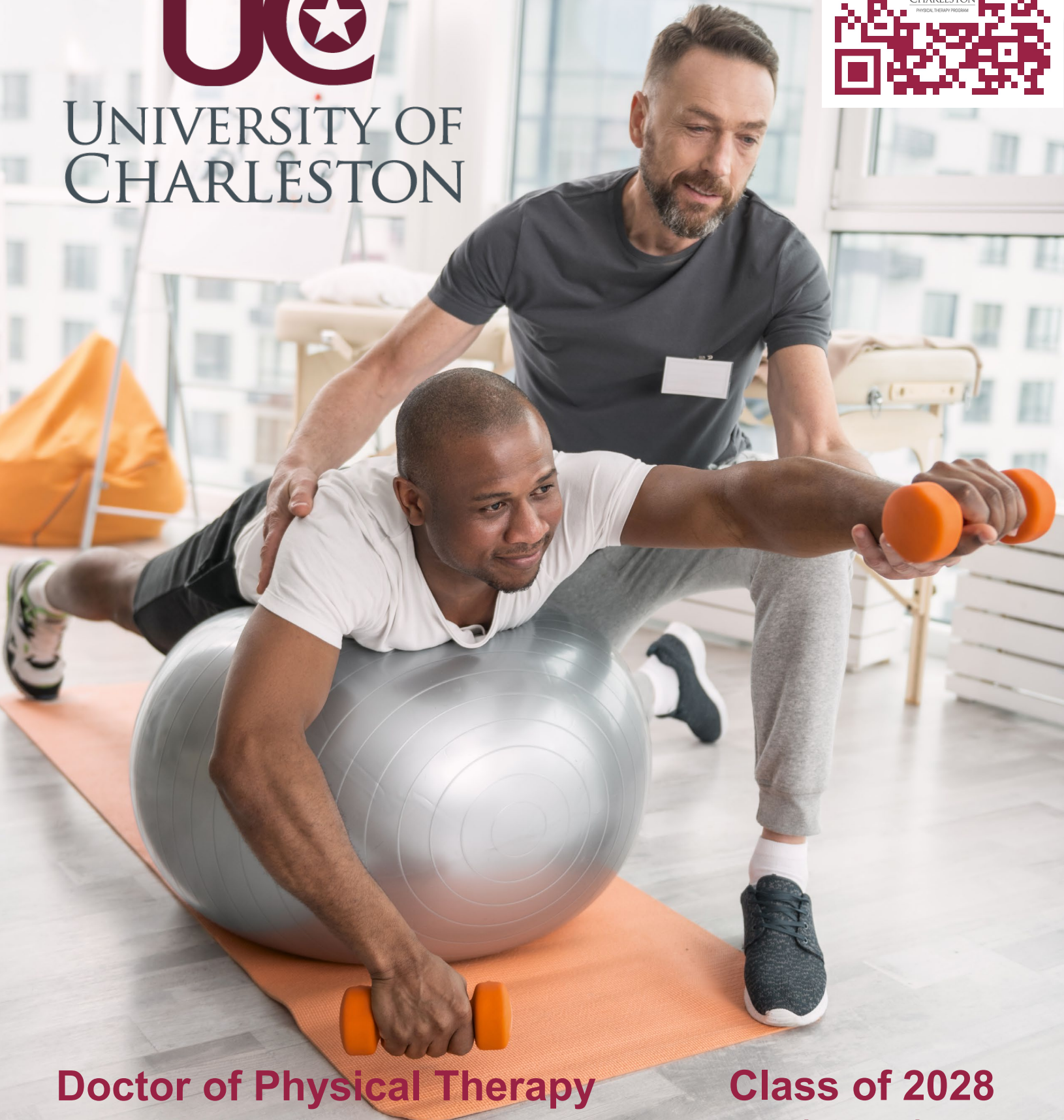# UNIVERSITY OF CHARLESTON

Doctor of Physical Therapy Program Handbook for Students

Class of 2028 (v25.6)

Doctor of Physical Therapy
Program Handbook for Students
Class of 2028
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FORM Integrated Lab Evaluation of Student Clinical Readiness (03-04)
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Please note this handbook has an abbreviated listing of policies and procedures specific to students. For a full listing of policies and procedures for the University of Charleston Doctor of Physical Therapy program, please contact the program for the full program handbook.

Doctor of Physical Therapy Program Handbook for Students
Class of 2028

Morrison Rehabilitation Science and Athletic Center
2300 MacCorkle Ave., SE | Charleston, WV 25304
304-410-0476 | http://www.ucwv.edu/pt

Accreditation Statements

The Higher Learning Commission, https://www.hlcommission.org, has approved the University of Charleston to offer the Doctor of Physical Therapy program.

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states. Candidacy is considered to be an accredited status, as such the credits and degree earned from a program with Candidacy status are considered, by CAPTE, to be from an accredited program. Therefore, students in the charter (first) class should be eligible to take the licensure exam even if CAPTE withholds accreditation at the end of the candidacy period. That said, it is up to each state licensing agency, not CAPTE, to determine who is eligible for licensure. Information on licensing requirements should be directed to the Federation of State Boards of Physical Therapy (FSBPT | http://www.fsbpt.org) or specific state boards. A list of state boards and contact information is available on FSBPT's website: https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information

The University of Charleston is seeking accreditation of a new physical therapist education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on November 1, 2025. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional phase of the program; therefore, no students may be enrolled in professional courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

Dear Students,

On behalf of the faculty, staff, and administration, it is my pleasure to welcome you to the University of Charleston's Doctor of Physical Therapy (DPT) program. You are embarking on an exciting journey that will prepare you to become a skilled and compassionate physical therapy professional, ready to make a meaningful impact in the lives of others.

Our mission is clear: Empowering skilled physical therapists to address the diverse physical healthcare requirements of the greater Appalachian region through specialized training, compassionate care, and community engagement. As a member of this program, you will gain the knowledge, clinical skills, and leadership abilities necessary to meet these challenges head-on while serving as an advocate for your patients and community.

We are guided by our vision: Equipping future physical therapy professionals with the capacity to embody excellence as productive members of the healthcare community. Through rigorous academic coursework, immersive clinical experiences, and opportunities for community involvement, we are committed to helping you achieve this vision and grow into a confident, competent healthcare provider.

This handbook has been designed as a resource to guide you throughout your time in the program. Inside, you will find essential policies, procedures, and expectations that will help ensure your success. Please take time to review it carefully and refer back to it whenever needed.

As you begin this transformative journey, know that our faculty and staff are here to support you every step of the way. We believe in your potential and are excited to see how you will contribute to the profession of physical therapy and leave a lasting impact on those you serve.

Welcome to our DPT family—we're thrilled to have you join us!

Sincerely,

Steven G. Lesh, PhD, PT, AT Ret.

Board-Certified Specialist Sports Physical Therapy Emeritus

Professor and Program Director of Physical Therapy

stevenlesh@ucwv.edu

O: (304) 410-0476

Our program values the opinions of our community and welcomes feedback from people both within and outside our program. Any compliments or concerns may be sent directly to the program by email stevenlesh@ucwv.edu or by traditional mail:

University of Charleston Doctor of Physical Therapy
Attn: Steven Lesh, PhD, PT, AT Ret. Program Chair
2300 MacCorkle Ave. SE
Charleston, WV 25304

Compliments or concerns from anyone internal or external to the university may also be sent directly to the dean of health sciences through the university online portal (student complaint). This includes an option to submit anonymously.

If any person wishes to file a formal complaint about the program with our accrediting body, the Commission on Accreditation in Physical Therapy Education (CAPTE), they can find information about the process on the CAPTE website. Retaliation against anyone who may file an appeal, complaint or grievance in any form is prohibited.

Code of Ethics for the Physical Therapist

HOD S06-20-28-25 [Amended HOD S06-19-47-67; HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

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

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

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

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

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.

2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

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

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

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

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

4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.

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

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

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

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

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

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

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

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

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)
6A. Physical therapists shall achieve and maintain professional competence.
6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.
(Core Values: Integrity, Accountability)
7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)
8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Explanation of Reference Numbers:
HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020
Contact: nationalgovernance@apta.org

CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT HOD P06-19-48-55
[Amended: HOD P06-18-25-33; Initial HOD P05-07-19-19;] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists (PTs) and physical therapist assistants (PTAs) to provide the highest quality of physical therapist services. These values imbue the scope of PT and PTA activities. The core values retain the PT as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the PTA as the only individual who assists the PT in practice, working under the direction and supervision of the PT. The core values are defined as follows:

- Accountability
  Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

- Altruism
  Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

- Collaboration
  Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

- Compassion and Caring
  Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.

  Caring is the concern, empathy, and consideration for the needs and values of others.

- Duty
  Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

- Excellence
  Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

- Integrity
  Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- Social Responsibility
  Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

Explanation of Reference Numbers:
HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Physical Therapy Program | Bert Bradford School of Health Sciences

Class of 2028 Cohort Calendar *(Subject to Change; v25.1)*
Year 1 (Terms 1 – 3)

First Day of Term 1	May 21, 2026
Memorial Day	May 25, 2026
4th of July	July 3, 2026
Summer Lab (Charleston, WV)	July 13 – 24, 2026
Last Day of Term 1	August 14, 2026
First Day of Term 2	August 24, 2026
Labor Day (#LaborOfLove)	September 7, 2026
Fall Lab (Charleston, WV)	November 9 – 20, 2026
Thanksgiving Break	November 23 – 27, 2026
Last Day of Term 2	December 11, 2026
First Day of Term 3	January 11, 2027
MLK (#EnlightenedLiving)	January 18, 2027
Spring Break	February 22 – 26, 2027
Spring Lab (Charleston, WV)	April 12 - 23, 2027
Last Day of Term 3	April 30, 2027

Class of 2028 Cohort Calendar *(Subject to Change)*
Year 2 (Terms 4 – 6)

First Day of Term 4	May 3, 3027
Memorial Day	May 31, 2027
4th of July	July 2, 2027
Summer Lab (Charleston, WV)	July 12 – 23, 2027
Last Day of Term 4	August 13, 2027
First Day of Term 5	August 23, 2027
Labor Day (#LaborOfLove)	September 6, 2027
Fall Lab (Charleston, WV)	November 8 – 19, 2027
Thanksgiving Break	November 22 – 26, 2027
Last Day of Term 5	December 10, 2027
First Day of Term 6	January 10, 2028
MLK (#EnlightenedLiving)	January 17, 2028
Clinical Education I (8 weeks)	February 14 - April 7, 2028
Spring Lab (Charleston, WV)	April 10 - 21, 2028
Last Day of Term 6	April 28, 2028

Class of 2028 Cohort Calendar *(Subject to Change)*
Year 3 (Terms 7 - 8)

First Day of Term 7	May 1, 2028
Memorial Day	May 29, 2028
Summer Lab (Charleston, WV)	June 5 – June 9, 2028
Clinical Education II (8 weeks)	June 12 – August 4, 2028
Last Day of Term 7	August 11, 2028
First Day of Term 8	August 21, 2028
Clinical Education III (14 weeks)	August 21 – November 24, 2028
Graduation Week Lab (Charleston, WV)	December 4 – 8, 2028
Graduation (Last Day of Term 8)	December 9, 2028
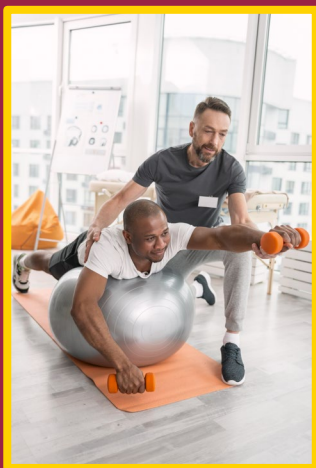
University of Charleston Doctor of Physical Therapy Hybrid FAQ

What does the term "hybrid" mean?

The term "hybrid" in our Doctor of Physical Therapy (DPT) program at the University of Charleston refers to an innovative educational approach that combines online learning with in-person on-campus experiences. Coursework is delivered remotely through online platforms including interactive, live class sessions with faculty via video conferencing. In-person components feature attending integrated lab immersions at least once per semester for up to two weeks where you gain hands-on experience and refine your clinical skills.

What are some benefits of a "hybrid" model?

Flexibility to live anywhere while pursuing your DPT degree. Maintaining connections to your current community. Building strong relationships with peers and faculty through collaborative online learning. Experiencing the best of both worlds with the convenience of online learning and the crucial hand-on experience necessary to become a skilled physical therapist.

How long is the "hybrid" model at UC DPT?

Our program is 8 consecutive terms starting in the summer and ending a little over 2.5 years later in late fall (120 graduate credit hours).

Will I attend clinical rotations?

Yes. You will experience real-life full-time patient care as you participate in clinical education experiences that are strategically placed during terms six (6) through eight (8). These rotations may be local to you in your current community or nationwide for a total of 30 clinical weeks.

Who can I talk to about this opportunity?

Rebecca Greenwood | Assistant Program Director rebeccagreenwood@ucwv.edu | (304) 220-4819
University of Charleston | 2300 MacCorkle Ave., SE Charleston, WV 25304
http://www.ucwv.edu/pt | #UCWV_DPT

Program Learning Goals (PLO) and Outcomes
(updated 10.04.23)

Goal | Student | PLO I "PT Skills" - Personify the skill sets necessary to thrive in modern society as a physical therapist.

Outcomes:

I-a: Integrate professionalism into clinical practice.

I-b: Communicate effectively with precision and timeliness.

I-c: Show tolerance of and sensitivity to individual differences.

I-d: Assimilate current evidence for clinical practice given increased expertise and the values, needs, and preferences of the patient or client.

I-e: Make appropriate clinical judgments through efficient and effective reasoning, reflection, and mindfulness.

I-f: Demonstrate entry-level patient and client care and services on a diverse patient/client population throughout the lifespan prior to graduation.

I-g: Facilitate effective learning by patients, caregivers, colleagues, peers, and community members.

Goal | Student | PLO II "Collaboration" - Collaborate with clinical personnel and community partners to promote the effective and efficient delivery of services to meet public health needs.

Outcomes:

II-a: Articulate a shared professional value system.

II-b: Participate in shared decision-making both inter- and intra-professionally to promote optimal patient and client outcomes.

II-c: Adapt roles in team settings as situation presents.

II-d: Advocate for the well-being of patients and clients as well as society and the profession.

Goal | Student | PLO III "Pain" - Administer contemporary care for the patient or client presenting with painful conditions or syndromes.

Outcomes:

III-a: Break down the multidimensional nature of painful conditions.

III-b: Utilize valid and reliable tools for measuring pain and associated symptoms.

III-c: Include the patient and others, as appropriate, in the shared decision-making process for pain care.

III-d: Implement high-value pain-management plans reducing the use of low-value pain-management plans.

Goal | Graduate | PLO IV "Greater Appalachia" - Provide physical therapy services throughout greater Appalachia.

Outcomes:

IV-a: Prepared to secure employment as a physical therapist throughout greater Appalachia.

IV-b: Work with a diverse patient/client population presenting throughout the lifespan.

IV-c: Manage resources to promote safe, legal, ethical, and sustainable services.

Goal | Graduate | PLO V "Community" - Create a positive impact on the community.

Outcomes:

V-a: Engage in lifelong learning and professional development.

V-b: Participate in the promotion and improvement of healthcare delivery through professional service and advocacy.

