292-2410, email [tonya.apke@osumc.edu](mailto:tonya.apke@osumc.edu). The ADA Coordinator's Office is located at the Younkin Success Center, Suite 260, 1640 Neil Avenue, Columbus, OH 43201.

Phone: (614) 292-6207. TTY: (614) 688-8605. Fax: (614) 688-3665. E-mail: [ada-osu@osu.edu](mailto:ada-osu@osu.edu)

4. After the consultative process between the student, the faculty, and SLDS, the student will receive a written explanation of how the requested accommodations can or cannot be reasonably met by the didactic and clinical program.
5. Students who cannot meet the Technical Standards but who have not followed the procedure outlined above to request accommodation should expect not to receive any accommodation.
6. Failure to satisfactorily demonstrate the technical standards may prevent the student from entering the clinical education component of the curriculum or from progressing to more demanding aspects of the academic program. If in the professional judgment of the faculty, no reasonable accommodation can be made to allow successful performance, continued progression in the program may not be allowed.

Administrative Note: Prior to the 2023-24 version of this handbook, the DPT program used the term "Core Performance Standards" instead of "Technical Standards." Students who have previously signed a core performance statement of understanding or who have been passed as satisfactory in performing core performance standards will be considered to be in compliance with the current technical standards, as well. Such students will be informed of the new technical standards with the publication of this handbook and held to these new standards going forward in case the need for assessment arises.

## **2.7 Policy for APTA Membership (American Physical Therapy Association)**

All DPT students are required to join and maintain APTA membership throughout their time as a student to enable them to access important educational publications and information, professional meetings, and other professional activities. The APTA makes provision within its bylaws for student membership for individuals who are enrolled in approved curricula of physical therapy in the United States and Puerto Rico. Many of these resources available only to members are used as required course resources. Therefore, our DPT program faculty treat student APTA membership as the equivalent of a required textbook. Only students with currently active membership will be eligible to receive financial assistance including registration or other expenses for professional meetings.

Student membership in the APTA currently costs \$90 per year, includes membership to the Ohio Physical Therapy Association (OPTA), and provides the student with a year's subscription to Physical Therapy and other professional privileges. Upon completion of the academic and clinical program, the student becomes eligible for active membership in the APTA. The student must notify the APTA of any address changes; the student should use a home address for their membership, not the address of the DPT program.

### **2.7.1 Process for student APTA membership in the first year**

First year students will fill out a PDF membership application form. This is sent to incoming students in the spring before classes begin. Students must return this by a deadline in May, before classes start. The physical therapy division will submit those membership forms as a group and pay the cost of your first-year membership; please do not join yourself in the first year, let the program submit your application.

### **2.7.2 Process for student APTA membership after the first year**

For the second and third year (or any time after the first year), the student will renew their membership and pay fees individually. Remember, this is a membership renewal, not a new membership.

### **2.7.3 Additional Information about APTA and OPTA membership**

After you are a member, you may add, at your own expense, additional APTA academy memberships for areas that interest you (e.g., sports, pediatrics, neurology, etc.). Most sections offer student membership at a substantial discount and some may have no membership fee (APTA Academy of Geriatrics). The program will not pay for your academy memberships at any time.

As APTA members, students with a home address in Ohio are automatically members of the Ohio Physical Therapy Association. Students are invited to attend scheduled OPTA District meetings and special workshops. Students are encouraged to take advantage of these meetings and to attend as many as possible since they are means by which the student can become better acquainted with the profession. An annual OPTA meeting is also open to student attendance and participation for a fee established by the OPTA.

There is an organization to provide liaison between the OPTA and students enrolled in the entry-level physical therapy programs in Ohio called the Student Special Interest Group (SSIG). This group elects officers at each institution and has an organizational structure at the state level. There are monthly online meetings and each cohort of each program elects a liaison to the SSIG but any student is welcome to attend the monthly meetings. [www.ohiopt.org](http://www.ohiopt.org)

## **2.8 Policy on Class Attendance and Participation**

All students are required to attend all special and regularly scheduled lectures, laboratories, and clinical education activities unless illness or a similar reason makes it inadvisable or impossible to be present. The student is required to inform the instructor or the clinical site as soon as practicable (before class if possible) of any illness or emergency which will prevent attendance at regularly scheduled academic or clinical assignments. Prolonged illness will be handled on an individual basis according to university policy and procedure. Violation of the attendance policy may result in disciplinary action. During class, as students in a professional program, students are expected to be alert, prepared, and participating. A repeated pattern of distraction, not following instructions, inattention (including sleeping), lack of preparation, or disengagement may be noted as unsatisfactory performance in the professional

behaviors. Even though a student may be earning a satisfactory grade in the course, failure to attend and participate in class may still be considered unsatisfactory professional behavior.

## 2.9 Policy for Departures from the Regular Academic Calendar

As a professional curriculum with clinical education requirements central to the education of physical therapists, the DPT curriculum at times departs from the regular university academic calendar. A summary of the program is as follows:

<i>Term</i>	<i>Scheduling Details</i>
Year 1 Summer	Starts the Tuesday after Memorial Day, before second summer term.
Year 1 Fall	Follows normal university calendar
Year 1 Spring	Begins on time, ends ~2 weeks early so that students can begin the first full time clinical education experience, PT 7189.
Year 2 Summer	Begins early with the first full time clinical education experience, PT 7189. Students return to start the pediatrics curriculum at the normal university mid-June start date. The pediatrics courses end with the summer term end date around the beginning of August. PT 7189 and the summer pediatrics courses are all summer term courses. Students must register and pay fees for the entire summer term at the earliest summer tuition due date. The student cannot wait for the pediatrics courses to begin in June to pay tuition for summer.
Year 2 Fall	Follows normal university calendar
Year 2 Spring	Starts on time. Didactic courses end early to allow first half of the second full time clinical education course, PT 7289.01. Students take the second-year comprehensive exam prior to departing for clinical training.
Year 3 Summer	Students finish PT 7289.02 and then take PT 8189, registering for 12 credits in summer term. The end date for PT 8189 comes slightly after the normal end date for summer term.
Year 3 Fall	Starts on time with normal university calendar. PT didactic courses are completed by Thanksgiving. Students completing the international service-learning course go to Merida after Thanksgiving.
Year 3 Spring	Starts as soon as practicable after Jan 1, before university classes begin. Scheduled around clinical education experiences. Students return to campus for a final week of closing activities, including graduation.

## 2.10 Policy for Special Program Events

- When special visiting lecturers are arranged, all students who are on campus are required to attend. This specifically includes presentations by prospective faculty interviewing for a position here.
- There is an annual event called **The Theraball** which is a special fundraiser for the Foundation of Physical Therapy Research. All students are required to attend and are encouraged to bring guests.
- The **Combined Sections Meeting** (CSM) of the American Physical Therapy Association is held

annually in February. All second-year students are required to attend CSM, unless they request an exception to attend a different meeting affiliated with the APTA instead; the annual meeting of the OPTA is an acceptable alternative. Students are responsible for the cost of travel, food and lodging. For CSM, the program will pay students' registration fee and reimburse a partial per diem allowance from funds collected as an instructional fee in the first summer. For the OPTA, the program will pay the registration fee. Only early bird / group registration rates will be paid. If a student misses the early bird deadline, they will be responsible for the additional cost of registration. Only students who maintain their APTA student membership are eligible for the program to pay registration and receive a per diem allowance.

- The Ohio Physical Therapy Association has a spring conference that includes various educational and professional events. In the fall, there is a scientific symposium. Students are encouraged to attend – the OPTA liaison will promote these events to the students.
- Other special events may be required in certain years.

## **2.11 Policy for Social Media**

The school's social media policy is explained in the HRS Policy #6 Academic Standards: Social Networking). Social media are not to be utilized during class sessions unless assigned as part of a learning activity (*e.g.*, "find posts related to physical therapy on a social media platform and assess their accuracy".) If electronic or other devices are being utilized in a manner that is not conducive to learning, the instructor may request that they be turned off or placed in a book bag or other location that is not within the learning environment for the duration of the class; the university provides faculty with authority to do so.

You are advised to exercise discretion and consider your digital footprint, your professional reputation and the reputation of The Ohio State University Physical Therapy Program when utilizing social media sites during your personal time.

Students are never permitted to post on any public website or through social media any course-related materials such as syllabi, homework, or any other materials that only students registered in the course should have access to. This includes any private, group, or public facing account. Discussing tests and other assessments through these venues is also forbidden. Publishing disparaging remarks about the program, its faculty, or fellow students is considered unprofessional behavior, which may result in disciplinary action.

## **2.12 Policy for Dress Code and Personal Appearance Requirements**

In order to respect the values of patients, professionals and peers, clothes worn by students in class when guests or patients are present and in clinical situations are expected to be consistent with professional dress standards. The HRS Handbook has general provisions for a student dress code. See HRS Policy #12 Academic Standards: Professional Dress. The criteria below are specific to DPT students.

## 2.12.1 Regular Attire for DPT Skills Laboratories

1. Short sleeve shirt and shorts to allow palpation and observation of extremity structures.
2. The ability to bare the trunk to allow palpation and observation of abdominal and thoracic structures. Students may consider a sports bra, halter top, or comparable item of clothing.
3. A bathing suit may be required for aquatic therapy activities.
4. Socks and athletic shoes. No sandals or open-toed shoes permitted. The footwear must fit well and be securely fitted by shoelaces or straps so as to ensure safe and solid footing to provide assistance to the patient or classmate.

If the room is chilly students are free to don warmer outer clothes such as a sweatshirt or sweatpants. The guidelines above apply to periods where you are working with your classmates in the professional skills portion of class, when you must be able to see the body parts you are learning about.

## 2.12.2 Professional Attire and Clinical Attire

When the program involves students interacting with special guest speakers, patients, invited guests, professionals outside of PT Division either in the classroom, in the PT lab, or in clinical settings, faculty may require students to wear professional attire. Here are guidelines for what this means.

1. In general, these dress standards are the basic expectation for students in clinical settings. If the dress standards are different or more specific at the clinical site, then the clinic's standards will apply.
2. Faculty may specify that students dress "business professional" or "business casual" for special occasions. Examples of "Business professional" would be a shirt with a necktie, or a dressier shirt or blouse, or an appropriate dress. "Business casual" is defined as wearing the polo shirts issued by the division.
3. Discretion should be used to wear clinical clothing only in the clinical setting; clinical clothing that is soiled should not be worn back to class.
4. All students will be required to have an OSU Physical Therapy Division shirt (arrangements for purchase will be made by the Division) to wear for designated activities.
5. Identification badges may be required to be worn by many clinical facilities.
6. Avoid jewelry which could scratch the patient, snag clothing, or interfere with clinical activities. Small rings and engagement or wedding rings are usually acceptable; however, elevated stones in rings may scratch patients. Long earrings or necklaces in neurological or pediatric settings are usually prohibited because patients with neurologic or behavioral disorders may grab and pull the jewelry. Some facilities may prohibit jewelry in piercings, other than the ears, as an infection control measure.
7. Watches with sweep second hands or digital display are recommended.
8. Shoes should fit well, be in good repair, provide a good grip to the floor, have closed toes, and provide for a stable base of support.

## **2.12.3 Personal Appearance and Habits**

1. Smoking, vaping, and the use of any tobacco products is not permitted in any buildings or on the grounds of the Ohio State campus.
2. To avoid transmission of pathogens, eating is not permitted in any patient care area. Students are not allowed to eat during practice of clinical skills in laboratory courses. Hands must be washed before and after eating for clinical work or clinical skills practice.
3. Students may be allowed to eat in the classroom or PT skills laboratory at the discretion of the instructor. In general, this should be limited to breaks between classes. If cleanliness is not maintained or eating habits are distracting, the instructor may direct the student to refrain from eating.
4. Beverages may be consumed in class but must be in a spill-proof container.
5. Evidence of abuse of alcohol or other drugs of abuse may result in immediate removal from class and further disciplinary action.
6. Body cleanliness is important in all academic and clinical settings. Improper personal hygiene may result in dismissal of the student from classroom or clinical facilities. Use of deodorant is recommended. Perfumes, colognes, and aftershave lotions can trigger asthma and should be used in moderation and with discretion.
7. Hair should be maintained in a manner that supports safe clinical practice and the practice of these activities. For example, the hair must be kept clean as an infection control measure. Long hair may need to be secured with something so that it does not interfere with patient handling.
8. Hands and fingernails must be clean to mitigate transmission of pathogens. Some clinical settings may prohibit colored nail polish because this can hide dirt. Artificial fingernails are typically prohibited because they can harbor bacteria.

## **2.13 Policy for Professional Behaviors**

### **2.13.1 Faculty Expectations of Students**

As students in a professional program, a high level of maturity and professionalism in behavior is expected. Students are expected to:

1. Attend all classes
2. Complete all assignments on time and with high-quality effort
3. Be an active participant in all classes and program activities
4. Maintain appropriate dress and personal hygiene in lecture, laboratory, and in the clinic in accordance with school and clinic policies.
5. Communicate respectfully and in a timely manner with the course instructor and program director for questions, concerns, and any personal challenges that arise.
6. Communicate with the course instructor when the student has questions, concerns, suggestions or problems related to that course; the sooner you communicate your difficulties, the better we can resolve the problem.

7. Behave in an attentive, mature, and professional manner during lecture and laboratory sessions. Sleeping, side-bar conversations, reading materials not related to class, playing games on electronic devices, web browsing, etc., is impermissible during instructional time. The university authorizes faculty to have disruptive students removed from class.
8. Maintain appropriate dress and personal hygiene in lecture, laboratory, and in the clinic.
9. Use appropriate communications and channels (e.g., course instructor, faculty advisors, division director, clinical instructor) to express concerns and resolve conflicts. Posting of comments that are critical of the program, faculty, students, clinicians, clinical sites, or patients on social media sites is considered unprofessional behavior and may result in disciplinary action according to the Professional Behaviors policy.
10. Respect classmates, patients, other students, and faculty for their worth and value as persons, recognizing each have different attitudes, values, and abilities.
11. Promote an understanding and act in a manner where students and faculty assist each other to learn and develop personally and professionally.
12. Recognize and act in a manner that respects that the program faculty have responsibilities in addition to teaching. For example, many faculty also have multiple offices or work locations for their research or clinical duties. Each faculty will either have posted office hours or will be available for appointment arranged by email, telephone, or a note.
13. Understand that the curriculum is designed to develop a wide variety of knowledge, skills, and professional behaviors that are important and relevant to the student's learning and the development of physical therapy as a profession. Trust the faculty to know what is important to learn to become a PT and advance the profession.
14. Activate and configure the e-mail accounts provided by the university, and make sure you check any and all OSU accounts (e.g., buckeye mail, osu name.# account, OSUMC accounts); understand your options for forwarding if you want to use one account. The faculty use email address lists that go to an OSU account, not your personal email. Please also be aware that important messages sometimes register as spam. Learn to use and check your spam filters. If a message was sent to your class, but you didn't get it, check your spam filter. Occasionally, things like starting or finishing a clinical experience or part time job at OSU can result in your medical center email being turned off or your name being removed from the PT Student group email list. If this happens, contact us right away. As preventative measure, when you start or stop a job or clinical education experience at OSU, please remind your supervisor that you will remain a DPT student and that alternative offboarding procedures may be needed.

## **2.13.2 Faculty Responsibilities to Students**

1. Provision of a course syllabus for each class by the start of the first class; distribute copy to each student either physically or electronically; syllabus should indicate required textbooks or other necessary course materials; reading assignments; learning objectives (course objectives); projects, papers or other course requirements; grading and evaluation system; content of course with lecture and laboratory schedules; and access to instructor.



2. Checking class rosters and notification of any student who may have signed up incorrectly or may have failed to sign up for a required course.
3. Being prepared for each classroom and laboratory presentation; assure that guest presenters are qualified and prepared for their presentations.
4. Starting and ending classroom and laboratory sessions promptly according to the class schedule and university policy.
5. Treating each student fairly, equitably and impartially.
6. Respecting each student as an individual; recognize each person has a set of personal values, attitudes or opinions which may differ from the instructor's; and recognize that each student has worth and value as a person.
7. Assisting students to learn through discussions, readings, demonstrations, clinical experiences and other methods; provide an environment to challenge and motivate the student to improve their knowledge, skill, competence and ability.
8. Providing academic counseling to assist students to attain individual and curricular academic objectives; assist with individual student difficulties within the extent of one's competence; referral of student to appropriate health or counseling service or practitioner.
9. Compliance with university, college, school and division policies and procedures.
10. Providing sufficient and appropriate availability for student appointments or provision of other means to communicate with students.

### **2.13.3 Procedure for Assessment of Professional Behaviors**

The competent practice of physical therapy relies on technical competence and professional behavior. Because of this fact, the Physical Therapy Division faculty at The Ohio State University formally assesses, on a regular basis, a student's professional behavior while in the academic program. To this end, the faculty has selected a tool, the Professional Behaviors Assessment, which has been researched and used in other physical therapy academic programs with success.

1. Timing of Assessments
  - a. Students will be assessed by the faculty each term during the didactic portion of the program. Professional behavior is also assessed by the clinical instructor during all clinical experiences.
  - b. During a specified week of the selected terms (see below), each student will perform a self-assessment utilizing the Professional Behaviors form. After the first assessment, the student will comment on progress made toward previous areas that were identified for development.
  - c. Each faculty advisor will review each student advisee's professional behaviors form and discuss the student's self-assessment in detail during each required advising meeting between the student and the advisor and will initial the form to indicate it has been reviewed.
  - d. During each regular faculty meeting, or as the situation arises between faculty meetings, the faculty will identify any professional behavior issue or poor academic performance (grade of

less than B- on any major assignment or examination) that has arisen with any individual student.

- i. If the issue is poor academic performance, the student is notified through the normal process of returning the assignment. Students are encouraged and may be required to meet with the instructor to discuss poor academic performance on any assignment.
  - ii. If the issue is professional behavior, an initial conversation with the student should normally occur with the faculty member who identified the problem. The faculty member will document the encounter, and this documentation will be kept in a location accessible to the faculty.
  - iii. For poor grades or concerns with professional behavior, assuring that the issue is addressed by the program will be the responsibility of the student's academic advisor in consultation with student success committee and the program director.
- e. Timeline
- i. Summer, Year 1: Policy is introduced and first self-assessment occurs.
  - ii. Fall, Year 1: Faculty advisors review self-assessment during meeting with their advisees.
  - iii. Spring, Year 1: Student self-assessment, prior to first clinical. Faculty advisors review self-assessment during meeting with their advisees.
  - iv. Fall, Year 2: Advising meeting may be required as per list item f. below.
  - v. Spring, Year 2: Self-assessment prior to the spring/summer clinical education experiences. Faculty advisors review self-assessment during meeting with their advisees.
  - vi. Fall, Year 3: Faculty advisors review self-assessment with their advisees.
  - vii. Additional time points as required by list item f. below.
- f. Situations that require an additional meeting between the student and advisor to discuss professional behaviors.
- i. In fall semester of the second year, the following circumstances will require a meeting between the student and their advisor after updating their professional behaviors form.
    1. Any student who is not in good academic standing (i.e., on academic probation or under warning for failure to make reasonable progress) must meet with their advisor.
    2. Any student who has been placed on a Level I or Level II warning related to concerns over professional behaviors at any time during the program.
    3. Any student who has been required to meet with any faculty member or instructor over concerns with professional behaviors.
  - ii. In spring semester of the third year, any student who is no longer in good academic standing, who has been placed on level I or Level II warning during the clinical, or who fails the clinical will be required to update their professional behaviors form and have meeting to discuss their professional behaviors with their advisor.

- iii. Students who are not progressing according to the normal timeline (e.g., repeating a clinical education course) will require meetings at similar points in time when they are at comparable stages of progression in the program. This schedule will be determined on a case-by-case basis.
  - iv. Even if none of the above criteria apply, at any time during the program, if the student or the advisor is convinced there is a concern in the development of professional behaviors and wants to meet, then that meeting must be held.
2. Criteria for Satisfactory Progress and Performance
- a. The first-year student must meet minimum rating of 3 or better (50% of the continuing development criteria) by spring of the first year, prior to the first full time clinical education experience.
  - b. The second-year student must meet minimum rating of 4 or better (100% of the continuing development criteria) by spring semester of the second year, prior to the second full time clinical education experience. By fall of year 3, after three full time clinical education experiences have been satisfactorily completed, normal progress would be at least 5 in all criteria.
  - c. The third-year student must attain 100% entry level (rating of 6 or better) by the end of the terminal clinical education experience.
3. Formal Consequences for Unprofessional Behavior (HRS Academic Policy #5, #6, #11)
- a. If the student fails to meet the above minimum criteria, or if the faculty deem the student is displaying unacceptable professional behavior in any one area, the program director will consider the case and determine whether further action is indicated.
  - b. Options will include a Level I performance improvement plan, a Level II performance improvement plan, and referral to the graduate studies committee of the school with a recommendation that the student be warned for failure to make reasonable progress (see 3.4.1.1.6).
  - c. When faculty or staff of the program send instructions that require a response, including a request for a meeting, students are expected to attend carefully to the instructions and respond on time without needing reminders. Early developing criteria (the lowest level of performance) for “Responsibility” in professional behaviors include expectations for dependability, punctuality, following through on commitments, and completing assignments and other requests on time. Failing to respond on time to program requests for arranging advising meetings, not completing forms or providing information requested on time for things like clinical education, etc., can result in a Level I Performance Improvement Plan.

## 2.14 Student Leadership Opportunities

Student leadership opportunities in the PT division include formal class officer positions in the Doctorate of Physical Therapy Student Club, additional student leadership positions within each cohort, opportunities for DPT students to serve on selected committees in the division, school, or university,

and opportunities for DPT students to represent the program to outside bodies, including OPTA and APTA.

A student must be in good academic standing to run for and hold any of these positions. A student who is not in good academic standing shall not run for a student leadership position. A student leader who for any reason is no longer in good academic standing immediately forfeits the leadership position and shall be replaced in the same manner as that position was originally chosen (election or appointment).

## **2.14.1 Student Officers**

There is a Doctorate of Physical Therapy student club authorized through the student union at Ohio State. The division director, the director of clinical education, and the division's office associate serve as the co-advisors for this club. Each class shall elect a president, vice president, a secretary, and a treasurer. For the official club duties through the student union, the second-year class officers shall serve in these official roles.

Within each class, the duties of the officers will be as follows.

### **2.14.1.1 Class President**

- Elected by the students of the cohort
- Lead the class officers and represents the student cohort overall in leadership roles
- Organize student activities or events with appropriate delegation to other officers
- Orient incoming DPT class and facilitate communication with current 1<sup>st</sup> year class
- Act as liaison with division director and other faculty on behalf of the class
- Maintain training with Ohio Union Activities Board as a constitutionally defined officer of the club.
- May appoint committees within the cohort for selected activities

### **2.14.1.2 Class Vice-President**

- Elected by the students of the cohort
- Assist in planning and delegation of student activities or events with class president
- Assume President's duties if necessary
- Maintain training with Ohio Union Activities Board as a constitutionally defined officer of the club.

### **2.14.1.3 Class Treasurer**

- Elected by the students of the cohort
- Coordinate with other cohort treasurers to ensure correct bank account allocations for each class, and coordinate with the club advisors regarding finances.
- Assume Secretary's duties if necessary
- Keep financial record of funds deposited or withdrawn from student account
- Secure funding as appropriate from the Ohio Union Activities Board for club related activities
- Maintain training with Ohio Union Activities Board as a constitutionally defined officer of the club.

### **2.14.1.4 Class Secretary**

- Elected by the students of the cohort

- Record minutes of all meetings
- Manage and produce content for PT program’s social media accounts

## **2.14.2 Additional Student Leadership Positions for Each Cohort**

Each class or the student body as a whole may establish additional positions as desired. These positions are not required by the club through the Ohio Student Union, but they have traditionally been a part of our club in the DPT program at OSU.

### **2.14.2.1 Service Chair**

- Elected by the students of the cohort
- Plan, organize and promote service opportunities available to students
- Communicate with other cohort treasurers to coordinate activities between classes
- Attend and participate in the DPT Service and Outreach Committee as described below

### **2.14.2.2 Fundraising Chair**

- Elected by the students of the cohort
- Organize and promote program wide fundraisers and events. This traditionally includes the PT5K and an apparel sale for current students, faculty members and other clinicians.

### **2.14.2.3 Social Chair**

- Elected by the students of the cohort
- Organize event planning to facilitate class bonding and boost morale
- Assist in coordinating fundraising and service events as needed

### **2.14.2.4 Wellness Chair**

- Elected by students of the cohort
- Organizes a list of wellness resources for provision to current and incoming students for the DPT program
- Assist in promoting and development wellness activities

## **2.14.3 Student Representatives to Committees and Other Organizations**

These positions may be held by one student per cohort, or one student for the program as a whole, depending on the position.

