

MEDICAL COLLEGE OF GEORGIA

**SCHOOL OF
ALLIED HEALTH SCIENCES**

DEPARTMENT OF PHYSICAL THERAPY

**DOCTOR OF PHYSICAL THERAPY
STUDENT HANDBOOK**

and

**PHYSICAL THERAPY
CLINICAL EDUCATION HANDBOOK**

2007 - 2010

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Department of Physical Therapy
DPT STUDENT HANDBOOK
2007 - 2010

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Department of Physical Therapy
DPT Clinical Education Handbook
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Introduction and Purpose

This Handbook has been developed by the faculty and students of the Department of Physical Therapy to assist you. The Student Handbook serves as the official source of Policies and Procedures related to student activities in the Department of Physical Therapy as approved by the Dean, School of Allied Health Sciences. We hope that you find it useful. If you have questions or need clarification, please contact the Vice-Chair of Physical Therapy (EC-1314), phone 706-721-1516 or the Associate Dean for Academic Affairs, School of Allied Health Sciences (AA-2028), phone 706-721-2621.

Note: In addition to the policies and procedures stated here, physical therapy students are subject to all policies of the university as delineated in the [Medical College of Georgia Catalog](#), [Student Handbook](#) and [Student Code of Conduct and Procedures](#) and [School of Allied Health Sciences web pages](#).

Student Affairs

The Vice Chair, Department of Physical Therapy has an open-door policy and is available to serve as a counselor and advisor to students with personal or adjustment problems, problems of an academic or financial nature, or any other matter of concern to students. At the first sign of any of these problems you should come to see him. The Vice Chair also serves as a referral service and student advocate dedicated to assisting you in the successful completion of this phase of your professional growth process. Dr. Wilson is available in his office during school hours, by cell phone at 706-564-3901, or at home 706-550-0500.

Communication

E-mail is the official method of communication between the physical therapy faculty, staff, and all students. Therefore, it is your responsibility to check your MCG e-mail account correspondence at least daily and empty your mailbox regularly so that you are able to receive messages. You will be held accountable for a timely response to all e-mail requests.

NOTICE

Policies and programs presented in this Handbook are subject to change at any time. As changes occur in institutional policies that affect students, you will be notified via e-mail.

Other Sources of Information

GA Open Records Act	http://www.state.ga.us/ago/open_records.html
Family Educational Rights and Privacy Act (FERPA)	http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html
MCG Student Handbook	http://www.mcg.edu/students/handbook/selectpol.html
Americans with Disabilities Act	http://www.usdoj.gov/crt/ada/adahom1.htm

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ACADEMIC CALENDAR - Class of 2010

Summer Semester, 2007:

May 16, 2007	Orientation
May 17, 2007	Classes begin (8:30 AM) ANM 7300 Anatomy PTHP 7101 Evidence Based Practice PTHP 7111 Practice Expectations 1 PTHP 7121 General Concepts of Patient Management 1
May 28, 2007	Memorial Day (No classes)
July 4, 2007	Holiday (No Classes)
August 8, 2007	Last day of classes / exams

Fall Semester, 2007:

August 20, 2007	Classes begin (8:00 AM) SAHS 7110 Human Physiology PTHP 7211 Applied Physiology PTHP 7222 Foundations of Physical Therapy PTHP 7223 General Concepts of Patient Management 2 PTHP 7212 Practice Expectations 2 PTHP 7202 Research 2
August 24, 2007	Professionalism Forum (Attendance required) Imperial Theater 8:00 AM – 11:30 AM
September 3, 2007	Labor Day (No classes)
September 15, 2007	Family Day
November 21-23, 2007	Thanksgiving (No classes)
December 13, 2007	Last day of classes / exams

Spring Semester, 2008:

January 7, 2008	Classes begin: PTHP 7331 Orthopaedics 1 PTHP 7341 Medical Conditions 1 PTHP 7313 Practice Expectations 3 PTHP 7303 Research 3
January 21, 2008	Martin Luther King Holiday (No Classes)

April 7 to 11, 2008 **Spring Break (No classes)**

May 5, 2008 **Last day of classes / exams**

Summer Semester, 2008:

May 14, 2008 **Classes begin (8:30 AM)**
PTHP 8132 Orthopaedics 2 (4 weeks)

May 26, 2008 **Memorial Day (No classes)**

June 9, 2008 PTHP 8191 Clinical Experience 1 begins

August 1, 2008 PTHP 8191 Clinical Experience 1 ends

August 6, 2008 **Last day of classes / exams**

Fall Semester, 2008:

August 18, 2008 **Classes begin**
PTHP 8242 Medical Conditions 2
PTHP 8243 Medical Conditions 3
PSIO 8226 Applied Neuroscience
PTHP 8214 Practice Expectations 4
PTHP 8204 Research 4

September 1, 2008 **Labor Day (No classes)**

November 26–28, 2008 **Thanksgiving Holiday (No classes)**

December 11, 2008 **Last day of classes / exams**

Spring Semester, 2009:

January 5, 2009 **Classes begin (8:30 AM) (10 weeks)**
PTHP 8361 Management
PTHP 8351 Neuromuscular
PTHP 8315 Practice Expectations 5
PTHP 8305 Research 5

January 19, 2009 **Martin Luther King Holiday (No classes)**

April 6 to 10, 2009 **Spring Break (No Classes)**

May 4, 2009 **Last day of classes / exams**

Summer Semester, 2009:

May 19, 2009 **Classes begin**
PTHP 9144 Medical Conditions 4
PTHP 9152 Pediatrics
PTHP 9171 Integrated Patient Management
PTHP 9106 Research 6
PTHP 9116 Practice Expectations 6

May 25, 2009 **Memorial Day (no classes)**

July 3, 2009 **Holiday (no classes)**

August 13, 2009 **Last day of classes / exams**

Fall Semester, 2009:

August 17, 2009 PTHP 9292 Clinical Experience II begins (16 weeks)

December 4, 2009 PTHP 9292 Clinical Experience II ends

Spring Semester, 2010:

January 4, 2010 PTHP 9393 Clinical Experience III begins (12 weeks)

March 26, 2010 PTHP 9393 Clinical Experience III ends

March 29, 2010 PTHP 9394 Elective (4 weeks)

May 30, 2010 PTHP 9394 Elective Ends

May 7, 2010 **GRADUATION**

PROGRAM INFORMATION

Mission Statement

The Mission of the Department of Physical Therapy is to improve the physical function, overall health and quality of life of the population served.

Philosophy Statement

The primary goal of the MCG Physical Therapy Program is to provide the necessary foundational knowledge and skills for students to become reflective physical therapy practitioners. This reflective practitioner will possess technical proficiency and problem solving capabilities sufficient to enable the safe, efficient, and effective practice of physical therapy in a rapidly changing health care environment. We strive to create an educational experience using current evidence-based practices that will challenge talented and ambitious students to grow into autonomous health professionals.

Student-centered learning is at the core of our educational philosophy. Student participation is facilitated through an interactive learning environment with clear, concisely stated outcomes. Maintenance and growth of the learning environment are the responsibility of both the faculty and the student. In addition to curricular and instructional responsibilities, faculty members strive to be role models of scholarly practitioners, competent and informed current clinicians, nationally recognized researchers, and skillful educators.

EDUCATION

The faculty and resources of the department are committed to:

- preparing clinically competent Physical Therapy practitioners who are motivated to continue learning throughout their career and have the skills to do so
- preparing competent educators in the field of physical therapy
- preparing graduates who are known for their leadership and expertise
- providing quality educational programs for physical therapy practitioners
- providing educational experiences to the community about physical therapy as a profession and to enhance the community's ability to be an informed consumer

To do this the faculty is committed to creating and participating in a dynamic, innovative, comprehensive, and current educational environment where learning (for both students and faculty) can occur.

SERVICE

Faculty are committed to providing service at the institutional, state, national levels and to the physical therapy profession. In addition, faculty are also committed to maintaining and enhancing their clinical skills as:

- a model for students
- a resource for meeting the physical therapy needs of the community
- a resource for continuing education

RESEARCH

The faculty and departmental resources are committed to educational, clinical and basic research. The purpose of that research is to support, validate, and develop the knowledge base of the profession and to enhance the process of educating professionals.

Practice Expectations

Practice expectations are a description of behaviors, skills, or knowledge that defines the expected performance of the physical therapist. When taken in aggregate, they describe the performance of the graduate upon entry into the practice of physical therapy.