University of Charleston Doctor of Physical Therapy Course Prefix, Number, Name, Credit Hours	
YEAR 1 TERM 1	
DPT 711 Autonomous Practitioner 1: Foundations | 3 Credit Hours	3
DPT 712 Clinical Skills for the Physical Therapist | 3 Credit Hours	3
DPT 713 Functional Anatomy | 3 Credit Hours	3
DPT 714 Movement Science | 3 Credit Hours	3
DPT 719L Integrated Learning Lab 1 | 3 Credit Hours	3
YEAR 1 TERM 2	
DPT 721 Therapeutic Interventions 1 | 2 Credit Hours	2
DPT 722 Specialty Practice 1: Pain Science | 3 Credit Hours	3
DPT 723 Autonomous Practitioner 2: Healthy Living | 3 Credit Hours	3
DPT 724 Neuroscience for the Physical Therapist | 2 Credit Hours	2
DPT 725 Professional Roles, Growth & Development 1 | 2 Credit Hours	2
DPT 729L Integrated Learning Lab 2 | 3 Credit Hours	3
YEAR 1 TERM 3	
DPT 731 Therapeutic Interventions 2 | 3 Credit Hours	3
DPT 732 Evidenced-Informed Practice | 3 Credit Hours	3
DPT 733 Specialty Practice 2: Prosthetic, Orthotic, and Assistive Technologies | 2 Credit Hours	2
DPT 734 Autonomous Practitioner 3: Diagnostic Imaging | 2 Credit Hours	2
DPT 735 Autonomous Practitioner 4: Pharmacology | 2 Credit Hours	2
DPT 739L Integrated Learning Lab 3 | 3 Credit Hours	3
YEAR 2 TERM 4	
DPT 841 Specialty Practice 3: Integumentary | 3 Credit Hours	3
MBA 721 Healthcare Informatics | 3 Credit Hours	3
DPT 842 Orthopedic Practice 1: Differential Diagnosis | 2 Credit Hours	2
DPT 843 Neurologic Practice 1: Differential Diagnosis | 2 Credit Hours	2
DPT 844 Cardiovascular & Pulmonary Practice 1: Differential Diagnosis | 2 Credit Hours	2
DPT 849L Integrated Learning Lab 4 | 3 Credit Hours	3
YEAR 2 TERM 5	
DPT 851 Orthopedic Practice 2: Applications | 3 Credit Hours	3
DPT 852 Neurologic Practice 2: Applications | 3 Credit Hours	3
DPT 853 Cardiovascular & Pulmonary Practice 2: Critical Care | 3 Credit Hours	3
DPT 854 Specialty Practice 4: Geriatrics | 3 Credit Hours	3
DPT 859L Integrated Learning Lab 5 | 3 Credit Hours	3
YEAR 2 TERM 6	
DPT 861 Orthopedic Practice 3: Cases | 2 Credit Hours	2
DPT 862 Neurologic Practice 3: Cases | 2 Credit Hours	2
DPT 863 Cardiovascular & Pulmonary Practice 3: Cases | 2 Credit Hours	2
DPT 864 Professional Roles, Growth & Development 2 | 2 Credit Hours	2
DPT 868 Clinical Immersion and Professional Practice 1 | 4 Credit Hours	4
DPT 869L Integrated Learning Lab 6 | 3 Credit Hours	3
YEAR 3 TERM 7	
DPT 971 Therapeutic Interventions 3 | 2 Credit Hours	2
DPT 972 Specialty Practice 5: Pelvic Health | 2 Credit Hours	2
DPT 973 Specialty Practice 6: Pediatrics | 2 Credit Hours	2
DPT 974 Professional Roles, Growth & Development 3 | 1 Credit Hours	1
MBA 673 Applied Marketing | 3 Credit Hours	3
DPT 979L Terminal Learning Lab | 1 Credit Hours	1
DPT 978 Clinical Immersion and Professional Practice 2 | 4 Credit Hours	4
YEAR 3 TERM 8	
MBA 671 Management | 3 Credit Hours	3
MBA 723 Healthcare Policy & Ethics | 3 Credit Hours	3
DPT 981 Specialty Practice 7: Sports | 2 Credit Hours	2
DPT 988 Clinical Immersion and Professional Practice 3 | 7 Credit Hours	7
ELECTIVE	
DPT 790 Special Topics in Physical Therapy | 1-3 Credit Hours	

Time required on campus	**Total Credit Hours**	**120**
Time required in clinical education	**Total Terms**	**8**
	Avg Credit Hours Per Term	**15**
	Lab Credit Hours	**19**
	CE Credit Hours	**15**
	MBA Credit Hours	**12**
	DPT LEC Credit Hours	**74**

Doctor of Physical Therapy
Skills and Abilities Expectations per Term
(as supported through integrated lab experiences)

Term 1: Year 1 Summer
-Summarize anatomical and physiological knowledge needed for presented cases.
-Utilize commonly accepted terminology related to human posture both typical and atypical considering anatomical positions and planes.
-Determine vital signs, physical impairments, and functional status both at rest and during activity.
-Assess signs and symptoms from simulated patients or cases.
-Demonstrate surface palpation techniques of given anatomical structures of the human body.
-Use safe and effective patient handling, management, and assessment skills including but not limited to range of motion, muscle testing, screening, and assistive/mobility devices needed for presented cases.
-Relate how the patient and client management model from the PT Guide to Practice, holistic evaluation, human anatomy, and movement sciences impacts effective clinical reasoning and clinical decision-making strategies.
-Use medical screening principles as part of an efficient and effective patient examination scheme.
-Communicate the presence of emergent conditions that warrant immediate communication with physician.
-Determine which elements of the balance system (i.e. vestibular, proprioception, and visual) are influencing static and dynamic balance using common clinical balance assessment tools and measures.
-Analyze movement patterns for individuals both expected and atypical performed during activities in daily life across the life span including but not limited to gait.
-Modify elements of the person, the task, and the environment within the scope of motor control and motor learning to progress or regress activities.
-Outline elements of disparities, social determinants of health, and ICF knowledge needed for presented cases.
-Demonstrate appropriate documentation of services for a given case.
-Reflect upon ability to retrieve and apply learned knowledge and skills from the term to presented lab cases and cumulative examinations.
-Use effective communication and education strategies as a member of an interprofessional healthcare team.
-Develop a plan for performance improvement based upon reflection and input from multiple sources including but not limited to self, peer, and instructor.
-Tell the UC employee in charge of the integrated learning labs if safety or quality issues arise during the session.
-Demonstrate a positive regard for peers, faculty and staff during interactions.

Term 2: Year 1 Fall
(all previous skills and abilities are cumulative)
-Evaluate physiological responses including vital signs both at rest and during exercise.
-Judge patient responses to treatment and adjust parameters as needed to minimize risk including possible discontinuation of services.
-Demonstrate loaded and unloaded strategies to push, pull, lift, squat and hinge effectively for otherwise healthy populations.
-Perform exercise interventions for otherwise healthy individuals across the lifespan including principles of aerobic exercise, strength training, endurance exercises, power, mobility, balance and stability.
-Design an appropriate exercise plan for an otherwise healthy individual.
-Utilize strategies to build a therapeutic alliance between provider and patient including active listening and

empathy, and validation of their lived experience.

-Apply physical agents appropriately to given patient cases.

-Demonstrate a physical screening for otherwise healthy individuals to determine appropriate exercise, health and wellness recommendations.

-Evaluate readiness for exercise and activity based on past medical history, healthy habits, current activity level, physical ability, and relevant screenings across the lifespan.

-Relate knowledge of neuroanatomical structures, pathways, and lesion localization to predict functional deficits.

-Relate sensory and/or motor deficits to activities of daily living and the ICF model.

-Implement task-specific training protocols grounded in principles of neuroplasticity to enhance motor learning.

-Correlate relationships between neuroscience, pain evaluation, and the use of modalities.

-Demonstrate appropriate documentation of services for a given case.

-Reflect upon ability to retrieve and apply learned knowledge and skills from the term to presented lab cases and cumulative examinations.

-Develop a plan for performance improvement based upon reflection and input from multiple sources including but not limited to self, peer, and instructor.

-Facilitate appropriate interprofessional referrals and other transitions in care including the PTA and unlicensed personnel within appropriate legal and ethical considerations.

-Demonstrate elements of a comprehensive biopsychosocial assessment for the individual living with pain that uses appropriate tools and strategies.

-Demonstrate an evidence-based plan of care for a case study involving patients living with pain including mindfulness, relaxation, pain neuroscience education, physical modalities, and other appropriate interventions.

-Report safety or emergent issues that may negatively impact quality services to the appropriate supervisor in charge of lab settings.

-Determine an appropriate health and wellness plan given collected assessment data including transtheoretical stages of change (i.e. readiness to change).

-Demonstrate a positive regard for peers, faculty and staff during interactions.

-Participate in community or professional service as part of greater university Labor of Love initiative.

Term 3: Year 1 Spring
(all previous skills and abilities are cumulative)

-Demonstrate evaluation techniques used to determine impairments from a soft tissue, neural, and joint mobility assessment.

-Complete appropriate interventions given a specific impairment.

-Change an activity based on parameter strategies to promote neuroplasticity, including: a) Intensity; b) Structure: Constant vs Variable; c) Schedule: Blocked vs Random; d) Components: Whole vs Part; e) Spacing: Massed vs Distributed; f) Rehearsal: Physical vs Imagery; g) Augmented Feedback: Knowledge of results vs Knowledge of Performance; h) Feedback Schedules: Continuous, Faded, Bandwidth, Summary

-Instruct others in plan of care based on a given case including home exercise plan and patient education.

-Demonstrate principles of aerobic exercise, strength training, endurance exercises, power, mobility, balance and stability for individuals across the lifespan with impairments.

-Demonstrate loaded and unloaded strategies to push, pull, lift, squat and hinge effectively for individuals across the lifespan with impairments.

-Modify plans of care including potential termination based on patient needs, response to treatment, pathological considerations, potential disruptions, alterations or delays to the expected stages of healing.

-Demonstrate appropriate documentation of services for a given case.

-Analyze the anatomical, physiological, and biomechanical basis related to the use of prosthetic, orthotic, or assistive technologies with patients and clients including but not limited to gait and mobility issues.

-Perform patient evaluation for people requiring and using prosthetic, orthotic, or other assistive technology equipment.

-Perform appropriate interventions based on evaluation of patients requiring or using prosthetic, orthotic, or other assistive technology equipment.

-Build a three-dimensional representation of the human body from presented two-dimensional diagnostic images.

-Apply clinical decision-making rules relating to the need for diagnostic imaging for a given patient scenario.

-Modify and potentially discontinue services (temporary or permanently) based upon patient reaction to

pharmacological interventions.

-Reflect upon ability to retrieve and apply learned knowledge and skills from the term to presented lab cases and cumulative examinations.

-Develop a plan for performance improvement based upon reflection and input from multiple sources including but not limited to self, peer, and instructor.

-Perform interventions using pain science principles as part of a plan of care including graded exposure, graded activity, mirror therapy and other evidence informed interventions.

-Act in an efficient and effective manner to potential or emerging safety issues that may negatively impact quality services.

-Reflect upon learned elements from UC Enlightened Living Series.

-Demonstrate a positive regard for peers, faculty and staff during interactions.

-Outline strategies to be tolerant of and sensitive to individual differences.

Term 4: Year 2 Summer
(all previous skills and abilities are cumulative)
-Perform comprehensive evaluation including holistic and specialty practice elements for patients with orthopedic, neurologic, cardiovascular, pulmonary, integumentary, lymphatic or oncologic disorders.

-Defend a potential diagnosis and/or impairment list throughout each step of the evaluation process for patients with orthopedic, neurologic, cardiovascular, pulmonary, integumentary, lymphatic or oncologic disorders.

-Characterize yellow and/or red flags that require the attention of a physician throughout the evaluation process for patients with orthopedic, neurologic, cardiovascular, pulmonary, integumentary, lymphatic or oncologic disorders.

-Design an appropriate plan of care including estimated time frames based on a prognosis for a patient living with integumentary, lymphatic, or oncological disorders.

-Perform appropriate interventions commonly used to manage patients or clients with integumentary, lymphatic, and oncological disorders.

-Defend documentation strategies for provided services during given case activities

-Reflect upon ability to retrieve and apply learned knowledge and skills from the term to presented lab cases and cumulative examinations.

-Break down the elements and processes associated with contemporary CPR in the clinical setting.

-Perform CPR including use of automated external defibrillator (AED) effectively on a simulated adult, child, and infant victims in a safe, timely, and efficient manner.

-Develop a plan for performance improvement based upon reflection and input from multiple sources including but not limited to self, peer, and instructor.

-Modified the evaluation process based on pain considerations for patients living with orthopedic, neurologic, cardiovascular, pulmonary, integumentary, lymphatic or oncologic disorders.

-Analyze established risk management procedures in relation to the delivery of quality services.

-Change physical therapy interventions when emergent situations are present for a given patient or case.

Term 5: Year 2 Fall
(all previous skills and abilities are cumulative)
-Construct a comprehensive plan of care based upon learned components of the patient and client management model including but not limited to examination, evaluation, diagnosis, prognosis, interventions, and discharge planning.

-Perform appropriate interventions commonly used to manage patients or clients with orthopedic, neurologic, metabolic, cardiovascular and pulmonary disorders including aging adult populations.

-Alter interventions (e.g. progression or regression) based upon patient response for individuals with orthopedic, neurologic, cardiovascular, metabolic and pulmonary disorders including aging adult populations.

-Defend documentation strategies for provided services during given case activities.

-Use typical equipment found in the critical care patient room including appropriate line and tube management.

-Adapt physical therapy examination and intervention strategies for simulated patients presenting with a ventilator.

-Defend the use of personal protective equipment prior to, during and after physical therapy sessions.

-Perform a physical therapy evaluation and interventions considering medical history and real time patient response in a critical care setting.

-Perform appropriate interventions including dosing strategies to improve function, safe mobility and quality of

movement leading to the end of episode of care for the patient in the critical care environment.

-Reflect upon ability to retrieve and apply learned knowledge and skills from the term to presented lab cases and cumulative examinations.

-Develop a plan for performance improvement based upon reflection and input from multiple sources including but not limited to self, peer, and instructor.

-Communicate appropriate information to other health professionals involved in providing patient care to optimize interdisciplinary management.

-Plan to involve other relevant professionals in anticipation of patient management and resource needs in a critical care setting including the management of emergent or emergency situations.

-Integrate appropriate tools and strategies for monitoring the effectiveness of an established treatment plan for the person living with pain.

-Prioritize actions in response to presented emergent or safety issues that may negatively impact the quality delivery of services.

-Organize a community or professional service as part of the greater university Labor of Love initiative.

Term 6: Year 2 Spring
(all previous skills and abilities are cumulative)
-Construct a comprehensive plan of care based upon learned components of the patient and client management model including but not limited to examination, evaluation, diagnosis, prognosis, interventions, and discharge planning for complex patients.

-Perform appropriate examination techniques and interventions for patients or clients with orthopedic, neurologic, metabolic, cardiovascular and pulmonary disorders including complex medical patients.

-Alter examination techniques and interventions (e.g. progression or regression) based upon patient response for individuals with orthopedic, neurologic, cardiovascular, metabolic and pulmonary disorders including complex medical patients.

-Defend documentation strategies for provided services during given case activities.

-Interpret diagnostic imaging written reports within the scope of establishing a physical therapy plan of care.

-Integrate effective teaching and learning strategies during near-peer interactions with first year students.

-Formulate strategies to build a therapeutic alliance between provider, patient, and the healthcare team.

-Justify a comprehensive assessment with the person living with pain that uses appropriate tools and strategies exploring the lived experience of pain, as well as the mechanisms underlying pain and the physical, psychological, and socioenvironmental factors that influence pain.

-Reflect upon learned elements from UC Enlightened Living Series and recent clinical experiences related to belongingness.

-Make a plan to limit risk to patients and providers in the delivery of quality services.

Term 7: Year 3 Summer
(all previous skills and abilities are cumulative)
-Perform advanced therapeutic techniques (either real or simulated) based on a case scenario including but not limited to contraindication and safety considerations.

-Explore pelvic health physical therapy evaluation and treatment from a holistic perspective to include unique or special considerations for this patient population.

-Explore pediatric physical therapy evaluation and treatment from a holistic perspective to include unique or special considerations for this patient population.

-Make a plan to limit risk to patients and providers in the delivery of pediatric and pelvic services as well as utilizing advanced therapeutic techniques.

-Reflect on how to maximize participation and learning in terminal clinical experiences as well as incorporate new skills and abilities from professional development opportunities into future clinical practice.

Term 8: Year 3 Fall
No new skills are presented during the final term.

Clinical Internship Evaluation Tool (CIET) Instructions

Introduction

The University of Charleston Doctor of Physical Therapy program recognizes that in the modern-day healthcare environment, a student graduating from an entry-level physical therapy program must be ready to move into a productive role quickly. The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. We strive to achieve this goal through both the didactic and the clinical education portions of our curriculum.

The CIET is designed to evaluate the student against the benchmark of a competent clinician and was validated [Fitzgerald LM, Delitto A, Irrgang JJ. Validation of the clinical internship evaluation tool. Phys Ther. 2007;87(7):844-860. doi:10.2522/ptj.20060054]. For this tool to be an effective and reliable measure, students should be rated against the standard of a competent clinician.

Using the Form

This form is composed of two sections. The first section, **Professional Behaviors**, evaluates *Safety, Professional Ethics, Initiative*, and *Communication Skills* in the clinic. Safety behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient's safety and their own safety. Professional Ethics addresses the student's knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student's ability to maximize all opportunities for learning during their clinical affiliation, begin to solve problems independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.

When evaluating the student on **Professional Behaviors**, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: Never (0% occurrence), Rarely, Sometimes (50% occurrence), Most of the Time, or Always (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. Note that you cannot mark "Not Observed" on these behaviors. You may mark "not observed" for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be "not observed." If there are any concerns, or if you have positive feedback for the student, please elaborate in the "Comments" section. We expect the student to "Always" demonstrate Professional Behaviors in the clinic, except for Communication Skills, which may be developing during the initial clinical education experiences.

The second section, **Patient Management**, evaluates the student's ability to efficiently manage a patient with an effective outcome. It is divided into four sections, *Examination, Evaluation, Diagnosis/Prognosis,* and *Intervention*. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management including determining the patient's impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the patient including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student's ability to apply the treatments, perform patient/family education, monitor the patient's response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should be using the best evidence available in their decision making.

When evaluating the student's **Patient Management** skills, please keep in mind that the student should be compared to a 'competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome'. This form is designed for use with all patient types, and in any clinical setting, thus the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the students' scores for their Patient Management skills, please review the following definitions first.

Types of Patients

Familiar presentation: Could include any of the following: a patient diagnosis/problem that is seen frequently in your setting, a patient with a diagnosis that the student has evaluated and treated more than once, a diagnosis that was specifically covered in the student's didactic curriculum, a patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy.