### **2.14.3.1 Student Representative to PT Division Admissions and Recruitment Committee**

- Selected by members of the committee
- Attend meetings and participate as appropriate in the PT Division’s Admissions and Recruitment Committee
- Help recruit student volunteers for admissions and recruitment activities for the PT Division
- Typically one student per cohort

### **2.14.3.2 Student Representative to PT Division Service, Outreach, and Engagement Committee**

- Selected by members of the committee
- Attend meetings and participate as appropriate in the PT Division's Service, Outreach, and Engagement Committee
- Help recruit student volunteers for PT Division service, Outreach, and Engagement events such as the Theraball, alumni engagement, and community service activities
- Typically one student per cohort

### **2.14.3.3 Student Representative to the Council of Graduate Students**

- The DPT program is included under the Health and Rehabilitation Sciences Graduate Program for representation on the Council of Graduate Students (CGS).
- DPT students are eligible to be HRS representatives to CGS, as are OTD, MS, PhD, and other graduate students in the school.
- Limited to one student from the program
- Interested students may learn more at <https://cgs.osu.edu>

### **2.14.3.4 Student Liaison to Ohio Physical Therapy Association**

- Represents and acts as an intermediary between outside professional association and the physical therapy class.
- This individual should be outgoing, energetic, interested in professional association activities and reliable.
- Should be self-directed and comfortable interacting with association leaders.
- Typically one student per cohort

### **2.14.3.5 Other School, College, and University Committees**

- Other committees in the school, college or university may have openings for graduate or professional student representatives
- Students must be in good standing in order to serve on these additional committees
- Students should check the typical meeting schedule and time commitment to make sure they can fulfill their obligations to external committees

## **2.15 Division Specific Resources for Students**

### **2.15.1 Policy on Use of the Office Areas and Labs by Students**

Students are welcome to use the physical therapy teaching labs to study, read, practice clinical skills, eat (when class is not in session), or hold group meetings when class is not in session. We do ask that students observe certain guidelines to respect these shared spaces.

1. The building is accessible from 7:30 AM to 7:00 PM., Monday through Friday. It is not accessible in the evening, on the weekend, or on a holiday unless special arrangements are made through the division director. Students should plan to use the library during these evening and weekend

- times when Atwell Hall is closed. As noted below, there is a space setup in the library for DPT and OTD students to practice clinical skills.
2. Please help to keep the lab and common office areas looking clean and tidy.
  3. Books and other learning resources located in the lab may be used by students but may not be removed from the room without express written permission from a faculty member and a sign-out process to track the materials. Never highlight or write in any of the books in the division.
  4. There will be a regular cleaning time for the janitors to access and clean the lab that is posted in the room. Students must allow the janitors to clean during this time frame and may need to leave the room. The doors must be locked when the labs are not in use. Students have keycard access to the lab. Be sure to clean up and put the lab back how it was found so that the next class can be setup and begin on time.
  5. Please help maintain security by making sure that if you leave a room that should be locked and no one is present, you close the door behind you. From time to time, thieves posing as students (e.g., wearing a backpack and OSU clothes) will enter the building, walk into open rooms, steal valuable electronics, and quickly be gone. Always ask people you do not know to identify themselves in areas where only PT students or faculty should be.
  6. Computers in the building located in the computer labs on the 4th and 2nd floors should be used if extended studying or writing is expected.
  7. If a student needs to use supplies or equipment in the 516 Atwell office area for service learning or clinical education needs, the student must have permission from a faculty member on a case-by-case basis, and such use cannot interfere with the faculty's needs for their university duties.
  8. While regular maintenance of the lab is the responsibility of the program, routine care and cleaning of the equipment is the responsibility of each student and faculty member using the equipment. If you notice a piece of equipment that is malfunctioning, you are required to report this to a faculty member immediately. Students will not be held responsible for repair of equipment that fails during normal use and should not hesitate to report when something is broken. Dangerous equipment will be taken out of service immediately. Broken equipment will be repaired, replaced, or discarded at the discretion of the division director.
  9. It is important to be aware that the DPT program is not the only user of the PT skills lab. Other programs in the school use this space for teaching, continuing education courses, and meetings. It is not correct to assume that the lab is open whenever it is not in use by the DPT program.
  10. To reserve the lab for an activity like a class meeting, students should work with the PT Program coordinator to reserve the space if available or find another suitable location if unavailable.

### **2.15.2 Clinical Skills Practice Area in Prior Health Sciences Library**

The school has established a practice area on the second floor of the John A. Prior Health Sciences Library where PT and OT students can practice in small groups. Each program keeps a small amount of equipment in these spaces. Anatomical models and other learning aids may be available for check-out from the front desk of the library. During evenings and weekends, or at times when the lab is being used by another class, you can use the space in the library to practice your clinical skills, consistent with library hours.

## 2.16 Policy for Student Short-Term Leave

A student may request leave from the program to attend to urgent personal matters (See HRS Policy #19: Academic Standards: Leave of Absence). There are two types of leave. *Emergency leave* can be requested due to (1) death or critical injury of an immediate family member (grandparent, parent, spouse, partner/significant other, sibling, child), (2) catastrophic personal loss due to fire, tornado, etc., (3) birth or adoption of a child when the student is the parent, or (4) other unforeseen emergencies that require the student's presence. *Voluntary leave* can be requested for other special circumstances such as death or critical injury of a person not listed in (1) above, a wedding of a family member or as a member of the wedding party, participation in PT-related professional meetings, intercollegiate athletics, or other special events.

In consideration of the request for leave, the following principles will apply.

1. The duration of the leave should always be as short as possible. School must take priority over anything competing for time. Specifically, a student is expected to take time away from work at a part time job before taking time away from school.
2. A request for leave form must be completed and approved by the director of the PT Division (or designee) before any accommodation can be made. In emergency leave, this form can be completed upon return. For voluntary leave, this must be completed and approved before leave begins.
3. Verification will always be required for emergency leave. Acceptable forms of verification will be a funeral program, a wedding invitation, a birth certificate, or other official notice or record of the event that was the cause of the request for leave.
4. In cases of emergency leave for reasons (1), (2), or (3) above, the student should contact the program as soon as possible. Simply calling the physical therapy program at 614 292-5922 and leaving a message (or sending an email to the program director) explaining the reason for and expected duration of the leave will suffice.
5. If some other event not included in (1), (2), or (3) above occurs that the student believes should qualify for emergency leave, they should seek from the director of the PT Division (or designee) approval of the event as qualifying for emergency leave before taking leave.
6. For voluntary leave (prearranged due to planned event), the student must request leave as soon as the event is scheduled, or at the latest by Wednesday a week and a half (~10 days) before the leave is to begin.
7. For both emergency and voluntary leave, assignments, exams, etc., that occur or come due before the leave begins must be completed on time.
8. Assignments, exams, etc., that come due during the leave should be completed before the leave begins if possible; otherwise, the work must be completed as soon as possible after return, with the amended due date assigned by the instructor.
9. In cases of voluntary leave, the standing of the student in the program may be considered as the faculty decides whether to grant the leave and how to handle make-up work. A student with a strong academic record and a history of completing assignments on time may be given greater privileges than a student with a poor academic record and a history of turning assignments that are late or unsatisfactory.



## 2.16.1 Instructions for completing the request for short-term student leave

A request for leave form is on the following page. The student should complete the top section of the form, including a remediation plan arranged with the instructors of courses where material will be missed or made up. Instructions follow.

1. The student should identify the requested designation of the leave as emergency or voluntary by checking the appropriate box. A brief description of the reason for the leave should then be provided.
2. Indicate the date and time when the beginning of the absence from the program is requested and the date and time when you would like to return.
3. Complete a plan for remediation of the work by filling in the lines.
4. Sign and date the form and turn it in to the Director of the PT Division.

An example for an emergency leave might look like this:

PT6250, Buford, Exam I scheduled 10/15 to be taken 10/18. *JB*

PT7420, Kidder, Lab on Elbow scheduled 10/15, to be made up through self-study and one-on-one time with residents, competency check by 10/19. *MK*



## **2.17 Policy for Long-Term Leave of Absence**

In cases where a student cannot maintain continuous enrollment according to the normal progression of the program, the student must request a leave of absence from the graduate program. This may occur for personal reasons such as family commitments, change of health status, or requirements for military service. It may also be triggered by academic action, including failure to make reasonable progress in the program due to failing a required course or as a consequence of not meeting expectations for professional behavior.

### **2.17.1 Voluntary Long-Term Leave Initiated by the Student**

When the student needs to take a leave of absence and stop their normal progression of continuous enrollment in the program, a written request for a leave of absence must be completed by the student. The student will need to provide to the division director a written request for a leave of absence indicating the general reason for the leave request, the plans for maintaining knowledge and skills gained to date during the leave, and the expected date of return to the program. Specific conditions for reinstatement, including a deadline to apply for reinstatement, will be established by the faculty at the time of the request for withdrawal. These conditions will be shared in writing with the students and with the school's graduate studies committee.

### **2.17.2 Long-Term Leave as a Consequence of Academic Action by the Program**

In cases where the student is required to take a long term leave due to failure to make reasonable progress (see section 3.4.1.1.6), the letter from the program explaining the failure to make reasonable progress and stipulating the conditions and timeline for return will count as a request for leave of absence from the student if and only if the student returns a signed copy of that letter indicating they have read and understood the letter. A student who refuses to sign acknowledging receipt and understanding of such a letter will be considered to have not applied for the leave of absence and would need to make a formal written request for leave if they wish to be permitted to return to the program at a later date.

### **2.17.3 Request for Reinstatement**

A student who has been on leave from the program must apply in writing for reinstatement and must provide evidence that the required conditions for reinstatement that were set forth at the start of the leave have been satisfied. The written request for reinstatement must be provided by the deadline established at the beginning of the leave. At a minimum, the request must be received 3 weeks before the start of the academic term when the student wishes to resume. It is the student's sole responsibility to meet this deadline. Failure to meet the deadline may prevent the student from re-enrolling that year, which would trigger a need for a new request for additional leave.

If a student takes leave without making a request and stops attending the program without formal approval, reinstatement will not be allowed unless the student can demonstrate that factors beyond their control prevented them from requesting leave when the leave began.

A student who refuses to sign acknowledging receipt and understanding of a notice of failure to make reasonable progress as described above and who does not submit at that time their own separate request for leave will not be considered for reinstatement.

This reinstatement process does not apply to students who have been disenrolled from the division; such students are not eligible for reinstatement.

The program director has authority to approve reinstatement if sufficient evidence is provided by the student that they have met the terms set forth in previous written communications such as a warning for failure to make reasonable progress or a performance improvement plan. The program director shall make a recommendation for approval or disapproval to the program faculty. If more than 50% of the faculty object to the recommendation within 3 business days by email communication, then a special faculty meeting will be called to consider the issue. If a majority of the faculty vote against the recommendation of the program director at that meeting, then the decision of the faculty shall prevail.

#### **2.17.3.1      *Criteria for Reinstatement***

1. The request for reinstatement must be completed by the predetermined deadline.
2. The conditions for reinstatement set forth in the letter from the program referenced in 2.17.1.2. must be met.

Students must meet both criteria to be successfully reinstated by the program.

#### **2.17.3.2      *Process for Reinstatement***

1. The program's letter informing the student of the need to take a leave of absence and setting forth the conditions and timeline for return must be signed by the student and the program representative. This signed letter will be filed in the student's advising folder. If the student refuses to sign the letter, reinstatement will not be allowed.
2. A written request for reinstatement must be submitted to program by student on or in advance of the predetermined deadline with supporting evidence that all specific conditions for reinstatement have been met.
3. The request for reinstatement shall be reviewed by the DPT program's Student Success Committee (SSC). The SSC shall assess whether conditions have been met or not and shall make a recommendation to program director within 5 business days of receipt of the request from the student.
  - a. If recommendation of the SSC is to allow return and program director concurs, student is allowed to return.
  - b. If recommendation of the SSC is not to allow return, then regardless of whether the program director concurs, the matter is brought to DPT program faculty for a vote.

- c. If program director does not concur with the recommendation of the SSC, then the matter is brought to the DPT program faculty for a vote.
4. The student and the program faculty will be informed in writing of the outcome within 5 -10 business days of the deadline for reinstatement. If the decision is not to allow reinstatement, the student will be informed in writing of their rights to an appeal.

### **2.17.3.3 Denial of Request for Reinstatement – Appeal Process**

In any case of a denial, the student shall have the right of appeal through normal channels, as defined by the school's graduate studies committee and the graduate school. To protect the student's interests, a student with a pending appeal for a denial of reinstatement shall be allowed to resume in the program until such time as the appeal runs its course.

## **2.18 Policies Related to Student Injury or Change in Health Status**

### **2.18.1 Policy on Student Responsibility for Personal Safety**

A student who has a change in health status or injury that impairs their ability to perform in accordance with expectations for the course and program is expected to notify the Course Instructor and Program Director to request reasonable accommodations. Students participate in physical activities in the teaching laboratories at their own risk. A student with a previous injury or other condition who feels unsafe in performing any given activity is responsible for notifying the Instructor and opting out of the activity. Each student shall sign a waiver at the beginning of the program indicating understanding of this expectation.

### **2.18.2 Policy Requiring Registration with Student Life and Disability Services to Receive Reasonable Accommodations**

If a student comes to the realization immediately before a required activity that, due to a physical limitation, they cannot perform it safely, and the student has not previously arranged for a reasonable accommodation, the instructor may delay the requirement for that individual until a reasonable accommodation is arranged. This requires the student to work through the office of student life and disability services in a timely manner. Program requirements will not be altered or reduced except as part of an official plan for reasonable accommodations. If the student does not work in a timely manner to arrange for reasonable accommodations, then performance of the activity may be marked as unsatisfactory. Failure to adequately prepare for a required activity does not qualify for a reasonable accommodation.

### **2.18.3 Policy on Extended Absence Due to Health Reasons**

If a student becomes ill or injured or has a change in health status during the professional program and must be absent from a substantial number of classes or cannot safely perform laboratory or clinical

activities, an approval from a qualified health care professional may be required to resume course, clinical or laboratory activities. The student will need to contact the Office of Student Life and Disability Services to receive official accommodations to be allowed to continue in the program if alterations to normal course and program requirements are needed for the student to progress.

#### **2.18.4 Policy on Injury of Student or Others During Clinical Skills Labs**

If a student is involved in an incident in which someone is injured or if the student sustains injury during the practice of clinical skills in a PT course, the following procedures will be followed:

1. The injured individual will be attended to for first aid by the course Instructor in accordance with the Instructor's professional judgment, as well as the nature and severity of the injury.
2. The course Instructor will notify the course faculty and division director as soon as practicable. The division director will in turn notify the director of the school.
3. The course instructor will provide written documentation. If other instructors in the course were directly involved, they will also provide written documentation of the incident/injury. The course Instructor(s) will provide the written documentation to the course faculty and division director.
4. Any student requiring further medical attention or referred to a qualified medical professional for further evaluation will require a note from the health care provider (treating PT, etc.) prior to resuming physical activities in class.
5. To avoid any appearance of a conflict of interest, faculty in the PT division may not be the treating therapist for any injured student, either in the clinic or informally through professional courtesy. The student must be treated by health care professionals who do not report to the division director.

#### **2.18.5 Policy on Injury or Illness at Clinical Education Site**

If a student is injured or experiences an extended illness at a clinical education site, the clinical site's procedures will be followed to document and treat the injury or illness. If the injury or illness will require modifications in requirements for progression in the clinical education course, then the student will need to register with student life and disability services to request reasonable accommodations.

#### **2.18.6 Policy on Duty to Try to Avoid Transmitting Communicable Diseases**

Students have extensive physical contact with each other during practice of clinical skills. Each individual should try to avoid infecting others with communicable diseases. A student ill with any communicable disease is expected to stay home until no longer contagious. Students must comply with all university rules and requirements to prevent the spread of communicable diseases.

## 2.19 Policy on Licensure Procedures

It is the individual student's responsibility to study and understand the requirements for licensure. The program assists in this process, but the program does not get the license for the student. The student is in charge of this process. This information is provided as a guide to delineate timelines used for the group. Students with special circumstances may need to follow a different timeline.

A certificate of completion for the State of Ohio will be prepared and provided to the student at the closing ceremonies held by the division in advance of graduation.

All DPT students are expected to register for the National Physical Therapy Examination (NPTE). This is a national licensure examination used in all states and jurisdictions in the United States. The test is administered by the Federation of State Boards of Physical Therapy (FSBPT). Typically, the test dates used by most graduates of our program are offered either at the very end of April, or in July. The program will make every effort to provide a schedule allowing students who are progressing normally through the program to sit for the exam in April, prior to spring graduation. Providing a student permission to take the NPTE before receiving the degree is an option that many programs do not allow. At OSU, we have decided as a faculty to permit this pre-graduation testing option upon request for students who have maintained good standing (see 3.4.1.1.1) throughout their time in the program. In addition, the student must not have required extension of the duration of clinical education experience (see 3.2.3.6.3) due to clinical performance that was not at the required level.

### 2.19.1 Students who have Maintained Good Academic Standing Throughout the Program\* and who have Not Required Extension of the Duration of Any Clinical Education Course

Only students who have maintained good standing throughout the program (see 3.4.1.1.1) and have not required extension of the duration of any clinical education course (see 3.2.3.6.3) are eligible for this process.

1. Six months prior to the exam set for late April, in December of the 3<sup>rd</sup> year, students in the DPT program may request permission to take the NPTE immediately at the conclusion of the program, the week after the practicum is completed, which is prior to graduation. If the request is approved, the DPT program director will certify through the FSBPT website that the individual is on track to graduate.
2. The student who has received permission to test will need to initiate a new application for a physical therapy license in the state where they want to practice. That state will issue an authorization to test. With that authorization to test, the students will go to the Federation of State Boards of

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\* *Good standing throughout their time in the program* is defined as a student who has progressed through the program with no instances of academic or professional probation and who has been able to keep pace with the normal three-year timeline to the degree.

Physical Therapy website <https://fsbpt.org> to register for a date for the NPTE. When registering, please be sure to authorize release of your test scores to the program. These data are a key indicator used for curriculum evaluation.

If a student has a midterm evaluation during the final terminal clinical or practicum that indicates the student is not progressing, the program may contact the FSBPT to rescind permission to test. If the student does not pass either of these courses, the program shall contact the FSBPT to rescind permission to test. Once rescinded, permission to test will not be granted again until the student has completed program requirements successfully.

### **2.19.2 Students who have NOT Maintained Good Academic Standing Throughout the Program or who have Required Extension of the Duration of a Clinical Education Course**

If a student has not maintained good academic standing (see 3.4.1.1.1) throughout the program, or has required extension of the duration of a clinical education course in order to demonstrate the minimally acceptable level of clinical performance (see 3.2.3.6.3), the program director will not indicate to the NPTE that the student is on track to graduate prior to final completion of the entire program, including all clinical education experiences and the final practicum.

An exception to this policy may be requested in writing under the following circumstance. If a student has been delayed by a year and is graduating in May with a subsequent cohort, completing the final clinical experience and practicum on time with that cohort, then the student may request permission to test in April upon completion of the practicum. This will require a written request explaining why the student believes they can perform well in their final clinical experiences and simultaneously study for and expect to succeed on the NPTE given their history of not progressing according to the expected timeline. A majority vote of the DPT program faculty in favor of allowing the student this exception will be required. Such a request should be made during the fall semester of the final year in the program to allow time for pre-authorization processes before the exam.

### **2.19.3 Policy on Initial Licensure in Other States**

State rules change, and the program does not keep track of individual state requirements other than Ohio. It is the responsibility of the individual student to study all requirements for licensure in the other state and follow those rules.

A student who wishes to be licensed in another state should still follow the process above to be certified for the NPTE by Ohio. Once certified by Ohio, the student can register for the NPTE anywhere in the US. The student wishing to be licensed outside Ohio must obtain any state forms for the program to complete and provide those forms to the program director along with a current set of instructions.

Please note that not all states will allow students to take the NPTE before graduation; Ohio does. If you apply for your initial state in a state other than Ohio, you might not be allowed to take the NPTE until July. The solution to this is to apply for your initial license in Ohio in order to get permission to test, and



then after you have finished the test and graduated, apply for the license in the other state. This might cost more than waiting until July, but it could be the only way for you to be allowed to take the test in April.

## **2.19.4 Policy on Obtaining a License/Compact Privilege in Another State**

After graduation and throughout your career, if you want to practice in another state, you will need to obtain the legal authority to practice physical therapy in that state. There are two ways to obtain the legal authority: (1) obtain a license by endorsement from the state PT Board; or (2) obtain a compact privilege from the PT Compact Commission.

### **2.19.4.1 License by endorsement**

If you obtain a license by endorsement, you will need to have the program certify your graduation. As noted above, each state has its own requirements. Presently and for the foreseeable future, the process is generally similar. Most likely, you will have the registrar of the university send your transcript to the new state. Through a separate process, the DPT program director will either write a letter or complete a form certifying to the new state that you completed the DPT program satisfactorily. Often these must be sent directly to the board, but individual state procedures vary. In addition, the state in which you are licensed would be asked to verify your license to the new state. The contact information for all state PT boards is available at this website: <https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information>.

### **2.19.4.2 Compact privilege**

If you obtain a compact privilege, the program does not need to certify your graduation. A compact privilege is the legal equivalent of a license issued by a state PT board and gives you the flexibility to practice in another compact state without needing to obtain and maintain a license in the other state. A compact privilege does require an individual to be licensed in a home state that is a member of the PT Compact. Additional information is available at this website, <https://ptcompact.org>. You can view the map of the current compact states at this website: <https://ptcompact.org/ptc-states>.

## **2.19.5 Getting Your Transcripts**

The DPT program cannot issue transcripts for you. Only the registrar issues transcripts. Go to <https://registrar.osu.edu> to request for your transcripts to be sent to employers, state licensure boards, etc.

## **2.19.6 Preparing for the NPTE**

### **2.19.6.1 Exam Preparation**

During the third year, students participate in an exam preparation course at their own expense. The program provides free classroom space and will purchase required food and beverages for the course in keeping with the vendor policy. Historically, the cost of this prep course has been about \$110 per student.

### **2.19.6.2 Practice Test**

The FSBPT administers a practice test called the PEAT. This test is comprised of actual test questions from past versions of the NPTE. The program pays the fee for students to take the PEAT for the first time, which includes two attempts. If the student wants to purchase the PEAT for additional attempts, they are free to do so at their own expense.

## **2.20 Evaluation of Curriculum**

At the end of each course, students will have the opportunity to evaluate the course and the instructor(s). Students are expected to practice professional behavior in communication during this process. The written comments go directly to the faculty member and to the program director. Personal attacks or otherwise unprofessional or inappropriate comments will not factor in the evaluation of the course or faculty member. Feedback that is professionally given and constructive will be reviewed.

Suggestions, comments or recommendations about the curriculum or specific courses can be made by any individual student at any time during the curriculum. The student should communicate directly with the instructor of a specific course, their faculty advisor, or the division director. Students are encouraged to approach such conversations with a humble attitude, recognizing that until they complete the program and enter practice, they will have a limited perspective on the overall structure and value of the components of the program.

Students will be requested to assist with the evaluation of the curriculum immediately upon graduation and again approximately one year following graduation from the program. It is vital for each student/graduate to participate in this activity to help us improve the program and continue to achieve our mission of advancing the profession.

## **2.21 Policy on Due Process for Grievances**

In the school's handbook, HRS Policy #20 outlines the process for grievances and complaints. In general, concerns and complaints should be raised directly with the person involved as soon as possible so that a mutually satisfactory resolution can be achieved. If the concern or complaint is with a faculty member, the individual concerned should ask for a meeting with the faculty member. If resolution does not occur, the student then brings the complaint to the division director. If the resolution is not satisfactory to the student at that stage, the next step is the school's director of graduate studies. Students are encouraged to discuss their concerns with their academic advisor as well for guidance on how to approach the issue.

## 2.22 Process for Filing a Complaint with CAPTE

The Commission on Accreditation of Physical Therapy Education (CAPTE) has a process for filing complaints against accredited physical therapy education programs. Further instructions can be found at the following location: <http://www.capteonline.org/Complaints/>

CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria and the academic integrity statements. There are no anonymous complaints to CAPTE. The program will be notified of the complaint and the person(s) making the complaint. CAPTE will require that complaints originating from within the program (i.e., from students, faculty, or staff of the program's institution) have followed due process within this institution first. When appropriate, complainants will be referred to other organizations to pursue their concern(s). There are a number of conditions required for CAPTE to consider a complaint. If you believe a complaint to CAPTE is warranted, you should refer to the CAPTE website immediately to be sure you follow the requirements, which include timely reporting.

If you decide to proceed, a formal written complaint may be filed with CAPTE in the format provided by the Department of Accreditation.

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

## 2.23 Policy for Grievances that Fall Outside Established Policies

This policy applies to all persons or institutions that may have a complaint against the PT Division for which no pre-existing process is identified through existing policy.

The Division of Physical Therapy strives to demonstrate professionalism in all its activities. In some cases, a situation may generate complaint for which no formal grievance process exists. In this case, the complaint should be described in writing and addressed as follows:

Director  
Division of Physical Therapy  
Room 516 Atwell Hall  
453 W 10th Avenue  
Columbus, OH 43210

EMails may be addressed to: [HRSPTDivision@osumc.edu](mailto:HRSPTDivision@osumc.edu)

Please include contact information so the Division Director can reach you in order to resolve the complaint.

The following outlines the process for handling a complaint against the Division:

1. When possible, the Division Director will discuss the complaint directly with the party involved within 14 business days. The expectation is that the complaint can be satisfactorily resolved by this discussion. The Division Director will provide a description of the resolution in writing to the person complaining.
2. If dissatisfied with the outcome of the discussion with the Division Director, or if the complaint is against the Division Director, the complainant may submit a written complaint to the Director of the School of Health and Rehabilitation Sciences. The Division Director will provide the director of the school with a written summary of previous discussions where appropriate. The director of the school will discuss the matter with each party separately and may schedule a joint appointment with the two parties in order to attempt to reach a solution. The director of the school will provide the person with the complaint and the division director with a written letter outlining the solution reached through this step.
3. If the complainant remains dissatisfied after step 2, the next step would be the Vice Dean for Education in the College of Medicine, and the last line of complaint is to the Provost of the university, who serves as the Chief Academic Officer of Ohio State.
4. Any letters or other written materials associated with the complaint from the complainant, the Division Director, School Director, or Provost will be kept in a folder marked "Complaints against the Division of PT" and kept in the program director's files for a period of 5 years. Electronic records associated with complaints are stored on a secure server in an appropriately named folder.
5. Ohio State policy prohibits retaliation against people submitting complaints.