1.0 Professional Practice Expectation: Accountability

- 1.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.*
- 1.2 Has a fiduciary responsibility for all patients/clients.*
- 1.3 Practice in a manner consistent with the professional code of ethics.*
- 1.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.*
- 1.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.*

2.0 Professional Practice Expectation: Altruism

- 2.1 Place patient's/client's needs above the physical therapist's needs.*
- 2.2 Incorporate pro bono services into practice.*

3.0 Professional Practice Expectation: Compassion/Caring

- 3.1 Exhibit caring, compassion, and empathy in providing services to patients/clients.*
- 3.2 Promote active involvement of the patient/client in his or her care.*

4.0 Professional Practice Expectation: Integrity

- 4.1 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.*

5.0 Professional Practice Expectation: Professional Duty

- 5.1 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.*
- 5.2 Participate in self-assessment to improve the effectiveness of care.*
- 5.3 Participate in peer-assessment activities.*
- 5.4 Effectively deal with positive and negative outcomes resulting from assessment activities.*
- 5.5 Participate in clinical education of students.*
- 5.6 Participate in professional organizations.*

6.0 Professional Practice Expectation: Communication

6.1 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policy makers.

7.0 Professional Practice Expectation: Cultural Competence

7.1 Identify, respect, and act with consideration for patients' /clients' differences, values, preferences, and expressed needs in all professional activities.

8.0 Professional Practice Expectation: Clinical Reasoning

8.1 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.

8.2 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

9.0 Professional Practice Expectation: Evidence-Based Practice

9.1 Consistently use information technology to access sources of information to support clinical decisions.

9.2 Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

9.3 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

9.4 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

9.5 Participate in the design and implementation of patterns of best clinical practice for various populations.

10.0 Professional Practice Expectation: Education

10.1 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

11.0 Patient/Client Management Expectation: Screening

11.1 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

12.0 Patient/Client Management Expectation: Examination

12.1 Examine patients/clients by obtaining a history from them and from other sources.

12.2 Examine patients/clients by performing systems reviews.

12.3 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.

13.0 Patient/Client Management Expectation: Evaluation

13.1 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

14.0 Patient/Client Management Expectation: Diagnosis

14.1 Determine a diagnosis that guides future patient/client management.

15.0 Patient/Client Management Expectation: Prognosis

15.1 Determine patient/client prognoses.

16.0 Patient/Client Management Expectation: Plan of Care

16.1 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient/client-centered.

16.2 Establish a physical therapy plan of care that is safe, effective, and patient/client centered.

16.3 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

16.4 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations, and administrative policies and procedures of the practice environment.

16.5 Monitor and adjust the plan of care in response to patient/client status.

17.0 Patient/Client Management Expectation: Intervention

17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.

17.2 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

17.3 Complete documentation that follows professional guidelines, guidelines required of the health care systems, and guidelines required by the practice setting.

17.4 Practice using principles of risk management.

17.5 Respond effectively to patient/client and environmental emergencies in one's practice setting.

18.0 Patient/Client Management Expectation: Outcomes Assessment

18.1 Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

18.2 Collect data from the selected outcomes measures in a manner that supports accurate analysis of individual patient/client outcomes.

18.3 Analyze results arising from outcomes measures selected to assess individual outcomes of patients/clients.

18.4 Use analysis from individual outcomes measurements to modify the plan of care.

18.5 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

19.0 Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.

19.3 Apply principles of prevention to defined population groups.

20.0 Practice Management Expectation: Management of Care Delivery

20.1 Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

20.2 Provide culturally competent care to patients/clients referred by other practitioners and ensure that care is continuous and reliable.

20.3 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

20.4 Participate in the case management process.

21.0 Practice Management Expectation: Practice Management

21.1 Direct and supervise human resources to meet the patient's/client's goals and expected outcomes.

21.2 Participate in financial management of the practice.

21.3 Establish a business plan on a programmatic level within a practice. Participate in activities related to marketing and public relations.

21.4 Manage practice in accordance with regulatory and legal requirements.

22.0 Practice Management Expectation: Consultation

22.1 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

23.0 Practice Management Expectation: Social Responsibility and Advocacy

23.1 Challenge the status quo of practice to raise it to the most effective level of care.

23.2 Advocate for the health and wellness needs of society.

23.3 Participate and show leadership in community organizations and volunteer service.

23.4 Influence legislative and political processes.

STANDARDS FOR ADMISSION, ACADEMIC PROGRESSION, AND GRADUATION

Essential Abilities

Physical therapy education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills, professional attitudes and appropriate behavior. As such, admission, promotion and graduation decisions will be based not only on candidates' scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the curriculum and to graduate as skilled and effective practitioners. The Doctor of Physical Therapy (DPT) degree awarded by the Medical College of Georgia certifies that the individual has acquired a broad base of knowledge, skills and attitudes requisite for the practice of physical therapy.

In order to acquire the knowledge and skills to function independently in a broad variety of clinical situations and to render a wide spectrum of patient care, candidates for the Doctor of Physical Therapy degree must have abilities and skills in five areas: observation; communication; motor; conceptual (integrative and quantitative); and behavioral/social.

- ***Observation***

The candidate must be able to observe lectures, demonstrations and experiments in basic and applied sciences including, but not limited to human anatomy and physiology, neuroscience, as well as in didactic courses in physical therapy theory and practice. In addition, the student must be able to sit quietly during class without distracting the instructor or other students. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the functional use of the senses of vision, hearing, and palpation and is enhanced by the functional use of the sense of smell.

- ***Communication***

The candidate must be able to speak, to hear, and to observe subjects in order to elicit information, describe changes in mood, activity and posture, and perceive and accurately report nonverbal communications. The student must be able to read technical English rapidly and with comprehension, communicate with instructors, peers and other members of the health care team by means of both spoken and written English using reasonable grammar and syntax in both immediate and recorded modes.

- ***Motor***

Candidates should have sufficient motor function to elicit information from subjects by palpation, auscultation, percussion, manual positioning of body segments and other evaluative procedures. A candidate should be able to do basic screening and examination (physiological measures such as vital signs), diagnostic procedures (palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, balance assessment), and evaluate electrocardiograms and radiographic studies. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment. Examples of emergency treatment reasonably required of physical therapists are cardiopulmonary resuscitation, and application of pressure to stop bleeding. Additionally, candidates must be able to perform debridement of wounds and other physical therapy intervention maneuvers, where such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the proprioceptive senses.

- ***Conceptual (Integrative and Quantitative)***

These abilities include measurement, calculation, reasoning, analysis, synthesis, and retention of complex information. Problem solving, the critical skill demanded of physical therapist practitioners, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

- ***Behavioral/Social***

Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the physical therapy evaluation, diagnosis and intervention, as well as the development of mature, sensitive and effective therapeutic relationships. Candidates must be able to tolerate physically-taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the educational process as well as the clinical care of patients. Accountability, altruism, compassion, excellence, integrity, professional duty, and social responsibility are all personal qualities that are assessed during the admissions and education processes.

The department faculty will consider for admission, promotion and graduation candidates who demonstrate the ability to perform the essential abilities listed in this document. It is the responsibility of the individual to request those accommodations that the candidate feels are reasonable and are needed to execute the requirements described. Technological compensation can be made for some disabilities in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation, and as such is unacceptable.

ACADEMIC POLICIES AND PROCEDURES

Grades

The Medical College of Georgia is on the 4.0 grade point average system. The following grades are approved for use in the Medical College of Georgia and are included in the determination of the grade point average:

<i>Grade Description</i>	<i>Grade Points</i>
A 90%-100%	4.0
B 80%-89%	3.0
C 70-79%	2.0
D 60-69%	1.0
F 59% or lower	0.0
WF withdrew, failing	0.0

The following symbols are approved for use in the cases indicated, but will not be included in the determination of the grade point average.

I - This symbol indicates that a student was doing satisfactory work but, for non-academic reasons beyond his/her control, was unable to meet the full requirements of the course. The requirements for removal of an *I* are left to the respective schools; however, if a school does not designate a shorter time period, an *I* not satisfactorily removed after two semesters in residence will be changed to the grade of F by the registrar.

If a student is assigned an *I*, the course director must notify the student in writing of the requirements for removal of the *I* and of the deadline for removal of the *I*. A copy of the notice must be submitted to the Office of the Registrar at the time the *I* is submitted. An e-mail notification to the student, with a copy of the e-mail sent electronically to the Office of the Registrar (registrar@mail.mcg.edu), meets the requirements of this policy.