Complex presentation: Could include a patient problem/diagnosis that is rarely seen, a patient problem/diagnosis that the student did not cover in their didactic curriculum, a patient diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or a complex medical history.

Level of Clinical Instructor Support

Guidance: Student is dependent on the CI to direct the evaluation/patient treatment either the CI is present throughout the patient interaction, or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for most of the patients they are seeing, then they should be marked at Well Below for that item.

Supervision: Student can carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student can make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision making. If a student requires supervision for an item for patients with both a familiar and a complex presentation, then they should be marked Below for that item. If they only require supervision for patients with a complex presentation, then they should be marked At That Level for Familiar Patients.

Independent: A student is considered "independent" if they are directing the evaluation and treatment and getting an effective outcome. If a student is coming to the CI for consultation about a patient's evaluation or plan of care, or clarifying a clinical decision, this is not considered "Supervision". When the student is at the "independent" level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician. If they are independent only for patients with a familiar presentation, then they would be marked At That Level for Familiar Patients. If they are independent for all patients, then they would be marked At That Level for all Patients.

Please score the student on **Patient Management** items as follows:

Well Below: Student requires Guidance from their clinical instructor to complete an item for all patients.

Below: Student requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.

At That Level for Familiar Patients: Student is independently managing patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.

At That Level for all Patients: Student is independently managing both patients with a familiar presentation and patients with a complex presentation. The student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

Above: Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

Please use the comment page for specific areas of concern and/or positive feedback. In addition to adding comments, please check off whether the student has met the clinical benchmarks for this affiliation. The student should have provided you with clinical benchmarks specific to their affiliation.

Global Rating Scale
On the last page you are asked to make a global rating about how the student compares to a competent clinician on an eleven-point scale from 0 to 10. The bottom of the scale indicates a student Well Below a Competent Clinician and the top of the scale represents a student Above a Competent Clinician. Please place an X in one of the boxes indicating the level where you feel your student is performing.

On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education. The clinical benchmarks for their affiliation are the minimal expectations for the affiliation so if they are not meeting them, then they are not performing at a satisfactory level. Please let the DCE know immediately if there is a problem in any area of Professional Behaviors or the student is not meeting their clinical benchmarks in a timely manner.

In the comment section, please explain a No response and give an overall summary of the student's performance.

Please complete this form and review it with the student at midterm and at the end of the affiliation. Send the forms to the Director of Clinical Education (DCE) at the University of Charleston. Do not hesitate to e-mail the DCE at any time during the affiliation with questions or concerns regarding use of this tool. The DCE can be reached at christophercovert@ucwv.edu. If you have significant or more pressing concerns regarding the student, please call the DCE at 304-807-9065.

References
1. American Physical Therapy Association. Guide to Physical Therapist Practice 4.0 https://guide.apta.org/
2. World Health Organization. International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization. https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health
3. Fitzgerald LM, Delitto A, Irrgang JJ. Validation of the clinical internship evaluation tool. Phys Ther. 2007;87(7):844-860. doi:10.2522/ptj.20060054

Clinical Internship Evaluation Tool (CIET)

Student Name:

Student ID Number: **Expected Year of Graduation:**

Clinical Facility:

Type of Rotation: **Date:**

Midterm: **Final:**

Days Absent: **Days Made Up:**

Clinical Instructor:

Clinical Instructor's Phone Number:

Clinical Instructor's E-mail:

Clinical Instructor Assessment **or Self-Assessment**

Clinical Instructor Only:
Completed Basic Credentialing Course (CCIP Level 1)? YES NO
Completed Advanced Course (CCIP Level 2)? YES NO

Other Credentials:
Years of Clinical Experience:

STUDENT NAME:_____

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL BEHAVIORS	Never	Rarely	Some-times	Most of the Time	Always	Not Observed
SAFETY						
1. Follows Health and Safety Precautions (e.g. Universal/Standard Precautions)						
2. Takes appropriate measures to minimize risk of injury to self (e.g. appropriate body mechanics)						
3. Takes appropriate measures to minimize risk of injury to patient (e.g. chooses correct level of assist)						
Comments:						

Met Clinical Benchmarks for Safety ☐Yes ☐No

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL ETHICS						
1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security. (e.g. HIPAA, Practice Acts)						
2. Demonstrates positive regard for patients/peers during interactions						
3. Demonstrates cultural competence; shows tolerance of and sensitivity to individual differences						
4. Adheres to ethical and legal standards of practice, including Practice Act and APTA Code of Ethics						
5. Maintains appropriate appearance and attire in accordance with the facility's dress code						
6. Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct						
7. Demonstrates awareness of patients' rights and Responsibilities						
Comments:						

Met Clinical Benchmarks for Professional Ethics ☐Yes ☐No

STUDENT NAME:_____

(refer to instructions for rating definitions)

STANDARDS & BENCHMARKS	RATING					
PROFESSIONAL BEHAVIORS	**Never**	**Rarely**	**Some-times**	**Most of the Time**	**Always**	**Not Observed**
INITIATIVE						
1. Recognizes and maximizes opportunity for learning						
2. Implements constructive criticism						
3. Utilizes available resources for problem solving						
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility						
Comments:						
Met Clinical Benchmarks for Initiative ☐Yes ☐No						
COMMUNICATION SKILLS						
Communicates __verbally__ with precise and appropriate terminology and in a timely manner.						
1. With patients and families/caregivers						
2. With healthcare professionals (e.g. MD, nurses, insurance carriers, case managers, OT, ST, etc.)						
Communicates __in writing__ with precise and appropriate terminology and in a timely manner.						
3. Documentation standards (e.g. concise, accurate, legible; conforms with standard procedures)						
4. With professionals (e.g. documentation, letters, plans of care, etc.)						
5. With patients and families/caregivers (e.g. patient home programs, etc.)						
Comments:						
Met Clinical Benchmarks for Communication ☐Yes ☐No						

STUDENT NAME:_____

Please compare the student to the competent clinician who can skillfully manage patients in an efficient manner to achieve an effective outcome (refer to instructions for rating definitions).

STANDARDS & BENCHMARKS	RATING				
PATIENT MANAGEMENT	Well Below	Below	At That Level for	At That Level for all Patients	Above
EXAMINATION					
1. Obtains an accurate history of current problem					
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available					
3. Performs systems review and incorporates relevant past medical history					
4. Generates an initial hypothesis					
5. Generates alternative hypotheses (list of differential dx)					
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses					
7. Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
EVALUATION					
1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)					
2. Identifies impairments in body structure and function; activity limitations; and participation restrictions					
3. Administers further tests and measures as needed for appropriate clinical decision making					
DIAGNOSIS/PROGNOSIS					
1. Determines a diagnosis for physical therapy management of the patient					
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost effectiveness					
5. Determines criteria for discharge					
INTERVENTION					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					
6. Modifies intervention according to patient/client's response to treatment					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8. Recognizes psychosocial influences on patient management					

STUDENT NAME:_____

Please comment here on the specific areas of concern or areas of strength.
Examination: Met Clinical Benchmarks for Examination?　　　☐Yes ☐No
Evaluation: Met Clinical Benchmarks for Evaluation?　　　☐Yes ☐No
Diagnosis/Prognosis: Met Clinical Benchmarks for D/P?　　☐Yes ☐No
Intervention: Met Clinical Benchmarks for Intervention?　　　☐Yes ☐No

1. **Global Rating of Student Clinical Competence**

   On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

   Place an "X" in the box which best describes the student.

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

   Well Below   *Above a*
   a Competent   *Competent*
   Clinician   *Clinician*

2. **Is the student performing at a level that is satisfactory for his/her current level of education?**

   _____ Yes   _____ No

   Summative Comments: _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

   ****

   Student Signature:_____   **Date:**_____

   Clinical Instructor Signature:_____   **Date:**_____

PT-CIET Expected Scoring Levels

DPT 868 | Clinical Immersion and Professional Practice 1 | 4 Credit Hours (CE)

Caseload: To be reported by CI with final determination by DCE: 35% of a competent clinician's average load in this setting

Professional Behaviors:

Safety 1-3:	Always
Professional Ethics 1-7:	Always
Initiative 1-4:	Most of the time
Communication 1,3,5:	Most of the Time
Communication 2:	Sometimes
Communication 4:	Sometimes

Patient Management:

Examination:	At that level for familiar: ≥5/8
	Below (or higher): 8/8
Evaluation:	Below (or higher): 3/3
Diagnosis/Prognosis:	Below (or higher): 5/5
Intervention:	At that level for familiar: ≥2/8
	Below (or higher): 8/8

DPT 978 | Clinical Immersion and Professional Practice 2 | 4 Credit Hours (CE)

Caseload: To be reported by CI with final determination by DCE: 70% of a competent clinician's average load in this setting

Professional Behaviors:

Safety 1-3:	Always
Professional Ethics 1-7:	Always
Initiative 1-4:	Always
Communication 1,3,5:	Always
Communication 2:	Most of the Time
Communication 4:	Most of the Time

Patient Management:

Examination:	At that level for all patients: ≥3/8
	At that level for familiar: 8/8
Evaluation:	At that level for familiar: 3/3
Diagnosis/Prognosis:	At that level for familiar: 5/5
Intervention:	At that level for familiar: 8/8

DPT 988 | Clinical Immersion and Professional Practice 3 | 7 Credit Hours (CE)

Caseload: To be reported by CI with final determination by DCE: 100% of a competent clinician's average load in this setting

Professional Behaviors:

Safety 1-3:   Always
Professional Ethics 1-7:   Always
Initiative 1-4:   Always
Communication 1-5:   Always

Patient Management:

Examination: At that level for all patients: 8/8
Evaluation: At that level for all patients: 3/3
Diagnosis/Prognosis: At that level for all patients: 5/5
Intervention: At that level for all patients: 8/8

Student Services Contact List

DPT Admissions: 304-220-4819
dptadmissions@ucwv.edu

UC Admissions: 304-357-4750
admissions@ucwv.edu

Athletics: 304-357-4820
monicablankenship1@ucwv.edu

Billing: billpayment@ucwv.edu

Disability and Accessibility Services:
304-357-6983 asc@ucwv.edu

Financial Aid: 304-357-4944
ucfinancialaid@ucwv.edu

IT Help: 304-357-HELP itsupport@ucwv.edu

International Students: 304-357-4881
violettapetrosyan@ucwv.edu

Library: 304-357-4780 librarian@ucwv.edu

Student Solutions Center (registration, transcripts, military and third-party benefits): solutions@ucwv.edu

Student Activities: sle@ucwv.edu

Student Life/Dean of Students (holds, student conduct): 304-357-4878 studentlife@ucwv.edu

Residence Life: 304-357-4389
reslife@ucwv.edu

UC Login Credential Issues:
itsupport@ucwv.edu

Medical Facilities Close to the University of Charleston *(Individual Health Insurance is Required)*

- Emergency Services – 911

- Emergency Services – CAMC Memorial Hospital – 304-388-5432

- Kanawha City Health Center – 304-205-7535

- MedExpress Urgent Care – 304-925-3627

UNIVERSITY OF CHARLESTON
PHYSICAL THERAPY PROGRAM
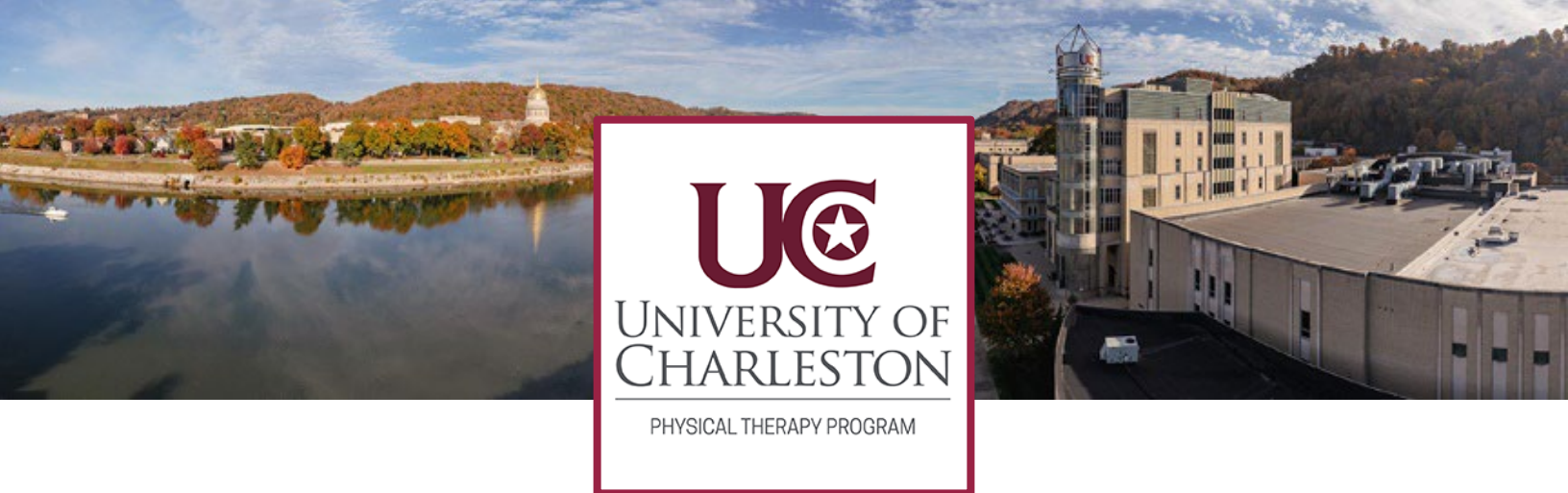
Below is the **estimated cost of attendance** for the University of Charleston (UC) Doctor of Physical Therapy (DPT) program. The professional program is eight (8) semesters in length. The UC Student Solutions Center [https://www.ucwv.edu/uc-life/student-solutions-center/] is the best source for information about charges, payments, and student accounts. Tuition and fees are subject to change without prior notice.

A $500 **non-refundable seat deposit** required at time of acceptance to the program is applied to the first term tuition. May be paid in two installments.

The following **modifications to student tuition** will be made:
1) UC Alumni Discount (Students who have an earned undergraduate or graduate degree from the University of Charleston and/or Morris Harvey College earn a 20% DPT tuition discount.
2) Military, Veteran, Law Enforcement, First Responder, ROTC and/or Uniformed Service Member Discount earn a 10% DPT tuition discount. *Thank you for your service!*
3) Appalachian College Association (ACA) Graduate Tuition Discount Program. Students earning an undergraduate or graduate degree from an officially recognized ACA school earn a 10% DPT tuition discount.

Item	Total
DPT Graduate Tuition ($800 per credit hour, 120 credit hours)	$96,000
Curriculum Fee [Program] ($350 per term)	$2,800
Graduation Fee [University]	$200
Health Science Liability Insurance Fee [School] ($60 per year)	$180
Professional Memberships ($95 annually depending on benefits selected)	$285
Total Estimated Cost	**$99,465**

Other variable costs may be included depending on choices made on the part of the student including but not limited to how far they live from campus. Transportation and accommodations to UC Campus for lab immersions (x8) up to $16,000. Transportation and accommodations for clinical rotations (x3) up to $9,000. Books depending on preferences of book (new, used, online) up to $1500. Professional conferences are highly recommended but optional up to $3000.

Acknowledgment – Handbook for Students

Student Name (Printed)_____   Date _____

Student Signature_____   Class of _____

Graduate level education is an exciting learning opportunity and challenge. It brings with it many requirements for which the graduate student is ultimately responsible. To facilitate the students' effort in meeting the demands of the graduate program in physical therapy at the University of Charleston, each student is being provided with a digital copy of the Physical Therapy Student Handbook and the University of Charleston Student Handbook. The program will follow the policies and procedures found in these documents. Faculty advisors are available to assist each student as needed for clarification and guidance. Each student is expected to read and follow the information provided in the handbooks.

Please sign and date at the top of the form and then put your initials to acknowledge each statement below.