## **SECTION 3. COMPREHENSIVE CURRICULUM PLAN FOR ENTRY-LEVEL PROGRAM IN PHYSICAL THERAPY**

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### **3.1 Overview**

The curriculum plan for the Doctorate of Physical Therapy program at The Ohio State University is designed to provide a sequence of educational experiences that support the mission, philosophy, and educational goals of the professional program. The professional curriculum spans 3 years (9 semesters) and culminates in a Doctorate of Physical Therapy degree.

The curriculum combines traditional teaching/learning methods with those of case-based learning such that the coursework and learning experiences are organized into a series of instructional units that involve the three primary learning domains: cognitive, affective, and psychomotor. The instructional units of the professional curriculum are: 1) foundational sciences (i.e. gross anatomy, neuroscience, pathology, biomechanics, and pharmacology); 2) clinical sciences (i.e. kinesiology, child development, physiology of aging), 3) clinical applications (i.e. comprehensive screening, examination, evaluation, intervention and management procedures, health promotion); 4) professional development (i.e. professional behavior/ethics, practice settings, legal issues, documentation/billing); 5) critical reading/research (i.e. introduction to research methodologies within the profession, the development of critical reading skills, and participation in basic and clinical research); and 6) clinical education.

Instructional units are organized in an integrative manner within and between semesters. The first semester in summer provides an introduction to the profession, foundational knowledge in anatomy and pharmacology, and elementary skills in clinical practice. The core semesters in the first two years each center around an area of practice (musculoskeletal, pediatrics, adult neurology, etc.) with courses presenting typical and pathological function (clinical science), evaluation and treatment techniques (clinical applications), and professional practice issues related to practice settings (third-party payors, ethical and legal issues, etc.). Practice of skills in various settings such as acute care, outpatient, rehabilitation, etc., is considered throughout the program. Within each semester, the curriculum plan structures the content from basic to complex, moving from lower to higher order cognitive, psychomotor and affective abilities by the end of each semester.

While each semester focuses on a particular area of practice, the knowledge gained in early semesters is integrated into subsequent semesters. For example, autumn semester of the first year centers on the clinical science, principles and foundations of examination, evaluation, and interventions for problems involving the musculoskeletal system. Concepts presented in this semester are reinforced as students learn, for example, developmental kinesiology in pediatrics, evaluation of the hemiplegic shoulder in neurology, and post-mastectomy changes in shoulder function in later semesters. In the final set of courses prior to the terminal clinical experiences, students integrate materials from the preceding courses to focus on treatment progressions. Courses in imaging, integumentary systems, and community reintegration round out the core knowledge and skill set in clinical practice.

At the end of the first year, students complete a 7-week full time clinical education experience in musculoskeletal physical therapy. After the second year, students spend 20 weeks in the clinic applying what they have learned in two 10-week clinical education experiences. Students then return for a final didactic semester of advanced and elective coursework to develop skills necessary for autonomous practice. In the final semester, they complete a 10-week terminal clinical education experience followed by a 6-week advanced leadership practicum to gain specialized experience in an area of personal interest, and graduate with a Doctorate of Physical Therapy degree. Multiple part time integrated clinical experiences along the way help students apply the didactic material as they learn.

The curriculum plan promotes and facilitates problem solving and the clinical decision-making process as the basis of reflective practice in physical therapy by incorporating these concepts and principles into learning experiences throughout the curriculum. The plan places significant value on development of appropriate professional behaviors, leadership skills, and effective oral and written communication by introducing these areas early and continuing them throughout the curriculum. The plan also places importance on preparation of general practitioners, who possess the knowledge and skills to manage persons of all ages across the lifespan. The curriculum plan promotes active, life-long learning and reflective, evidence-based practice. Throughout the curriculum the student is expected to develop as an active learner and critical, reflective thinker who seeks out, questions, and analyzes information.

A variety of learning experiences and teaching methods are used in the curriculum: large group lectures; laboratory demonstrations and practice; small group discussion and collaboration; patient presentations and case studies; role playing and case simulations; writing assignments; student presentations; peer teaching and peer assessment; independent learning; integrated clinical experiences; service learning activities, including coursework at the student therapy clinic; individual studies; and, clinical practice education experiences. The course content and objectives help faculty determine which learning experiences and teaching methods are most appropriate for each course in the curriculum. The program director is assisted by a director of curriculum who consults with division faculty to design and update courses and to maintain integration of materials in the curriculum.

## **3.2 Required Courses**

### **3.2.1 List of Required Professional and Major Courses**

All students must satisfactorily complete all required coursework to meet the minimum number of credits required for the Doctor of Physical Therapy degree. These credit hours must be completed prior to graduation, which normally occurs at the end of Spring Semester of the third professional year of the curriculum. A student who has already taken any required course(s) prior to admission to the program must still achieve the required number of credits described on the program advising sheet while enrolled, which means the student will need to take electives to achieve this balance.

The required courses are listed in the following table.

## THE DOCTORATE OF PHYSICAL THERAPY CURRICULUM (2024-25)

Year 1					
SUMMER	Cr	AUTUMN	Cr	SPRING	Cr
AMI 6000: Anatomy	5	PT 6250: Neural Basis of Movement	2	PT 7250: Neurologic Basis of Rehabilitation	2
PT 6410: Principles & Procedures in PT Practice	1	PT 6415: Acute PT Practice I	1	PT 8210: Musculoskeletal Diagnosis and Management II	5
PT 6021: Intro to PT Profession	2	PT 7012: Documentation and Reimbursement	1	PT 8410: Musculoskeletal Skills Lab II	3
HRS 5510: Pharmacology	2	PT 7220: Musculoskeletal Diagnosis and Management I	4	PT 8013: Contemporary Practice	1
		PT 7420: Musculoskeletal Skills Lab I	3	PT 6260: Pathology for PT	2
		HRS 7900: Evidence Based Prac. I (EBP I)	1	HRS 7910: EBP II	1
		PT 7235: Biomechanics for PT I	2	PT 6189: Integrated Clinical Experience	1
				PT 7245: Biomechanics for PT II	1
				PT 7915: Research Applications	1
<b>Semester Total:</b>	<b>10</b>		<b>14</b>		<b>17</b>
				<b>Year Total:</b>	<b>41</b>

Year 2					
SUMMER	Cr	AUTUMN	Cr	SPRING	Cr
PT 7189 Intermed. Clin. Ed. Exp. I	4	PT 8065 Service Learning in PT	.5	PT 8065 Service Learning in PT	.5
PT 8230 Clinical Apps. in Pediatrics	3	PT 8250 Adult Neurologic Rehab.	5	PT 8274 Integumentary Systems and Rehabilitation	4
PT 8430 Pediatric Laboratory	1	PT 8450 Adult Neurologic Laboratory	3	PT 8474 Integumentary and Community Reintegration Laboratory	3
PT 8630 Clinical Sci. in Pediatrics	2	PT 8270 Geriatric Management	2	PT 8674 Advanced Therapeutic Interventions and Progressions	1
PT 8030 Topics in Pediatrics	1	PT 8050 Topics in Rehab and Long Term Care	1	PT 8670 Imaging in PT Practice	1
PT 6389: Pediatric ICE ... or ...	.5	PT 8272 Cardiopulmonary Rehab.	2	PT 7645 Acute Care & Rehabilitation	.5
[PT 7389: Peds Specialization] ICE	[1]	PT 6489 Acute Care ICE	.5	PT 7289.01 Intermediate Clin. Ed. Exp. II, pt. 1	4
<b>Semester Total:</b>	<b>11.5</b>		<b>14</b>		<b>14</b>
				<b>Year Total:</b>	<b>39.5</b>

Year 3					
SUMMER	Cr	AUTUMN	Cr	SPRING	Cr
PT 7289.02: Intermediate Clin. Ed. Exp. II, pt. 2	4	PT 8061: Leadership and Career Planning	1	PT 8289: Terminal Clinical Education experience	8
		PT 8070: Management	2	PT 8989: Capstone Leadership Practicum	4
		PT 8060: Healthcare in America & Impact on PT I	2		
		PT 8676: Differential Diagnosis for PT	4		
PT 8189 Intermediate Clinical Education experience III	8	PT 8915: Case Study Analysis	2		
		PT 8789: Practicum Development	1		
		PT 8610: Advanced Orthopedic PT (1 cr. elective)			
		PT 8640: Complex Scenarios in PT (1 cr. elective)			
		PT 8612: Advanced Sports PT (1 cr. elective)			
		PT 8650: Advanced Neuro. Rehab. (1 cr. elective)			
		PT 8620: Entrepreneurial leadership in PT (1 cr. elective)	2		
		PT 8645: Advanced Acute Care Practice (1 cr. elective)			
PT 8999 Thesis	1	PT 8630: Advanced Pediatrics (1 cr. elective)			
		<u>Clinical Elective</u>			
		PT 6589 Service Clinical Experience (.5 – 2 cr elective)			
		<u>Other Electives:</u> See approved list below			
<b>Semester Total:</b>	<b>13</b>		<b>14</b>		<b>12</b>
				<b>Year Total:</b>	<b>39</b>

**Total Credits: 119.5**

## 3.2.2 Descriptions of Required Courses

Courses are PHYSTHER unless otherwise noted.

### 3.2.2.1 Year 1

#### Summer Semester

- ANAT 6000 Gross Anatomy Neuromuscular anatomy of the human body
- HRS 5510 Pharmacology Introduction to the general principles of pharmacology, drug classification, and the sites and mechanisms of drug action.
- 6410 Principles and Procedures in Physical Therapy Practice I: Principles of palpation, manual muscle testing & goniometry
- 6021 Introduction to the Physical Therapy Profession: Introduction to the profession of physical therapy and the behaviors consistent with that profession.

#### Autumn Semester

- 6250 Neural Bases of Movement: The neuroanatomical and physiological basis of sensorimotor function, providing a foundation in motor control for the analysis of motor dysfunction.
- 6415 Acute Physical Therapy Practice I: Patient mobility, safety monitoring, basic gait and transfer training skills, with specific applications in the acute care setting.
- 7012 Documentation and Reimbursement: Clinical decision making and documentation related to evaluation, goal setting, and treatment of the physical therapy client.
- 7235 Biomechanics for Physical Therapy I: Principles of biomechanics, normal and pathological movement involving the musculoskeletal system (part of a 2-course sequence).
- 7220 Musculoskeletal Diagnosis and Management I: Foundations, analysis and application of the concepts and principles of evaluation, examination, diagnosis, and treatment of problems of the musculoskeletal system (part of a 2 course sequence).
- 7420 Musculoskeletal Skills Lab I: Laboratory application of skills for evaluation, diagnosis and treatment of musculoskeletal disorders
- HRS 7900 Evidence Based Practice I: Critical Analysis of Measurement and Diagnostic Tests

#### Spring Semester

- 6189 Orthopedic Integrated Clinical Experience (ICE): Clinical experience in orthopedic outpatient settings.
- 6260 Pathology for Physical Therapists: Principles of disease of the organ systems.
- 7245 Biomechanics for Physical Therapy II: Principles of biomechanics, normal and pathological movement involving the musculoskeletal system of the spine and lower extremities (conclusion of 2-course sequence).
- 7250 Neurologic Bases of rehabilitation: Advanced concepts in neuroscience and the control of movement.
- 7915 Research Applications: Practical experience and exposure to research in physical therapy.
- 8013 Contemporary Practice: Health care delivery systems and critical issues in physical therapy.



- 8210 Musculoskeletal Diagnosis and Management II: Concepts and principles of musculoskeletal evaluation, examination, diagnosis, and treatment (conclusion of 2-course sequence).
- 8410 Musculoskeletal Skills Lab II: Concepts and principles of musculoskeletal evaluation, examination, diagnosis, and treatment (conclusion of 2-course sequence).
- HRS 7910: Evidence Based Practice II: Critical Analysis of Measurement and Diagnostic Tests (cont).

### **3.2.2.2 Year 2**

#### Summer Term

*The student must have passed all preceding courses and practical examinations prior to beginning PT 7189.*

- 7189 Clinical education: Intermediate full-time clinical experience I: Full-time clinical education experience completed in an affiliated outpatient site with the focus on patients with musculoskeletal impairments.
- 6389 Pediatric ICE: Clinical experience in pediatric settings.
- 7389 Pediatric ICE for Specialization: Clinical experience in pediatric settings for students enrolled in the pediatric specialization.
- 8030 Topics in Pediatric Physical Therapy: Critical topics related to health care and education systems delivery in pediatric practice and the role of family and culture in the therapeutic program of the child.
- 8230 Clinical Applications in Pediatrics: Physical Therapy principles of examination, evaluation, diagnosis, prognosis and intervention with children.
- 8430 Pediatric Laboratory: Applications and methods used in evaluation, diagnosis and intervention including neurological, musculoskeletal, cardiopulmonary and integumentary systems in children.
- 8630 Clinical Science in Pediatrics: Typical and atypical development including the effects of disease and damage to the nervous, musculoskeletal, cardiopulmonary and integumentary systems in pediatrics.

#### Autumn Semester

- 6489 Acute Care ICE: Clinical experience in acute care settings.
- 8050 Topics in Rehabilitation and Long Term Care: Healthcare systems and critical topics in rehabilitation and geriatric care.
- 8065S Service Learning in Physical Therapy: Service learning experience in physical therapy.
- 8250 Adult Neurologic Rehabilitation: Analysis of body function and structure, activity, and participation levels associated with injury to the nervous system. Evidence and rationale for examination, evaluation, and interventions for adult neurologic physical therapy.
- 8270 Geriatric Management: Critical issues in the management of geriatric clients.
- 8272 Cardiopulmonary Rehabilitation: Evidence and rationale for examination, evaluation, and interventions for prevention of cardiovascular and pulmonary diseases and treatment of common cardiopulmonary system disorders.
- 8450 Adult Neurologic Laboratory: Clinical decision making and techniques for examination, evaluation, and interventions for adult neurologic physical therapy.

### Spring Semester:

- 7645 Acute PT Practice II. This course is designed to promote competence in acute care physical therapy practice and related populations including those in skilled nursing and inpatient rehabilitation facilities.
- 8065S Service Learning in Physical Therapy: Service learning experience in physical therapy.
- 8274 Integumentary Systems and Community Reintegration: promote an understanding and appreciation for the concepts and principles of evaluation and diagnosis of patients with acute and chronic wounds, lymphedema, burns, and other disorders of integumentary structures and/or functions and rehabilitation through community reintegration.
- 8474 Integumentary and community reintegration laboratory: Clinical decision making and techniques for examination, evaluation, and interventions for those with disorders related to the integumentary system and the use of adaptive equipment and techniques for community reintegration.
- 8670 Imaging in Physical Therapy Practice: Develop an understanding of the basic principles and interpretation of musculoskeletal and neuromuscular imaging. The course will focus on the application of radiographic, CT and MRI images into physical therapy practice.
- 8674 Advanced Therapeutic Interventions and Progressions: Case based analysis, skill acquisition, and patient-centered clinical interventions.
- 7289.01 Clinical education: Intermediate clinical experience II, part 1: Full-time clinical education experience in an acute care or skilled nursing facility (SNF) affiliated clinical site with the focus on management of patients with medical, neurological and orthopedic diagnoses. This is the first five weeks of a two part course, 7289.01 and 7289.02.

### **3.2.2.3 Year 3**

*The student must have passed all preceding courses and practical examinations and must have passed the professional doctoral examination (i.e., 2<sup>nd</sup> year comprehensive examination) prior to beginning PT 7289.*

### Summer Term:

- 7289.02 Clinical education: Intermediate clinical experience II, part 2: Full-time clinical education experience in an acute care, inpatient/outpatient rehab, or SNF affiliated clinical site with the focus on management of patients with medical, neurological and orthopedic diagnoses. This is the last five weeks of a two part course, 7289.01 and 7289.02.
- 8189 Clinical education: Intermediate clinical education experience III: Full-time clinical education experience in an affiliated clinical site.
- 8999 Thesis: preparing the case study for final written and oral presentation as the exit requirement for the doctorate of physical therapy.

### Autumn Semester

The student must have passed all preceding courses and practical examinations and must have passed 7289 and 8189 prior to beginning this semester in the third year of the program.

- 8060 Health Care in America and its Impact on Physical Therapy: Analysis of the healthcare system in America and how working within this system impacts the practice of physical therapy.
- 8061 Careers in Physical Therapy: Leadership and professionalism in physical therapy practice, with emphasis on preparing to enter the PT profession.
- 8070 Management: Administrative skills for the management of physical therapy practice in various settings. Introduce basic principles of administration and management that are applicable to problem solving in simulated administrative and management situations. Development of a marketing and business plan with adherence to ethical and legal requirements that will prepare the doctorate student to consider autonomous practice as a clinician or as a practice owner of a successful physical therapy business
- 8676 Differential Diagnosis for Physical Therapists: Clinical decision making related to systemic disease that can present as neuromuscular or musculoskeletal conditions. Related literature will be utilized to explore systemic origins of disorders related to PT practice.
- 8789 Practicum Development. Preparation and development of a plan including goals and objectives for 8989 Capstone Leadership Practicum and the project for the practicum.
- 8915 Case Study Analysis. Analysis and revision of the case report as the final document and preparation and presentation of the case as the exit requirement.

### **Electives**

- 8610 *Advanced Orthopedic Physical Therapy* Critical analysis of the current literature and the application of advanced skills related to the orthopedic patient with an emphasis manual therapy techniques and evidence-based interventions.
- 8640 *Complex Scenarios in Physical Therapy* Complex geriatric, neurologic and cardiopulmonary cases, incorporating electro diagnostic testing and other specialized assessments and interventions. Online modular format.
- 8612 *Advanced Sports Physical Therapy* Introduction to Sports Physical Therapy concepts with emphasis on prevention, acute injury management, differential diagnosis, sports-specific rehabilitation and wellness.
- 8650 *Advanced Adult Neurologic Rehabilitation* Critical analysis of the current literature and the application of advanced skills related to the neurologic patient with an emphasis on evidence-based assessment and interventions.
- 8630 *Advanced Pediatrics* Critical analysis of the literature on pediatric practice and an exploration of advanced clinical topics in pediatrics.
- 8645 *Advanced Acute Care* Critical analysis of topics in acute care including practice in the ICU setting. This course emphasizes the use of simulation for hands on application for critically ill patients. This course also includes interprofessional practice.

Plus others as offered:

HRS 5000 *Interdisciplinary Case Management*: This course pairs PT students with students from medicine, dentistry, pharmacy, occupational therapy, and other health care professions to consider interdisciplinary approaches to cases.

HRS 5100 *Adaptive technology*. This course examines assistance technology in rehabilitation disciplines.

HRS 8891 *Advanced Skeletal Biology*. This course examines advanced topics in the anatomy and biology of the skeletal system.

IPT course interdisciplinary leadership (1 cr) seminar Graham\*

Rehabilitation Engineering (variable credit elective)

Or, courses approved for Pediatric, Assistive Technology Certification, or Global Health Specialization; electives not preapproved must receive approval to be counted.

### Spring Semester

The student must have passed all preceding academic and clinical education courses and satisfied all program requirements before beginning PT 8289.

8289 Clinical education: Terminal clinical education experience I: Full-time clinical education experience in an affiliated clinical site.

The student must pass PT 8289 before beginning PT 8989.

8989 *Capstone Practicum Experience*: Full-time individualized experience focusing on an aspect of physical therapy such as specialty clinical practice, administration or management, teaching, research, service, or advocacy. It must include the development of a related project and may or may not involve direct patient care.

## **3.2.3 Physical Therapy Division Standard Course Policies**

The following set of policies is considered a part of the syllabus for every course taught within the physical therapy division. By extension, each of these is a policy for the program as a whole.

### **3.2.3.1 Make-Up Exams**

Make-up exams will be given only at the discretion of the instructor and with prior approval. Exams missed due to illness may require a note from a health care provider prior to make-up.

### **3.2.3.2 Required Assignments**

In every course in this professional program, students are required to submit all required assignments to pass the course. In the undergraduate experience, some students have developed a strategy of counting the points in a course, determining an acceptable grade, and not turning in assignments of low point value once the desired grade was assured. In a professional program, this is unacceptable. Every assignment in every course is designed as a part of a comprehensive curriculum to provide you with the

knowledge, skills, and attitudes required to practice safely and competently as a physical therapist. Individual faculty may determine that certain late assignments are downgraded. This does not relieve the student of the responsibility to complete the assignment to the best of their ability, even if no points can be awarded. The important thing is the learning. Students who fail to complete required work shall be referred to the student success committee for further action, which may include a Level I Performance Improvement Plan.

### **3.2.3.3 Reasonable Accommodations**

The university strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on a disability (including mental health, chronic, or temporary medical conditions), you can inform the faculty and be referred to Student Life Disability Services, or you can go straight to Student Life Disability Services. The SDLS office works with faculty to determine reasonable accommodations. After registration, make arrangements as soon as possible to discuss your accommodations so that they may be implemented. **SLDS contact information:** slds@osu.edu; 614-292-3307; 098 Baker Hall, 113 W. 12th Avenue.

If a student is not able to complete program requirements due to a disability and the student is not registered with Student Life Disability Services, the student may not be eligible for modifications in program requirements, which could result in consequences such as unexcused absences or failing grades on laboratory practical examinations. If a student has a temporary medical condition requiring accommodations, the faculty may use their professional judgment to provide temporary accommodations until the student has time to register. The student must act as quickly as practicable to get accommodations approved by SLDS in this circumstance.

### **3.2.3.4 Academic Misconduct**

The rules of the university faculty senate establish, under rule 3335-5-48.7, the university's "Committee on Academic Misconduct" (COAM). The rule requires that "Instructors shall report all instances of alleged academic misconduct to the committee."

There are many forms of academic misconduct, and these are specified at the following website:

<http://oaa.osu.edu/coam.html>

The faculty would like to make students especially aware of two forms of academic misconduct that may be inadvertent and provide strategies for how to avoid them.

The first common mistake is plagiarism. According to the COAM, "Plagiarism is the representation of another's work or ideas as one's own; it includes the unacknowledged word for word use and/or paraphrasing of another person's work, and/or the inappropriate unacknowledged use of another person's ideas." Copying sentences or complete phrases directly from sources without using quotes is plagiarism. Using artificial intelligence systems to generate work that is submitted for a grade is also plagiarism (unless the assignment specifically required information generated by the artificial intelligence system as part of the submission). Sometimes, this can occur accidentally as students take notes when reading and then use these phrases directly without proper attribution. Students are cautioned to take steps proactively in written work to avoid even unintentional plagiarism. A faculty

member reading the assignment has no way to know after the work is submitted whether the plagiarism was intentional or unintentional. The health sciences library provides instruction on how to avoid plagiarism.

The second common mistake is giving or receiving aid in work submitted for credit. As students work together through a professional program, a strong camaraderie develops. The competition that marked the undergraduate experience in an effort to gain admission to the professional program is replaced by cooperation. Students begin studying together to help each other learn and develop knowledge and skills, and the faculty encourage this. Unwittingly, students may cross the line into working together to help each other with individual assignments. A simple rule of thumb is that if you are receiving an individual grade, your work must be individual. Faculty may assign group assignments, in which case this will be explicitly stated, and a rubric to track the contributions of group members will be provided. On selected learning activities that are called 'homework,' faculty may encourage working in groups for learning. However, this should not be equated with a standing policy; these are special cases. Would you want a member of your family treated by a PT who really can't do the job? If in doubt about whether group work is permitted, do not give or receive assistance on any assignment that involves points towards a grade.

### **3.2.3.5 Professional Behaviors**

Performance in each class contributes to the ongoing evaluation of Professional Behaviors. Therefore, each student is expected to demonstrate professional behavior in all aspects of each course. These requirements are a component of each course and will be graded as such.

### **3.2.3.6 Remediation or Repeat of Courses**

Physical therapy is a demanding, evolving profession requiring graduate education at a doctoral level. Competent physical therapists must not only be able to demonstrate skills adequate for clinical practice upon completion of the program, they must demonstrate the capacity to learn and acquire new skills at a pace on par with their peers in the profession. A professional is expected to keep up with a complex, evolving field of knowledge through their practice over time. Therefore, the policies described here are designed to craft a reasonable balance between giving the student the opportunity to overcome a short-term deficit in performance and continue in the program, but not to allow individuals who are incapable of meeting the standards of the profession from graduating with the DPT degree.

Note: these policies only apply to courses taught in the physical therapy division that start with the course designation PHYSTHER. Courses in other divisions or departments such as HTHRHSCI or ANATOMY are not governed by the remediation policy of the PT Division. Consult the course syllabus in those cases to understand your options.

For physical therapy courses, the primary authority and judgment for decisions about whether to grant permission to remediate or repeat a course rests with the physical therapy faculty, who are uniquely qualified as members of this profession to determine who should and who should not be allowed to enter the profession. The considered judgment of the physical therapy faculty will be applied to each decision on a case-by-case basis.

Whenever remediation or repeat of a course is required, the school's Office of Academic Affairs shall be notified. Whenever a student fails a course, the graduate school shall be notified and a recommendation of a finding of failure to make reasonable progress in the graduate program shall be made to the graduate school. This recommendation will include conditions for continuing in the program in good standing.

### **3.2.3.6.1 Clarification of the Term, "Remediation"**

In this section, the term, "remediation," refers specifically to remediation of a course in the DPT program. Remediation is a common term that may be used in other contexts, so it is important to clarify how the term is used in this section. For example, the program has a policy about remediation of a practical examination in a laboratory skills course. This is not the same as remediation of a course; this section of the handbook refers to remediation of a course, not an examination.