W - This symbol indicates that a student was permitted to withdraw without penalty. Any student who withdraws on or before midterm will receive a W. Withdrawals without penalty will not be permitted after the mid-point of the total grading period (including final examinations) except in cases of hardship as determined by the appropriate academic dean.

S - This symbol indicates that credit has been given for completion of degree requirements other than academic course work. The use of this symbol is approved only for dissertation and thesis hours, student teaching, clinical practicum, internship and proficiency requirements in graduate programs. Exceptions to the use of this symbol for academic course work must be submitted to the Chancellor for approval.

U - This symbol indicates unsatisfactory performance in an attempt to complete degree requirements other than academic course work. The use of this symbol approved only for dissertation and thesis hours, student teaching, clinical practicum, internship and proficiency requirements in graduate programs. Exceptions to the use of this symbol for academic course work must be submitted to the Chancellor for approval.

- V - This symbol indicates that a student was given permission to audit this course. After the last day of late registration, students may not transfer from audit to credit status or vice versa.
- K - This symbol indicates that a student was given credit for the course via a credit by examination program approved by the respective school's faculty. (CLEP, AP, Proficiency, etc).
- CP- At MCG, this symbol designates a course that extends beyond the semester. A grade is not given until the course is completed. This symbol cannot be substituted for an I (Incomplete).

Academic Probation

Any student in the Department of Physical Therapy whose GPA for any semester is below 3.0 (on a 4.0 scale) or whose cumulative grade point average is below 3.0 at the end of the semester will be placed on academic probation and may be subject to a department recommendation to the Dean for suspension or dismissal.

A student who fails to demonstrate mastery (score 80% or higher) on any graded activity in a course with a PTHP prefix will be placed on academic probation and is subject to suspension or dismissal.

Administrative Withdrawal

Any termination of a student's enrollment other than graduation that is initiated by the institution will be considered an administrative withdrawal. Short-term leaves of absence granted by school officials that do not prevent the student from completing the academic term are not considered withdrawals.

The authority to withdraw a student for disciplinary, academic, or other appropriate reasons rests with the dean. In addition to administrative withdrawal for academic reasons, a student may be administratively withdrawn from the Medical College of Georgia when in the judgment of the dean it is determined that the student exhibits behavior which: (a) poses a significant danger or threat of physical harm to the student or to the person or property of others, or (b) causes the student to interfere with the rights of other members of the university community or with the exercise of any proper activities or functions of the university or its personnel, or (c) causes the student to be unable to meet institutional academic, disciplinary or other requirements for admission and continued enrollment, as defined in the student conduct code, MCG Catalog, Student Handbook and other publications of the university, or (d) casts doubts upon a student's character and/or on the potential capabilities as a health science or basic science professional. Prior to making a decision, the dean may consult with the student's parents and personal physician, if any, and other health professionals as appropriate.

Students who are administratively withdrawn as the result of disciplinary, academic, or other reasons may appeal the withdrawal. During the appeal process, students may or may not be allowed to attend courses at the discretion of the dean. Withdrawn students are not eligible to participate in educational or co-curricular activities of the institution and are not eligible to use services including but not limited to Student Health, Student Housing, the Wellness Center, or campus parking.

The authority to withdraw a student for failure to comply with selected administrative policies and procedures rests with the Registrar. The Registrar may administratively withdraw a student for

failure to pay tuition and fees, failure to meet the conditions of a provisional acceptance, failure to meet institutional requirements for immunizations, or failure to comply with other administrative requirements for admission or continued enrollment. Any withdrawal initiated by the Registrar shall be considered an administrative withdrawal. Students who are withdrawn by the Registrar may only be re-admitted when they provide documentation that they have complied with the administrative policy in question. Students may be readmitted by the Registrar as soon as the student demonstrates compliance with the policy or regulation in question.

Voluntary Withdrawal

A student may initiate their own withdrawal by providing official notice to the dean. While students may be encouraged to discuss their withdrawal with faculty and others, the only step a student must take to initiate a withdrawal is to provide official notice to the dean.

Students who voluntarily withdraw without being granted a leave of absence may apply for re-admission by submitting the appropriate application for admission as a first time student and following standard admissions procedures. Exceptions to this requirement may be made by the dean. No withdrawn student will be allowed to re-enroll in the Doctor of Physical Therapy program unless the dean provides written permission.

Academic Suspension

Academic suspension differs from withdrawal in that a time period may be stated during which return to the program may be permitted without re-applying. A student who has been suspended may be advised of any conditions necessary for reinstatement and may be permitted to re-enroll at the appropriate time after meeting these conditions.

Academic Requirements for Promotion and Graduation

For a physical therapy student to be recommended for promotion to the next term, he or she must have satisfied the Department faculty in terms of ability and professional behavior by obtaining a passing grade in all didactic and clinical education coursework.

To be certified for graduation, a student must have earned a passing grade in all required didactic and clinical educational courses and earned a cumulative grade point average of at least 3.0 in the curriculum leading to the Doctor of Physical Therapy degree. In addition, all students must have made appropriate arrangements to discharge all financial obligations to the University.

Final responsibility for meeting the academic and clinical requirements of the Doctor of Physical Therapy degree rests with the individual student.

Student Performance Evaluation

The Student Affairs Committee (“the Committee”) of the Department of Physical Therapy reviews each physical therapy student’s cumulative performance and makes recommendations to the Chair, Department of Physical Therapy regarding student promotion, graduation and general academic progress. Grade appeals are not subject to review by this committee.

Composition

The Committee will include:

- three (3) Department of Physical Therapy ranked faculty,
- Academic Coordinator of Clinical Education, and
- Vice Chair, Department of Physical Therapy who serves as the committee chair.

Policies and Procedures

The following defines the rules and guidelines under which the Committee carries out its responsibilities.

Recognition of Student Problems

The Committee shall review the performance of each physical therapy student at least once each semester. The Committee shall recommend to the Chair, Department of Physical Therapy appropriate action to be taken for each student, including advancement to the next semester, remediation, leave of absence, suspension, dismissal, readmission and graduation.

Confidentiality

Proceedings of the Committee are confidential. Except as specified in this policy, the meetings and records of the Committee will be closed to persons other than University representatives authorized by the Dean of the SAHS. The Vice Chair of Physical Therapy will contact a student's advisor as necessary.

Quorum Requirements

1. A quorum for any regular or called meeting of the Committee shall be defined as one more than half of the voting members.
2. All actions of the Committee will require a simple majority of those voting.

Scheduling and Frequency of Meetings

1. Routine meetings of the Committee will be scheduled at least three times per year.
2. At the end of each semester the Committee will make recommendations to the Department Chair regarding progression to the next term.
3. Special meetings may be called by the Committee Chair when appropriate information has been transmitted to him/her requiring a special session.

Meeting Agenda Preparation

The agenda of the Committee shall consist of the promotion of students from one year to the next, certification of students to proceed to full-time clinical education, certification of students for graduation, and consideration of students in varying degrees of academic difficulty. Specific students to be discussed are those who have failed a course(s), those who are performing at less than satisfactory levels after an interim evaluation, and those who have failed to achieve mastery (80%) in any non-elective course offered by the Department (PTHP prefix). Any other student may be discussed at the request of a Course Director/Course Faculty/Department Chair. An attempt will be made to proactively identify students in minor as well as major difficulty (academic or professional) with the goal of providing help for those in need.

Minutes and Records of Meetings

1. Minutes of meetings of the Committee shall be confidential. The minutes shall be distributed to members of the Committee and the Chair, Department of Physical Therapy.
2. The Committee Chair will contact student advisors as necessary.

Suspension and Withdrawal Guidelines

A student who fails to demonstrate mastery (score 80% or higher) on any graded activity in a course with a PTHP prefix will be placed on probation and is subject to suspension or administrative withdrawal. The student may be offered one opportunity to remediate the deficiency at the discretion of the course director. The decision to allow a student to remediate is a privilege dependent upon many factors. Only one opportunity for remediation will be allowed for each graded activity. The grade that will be recorded for the activity will be the average of the original score and the remediation score, the maximum value of which cannot exceed 80%. The student must satisfactorily complete all remediation requirements within the schedule determined by the course faculty. In all cases, remediation must be completed by the date grades are due for the semester.

The Committee will normally follow a course director's recommendations regarding remediation.

A physical therapy student shall be recommended for withdrawal whenever he/she fails to achieve a semester GPA of at least 3.0 following his/her placement on probation.

A physical therapy student shall be recommended for withdrawal whenever he/she fails to earn a final grade of "satisfactory" following remediation of a clinical education course.