I have reviewed the handbook materials provided and have been given the opportunity to ask any questions. (initial)_____

I understand that I am responsible for all material presented in the given handbooks. (initial)_____

I will immediately report changes in contact information (e.g. name, address, phone number) to the UC DPT Program and update accordingly with university systems. (initial)_____

I understand that to matriculate within the program, I must be able to meet established Technical Standards. If accommodation is needed, I am responsible for filing that request through appropriate university channels. (initial)_____

Placement in clinical education rotations will be more difficult if I have adverse elements appearing on a criminal background check. If there is a possibility that negative elements exist, I will bring this to the attention of the Director of Clinical Education (DCE) as soon as possible for analysis and investigation of possible implications for placement. I understand that facilities have the right not to accept me as a student based on an adverse background check. In extreme circumstances this may lead to delays in matriculation and may interfere with my ability to graduate. (initial)_____

I will be responsible for completing all aspects of the application process for state licensure as a physical therapist. I am aware that I must submit relevant application materials for completion by the program at designated times prior to graduation. Successful completion of the UC DPT program does not guarantee that I will successfully receive licensure from a respective state agency. A professional board examination must be passed, and evidence of good moral character must be demonstrated to the respective licensing agencies. Individuals with histories of criminal actions seeking to obtain a license to practice physical therapy may have to submit extra paperwork that could delay or jeopardize the application process. I will reach out to my respective state board if I have any questions or known issues that may impact obtaining a license to practice as a physical therapist. (initial)_____

I acknowledge that the UC DPT program reserves the right to change or modify any of the existing policies and procedures and place them into effect immediately. Students will be notified of policy and procedure changes that may impact them through official program communication. (initial)_____

I will maintain the confidential nature of the information on patients and their records, along with information on the business operations of the clinical site. Certain sites may require a formal signed HIPAA notice or other acknowledgements related to confidentiality. (initial)_____

It is my responsibility to cover all expenses related to on campus labs and clinical education including but not limited to transportation, housing, meals, professional liability insurance, and medical expenses. (initial)_____

It is my responsibility not to participate in a lab or activity that could seriously affect my mental health or aggravate a known medical condition. I am aware that there are multiple avenues to seek a resolution including speaking directly with the course instructor or lab faculty, my advisor, the program director, the assistant program director, the director of clinical education, UC student services such as counseling or disability services. At no time will I be expected to put myself in harm's way. (initial)_____

I will maintain the privacy of my classmate's medical information and respect any personal preferences they have related to body exposure or physical contact. If I have preferences that would interfere with my ability to participate, it is my responsibility to communicate and seek resolution in advance. (initial)_____

I acknowledge that the University of Charleston prohibits all forms for discrimination based on sex, gender, sexual orientation, gender expression and gender identity in its educational programs and activities. Prohibited conduct includes sex discrimination, sexual harassment, sexual violence and retaliation. (initial)_____

Policy Name: **Professionalism**
Policy Number: **01-01**
Effective Date: **02/19/2025**
Replaces Date: **01/30/2025**
Number of Pages: **2**

Approval Signature: *Steven G. Lesh*   **02/19/2025**

                              Program Director   Date

Purpose: To establish the foundation of professionalism including expected attributes and behaviors for the Doctor of Physical Therapy (DPT) Student at the University of Charleston (UC).

Definition: Professionalism includes the conduct, attributes, behavior, and attitude of someone working within the healthcare environment. As part of a doctoral healthcare profession a high degree of professional courtesy, interaction, and decorum is expected.

Policy: As a UC DPT student it is expected that the qualities, characteristics, and attributes of a professional are demonstrated on a habitual basis with all interactions including, but not limited to peers, faculty, staff, clinical instructors, patients, clients, and other professionals. Students failing to meet these expectations may be referred to the Review Committee (see policy 06-02) for action which may include probation, dismissal, and/or denying the student the privilege of re-enrollment (see policy 01-14 and policy 01-15). See associated FORM Professional Standards and Descriptors. In cases of serious misconduct, students may be removed from the setting and will be referred for further action through appropriate program and/or university channels.

Procedure:
1) Core Faculty
   -Establish and update professionalism expectations for physical therapy students enrolled in the program.
   -Work with advisees to correct any lapses of professionalism.
2) Program Director
   -Memorialize and disseminate established professional standards to students enrolled in the program and other relevant communities of interest.
3) Course Faculty
   -Role model and monitor professionalism demonstrated by students enrolled in the program in all learning settings.

-Establish course level professional expectations. If course level penalties are to be implemented, the course faculty should clearly articulate the penalty within the syllabus.
-Address observed lapses in professionalism on the part of the student. This may include counseling, coaching, and/or course level penalties.
-Report to student advisor and core faculty when issues arise with professionalism within the course or curriculum that are not resolved to be considered for potential disciplinary action.

4) Students

-Acknowledge and appreciate that professionalism standards related to behavior and interactions will be expected throughout the entirety of the curriculum.
-Review and emulate established professional expectations as defined by the core faculty.
-Follow the University of Charleston's Code of Conduct found within the UC Student Handbook.
-Participate in corrective measures when professional standards are not met.

UNIVERSITY OF CHARLESTON

Policy Title:	**Attendance, Participation, and Absences**
Policy Number:	**01-02**
Effective Date:	**02/11/2025**
Replaces Date:	**02/06/2025**
Number of Pages:	**3**

Approval Signature: *Steven G. Lesh*   **02/11/2025**

                    Program Director   Date

Purpose: To establish expectations for attendance, participation and interaction for students enrolled in the Doctor of Physical Therapy (DPT) Program at the University of Charleston (UC) regarding all potential learning venues.

Definition:

A) Attendance is essential for an optimal learning environment. Learning occurs in relationships not only between student and course materials, but, just as importantly, peer to peer, instructor to student, and student to instructor. The UC DPT program demands that each student is self-motivated and self-disciplined. The nature of a hybrid educational program permits the student to attend pieces of the curriculum at their convenience, but this does not absolve the student of the responsibility to meet established deadlines or pieces of the curriculum that are held synchronously.

B) Participation is essential for an optimal learning environment. Academic engagement is best demonstrated by completing assignments in a timely manner, preparing in advance for classes, and actively engaging with faculty and peers. The student is expected to be prepared, ask questions, answer questions, and actively engage in designed learning activities. It is the student's responsibility to actively participate in each course regardless of the delivery method.

C) Excused absence from a scheduled learning activity, deadline, and/or clinical experience, including arriving late or leaving early, is defined as due to illness, personal/family emergency, University-approved functions including athletic team events, unsafe travel conditions, or military obligation. Appropriate documentation (e.g. physician's note, supporting paperwork) may be required. Students may request approval consideration for excused absences related to significant life events to be reviewed on a case-by-case basis by the Review Committee (see policy 06-02).

D) Unexcused absence from a scheduled learning activity, deadline, and/or clinical experience, includes all other incidences not covered in the excused absence definitions in this policy.

E) The nature of absences whether excused or unexcused may have other consequences necessitating referral to the Review Committee for action (see Policy 06-02) and may impact matriculation (see Policy 01-14 Matriculation Standards).

Policy: The student is responsible for actively attending and participating in established classes, learning activities (e.g. assignments, group activities, assessments), lab sessions, and clinical education experiences. This includes expectations of being on time and not leaving early. The faculty will create make-up work, activities or assessments for excused absences. These may be substituted elements as opposed to the original work, activity or assessment. Missed curricular activities, whether excused or unexcused, may jeopardize timely matriculation (see Policy 01-13) due to the nature of the lockstep curriculum. Faculty are not obliged to allow students to make up missed work, activities, or assessments for unexcused absences. Unexcused absences, including arriving late or leaving early, are considered a lapse in professionalism (see Policy 01-01).

Procedure:
1) Core Faculty
　　-Establish and update the standards for attendance and participation for physical therapy students enrolled in the program ensuring they are compliant with university policies and procedures.
　　-Work with advisees as needed to correct identified issues in attendance and participation (see policy 04-01).
2) Program Director
　　-Memorialize and disseminate established attendance and participation standards to students enrolled in the program and other relevant communities of interest.
　　-Distribute approved curriculum calendars to both students and relevant communities of interest.
3) Assistant Program Director
　　-Serve as the principal point of contact at the program level for issues related to student attendance and participation related issues for both faculty and students.
　　-Make appropriate determinations or referrals regarding the nature of student attendance and participation related issues.
　　-Communicate results and actions to appropriate communities of interest related to student attendance and participation issues.
4) Director of Clinical Education
　　-Manage attendance and participation issues when students are attending clinical rotations as policy (see 03-05 Clinical Education Attendance and Hours Worked).
5) Course Faculty
　　-Establish expectations that early to an event is "on time" whereas on-time to an event is "late."
　　-Establish expectations of full participation throughout the scheduled event (i.e. not leaving early).
　　-Role model attendance and participation expectations.
　　-Manage requests for excused time off on the part of the student by modifying due dates.
　　-Make appropriate time off allowances for established university events.

-Address patterns of failure to attend or participate in a course on the part of the student. This may include counseling, coaching, and/or course level penalties. If course level penalties are to be implemented, the course faculty should clearly articulate the penalty within the syllabus.

-Report to student advisor and Assistant Program Director when issues arise with participation and/or attendance.

4) Students

-Meet the demands of the program, including but not limited to attending scheduled classes and activities either in person or remote including clinical settings.

-Demonstrate timeliness by arriving early at an event and being prepared to actively participate at the scheduled start time.

-The student is never expected to put themselves in danger or take unnecessary risks when traveling for curricular experiences.

-Respect the value of the event by fully participating throughout the scheduled time which includes not leaving early, stepping out during event, or engaging in distracting activities.

-If unable to attend or actively participate in a course activity, the student should, as soon as practically possible, communicate the attendance and participation situation with the course or clinical faculty.

-Notify the Assistant Program Director if attendance issues will impact more than one course.

-Work with course or clinical faculty to determine an appropriate timeline to finish designed course activity that was missed due to an excused event.

-Appreciate that missed course work due to either excused or unexcused absences could jeopardize successful matriculation (see policy 01-13).

Policy Title: **Timeliness of Submissions (Late Policy)**
Policy Number: **01-03**
Effective Date: **01/23/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **01/23/2025**
                     Program Director   Date

Purpose: To establish expectations for timeliness of submissions for curricular elements (e.g. assignments, exams) for students enrolled in the Doctor of Physical Therapy (DPT) Program at the University of Charleston (UC).

Definition: Meeting external deadlines, dependability, and punctuality are components of professional behaviors that are expected of all UC DPT students (see policy 01-01 Professionalism). The adherence to these timeliness standards as a student should be reflective of future performance as a licensed professional.

Policy: Students will be expected to meet deadlines for program or course level deliverables either found in the course syllabus or communicated by the core faculty including but not limited to clinical education paperwork. Consistently missing deadlines is considered a lapse in professionalism (see policy 01-01 Professionalism).

Procedure:
1) Core Faculty
       -Establish and communicate deadlines standards for program deliverables.
2) Program Director
       -Memorialize and disseminate established timeliness policy standards to students enrolled in the program and other relevant communities of interest.
3) Course Faculty
       -Establish deadlines and post in syllabus for course deliverables (e.g. assignments, exams).
       -If late submissions are a result of an excused absence, work with the student according to the established policy (see policy 01-02 Attendance, Participation, and Absences).

-Address patterns of the student failing to submit deliverables by established deadlines. This may include counseling, coaching, and/or course level penalties. If course level penalties are to be implemented, the course faculty must clearly articulate the penalty within the syllabus.

-Report to student advisor and Assistant Program Director when issues arise with missed deadlines.

4) Students

-Establish a routine such that adequate time and preparation are scheduled to meet established deadlines.

-If a deadline is missed and is related to an excused absence, work with instructor according to the established policy (see policy 01-02 Attendance, Participation, and Absences).

-If a deadline is missed and is related to an unexcused absence, communicate with faculty the reasons for the oversight and corrective measures to meet future deadlines.

UNIVERSITY OF CHARLESTON

Policy Title:	**Dress Code**
Policy Number:	**01-04**
Effective Date:	**01/30/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   **01/30/2025**

Program Director   Date

Purpose: To ensure that Doctor of Physical Therapy (DPT) students at the University of Charleston (UC) appear professional and to ensure a safe environment for students, clients, and patients as well as other communities of interest.

Policy: Students are expected to dress in an appropriate manner whether in the classroom (on campus or remote), laboratory, clinic or other professional / curricular setting. A student name tag is expected to be displayed at times. If at any time an off-site facility or other required attendance location has a dress code that is different from this policy, the program will defer to the off-site facility. Students failing to meet these expectations may be referred to the Review Committee (see policy 06-02) for action which may include probation and/or denying the student the privilege of re-enrollment (see policy 01-13).

General Dress Code Guidelines:
-In all cases, students must be able to sit/stand, reach overhead, squat, and reach to the floor or toward the feet without exposing skin of the trunk. Any exposure of the stomach, back or chest should be intentional and for learning purposes only.
-For safety, hair must be clean, neat, and pulled back while in lab or clinical settings.
-For safety, jewelry should be limited and small while in lab or clinical settings. Loose or dangling jewelry (e.g. long necklaces, bracelets, large rings, long earrings) needs to be removed for the safety of patients and students.
-For safety, body piercings should be removed while in lab or clinic settings.
-For safety, nails should be kept short and clean while in lab or clinical settings.
-For safety, perfumes, cologne, lotions, or body sprays should not be used in lab or clinical settings.

Lab Dress: This style of dress requirement will be utilized for identified occasions during the curriculum related to lab experiences to provide discreet exposure and access to various regions and allow appropriate freedom of movement and observation. Some examples of appropriate lab dress include but are not limited to shorts, t-shirts, exercise attire, and athletic shoes.

Business Casual Dress: This style of dress requirement will be utilized for identified occasions during the curriculum such as outside guests presenting during course sessions, visiting external facilities, and/or during clinical rotations. Some examples of appropriate business casual dress include but are not limited to slacks, khakis, polos, blouses and comfortable shoes. Other standards may be required for clinical rotations.

Professional Dress: This style of dress requirement will be utilized for identified occasions during the curriculum that is more formal in presentation than required by business casual dress. Some examples of appropriate professional dress include but are not limited to dress slacks, dresses, dress shirts, blouses, coat, tie, and dress shoes.

Procedure:
1) Core Faculty
-Establish and update the standards for dress code to be followed by physical therapy students enrolled in the program.
2) Program Director
-Memorialize and disseminate established dress code standards to students enrolled in the program and other communities of interest.
3) Course Faculty
-Role model and monitor dress demonstrated by students enrolled in the program in all learning settings.
-Communicate to students in advance which type of dress is most appropriate for a given curricular event.
-Make referrals to Review Committee as needed.
4) Students
-Follow established dress code policy.
-Seek clarification from the course faculty regarding when to utilize a given dress code for a given learning setting or event.
-Participate in corrective measures when dress code standards fail to be met.
-For clinical rotations, clarify and follow any special dress requirements per given facility.

Policy Title:	**Curriculum Time Zone**
Policy Number:	**01-05**
Effective Date:	**01/30/2025**
Replaces Date:	**12/19/2024**
Number of Pages:	**1**

Approval Signature: *Steven G. Lesh*   **01/30/2025**

                     Program Director   Date

Purpose: The purpose of this policy is to establish a standardized curriculum time framework aligned with the Eastern Time Zone (ET) for all students, faculty, and staff within the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC).

Policy: To ensure consistency in educational scheduling across the program and the institution, the program seeks to optimize student learning by aligning instructional hours with hours of operation for the university. For the planning, scheduling, and operational efficiency purposes for faculty, students, and staff as well as external educational and clinical partners, the UC DPT program will operate in the Eastern US Time Zone (EST).

Procedure:
1) Core Faculty
    -Determine and review curriculum timing policies ensuring congruency with university policy.
2) Program Director
    -Coordinate planned university scheduling and timing with the program calendar.
    -Disseminate program calendar to faculty, students, and communities of interest.
3) Course Faculty
    -Be present daily either on campus or virtually when classes are in session, or at required locations for clinical hours, labs, or practicums.
    -Be prepared to potentially teach a combination of days or evenings, at different locations and through various modalities.
    -Establish, communicate, and maintain regularly scheduled office hours of availability. This information should be posted at the minimum in course syllabi for the students.
4) Students
    -Be prepared to meet for synchronous coursework or other curricular experiences either in person or virtually during established hours of operation.

Policy Title:	**On-Campus Requirements**
Policy Number:	**01-06**
Effective Date:	**02/06/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**
Approval Signature:	*Steven G. Lesh* **02/06/2025**
	Program Director Date

Purpose: To establish clear expectations of student on-campus presence and participation to complete expected elements of the hybrid Doctor of Physical Therapy (DPT) curriculum at the University of Charleston (UC).

Definition: The contemporary working of a hybrid curriculum suggests that part of the curricular expectations can be completed remotely in a more traditional distance education format in which the student and the instructor are separated perhaps by both time and location, while certain focused hands-on curricular elements must be completed in person in a more traditional face-to-face model in which the student and instructor are physically in the same location at the same time (i.e. on-campus). A flipped classroom model suggests a planned learning environment such that parts of a traditional classroom are completed by the student in advance of direct interactions and/or face-to-face encounters (e.g. integrated learning labs, see Policy 05-01 Mission, Vision, and Educational Principles). The students should expect a heavier workload covering didactic materials in advance to establish a sound foundation progressing to an on-campus setting where the learned materials are integrated in a practical or experiential learning environment.

Policy: To successfully complete the UC DPT curriculum, students are expected to be on-campus during pre-determined times and locations. At the minimum these events will be established at least once per semester for up to two weeks in duration. Students are responsible for their own room, board, and transportation during the on-campus requirements. Students do not have to physically reside in the immediate proximity to campus, but it is recommended that students do so to maximize learning times, reduce travel burdens, and reduce added costs to the overall education. Students who are unable to attend on-campus events (see Policy 01-02 Attendance, Participation, and Absences) may be referred to the Review Committee (see Policy 06-02) for action which may negatively impact matriculation (see Policy 01-14).

Procedure:

1) Core Faculty

-Establish and review curricular expectations for student attendance and participation during on-campus sessions.

2) Program Director

-Create and circulate information related to on-campus participation at pre-determined periods within the curriculum to students and other communities of interest.

3) Course Faculty

-Ensure that on-campus sessions are planned and that students are given adequate time to prepare.

-Assess student participation and performance during on-campus sessions.

4) Students

-Attend and actively participate in scheduled on-campus sessions.