The graduate school may also use the term remediation when a student is warned for poor academic performance (a semester GPA less than 3.0) or placed on probation (cumulative GPA less than 3.0). In a letter to the student, the graduate school may require "remediation." What they mean by this is simply to bring the GPA back above 3.0. This is not the same as remediation of a course as described in this section of the DPT handbook. The graduate school has its own policies about academic standards, as described in section 5 of the Graduate School handbook (<https://gradsch.osu.edu/handbook/all#5-0>).

### **3.2.3.6.2 Remediation of a failed didactic course**

Remediation of a failed didactic course is allowed only in certain limited circumstances as defined below. If remediation is allowed, then a student who fails a didactic course with a grade of C- or lower at the end of the course is provided with a grade of incomplete in lieu of C- or lower and given one opportunity to remediate to earn a grade of C and pass the course. This type of remediation is allowed only when there is a focused knowledge deficit in one part of the course, where a short-term effort to address the deficiency is likely to succeed. Remediation is not allowed for a student who has performed below expectations throughout the course.

If a remediation is granted, a learning contract will be written and signed by both parties, the student and the course instructor, and must be approved by the program director. Failure to pass the remediation as defined by the learning contract shall result in failure of the course. The learning contract for the remediation must consist of two components, first a learning component, and then a testing component. The learning component involves the student participating in a learning activity designed to facilitate acquiring comprehension of the failed material. The testing component assesses whether or not the material has been mastered. Explicit outcomes will be measured for assessing successful completion of the remediation.

The final grade entered if remediation is successful will be a C, nothing higher than a C. If the remediation is not satisfactory, the grade originally earned at the end of the course will be entered.

### **3.2.3.6.3 Extension of the duration of a clinical education course**

During clinical education experiences, some students may be making progress and may be very close to achieving the required level of performance, but not quite at the passing level. If the judgment of the director of clinical education and the clinical instructor is that a slight extension of time of the clinical education experience is likely to result in a passable performance, and appropriate logistic arrangements can be made successfully to allow this without interfering with other education requirements, then the student may be offered the opportunity to extend the clinical education experience beyond the original end date. The duration of the extension will be unique to each circumstance. This will not formally count as a remediation. However, this will disqualify a student from taking the NPTE in April prior to graduation.

### **3.2.3.6.4 Remediation of a clinical education course**

In a case where, at the end of the clinical education experience, including any possible extension (as described in section 3.2.3.6.3), a student has come very close to passing a clinical education course, but the director of clinical education does not have sufficient information to determine if the student has actually performed at the required level or is truly deficient in skills, and if the student is eligible for a remediation at that time in the program, then a grade of I with an alternate grade of E may be entered. In this circumstance, the director of clinical education will arrange a special alternative clinical experience with a carefully chosen clinical instructor for the purpose of getting a second opinion to assess the student's skills. Explicit outcomes will be measured for assessing successful completion of the clinical education course remediation. If, after this experience, the student is judged to be at the required level, the passing grade can be entered. Otherwise, the E will stand.

#### *3.2.3.6.4.1 Limit of One Clinical Education Course Remediation*

Only one clinical education course in the program may be remediated for any student in the program. Once a student has remediated any clinical education course in the program once, no subsequent clinical education course may be remediated in this manner. After any clinical education course has been remediated for a given student, any subsequent clinical performance that does not clearly meet or exceed requirements at the end of the clinical education experience will be graded as an E.

### **3.2.3.6.5 Repeat of a failed didactic course**

A student who has failed a didactic course (grade of C- or lower) but who is otherwise in good standing in the program and has not failed a course in the program previously, but who is not eligible for remediation, will be afforded one opportunity to repeat the course. If the student fails on the second attempt of that course, they shall be recommended for disenrollment from the program.

A student who has failed a course and repeated it and passed may not repeat any other course, clinical or didactic. Any subsequent course failure shall result in a recommendation for disenrollment from the program without the opportunity to repeat. Throughout the time in the DPT program, no student shall be allowed to repeat more than one failed course.



### **3.2.3.6.6 Repeat of a failed clinical education course**

If a student does not pass any clinical education course, but is not eligible for remediation, they may be granted the opportunity to repeat the course once. The program is not required to allow a student to repeat a failed clinical education course. A student who fails a clinical education course due to egregious behavior warranting disenrollment from the program will not be offered a chance to repeat the course. If the student's performance leads to the conclusion that, no matter how much additional training is provided, the student will never be able to function as a member of the physical therapy profession, the faculty may decide to not allow the student to repeat. Allowing a student to repeat should be based on evidence that the student does possess the potential to function as a physical therapist, but needs more time and education to demonstrate the required level of performance.

Only one opportunity to repeat a clinical education course will be provided. No student shall be allowed to repeat more than one failed clinical education course. Once a student in the DPT program has failed one clinical education course, if that student is allowed to repeat the course and does pass, that student must pass every subsequent course, clinical and didactic, on the first attempt for the remainder of the DPT program.

### **3.2.3.6.7 One course remediation per year**

A student is only allowed to remediate one course per year. For this policy, a year is defined as the academic year, starting with summer term, and ending with spring semester. This applies to didactic and clinical education courses collectively. If a student has already remediated one didactic course in a year, that student will not be allowed to remediate another didactic or clinical course during that same year. Likewise, if a student has already remediated one clinical course in a year, that student will not be permitted to remediate another didactic or clinical course during that same year. Therefore, in the second instance in a given year when a student has achieved a passing grade at the end of a clinical or didactic course, the student will not be offered remediation and will need to repeat that course to continue in the program.

### **3.2.3.6.8 Limit of two course remediations**

No student shall be allowed more than two remediations during their entire course of enrollment in the DPT program. For example, if a student remediates one course in the first year, and another course in the second year, there will be no further opportunities for remediation offered for the remainder of the program. If that student has a grade of C- or less at the end of any subsequent course, their only option at that point would be to repeat the course.

### **3.2.3.6.9 Limit of one course remediation if a student has failed any previous course**

If a student has failed any course in the program, then only one additional opportunity for remediation for the duration of the program will be allowed. This will be treated as a second remediation, according to the policy as defined in section 3.2.3.6.12.

### **3.2.3.6.10 Students who fail more than one course in the same academic term**

If a student fails two or more courses in a given term or semester, they will not be eligible for remediation of any of the failed courses, and they shall be recommended for disenrollment from the program.

### **3.2.3.6.11 Permission for first course remediation**

Permission for a student to remediate for the first time in the program is at the discretion of the instructor. If the instructor denies permission, the student has the right to appeal to the PT program faculty. To make this request, the student must provide in writing their rationale for why their deficit fits guidelines for remediation set forth in this handbook. A majority vote of the PT program faculty is required to grant the appeal. If the PT faculty deny the appeal and the student wants to continue to seek permission to remediate, the next step is to appeal to the Graduate Studies Committee of the school. See HRS Policy #20: Academic Standards: Student Complaint/Student Appeal.

### **3.2.3.6.12 Permission for second course remediation**

For a student to be granted their second opportunity to remediate a course in the program, the student must provide in writing their rationale for why their deficit fits guidelines for remediation set forth in this handbook. Permission for the second remediation requires a majority vote for approval by the PT program faculty. If the PT faculty deny the appeal, the next step is to appeal to the Graduate Studies Committee of the school. See HRS Policy #20: Academic Standards: Student Complaint/Student Appeal.

### **3.2.3.7 *Personal Technology Use***

While the faculty value and support the use of technologies in the classroom to enhance the learning experience, use of personal technology devices for anything other than academic purposes is prohibited in the classroom during instructional time. As explained in the HRS Student Handbook, students must refrain from using cell phones, laptops, tablets, and similar devices for non-educational activities such as messaging, email, games, or web browsing during class. The faculty member may direct that the device be put away, take possession of the device for the remainder of the class, or direct the student to leave the class, as deemed appropriate by the faculty member at any time; university policy grants that authority to the faculty. See HRS Policy #5 Academic Standards: Conduct in the Classroom and Academic Environment.

### **3.2.3.8 *Review and Retention of Student Examinations, Papers, Projects***

Students will have the opportunity to review their incorrect responses on all quizzes and examinations and to compare their responses with the correct answer in a manner determined by the instructor. Students will be able to review written instructor comments on term papers, case reports, projects and the like and discuss these items with the instructor. However, the instructor may require that all student papers, including examinations, be returned to the instructor for retention. Each instructor shall set the policy on the review and retention of student work for a particular class or activity.

When exam keys, answers to homework, etc., are posted for viewing, the student may not photograph, dictate, or copy verbatim all or part of the test questions. Students may not share any academic work

returned to them with anyone, especially not to students at earlier stages in the program. Students may not develop or maintain files containing old exams, test questions, assignments, etc., except for their own individual, private use. Sharing such materials outside the program in hard copy or on the internet, or with other students in the program, or any person(s), is academic misconduct.

By university policy, the instructors retain student work for two academic terms after the work is completed and the grade is assigned. After this, these records may be destroyed.

## **3.3 Required Program Milestones**

### **3.3.1 Competency Checks**

In academic terms that include clinical laboratory skills courses, there may be required competency checks for certain skills; these may also be referred to as skills checks. Students are permitted re-tries on competency checks until they demonstrate satisfactory performance. Satisfactory performance on all competencies will be required before the student begins the next full time clinical education experience.

### **3.3.2 Practical Examinations**

Lab practical examinations are given in the clinical laboratory courses to assess students' readiness to perform in the clinical setting. They also serve to assess clinical application and clinical reasoning across all material learned up to that point in the curriculum. Lab practical examinations are time-limited to simulate the clinical environment. Students must pass the lab practical to pass the laboratory course in which it is given. A score of 80% is required to pass laboratory practical examinations. In the case of a score of less than 80%, one repeat practical examination will be scheduled with timing at the discretion of the course instructor(s). The student must obtain a score of  $\geq 80\%$  on the repeat practical to pass the practical; upon passing, the grade recorded for the final practical examination will be 80%.

For students who have accommodations through the office of Student Life and Disability Services, extended time and distraction-reduced space are not applicable for laboratory practical examinations as these are conducted to assess the student's ability to perform clinical skills as they are performed in the clinic.

### **3.3.3 First Year Comprehensive Examination**

All students will be required to take a comprehensive examination after the end of the first year in the curriculum. This examination is a comprehensive, 200-item multiple-choice test covering content contained in the DPT curriculum over the first year of study. The content is determined by the first-year examination committee, which is comprised of faculty instructors who teach first year content for the division of physical therapy as appointed by the division director. The content will be weighted in approximate proportion to the credit hours per subject area across the curriculum.

The results of the examination will be shared with the student to help the student identify areas of weakness that should be reviewed prior to the professional doctoral examination. There is no specific pass point set on the written exam in the first year– it is simply a knowledge check in preparation for the professional doctoral examination.

### **3.3.4 Professional Doctoral Examination for the Doctor of Physical Therapy (Second Year Comprehensive Examination)**

As specified in the graduate school handbook (<https://gradsch.osu.edu/handbook/all#7-17>), students in the Doctorate of Physical Therapy (DPT) program will take a Professional Doctoral Examination to determine whether the student possesses understanding of the theoretical and applied fundamentals of the field and is ready to engage in a sustained period of clinical experience. This examination is a comprehensive, 200-item multiple choice test covering content contained in the DPT curriculum over the first two years of study. The content is determined by the professional doctoral examination committee from the division of physical therapy, which is comprised of regular faculty in the division as appointed by the division director.

In general, the written content will be weighted in proportion to the credit hours per subject area across the curriculum. The pass point cannot require more than 70% correct of items remaining in the test after item analysis by the professional doctoral examination committee. The pass point can be adjusted as determined by the judgment of the professional doctoral examination committee.

To register for the professional doctoral examination, each student must go online to apply to the graduate school through <http://gradforms.osu.edu> to take the professional doctoral examination. The student must use the following parameters for the test. First Professional Doctoral Examination, PHYSTHR program, choose Dr. Buford as the advisor and Drs. Schmitt and Kegelmeyer as committee members. Please note: faculty advisors are listed more than once in the selection list on the Gradforms website, because we can be advisors in degree programs in addition to the DPT. Make sure you choose the entry for each faculty member for the **DPT PHYSTHR** program, not the PhD. You should complete this application in February, well before the exam is given at the end of April. Details will be provided at that time.

Administratively, the faculty and the graduate school must then accept your application. After the exam results are calculated, the members of the committee will enter your results online. If you do not pass on the first attempt, the retake as explained below will be required.

In addition to the written examination, students must pass all practical examinations and competency checks prior to the progression on to the sustained clinical experience and year 3 of the doctoral program.

#### **3.3.4.1 Policy for Retake of Failed Professional Doctoral Examination**

Students who fail the professional doctoral examination on their first attempt on the multiple-choice form are permitted one retake of the examination in accordance with graduate school handbook rule 7.17.7. The retake will be in the form of a written document based on two to four case studies designed

by the faculty to address the student's area(s) of weakness identified by the first examination. The written exam will be followed by an oral examination. The objectives of the examination will be consistent with those of the professional doctoral examination, to ensure understanding of the theoretical and applied fundamentals of the field and readiness to engage in a sustained period of clinical experience. The procedures will be as follows.

1. Unless an exception is made by the core faculty, a student may not continue on to the sustained clinical experience until s/he has demonstrated sound judgment and decision making sufficient to ensure patient safety by passing the professional doctoral examination. An exception may be made to allow the student to continue with sustained clinical experiences and other requirements of the program following a review of the student's academic and clinical performance in the first two years of the program and an affirmative, majority vote of the core faculty. In either case, the process for the second exam is as outlined below.
2. For the written component, faculty will develop no fewer than two and no more than four case-based scenarios based on analysis of the student's weak areas from the multiple-choice form of the professional doctoral examination. Each scenario will include a case and alternative approaches to patient management expressed very generally. The student will write an evidence-based analysis of the case, providing a rationale to defend their choice for the best management and explain why the other alternatives were less optimal.
3. The deadline will be determined by the professional doctoral examination committee. The exact time frame will be specified in a learning contract between the student and the professional doctoral examination committee. This learning contract will be completed within four weeks of failure of the first attempt on the professional doctoral examination. One or more faculty mentors will be identified for each case. As the student works on the written component, the mentor may offer feedback on gross deficiencies in the written product and guidance on where to locate better information as the work develops, but faculty mentors will not provide direct assistance with the writing or creative thought process.
4. The faculty mentor for each case is primarily responsible for evaluating that component of the written examination to determine whether it is a pass. A student availing themselves of and responding appropriately to feedback given along the way would rarely be expected to fail at this point. A student may be advised that passing the oral exam is highly unlikely based on extremely poor performance on the written, but may not be denied the right to take the oral examination.
5. The mentors function as the student's oral examination committee. There shall be at least three faculty on the oral examination committee, but not more than five. The oral examination will be scheduled by the student as a second professional doctoral exam through gradforms as instructed by the faculty. The professional doctoral exam committee members will also serve as the committee for the second examination. They will be joined in the oral exam by the mentor for each case. At least two weeks but not more than one month after the final written work is submitted for all cases required, the oral examination committee conducts an oral examination. The student and members of the oral examination committee receive copies of the student's written responses at least one week before the oral examination.

6. For the oral examination, one member is elected as chair of the committee by the members of the committee. All members of the committee participate in the oral examination for a period of about two hours, not to exceed two hours. The oral examination questions are principally focused on the content of the written component of the remedial examination. The objective is to determine whether the student understands the written component, and to determine if the student can be led towards better understanding through a problem solving, Socratic approach in areas where the student was weak on the written. The oral exam may also assess general knowledge and overall readiness for clinical practice as a physical therapist but should not focus on details of practice areas not related to the written component of the examination.
7. The oral exam is graded pass or fail. A unanimous rating of satisfactory from the committee members is required to pass. Students who pass are eligible to complete their clinical education experiences and continue towards the DPT (Doctorate of Physical Therapy). Students who fail exit from the physical therapy program with no graduate degree awarded but may be eligible to transfer to a different graduate program at Ohio State.
8. The student will be advised that there are policies in the graduate school for appeal of professional doctoral examination results. The student should refer to the graduate school handbook for these policies (<https://gradsch.osu.edu/handbook>).

As with the first professional examination, the student must register through [gradforms.osu.edu](http://gradforms.osu.edu) for permission to take the second. In this case, the committee will be the same, but the student will select “second professional doctoral examination.” The date and time for this exam will be determined on a case-by-case basis, and instructions for how to complete the application for a second professional examination will be provided when required. The school’s Office of Academic Affairs and Graduate Studies Committee shall be informed that a DPT student will be taking a second examination.

### **3.3.5 Final Case Report as the Final Document Requirement for the Doctorate of Physical Therapy Degree**

#### **3.3.5.1 General Instructions for the Final Document**

In accordance with the graduate school handbook policy 7.17.8, each student will complete a written case report on a patient seen during an intermediate or terminal clinical education experience to serve as their final document. Extensive directions on how to select an appropriate patient and complete the case report, including a rubric used by the faculty to evaluate the case report, are provided by the faculty. The student is responsible for submitting a complete written case report formatted according to the instructions. The essence of this requirement is to demonstrate the ability to use current evidence and clinical reasoning for physical therapy practice, and to demonstrate professional writing and communication skills. Faculty will judge whether the first draft of case report contains enough information to produce a final document within one week of submission. A student who does not produce a case report that can serve as a basis for a final document may be required to revise the case report or complete a new case study, as determined by the faculty, before the student can schedule their exit requirement.

Students shall comply with all HIPAA regulations when gathering information related to their case study or other assignments in which they utilize patient information. No patient identifiable information such as the patient's initials, actual dates of treatment, the actual name of the hospital, etc., can be included. It should be difficult or impossible for a curious person to deduce the individual patient's identity. Students shall have patients sign the PT Division CONSENT FOR EVALUATION, CARE AND TREATMENT AS AN EDUCATION MODEL PATIENT form prior to data collection. In addition, students must have patients sign the BLANKET IMAGING RELEASE form if any pictures will be utilized for school assignments.

Upon return from the clinical education experience, the student will work with the faculty advisor to revise the written case report to bring the quality of writing, analysis, and presentation of the case up to the level of a standard that the written case report is ready for public dissemination. This is expected to take multiple rounds of feedback from the faculty and from student peers and revision by the student. For additional details on the requirements of the final document, see the rubric provided by the faculty.

### **3.3.5.2      *Applying to Graduate Triggers Creation of the Forms for the Final Document and Exit Requirement***

In the fall semester of the third year, the student will apply for graduation through <http://gradforms.osu.edu>. The student will apply to graduate in May of the following semester. The student will enter a professional doctoral exam committee as instructed by the program to have an advisor in the PHYSTHER-DPT program in charge of the committee, and two additional committee members. Once the student has applied to graduate, the graduate school will release forms for the final document (the case study) and the exit requirement (the oral defense).

### **3.3.5.3      *Submitting the Final Document***

After the written case report is revised and completed, it will be submitted to the faculty advisor and a professional doctoral committee approved by the graduate school for the final requirement. This committee will then judge whether the written document is acceptable. If the faculty advisor believes the document is unlikely to be approved by the committee, the student shall be advised in writing to withhold submission until the document is acceptable.

### **3.3.5.4      *Policy for Failed Final Document***

If the final document is deemed unacceptable by a majority of the final document committee, the student will be permitted one opportunity to bring the document into compliance. In the event this cannot be accomplished prior to the end of the final semester for the program, the student may be required to register for 3 credits of PT8999 in a subsequent term. Graduate students are required by Ohio State to register for a minimum of 3 credits during the semester of graduation. The exception to this is late graduation, in which the student finishes the requirement prior to the start of the next term. Please see the graduate school handbook for further clarification.

### **3.3.6 Oral Presentation of the Case as the Exit Requirement**

#### **3.3.6.1 General Description of the Exit Requirement**

As explained in the graduate school handbook, the exit requirement defined in graduate school policy 7.17.9 is structured around the final document. In the DPT program, each student will be required to provide an oral defense of the case report to the professional doctoral examination committee and student peers in a format mimicking a platform presentation at a national meeting, with a 10 – 12-minute presentation followed by 3 – 5 minutes of questioning. The student must pass the exit requirement to graduate with the DPT. Extensive instructions for the exit requirement are provided by the faculty, including a rubric used by the faculty to evaluate the oral defense.

To pass the exit requirement, the student must demonstrate the following (see the rubric provided for additional detail):

1. An understanding of the physical therapist management of the patient case presented
2. The ability to apply information learned in the DPT program to the case study
3. The ability to read and assimilate research literature related to the case and to accurately apply those findings to the case
4. The ability to justify the physical therapist management of the patient in the case study or to explain an appropriate alternative management strategy that is supported by the evidence available.

#### **3.3.6.2 Scheduling the Exit Requirement**

As noted above, the application to graduate triggers the creation of the forms needed to assess the final document and exit requirement. The student shall be given the names of the faculty members to list as committee members on the final document and exit requirement when applying to graduate. The date, time and location of the exit requirement will also be provided. These will be entered in the application to graduate and used to create the forms needed for approval.

#### **3.3.6.3 Procedures for the Day of the Exit Requirement**

A day will be determined for group presentations for the exit requirement in coordination with the students' examination committee members.

Students will be assigned to a presentation group that includes all students who share the same committee of faculty for the exit requirement. At the beginning of the case presentation for the exit requirement, all students in that group will come together in the presentation room to load their presentations onto a common computer. Only the students presenting in that room may be present – no guests are allowed. Other members of the graduate faculty may observe but will not question the students.

The order of the presentations will be selected by the faculty. Student requests to go early or late within the group will be considered but cannot be guaranteed. At the appointed time, presentations will begin. At 10 minutes, the student presenter is warned for time, and at 12 minutes, the presentation



is halted. Questioning will begin with the faculty, and if time permits, other students may then ask questions.

After all presentations and questions are complete, the students leave the room and wait nearby. The faculty will determine in each case whether the student has passed, or is in jeopardy of failing, for all students in the group. Each student will then be brought back in one by one in an order selected by the faculty for a private meeting with the committee.

During this meeting, students who passed will be given brief feedback in a few minutes to describe the strengths and weaknesses of the case and to be given advice for improvements.

Any student who did not pass will be informed at the outset of the private meeting that the original presentation was potentially unsatisfactory. The student will have a brief opportunity to answer new questions in private, again taking only a few minutes. After this period the student in this case will be told that the decision is pending and will be given a specific time that same day at which they will be notified in person of their result.

After all remaining students have been informed, the committee will decide whether any student who did not pass during the original presentation performed satisfactorily during private questioning, or whether the unsatisfactory result should stand. If the committee finds the result unsatisfactory, all faculty involved in committees for the exit requirement will meet as soon as practicable on the same day after all committees have finished their private meetings and deliberations. The assembled faculty will receive the recommendation of the committee(s) for the student(s) with the unsatisfactory exam(s). A vote will be taken with private ballot to either affirm or overturn the committee's decision in each case of a recommendation not to pass.

#### **3.3.6.4 Policy for Failure of the Exit Requirement**

The graduate school only allows one retake of the exit requirement (7.17.9). Failure on the retake results in a failure of the program, and the student cannot be awarded the DPT. The student may, however, be eligible to transfer to another graduate program at Ohio State.

The retake will be structured like the original exit requirement, an oral defense of the final document. The committee for the re-take is the same as the committee for the original defense. If a faculty member cannot attend on the date of the scheduled retake, a substitute must be approved by the graduate school.

For the exam, the presentation shall be on the same case as the original defense. The requirements for the re-take are the same as they are for the first attempt. The student will not be asked to do a longer presentation. The presentation is still expected to be 10-12 minutes long. Exceeding the time frame by a few minutes is not grounds for failure, but the student will be cut off at 15 minutes. Questioning will also be 3-5 minutes, with additional time of up to 5 minutes if required, to mimic the time for private questioning during the original attempt.

Only the student and the committee are permitted to be in the room for the retake. No friends, fellow students, or others may be present. The program director may also attend or have a designee attend to witness the process, but this person shall not ask questions if not a member of the original committee. Likewise, the chair of the graduate studies committee for the school or designee may attend but shall not question the student.

After the presentation, the student will again be asked to leave the room and wait for the committee to deliberate. As before, if the committee recommends an unsatisfactory result, this recommendation will need to be ratified or overturned by the faculty of the program as a whole before the decision is official.

As with any other decision, graduate students have available to them appeals processes through which they are able to challenge the result of the exam for the exit requirement.

### **3.3.6.5 Option to Delay and Reschedule the Exit Requirement**

If the student or the advisor determines that the student is not prepared to succeed with the exit requirement as originally scheduled, the student's exit requirement should be rescheduled for a later date. It is not necessary for the presentation to be done with a group to be valid, but other aspects of the examination should be substantially similar to what others experienced. A student who is unlikely to succeed should not complete the exit requirement until they are prepared. This decision about whether to delay should be made in discussion with the faculty advisor. The DPT program director must be informed in writing (email preferred) as soon as practicable (same day or next business day) if the student or the advisor is seriously considering delaying the exit requirement or has decided to delay the exit requirement. If there is a disagreement between the student and the advisor as to whether the defense should occur as scheduled or be delayed, the program director will consult with the student and the advisor to facilitate a decision. If agreement is not achieved, the program director will work with the school's graduate studies committee to follow graduate school policies and decide the proper way to proceed.

### **3.3.6.6 Submitting a New Application to Graduate if Graduation Date Changes**

If a student's expected date of graduation changes, a new application to graduate must be submitted, even if the student already passed the final document and exit requirement. For example, if a student has to repeat the clinical for PHYSTHR 8289 or the practicum for PHYSTHR 8989 and is not able to complete the program in time to graduate in May, a new application to graduate must be submitted. The program will inform the graduate school that the student will not graduate as expected and will work with the student to create a schedule to repeat the required courses. By rule, OSU student MUST be registered for at least 3 credits during the semester of graduation.