A physical therapy student shall be recommended for suspension whenever he/she fails to earn a final grade of at least 80% in any course carrying a PTHP prefix.

The DPT curriculum is arranged so that each succeeding course is dependent on the material taught in the preceding course(s). Faculty may recommend that students placed on academic suspension may return to the program with specified stipulations when the student can continue in the curricular sequence. Stipulations for return may include repeating all or part of courses previously completed in the DPT curriculum. Where the course is essential to some but not all further study, the Committee may choose to offer the student a reduced academic load over an increased number of semesters to assist the student in completing the program of study.

The student who re-enters the program after academic suspension must complete all stipulations specified by the faculty, including and must satisfactorily show mastery of all courses taken after readmission to the program. Non-mastery of any course taken after re-admission following academic suspension or dismissal will result in dismissal from the program.

Non-Academic Administrative Withdrawal

Any student may be denied permission to continue enrollment in the School of Allied Health Sciences if, in the opinion of the faculty and the dean, the student's knowledge, character, or mental or physical fitness cast grave doubts upon his potential capabilities as a physical therapist. Behaviors or conduct which could result in non-academic dismissal of a physical therapy student will normally be referred to the Student Affairs Committee.

A student who re-enters the program after non-academic suspension is governed by the usual policies for academic progress and dismissal.

Appeal Mechanism for Academic or Administrative Sanctions

The Student Progression Subcommittee (SPS) of the Faculty Council of the School of Allied Health Sciences (SAHS) is responsible for reviewing departmental recommendations for academic sanctions, which can include professional behaviors related to academic progression in all SAHS

curricula. A student has the right to request appeal for recommendations made by the Chair of their department that are referred to the Dean of SAHS for action. Once a request is received from a student, the subcommittees' role is to determine if the academic reasons pertaining to the sanction were based on the published program standards. The subcommittee also determines if the standards were applied in correspondence to published procedures. This committee ensures that students receive due process, which includes disclosure of any sanctions and the right to a hearing prior to the Dean's decision. Grade appeals are not subject to review by this subcommittee. The subcommittee makes its recommendations to the Dean of the SAHS. Decisions of the Dean may be appealed to the Campus Review Body.

Request for Hearing before the SPS

The student will receive the written notification by their Department Chair regarding an academic or conduct sanction. This written statement from the Chair will advise the student of their right to a hearing before the SPS. The student will have five (5) working days, from the date of notification to make a written request to the SAHS Associate Dean of Academic Affairs to request said hearing.

STUDENTS' RIGHTS AND SERVICES

Handicaps-Disabilities-Learning Disorders

The Medical College of Georgia adheres to a policy of equal educational opportunities for all students with handicaps, disabilities or learning disorders. In accordance with Section 504 of the Rehabilitation Act of 1973 and The [Americans with Disabilities Act](#), it is the policy of the Medical College of Georgia to ensure that all students are afforded equal opportunity and access to programs and facilities. Students are encouraged to contact the Director of Student Affairs to identify their disability so MCG can determine what reasonable accommodation may be made. The term "accommodation" is a deliberately flexible standard to incorporate different types of disabilities, handicaps and learning disorders.

At the Medical College of Georgia, determining eligibility for services and appropriate accommodations is the decision of the Provost. It is not a decision to be determined by individual faculty, a department or a school. However, a student given accommodations by the institution must meet the technical standards (i.e., essential skills and abilities) for admission, promotion and graduation established by the faculty of the Doctor of Physical Therapy program.

To learn more about the eligibility procedures, please see the Director of Student Affairs.

Students' Privacy and Confidentiality of Information

Information in student records are considered confidential and will not be released except as allowed by law and MCG policy. The student records [listed in this table](#), maintained by the Medical College of Georgia, are accessible to student review except for financial records of parents, employment records, letters of recommendation received before Jan. 1, 1975 and recommendation letters to which the student has waived the right of access.

Specific details concerning those records--including names of individuals in charge of records, names of individuals with access to records and details of the type of records--are available to any student upon request by contacting the Office of the Vice President for Enrollment and Student Services.

Students who want information from their records sent to prospective employers, other institutions, etc., must submit a signed request to the registrar authorizing such release. One copy of such material will be made available upon request at no charge to the student. MCG reserves the right to

charge for additional copies at the same rate it costs to photocopy the material (at the time of printing this rate was 10 cents per page). Copies of transcripts available from other institutions will generally not be copied or sent.

Student Emergency Loan Program

Total Amount of Loan per DPT Student and per Loan - \$200.00.

Payback Process

\$25.00/month (minimum) starting one month from the date of the loan. The student will sign a contract agreeing to repay the loan.

Criteria for Loan

The loan must be to offset an unusual expense.

Procedures for Applying and Awarding Loan

Students will apply in writing to the Department Chairman stating the amount they need and the reason for needing the money. Two faculty members and one DPT student will form the PT Emergency Loan Committee and will meet as loan requests are received.

The student member will be solicited from the applicant's class.

Decisions by the PT Emergency Loan Committee will be made by Consensus. The requests to the Committee and the deliberations of the Committee will be confidential. The Office Manager will keep the records of the PT Emergency Loan Fund; the records will be monitored by the PT Emergency Loan Committee. The Office Manager will distribute loan funds and receive payments from students.

Size of the Loan Fund

\$500.00 will be available for Student Emergency Loans. This may be increased as departmental discretionary funds increase.

Student Health Services

The student health clinic is open Monday through Friday, 8:30 a.m. to 5:00 p.m. For additional information concerning any health concern, please contact the Student Health Center at (706) 721.-3448 or <http://www.mcg.edu.shs>.

STUDENTS' RESPONSIBILITIES

Academic Advisement

Each student will be assigned to a faculty advisor for general academic advisement. Students are required to meet with their advisor once each semester. Students are responsible for contacting their faculty advisor in a timely manner to arrange a meeting.

Academic Integrity

The university recognizes honesty and integrity as being necessary to its academic function. The following regulations protect the equity and validity of the university's grades and degrees, and help students develop standards and attitudes appropriate to academic life.

1. No student will receive assistance not authorized by the instructor in preparing any assignment, essay, laboratory report or examination to be submitted as a requirement for an academic course.
2. No student will knowingly give unauthorized assistance to another person in the preparation of any assignment, essay, laboratory report or examination to be submitted as a requirement for an academic course.
3. No person will sell, give, lend or otherwise furnish to any unauthorized person material that can be shown to contain the questions or answers to any examination scheduled to be given at any subsequent date, in any course of study offered by the university excluding questions and answers from tests previously administered and authorized for release by the administering faculty member.
4. Plagiarism is prohibited. Themes, essays, term papers, tests and other similar requirements must be the work of the student submitting it. When direct quotations are used, they must be indicated, and when the ideas of another are incorporated in the paper, they must be appropriately acknowledged.
5. Fraudulent research activity is prohibited. Misrepresentation of data collection and analysis, including falsification, fabrication or omission of data is prohibited.

Any person taking, or attempting to take, steal or otherwise procure in any unauthorized manner any material or information pertaining to the conduct of a class including tests, examinations, laboratory equipment, roll books, etc., violates this regulation.

The Department has adopted the following honor pledge for use with all graded activities.

I have neither given nor received assistance on this assessment, nor have I seen anyone else give or receive assistance. I will not talk to anyone who has not completed the assessment about the activity.

Signature

Each class is responsible for maintaining honesty and for policing its own membership. Suspected breaches of academic integrity will be handled by a student Honor Board.

Purpose

The purpose of the Honor Board is to provide a mechanism for students to report suspected breaches of academic integrity and unethical behavior in a non-threatening environment and to have such behavior addressed rather than ignored.

Constituency

The Honor Board will consist of two representatives each from the first and second year classes enrolled in the DPT program.

Members of the Board for both classes will be elected in mid January of each year. Interim members from the new class will be elected in September.

Pictures and names of the Honor Board members will be posted in each classroom.

Procedures

Any student who believes that he or she observes another student cheating or demonstrating unethical behavior (e.g., stealing) will write out a full description of the incident, being as detailed as possible, sign it, and submit it to the Honor Board.

The Honor Board will serve two purposes. One will be to give students a mechanism to report or discuss problems, and the other will be as an "incident repository."

When the Honor Board receives a report, one or two of the members who are not in the class in which the incident occurred will meet with the individual who was reported to let them know that a report has been filed. It will be emphasized that this is not a charge or accusation and is only being passed on as information. The name of the individual filing the report will NOT be disclosed at this time.