-Decide to reside near the campus or live remotely. If a student elects to live remotely, they must make adequate arrangements for transportation and housing during established on-campus sessions.

-Notify the course faculty in advance if issues may arise that negatively impact the student's ability to participate in scheduled on-campus events.

-Participate in corrective measures when on-campus participation standards are not met.

Policy Title: **Student Workload Expectations | Regular and Substantive Interaction (RSI)**
Policy Number: **01-07**
Effective Date: **04/03/2025**
Replaces Date: **03/27/2025**
Number of Pages: **3**
Approval Signature: *Steven G. Lesh*   **04/03/2025**

                              Program Director   Date

Purpose: To establish expectations for the University of Charleston (UC) Doctor of Physical Therapy (DPT) graduate student workloads during the curriculum for various learning activities and curricular experiences.

Definitions:
a) Graduate Student Workload: For UC DPT students, expected workload is a combination of rigorous academic demands, extensive clinical training, and professional skill development. The UC DPT program requires full-time commitment comparable to a high-intensity professional role, with structured time allocations across three key areas: 1) academic workload, 2) clinical education (CE) requirements (see Policy 03-05 Clinical Education Attendance and Hours Worked), and 3) professional and behavioral expectations (see Policy 01-01 Professionalism). These allocations require self-directed learning, problem-solving under pressure, and successful work-life integration.
b) Credit and Contact Hour: Established in the university catalog and included in the syllabus for each course. Credit hours are used to calculate the contact hours for each course. One credit hour equates to a combined total of 3 contact hours of student workload consisting of direct and indirect student learning hours.
c) Direct and Indirect Student Learning: Direct learning focuses on structured, instructor-led engagement, while indirect learning emphasizes student-driven exploration and reflection. Examples of direct student learning include but are not limited to content delivered through planned synchronous lectures, interactive activities, demonstrations, guided laboratory experiences, and structured virtual office hours. Examples of indirect student learning include but are not limited to asynchronous materials, inquiry-based activities, individual or group projects, readings, and reflections. Assessments, either formative or summative, may be considered either direct or indirect depending on the interaction and nature of the mode of delivery.
d) Regular and Substantive Interaction (RSI): In distance education, RSI refers to federally mandated engagement standards that distinguish online learning eligible for federal financial aid

from correspondence education. Established in July 2021, RSI requires instructor-initiated, predictable, and academically meaningful interactions structured to mirror the engagement of traditional classrooms. The intent of this provision is to ensure online or remote students receive equitable academic support and foster meaningful learning experiences.

e) Relationship Between Student Learning and RSI:

      i. Direct student learning and RSI share overlapping principles but serve distinct roles in education. While direct learning refers to structured, teacher-led instructional methods, RSI is a regulatory framework mandating specific types of engagement in distance education. For UC DPT purposes, instructors will strive to utilize direct instruction concepts to ensure RSI standards are met. Examples that meet both direct student learning and RSI standards would include but not limited to hosting live class sessions and providing regular structured virtual office hours (SVOHs).

      ii. Indirect student learning may or may not meet the standards of RSI. For example, an auto-graded quiz without personalized feedback would be considered indirect student learning but not RSI whereas a moderated discussion board with personalized feedback from the instructor would be considered indirect student learning and RSI.

Policy: UC DPT graduate didactic student load expectations will be calculated following the general premises found within the Carnegie Unit (i.e. credit hour) or Model based on a 15-week term. The program will utilize a modified version of Bloom's Taxonomy (FORM Modified Bloom's Integrated Bridge [BIB] Model) to provide a structured framework, to align course activities and assessments, and to provide clear expectations of work and effort needed to complete a varied number of tasks at various levels of complexity. Students will be considered full-time in the UC DPT program if actively enrolled in 9 or more graduate credit hours per term, and part-time if actively enrolled in at least 5 graduate credit hours per term.

1) For courses classified as lecture (LEC), one semester credit hour is earned through fifteen hours of direct student learning combined with thirty hours of indirect students learning over the given term. A general expectation is for one 10-minute break from learning to be given for each hour of direct learning depending on the setting and circumstances. LEC courses within the UC DPT curriculum typically range from 1 to 3 credit hours per term.

2) For courses classified as laboratory (LAB), one semester credit hour is earned through forty-five hours of direct student learning including but not limited to guided laboratory experiences. A general expectation is for one 10-minute break from learning to be given for each hour of direct learning depending on the setting and circumstances. LAB courses within the UC DPT curriculum typically range from 1 to 3 credit hours per term.

3) For courses classified as clinical education (CE), one semester credit hour is earned for each two weeks spent in the experiential setting. CE courses within the UC DPT curriculum typically range from 4 to 7 credit hours per term.

4) Course level objectives are written utilizing Bloom's Taxonomy demonstrating an expected depth and breadth of knowledge, skills, and abilities (see Policy 05-01 Mission, Vision, and Educational Principles and FORM Modified Bloom's Integrated Bridge [BIB] Model). Courses during the first year of the curriculum will tend to focus on the lower levels of Bloom's (Remember, Understand) progressing to Application-level objectives mostly through identified learning lab courses. Higher order objectives will focus on Analyzing, Evaluating and Creating through the second-year practice management coursework leading to and through clinical education experiences. As the student progresses through course level outcomes both across the terms and across the curriculum, it is expected that the student will continuously integrate old concepts in a cumulative manner in order to master newer higher level performance objectives.

Procedure:
1) Core Faculty
   -Create, review, and update program policies and procedures to comply with institutional policies, accreditation standards, and any applicable laws or regulations governing student workload in higher education.
2) Program Director
   -Memorialize and disseminate established workload expectations standards to students enrolled in the program and other communities of interest.
   -Orient current and potential students to the established workload expectations.
   -Orient faculty on established workload expectations for students related to assigned course credit hours.
3) Course Faculty
   -Display in the course syllabus student workload expectations related to direct, indirect, and RSI elements.
   -Align course level learning activities and assessments to expected performance levels of Bloom's taxonomy and associated student workload.
   -Provide feedback on workload impact on both the faculty and students.
4) Students
   -Appreciate both the workload and complexity of preparation and participation that is expected for a given course through assigned credit hours and Bloom's taxonomy.
   -Provide feedback on workload impact during the curriculum.
5) Curriculum Committee Chair
   -Oversee the implementation and coordination of the curriculum.
6) Admissions and Enrollment Coordinator
   -Coordinate with Financial Aid office full-time and part-time enrollment status of students at the start of each term.

Policy Title:	**Calendars and Holidays**
Policy Number:	**01-08**
Effective Date:	**03/24/2025**
Replaces Date:	**01/30/2025**
Number of Pages:	**2**
Approval Signature:	*Steven G. Lesh* **03/24/2025**
	Program Director Date

Purpose: To establish program calendar parameters and disclose planned holiday intervals that may exist within the annual calendar for the Doctor of Physical Therapy (DPT) curriculum at the University of Charleston (UC).

Definition:
A) The UC DPT program will utilize an alternate calendar format for financial aid purposes. The general intent is to follow as closely as possible to the established UC academic calendar but variances particularly related to advance planning for clinical education may be required.
B) Holiday intervals, in which no class or curriculum activities are held, are established and recognized by the university. The university may or may not recognize established governmental and/or religious holidays.

Policy: A cohort calendar will be established prior to admission of students using the UC academic calendar as a guide and is subject to change. The program will plan for recognized holidays determined by the University. However, there may be instances in which the student is expected to attend or participate in curricular related activities on weekends and/or recognized holidays including participation during clinical education. Students while attending clinical education experiences are expected to follow established work schedule as determined by the clinical instructor which may not be the same as the official university and/or program calendar. A student may submit in advance (14 calendar days) to the program director a deference request if the program didactic (lecture and/or lab) schedule interferes with individual religious practices or experiences. If approved, this will be treated as an excused absence (see policy 01-02).

Procedure:

1) Core Faculty

      -Create, review and update policy related to calendars and holiday recognition within the program.

2) Program Director

      -Establish a cohort calendar (subject to change) that covers expected duration of an admitted cohort of students.

      -Coordinate recognized university holidays with the cohort calendar.

      -Adjust cohort calendar for unexpected events.

      -Disseminate cohort calendar and any necessary updates to faculty, students, and relevant communities of interest.

      -Make determination on individual student deference request.

3) Course Faculty

      -Follow established program calendar.

      -Follow the excused absence policy for approved deference requests.

4) Students

      -Recognize that established cohort calendar is subject to change and adjust personal schedule accordingly.

      -Attend weekend and/or holiday events if deemed necessary by the program or clinical instructor.

      -Submit deference request by university email to Program Director (or assigned designee) at least 14 calendar days in advance of first day of the term if individual religious practices or experiences would conflict with scheduled program events.

Policy Title:	**Technical Standards**
Policy Number:	**01-09**
Effective Date:	**01/30/2025**
Replaces Date:	**12/19/2024**
Number of Pages:	**3**

Approval Signature: *Steven G. Lesh*   **01/30/2025**

Program Director   Date

Purpose: To meet the mission of the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC), enrolled students must be able to complete the academic and clinical education components of the program. This policy, together with the accompanying Technical Standards document, identifies the requirements and processes to request reasonable accommodation.

Definitions: Requests for accommodation may be made by students at any time for either short-term or long-term issues. Accommodation may not be arranged retroactively. Technical Standards are defined as non-academic guidelines that a student must meet to both enter and successfully matriculate through the program in physical therapy. Essential functions are primarily related to future employment as a physical therapist but may be involved during the clinical education placement process as a student may be expected to meet established standards of a given facility in addition to Technical Standards of the program.

Policy: It is the policy of the UC DPT Program in cooperation with the disability resource professionals at the University to develop accommodation to maximize access for qualified students with disabilities. Prospective students, who can complete these established standards and activities with or without reasonable accommodation, are not required to disclose potential specifics of an accommodation request prior to an admission decision. All students, prior to the start of classes, must indicate that Technical Standards can be met with or without reasonable accommodation.

The UC DPT program Technical Standards will be published and included in the admission materials provided to the prospective student during the offer process. See FORM Technical Standards.

If a student cannot meet or demonstrate the Technical Standards, either at the start of the program or during the program, it is the responsibility of the student to request appropriate accommodation through the University Student Solutions Office. The provision of reasonable

accommodation throughout the curriculum, including clinical rotations, may require advanced planning on the part of the university and may delay normal matriculation.

It is recognized that the status of students may change over time in which accommodation may need to be made, removed, or altered based on the changing status of the student. The student retains the right to update their request for accommodation status and seek accommodation at any point during their tenure within the program. Requesting accommodation later in the curriculum may delay graduation if meeting the established accommodation cannot be obtained in the desired timeline.

Inability to meet the requirements set forth in the Technical Standards, with or without accommodation, is cause for denial of initial enrollment, matriculation, or re-enrollment in the program. Some clinical education sites may deem certain accommodation as not reasonable thus making the student ineligible for completing a clinical education experience at that site. Enrolled students who are not able to meet the requirements will be referred to the Review Committee for appropriate action and consideration.

Procedure:
1) Core Faculty
   -Review and/or update Technical Standards at least on an annual basis for applicability to the DPT program.
   -Serve on Review Committees as appointed (see policy 06-02).
2) Program Director
   -Oversee the Technical Standards process.
   -Orient current and potential students to the established Technical Standards.
   -Consult with the UC Student Solutions Office when a student submits a request for accommodation as needed.
   -Meet with students requesting accommodation to discuss request if needed.
   -Work with prospective students, faculty and UC Student Solutions Office to determine if requested accommodation is reasonable.
   -Document decisions regarding recommendations and decisions.
   -Notify the student and other relevant "need-to-know" parties of decision.
3) Course Faculty
   -If identified, work with students to implement course level accommodation.
   -Refer students as needed for consultations regarding potential accommodation.
4) Students (Enrolled, Prospective)
   -Review and acknowledge the established Technical Standards of the DPT program.
   -Initiate a request through the UC Student Solutions Office for accommodation if needed to meet established Technical Standards

-Participate in the accommodation request process.

5) Admissions Coordinator / Administrative Assistant

-Include UC DPT Program Technical Standards as part of the admissions material.

6) Review Committee

-Hear and review Technical Standards cases brought before the committee.

-Confer as needed with the university disability resource professionals and/or program director.

-Make a determination regarding Technical Standards cases.

7) UC Student Solutions Office

-As needed, work with the Program Director to determine if required accommodation request documentation is adequate.

-As needed, work with Program Director and/or Course Faculty to determine if requested accommodation is reasonable.

-As needed, make recommendations for accommodation on behalf of the requesting student.

-Serve as a disability resource for the UC DPT program as needed.

UNIVERSITY OF CHARLESTON

Policy Title:	**Grading**
Policy Number:	**01-10**
Effective Date:	**02/06/2025**
Replaces Date:	**N/A**
Number of Pages:	**3**

Approval Signature: *Steven G. Lesh*   **02/06/2025**

                                   Program Director   Date

Purpose: To establish a fair, transparent, and consistent process for evaluating physical therapy student performance and assigning grades within the physical therapy curriculum.

Definition:

1) For the purposes of programmatic matriculation GPA calculations (see Policy 01-14 Matriculation Standards) an earned grade of "P" during clinical education will be considered as 4 grade points while an earned grade of "F" during clinical education will be considered as 0 grade points.

2) For the purposes of programmatic matriculation GPA calculations (see Policy 01-14 Matriculation Standards) any repeated course under the direction of the Review Committee, the new course grade will replace the old grade.

Policy: Faculty are responsible for grading, performance expectations, and student progression through the curriculum (CAPTE 4N) as well as ensuring that students are professional, competent, safe, and ready to progress to clinical education (CAPTE 4O). Most UC DPT courses are graded using the A/F system. Clinical education courses will utilize a P/F system. Interim grade reporting per university procedures will be utilized to encourage communication between students, faculty, advisors, and other relevant parties. Grading policies and procedures for courses outside of the physical therapy program (e.g. Master of Business Administration) will default to those given program standards.

Grading Scheme used for UC DPT Courses:

A   A grade earned for performance of knowledge, skill, and/or ability of a high quality.

B   A grade earned for performance of knowledge, skill, and/or ability of average quality.

C   A grade earned for performance of knowledge, skill, and/or ability of below average quality. It should be noted that consistent performance at this level may hinder the student's ability to successfully matriculate through the curriculum.

D   A grade earned for performance of knowledge, skill, and/or ability well below average quality. The lowest grade for which a student earns academic credit, however, this earned final grade will not meet the standards necessary to fulfill program outcomes and will hinder the student's ability to successfully matriculate through the curriculum. Students earning this grade will be automatically referred to the Review Committee for appropriate matriculation considerations.

P   In courses designated as P/F, this grade represents a passing standard when used for final grading purposes. This grade represents the ability of the student to successfully matriculate through the curriculum.

F   Represents failure to meet the outcomes or requirements of a learning experience. This earned final grade will not meet the standards necessary to fulfill program outcomes and will hinder the student's ability to successfully matriculate through the curriculum. Students earning this grade will be automatically referred to the Review Committee for appropriate matriculation considerations.

I   Designates a temporary grade that indicates a student's work is incomplete because of illness or other unavoidable reasons and additional time is allowed for completion. It is deemed possible for the student to pass the course. A grade of I will not be awarded if the student has completed less than 50% of the coursework. Dean's approval is required.

I/F   Designates an incomplete ("I") grade that was automatically changed to I/F at the end of the allowed time for course completion.

IM   Is a temporary grade that indicates a student's coursework is "Incomplete" because of military deployment and additional time is being allowed for completion.

IM/F   Designates an IM grade that was automatically changed to IM/F at the end of the allowed time for course completion.

W   Indicates the student withdrew from the course on or before the last day to officially withdraw. Please note there are specific dates within the academic catalog that establish withdrawal dates for student consideration. This earned final grade will not meet the standards necessary to fulfill program outcomes and will hinder the student's ability to successfully matriculate through the curriculum.

Grading Scale:
A: 89.50% - 100.00%
B: 79.50% - 89.49%
C: 69.50% - 79.49%
D: 59.50% - 69.49%
F: $\leq$ 59.49%

Procedure:
1) Core Faculty

    -Establish and review program policies and procedures to comply with institutional policies, accreditation standards, and any applicable laws or regulations governing student assessment in higher education.

-Foster a culture of academic excellence, ensure equitable treatment of students, and produce graduates who are well-prepared to provide high-quality physical therapy care.

-Make determinations on student professionalism, competency, safety behaviors, and readiness to progress to clinical education.

2) Program Director

-Support data-driven curriculum assessment and improvement by using grading data to evaluate the effectiveness of teaching and learning.

3) Course Faculty

-Align grading practices and methods with the program's educational principles, program level outcomes, and course learning objectives.

-Provide input on student professionalism, competency, safety behaviors, and readiness to progress to clinical education.

-Provide students with clear expectations and feedback (both formative, summative) that contributes to improvement.

-Submit both interim and final course grades and feedback per established university timelines and procedures.

-Process incomplete grade status when necessary following established university timelines and procedures.

-Make appropriate referrals including but not limited to the student's advisor and program Review Committee.

-Provide information when requested by the Review Committee.

4) Students

-Follow University of Charleston's Academic Integrity Policy within the UC Student Handbook.