For example, a student who was progressing normally until that point does not pass PHYSTHR 8289 and must repeat the clinical. In the case, the practicum would need to be canceled and rescheduled. Depending on the calendar and availability of a replacement clinical experience and rescheduled practicum, it might be possible for the student to complete the repeat 10-week clinical and the 6 week practicum before the first day of fall semester. In that case, the student would need to apply to graduate in summer by using the end of semester graduation option. The the clinical education

experience extended into the fall semester, the student would need to register for at least 3 credits in that semester and would not technically graduate until December.

In either of these cases, the cancellation of the original application to graduate has the effect of removing from the record the completion of the final document and exit requirement due to the way the gradforms software is setup. When the student files the new application to graduate, the program will work with the student and the graduate school to have the approval forms for the final document and exit requirement reissued with the original committee once passing of the repeat course appears likely. When the student has satisfactorily completed the requirements of the repeat courses, the faculty will reapprove of the final document and exit requirement.

In Ohio, students who have satisfactorily completed the program are eligible for licensure with certification from the program and passing scores on the NPTE and the jurisprudence module. In the case where the student successfully completed the repeated clinical and/or practicum, the program would issue that certificate of completion and the student would be eligible for licensure before the graduation is officially recorded by the university.

Each case is different, so this section cannot cover every possible circumstance. However, in general, the student in this situation must be sure to complete a new application to graduate and be registered for at least three credits during the academic term in which graduation is expected. It will be necessary to work closely with the program and the school's graduate advisor in situations like this.

### **3.4 Policies for Physical Therapy Division Warning, Probation and Dismissal**

The academic standards controlling warning for failure to make reasonable progress, academic probation, and disenrollment of the Physical Therapy Division are developed in accordance with the policies outlined by the faculty of the Division, school and in accordance with The Graduate School. The Graduate School Handbook of The Ohio State University states that "local Graduate Studies Committees are charged with the responsibility of conducting specific graduate programs within the context of the policies and rules established by The Graduate School."

Also refer to the information on warning, probation and dismissal printed in the general school section of the HRS handbook and in The Graduate School Handbook Section 7.17. about Professional Doctoral Programs.

#### **3.4.1 Physical Therapy Academic Requirements**

The student who experiences academic difficulties should communicate frequently with their advisor or the division director. It is more effective to provide assistance while the difficulty is current rather than after an unacceptable grade has been received.

1. Each student must enroll in all required courses and satisfactorily complete all required

coursework.

2. Each student must maintain a minimum of a 3.0 cumulative grade point average.
3. A minimum grade of "C" or "S" is required in all required courses. If a "C-", any "D", an "E" or a "U" is received in any required course, the course must be repeated prior to graduation and a minimum grade of "C" or "S" attained.

### **3.4.1.1 Academic Status Definitions**

Definitions of academic status for graduate students at Ohio State are defined here:

<https://gradsch.osu.edu/handbook/5-3-academic-and-professional-standards-poor-performance>.

Below is a summary of these terms. Please refer to the graduate school handbook above for detailed explanations of the rules and procedures.

#### **3.4.1.1.1 Good Standing**

Students are presumed to be in good standing unless they are on some form of academic discipline as defined below. To be considered as a student in good academic standing, the student must

1. Hold and maintain a GPA  $\geq 3.0$  as a graduate student at Ohio State.
2. Not be on academic probation
3. Have never received warning for failure to make reasonable progress towards the graduate degree by the graduate school.
4. Not currently be on a Level II performance improvement plan.
5. Have no findings of academic misconduct from the university's Committee on Academic Misconduct.

Occasionally, students may request verification of good standing in the program for the purposes of car insurance discounts, membership in professional associations, etc. The program director will not provide such verification if the student is not in good standing when the request is received.

#### **3.4.1.1.2 Poor Academic Performance**

A full-time student with fewer than nine credits and a cumulative GPA below 3.0 will receive a warning letter from the graduate school. This is not a formal disciplinary action, but it does remove the status as a student in good standing.

#### **3.4.1.1.3 Remediation**

A graduate student with poor academic performance as defined above may be required to enter into a remediation plan by the graduate school or by the school's graduate studies committee. Within the DPT program, this will typically take the form of a Level I performance improvement plan. Remediation may also be required for students on academic probation.

#### **3.4.1.1.4 Academic Probation**

If the GPA is below 3.0 two semesters in a row, or if the GPA is below 3.0 after nine or more graduate credit hours have been attempted, then the student is placed on academic probation. Probation is removed when the cumulative GPA is at or above 3.0.

#### **3.4.1.1.5 Warning of Potential Academic Dismissal**

A student on a remediation plan or academic probation with an academic record that continues to deteriorate will be warned by the graduate school of the potential for dismissal. An individualized improvement plan may be required.

#### **3.4.1.1.6 Warning for Failure to Make Reasonable Progress**

This is defined here: <https://gradsch.osu.edu/handbook/5-4-academic-and-professional-standards-reasonable-progress>. A warning for failure to make reasonable progress can result from poor academic performance or academic probation as defined above, from failure to meet professional behavior standards, or from failing any required course in the DPT program. When such a warning is indicated, the DPT program will recommend to the school's graduate studies committee that this warning be issued for a particular student. If the school's committee concurs, the recommendation will be forwarded to the graduate school. If the graduate school concurs, it will issue the warning to the student including required criteria that must be satisfied to be removed from warning. The student will have one semester to meet specific criteria to be removed from this status. A student who does not meet the criteria may be denied further registration until the criteria are met.

#### **3.4.1.1.7 Academic and Disciplinary Dismissal from University**

This is defined in the Graduate School handbook at the following location: <https://gradsch.osu.edu/handbook/5-5-academic-and-professional-standards-academic-and-disciplinary-dismissal-university>. Academic dismissal can result when the GPA is below 3.0 and is not raised above 3.0 by the end of the probation period. The DPT program is permitted to petition to allow a student to continue if the GPA is below 3.0 after the probationary period. However, if no improvement is evident, it may be difficult to gain permission for the student to continue. If it becomes impossible for the student to raise the GPA to 3.0 or above in time for graduation, then dismissal will be recommended.

A second failure of any required program milestone, including the professional doctoral exam, the final document, or the exit requirement, will require a recommendation of disenrollment from the DPT program.

A second failure of any required course in the program will require a recommendation of disenrollment from the DPT program.

A recommendation of dismissal can also result from failure to meet the terms of a Level II performance improvement plan or by failure to meet the terms set forth in a warning of failure to make reasonable progress.

Disciplinary dismissal can also result from violations of required student behavior, including but not limited to the university's code of student conduct, the research and misconduct policy, Appendix C of the graduate school handbook, and the rules set forth in this student handbook, the school's student handbook, or the handbook for the College of Medicine.

### **3.4.1.2 Consequences of not receiving the minimum grade in a required course**

If a student does not complete any required physical therapy course with a grade of "C" or better, or "S" for pass/fail courses, the student may be restricted from enrolling in any succeeding required physical therapy courses until the course has been repeated and a grade of "C" or better, or "S" has been attained. Physical therapy courses are offered one semester per year; therefore, completion of the curriculum is likely to be delayed one year. This may necessitate a warning for failure to make reasonable progress and a long-term leave of absence from the program.

## **3.4.2 Physical Therapy Program Academic Support Processes**

The goal of the program is to help students succeed. In a professional program, academic performance includes not only the grades a student achieves in didactic coursework, but also the professional behaviors demonstrated throughout the program. Regardless of whether a student's performance rises to a level of concern based on academic performance or concerns with professional behaviors, the same general process for remediation will be employed.

### **3.4.2.1 General Advising and Consultation**

Students are routinely and repeatedly given feedback on their academic performance and professional behaviors. Regular advising meetings provide the opportunity to discuss areas for growth and improvement. Special advising meetings may be required if concerns arise that need to be addressed. Students and faculty should use these meetings wisely to address problems early, before they become serious. These meetings shall be documented by the faculty in a manner determined by the DPT program so that a record of each meeting is kept.

### **3.4.2.2 Verbal or Written Warning**

If serious concerns arise, and the normal advising process has not resulted in satisfactory improvement in the area of concern, then the student will receive a formal verbal and/or written warning. At this time, the student will be advised that if the concerns are not resolved satisfactorily according to specific terms set forth in the meeting, then the next step will be a Level I performance improvement plan, as described below. Typically, this warning will be given by the program director, but any faculty member is authorized to give a formal verbal warning. The verbal or written warning shall be documented in a manner determined by the DPT program so that a record of the warning is kept.

### **3.4.2.3 Level I Performance Improvement Plan**

A Level I Performance Improvement Plan is a written document in which the DPT program provides in writing identified areas of deficit in the student's performance, and aligns those where possible with the related criteria from the clinical performance instrument (CPI). The program also specifies the required outcome for improved performance and a deadline by which that outcome must be achieved. For each identified area of deficit, the student, in consultation with the program, must develop a plan to improve their performance to reach the required outcome. The program also identifies consequences for failure to reach each outcome, which could include a continuation of the Level I Performance Improvement

Plan or escalation to a Level II Performance Improvement Plan. The student, one or more representatives from the program, and the school's director of academic affairs will sign the performance improvement plan once it is completed to the satisfaction of the program. A copy will be kept by the program and by the school until two semesters after the student separates from the university. Level I Performance Improvement Plans are not submitted to the graduate school and do not result in a loss of status of Good Standing in the program.

#### **3.4.2.4 Level II Performance Improvement Plan**

A Level II Performance Improvement Plan is a written document structured almost exactly like a Level I Performance Improvement Plan. The plan may be given in cases where a student fails to meet the outcomes of a Level I Performance Improvement Plan or for more severe deficits in a student's performance such as a failure to make reasonable progress (section 3.4.3.2). The DPT program provides in writing identified areas of deficit in the student's performance, and aligns those where possible with the related criteria from the clinical performance instrument (CPI). The program also specifies the required outcome for improved performance and a deadline by which that outcome must be achieved. For each identified area of deficit, the student, in consultation with the program, must develop a plan to improve their performance in order to reach the required outcome. The program also identifies consequences for failure to reach each outcome, which could include a continuation of the Level II Performance Improvement Plan or a recommendation for disenrollment from the DPT program. The student, one or more representatives from the program, and the school's director of academic affairs will sign the performance improvement plan once it is completed to the satisfaction of the program. A copy will be kept by the program and by the school until two semesters after the student separates from the university.

When a Level II Performance Improvement Plan is required, a request for Warning for Failure to Make Reasonable Progress will also be submitted to the school's Graduate Studies Committee, including a cover letter explaining why that action is warranted, and the required outcomes to be met, matching the outcomes required in the Level II Performance Improvement Plan. If The Graduate School concurs and issues such a warning, then the student is no longer in good standing academically until such time as the required outcomes have been satisfied.

### **3.4.3 Physical Therapy Program Consequences when a Student is Not in Good Academic Standing**

#### **3.4.3.1 Academic Probation**

As defined above, academic probation is issued by the graduate school for a student whose cumulative point-hour ratio is below 3.0 after attempting 9 graduate credits. A student on academic probation may be prohibited from beginning a full-time clinical experience or practicum. This will typically result in issuance of a Level I or Level II Performance Improvement Plan, depending on the severity and duration of the academic performance deficit.

#### **3.4.3.2 Failure to Make Reasonable Progress**

A student who gets a U or a grade less than C in a required course, or who has a GPA less than 3.0 after

attempting less than 9 credits, or who is warned for failure to make reasonable progress based on unprofessional behavior, is not making reasonable progress towards the DPT degree. A student who is not making reasonable progress may be prohibited from beginning a full-time clinical education experience or practicum. In some cases, the student who is failing to make reasonable progress may be required to take a long-term leave of absence and return to the program at a subsequent point in time, as described for the long-term leave of absence policy (section 2.17.1.2) above. Failure to Make Reasonable Progress will be accompanied by a Level II Performance Improvement Plan.

### ***3.4.3.3 Criteria and process for prohibiting a student who is not in good standing from beginning a full-time clinical education experience.***

#### **3.4.3.3.1 Criteria**

Students on academic probation are permitted to proceed with clinical education experiences provided they meet all three of these criteria:

- (1) have not required a second attempt on lab practical examinations more than one time in the didactic phase of the program preceding the upcoming full time clinical education experience, or more than twice since the start of the program;
- (2) have achieved a semester better than a 3.0 GPA in the semester including or immediately preceding the clinical education experience (spring for 7189 and 7289, fall for 8289), and;
- (3) have made expected progress by the relevant deadlines if they are on any performance improvement plans.

If the student is on probation and has any one of the 3 criteria above is not satisfied, the student shall be prohibited from beginning a full-time clinical education experience or practicum.

If the student is on probation and all 3 of the criteria above are satisfied, the student shall be permitted to proceed with their full-time clinical rotation. A Level I performance improvement plan shall be implemented during the clinical rotation with collaboration between the clinical education team and the student's clinical instructor to help ensure success.

If a student on probation is prohibited from entering a clinical education experience based on this policy, then a notice of failure to make reasonable progress will be created in accordance with policy (policy number), which will include a Level II performance improvement plan.

#### **3.4.3.3.2 Process**

1. A student in jeopardy of not being allowed to begin the clinical education experience will be informed in writing of that status no later than the first week of the spring semester for students ready to complete 7189 or 7289 in the spring, or as soon as these conditions develop for students ready to complete 8189 or 8989. A Level I performance improvement plan shall be issued stating the expectation and requirements for being allowed to enter the clinical



education experience; if the student was already on a performance improvement plan, it will be updated as needed to include these new expectations and requirements.

2. Once faculty determine that any of the three conditions is not satisfied (failing a lab practical in excess of the limits above, academic performance making a GPA above 3.0 for the semester impossible, or failing to meet deadlines for a performance improvement plan), the student shall be notified in writing that they will not be permitted to begin their clinical education experience, and notified of their right to request an exception. A Level II performance improvement plan shall be issued stating the expectation and requirements for being allowed to resume the program and attempt the clinical education experience; if the student was already on a performance improvement plan, it will be updated as needed to include these new expectations and requirements. The student shall be informed of their right to request an exception.
3. Faculty of the program shall be notified if the student is permitted to begin the clinical education experience based on satisfying the criteria. Faculty of the DPT program shall also be notified if the student is told they will not be allowed to begin clinical education.

#### **3.4.3.3.3 Request for exception**

If a student on probation believes that they should be allowed to begin the clinical education experience despite not meeting the criteria above, they may request an exception. This will require a written request from the student explaining why they believe they are prepared, including evidence of such preparation, submitted to the program director as soon as possible after the student is told they will not be permitted to begin the clinical education experience. The faculty will not entertain a request for exception until after a GPA below the requirement is a certainty. A two-thirds or better majority of the faculty voting in favor of the request for exception is required to allow the student to begin the clinical education experience.

#### **3.4.3.3.4 Appeals**

As with all decisions affecting student progress in the program, the student may appeal a decision to the school's graduate studies committee, as defined by the HRS Student Handbook Policy #20.

### **3.4.4 Disenrollment from the Physical Therapy Graduate Program**

When conditions reach a point where the DPT program faculty conclude that the student cannot successfully complete the DPT program requirements, the program shall recommend to the school's graduate studies committee that the student should be disenrolled from the DPT program. This is not the same as disenrollment from the university. The student in this situation might be eligible to remain a student at OSU and transfer to a different graduate program, even if completing the DPT is no longer possible.

When the DPT program recommends disenrollment of a DPT student, the school's graduate studies committee shall consider the request, and if they concur, make the recommendation to the graduate school, which provides the final decision.

The student shall be notified in writing of the DPT program's recommendation to disenroll, and the student will be informed along the way of their rights to be heard, to appeal, and receive due process in the decisions as they move forward through the various stages of consideration at the university.

A recommendation for disenrollment can result from the following scenarios.

1. The student has failed a required course and does not pass that course on the second attempt.
2. A student who has already failed one required course but successfully passed on repeat and then fails any subsequent required course in a manner not eligible for remediation.
3. The student has been placed on probation and has failed to satisfy the conditions for removal of probation within the required timeframe.
4. The student has been warned for failure to make reasonable progress and fails to meet requirements for progress provided in the warning.
5. The student fails to meet outcomes required in a Level II Performance Improvement Plan.
6. The student fails any full-time clinical education experience, and because of the nature of the failure, is not offered an opportunity to remediate as set forth in policies for clinical education.
7. The student is found to have violated the student code of conduct in a manner warranting disenrollment from the program.
8. The student is found by the Committee on Academic Misconduct to have committed academic misconduct warranting disenrollment from the university.

If a student qualifies for disenrollment based on one or more of the reasons above, the core faculty of the physical therapy division will vote to determine whether the case meets the criteria for disenrollment. Two questions will be considered: (1) does the case meet the definition of the pre-existing policy warranting disenrollment and (2) has the student been afforded due process through the applicable policies and procedures. If both votes pass, the student will be recommended for disenrollment. This recommendation will be sent to the Graduate Studies Committee of the school. A student recommended for disenrollment from the physical therapy program will not be permitted to enroll in any course, including clinical education, unless and until the matter has been resolved with the disenrollment decision being reversed through an appeal process.

Appeal processes are defined in the school handbook. See HRS Policy #20 Academic Standards: Student Complaint/Student Appeal.

### **3.4.5 Option to Transfer**

When a student faces a situation where successful completion of the DPT becomes questionable, or if the student comes to a decision that they do not want to continue in the program for any reason, such as a change of career interest, the student may wish to consider a voluntary transfer to another graduate program at Ohio State. The new graduate program will consider the student's academic performance in the DPT program along with any disciplinary actions that may have occurred. This process is explained further in section 4.3.2 of this handbook. If the student is on academic probation or

is on warning for failure to make reasonable progress, this may negatively affect their eligibility to transfer to a new program.

### **3.4.6 Policy on Change of Adviser to Avoid Conflict of Interest**

In case a student's assigned advisor is the program director and the student is placed on academic probation, warned for failure to make reasonable progress, or faces some other form of disciplinary action such that the program director is simultaneously in the position of enforcing disciplinary standards and being the student's advisor, the student will be reassigned to a new advisor.

Likewise, if the student's advisor is the director/associate director/assistant director of clinical education and the disciplinary action occurred in association with a clinical education course, the student will be assigned a new advisor who is not the director/associate director/assistant director of clinical education.

Other situations may arise in which there is a perceived or apparent conflict of interest for which assigning a new advisor may be indicated. These will be handled on a case-by-case basis to be decided by the program director.

## **3.5 Co-Curricular Requirements**

The Ohio State DPT program offers various ways for students to provide service to clients, our community, and our profession. The program involves service learning, which is done as part of a formalized coursework. There is a program for community service in partnership with Columbus organizations that serve clients who benefit from interaction with our DPT students. There is professional service which is done as part of our program to serve the APTA professional organization and to assist with recruitment activities for the OSU PT division, fundraising for physical therapy research, involvement with the OPTA, and other professional service activities.

### **3.5.1 Service Learning**

Service learning is "a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual community needs, that are integrated into the student's academic curriculum or provide structured time for reflection, and that enhance what is taught in school by extending student learning beyond the classroom and into the community" (Cauley K, et al. Service learning : integrating student learning and community service. *Education for Health*; 2001;14(2):173-181.). The goal of the service learning program is to provide OSU DPT students with service opportunities that will enhance their DPT education and foster values consistent with the APTA's core values.

Second year DPT students are required to participate in a service learning course in collaboration with the Primary One John Maloney South Side Health and Wellness Center during the Autumn and Spring semesters. Students will offer physical therapy services free of charge to uninsured or underinsured residents of Central Ohio at The Ohio State University Student Therapy Clinic under the supervision of

physical therapists. Services include physical therapy examinations and diagnoses, and the development of personalized treatment plans to address impairments and limitations of neuromuscular, musculoskeletal and cardiovascular systems. There are also opportunities for third year DPT students to serve as a clinic board member and/or mentor the second-year students at the clinic, which involves registration for an additional service learning course.

### **3.5.2 Community Service**

All first- and second-year students may voluntarily participate in Community Service aimed at meeting an identified need in the Columbus area. The community service program has pre-arranged opportunities for community service with identified partner organizations in the community. The goal of the community service program is to provide OSU DPT students with an opportunity to interact with clients in a manner that provides perspective of how individuals manage within the community setting in a variety of ways, be it through a group exercise class, adaptive sports activities, or an organized day program, etc., depending on the group's focus. The process to volunteer will be explained annually to the students.

### **3.5.3 Professional Service**

All students will be expected to participate in professional service through pre-arranged activities approved by the program, which may also be sponsored by the DPT Student Club. A few of these activities are listed below.

#### **3.5.3.1 Admissions and Recruitment Events**

The admissions and recruitment committee organizes informational sessions, interview days, and other activities required to recruit and admit the best possible cohort of students each year. Current DPT students are needed to help welcome and guide attendees, participate in Q&A sessions for attendees, sit on discussion panels, lead tours of OSU PT facilities as well as campus, and provide general staffing for these events. In some cases, special visits by student pre-PT clubs from other universities are scheduled and assistance may be requested.

#### **3.5.3.2 Outreach and Engagement Activities**

The service, outreach and engagement committee organizes events to engage alumni and other community partners with the program. In order to maintain good alumni relations, students may be asked to participate in selected activities. Some activities may be required.

##### **3.5.3.2.1 Fundraising for the Foundation for Physical Therapy Research**

Students in all classes participate in a challenge run annually by the Foundation for Physical Therapy Research. The challenge is named for the preceding year's winner and the founding school, Marquette University. For example, if OSU raised the most money, then the next year, it would be called the Ohio State – Marquette Challenge. This challenge is open to all DPT programs nationwide for a friendly competition in support of this source of national funding for doctoral students and young faculty getting started in their PT research careers. Ohio State has a tradition of being among the leading participants in

this activity, and has also benefitted from multiple awards from the foundation to our faculty and PhD students over the years. Students are an integral part of helping to design and plan the Theraball, which is the principal event used to raise the funds for the challenge.

## SECTION 4. SPECIALIZATIONS, CERTIFICATES, AND AFFILIATED GRADUATE PROGRAMS

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### 4.1 Overview of Specializations, Certificates, and Affiliated Graduate Programs

As a graduate student enrolled in the DPT program at Ohio State, you have the option to complete additional activities that can lead to a specialization or a certificate. You may also be able to enroll as a dual degree student, pursuing two graduate degrees simultaneously. Below is a list of the opportunities that work well for DPT students. There are other opportunities at OSU beyond these, which you are free to explore. Be advised, however, that it is likely you will find most of them logistically difficult to complete while simultaneously progressing on time towards the DPT.

### 4.2 Specialization Programs

Specialization is available to DPT students in three areas: ***Pediatric OT and PT, Global Health, and Research***. DPT students pursuing specializations gain valuable experience in an area of interest to them. To obtain specialization the student completes both required and elective coursework that exceeds the requirements needed for the DPT degree. Specializations may include didactic and practicum courses. Some DPT students complete more than one specialization, and a few have completed all three.

***Specialization in Pediatric OT and PT.*** This specialization is offered through the School of Health and Rehabilitation Sciences. The coursework and advanced practicum experiences focus on the strengths and needs of children with special needs, and of their families. Recognition of completion is noted with a statement on the student's transcript following graduation.

***Graduate Interdisciplinary Specialization in Global Health (GISGH).*** This specialization is a university-wide program that offers current OSU graduate and professional students advanced educational opportunities in the field of global health. The goal of the GISGH is to help prepare graduates to be active participants in the advancement of global health through academic enrichment, service-learning, and research pertaining to issues of global health.

***Research Specialization.*** This specialization is offered through the School of Health and Rehabilitation Sciences. Students participate in an ongoing research project with a faculty mentor and complete additional coursework in research methods. Recognition of completion is noted with a statement on the student's transcript following graduation.

***Certificate Programs.*** The school has certificate programs, including programs in [Assistive Technology Usability and User Experience in Health Care](#), described below.

**Tracking Sheets.** A tracking sheet has been developed for each specialization and can be kept in your advising folder.

If you are interested in additional information about the specific coursework and additional requirements, please contact the faculty member who is designated as the leader for that specialization.

<b><i>Specialization</i></b>	<b><i>Leader</i></b>	<b><i>Email</i></b>
Pediatrics	Jill Heathcock, PT, PhD	<a href="mailto:heathcock.2@osu.edu">heathcock.2@osu.edu</a>
Global Health	Anne Kloos, PT, PhD, NCS	<a href="mailto:kloos.4@osu.edu">kloos.4@osu.edu</a>
Research	Laura Schmitt, PT, PhD	<a href="mailto:laura.schmitt@osumc.edu">laura.schmitt@osumc.edu</a>

## 4.2.1 Graduate Specialization in Pediatric Physical Therapy and Occupational Therapy (SPPT-OT)

The goal of the Specialization in Pediatric Physical Therapy and Occupational Therapy (SPPT-OT) is to enable Doctor of Physical Therapy (DPT) and Occupational Therapy Doctorate (OTD) students to gain skills and knowledge in pediatrics beyond those required in their professional degree educational programs. Although both the DPT and OTD programs require a level of pediatric coursework that meet accreditation standards, practical clinical and research experience and coursework beyond the minimum is not required. The SPPT-OT will allow students who are interested in careers in pediatric physical or occupational therapy to engage in learning opportunities beyond the minimum requirements and gain recognition for completion of additional coursework in pediatrics.

The faculty of Physical Therapy and Occupational Therapy view the SPPT-OT specialization as an opportunity for students with a high interest in pediatrics to gain valuable experience and education that will be beneficial to them when seeking an entry level position in pediatrics.

To enter the SPPT-OT specialization, students must declare their intent to complete the specialization. Students who successfully complete the requirements are awarded a Specialization in Pediatric Occupational Therapy and Physical Therapy (SPPT-OT) by The Graduate School. This document defines the criteria for entrance into the track and the requirements for completion of the SPPT-OT.