Attendance and Absences

Students are expected to attend class. It is the student's responsibility to notify the appropriate faculty ahead of time if they are unable to attend for any reason. The student is responsible for obtaining the necessary skills and knowledge to meet established proficiency requirements. A student may be denied the opportunity for remediation if they have 2 or more unexcused absences. The faculty retains the right to require attendance at all scheduled academic offerings as a condition for continuing in the program or for special activities where attendance is the only way to obtain desired skills.

Specific attendance requirements for clinical education experiences are contained in the Clinical Education Section of this Student Handbook.

Citizenship

As junior colleagues and partners in the professional education experience, students may be asked participate in curriculum development, evaluation, and improvement within the Department.

Copier/Fax Machine

Students may not use the departmental copier. Copiers are available in the library for students. Students may receive course related information by fax in the department at (706) 721-3209.

Criminal Conviction Disclosure

Students are continually required to disclose in writing to their dean and/or the director of Student Affairs criminal convictions occurring since completing the application for admission. (Pre-application for admission criminal record disclosure is required on the application for admission.) Criminal convictions include adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but it does include "no contest" pleas, first-offender treatment, convictions under appeal and convictions which have since been pardoned. Minor traffic offenses are those which do not involve driving while under the influence of alcohol and other drugs, which did not result in imprisonment and for which a fine of less than \$250 was imposed. Disclosures should be made within 30 days of conviction.

Drug and Alcohol Abuse

The following statement of policy is designated to emphasize, in fairness to all members of the university community, the possible repercussions of the illicit use of drugs or alcohol. In addition to

the policies of MCG and the Board of Regents concerning abuse of drugs and alcohol, numerous and serious sanctions are imposed under state and federal laws regarding the unlawful possession, distribution or use of illicit drugs and alcohol.

The use of illegal drugs such as marijuana, cocaine and LSD carries serious penalties. Under Georgia law, mere possession of an illegal drug may constitute a felony and could result in serious monetary fines, as well as imprisonment for 20 years or more. Similarly, the unauthorized use of legal, prescription drugs may constitute a felony and also carries serious penalties.

Georgia law may impose serious sanctions for drug-related crimes, including loss of or ineligibility for a professional license, or employment with any state agency. In addition, MCG will suspend or expel any student convicted of a drug-related felony, effective the date of the conviction.

While not an illegal drug per se, alcohol may also be abused and may result in criminal penalties. Persons convicted of operating a motor vehicle while under the influence of alcohol may lose their drivers' license, receive substantial fines or go to prison.

It is the policy of the Medical College of Georgia that students committing criminal acts on or off campus will be treated as citizens of the community. Clearly, MCG cannot protect members of its community--including faculty, staff and students--who commit criminal offenses. This applies to drug-related crimes as well.

Equipment Loans

Equipment may be signed out by students to augment scheduled learning experiences after first obtaining permission from a faculty member. The student signs a form, which is kept by the faculty member. Both the student and the faculty member are responsible for the security of the equipment and returning it to its proper place at the conclusion of the learning experience. The student is responsible for returning the equipment to that particular faculty member and seeing to it that his or her name is removed from the card.

HIV/ Acquired Immune Deficiency Syndrome (AIDS)

This general policy recognizes the diversity of the academic and clinical requirements of the various schools and departments. Specific information regarding particular programs may be secured from the appropriate department and /or dean. In general however, all students should be aware that:

- The curricula will incorporate the basic principles of infection control and prevention. It is the responsibility of each student to be knowledgeable of such principles and strictly adhere to the universal precautions presented.
- Any student with patient-care responsibilities who knows or has reason to believe that he has human immunodeficiency virus (HIV) infection is required to immediately report this information to the Medical College of Georgia hospital epidemiologist in accordance with hospital policy and to his dean. Failure on the part of the student to report a known HIV infection may result in disciplinary action, up to and including dismissal.
- Suspected HIV exposure by students of the Medical College of Georgia or by students sponsored through a program of the Medical College of Georgia, during the course of their assigned duties should be reported immediately by the student to his clinical supervisor in accordance with the policies of the hospitals in which he has assigned duties. Students participating in clinical activities at the Medical College of Georgia Hospital and Clinics are subject to its policies on HIV infection.

- The Medical College of Georgia will carefully conform to state and federal laws regarding discrimination toward students with HIV infection. All information pertaining to the condition and /or clinical assignment of a student with known or potential HIV infection or AIDS will be considered confidential information.

Additional information and counseling about AIDS and related issues (i.e. educational, financial, career implications) may be obtained from the Student Health Center or Hospital Epidemiology.

Blood & Body Fluid Exposure Protocol

Within 30 Minutes of MCG

1. Cleanse wound with soap and water, or irrigate splash areas (i.e., eyes, mucous membranes) with normal saline or water.
2. Notify attending/nurse supervisor to order lab from source patient.
3. Fill out hospital incident report. Please record source's name and pertinent demographics **(KEEP COPY)**.
4. Report to Student Health (1-3448), located in Pavilion II, Monday-Friday, 8:30 a.m.-5:00 p.m. If closed, report to MCG ER (1-4951) within 3 hours of injury.
5. For questions, call Pepline @ 1-888-448-4911.

Outside MCG Area

1. Cleanse wound with soap and water, or irrigate splash areas (i.e., eyes, mucous membranes) with normal saline or water.
2. Notify attending/nurse supervisor to order lab from source patient.
3. Fill out hospital incident report. Please record source's name and pertinent demographics **(KEEP COPY)**.
4. Report to facility Employee Health or Emergency Department for lab and assessment for HIV prophylaxis **(within 3 hours of injury)**.
5. For questions, call Pepline @ 1-888-448-4911.
6. Follow-up at SHS or designated clinic as indicated.

Immunizations

All entering MCG students must provide the MCG Student Health Service with sufficient evidence that they are fully immunized or have proof of immunity with seriological titer against mumps, rubella (German measles), rubeola (red measles), polio, tetanus, diphtheria, hepatitis B and varicella (chicken pox). Students are also required to have had a tuberculin test (PPD) within three months prior to first enrollment at MCG and annually thereafter. An immunization card can be obtained at Student Health that will serve as official documentation that the student is fully immunized.

Vaccination against hepatitis A and meningococcus is not required for enrollment but is strongly recommended before beginning clinical education experiences.

Information Systems Security and Computer Use

The appropriate use and protection of all information systems and associated resources is expected from all users including faculty, students, employees and visitors throughout the institution.

"Appropriate use" of information systems resources is defined as use which is for the purpose of furthering the mission of MCG.

All users of information systems resources are expected to comply with existing MCG Policies and Procedures and those of the University System. In addition, users are expected to honor copyrights and software licenses and comply with all federal and state laws including those prohibiting slander, libel, harassment and obscenity. Users must obey laws prohibiting the private use of state property. Information that is confidential by law, including educational and medical records must be protected.

Users must be aware that information stored or transmitted electronically (or via computer), including e-mail, may be subject to disclosure under open record laws. Users should have no expectation of privacy for information stored or transmitted using MCG information resources except for records or other information that is confidential by law (i.e., medical and educational records).

Participation of Students in Educational Experiences

The Medical College of Georgia is committed to presenting an exemplary educational experience for all its students. In meeting this goal, the components of each course of instruction and of each educational program are carefully selected for content and suitability. Students who anticipate problems in carrying out any part of their curriculum because of moral, religious or other reasons must consult with the appropriate program or course director prior to enrolling. Each problem will be carefully considered in an attempt to resolve the difficulty in a manner consistent with MCG's educational standards. However, the institution is not obligated to provide alternative educational experiences or to waive required parts of its courses or programs.

Professional Attire

As a student in a professional practice program, your appearance is not only a reflection of you individually, but also a reflection of the physical therapy profession and the physical therapy program of the Medical College of Georgia. As such, you should adhere to the following dress code:

Classroom

Students may dress in casual attire using good judgment, for class lectures. However, professional dress is expected when guest lecturers, patients, and visitors are present. Your MCG identification card must be worn visibly at all times.

Laboratory

During lab experiences, students are required to wear appropriate clothing for the experiences, e.g., during some labs, students may be required to wear swimming trunks, bathing suits, shorts, halters, or patient gowns. Students should be properly covered during class breaks beyond the lab space.

Practical Assessments, Presentations, and Clinical Settings

Dress should be neat, clean, practical, and safe:

- MCG identification card must be worn visibly at all times
- No jeans (any pants with rivets are also considered jeans)
- Shirts should have appropriate necklines (i.e. not too low), and sleeves that completely cover the shoulders. T-shirts, sweatshirts, and midriff tops are not permitted
- Pants should be appropriate in length (i.e. not dragging the floor)
- Shoes should have low heels, non-skid soles and a closed toe and heel
- Students should wear clothing that allows them to bend and move freely without exposing the skin above or below the waistline.