-Appreciate that the student may be graded on class attendance and participation, required readings, written reports and papers, tests both formative and summative, skills, professionalism, safety, oral presentations, and/or other faculty-designated assessments.

5) Review Committee

-Establish an appropriate and timely action plan for any grades earned that may negatively impact matriculation.

Policy Title: **Academic Integrity**
Policy Number: **01-11**
Effective Date: **02/20/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **02/20/2025**

                                    Program Director   Date

Purpose: The purpose of this Academic Integrity Policy is to establish and maintain a culture of honesty, trust, and ethical behavior within our academic community. This policy aims to ensure that all University of Charleston (UC) Doctor of Physical Therapy (DPT) students understand the importance of academic integrity, recognize what constitutes academic misconduct, and are aware of the consequences for violating these standards.

Definition:
a) The UC Academic Integrity Policy is found within the UC Academic Catalog.
b) Academic Integrity refers to the ethical standards and principles that form the foundation of academic work. It encompasses honesty, trust, fairness, respect, and responsibility.
c) As clarification on the existing university policy, if a course level penalty of an "F" on an assessment or assignment due to academic integrity issues, zero (i.e. "0") points will be entered into the gradebook.

Policy: All members of the UC DPT academic community are expected to adhere to the highest standards of academic integrity. The program will follow the established guidelines found within the UC Academic Catalog. Violations of this policy will be treated seriously and may result in disciplinary action, including but not limited to grade penalties, course failure, probation, or dismissal from the program or university. Students are responsible for familiarizing themselves with the UC academic integrity policy and seeking clarification if needed.

Procedure:
1) Core Faculty
        -Establish and update academic integrity expectations for physical therapy students enrolled in the program ensuring compliance and consistency with established university policy.
        -Work with advisees to correct identified issues related to academic integrity.

2) Program Director

       -Memorialize and disseminate established academic integrity standards to students enrolled in the program and other relevant communities of interest.

       -Confer and coordinate with the course faculty who may suspect academic integrity violations.

       -Attend individual student meetings when academic integrity penalties are discussed.

       -Share aggregate information related to academic integrity with core faculty that may need to be addressed in policy adjustment and/or process improvement.

3) Course Faculty

       -Follow established program policy on academic integrity and ensure policy is clearly articulated in the syllabus.

       -Establish and communicate course level academic integrity expectations (e.g. individual versus collaborative assessments or assignments).

       -Monitor academic integrity of students enrolled in the program in all learning settings.

       -Report to Program Director when academic integrity concerns arise.

4) Students

       -Acknowledge and appreciate that high academic integrity standards will be expected throughout the entirety of the curriculum.

       -Review and emulate established academic integrity expectations as defined by the core faculty and the university.

       -Follow the University of Charleston's Academic Integrity policy found within the UC Academic Catalog.

       -Seek clarification from course faculty on established academic integrity standards for a given assessment or assignment.

Policy Title: **Promediation**
Policy Number: **01-12**
Effective Date: **02/06/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **02/06/2025**
                                        Program Director   Date

Purpose: The purpose of this policy is to describe promediation strategies to assist students in successfully meeting identified standards either academic and/or non-academic in nature.

Definition:
 A) Promediation is the focus and effort of the program to facilitate efficient and effective student matriculation by addressing the fluid nature of meeting performance expectations for some students. It is anticipated that at times students may have issues meeting expectations either related to academic or non-academic issues.
 B) University of Charleston's Academic Integrity Policy is found within the UC Student Handbook. The program will utilize those processes for academic integrity issues.

Policy:

A) Course faculty will identify at-risk students for promediation including but not limited to earning less than 70% on summative assessments, consistently performing poorly on formative assessments, lapses in professionalism (see Policy 01-01 Professionalism), demonstrating unsafe behaviors, inconsistent attendance and/or participation, and/or academic integrity issues. The faculty will work directly with identified students to facilitate future success and communicate with student advisors (see Policy 04-01 Student Advisors) as needed. If promediation is unsuccessful, the student will be referred to the Review Committee (see Policy 06-02) for further action.

Procedure:

1) Core Faculty

   -Establish and review standards for promediation of students within the program to ensure that they are congruent and compliant with university standards and mission.
   -Consult with course faculty as needed for advisees.

2) Program Director

      -Support faculty when implementing promediation efforts.

3) Course Faculty

      -Address identified issues and/or concerns with the student.

      -Document student sessions accordingly.

      -Copy student advisor on related documentation.

      -Notify the Review Committee related to any student in which conduct and/or performance requires action.

4) Students

      -Proactively working with faculty to improve identified performance deficits.

      -Follow the University of Charleston's Academic Integrity Policy within the UC Student Handbook.

      -Effectively utilized constructive feedback.

Policy Title: **Matriculation and Graduation Standards**
Policy Number: **01-13**
Effective Date: **02/11/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh* **02/11/2025**
                       Program Director   Date

Purpose: To describe standards for successful matriculation through the University of Charleston (UC) Doctor of Physical Therapy (DPT) program.

Definition:

A) Clinical Education matriculation requirements are included in policy 03-04 Assessing Student Readiness for Clinical Education.

B) Standards for National Physical Therapy Examination (NPTE) Eligibility are included in policy 01-17 Board Licensing.

C) For the purposes of "walking early" in graduation ceremonies, it is expected that students will have completed all of the graduation requirements prior to the scheduled ceremony unless otherwise approved by the Provost.

Policy:

A) To successfully matriculate through the UC DPT program, a student must:

    1) Achieve a Term 1 GPA of at least 2.70

    2) Achieve a Term 2 GPA of at least 2.85

    3) Achieve a Term 3 GPA of at least 3.00 (and each successive term after)

    4) Pass required courses from the previous term with a final grade of A, B, C or P

    5) Have no pending referrals to Review Committee

    6) Meet Technical Standards

    7) No violation of UC policies and standards (managed through appropriate UC channels with Review Committee input as needed)

    8) Complete university requirements related to matriculation.

    9) If any of the above have not been met, matriculation status is based on the outcome of the Review Committee

B) To successfully graduate from the UC DPT program, a student must:

    1) Pass all required courses within the curriculum with a final grade of A, B, C or P

    2) Sufficiently complete all required elements included in "Path to Excellence" Portfolio (see FORM Path to Excellence Portfolio).

    3) Complete university requirements related to graduation.

Procedure:

1) Core Faculty

    -Establish and update standards for appropriate matriculation and graduation for the program.

    -Address patterns of performance that may negatively impact student matriculation or graduation.

2) Program Director

    -Memorialize and disseminate established standards related to matriculation and graduation to students enrolled in the program and other relevant communities of interest.

3) Course Faculty

    -Address patterns of performance that may negatively impact student matriculation or graduation.

    -Make appropriate referrals including but not limited to the student's advisor and Review Committee.

    -Provide information when requested by the Review Committee.

4) Students

    -Meet established standards for matriculation and graduation.

    -Complete university requirements related to matriculation and graduation.

    -Consult with course faculty and/or advisor as needed for issues that may negatively impact matriculation or graduation.

    -Complete required paperwork for matriculation and graduation.

Policy Title: **Remediation and Probation for Academic and Non-academic Issues**
Policy Number: **01-14**
Effective Date: **02/17/2025**
Replaces Date: **03/24/2025**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **03/24/2025**
                                        Program Director   Date

Purpose: The purpose of this policy is to describe remediation strategies and standards for academic / non-academic probation for students enrolled in the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC). The policy includes the expected responsibilities for the design, establishment, and carrying out of remediation for students having academic / non-academic difficulty.

Definition:
A) Action Plans are formal written plans with corrective or improvement measures established by the Review Committee that apply to excused absences (see Policy 01-02), matriculation (see Policy 01-13), deceleration or leave of absence (see Policy 01-18), as well as remediation and probation.
B) Remediation is a structured process designed to address specific academic or non-academic deficiencies. It is an opportunity provided to students who have not met the required performance standards in coursework, clinical skills, or professionalism. The goal of remediation is to support students in achieving the necessary knowledge, skills, and abilities to progress successfully through the program and ultimately become competent physical therapy practitioners. This may include incomplete or non-passing grades (I, D, or F). Remediation is offered as a privilege, not a right, and is subject to direction and oversight by the Review Committee.
C) Probation is an official warning issued by an educational institution to students whose performance falls below the required standards. Probation status may be applied for academic issues (typically grade-based), for non-academic issues (typically lapses in professionalism), or established university level policies including academic integrity. The UC Academic Integrity Policy is found within the UC Student Handbook. The program will utilize these processes for academic integrity issues.

Policy: Failure to meet established standards (either academic or non-academic) will be referred to the Review Committee (see Policy 06-02). Reasons for potential referral include but are not limited to academic standing, lapses in professionalism, performance expectation issues, safety concerns, readiness for progression to clinical education, absences, or other identified matriculation issues. As appropriate, an action plan will be developed to address individual deficits and include designated timeframes for resolution. This may include remediation, probation and/or deceleration (see Policy 01-18). Failure to complete the action plan could interfere with matriculation (see Policy 01-13) and could lead to dismissal (see Policy 01-15). To continue matriculation within the program, the student must acknowledge the action plan. Action plans will be forwarded to the UC Office of Financial Aid and the Dean of the School of Health Sciences.

Procedure:
1) Core Faculty
- Establish and review standards for remediation and probation of students within the program to ensure that they are congruent and compliant with university standards and mission.
- Oversee action plans of assigned advisees.
2) Program Director
- Memorialize and disseminate established remediation and probation standards to students enrolled in the program and other relevant communities of interest.
- Confer with established Review Committee as needed.
3) Course Faculty
- Refer students to Review Committee when established standards are not met.
- Assist with course specific requirements within established action plans.
4) Students
- Accept or appeal decision (see Policy 01-16) through appropriate channels.
- If action plan is accepted, comply with established elements of the plan by the established deadline.
- Follow the University of Charleston's Academic Integrity Policy within the UC Student Handbook.
5) Review Committee
- Hear and review cases brought before the committee.
- Make a determination regarding action planning, remediation, probation, and/or deceleration when a student is referred.
- Confer as needed with the student, student's advisor, course faculty, clinical faculty, Program Director, School Dean, Office of Financial Aid, and/or Dean of Students.
- Develop and document an appropriate action plan as needed including relevant timeframes.
- Designate an appropriate person to discuss and oversee the action plan with the student.
- Notify the School Dean and Office of Financial Aid on status of established action plans.

Policy Title:	**Dismissal**
Policy Number:	**01-15**
Effective Date:	**02/19/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   **02/19/2025**

Program Director   Date

Purpose: To establish the policy for dismissal of students from the University of Charleston (UC) Doctor of Physical Therapy (DPT) program.

Definition:
a) Dismissal is an official action taken by the university or program to remove a student from enrollment.
b) Privilege of re-enrollment is the opportunity for a dismissed student to return to the university or program after a specified period.
c) For the purposes of this policy, dismissal from the UC DPT program or denying the student the privilege of re-enrollment to the program refers to the program level and may or may not be associated with a university level decision.

Policy: Dismissal with or without the privilege re-enrollment from the UC DPT program is a serious decision made by the Review Committee with approval of the Program Director. This action may be related to academic or non-academic issues. Generally, probation status precedes a dismissal action, however, it is not mandatory based upon the circumstances. Violation of university level policies may result in dismissal unrelated to the UC DPT program and may not require program level review or consideration. The School Dean and/or Dean of Students will be notified and involved as needed for any disciplinary actions related to misconduct as defined in UC Student Handbook and/or UC Graduate Catalog.

Students may be dismissed from the program based on the following:
1. Failure to fulfill an action plan (see Policy 01-14).
2. Academic integrity violations (see Policy 01-11).
3. Serious or repeated professionalism violations (see Policy 01-01).

Procedure:

1) Core Faculty

    -Establish and review standards for dismissal and/or deny privilege of re-enrollment of students within the program to ensure that they are congruent and compliant with university standards and mission.

2) Program Director

    -Memorialize and disseminate established dismissal standards to students enrolled in the program and other relevant stakeholders.

    -Review dismissal decision and:

        -approve and sign, or;

        -veto decision and meet with the Review Committee to implement an alternative solution(s).

    -If dismissal decision is approved, then notify the student in writing of rights to appeal.

    -Notify the School Dean as needed.

3) Course Faculty

    -Notify the Review Committee of any student in which conduct or performance requires a decision which may result in academic probation, remediation plan, dismissal, and/or being denied the privilege of re-enrollment.

4) Students

    -Accept or appeal dismissal decisions through appropriate channels as described in the UC Student Handbook and/or Catalog.

5) PT Review Committee

    -Hear and review cases brought before the committee.

    -Make a determination regarding dismissal and or re-enrollment when a student is referred.

    -Confer as needed with the student, student's advisor, course faculty, clinical faculty, Program Director, School Dean, and/or Dean of Students.

    -Notify the Program Director in writing of any dismissal decision to include status of re-enrollment in applicable.

Policy Title:	**Appeals, Complaints, and Grievances**
Policy Number:	**01-16**
Effective Date:	**03/31/2025**
Replaces Date:	**N/A**
Number of Pages:	**3**
Approval Signature:	*Steven G. Lesh* **03/31/2025**
	Program Director Date

Purpose: To establish a fair and transparent process for Doctor of Physical Therapy (DPT) students at the University of Charleston (UC) to contest adverse determinations (appeals) or for students and other communities of interest to express dissatisfaction with any aspect of the program's operations (complaints, grievances).

Definition:
A) An appeal is a formal due process request by a UC DPT student to review and potentially change an adverse decision made against the student during matriculation within the program.
B) A complaint is an informal statement that the situation is unsatisfactory or unacceptable. A grievance is a formal filing related to a feeling of dissatisfaction, typically about a perceived unjust or unfair act. Complaints and grievances may be reported by students or any community member of interest. Complaints and grievances are not typically associated with direct matriculation or due process issues within the program or university.

Policy:
1) Appeals, complaints, and grievances will be investigated and resolved in a fair, effective and timely manner to determine an appropriate resolution in accordance with university and/or program policies.
2) Retaliation against anyone who may file an appeal, complaint or grievance in any form is prohibited.
3) Methods to file complaints and grievances will be made publicly available on the program's website.
4) Social media is an inappropriate mode to deliver complaints or grievances and will generally not be investigated (see Policy 05-06 Digital and Social Media).

Procedure:
1) Core Faculty
      -Establish, review, and update parameters for appeals, complaints, and grievances ensuring compliance with university policies and procedures.

-If complaints are received related to the program from either students or other communities of interest, forward to the Program Director in a timely manner.

-If requested, assist in resolution of appeals, complaints, or grievances.

2) Program Director

-Disseminate policy regarding appeals, complaints and grievances to appropriate communities of interest.

-Coordinate potential submission modes to receive complaints and grievances including but not limited to the program's public website.

-Document complaints or grievances in writing and electronically store in a confidential, password protected environment. Each document will contain at the minimum the date received, recipient, nature of the case as well as date and location of the episode.

-Communicate with the complainant in a timely manner that the complaint/grievance has been received and is under review.

-Investigate complaint/grievance or delegate task if conflict of interest presents.

-Forward potential complaints or grievances against the program director to the Dean for processing.

-Determine what further action is to be taken which may include but is not limited to further investigation, communication with complainant and/or responsible parties, notification of the Dean, or consideration by full faculty.

-Notify the complainant of the decision or resolution in a timely manner.

-Document the response to the complaint/grievance with the original electronic version of the complaint/grievance.

-Receive and investigate potential appeal requests from students related to Review Committee decisions.

3) Course Faculty

-If complaints are received related to the program from either students or other communities of interest, forward to the Program Director in a timely manner.

-If requested, assist in resolution of appeals, complaints, or grievances.

4) Students

-For an appeal of an adverse decision related to the university's student code of conduct, the DPT student is expected to follow the established university *Appeal Process* (Student Code of Conduct) found in the UC Student Handbook.

-For an appeal of a final course grade, the DPT student is expected to follow the established university *Student Policy on Grade Appeal* found in the UC Student Handbook and the UC Academic Catalog.

-For issues related to *Title IX Sexual Harassment Grievance Procedures* the student may find these policies established within the UC Student Handbook.

-For issues related to *Disability Grievance Policy and Procedures* the student may find these policies established within the UC Student Handbook.

-Procedures for *Student Complaints* established by the university can be found within the UC Student Handbook using this from: https://econnections.ucwv.edu/forms/complaint

-For issues related to UC DPT Review Committee action, within 7 calendar days from the receipt of the action letter, the student must direct the appeal request via official

university email to the Program Director. Grounds on why the appeal should be granted must be clearly articulated by the student with appropriate supporting documentation. The Program Director will gather appropriate input and decide within 7 calendar days of receipt of appeal request. If the student is unsatisfied with the determination by the Program Director, the student may appeal directly to the Dean of the school within 7 calendar days of receipt of determination. The Dean is the final step in this process. If other appeals processes are being examined at the university level, this process may be paused by the Program Director or Dean pending resolution of other appeals which may dictate the need for supplemental action planning.

5) Staff

-If complaints are received related to the program from either students or other communities of interest, forward to the Program Director in a timely manner.

-If requested, assist in resolution of appeals, complaints, or grievances.

6) Dean

-Process any potential appeals, complaints or grievances as is appropriate in the role of the Dean including those specifically made against the program director.