### 4.2.1.1 Requirements

To achieve the SPPT-OT Specialization, students are required to complete a minimum of 5 additional credits and meet the following requirements:

1. At least one course from the approved course:

HRS 5717.03: Developmental Disabilities (3 credits)

HRS 5717.02: Interdisciplinary Perspectives on ASD (3 credits)

PAES 5761: Educational Interventions for Young Children with Disabilities (3 credits)

PAES 5769: Inclusion in Early Childhood Special Education (3 credits)

NURS 6331: Foundation of Child Health Outcomes: The Early Parent-Child Relationship (2 credits)

NURS 7260: Theories, Concepts & Issues in Advanced Family Nursing (2 credits)

NURS7338.01, NURS 7338.02, NURS 7338.03: Advanced Practice Nursing (3-8 credits)

2. A research practicum, HTHRHSCI 7998 or PT 8998 research practicum for any work done in a pediatric research laboratory focusing on pediatric occupational or physical therapy research projects can be used as part of the 5 credit hours.

3. A full-time clinical course in a pediatric setting.

OT 7289: Clinical Education experience (9 credits)

PT 7289: Intermediate Clinical Education experience II (4 credits)



PT 8189: Terminal Clinical Education experience I (4credits)

4. Completion of all required discipline specific pediatric coursework.

*Doctor of Physical Therapy students will complete these required courses:*

PHYSTHR 8030: Topics in Pediatric Physical Therapy

PHYSTHR 8230: Clinical Applications in Pediatrics

PHYSTHR 8430: Pediatric Laboratory

PHYSTHR 8630: Clinical Science in Pediatrics

PHYSTHR 7389: Adv Ped IntClin Ex

PHYSTHR 8635: Adv Peds Practice

5. Optional activity: Students are encouraged, but not required, to participate in short term discipline specific pediatric experiences for independent study .

#### **4.2.1.2 Process of Completion of the SPPT-OT**

- The advisor determines whether or not the student has met the requirements and merits the SPPT-OT. This determination is based on the student's completing all the requirements.
- Students who successfully complete these requirements and receive the approval of their advisor with confirmation by the Division Director receive a Graduate Specialization in Physical or Occupational Therapy that is noted on their transcript by The Graduate School.
- In the quarter of their graduation, they also receive a certificate signed by the School Director and the Directors of the Occupational and Physical Therapy Divisions stating that they successfully completed the Graduate Specialization in Pediatric Occupational Therapy or Physical Therapy.

## **4.2.2 Graduate Interdisciplinary Specialization in Global Health**

### **4.2.2.1 Intended Audience**

The Graduate Interdisciplinary Specialization in Global Health (GISGH) is a university-wide program that offers current OSU graduate and professional students advanced educational opportunities in the field of global health. The goal of the GISGH is to help prepare graduates to be active participants in the advancement of global health through academic enrichment, service learning, and research pertaining to issues of global health.

### **4.2.2.2 Objectives of the Graduate Interdisciplinary Specialization in Global Health**

- To provide graduate and professional students access to interdisciplinary study in global health issues.
- To offer students the opportunity to gain specific expertise in the unique challenges of healthcare in the developing world and among immigrant populations both domestically and abroad.
- To provide formal recognition of such study on the student's transcript upon completion.

### **4.2.2.3 Specialization Requirements**

- Students must be enrolled in a graduate or professional program at OSU
- Hours needed to complete the GISGH vary by college but require at least 4 courses and 10 semester hours (1 of which must be the core course PUBHLT 600); at least 9 hours of coursework must come from a minimum of 2 programs outside the student's home program.
- Requirements can include work already required as part of the student's degree program

A full description of the program and applications can be found on the Global Health Center website: [www.globalhealth.osu.edu](http://www.globalhealth.osu.edu). HRS graduate and professional students who are interested in the specialization are encouraged to contact Anne Kloos, PT, PhD, NCS ([Kloos.4@osu.edu](mailto:Kloos.4@osu.edu)) for additional information and course planning.

### **4.2.2.4 Required Core Coursework across all disciplines (1 course)**

PUBH-HLTH 6000: Introduction to Global Health (2 semester hours)

### **4.2.2.5 Required Field Experience (1-2 courses)**

Students are required to participate in a mentored practicum that involves working with individuals from disadvantaged and underserved populations at an international site. These activities will be structured by the student and program faculty mentor to include on-site participation in research, clinical care (treatment or prevention) or outreach. Course offerings that students can sign up for are listed in the following table.

**PT 8065S** - Service Learning (1 credit) is offered Autumn and Spring under the leadership of Professors Kloos and Salsberry. *This course consists of 2-3 hours of classroom instruction and 6-8 hours of service at a community pro bono student-run clinic that serves the medical needs of uninsured and*

*underinsured individuals living in Franklin County. Many of the individuals who attend the clinic are foreign immigrants and come from diverse ethnic and cultural backgrounds. (DPT students are required to take this class)*

**HRS 7700S** - Service Learning in Global Health (1-2 credits), offered autumn under the leadership of Drs. Kloos and Schmitt. *This seminar is designed as a service learning course that provides physical therapy students with the opportunity to participate in organized health care experiences in the city of Merida within the state of Yucatan in Mexico. Students under the supervision of rehabilitation professionals will provide health services in a variety of settings in Yucatan, Mexico.*

**HRS 7289** - Educational Practicum (1-4 credits), all semesters, all graduate faculty. *This is a Mentored international experience designed by the student and a faculty member, intended for those who do not use the Merida trip to satisfy the requirement.*

**4.2.2.6 Elective Courses (3-4 courses)**

Check the list on Global Health Center website for a current list of approved electives.

<https://live-globalhealth-osu.pantheonsite.io/specialization-global-health/master-list>

**4.2.2.7 Sample Curriculum for DPT Students**

Semester	Year	Class	Credits
Autumn	1	PUBHLTH 6000: Intro to Global Health (in person; 2 units)	2
Spring	1	PHR 5550: Topics in International Pharmacy (online)	2
Autumn	2	PT 8065/ OT 6510 Service Learning (in person)	1
Spring	2	PUBHEHS 6325: Climate Change and Human Health (online)	3
		<b>OR</b>	
Autumn		PUBHEPI 6410: Principles of Epidemiology (in person)	3
Autumn	3	HTRHSC 6295: Global Health and Disability Seminar	2
Autumn	3	HTRHSC 7700S: Global Health in Health Professions (Merida trip for DPT students only)	1
Any	1-3	HRS 7289: Educational Practicum (international fieldwork for students who do not go on Merida trip)	1-4

## 4.2.3 Research Specialization

The Research Specialization is offered to Doctor of Physical Therapy (DPT) and Occupational Therapy Doctorate (OTD) students through the School of Health and Rehabilitation Sciences. The goal of the Research Specialization is to engage students in research exposure and research learning opportunities beyond those required by the professional program. Students who successfully complete the specialization requirements are awarded a Research Specialization in Physical Therapy by the Graduate School at the time of graduation.

### 4.2.3.1 *Criteria and Process to Apply*

Students eligible for the Research Specialization must have a GPA of 3.5 or higher in the DPT program and the commitment of a faculty member to mentor the student throughout the Specialization.

Interested students are encouraged to discuss their interests with prospective faculty mentors prior to applying to the Research Specialization. The Research Specialization faculty leader can assist students with identifying potential faculty mentors based on the student's interests and faculty research areas. A research-focused independent study or volunteer time in a faculty member's lab may be completed prior to pursuing the Research Specialization. These opportunities are determined on an individual faculty-student basis.

Once a faculty mentor is identified, the student must submit a statement of intent, overall goals of the Research Specialization, and the identified faculty mentor. This will be approved by the Research Specialization faculty leader and the identified faculty mentor. If a student has difficulty identifying a faculty mentor, the student should work directly with the Research Specialization faculty leader.

### 4.2.3.2 *Requirements*

To achieve the Research Specialization, students are required to complete a minimum of 7 credit hours of research courses as defined below.

1. Research-Based Coursework (3 credits). Complete a minimum of two courses in research methods. The DPT students will complete HRS 7900 and HRS 7910 (Evidence Based Practice I and II). In addition, the DPT student will take PT 7915 (Research Applications). These courses provide comprehensive content on research design and methods. Although such courses may include limited practical experience in research for active learning, this cannot satisfy the requirement for practical experience in research defined below.
2. Practical Experience in Research (4 credits). Complete research practicum courses. DPT students take PT 8998, Physical Therapy Research Practicum, with the Research Specialization Faculty mentor for at least two semesters, enrolling in a total of 4 credits, with no more than 2 credits in any given semester. This course is structured as a contract in which the student and mentor establish specific learning objectives, a defined scope of work, and specific products to be completed by the semester's end.

Some research projects will require a greater time commitment; however, the project must be completed within the normal time-to-degree for the program. The advisor is authorized to require more than 4 credits as long as the 2 credit per semester maximum is observed. During these semesters, it is expected that the student will review and analyze related literature, participate in data collection and/or experimental procedures, complete written research items, work on research dissemination items, and/or work on other research-related activities within

3. Research Dissemination. The work completed during the Research Specialization must be disseminated in some form of formal, scientific communication. This requirement may be satisfied by oral presentation or poster presentation at a formal research forum. Local research forums include: (1) The Hayes Forum for Graduate Student Research, (2) The College of Medicine Graduate Student Research Forum, and (3) any professional peer reviewed forum (e.g., the Annual Ohio Physical Therapy conference or Annual Ohio Occupational Therapy conference, or any other meeting of comparable or higher quality). This requirement may be satisfied by submission of a manuscript for publication or as implementation of a clinical practice guideline. There are many opportunities to satisfy this requirement through discussion with the Research Specialization faculty leader.
4. Submission of a Completed Project. Completion of program requirements must be verified at a minimum of three weeks prior to graduation by the Research Specialization faculty leader. The project must be deemed to be of satisfactory quality and to demonstrate a passing knowledge of all elements of the research process including: literature review, data collection, data analysis and interpretation of results. In the event that either the Research Specialization leader or the faculty mentor do not believe the project to be satisfactory the student may request a review by an additional faculty member to be appointed by the Division Director.

#### **4.2.3.3 Process for Completion of the Research Specialization**

- The research specialization requirements as defined in 4.3.3.2 have been met as confirmed by the Research Specialization leader.
- Students meeting the requirements will receive a Research Specialization in Physical Therapy that will be noted in their transcript by the Graduate School and will be acknowledged by the School Director at graduation.

#### **4.2.3.4 Outcome of the Research Specialization**

The faculty of Physical Therapy and Occupational Therapy view the Research Specialization as a means and not necessarily an end. We hope that this opportunity will enhance students' enthusiasm for research as a part of their career. The Specialization may enhance a student's application into a PhD program and may enhance a students skills in program evaluation, clinical and translational research, or outcome research in physical therapy.

Students who are enrolled in the Research Specialization who become interested in the PhD will need to apply to the dual degree DPT/PhD program no later than fall of the third year (see 4.3.1.1)

## 4.3 Affiliated Graduate Programs

Graduate Students at Ohio State may apply to be enrolled in more than one graduate program at the same time. When there is a formal agreement between these programs, graduate school rules permit counting of up to half of the credits between the two programs. In practice, it is rarely can this many credits qualify because each program will have its own list of requirements that must be satisfied.

In the school, students can be dual-enrolled in the DPT program and the school's PhD in Health and Rehabilitation Sciences. In the PT program, we often refer to this as the DPT/PhD dual degree program. More correctly, this dual degree program is open to all graduate professional students in our school, including PT and OT, the Masters in Respiratory Therapy, The Masters of Dietetics and Nutrition, the Masters of Athletic Training.

It may be possible for DPT students to dual enroll in other graduate programs. For example, the Masters in Public Health is an option. Technically, any graduate program at OSU is an option for dual enrollment, but as a practical matter, only certain programs may have enough overlap in content areas and allowance in schedules to make dual enrollment worthwhile.

Students interested in a dual degree program are encouraged to work with their academic advisor and the school's graduate program manager to develop a plan of study and determine the feasibility and timeline. This will typically involve months of work to plan before you could apply. You must apply and be accepted to the second program as a dual degree student, with approval from the graduate school, before you graduate with the DPT in order to be eligible for the double-counting of credits as a dual-degree student. In many programs the latest possible date would be fall of the third year of the DPT program.

### 4.3.1 Dual Degree Program in Health and Rehabilitation Sciences for DPT/PhD students

The School of Health and Rehabilitation Sciences has a dual degree program for students interested in concurrently pursuing the DPT and a PhD. A dual degree program is defined as a graduate student's pursuit of any two graduate degrees concurrently. The DPT/PhD pathway is an excellent opportunity for students interested in academic careers. This program is jointly administered by the DPT and Health and Rehabilitation Sciences PhD program directors.

The DPT/PhD student completes the DPT curriculum concurrent with their cohort, and then continues into the full time PhD program immediately upon completion of the DPT. As explained below, credits earned for the DPT can be double counted for the PhD, and the student may also take some PhD courses while enrolled in the DPT program. This double counting of credits plus a chance to take some PhD courses early helps shorten the overall time to earn the two degrees. In addition, the dual degree program allows time for development of the experiences and mindset required to propose a realistic PhD dissertation well before the PhD phase begins. These benefits typically cut down the time to

completion to roughly 6 years total. A student who completed the DPT, worked as a clinician, and then came back to pursue the PhD would typically take at least 7 years for both programs.

#### **4.3.1.1 Application Procedures and Timelines**

To enroll in the dual degree DPT/PhD program, the student must contact the DPT Program Director or the faculty member who leads the research specialization for the DPT program (see the faculty directory in section 1.2) to declare their intent to pursue the combined DPT/PhD. This is required regardless of whether the student wants to pursue a PhD with a faculty advisor from among the DPT faculty or with another faculty member for the HRS PhD program. With guidance from the DPT program, the prospective dual-degree student will contact the HRS Office of Academic Affairs, which can provide specific information on curriculum requirements. An application to be admitted to the PhD program will be required. An appointment can be made with an advisor from the Graduate Program Office by calling 614-292-1706 or emailing [HRSGraduateStudentServices@osumc.edu](mailto:HRSGraduateStudentServices@osumc.edu).

Application timelines are as follows:

- Incoming students who are absolutely certain that the DPT/PhD program is their path may apply to the PhD program at the same time as their application to the DPT program.
- Students enrolled in the DPT program are encouraged to apply as soon as they are certain that they want to earn the dual degree. Applications are accepted in the fall of the first, second, or third year of the DPT program – the sooner, the better.
- The absolute latest a student may apply to the dual degree program is November of their third year in the DPT program.

Please consult the HRS PhD program website for exact deadlines each year.

<https://hrs.osu.edu/academics/graduate-programs/phd-in-health-and-rehabilitation-sciences>

#### **4.3.1.2 Research Specialization for Dual Degree DPT/PhD Students**

Students who are interested the DPT/PhD pathway are encouraged to enroll in the Research Specialization program (see section 4.2.3), which feeds nicely into the DPT/PhD. The activities and requirements of the research specialization align with those for the dual degree, so this does not involve extra work. The student would earn the specialization in research alongside their DPT degree, and then continue into the PhD program. For a student interested in the dual degree program who later changes their mind and decides not to pursue the PhD, having the research specialization gives formal credit on the transcript for the research work done during the DPT.

#### **4.3.1.3 Double counting of credits for DPT/PhD students**

At OSU, a minimum of 50 percent of the hours counted toward the credit hour requirement for each degree must be unique to that degree and cannot be used for dual credit. The minimum needed to earn a PhD at OSU is 80 hours, therefore, up to 40 hours of the DPT program can count as dual credit toward the PhD. In addition, students can take some courses unique to the PhD program while in the DPT phase. Typically, this includes research practicums, a recurring HRS course series named Grand Rounds, and perhaps one to three PhD courses that are electives. Each student will develop an individualized

plan of study with their PhD advisor and the school's PhD graduate program coordinator to map out the courses to be taken during the DPT phase, and which courses to take during the PhD phase.

## **4.3.2 Transfer to Other Graduate Programs, Including the M.S. Program in Health and Rehabilitation Sciences**

### **4.3.2.1 General Description for Transferring to a New Graduate Program.**

Graduate students at Ohio State are admitted to the graduate school and assigned to a degree program within the graduate school. Thus, DPT students at OSU are enrolled in the graduate school and assigned to the DPT program, like the way that engineering undergrads are in the College of Engineering and assigned to a major. If a student in the DPT program decides to switch to another graduate program at OSU, then there are two basic steps involved. The student must apply to the other graduate program for admission, and the student must request permission from the graduate school to switch programs. The new program that the student applies to must decide if the student is qualified and would make a good fit. The graduate school checks to make sure that the new program wants to accept the student and makes sure the student is in good standing overall as a grad student (bills are paid, not on probation, etc.). If the new program wants to admit the student and the grad school finds nothing wrong in the process, then the student can transfer.

Part of this process will involve determining which credits taken in the DPT program are going to be accepted in the new program in lieu of their requirements, to determine how many credits and courses would be required to get the degree from the new program.

The graduate advisor in the new program will work with the graduate advisor in the School of Health and Rehabilitation Sciences to help the student complete the proper forms and applications that are required; the student will not be able to do this independently. Details of this part of the process are unique to each program and therefore are not described here. The student should work closely with the respective graduate advisors to understand the current graduate school and graduate program requirements. A general description of the rules involved can be found in the graduate student handbook (<https://gradsch.osu.edu/handbook>). The section on transfer is found here: <https://gradsch.osu.edu/handbook/2-9-admission-transfer-graduate-program>.

### **4.3.2.2 Transfer from the DPT to the MS in Health and Rehabilitation Sciences**

Students in the DPT program at OSU who decide not to complete the DPT but want to receive a graduate degree from OSU will usually find the simplest option is to apply for permission to transfer to the MS in Health and Rehabilitation Sciences. Many of the DPT courses, such as the evidence based practice course, may transfer directly to the MS. Other advanced DPT courses can count as content area courses and electives for the MS. For a student who has progressed to the third year of the program and who has already completed the case study for the DPT, that case study may serve as the basis for a non-thesis, "Plan B" option to complete the MS without completing a thesis. Students who have been involved in the research specialization are also likely to have work completed that could provide a basis for finishing the MS. These details can be decided in coordination with an MS advisor, who must be



identified prior to application to the MS program (a *Prospective Advisor Form* must be signed to accompany the application).

Each case is unique, and the ability to transfer to this program is not guaranteed. The student must apply to and be accepted into the MS program as a part of this process. Because this is so individualized, there will need to be a personalized assessment of the student's coursework to date to determine what would be required to complete the MS. Please utilize the *MS Course-Equivalency Template* to help easily evaluate your specific remaining needs for the MS (this will require a petition to the Graduate Studies Committee). The student will need to work with the Graduate Program Manager in the School of Health and Rehabilitation Sciences to determine an individualized plan for this transfer of graduate programs. Overall, however, because the DPT and the MS are both programs in the same school with some overlap, it will usually be much simpler, with a better chance of the maximal number of credits to count in the transfer, to transfer from the DPT to the MS in Health and Rehabilitation Sciences than it would be to transfer into any other graduate program at Ohio State.

## **4.4 Certificate Programs**

The Ohio State University offers graduate certificate programs. The School of Health and Rehabilitation Sciences offers the following graduate certificates that may be of interest to DPT Students.

### **4.4.1 Assistive Technology**

The online Assistive and Rehabilitative Technology Certificate (ARTC) program focuses on the application of science and technology to improve the quality of life of individuals with disabilities. The program provides students with an educational foundation to prepare them for the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) assistive technology professional exam. The online program is flexible, offering the opportunity for students to complete the certificate program online. Utilizing educational technologies, including case study videos and discussions, students receive a breadth of educational experiences.

<https://hrs.osu.edu/academics/certificates/assistive-and-rehabilitative-technology>

### **4.4.2 Usability and User Experience in Health Care**

User experience (UX) design is the process of creating products that provide meaningful and relevant experiences to users. The purpose of the Usability and User Experience in Health Care Certificate program is to cross-train students with healthcare knowledge and experience in User Experience design methods. All required courses are offered online.

<https://hrs.osu.edu/-/media/files/hrs/academics/academic-resources/curriculum-guides/usability-and-user-experience/ux-graduate.pdf>

## **SECTION 5. CLINICAL EDUCATION POLICIES AND PROCEDURES**

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### **5.1 Overview of Ohio State Clinical Education for Physical Therapy**

The clinical education curriculum is comprised of:

- Three integrated clinical experiences (ICE) -1) Outpatient orthopedics, 2) Pediatrics, and 3) Acute Care.
- Four required full-time clinical education experiences (CEE). The students must complete a CEE in outpatient orthopedic, acute care, and rehab settings; rehab may include inpatient rehabilitation, outpatient neuro or cardiopulmonary, skilled nursing, or home health. The students are permitted to return to one of these settings or a different setting, for example a pediatric setting, for their elective clinical experience.
- A 6-week leadership practicum following successful completion of the four required clinicals listed above.

The clinical education curriculum totals 37 weeks (about 8 and a half months) of full-time required clinical experiences, plus the 6-week practicum.

#### **5.1.1 Learning Objectives for Clinical Education Experiences**

Upon successful completion of the clinical education experiences, as demonstrated by passing the Clinical Performance Instrument (CPI) at the required proficiency (see grading criteria) the student physical therapist will be able to:

1. Complete an entire physical therapy examination and evaluation on patients/clients in a variety of settings.
2. Document findings from examinations and treatment sessions according to the clinical site and best practice guidelines accurately and in a timely manner.
3. Develop a comprehensive plan of care that is culturally sensitive and based on the results of the examination, diagnosis, co-morbidities and precautions for clients in the assigned settings.
4. Demonstrate safe and effective interventions that are based on evidence and/or best practice.
5. Complete all discharge planning and follow-up care as needed.
6. Effectively communicate with physicians and other health care personnel involved with patients receiving their care.

7. Demonstrate leadership by advocating for the patient and the profession.
8. Demonstrate appropriate management of resources available to therapists and patients.
9. Demonstrate effective delegation to and supervision of assistive personnel in the management of patient/client interventions.
10. Demonstrate sensitivity and respect for all patients irrespective of condition, race, religion, social status or other prejudicial circumstances.
11. Demonstrate appropriate professional behaviors, consistent with the *PT Code of Ethics, Guide for Professional Conduct*, and The Professional Behaviors for the 21<sup>st</sup> Century (Clinical Education Appendix D)
12. Present an in-service educational session on an evidence-based literature review agreed upon by the student and clinical instructor (CI).
13. Complete a journal article review.
14. Complete a case study on a patient.
15. Provide consultation services as needed.

## 5.1.2 Glossary of Terms

Many of these terms for clinical education have been defined nationally by a joint workgroup between the National Council for Clinical Education (NCCE) from the American Council for Academic Physical Therapy (ACAPT) and the Clinical Education Special Interest Group (CESIG) in the APTA Academic of Education. A glossary of terms in clinical education can be found at the following website: <https://acapt.org/glossary>. Others of these terms are common in higher education and stated here for the benefit of the reader.

### **Affective domain**

The domain of learning that is associated with professional behavior, communication styles, and interpersonal skills.

### **Assistant DCE (Assistant Director of Clinical Education)**

The Assistant DCE (ADCE) assists the Director of Clinical Education with the administration of the clinical education program. The ADCE also assists the DCE in relating the student's clinical education to the curriculum and evaluating the student's progress.

### **SCCE (Site Coordinator of Clinical Education)**

The SCCE is the individual at each clinical education site who coordinates and arranges the clinical education of the physical therapy student. This person communicates with the DCE and faculty at the educational institution regarding student placement and clinical instructor/student issues. This individual is responsible for ensuring student supervision and a well-rounded clinical experience.

**CI (Clinical Instructor)**

The CI is the individual who is responsible for the direct instruction, supervision, and grading of the physical therapy student in the clinical education setting.

**Clinical Education**

Clinical education is the method through which students are provided with clinically based, pre-planned learning activities. Clinical education provides “real life” learning experiences for the application of classroom knowledge and skills in the physical therapy clinical environment. This clinical education should require analytical thinking, problem solving, treatment design, and application on actual patients to ensure that the student is able to function at the professional entry level.

**Clinical Education Site**

A health care agency or other setting in which learning opportunities are provided. The site may be a hospital, agency, clinic, office, school, or home and is affiliated with one or more educational programs through a contractual agreement.

**Cognitive domain**

The domain of learning associated with organization of thoughts, problem solving abilities and documentation skills.

**Collaborative Learning**

A form of teaching in which the students work together with the assistance of the clinical instructor. In PT education, this can be 2 or more students with the same CI.

**DCE (Director of Clinical Education)**

Academic faculty member who is responsible for planning, directing, and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development. The DCE's primary function is to provide comprehensive planning and direction for the clinical education program within the entry-level degree professional curriculum, mission and goals of the academic institution, professional and regional accreditation standards, and generally accepted norms in higher education. The DCE coordinates the administration of the clinical education program in association with the academic and clinical faculty and students. The DCE also relates the student's clinical education to the curriculum and evaluates the student's progress integrating academic and clinical experiences. This individual serves as a liaison between the university and clinical sites and is responsible for clinical site selection, development, and evaluation.

Additional responsibilities include planning, developing, implementing, and evaluating course content in the areas of expertise such as education, health care systems, or procedures. The DCE participates in curriculum development of the entry-level graduate degree program in physical therapy. The DCE conducts research in the area of clinical education.

**Entry Level Physical Therapist Clinical Performance**

Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes.

**First Come First Served (FCFS)**

A placement process whereby a clinical site offers a slot to multiple academic programs and states that the first program to formally request placement of a student in that slot will have first priority for that placement, if all criteria are met and the arrangement can be agreed to by both the site and the academic program.

**Formative Evaluation**

An assessment of student performance that is ongoing throughout the instructional phase of physical therapy education for the purpose of self-assessment, counseling, and improving learning experiences (e.g. Weekly progress forms).