Clinical Experiences

Students will comply with the dress code of the clinical education site to which they have been assigned.

Professional Behaviors

Students will exhibit appropriate professional behaviors in class, labs, and clinical experiences. Appropriate professional behavior demonstrates respect for others, personal integrity, and responsibility. A student may be denied permission to continue in the curriculum if, in the opinion of the faculty, the student's knowledge, character and mental or physical capacity cast serious doubt upon the student's potential to function as a physical therapist.

Smoke-Free Environment Policy Statement

The Medical College of Georgia, as the health sciences university of the state of Georgia, is committed to promoting a healthy environment for all Georgia citizens including students and employees of the Medical College of Georgia. Since January 1990, the Medical College of Georgia has been a "smoke-free" institution. The use of tobacco products by any person in an MCG building or vehicle is prohibited.

Telephones

Personal cellular phones should be silenced during all instructional and assessment activities. Students may use the department telephones or fax machine with the permission of faculty or staff or in an emergency.

Use of the Building at Night and on Weekends

Students are welcome to use the department's classrooms, labs, and computer lab for educational purposes after hours and on weekends. All outside doors to the Health Sciences Building will be locked after 6:00 p.m. and will reopen at 7 a.m. on weekdays. Students are able to enter to the building during these times by using their smart cards.

SECTION 2

MEDICAL COLLEGE OF GEORGIA
Department of Physical Therapy

PHYSICAL THERAPY
CLINICAL EDUCATION HANDBOOK

2007 - 2010

DEPARTMENT OF PHYSICAL THERAPY
School of Allied Health Sciences

Overview of Clinical Courses

The purpose of the clinical education portion of the curriculum is to provide opportunities for students to apply and refine what they've learned in the classroom in "real-life" settings. With supervision and assistance from a physical therapist clinical instructor, students will work directly with patients, their families and members of the healthcare team in a variety of clinical settings. Each clinical course will require more independence in patient care, communications, and decision-making than the one before. By the end of the final clinical course, students will be functioning on the level of an entry-level physical therapist.

In order to ensure that students attain the desired depth and breadth of experiences, students should expect that at least one assignment will involve travel to a community outside the Augusta area; students should plan accordingly to meet cost of living expenses during all assignments.

The courses are arranged as follows:

PHYSICAL THERAPY PROGRAM				
Course		Length	Time	Description
PTHP 8191 Clinical Experience I		8 weeks full-time in one setting	4th semester	This full-time clinical experience focuses on the care of patients with orthopedic problems. Students are assigned to outpatient clinical facilities. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis and expected outcomes and intervention plan and implement that plan for patients with orthopedic dysfunction.

<p>PTHP 9292 Clinical Experience II</p>	<p>16 weeks full-time in one setting or two 8-week full-time assignments split between two different settings</p>	<p>8th semester</p>	<p>This full-time clinical experience focuses on the care of patients with neurological and/or complex medical problems. Students are assigned to inpatient acute care, inpatient rehabilitation, skilled nursing or outpatient facilities. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis and expected outcomes and intervention plan and implement that plan for patients with neurological and/or complex medical problems.</p>
<p>PTHP 9393 Clinical Experience III</p>	<p>12 weeks full-time in one setting</p>	<p>9th semester</p>	<p>This full-time clinical experience focuses on the care of patients with a wide variety of diagnoses. The experiences will vary with the student's previous clinical experiences and areas of interest serving as a guide for selection. Under the direct supervision of a physical therapist, students use the knowledge and skills gained in didactic coursework to examine, evaluate, diagnose, develop a prognosis and expected outcomes and intervention plan and implement that plan for patients with a wide variety of medical diagnoses.</p>

Revised March 2007

CLINICAL EDUCATION POLICIES AND PROCEDURES

PURPOSE

To establish the philosophy and process of making assignments to clinical facilities, to list the faculty's expectations of students during clinical education courses, and to clarify methods of dealing with emergencies within the process.

PHILOSOPHY

All clinical education courses are viewed by the faculty as being of equal importance with the didactic courses offered by the Department of Physical Therapy. Clinical education is a series of structured learning experiences designed to allow students to develop and improve clinical skills, to identify personal attitudes and feelings, and to be socialized into the profession.

POLICIES

All policies regarding academic behavior in the Department of Physical Therapy apply to clinical education courses, with the addition of the following policies:

- I. Assignments to Clinical Facilities
 - A. Assignments to clinical facilities are made by the Academic Coordinator of Clinical Education (ACCE). The process for making assignments is as follows:
 1. The availability of clinical facilities having current affiliation agreements with MCG;
 2. The sequence and types of learning experiences available at the facilities;
 3. Clinical education experiences must be scheduled in more than one geographical area or in more than one healthcare cultural environment;
 4. PTHP 8191 must be an experience focusing on the care of individuals with orthopedic dysfunction in an out-patient facility;
 5. PTHP 9292 must include an experience focusing on the care of individuals with neurological and/or complex medical problems;
 6. PTHP 9393 may require inclusion of an experience focusing on the care of individuals with neurological or complex medical problems, depending on the PTHP 9292 assignment.
 - B. The following procedures will be followed when the students are being assigned to the clinical facilities:
 1. A clinical preparation session prior to the date of assignment is utilized to acquaint students with the proper procedure for completing and submitting their clinical preference sheets.
 2. Students may not contact potential or current clinical sites for the purpose of determining availability or seeking placement at a site.
 3. Students will review availability lists and prepare a list of preferences for each clinical experience being assigned. Students will consider the following in developing their list of preferences:
 - a. Students usually cannot complete more than one clinical course at the same site;

- b. Students cannot be assigned to a facility where they have previously been employed, volunteered for more than 100 hours, or have a work agreement;
 - c. Students cannot be assigned to a facility that is providing financial assistance;
 - d. Students cannot be assigned to a facility where they will be supervised by any individual in which a conflict of interest may arise; this may include family members, friends, previous employers or others.
4. Students will submit their preferences to the Clinical Education Office Specialist by the assigned date.
 5. Preferences will be entered into the computer after all preference sheets have been submitted, and the computer matching software program will determine assignments.
 6. The assignment list will be posted when computer assignments have been verified by the ACCE.
 7. In the event a student does not match to a clinical site listed on his or her preference sheet, the student will select alternate preferences from a list of facilities that remain available for that clinical assignment. Alternative placements will be verified and approved by the ACCE.
 8. In the event that a student is experiencing circumstances that are beyond the student's control and that will have an impact on the clinical assignment, the student may submit a formal request in writing to waive participation in the computerized match process. If the request is approved by the Clinical Education Committee, the ACCE will work with the student to find an appropriate clinical assignment, based on the availability of clinical sites, the student's needs, and the ACCE's discretion. In some cases, waiving the computerized match process may result in an inability to find timely and appropriate placement, which may subsequently delay the student's graduation.

C. When a change of clinical assignment is necessitated, the following procedures will be followed:

1. If the change is for a dedicated clinic (i.e., required type of experience):
 - a. The student will be given a list of potentially available sites;
 - b. The student will have the opportunity to choose clinics for further consideration;
 - c. The clinics will be contacted to determine availability and the student will be assigned without further consultation or discussion;
 - d. The student will be advised of the assignment when it is determined;
 - e. In the event none of the clinics are available the student will be assigned to an available clinic by the ACCE.

II. Requirements to attend a clinical experience (see *Department of Physical Therapy Student Handbook* regarding academic policies dealing with grades, passing, failing and remediation of courses)

- A. Successful completion of all preceding coursework is considered prerequisite for clinical courses.
- B. Students must furnish the Clinical Education Office Specialist with proof of current health care provider's adult-child-infant CPR certification prior to attending the initial clinical experience. If the CPR certification expires prior to any clinical experience, the student must become recertified and furnish proof of recertification. Individual clinical sites may require certification from a particular provider. It is the student's responsibility to ensure that the proper certification is obtained.

- C. The student must be aware of and meet all health and other requirements of the clinical facility. It is the student's responsibility to obtain and submit all required documentation to the clinical facility. Requirements may include but are not limited to:
 - 1. proof of HIPAA training;
 - 2. proof of completion of the Hepatitis B series or statement of declination;
 - 3. proof of annual TB screening;
 - 4. proof of MMR vaccination or rubella immunizations;
 - 5. criminal background check;
 - 6. drug screen;
 - 7. other requirements as directed the assigned facility.
- D. If a student encounters performance difficulties in either a clinical or didactic course, future clinical placements will be at the discretion of the Academic Coordinator of Clinical Education.