-If requested, assist in resolution of appeals, complaints, or grievances.

7) Communities of Interest

-Our program values the opinions of our community and welcomes feedback from people both within and outside our program. Any compliments or concerns may be sent directly to the program by email [stevenlesh@ucwv.edu] or by traditional mail [University of Charleston Doctor of Physical Therapy | Attn: Steven Lesh, PhD, PT, AT Ret. Program Director | 2300 MacCorkle Ave. SE Charleston, WV 25304]. Compliments or concerns from anyone internal or external to the university may also be sent directly to the dean of health sciences through the university online portal [https://econnections.ucwv.edu/forms/complaint] (student complaint). This includes an option to submit anonymously.

-If any person wishes to file a formal complaint about the program with our accrediting body, the Commission on Accreditation in Physical Therapy Education (CAPTE), they can find information about the process on the CAPTE website [https://www.capteonline.org/complaints].

-Retaliation against anyone who may file an appeal, complaint or grievance in any form is prohibited.

Policy Title:	**Board Preparation and Licensing**
Policy Number:	**01-17**
Effective Date:	**03/27/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   **03/27/2025**

                                     Program Director   Date

Purpose: This policy outlines the requirements and support provided for University of Charleston (UC) Doctor of Physical Therapy (DPT) program students and graduates to sit for the National Physical Therapy Examination (NPTE) and become licensed physical therapists.

Definitions:
a) NPTE: National Physical Therapy Examination, the standardized exam required for licensure as a physical therapist in the United States.
b) FSBPT: Federation of State Boards of Physical Therapy, the organization that administers the NPTE [http://www.fsbpt.org].
c) Licensure: The process of obtaining legal authorization to practice as a physical therapist in a specific jurisdiction.

Policy:
A) The UC DPT curriculum will integrate NPTE preparation throughout the program, including but not limited to NPTE-style questions in course assessments, comprehensive review session in the final year, and access to NPTE study resources and practice exams. Students will be required to complete one full-length practice NPTE exam prior to graduation.
B) The Program Director will verify graduation status and provide necessary documentation to the FSBPT and state licensing boards via one of the following two pathways:

    1) Graduates must have successfully completed all academic and clinical requirements of the DPT program to be verified for NPTE registration. All deliverables must be submitted to the Program Director at least three weeks prior to NPTE registration deadline.
    2) Students may be eligible to sit for the NPTE in advance of graduation if allowed by appropriate state jurisdiction. To be verified by the program for NPTE eligibility, the student must: 1) Be on track to graduate at the end of term 7, 2) Not have any outstanding action plans in place, 3) Complete a one full-length practice NPTE exam at least three weeks prior to NPTE registration deadline, and 4) Submit all deliverables to the program director at least three weeks prior

to NPTE registration deadline.

C) Graduates who do not pass the NPTE on their first attempt will be offered upon request additional individualized coaching and support for subsequent attempts.

Procedure:

1) Core Faculty

-Establish, review and update policies related to board preparation and licensing for students and graduates of the program.

-Analyze NPTE performance data to inform curriculum updates and preparation strategies.

-Mentor students and graduates as needed to support NPTE preparation.

2) Program Director

-Provide guidance to students on NPTE application procedures, including deadlines and required documentation.

-Coordinate review course or access to review materials for students preparing for the NPTE.

-Verify and process licensure deliverables related to student or graduate NPTE registration.

-Track and report NPTE pass rates for first-time and overall attempts.

3) Course Faculty

-When appropriate, prepare NPTE-style assessment items.

4) Students / Graduates

-Be responsible for submitting NPTE application, associated deliverables, and paying required fees in a timely manner.

-Seek program support, guidance, assistance, and mentorship as needed to prepare for the NPTE for either first or subsequent attempts.

Policy Title:	**Leave of Absence or Deceleration**		
Policy Number:	**01-18**		
Effective Date:	**07/24/2025**		
Replaces Date:	**05/15/2025**		
Number of Pages:	**3**		
Approval Signature:	*Steven G. Lesh*		**07/24/2025**
	Program Director		Date

Purpose: This policy outlines the procedures and considerations for University of Charleston (UC) Doctor of Physical Therapy (DPT) students who need to temporarily leave the curriculum or decelerate their progress, ensuring a structured approach to program interruption and re-entry.

Definitions:
a) Leave of Absence (LOA): A temporary departure requested by the student from the program with a planned future re-entry point.
b) Deceleration: A slowing of academic progress determined by the Review Committee that deviates from the standard lockstep curriculum.
c) Lockstep Curriculum: A fixed sequence of courses that students typically complete as a cohort.

Policy: At times, it may be necessary for students to temporarily leave the curriculum with a planned re-entry point in the future. This may be due to personal, academic, or professionalism reasons initiated either by the student or the program. Due to financial aid or other university level implications, students are required to coordinate with the UC Dean of Students and financial aid office regarding any potential LOA or deceleration. LOA or deceleration will lead to a disruption of expected lockstep curricular progression and delay expected graduation. LOA are considered and require approval by both the Dean of Students and the Program Director then forwarded to the Review Committee for action planning. Decelerations are initiated by the Review Committee and approved by the Program Director and Dean of Students. An approved LOA or deceleration requires an action plan developed by the Review Committee (see Policy 06-02). The action plan will include timing of re-entry and may include additional requirements such as course auditing, repeated courses, and/or completing comparable courses. Due to the nature of a lockstep curriculum, it is recognized that planned exits and restarts should be done during the established start of semesters. Earned final course grades of D or F must be repeated or remediated in a comparable course as directed by the Review Committee. Earned grades of C will require either repeat or audit depending on individual circumstances. Extra tuition and/or fees may be associated with repeated or audit courses.

Procedure:

1) Core Faculty

-Establish, review and update LOA and deceleration policies for the program.

-Should a student approach a core faculty member about a LOA or deceleration, refer the student to the program director for guidance.

-In student advisor role, support students during the LOA or deceleration process.

2) Program Director

-Receive and review requests from students for LOA.

-Consult with Dean of Students regarding any potential LOA requests or deceleration actions.

-Forward approved LOA to Review Committee for action planning.

-Review deceleration decisions and:

-approve and sign, or;

-veto decision and meet with the Review Committee to implement an alternative solution(s).

-Provide guidance and support for students during the LOA or deceleration process.

3) Course Faculty

-Should a student approach a course faculty member about a LOA or deceleration, refer the student to the Program Director for guidance.

-Notify the Program Director that a student is considering LOA or deceleration.

4) Review Committee

-Develop an individualized action plan for LOA or decelerations to include but not limited to course auditing, repeated coursework, completion of comparable coursework, financial aid issues, and an appropriate timeline for re-entry and completion.

-Maintain records and documentation on plans related to LOA and deceleration.

-Forward deceleration action plans to Program Director for approval consideration.

-Communicate decisions to the student in writing establishing the framework of the re-entry plan and any conditions, notifications, and/or requirements to be completed during the absence on the part of the student.

4) Students

-If circumstances present, request a LOA. Requests should be made in writing to the Program Director or the Dean of Students for processing.

-Provide input to Review Committee when requested.

-Consult with Dean of Students the extent to which a LOA or deceleration plans may impact current and future enrollment and financial aid status.

-Follow approved action plan for re-entry to the program.

-Notify the program of intent to return by the specified deadline in the action plan.

5) Dean of Students

-Receive and review requests from DPT students for LOA.

-Consult with Program Director regarding any potential LOA requests or deceleration actions.

-Review deceleration decisions and:

    -approve and sign, or;

    -veto decision and meet with the Review Committee to implement an alternative solution(s).

-Provide guidance and support for DPT students during the LOA or deceleration process including but not limited to financial aid and enrollment status issues or concerns.

Policy Title:	**Admission Standards**
Policy Number:	**02-01**
Effective Date:	**12/18/2024**
Replaces Date:	**11/20/2024**
Number of Pages:	**4**
Approval Signature:	*Steven G. Lesh* **12/18/2024**
	Program Director Date

Purpose: To establish the admission standards for the UC Doctor of Physical Therapy Program.

Definition:

Priority pool: To be granted priority pool status applications must be received by the priority application deadline, meet an established minimum score on the rubric, and meet at least one of the following conditions: 1) have attended or graduated from the University of Charleston or Appalachian College Association Schools, 2) are permanent resident of greater Appalachia, 3) current or former member of the uniformed services (including ROTC graduates), and/or 4) currently licensed physical therapist assistant (PTA).

General pool: all applicants that do not qualify for priority pool.

Policy: The program will comply with established University policies for nondiscrimination. Admission to the UC DPT program will be based on the achievement of established standards and granted on a space available basis. Potential students presenting with priority pool status will be processed in advance of the general pool of applicants which begins in October of each calendar year. General pool processing will begin after priority pool determinations are completed. Applications for potential students will be processed with one of the following determinations made:

> 1) Admission (unconditional): This status is a full unconditional admission to the program as all standards have been met.
>
> 2) Admission (contingent): This status is a contingent admission such that some identified standards have not yet been met, but in the opinion of the admission committee based on the entire submitted application, the potential student acting in good faith, will achieve all standards. Contingent admission offers will be accompanied by a completion plan outlining all outstanding standards the student must meet prior to matriculation. Potential students are expected to regularly update the program on progress related to outstanding elements and the program reserves the right to establish reporting deadlines for updates from the potential student. If the student fails to meet established benchmark

deadlines and/or the full admissions standards, the admission offer may be withdrawn and potential seat deposits forfeited. The program reserves the right to withdraw the contingent admissions offer in any of the following scenarios: the potential student fails to meet established reporting deadlines, deviates from the established completion plan, or the updated outstanding elements make the potential student otherwise no longer eligible for admissions.

3) Waiting List: This status is for applicants who otherwise meet the criteria for unconditional or contingent admission, however, space in the anticipated upcoming cohort is not available. This waiting list or pool will be maintained by ranking students from published scoring standards. Potential waitlist students with priority application status will be considered first before moving to the general pool waitlist. For those that meet the criteria for contingent admission offers, outstanding elements must be submitted as soon as they come available, or they may be removed from the waitlist. As space becomes available, the waitlist will be updated and potential students on the waitlist will be offered a seat in the program.

4) Incomplete: This status establishes that the application is incomplete, and the student will be notified that additional information is needed to make further admission determinations. The program reserves the right to establish reporting deadlines for updates from the potential student. The student could lose priority status by not providing updates by the deadline.

5) Standards Not Met: This determination establishes that the potential student is not eligible for admission due to standards not being met and/or in the opinion of the admission committee based on the entire submitted application, the potential student will not be able to achieve all standards.

Timelines

-Priority admission applications are due by established deadline (typically mid-October).
-Priority admission applications are processed with determination made by mid-December.
-General pool admission application will begin processing and ranking after priority pool determinations are completed.
-General pool admission determinations will be made on a rolling basis thereafter based on most current ranking.
-Non-refundable seat deposits are due to reserve slot in the program by established deadlines (see policy 02-04).
-On or about May 1 of each academic year, classes begin for new cohort.

Procedure:

1) Core Faculty
-Determine and review admission standards to the program.
-Serve on admission committee and/or chair as requested.
-Communicate to admission and enrollment coordinator any meeting with applicants or potential applicants.
-Participate in campus visits (in person or virtual) as requested.

2) Program Director

-Serve as admissions chair or delegate responsibilities

-Forward process improvement data to the core faculty for analysis and action.

-Disseminate program admission standards to relevant communities of interest.

3) Admissions Chair

-Oversee the admission process

-Appoint admission committee members as needed.

-Make recommendations for process improvement.

4) Course Faculty

-Determine if established standards are sufficient for student matriculation.

-Make recommendations to the Program Director for process improvement.

5) Admission and Enrollment Coordinator

-Serve as point of contact for inquiries and/or submitted applications.

-Provide routine maintenance on the application platform.

-Coordinate marketing and recruiting efforts.

-Coordinate nurture campaign with potential applicants.

-Manage and track campus visit meetings.

-Manage in person and virtual campus visits.

-Process submitted applications.

-Communicate with applicants for missing or outstanding elements.

-Calculate points per established rubric.

-Consult with admissions chair for any questions or uncertainties regarding the process or calculation of rubric score.

-Refer processed applications for determinations.

-Manage waitlist.

-Assist student in completing University of Charleston graduate admissions processes including but not limited to application, transcripts, and seat deposits by established due dates.

-Finalize application packets with post offer submitted materials.

-Provide feedback on process improvement to admission chair.

-Process initial student enrollment into the program

-Assist with processing bulk cohort enrollment for students.

-Assume administrative assistant responsibilities as needed when administrative assistant is temporarily unavailable.

6) Administrative Assistant

-Process bulk cohort enrollment for students.

-Direct admissions inquiries to appropriate individuals.

-Assist with marketing and recruiting efforts.

-Assist nurturing campaign with potential applicants.

-Assist with managing and tracking campus visit meetings.

-Assist with managing in person and virtual campus visits.

-Assume admission and enrollment coordinator responsibilities as needed when admission and enrollment coordinator is temporarily unavailable.

7) Potential Students

-Well in advance of application due dates, secure information about current program admission standards.

-Complete and submit physical therapy application to program through admissions platform by established due dates.

-If accepted (unconditional or contingent), complete graduate admission process, including but not limited to seat deposit, by established due dates.

-For contingent offers, notify the program as soon as possible of the completion of outstanding prerequisite elements by established reporting deadlines set by the program.

-The potential student will recognize that failure to meet outstanding admission requirements by established deadlines may result in the withdrawal of an admission offer and forfeiture of any submitted seat deposits.

Policy Title:	**Admission Prerequisite Standards**
Policy Number:	**02-02**
Effective Date:	**06/04/2025**
Replaces Date:	**12/18/2024**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   06/04/2025

Program Director   Date

Purpose: To establish the prerequisite standards for admission to the UC Doctor of Physical Therapy Program.

Definition:

Prerequisite standards establish a minimum requirement to be eligible for admission consideration. However, the program is competitive, and meeting the minimum requirements does not guarantee admission.

Policy:

Admission standards will be posted on the University website and submitted upon request to all potential applicants.

The following includes the required admissions prerequisite standards:

1) Bachelor's degree (any major) from a body recognized by the Department of Education (DoE) and/or Council for Higher Education Accreditation (CHEA)
2) GPA: 3.00 Prerequisite
3) GPA: 2.75 Overall (or 3.25 in last 60 hours may be considered for overall)
4) GRE: Not required
5) References: 2 letters from appropriate sources which include, but are not limited to, the following: physical therapist, academic faculty/advisor, supervisors, physical therapist assistant, coworker, coach, and/or clergy
6) Observation Hours: Recommended, but not required
7) Background Check: No
8) Interviews: No, but campus visits, in person or virtual, are highly recommended.
9) Course Work Required (see FORM Prerequisite Course Descriptions):
   a. Anatomy with lab (either standalone or combined) or equivalent
   b. Physiology with lab (either standalone or combined) or equivalent
   c. Biology with lab (1) or equivalent

d. Chemistry with lab (full sequence) or equivalent
e. Physics with lab (full sequence) or equivalent
f. Psychology (1) or equivalent
g. Statistics or equivalent

All prerequisite courses should be completed or in progress by the application deadline with a grade of C or better from an appropriately accredited institution. Prerequisite science courses should be current within the past 10 years. Prerequisite courses should not be taken as a P/F option. International applicants must meet established University admission requirements including English proficiency. Applicants may submit to the admissions chair a request for a waiver of standards making a case because their respective situation, background or experience is relevant to the application process. The UC Doctor of Physical Therapy Program reserves the right to make exceptions to these requirements in extraordinary circumstances.

Procedure:
1) Core Faculty
    -Determine and review prerequisite standards for admissions to the program.
2) Program Director
    -Forward process improvement data to the core faculty for analysis and action.
3) Admissions Chair
    -Review waiver requests.
    -Appoint admission committee members as needed for decisions.
    -Make recommendations for process improvement.
    -Consult with Program Director as needed for process clarification.
4) Admission and Enrollment Coordinator
    -Send admission standards to potential applicants as requested.
    -Review applications to determine if prerequisite standards have been met.
    -Coordinate with applicant for any missing or incomplete elements.
    -Coordinate waiver requests and submit to admissions chair for decisions.
    -Consult with admission chair as needed for process clarification.
5) Administrative Assistant
    -Assist sending admission standards to potential applicants as requested
    -Assist in reviewing applications to determine if prerequisite standards have been met.
    -Assist coordinating with applicant for any missing or incomplete elements.
    -Assist coordinating waiver requests and submitting to admission chair for decisions.
    -Consult with admission chair as needed for process clarification.
6) Students
    -Well in advance of application due dates, secure information about prerequisite standards for admission to the program.
    -Complete and submit application through established application portal by published due dates.
    -Email admission and enrollment coordinator for any waiver requests as needed.

Policy Title:	**Selection**	
Policy Number	**02-03**	
Effective Date:	**12/18/2024**	
Replaces Date:	**11/20/2024**	
Number of Pages:	**3**	
Approval Signature:	*Steven G. Lesh*	**12/18/2024**
	Program Director	Date

Purpose: To establish the selection parameters and standards for students applying for consideration to the UC Doctor of Physical Therapy program.