**Inpatient or Outpatient Rehab**

As a qualifying setting for the rehab requirement, this setting may include a majority (>50%) of clientele with neurologic, geriatric, and/or cardiopulmonary health conditions. The health conditions treated could include but must extend beyond vestibular health conditions.

**Novice Clinical Performance**

“A physical therapy student who provides quality care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student’s performance and clinical decision making are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in clinical practice or who performs as though they have had limited or no opportunity to apply academic knowledge or clinical skills.” (American Physical Therapy Association, Physical Therapy Student Clinical Performance Instrument.)

**Performance Evaluation**

A method of gathering evidence about the extent to which a student has achieved previously established goals of clinical education as determined by observation of the student’s performance behavior.

**Physical Therapy Service**

The part of the clinical education experience that is managed and delivered exclusively by a physical therapy staff.

**Psychomotor Domain**

The domain of learning associated with the performance of an activity such as patient intervention or equipment application.

**Summative Evaluation**

A summary assessment of student performance that is completed at the midterm and completion of the clinical experience (e.g., CPI), as well as at the end of the didactic portion of the curriculum (e.g., comprehensive final exam).

### **5.1.3 Summary of Clinical Education Experiences**

The Ohio State University physical therapy students will have four types of clinical educational opportunities. Students are required to complete clinical experiences in 3 different settings: one in outpatient orthopedics, one in a rehab setting (this may be inpatient or outpatient rehab, home health, or a skilled nursing facility), and one in acute care. One of their final 3 clinicals may be in the setting of their choice.

#### **5.1.3.1 Part-time Integrated Clinical Experiences (ICE)**

Students will complete part-time clinical experiences during academic semesters with specific objectives related to their lab course for that semester. Students must successfully pass these ICEs to be eligible for full-time clinicals.

#### **5.1.3.2 Full-time Intermediate Clinical Education Experiences**

Students will have clinical experiences that are coordinated with coursework so that experience is gained working with patients/clients utilizing the skills learned in the classroom that preceding semester. These consist of a 7-week clinical in an outpatient orthopedic setting at the end of spring semester of the first year; a 10-week clinical in an acute care hospital, rehabilitation setting (skilled nursing facility (SNF), inpatient or outpatient rehab site, or home health), or pediatric setting at the end of the spring semester of the second year; a 10-week clinical in any setting during the summer at the beginning of the third year.

#### **5.1.3.3 Full-time Terminal Clinical Education Experience**

Students will be assigned to a 10-week full time clinical experience which may fulfill a required setting or if these have previously been fulfilled, may be in the setting of choice.

#### **5.1.3.4 Final Leadership Practicum**

Students will be assigned a 6-week practicum with individually determined goals. These are not typical clinical experiences. The experience may involve specialty areas of clinical practice, advocacy, consultation, wellness, administration, education, service, research or some combination of these. Students work with the DCE/ADCEs to select an appropriate clinical site and mentor based on their interests. These are scheduled for mid-spring of their 3<sup>rd</sup> year just prior to graduation.

## **5.2 Communication Patterns for the Clinical Education Program**

### **5.2.1 Affiliation Agreements**

The DCE, with the Assistant DCEs, act as the communication facilitators. The initial communication with the clinical site is solely the responsibility of the DCE. The DCE contacts the SCCE or vice versa, to determine feasibility of establishing a clinical affiliation agreement. The Contract Coordinator for the

school will handle the ongoing communication during the negotiation process. The contracts must be approved by the school's legal counsel.

## **5.2.2 Clinical Education Experiences**

Communication for full time clinical education experiences occurs between the DCE and the SCCE. There will also be requirements for students to communicate with SCCE and the CI. Communication from the student to the site is carefully controlled and must follow these guidelines. Students are not permitted to contact the clinical site except as specifically allowed in accordance with program policy.

The DCE will provide the SCCE with the information about the physical therapy curriculum, educational goals, and by virtue of placement in a clinical site, confirm that all students have successfully completed all didactic coursework (see section 3.2) and other program requirements (see sections 2.1, 2.3, 2.4, and 2.6). The SCCE will be given information about level of training of individual students to assist the CI in planning the learning experiences for the student(s).

The clinical site will be notified at least three months in advance of its planned schedule of clinical experience assignments, including the name of the student, level of academic preparation and length and dates of clinical experience.

Approximately six weeks prior to the clinical, the SCCE will be provided with directions to complete training for the PT CPI Web assessment tool. The DCE will request the name of the clinical instructor(s) for the upcoming clinical at this time in order to activate the tool. The clinical site will be provided with clinical evaluation information necessary to evaluate the student.

The student will send an introductory letter to the SCCE at least 6 weeks prior to the start of the clinical experience. This letter will include background information on the student, their learning style, goals, and any other pertinent information. Whenever possible, this communication will occur electronically.

The student will follow up with a phone call approximately 2 weeks prior to the start date to confirm the details of the experience.

The CI and the student are expected to communicate on a regular daily basis during the student clinical experience. Weekly formative evaluations are required during all clinicals to set goals and evaluate progress. Formal evaluation of the student's performance will be done using the PT CPI Web tool at mid-term and at the conclusion of the clinical.

The student is expected to maintain open communication with the DCE and/or Assistant DCEs. The student's phone call, text or email will be returned as soon as possible and whenever possible, prior to the close of that business day. The DCE may ask for the student's cell phone number to call and talk with them outside of normal business hours.

## 5.3 Guidelines for Effective Formative and Summative Evaluation

Counseling sessions or conferences between CI and student in which students are provided a formative or summative evaluation should have these characteristics and follow these practices:

### **Individualized**

Tell each student how they individually are doing rather than spending time discussing how "most" students do, or even comparing the student's performance with that of a group.

### **Goal-related**

Focus the discussion of the student's progress toward clearly specified performance objectives. Be sure the student understands what those objectives are and how their performance is being judged.

### **Diagnostic**

Identify specific strengths and weaknesses rather than simply making global comments about overall performance. Anecdotal comments or examples often help to clarify. When problems arise in mastery of complex skills, work with the student to analyze their performance to figure out where the difficulty lies.

### **Remedial**

Before the session ends, try to work out with the student a practical plan for future activity that will help to maintain present strengths and remedy weaknesses.

### **Collegial**

Collaborate with the student in reaching conclusions and planning future action; listen, be flexible, give the student time to put their thoughts into words. Recognize that the student knows things about themselves you do not. Both your verbal and nonverbal behavior, and the setting in which you meet with the student, will have an important influence on your success.

### **Positive**

Be sure to mention the things that the student is doing right. While the CI may need to identify errors, be certain that is not the only thing that is discussed.

### **Liberating**

Help the student learn to assess their own performance and the value of doing this well.

### **Timely**

Try to arrange your schedule so that advising can be done soon after the events that need to be discussed. Plan some conferences early so there is still time to carry out the remedial plan you and the student develop. Remember several short sessions carried out at a time when they seem most relevant and fresh may be more valuable than a long, formal session scheduled at some arbitrary time.



## Reciprocal

Use these conferences to get ideas about your own strengths and weaknesses as an instructor. Remember that if a student is having problems, you may need to make changes in what you are doing in order to help them improve.

## 5.4 Policies Related to Clinical Education

### 5.4.1 Cancellation Policy

It is the policy of the OSU Division of Physical Therapy that if a clinical experience should be canceled, the student will first be able to select another site from the remaining unassigned facilities. If there is no clinical site on the unassigned list that would fulfill specific requirements of the clinical, the DCE will solicit preferences from the student and then call the SCCE's at those specific facilities. The SCCEs will be asked if they can accommodate an additional student or participate in a 2:1 model. Facilities will be contacted until the student is placed. We cannot guarantee that students will be reassigned to the same type of clinical site or same geographical location that canceled but every effort will be made to do so.

### 5.4.2 Termination Policy

The university reserves the right to terminate a clinical education assignment at the university's discretion, if it is in the best interest of the student, university or clinical site. The clinical site reserves the right to request in writing, that the university withdraw from a clinical education assignment if, upon mutual agreement, the university, and the clinical site both believe that it is not in either party's interest to continue the clinical education assignment. The student has the right to request withdrawal from a clinical assignment, giving notice and cause in writing to both the clinical site and the university. The university makes the ultimate determination if the assignment will be terminated based on information in the student's written request and information obtained from the student's CI and the clinical site's SCCE.

### 5.4.3 Attendance Policy

Clinical education experiences (CEEs) provide the student the opportunity to apply theory in the practice of physical therapy. It is vital that the students take every opportunity to practice. Clinical practice is an essential part of physical therapy education, in both the quality of time and the number of hours. A clinical failure may result due to lack of attendance or excessive tardiness. **Students must report their absences to the clinical instructor and the DCE.**

1. Students are expected to attend every day of the CEE and follow the schedule of the CI.
2. Students are allowed one day of absence for each full-time clinical. These days are to be used **only** for illness, emergency or death in the family. Additional days missed for illness or other approved reasons must be made up during the current CEE.

3. Students observe the holidays of the clinical site and not of the school, unless otherwise notified.
4. Students may **not** request time off during clinicals for job interviews, vacation, or to work on other projects or presentations.
5. Students must notify the DCE of any absence or schedule changes during the clinical.
6. The student who is absent or tardy >1 time from a clinical will submit a statement in writing regarding the absence and include a plan for demonstration of achievement of the outcome during the remainder of the clinical. This plan must meet faculty approval.
7. Students may request time off from clinical for extenuating circumstances (e.g., attendant in a wedding). Completion of the Unexcused Clinical Absence Form (Clinical Education Appendix H is required **prior to leaving campus for the clinical experience**). The absence form will be reviewed by the clinical education team and returned to the student indicating if the time-off was approved. If the time-off is approved, the student must take the form to the CI and discuss the request. If the CI approves, the student will sign the form and the student will return to the DCE. The time missed for the absence must be made up through patient care hours, not just additional daily hours that do not include patient care. Whenever possible, it should be scheduled in full or half day increments such as weekend coverage.
8. A full time clinical is considered at least 35 hours of scheduled patient care per week. The student clinical hours are established by the clinical site. If a student is scheduled for >35 hours in their week, the hours above 35 are not considered optional and/or cannot be taken (or “comped”) for personal time.
9. Residency Interviews: A student must complete and submit the Residency Interview Absence Request Form (Clinical Education Appendix I. The detailed plan to attend a residency interview(s) must be included as well as the plan for travel and making up days. Up to 3 days may be considered by the DCE for missing clinical/practicum time for multiple residency interviews. The form must be turned into the DCE as soon as the student is notified of the interview timeframe. The DCE and clinical instructor/mentor must approve the plan for making up missed time. If all 3 days are requested, the expectation is the student will make up a minimum of 2 of those 3 days. The time missed for the interview(s) must be made up through patient care or regular practicum experience hours, not just additional daily hours that do not include patient care. Whenever possible, it should be scheduled in full or half day increments such as weekends or off days.
10. Terminal Clinical-specific absences: Two specific circumstances may arise during the terminal clinical experience which may require the students to miss time during their clinical. The first is if the student attends CSM. Since this is a professional educational event, two days will be granted to the student to attend CSM. If a student misses more than 2 days, additional time must be made up at some point during the clinical.

Students may also be invited to residency interviews. Please refer to that specific policy for instructions on missing time for residency interviews.

Students are required to submit the absence form from the student handbook to the clinical education team prior to any requested absence. For example, as soon as the student has been invited to interview for a residency position, the student must inform the clinical education faculty and submit their absence form for approval.

Students may not miss more than a total of 3 excused (e.g. Illness or family emergency) or unexcused (e.g. CSM, residency interviews, wedding) clinical days for any reason, in order to maintain the integrity of the course. Any days missed beyond the 3 days must be made up.

#### **5.4.4 Transportation Policy**

Transportation to and from the clinical facilities is the responsibility of the student. Student (or parent/guardian) is responsible for the appropriate insurance for the vehicle.

#### **5.4.5 Housing and Relocation Policy**

Students are responsible for housing during all clinical experiences and assuming any travel or living expenses incurred in relation to clinical education. This will include the costs to travel to and from the clinical education location. The student may consult with the DCE to explore housing options for clinical sites away from home.

#### **5.4.6 Professional Conduct Policy**

The student is expected to conduct themselves in a professional manner at all times and adhere to the professional behavior policies established by the clinical site, the Physical Therapy Division, and the profession. Students may refer to this handbook, the Professional Behaviors for the 21<sup>st</sup> Century (Clinical Education Appendix D), the APTA Code of Ethics and Guide to Professional Conduct for expectations of DPT students. Poor professional behavior may result in failure of the clinical experience.

#### **5.4.7 Policy on Dress Code/Professional Appearance**

Students are expected to follow the dress code and personal grooming policy of the clinical education site. If the site has no specific policy, the student is expected to follow the general policy set forth in this handbook. Dress and grooming are inherent factors of safety for the clinician and the patient and for good infection control. The students must be dressed and groomed so that they can provide safe patient care.

The program's policies for dress code and personal hygiene are shown in section 2.12 of this handbook. In general, the program's standard for professional and clinical attire (2.12.2) should be followed in the clinical setting, but local policies of the clinical education site will take precedence.

1. You must follow the dress code of the site where your clinical education experience (CEE) is occurring. As explained in the policy for the patterns of communication between the student and the clinical site (5.2), the student will communicate with the clinical site before the CEE

begins. Many clinical sites will provide clear expectations for their dress code in the materials they provide in advance of the CEE. If there is any doubt or question about the dress code, the student must ask questions to receive clear instructions before the CEE begins. Do not rely upon other classmates who have had CEEs at the site or informal channels of communication with people you might know who work there. Get your instructions directly from the SCCE or your CI and follow them exactly. This may include the exact color of scrub to be worn at OSUMC facilities.

2. If the institution's dress code is non-specific, follow these guidelines for OSU students
  - a. Professional, clean clothes; No jeans, sneakers, or sandals
  - b. Dress slacks or khakis. No jeans, capri pants, or shorts
  - c. Dress shirt that can be tucked into pants. Midriff should not show with arms raised overhead
  - d. Socks, stockings, or knee highs
  - e. Shoes with closed toes that provide secure footing to provide for your safety and the safety of your patient
  - f. OSU PT Program Photo ID badge (or clinical site ID badge)
  - g. Lab coat (as appropriate for setting)
  - h. Some facilities may require a tie.
3. Personal Appearance and Habits
  - a. Follow the guidelines of the clinical education site for personal appearance and habits.
  - b. If the clinical site does not specify guidelines for personal appearance and habits, refer to section 2.12.3 of this handbook for general OSU DPT program expectations and follow our standards.
4. You should expect to supply your own equipment for the clinical education experience as follows. If the site has any of this equipment and requires that you use theirs, then do so.
  - a. Pocket notebook/clipboard
  - b. Black ink pen
  - c. Stethoscope
  - d. Goniometer
  - e. Reflex Hammer
  - f. Tape Measure
  - g. Gait Belt

#### **5.4.8 Policy Related to Shortage of Clinical Sites**

Qualified sites for clinical education are experiencing increasing demands on their resources. Sites have fluctuations in staffing or other administrative or fiscal restraints which may require them to withdraw from a clinical experience on short notice. Therefore, it is possible that students who are legitimately enrolled in one or more of the clinical education courses may discover that their choices are no longer available, and that no appropriate substitute is available.

The clinical education faculty of the Physical Therapy Division will make every effort to find a suitable clinical site to substitute for a cancelled experience. However, it is not possible to guarantee that the

students will be accommodated during the original time slot. Students who cannot be accommodated during the original time period will be rescheduled at a later time. Therefore, it is possible that they will not graduate with their class and/or will not be on the customary timetable for taking the National Physical Therapy Examination (Board Exam)

#### **5.4.9 Policy Requiring Clinical Education in More than One Geographic Region (aka, “Travel Requirement”)**

Students will be required to travel outside of the same geographic region for at least 1 of their clinical experiences. From Columbus, greater than 50 miles from Atwell Hall or the student’s home address is considered a non-commutable distance, and therefore categorized as travel outside of the greater Columbus area. From other geographical areas, a similar formula will apply such that students do not complete all clinicals in the same geographic region. There are many reasons for this policy including limited sites, the diversity of health care models, and the opportunity to see healthcare delivery in other areas of the state/region/nation. Students are responsible for their own housing and transportation during all clinical experiences (see policies 5.4.4 and 5.4.5 for details).

Exceptions for this policy may be made for students with children at home or for medical conditions requiring ongoing care from a physician. For a medical exemption, a note from the appropriate health care provider must be submitted. Exceptions must be submitted in writing using the Special Consideration for Local Clinical Education Placement Request Form (Clinical Education Appendix F) and are subject to faculty approval.

Students seeking to establish residency in the state of Ohio, and thus in need of a clinical placement in Ohio, must complete the Special Requests for Local Clinical Education Experiences Form (Clinical Education Appendix F).

#### **5.4.10 Policy Related to Assignments During Clinical Experiences**

All assignments given during clinical experiences are expected to be turned in on time. Failure to turn in assignments may result in a failure of the clinical education course and may affect the grade for the clinical course, consistent with policies in the course syllabus. Due dates for assignments will be written on the syllabus or available on Exxat.

#### **5.4.11 Policy Related to Quality Clinical Instructors**

The Ohio State University is dedicated to excellence in education, research, and teaching. We set high expectations for our students to achieve in the classroom and clinic in their knowledge, skills, professional behavior, and practice. We rely on our clinical instructors and clinical facilities to provide excellent learning opportunities to help shape the professionals of the future. As such, we are dedicated to having a clinical network with similar values. It is our expectation that clinical instructors will embrace evidence-based practice, will be open to the two-way learning that occurs during student clinical experiences, will model professionalism in practice to students, and will provide feedback to the students and the program, both positive and constructive, in a timely manner. When necessary,

feedback will be communicated to the SCCE regarding the quality of the clinical instructors at the clinical site. The DCE is available to assist in ongoing development of clinical sites and clinical instructors. If clinical instructors are not meeting our expectations, we will make every attempt to resolve the issue. If it is not possible, then we reserve the right to terminate that clinical instructor from our network.

As a requirement of CAPTE, our accrediting body, we will conduct regular evaluations of our clinical sites and clinical instructors. This is done for each experience by the student and the DCE.

Our **requirements** for clinical instructors include the following:

#### **CLINICAL COMPETENCE**

- PT license in the state of practice
- At least 1 year of clinical experience
  - An exception is made for OSUMC Residents, who may serve as clinical instructors for part time integrated clinical experiences with approval of the DCE and residency program director
- Continuing education courses grounded in evidence and consistent with practice area and/or specialty area
- Utilizes the principles of the latest edition of *The Guide to Physical Therapist Practice*

#### **PROFESSIONAL SKILLS**

Involvement in one or more professional development activities such as journal clubs, case conferences, case studies, literature reviews, clinical site sponsored courses, post professional education, area clinical education consortia

- Utilizes evidence-based practice whenever possible

#### **ETHICAL BEHAVIOR**

- Abides by APTA *Code of Ethics* and *Guide for Professional Conduct*
- Demonstrates APTA Core Values
- No history of ethics violations

#### **COMMUNICATION SKILLS**

- Clearly defines student performance expectations
- Develops goals and objectives of the clinical experience with the student
- Utilizes active listening skills
- Provides timely positive and constructive feedback
- Consults with DCE as needed

#### **INTERPERSONAL SKILLS**

- Functions as role model/mentor for student
- Lack of significant patient/client, coworker, supervisor complaints

#### **INSTRUCTIONAL SKILLS**

- Demonstrates understanding of OSU curriculum, student's level of didactic preparation, and objectives of the clinical education experience
- Integrates knowledge of various learning styles

- Sequences learning experiences to progress toward objectives
- Monitors and modifies learning experience as needed
- Requires student to use evidence-based practice

#### **SUPERVISORY SKILLS**

- Effectively communicates expectations to peers, personnel, students and others
- Effectively provides formal and informal feedback to supervised personnel/students
- Effectively supervises support personnel/others

#### **PERFORMANCE EVALUATION SKILLS**

- Understands how to properly use the Clinical Performance Instrument (CPI)
- Understands OSU clinical grading criteria
- Provides accurate, objective assessment
- Confronts and identifies plan for correction of undesirable behaviors

#### **Other Preferred expectations:**

- CI is a certified clinical specialist
- CI is an APTA member
- CI is an APTA Credentialed CI

### **5.4.12 Policy Related to Quality Clinical Sites**

The Physical Therapy Program at The Ohio State University has chosen to adopt the standards of the American Physical Therapy Association’s “Guidelines for Clinical Education Site Selection.” The following criteria must be met by a clinical site in order to be selected as a member of the OSU Clinical Education Network.

1. There must be mutual contractual agreement between the university and the clinical site on the philosophy and objectives of the clinical education experience.
  - a. The philosophy for the clinical center and the college must be compatible, but not necessarily identical or in complete accord.
  - b. Planning for students should take place through communication among the SCCE, the CI's and the DCE. The clinical education objectives of the university and the clinical education site should be used in planning student learning experiences.
2. The clinical site must have sufficient staff to provide adequate student supervision.
  - a. Comprehensive clinical education can be planned for students in a clinical center with one physical therapist.
  - b. Student-staff ratio can vary according to the nature of the physical therapy service, the nature of the staff, level of the students, the type of students, and the length of the clinical education assignments. The appropriate number of students at one time in a physical therapy service is dependent upon the nature of the learning experiences expected as determined by the SCCE and the DCE.
  - c. Staff responsibilities for patient care service, teaching, research, and community service permit adequate time for supervision of students in physical therapy.

3. The clinical site must be willing to consistently accept students for clinical experiences.
4. The clinical site must provide opportunities for participation in planned learning experiences for each student.
  - a. Clinical education programs for students are planned to meet specific objectives of the academic program, the physical therapy service, and the individual. Students should participate in planning their learning experiences according to mutually agreed-upon objectives.
  - b. Clinical education learning experiences must include >75% in-person patient care. Telehealth cannot comprise >25% of the clinical time.
5. The clinical site must provide evidence of an active staff development program.
  - a. There is evidence of clinical center support for a staff development program.
  - b. Staff in-service programs are scheduled on a regular basis and should be planned by members of the clinical center staff.
  - c. Student participation in staff development activities is expected and encouraged.
6. The clinical site must demonstrate both the ethical and legal practice of physical therapy.
  - a. All physical therapists and physical therapist assistants on the staff practice ethically and legally as outlined by the state standards of practice, the state practice act, clinical center policy, the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant and the policy and positions of the APTA.
  - b. The clinical site adheres to affirmative action policies and does not knowingly discriminate on the basis of biological sex, gender identity, race, creed, color, age, religion, sexual orientation, national or ethnic origin, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for professional or nonprofessional personnel.
  - c. The clinical center does not discriminate against students.
7. The clinical site must have an active and stimulating environment for the learning needs of the student.
  - a. Other learning experiences should be available and may include opportunities in management, supervision, teaching and scholarship.
8. There should be evidence of clinical staff involvement in clinical education, state and local professional organizations, and/or the APTA.
  - a. Involvement may include, but is not limited to: self-improvement activities, professional enhancement activities, membership in professional associations, professional activities relating to offices or committees, papers or verbal presentations, other special activities.
  - b. The physical therapy staff should be encouraged to be professionally active at local, state and/or national levels.
  - c. The physical therapy staff should provide students with information about professional activities and encourage their participation.
  - d. The physical therapy staff should be knowledgeable about professional issues.
9. The clinical site has clinicians who specialize and are available for student interaction during a clinical education experience.
  - a. The clinical center, when appropriate, provides a variety of learning opportunities consistent with the area(s) of expertise within the clinical center.



## 5.4.13 Policy for Development of New Clinical Sites and Special Requests

The development of new clinical sites is a lengthy process and can take up to six months or more to finalize. The DCE and ACDE are routinely engaged in activities to identify and recruit clinical sites for the program. If a student is interested helping to develop a new clinical site, the student should initiate this discussion with the DCE/ADCE as early as possible.

1. New clinical sites may be initiated by the following procedure:
  - a. Student, DCE or faculty identify need or desire for a new site OR a new site contacts the university requesting to be part of the clinical education network.
  - b. The DCE contacts the clinical site to determine if they meet our criteria and if they are willing and able to provide ongoing clinical experiences for our students.
  - c. The university executes an affiliation agreement between OSU and the clinical site.
2. For students who want to help initiate an agreement with a new site
  - a. New clinical sites request from students cannot be considered for the first clinical experience, PT 7189, for a student to be placed in that site because the site will already have been identified when the student starts the program. Students may suggest 7189 sites that could benefit subsequent students in the program, but not for their own clinical education experience. Students may only suggest sites for their own clinical education experience for PT 7289, PT 8189, or PT 8289.
  - b. No more than 3 new sites may be given to DCE in writing by the deadline communicated in class or by email.
  - c. Completion of the New Clinical Site Request Form, Appendix G, for each site.
  - d. New site request form must include: Name of clinical site, location (city & state), contact name and phone number, compelling reason(s) for adding this clinical site to our clinical education network
  - e. A student may contact a site ONLY to obtain SCCE name and phone number, not to request a slot at the site or for any other aspect of arranging an agreement with the site. No one other than the student (spouse, friend, etc.) may make this contact with a site on behalf of the student.
  - f. If the site agrees, the contract process will begin. This is not a guaranteed spot until the contract has been completed, which may take up to six months.
  - g. If the site agrees, the student who requested it is assigned to the clinical site, pending approval of the contract. If the contract does not go through, the student will then choose a site from the remaining facilities for that clinical timeframe.
  - h. Students will be notified by email when the site either confirms or declines the clinical placement.
  - i. Students may check with the DCE on the progress of the site request.