III. Preparation for Clinical Experience

- A. When a student receives confirmation (*Clinical Site Demographic Information Form*) for a clinical assignment, each student is expected to:
 - 1. contact the clinical site within 2 weeks of receipt of this confirmation, to make initial contact with the clinical supervisor. The purpose of this call is for the student to introduce himself/herself and to gather information regarding dress code, schedule, resources for housing,* etc. Thereafter, it is the student's responsibility to maintain contact with the clinical site as appropriate until the start of the assignment;
***NOTE: Securing housing is the responsibility of the student.**
 - 2. read the objectives and evaluation tool to be used during the clinical experience and come to the *Clinical Preparation Sessions* prepared to discuss the upcoming clinical experience with the ACCE;
 - 3. complete the *Clinical Expectation Form* and meet with his/her assigned faculty advisor to review the completed form prior to the specified date for submission to the Clinical Education Office Specialist;
 - 4. take responsibility for the timely submission of the completed and signed form to the Clinical Education Office Specialist.

IV. During the Clinical Education Course

- A. Students will adhere to all administrative and personnel policies of the clinical facility to which they are assigned.
- B. Professional attire and behavior are expected at all times.
 - 1. Students are expected to conform to the dress code of the clinical facility. If the clinical facility does not provide a dress code, students are expected to conform to the MCG PT program dress code, as described in Departmental Policies in the Student Handbook.
 - 2. Students **MUST** wear a name tag indicating student status at all times.
- C. The following attendance requirements will apply:
 - 1. Attendance at clinical assignments is required as scheduled. Students are governed by the rules and regulations of the clinical facility. Credit for clinical education is based on a minimum average of 40 hours/week, which may include holiday and weekend hours.

2. In the event of illness or emergency, the student must contact the clinic and the ACCE (706/721-2141) prior to the start of the clinical day.
3. In the event of 2 or more absences due to illness during the clinical rotation, a signed medical excuse must be provided.
4. In the event of illness or injury that may affect the student's ability to fully participate in the clinical education experience, the student must also provide a medical release to return to full participation in the clinical education experience. Physical Therapy Program Technical Standards are available in the Student Handbook.
5. Any absences will be made up at the discretion of the ACCE with input from the Clinical Instructor (CI). It is the student's responsibility to make arrangements when make-up days are required. Students must notify the ACCE of any such arrangements.
6. Absence or tardiness from a clinical education course may result in an unsatisfactory grade.

V. Evaluations

- A. The CI is responsible for evaluating the student's progress and final performance in the clinical setting by completing the Clinical Performance Instrument (CPI) at the mid-term point and upon completion of the experience. Students are required to complete a self-assessment CPI prior to scheduled meetings with the CI at the midterm point and upon completion of the experience.
- B. Students are encouraged to evaluate themselves and the clinical experience on an ongoing basis. **If problems are identified, they need to be addressed early.**
 1. Students are encouraged to discuss problems with their CI and CCCE.
 2. When problems are identified, the ACCE should be contacted immediately.
 3. The ACCE and CCCE/CI will work toward a satisfactory resolution with the student.
 4. Premature termination of the clinical experience is at the discretion of the ACCE and the CCCE and CI.
- C. Midterm Evaluation
 1. The purpose of the midterm evaluation is to allow the student and CI to review course objectives and determine student progress toward meeting the objectives.
 2. The CI will complete the CPI prior to the scheduled meeting with the student.
 3. The student will complete the self-assessment CPI prior to the scheduled meeting.
 4. The student and the CI will meet to formally discuss the student's progress in this clinical experience.
 5. The student's academic advisor from MCG will call during the middle week of the clinical experience to verify that everything is progressing well with the clinical learning experience.
 - a. Any problems that are identified during the phone visit will be referred to the ACCE.
- D. Interim Progress Verification
 1. At a point mid-way between the midterm phone visit and the final evaluation (date to be determined for each assignment), students are required to fax the completed and signed Verification of Clinical Progress form to the school.

E. Final Evaluation

1. The purpose of the final student performance evaluation is to determine that course objectives have been satisfactorily met and that the student has demonstrated progression toward entry level.
2. The CI will complete the CPI and discuss results with the student during the final week of the clinical experience.
3. The student will complete the self-assessment CPI prior to the scheduled meeting.
4. **The final evaluation CPI and student self-evaluation CPI signed by both the student and CI(s) must be returned to the Clinical Education Office Specialist by the assigned date or a grade of U will be assigned for that clinical experience. Students are directly responsible for returning all required forms on time. It is strongly advised that students make copies of all forms and have them available in the event that the forms are lost in transit.**
5. Final grades are assigned by the ACCE.

F. Student Evaluation of the Facility and Learning Experience

1. The purpose of this evaluation is to provide the clinical instructor with feedback on the clinical experience and facility from the student's perspective.
2. **ALL** students are required to complete an evaluation of the facility and of the learning experience by the **END** of the clinical experience.
3. Following the final student performance evaluation, the student evaluation of the facility and learning experience is shared with the CI and CCCE. The CI signs the form, and may keep a copy, before the original is returned to MCG by the assigned date.
4. **The student evaluation form of the clinical experience signed by both the student and CI(s) must be returned to the Clinical Education Office Specialist by the assigned date or a grade of U will be assigned for that clinical experience. Students are directly responsible for returning all required forms on time. It is recommended that students make copies of all forms and have them available in the event that the forms are lost in transit.**

G. Grades

Grades issued for clinical education experiences are "Satisfactory" or "Unsatisfactory." A required minimum acceptable performance level is established for each clinical course. If the student's performance does not meet that performance level, an unsatisfactory grade will be issued.

H. Clinical Experience Remediation

1. Students may be allowed the opportunity to remediate an unsatisfactory clinical education experience, at the discretion of the ACCE. Remediation of a clinical course results in delayed graduation; this is necessary to allow time for remediation of the failed course and successful completion of the required repeat clinical education experience. The schedule for remediation of a clinical course is dependent upon the availability of both time and a suitable clinical site.
2. The selection of the clinical site and the schedule for remediation are at the discretion of the ACCE.
3. The length of the remediation experience is one-half (1/2) the time of the failed clinical course. However, the ACCE has the discretion to change the length of a remediation experience if it will be of benefit to the student.

4. Before the remediation experience begins, the student, with input from the ACCE, develops goals and a formal plan of action; the final plan requires approval from the ACCE. When remediation arrangements are made, the CCCE and the CI will be apprised of all of the areas in which the student requires remediation, and the approved plan is shared with them.
5. If the student does not successfully complete the remediation experience, he/she is referred to the Student Affairs Committee with the ACCE's recommendation for administrative withdrawal from the program.
6. If the remediation is for PTHP 8191 (Clinical Education Experience I), and the student satisfactorily completes the remediation, the student is eligible to re-enroll in the program the next time this course is offered.
7. If the remediation is for PTHP 9292 (Clinical Education Experience II) or PTHP 9393 (Clinical Education Experience III), and the student is successful with the remediation assignment, the ACCE will arrange for a repeat clinical experience for that course that is similar in character and length to the original unsatisfactory clinical experience. In this event, the new clinical site will not be apprised of the areas in which the student had unsatisfactory performance, though the student may choose to disclose this information.

I. Dismissal from the program

The same rules and regulations regarding failure of classes and administrative withdrawal from the program that apply to the didactic courses apply to the clinical education courses.

Revised March 2007

MEDICAL COLLEGE OF GEORGIA
DEPARTMENT OF PHYSICAL THERAPY – CLINICAL EDUCATION
Generic Abilities Self-Assessment

Instructions: Rank your level of behavior for each ability based on your self-assessment by circling the appropriate corresponding letter. Include comments or examples to support your rating. Please sign and date the assessment.

B = Beginning

D = Developing

E = Entry Level

- | | | | | |
|----|--|---|---|---|
| 1. | Commitment to Learning
Comments: | B | D | E |
| 2. | Interpersonal Skills
Comments: | B | D | E |
| 3. | Communication Skills
Comments: | B | D | E |
| 4. | Effective Use of Time and Resources
Comments: | B | D | E |
| 5. | Use of Constructive Feedback
Comments: | B | D | E |

- | | | | | |
|-----|--------------------------------|---|---|---|
| 6. | Problem-Solving
Comments: | B | D | E |
| 7. | Professionalism
Comments: | B | D | E |
| 8. | Responsibility
Comments: | B | D | E |
| 9. | Critical Thinking
Comments: | B | D | E |
| 10. | Stress Management
Comments: | B | D | E |

Revised April 14, 2006

MEDICAL COLLEGE OF GEORGIA
DEPARTMENT OF PHYSICAL THERAPY
Clinical Expectation Form

Indicate the appropriate clinical experience:

PTHP 8191

PTHP 9292 A B C

PTHP 9393

Student's Name Phone email address

Mailing Address City State Zip

Clinical Facility Type of Experience Dates of Clinical Experience

Clinical Address City State Zip

Clinical Instructor Phone email address

I. I have had the following experiences in physical therapy prior to entering the physical therapy education program: (include the type of facility, a brief summary of your activities and hours of experience.)

A.

B.

C.

II. I have had the following clinical experiences as part of my physical therapy education program: (include the type of facility and a brief summary of your activities.)

A.

B.

C.

Clinical Expectation Form

Page 2

III. The following visual analog scales give you the opportunity to share with your clinical instructor a self appraisal of your current performance in each area as related to entry level practice. The questions that follow the visual analog scales provide you with the opportunity to let the clinical instructor know your plan for progression toward entry-level practice, the level of supervision you think you need and when and how you like to receive feedback. Based on this information, as well as the materials sent by the program, you and your CI can discuss how you can best progress on the continuum in this particular clinical setting.

For each area, and in relation to the objectives for this specific clinical experience:

- Place a mark on the scale identifying where you are performing at the beginning of the clinical experience;
- Compose a related goal;
- Outline a plan you will follow to reach each goal; include specific actions and learning activities that you will seek and plan that will enable you to meet each goal;
- Outline ways that you would like your CI to help you meet each goal.

A. Patient/Client examination

Novice Entry Level

Goal:

I plan to:

I would like my CI to:

B. Patient/Client evaluation

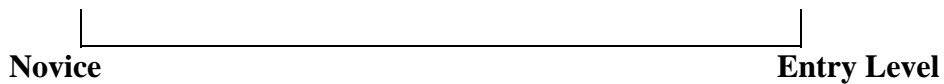
Novice Entry Level

Goal:

I plan to:

I would like my CI to:

C. Setting goals and establishing a plan of care

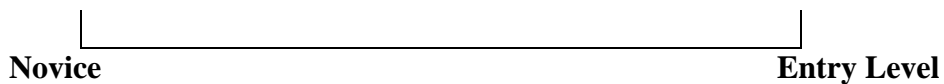


Goal:

I plan to:

I would like my CI to:

D. Physical therapy interventions

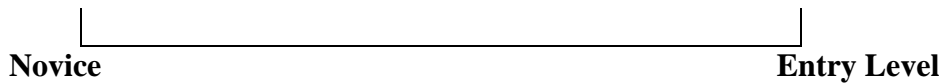


Goal:

I plan to:

I would like my CI to:

E. Communication with clients, families, staff, colleagues, etc.



Goal:

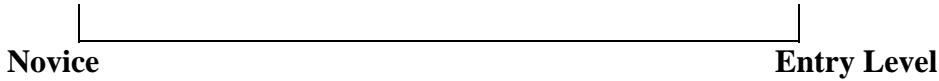
I plan to:

I would like my CI to:

Clinical Expectation Form

Page 4

F. Professionalism



Goal:

I plan to:

I would like my CI to:

Other goals:

IV. Supervision and Feedback

A. Describe the level and type of supervision you feel would be most beneficial to you for this rotation.

B. Describe how and when you would like to receive feedback from your CI.

Student's signature

Date

Faculty Advisor's signature

Date

Note: I am currently insured for malpractice by Maginnis & Associates in a group policy with other allied health students at the Medical College of Georgia. There is a one million dollar per occurrence and three million dollars aggregate limit of coverage.

Revised March 2007

**MEDICAL COLLEGE OF GEORGIA
DEPARTMENT OF PHYSICAL THERAPY
WEEKLY CLINICAL EDUCATION PLANNING FORM**

Instructions: Students are to complete the self-assessment portion of this form and establish goals weekly, seeking review and input from their Clinical Instructor. Forms addressing the first ½ of the clinic are to be faxed to the school *prior to* the mid-term phone visit with the advisor. The remaining forms may be faxed weekly or returned to the school with other required documentation upon completion of the clinical experience.

Dates:

Week Number:

STUDENT'S REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of task/environment, and efficiency of performance.

CI'S REVIEW OF THE WEEK

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF _____ :
Dates

Student's Signature:

CI's Signature:

*Adopted from American Physical Therapy Association, Weekly Planning Form
2/26/07*

MEDICAL COLLEGE OF GEORGIA
Department of Physical Therapy
Midterm Phone Visit Form

Circle Appropriate Course Number:

PTHP 8191

PTHP 9292 A B C

PTHP 9393

Student's Name: _____ Facility: _____

Faculty Advisor's Name: _____ Date: _____

Clinical Instructor (1): _____ Phone: _____

Clinical Instructor (2): _____ Phone: _____

Clinical Coordinator: _____ Phone: _____

Part I. Interview with Clinical Instructor

1. How would you describe the patient population that you and the student are working with at this time?

2. What is your typical daily caseload (number of visits)?

3. Have you had the opportunity to review the midterm evaluation with the student?
Yes No
If not, when will this be done?

4. On a scale of 0 to 10, with 10 being defined as "entry-level," how would you rate the student's overall performance as of this point in time? _____

What is the basis of the number? (Explore the rationale behind the designation)

- a. What are the student's strengths?

- b. What areas need improvement?

- c. Is the student in danger of not meeting the expected performance level on any of the 24 CPI criteria? (If so, identify which criteria and the current rating; **refer to ACCE for follow-up.**)

5. How will the areas needing improvement be addressed?

6. Is there anything the school could have taught, or taught differently, to enhance the student's performance?

7. Have you noted any incidents or circumstances in which the student has gone above and beyond your expectations? Briefly describe.

8. Do you have any questions about the DPT program at MCG?

9. Other questions or items for follow up, including CI/facility interest in research partnerships with MCG DPT students/research advisor.**

**Refer to appropriate research faculty.

General Information: *Please explain to the CI that we are collecting data to get a better idea about experience and advanced training/specialty certification for our clinical instructors. You may also let them know that the PT Program will periodically offer the APTA CI Training Workshop and that they may contact Amanda or Sandy for further information on this program. The MCG PT Program supports certification of all CIs; certification is **not** required at this time.*

	Yes		No	
Are you an APTA-credentialed CI?	_____		_____	

Are you a certified specialist in any area(s)? If so, what specialist certification(s) do you hold?

Number years experience as a PT:

What would you estimate is the total number of students for whom you have served as CI?

Part II. Interview with the Student*

1. On a scale of 0 to 10, with 10 defined as “entry-level,” how would you rate your overall performance as of this point in time?
What is the basis of the number? (Explore the rationale behind the designation.)
 - a. What would you identify as your strengths?
 - b. What would you say are areas in which you need to improve?
2. Are you meeting your goals and the goals for this clinical experience?

If not, why not?
3. What would you like to accomplish for the rest of the clinical experience and how do you plan to accomplish these goals?
4. How is the supervision and feedback? Is it enough? Too much...?
5. Have you felt prepared for the demands of the clinic? Reflect on what you have been taught.

Are there any areas for which you felt unprepared?
6. Do you have any questions, or is there anything else that we need to follow-up on?

***Advisor:** Please ensure that the student is in a private area conducive to open and honest discussion prior to beginning the interview.

Revised March 2007

Medical College of Georgia Physical Therapy Program

Fax for Verification of Clinical Progress– Clinical Education Courses

To: **Sandra Eskew Capps, PT, ACCE**

Fax: **706/721-3209**

Phone: **706/721-2143 or 706/721-3574**

Date:

**Due Date to be determined
according to midway
between mid-term phone
visit and final**

Please verify the student's progress since the mid-term phone visit by checking the appropriate box and faxing the form to 706/721-3209 by the due date above.

Adequate progress toward required performance expectations

Inadequate progress toward required performance expectations

Follow up with ACCE required; notify CCCE and immediately contact ACCE at 706/721-3574 or 706/721-2141.

Clinical Instructor (Print Name)

Contact Phone Number

Clinical Instructor Signature

Date

Student (Print Name)

Contact Phone Number

Student Signature

Date

NOTE: Do not hesitate to contact the ACCE at any time during your rotation if you have questions or concerns.

1/9/07