#### **5.4.14 Policy for Clinical Site Visits**

Clinical Education is an integral part of the overall education of a physical therapist. Doctor of Physical Therapy Students spend approximately 1/3 of their time in clinical education. It is the policy of OSU that students will have a formal evaluation from the program during the clinical education experiences. This may take the form of an in-person site visit, a phone call, video conferencing, or a written evaluation. Site visits and communication provide an opportunity for the DCE, CI and students to discuss issues, concerns and provide positive and constructive feedback to each other. Information gathered from these monitoring sessions may be shared with the academic faculty. If a specific problem arises with a student at any time during a clinical experience, every effort will be made by the DCE or designee to visit that particular clinical site. Clinical instructors or students are urged to call the DCE or the Assistant DCE if any problem arises.

#### **5.4.15 Policy for Corrective Intervention**

If a student is determined to have unsatisfactory or lower than expected clinical performance at midterm, they may be placed on a performance improvement plan or have specific expectations designed to address identified behaviors or skills that need improvement. The student, CI, SCCE and DCE will work closely together to address these behaviors and skills throughout the remainder of the clinical. This will likely involve additional communication between the DCE, the student and the CI.

#### **5.4.16 Policy for Repeating a Clinical Education Course**

Please see section 3.2.3.6.6 above for the policy about repeating a failed clinical education course.

#### **5.4.17 Policy for Clinical Placements**

Students will not be placed in facilities/departments where they are currently or have previously been employed or where they have signed contractual agreements for future employment. Assignment of clinical sites will be done in a fair manner with consideration given for type of experience desired, learning opportunities available, student goals, learning environment, and lastly, geographic location. Students will not be placed in facilities where any real or potential conflict of interest exists. Some examples include but are not limited to: ownership of the clinic by a relative or relative by marriage, contract for future employment, previous personal relationship with staff of the PT department.

##### **5.4.17.1 OSU Clinical Placements**

Students may be permitted to return to OSU for placement in a different level of care if the following are met:

1. Anyone who has not had the opportunity to go to OSU has been afforded that opportunity first
  - a. The student must have a conversation with the clinical education faculty ahead of the selection to make this request.
  - b. Consideration will be given to a student request to return to OSU for a practicum, with preference given to students who have not had a previous clinical at OSU.

2. Students may not return to OSU for a practicum in the same setting.

#### **5.4.17.2 Clinical Placements Outside of OSU**

Students may not complete more than 1 clinical at any one clinical site. Students may not complete more than 2 clinicals within the same health system and they cannot be in the same setting. An example of this may include completing an outpatient orthopedics clinical at Ohio Health Mansfield and acute care at Riverside. These are 2 separate facilities under the same healthcare system so this would be permissible. However, 2 clinicals at Ohio Health Mansfield, one in acute care and one in OP ortho would not be permissible. Practicum placements regarding this policy will be considered on a case by case basis by the DCE/ADCE. Considerations will be given to the type of experience and the available mentors in the specified area of request.

#### **5.4.18 Policy for PT CPI 3.0 Training**

All students, CIs and SCCEs must complete the mandatory training for the PTCPI 3.0 prior to the start of the clinical experience. The training only needs to be completed once with satisfactory completion of the test at the end. The results of the test should be forwarded to the DCE. The DCE will offer training for students and, upon request, for SCCEs/CIs. To prepare for use of the PT CPI 3.0, the PT student will solicit the name, email and phone of the CI approximately 4-6 weeks prior to the clinical. The SCCE should provide this information to the student by the requested deadline. If the student has barriers to obtaining this information from the clinical site, the student should contact the DCE/ADCE and communicate these barriers.

#### **5.4.19 Policy for Health Requirements**

All students are required to comply with the OSU College of Medicine Health Requirements for clinical education. Deadlines will be communicated to the students by the DCE. Requirements of the program related to clinical education are explained in Section 2 of this handbook. The process for obtaining compliance will be coordinated through the school and the Assistant DCE in conjunction with Student Health Services. Dates of compliance will be provided each academic year in the fall. **The compliance date is the deadline in which all records must be current.** Therefore, all appointments, tests and lab values must be obtained well in advance of the compliance date in order to be compliant. It is the student's responsibility to maintain all necessary documentation of the health requirements. It is the student's responsibility to provide this documentation to the SCCE if requested. The student is also expected to verify with the clinical site the need for any additional health requirements. Students are required to submit the above requirements to Student Health and assure that they are accurate and visible prior to the compliance date provided to the class.

#### **5.4.20 Policy for Student Injury/Significant Illness During a Clinical Experience**

If a student experiences an injury, becomes ill, or experiences other unforeseen circumstances (henceforth called "the precipitating event") that prevent full participation in the remainder of the clinical experience, the DCE may, at his or her discretion based on professional judgment and the

documented record of the student's performance to date, elect to either pass the student based on work completed up until that time, or issue an incomplete and require the student to make up the remainder of the experience at a later time. This policy does not apply to a situation where the student voluntarily does not complete a clinical and does not apply to a situation where a student is forbidden to complete the clinical based on a decision made by the program or the clinical site. It only applies to a precipitating event beyond the student's control such as a personal injury, significant illness, or family emergency.

Any makeup clinical required under this policy will be arranged based on availability of suitable sites at the discretion of the DCE and will adhere to standard university and division policies for making up of incompletes for clinical experiences. As with all clinical experiences, travel and other incidental expenses for the makeup work are the responsibility of the student.

Please also refer the general policies explained in section 2.18 of this handbook about student injuries that occur during the program and the requirement to register with Student Life and Disability Services in order to have modifications to program requirements approved in response to injury or illness.

## **5.5 Processes for Clinical Placements**

### **5.5.1 ICE**

Students will be assigned by the DCE/ADCE/faculty for all ICE placements.

### **5.5.2 PT 7189/7289**

The first two clinical experiences placement will be done through Exxat. Students will be oriented to Exxat during the first summer. The DCE will release the sites to the students at least 3 weeks prior to the site selection day. During that time, students are expected to research available sites via student evaluations posted to Exxat. The DCE and ADCEs are available for counseling and questions.

We will utilize a lottery to place for OSU sites ahead of the deadline for Exxat. Additionally, the FCFS requests will occur per the process outlined by the clinical education faculty during class meeting.

If there are students who are unmatched, they will be contacted by the DCE and have another opportunity to input selections 1-2 weeks later. Once the selections have been made and assigned, they are final.

Placements of those students (if any) who were not placed for 7189 and had to complete a second match will have the first opportunity to choose sites for PT 7289. They will put in their top 10 choices at least 1 week prior to the rest of the class. Once they have been assigned, the rest of the class will know which sites are remaining.

### 5.5.3 PT 8189 and PT 8289

Clinical placements may be done via lottery. If a lottery is utilized, students will be randomly assigned a lottery number. We will select clinical sites in ascending order for 8189 and descending order for 8289. The lotteries will take place in early fall semester. We will utilize the previous OSU lottery to assign OSU placements to give students the opportunity to select an OSU site. Students are expected to research available sites via the student evaluations posted to Exxat. The DCE and ADCEs are available for counseling and questions and we encourage students to meet with any of the CE faculty. Any request for new sites must be submitted by a pre-determined deadline.

When the student's number is called during the lottery, they should come to the DCE and state their selected site and provide a rationale for why that site was chosen. The DCE will then determine if it is an appropriate choice and the site will be confirmed. Students are strongly encouraged to do a mock lottery or consult with each other prior to the lottery to work out any selections ahead of time. **When it is their time to select, each student will be given a maximum of 5 minutes.** If the student does not choose in that 5 minutes, they will forfeit their spot and have to wait until the end to choose. The DCE may disallow any clinical selection if it is deemed to be chosen for inappropriate reasons. Once the selections have been made and assigned, they are final.

### 5.5.4 PT 8989

The final leadership practicum experience placements are done individually based on several factors. Toward the end of the 3<sup>rd</sup> clinical, the students will complete a professional development plan (PDP) to assist with career planning up to 5 years in the future after graduation. Once completed, the DCE will release information regarding possible practicum experiences, including information from previous years experiences, reserved slots on Exxat and have a personal discussion during the student's midterm visit or call. Students will look at all options and determine their top 5 choices and submit to the DCE with rationale for each choice to Carmen by a determined deadline. Students also have the option of trying to set up a new experience or new mentor at this time with the assistance of the DCE or ADCE. No more than five new sites will be allowed per year. After the submission deadline, the clinical education team will review all student choices, compare to their PDP, and start to confirm placements. When there are multiple students interested in the same mentor or experience, the DCE or ADCE will solicit additional information from the students which may include additional written rationale, verbal discussions, phone or in-person meetings or group meetings. The clinical education team will then make a determination on which student is the best fit for the experience. The DCE/ADCE will then move to the student's next choice or recommend an alternative placement. **Students should be prepared to travel outside of Columbus and perhaps Ohio in order to get the experience/mentor that best meets their goals.** We will make every effort to get placements confirmed by November 1<sup>st</sup>. Once the placement is confirmed, a formal email will go to the mentor, SCCE and student. The student is then responsible for making contact to start working on objectives and determining a project.

## 5.5.5 First Come First Served (FCFS) Offers from Clinical Education Sites

If a clinical site indicates on their annual slot request form that they will take students for a first come, first served (FCFS) placement or by special request only, students are informed and instructed to complete the online process using a survey or Exxat as instructed, and submit it to the DCE prior to the deadline provided to the class. A list of “special request only” sites will be provided at the discretion of the Clinical Education faculty.

## 5.6 Grading Criteria for Clinical Education Courses

All full-time clinical education experiences and integrated clinical experiences are graded based on the grading scale in the syllabus. Grading percentages are assigned based on completion of assignments and quality of assignments. Overall, passage of the clinical will be determined by assessment of the Clinical Performance Instrument, the timeliness of submitted materials and the quality of submitted materials. Final grades are assigned by the DCE. For grading criteria for specific courses, please refer to syllabus for individual courses.

Completion of the weekly feedback form (Clinical Education Appendix E) by the student and CI is required for all full-time clinical education experiences. On the CPI, it is expected that the comments will correlate with the rating of each criteria.

### 5.6.1 Unsatisfactory (E) grades

If the student is not performing at a satisfactory level during the clinical experience, the CI, SCCE and/or student should contact the DCE as soon as this is apparent. It is not appropriate to wait until the midterm grading point to discuss serious concerns with student performance. A remediation plan will be established to correct the identified problem areas. It is expected that the students will take primary responsibility for the management and resolution of identified performance problems.

If the problems cannot be resolved in a satisfactory manner during the clinical experience and the student does not meet the requirements as stated above, the student will fail that course. This can result from unsatisfactory performance in the cognitive, psychomotor and/or affective domains. The student will also fail the clinical course if asked to leave a clinical experience prior to the actual scheduled conclusion of the clinical due to poor performance or unacceptable professional behavior.

Refer to section 3.2.3.6.6 to understand the consequences of failing a clinical education course.

## 5.7 Rights and Responsibilities of the Stakeholders in Clinical Education

The DPT program at The Ohio State University has chosen to adopt the APTA Guidelines for Clinical Education Sites, Guidelines for Site Coordinators of Clinical Education, and Guidelines for Clinical Instructors. Facilities, SCCEs, and CIs are encouraged to access these guidelines through the ACAPT website: <https://acapt.org/resources/clinical-education>

The APTA has published Guidelines and Self-Assessments for Clinical Education with accompanying self-assessment tools for sites, SCCEs, and CIs. These documents can be downloaded by members for free on the APTA website.

<https://www.apta.org/contentassets/7736d47f2ec642a3962276d9b02503d2/guidelinesandsselfassessmentsforclined.pdf>

Finally, the APTA has published a Site Coordinator of Clinical Education Reference Manual which can be accessed on the APTA Academy of Education website. <https://aptaeducation.org/special-interest-group/clinical-education-faculty-sig/pdfs/2018-SCCE-Manual-FINAL.pdf>

### 5.7.1 The Ohio State University DPT Program (the university)

1. The university will assume responsibility for developing and implementing the educational program in physical therapy.
2. The university will refer to the clinical site only those students who are enrolled in the university's physical therapy curriculum and for the full-time clinical education experiences, those who have satisfactorily completed the academic prerequisites for clinical education experience per program requirements (See Physical Therapy Student Handbook).
3. The university will designate a person to direct the clinical education programs at the university and to act as liaison for the university, the clinical site and the student(s). This person shall be:

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4. The university will be responsible for the determination of a student's final grade for clinical education experiences. Feedback from the clinical site evaluation forms will be used in making this determination.

5. The university will notify the clinical site of its planned schedule of student assignments, including the dates of full-time clinical experiences, the name(s) of the student(s), contact information and the level of academic and preclinical preparation of each student.
6. The university will provide the clinical site with educational objectives and evaluation forms for each clinical education assignment.
7. The university will provide students with education regarding universal precautions for infectious exposure and general HIPAA training.
8. The university will maintain communication with the clinical site on matters pertinent to clinical education. Such communication may include, but not be limited to, on-site visits to the clinical site, workshops, meetings, and the provision of educational materials relevant to the clinical education program.
9. The university will advise students assigned to the clinical site of their responsibility for complying with the existing rules and regulations of the clinical site, their policies and procedures including, but not limited to, complying with any physical examination/immunization requirements of the clinical site.
10. The university will maintain professional liability insurance for each student assigned to the clinical site and will provide the clinical site with information regarding such liability insurance.
11. The university reserves the right to terminate a clinical education assignment at the university's discretion, if it is in the best interest of the student, university or clinical site.
12. The university will make every effort to place students in all clinical education experiences; however, completion of coursework does not guarantee that a student will be provided a CEE at a specific time period or at a particular clinical site, as this depends upon the availability for clinical sites.
13. The university will only place students with facilities that have a signed legal agreement.
14. It is the policy of the Division of Physical Therapy to attempt to visit students during the clinical time periods. This is done, however, within the constraints of availability of faculty and travel funds. If a visit is not made, a conference via telephone or videoconference will be arranged.
15. The university will communicate necessary student information to the clinical site/SCCE prior to the clinical experience. We are obligated to respect student privacy per the Family Educational Rights and Privacy Act (FERPA).

### **5.7.2 The DCE & Assistant DCE (at the university)**

1. Certify eligibility of students for training and education.
2. Submit names of eligible student(s) to the SCCE.
3. Provide students with information about the clinical education site.
4. Schedule the clinical education experience for individual students. Clinical education experiences will be scheduled by the DCE for 6189, 6489, and 8989. Clinical education experiences will be determined by lottery selection or through our clinical education database system, Exxat, for 7189, 7289, 8189, and 8289.
5. Provide the SCCE/CI with information about the physical therapy curriculum and educational goals.



6. Provide the SCCE/CI with information about level of training of individual student physical therapists to assist the CI in planning learning experiences for students.
7. Maintain a database for all contracted facilities that will be used to maintain communication records with the SCCE/CI, provide assistance to students with planning clinical experiences, monitor clinical sites and clinical instructors from year to year, evaluate clinical sites and CIs, and assist with counseling students regarding program participation and clinical experience availability.
8. Provide the clinical site with clinical evaluation forms necessary to evaluate students.
9. Make clinical site visits, phone calls, or assessments to review student progress during the full-time clinical experiences.
10. Post and monitor posted discussions.
11. Notify the clinical site at least three months in advance of its planned schedule of student assignments, including the name of the student, level of academic preparation, length and dates of the clinical experience.
12. Notify the clinical site at least two weeks in advance of the scheduled start date in the event of change or cancellation of the assignment, whenever possible.
13. Require students to abide by the rules, regulations, and policies of the clinical site while assigned to that clinical site as well as the policies outlined in this handbook.
14. Establish, maintain, and review annually affiliation agreements.
15. Conduct annual assessment of select clinical sites and clinical instructors.

### **5.7.3 The Clinical Site**

1. The clinical site will designate one person to serve as SCCE for the clinical site and to act as liaison with the university.
2. The clinical site will have ultimate responsibility for patient care at the clinical site and will comply with any state, federal governmental or administrative laws, rules, regulations and statutes governing the practice of physical therapy.
3. The clinical site will provide qualified staff, patients, physical facilities, clinical equipment and materials in accordance with clinical education objectives as agreed upon by the clinical site and the university (See Clinical Education Objectives).
4. The clinical site will provide each assigned student with a planned, supervised program of clinical experience in accordance with the clinical education objectives.
5. The clinical site will provide each assigned student with an orientation to the clinical site, including a copy of pertinent rules and regulations of the clinical site, emergency procedures, expectations from the site and CI, and review of student goals on the first day of the full-time clinical.
6. The clinical site will advise the university immediately of any changes in its operation, policies, or personnel, which may affect clinical education.
7. The clinical site will advise the university immediately of any serious deficiencies noted in an assigned student's performance. It will then be the mutual responsibilities of the student, the

clinical site and the university to devise a plan by which the student may be assisted towards achieving the stated objectives of the clinical education experience.

8. The clinical site will provide the university with information regarding the availability of first aid and emergency care for students while on clinical education assignment on the property of the clinical site. If the clinical site provides first aid and/or emergency care to an assigned student, the clinical site may charge reasonable fees for such services.
9. The clinical site will offer appropriate environments, staffing, and resources for clinical experiences.
10. The clinical site will support the clinical education program, its participants, and development.
11. The clinical site may terminate a clinical experience or change locations if the student is negatively affecting patient care or staff morale or if the student is not meeting educational goals for the experience.

#### **5.7.4 The SCCE**

1. The SCCE will have expertise in clinical education and interactions with students.
2. The SCCE will designate a physical therapist to serve as the CI for the assigned student(s) that meets the stated CI requirement from Policy 5.4.11 related to quality clinical instructors.
3. The SCCE will oversee the evaluation of the performance of the assigned student(s) using forms provided or approved by the university. Presently, OSU uses the PT CPI Web as the evaluation tool for the clinical experiences.
4. The SCCE will complete the training & test for the PT CPI Web for the clinical experiences. This training needs only to be completed once.
5. The SCCE will demonstrate strong communication and interpersonal skills with colleagues, students and the school.
6. The SCCE will exhibit appropriate managerial, supervisory, organizational, and administrative skills.
7. The SCCE assists in the professional development of the CIs.
8. The SCCE has opportunities to provide feedback regarding the effectiveness of the DCE and the clinical education program as requested by the PT program.

#### **5.7.5 The Clinical Instructors (CIs)**

1. The Clinical Instructor will complete the training and test for the PT CPI Web prior to the student's arrival and forward the information to the DCE.
2. They will review the CPI with the student on the first day or two of the CEE to set goals for the clinical.
3. They will provide weekly feedback sessions throughout the clinical, including the completion of the weekly feedback form as indicated previously.
4. They will provide formal review of the PT CPI Web at mid-term and final. More frequent review of the CPI should occur as needed.

5. They will provide adequate supervision of the student and a good learning environment, structure learning experiences, interact directly with the student, and adjust workload to student's needs.
6. They will serve as a role model and demonstrate a positive attitude toward students. Challenge students to utilize skills and resources available.
7. They will maintain ethical standards. A physical therapist must always be present when a student is in the clinic. A student must not treat patients if only a physical therapist assistant or aide is in the clinic or on the premises. Clinical Instructors are also expected to abide by the supervision requirements dictated by state law and federal agencies such as Medicare.
8. They will respect the rights and dignity of the student and provide a private setting for evaluation and feedback sessions.
9. They will plan the learning experience based on the clinical objectives and student learning goals.
10. They will follow APTA Guidelines for Clinical Instructors. (See Clinical Education Appendix B)
11. They may consult with the DCE to obtain information for enhancing clinical teaching skills.
12. They may contact the DCE or Chair at any time regarding student performance or any other issue related to the PT program.
13. They will protect the rights of their patients to refuse examination and treatment by a student physical therapist.
14. They may request information regarding a student prior to and during a clinical experience.
15. They may request inservices from the DCE or academic faculty.
16. They may request inservices, journal club participation, or projects from the student during their clinical experience.
17. They may be included in invitations for events hosted by the PT program.

### **5.7.6 The Student**

1. Before Full-time Clinical Experiences
  - a. Students must have successfully completed all physical therapy coursework preceding the full-time clinical. Successful completion is defined as passing all required courses with a C or S grade or better.
  - b. The student must not be on academic probation. If a student is on academic probation but has successfully completed all courses, then the student may be permitted to proceed if a majority of the DPT faculty vote to allow the student to enter the clinic and the clinical contract with the site does not specifically prohibit accepting students who are on academic probation.
  - c. Students must be officially registered for clinical education courses before they can begin a clinical experience. All clinical coursework requires payment of tuition. Each student's name must appear on the class roll in order to begin the clinical experience.
  - d. CPR Certification for the healthcare provider must be valid and from the American Heart Association BLS (Basic Life Support) for HCP (Healthcare Provider) that includes adult, child and infant as well as AED for the Healthcare provider. The CPR course must

include an in person check off of skills. An online only course is not sufficient and will not meet the requirements.

- e. The student must complete an annual physical, including an update to needed immunizations as well as a yearly criminal background check and drug screen by the stated deadline prior to all clinical experiences. **Students will not be permitted to begin any clinical experience without these conditions listed in c, d, and e being met fully.**
- f. Students must sign the Student Agreement for Clinical Education Form (Clinical Education Appendix C) and submit this form to Exxat. This signed form will be placed in the student's permanent record.
- g. Students are responsible for submitting their clinical site choices by a specific date announced by the DCE.
- h. Students must read the contracts for clinical education for each of their assigned clinical facilities. Students have access to the contracts via the faculty offices located on the 5<sup>th</sup> floor in Atwell Hall. The Exxat database system houses all information related to the OSU Clinical Education Program. Students will be trained to use Exxat during their first semester.
- i. Students must determine the clinical site's required dress code prior to their arrival. If unclear, the OSU PT Division dress code should be followed.
- j. Students must write a letter 4-6 weeks prior to the clinical experience introducing themselves and stating their goals for the experience.
- k. Students must provide requested information to DCE/Assistant DCE at requested deadline. This may include CI, SCCE or clinical site information.
- l. Students must call the clinic 2 weeks prior to the clinical experience to confirm their arrival and work out any other details.
- m. Student must review the CPI prior to the CEE to determine skills they would like develop.
- n. In addition to the required university background check and drug testing, an additional criminal background check or drug test may be required by some clinical facilities that accept students for clinical experiences. It is the student's responsibility to know if these requirements are necessary and the timeframe in which they must be completed to begin a clinical experience at their assigned clinical site. The student is responsible for any expenses incurred to meet these requirements. If the student is unable to be cleared on these requirements, then the student may not be eligible to continue with the scheduled clinical experience until the necessary processes to be cleared have been completed.
- o. The student must complete and submit certification of completion of competency-based training. A list of required training modules will be provided to the student to complete during fall of the 1<sup>st</sup> semester. This includes but is not limited to HIPAA compliance training and infection prevention.

## 2. General Student Responsibilities

- a. The student is required to comply with all applicable policies, procedures and rules of the clinical site, the college, and the Code of Ethics of the American Physical Therapy Association.
- b. The student is required to maintain health insurance during a clinical education assignment and to keep a current copy of their insurance card in Exxat.
- c. The student is responsible for demonstrating professional behavior including but not limited to protecting the confidentiality of patient information appropriate to the environment of the clinical site and maintaining acceptable standards of patient care.
- d. The student is responsible for making appropriate arrangements for transportation to and from the clinical site, housing, if necessary, and assuming any travel or living expenses incurred related to clinical education.
- e. The student must notify the school of their residence address and telephone number and emergency contact information during all clinical experiences.
- f. Student must review the clinical site's emergency procedures within the first two days of the clinical.
- g. Students must maintain close communication with the clinical instructor and come prepared to share written goals and expectations for the clinical experience with the clinical instructor. They shall discuss individual learning style and feedback preference and let the clinical instructor know if they are upset about something or are not feeling well.
- h. The student is responsible for using spare time constructively. Ask about resources available. Resources may include a medical library, journals, observing in other disciplines, observing other patient treatments, etc.
- i. The student is responsible for respecting the knowledge and experience of the clinical instructors. Offer suggestions or alternatives in a tactful manner.
- j. The student is responsible for accepting feedback and constructive criticism in a positive manner, being flexible and identifying their own strengths and weaknesses. Always demonstrate a positive learning attitude, initiative to do off-duty study, and the ability and willingness to problem solve.
- k. Students are responsible for the completion of the CPI.
- l. The student is responsible for completing the weekly feedback form and assuring that the CI is contributing their feedback to it each week.
- m. The student is responsible for bringing the checklists and assuring that CIs complete them correctly and completing Student Evaluation of the Clinical Experience.
- n. The student is responsible for promptly submitting the completed paperwork for the clinical by the stated deadline.
- o. The student is responsible for the timely completion of any projects or assignments made by the clinical instructor.
- p. The student shall report any questionable practices or problems to the DCE.
- q. The student shall acknowledge their status as a student and obtain consent from patients/clients or their responsible parties for treatment with the understanding that patients may refuse care by a student at no risk to themselves.

- r. The student understands the potential health risks of working with patients which may include exposure to disease, blood and bodily fluids and injury from assisting patients.

## 5.8 List of Clinical Education Appendices

- A. Criteria 9 and 13 Checklists
- B. Guidelines for Clinical Instructors
- C. Student Agreement for Clinical Education
- D. Professional Behaviors for the 21<sup>st</sup> Century
- E. Weekly Planning Form
- F. Special Consideration for Local Clinical Education Placement Request Form
- G. New Clinical Site Request Form
- H. Unexcused Clinical Absence Form
- I. Residency Interview Absence Request Form





## HANDBOOK STATEMENT OF UNDERSTANDING

Physical Therapy Division  
The Ohio State University

Name: \_\_\_\_\_  
(please print)

I have read and understand the expectations, policies and procedures as outlined in the Doctorate of Physical Therapy Handbook for the Physical Therapy Division at The Ohio State University.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Doctorate of Physical Therapy Student Handbook  
2024-25