Definition:
Rubric: an admissions rubric is a tool that will be used by the program to outline and inform the applicant of specific criteria and serves as a scoring system for selection purposes (See FORM Admissions Rubric).
Qualified applicant: Individuals that have a completed application and have met the admission standards (or appropriate waiver) to move forward to the selection process.

Policy: This policy provides a structured, merit-based approach to evaluating applicants while allowing flexibility for holistic review that aligns with the mission of the program. The rubric system promotes consistency and objectivity in the admissions process. Selection to the UC Doctor of Physical Therapy program is a selective process based on space availability and is contingent upon the completion of an application. Priority applicants will be reviewed, and decisions will be made prior to moving to the general application pool. Admission decisions are made through a holistic review process that considers academic achievement, personal qualities, and relevant experiences.

Incomplete applications will not be ranked or considered in the selection process. If potential priority pool applicants do not complete outstanding requirements prior to end of priority pool processing, the applicant will be moved to the general pool for ranking and consideration once the application is complete.

The program uses a holistic and comprehensive rubric to evaluate and rank qualified applicants for admission. This rubric-based selection process aims to identify the most qualified candidates in a fair and objective manner. Each application component is scored according to predefined criteria in the rubric. A total score is calculated for each applicant by summing their weighted

component scores. Applicants are ranked from highest to lowest total score within each pool (priority and general). Priority applicants without a minimum rubric score of 34 of 100 will be moved to the general application pool.

Top-ranked applicants from the priority pool are extended offers of admission until the class is filled. A waitlist is created with the next highest-ranked applicants. If accepted students decline admission, waitlisted applicants are offered spots in rank order. The priority waitlist rankings may be updated based on additional or new information submitted by the applicant. Once determinations have been made for priority applicants and the priority applicant waitlist has been exhausted, the same process will proceed for the general pool. As applications in the general pool continue to come until the deadline, the waitlist rankings will continue to be updated as transcripts are provided, and additional applications are received.

GPA (prerequisite) score on the rubric will be manually adjusted for outstanding courses at time of application. Prerequisite courses that are in progress at the time of the application will be scored as if having earned a minimally acceptable grade of "C" for rubric scoring and ranking calculations. These scores will be updated as needed upon receipt of final grades in each outstanding course. There is no limit on potential substitutions for the same or higher-level courses in the same discipline. Any given prerequisite course may be repeated with the highest grade considered for GPA (prerequisite) on rubric scoring.

At the end of each annual cycle, there will be a review process by an appointed ad hoc admissions committee. The selection rubric and process will be updated based on committee review findings to ensure fairness, effectiveness, and alignment with program goals. Recommendations will be forwarded to the core faculty for consideration then appropriate updates will be made for the next admissions cycle.

Procedure:
1) Core Faculty
      -Establish and review rubric standards for admissions to the program.
      -Service on admission committee as needed
      -Score admission elements as assigned
2) Program Director
      -Forward process improvement data to the core faculty for analysis and action.
3) Admissions Chair
      -Score admission elements or delegate as appropriate
      -Determine admission decisions based on space and rubric rankings
      -Appoint admission committee members as needed for decisions.
      -Make recommendations for process improvement.
      -Consult with Program Director as needed for process clarification.
4) Admission and Enrollment Coordinator
      -Track students' campus visits / meetings.
      -Calculate individual rubric scores and rank applications in each pool.
      -Provide rankings to admissions chair.
      -Contact applicants with missing or incomplete information.

-Update rankings as new or updated information is received.

-Consult with admission chair as needed for process clarification.

5) Administrative Assistant

    -Assist tracking students campus visits / meetings.

    -Assist calculating individual rubric scores and rank applications in each pool.

    -Provide additional assistance to admission and enrollment coordinator as needed

4) Students

    -Become familiar with rubric requirements to maximize admissions score

    -Send admissions and enrollment coordinator updated and/or final transcripts as soon as available

    -Email admission and enrollment coordinator for any questions.

    -Update outstanding elements on incomplete applications as soon as possible to be included in the selection process and ranked

Policy Title: **Offer Acceptance, Seat Deposit, and Enrollment**
Policy Number: **02-04**
Effective Date: **12/18/2024**
Replaces Date: **11/20/2024**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **12/18/2024**

                                   Program Director   Date

Purpose: To establish the procedures for accepting admission offers, submitting seat deposits, and enrollment into the program.

Policy:
Once the selection process has been completed, unconditional and contingent offers will be made to applicants in ranked order by total score based on space available. The applicants will receive an offer letter that contains key information about accepting the offer as well as any requirements for contingent offers. The student is expected to respond within 2 weeks to accept or deny the offer. For contingent offers, the letter will contain instructions regarding completing and submitting outstanding elements. Failure to submit these contingent offer elements by the established deadlines will result in a withdrawal of the offer per policy 02-01.

Upon acceptance to the Doctor of Physical Therapy (DPT) program, admitted students are required to submit two (2) non-refundable seat deposits to secure their place in the incoming class. For offers made before January 1st, applicants will have until mid-January to submit the initial seat deposit of $250. For offers made after January 1st, students will have 2 weeks from the date of the offer to submit the initial $250 seat deposit. The final seat deposit of $250 is due by March 1st. If the offer is made after February 15th, both the initial and final seat deposits are due at the same time within 2 weeks of the offer. The seat deposits are non-refundable. The seat deposits will be applied toward the first semester's tuition upon matriculation into the program. Failure to submit either the initial or final seat deposit by the specified deadline will result in the offer being formally rescinded and forfeiture of a seat in the incoming class. In cases of hardship, an applicant may request a waiver or extension for the seat deposit that will be considered on a case-by-case basis.

If an applicant denies the initial offer or does not pay the seat deposit by the established deadline, they may submit a formal request to be reconsidered during the same cycle which will be

considered on a case-by-case basis. If applicant was originally part of priority pool, they may become part of the general pool for reconsideration. An applicant can request to defer an offer to a future cycle, which will be considered on a case-by-case basis depending on circumstances.

Potential applicants will receive an offer letter with offer terms and relevant enrollment information. To accept the offer, applicants must submit the seat deposits by established deadlines. If the initial or final seat deposit is not received by established deadlines, the offer may be rescinded, and all previous seat deposits are forfeited.

Once all seat deposits have been received, the applicant will receive a packet providing the next steps required to enroll in the upcoming class.

Procedure:
1) Core Faculty
       -Establish and review selection and enrollment standards
       -Serve as advisors as assigned to assist during enrollment process as needed
       -Serve on admission committee as appointed
2) Program Director
       -Forward process improvement data to the core faculty for analysis and action.
3) Admissions Chair
       -Oversee processes related to offers and acceptance
       -Appoint admission committee members as needed for decisions.
       -Make recommendations for process improvement.
       -Consult with Program Director as needed for process clarification.
4) Admission and Enrollment Coordinator
       -Create and send offer letters
       -Track acceptance and receipt of seat deposits
       -Send enrollment packets once final seat deposit is received
       -Track receipt of enrollment elements
       -Enter required elements into clinical education database
       -Assist student completing necessary enrollment elements
       -Enroll students into UC and the DPT program (including both course and clinical education)
       -Nurture waitlist applicants
       -Consult with admission chair as needed for process clarification.
5) Administrative Assistant
       -Manage ongoing student enroll and matriculation within the program (including both course and clinical education)
6) Provide assistance to admission and enrollment coordinator as needed
4) Students
       -Respond to admission offer by established deadline
       -Pay initial and final seat deposits by established deadlines
       -Provide required enrollment elements by established deadlines
       -Provide outstanding contingent offer elements by the established deadlines

Policy Title:	**Requirements and Student Matching for Clinical Experiences**	
Policy Number:	**03-01**	
Effective Date:	**05/28/2025**	
Replaces Date:	**03/03/2025**	
Number of Pages:	**4**	
Approval Signature:	*Steven G. Lesh*	**05/28/2025**
	Program Director	Date

Purpose: To outline the requirements and students matching process for clinical experiences within the University of Charleston (UC) Doctor of Physical Therapy (DPT) program.

Definitions:

a) For recognized clinical education specific terminology, please see [https://acapt.org/glossary]

b) Clinical Education Experience: A physical therapy clinical education experience is an essential component of training to become a physical therapist. It provides invaluable hands-on experience applying the knowledge and skills learned throughout the curriculum to be applied to real patient care settings. During these rotations, the student works under the direct supervision of an experienced licensed physical therapist at healthcare facilities affiliated with UC DPT.

c) Integrated Clinical Experience (ICE): The clinical experience purposefully organized within the curriculum in which students have yet to complete all the designed learning elements in the classroom and lab settings.

d) Elite Clinical Experience: Some clinical experiences will be deemed elite meaning there are extra requirements such as additional paperwork, application processes, and/or performance expectations to be matched.

e) Greater Appalachia: For the purposes of this policy, greater Appalachia is both a cultural and geopolitical area within the United States. Established and published maps will be used to identify potential clinical experiences, however, border regions that have the same or similar cultural ties, social/structural determinants of health, and/or provide services to the greater Appalachian population will be included in the broader definition.

f) Pain: For the purposes of this policy, managing patients or clients with painful conditions includes any setting in which the patients or clients experience pain, not necessarily pain as the primary treatment focus.

g) Where the Patient Sleeps: For the purposes of this policy, managing patients or clients in an environment where the patient sleeps is defined as a clinical setting that includes in part where patients are resting or sleeping overnight. The intent of this policy is to have students manage patients presenting with greater medical complexity. This includes but is not limited to inpatient or critical care rooms, long-term care facilities, skilled nursing, home health settings, rehabilitation units and/or other equivalent settings. This policy recognizes that many facilities in rural or medically underserved areas may have many different experiences across the continuum of care where a student may split time across the established rotation.

h) Life Span: For planning purposes, the program will categorize life span as patients or clients within the following general age categories: 1) Pediatric (0 – 18 years of age), 2) Adult (19 - 64 years of age), 3) Geriatric (65 years and above).

i) Continuum of Care: For the purposes of this policy, the continuum of care refers to the seamless integration of patient-centered intervention across various phases of care from primary, secondary, to tertiary. In the context of clinical education, it emphasizes the coordination of services, interdisciplinary collaboration, and evidence-based practice to ensure optimal patient outcomes throughout the care journey.

j) Conflict of Interest: In clinical education placement, a potential conflict of interest occurs when a student is assigned to a clinical environment in which the ability of supervisors or evaluators to provide impartial instruction, supervision, or assessment may be compromised by personal, financial, or professional relationships with the student. This includes, but is not limited to, relationships with family members, close friends, current or former employers, or any individual with a vested interest in the student's performance or outcome.

Policy: The expected outcome of the UC DPT curriculum including clinical experiences will be a graduate ready to practice as a generalist physical therapist. While student input to the assignment process is valued and considered, UC DPT cannot guarantee that such requests for clinical matching will be met. The final decision rests with the Director of Clinical Education (DCE) with endorsements from the Core Faculty. The student should be ready to attend an experience that may not have been a preferred top position on the part of the student. Any potential conflicts of interest will be reviewed on a case-by-case basis by the Review Committee to determine matching eligibility at that facility. The method by which students are selected for clinical sites is determined and approved by the core faculty. UC DPT utilizes a semi-selective, best-fit model that matches the needs of the clinical site, the university, and the student. The rank of priority of needs is: 1) the Clinical Site, 2) the University, and 3) the student. Requirements and matching guidelines are as follows for each student:

a) at least one experience located in greater Appalachia.
b) at least one experience that includes managing patients or clients with painful conditions.

c) at least one experience that includes managing patients or clients in an environment where the patient sleeps.

d) in aggregate across clinical experiences, students will experience managing a diverse patient or client workload typical of those commonly seen in practice across the life span and the continuum of care representative of settings where physical therapy is practiced. It is expected that each student successfully completes at a minimum 30 weeks of full-time clinical education experiences, based on a minimum of 32 hours/week of direct patient care under the supervision of a licensed physical therapist. Students may negotiate release time based on the expectations of the clinical faculty for the remaining work week (typically 40 hours per/week) to complete integrated coursework, scholarly pursuits, professional growth activities, interprofessional experiences, and/or other learning activities as directed by the Clinical Instructor (CI). As a general guideline, the student is expected to work the same or similar work week as the CI.

e) matched to clinical experiences in which CIs are licensed physical therapists and have at least one year of clinical experience.

f) students will earn an endorsement from core faculty prior to attending clinical experiences designating that the student is ready to proceed to the clinical portion of the curriculum (See Policy 03-04).

g) matching for elite experiences is typically outside the normal matching process. These clinical experiences may involve extended periods of time, different assessment tools for student performance, or other requirements specific to the site. Matching to an elite experience is contingent upon core faculty endorsement and a history of outstanding performance.

h) at the direction of the DCE, a splitting of the clinical education experience may be scheduled to address a variety of issues including by not limited to types of experiences, facility needs, and/or student needs, either within the existing system or across multiple systems.

i) students will demonstrate entry-level clinical performance as measured by the program's established assessment tool prior to graduation.

j) students are required to disclose to the DCE any potential conflicts of interest in the clinical matching process.

Procedure:

1) Core Faculty
    -Establish and review matching standards for the clinical education program.
    -Provide input and endorsement for matching students into clinical sites and experiences.
    -Approve final assignments prior to release to students.

2) Director of Clinical Education (DCE)
    -Implement standards of selection as determined by Core Faculty.
    -Request, compile and present clinical opportunities on an annual basis.
    -Consult with individual students regarding specific needs related to clinical experiences.
    -Present final assignments to Core Faculty for consultation and approval.
    -Release to students final matching grid upon completion of the matching process.
    -Communicate with clinical sites to coordinate and confirm placements.
    -Refer student to the Review Committee (see policy 06-02) in the event that a student does not meet entry level requirements by the end of final clinical experience.
    -In a timely manner, manage unexpected events related to clinical matching (see policy

03-09).

-Manage the establishment of new clinical sites.

-Investigate any disclosed information from the student regarding potential conflict of interest in the matching process. Make referral to the Review Committee after data is gathered.

3) Students

-Schedule appointment with the DCE to discuss clinical matching and potential experiences.

-When requested, provide input to potential clinical sites that should be contacted for upcoming availability.

-When requested, provide input to available sites that meet the educational needs of the individual student.

-Gather contact information regarding new clinical sites and provide to the DCE along with appropriate request paperwork.

-Express any concerns to the DCE prior to matching at a clinical rotation site that has extra requirements and expectations.

-Disclose to the DCE any potential conflicts of interest in the clinical matching process.

4) Site Coordinator of Clinical Education (SCCE)

-Communicate clinical education site availability when requested by DCE.

-Notify DCE in advance, when possible, if scheduled rotation is to be unexpectedly terminated (See policy 03-09).

5) Review Committee

-Make eligibility determinations related to potential conflicts of interest in the matching process.

Policy Title:	**Medical Immunizations for Clinical Education**
Policy Number:	**03-02**
Effective Date:	**12/13/24**
Replaces Date:	**N/A**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   **12/13/2024**

Program Director   Date

Purpose: To outline the immunization requirements for clinical education experiences

Definition:
   a) For more information related to UC immunization policies please see the link: https://www.ucwv.edu/coronavirus-information/immunization-policy/#
   b) For additional CDC Guidelines for Health-Care Personnel please see: Immunization of Health-Care Personnel (cdc.gov)

Policy: All students are expected to comply with University of Charleston immunization policies. Additionally, all students enrolled in the Doctor of Physical Therapy program are required to provide proof of the following required immunizations and/or titers prior to the end of fall term during the first year. Failure to comply may result in delays in clinical education components, which may include, but not limited to, matching of clinical education sites and/or delayed matriculation. Students are responsible for maintaining copies of all immunization records and providing them to clinical sites as requested.

If a titer result is negative or equivocal even with documentation of appropriate vaccinations, clinical site may require additional verifications, booster dose, and/or documentation.

Exemptions from these requirements are generally not permitted, except for documented medical contraindications. Some clinical sites may have additional immunization or health screening requirements. Students are responsible for meeting any site-specific requirements. Exemption requests must be submitted by the end of fall term during the first year for any required or recommended immunizations. Approval of the exemption is site specific and may interfere with clinical education matching and completion.

This policy is subject to change based on updates to national immunization recommendations or changes in clinical site requirements. Students will be notified of any policy updates.

Required Immunizations:

1. Measles, Mumps, Rubella (MMR): Two doses of MMR vaccine or positive antibody titers for all three diseases.
2. Hepatitis B: Completed 3-dose series or positive antibody titer.
3. Varicella (Chickenpox): Two doses of vaccine or positive antibody titer.
4. Tetanus, Diphtheria, Pertussis (Tdap): One dose within the last 10 years.
5. Tuberculosis (TB) Screening: Negative TB skin test within 12 months prior to clinical placement. This test must be repeated annually. Other documentation may be accepted as proof of not having any active disease.

Recommended Immunizations (These may be required by specific clinical sites):
6. Meningitis
7. Influenza: Annual vaccination during flu season (typically October through April)
8. Hepatitis A series
9. COVID-19
10. Polio series

Procedure:
1) Core Faculty
    -Remind student advisees to submit up-to-date immunization records by Fall of the first year to avoid issues or delays with clinical education placements.
2) Director of Clinical Education (DCE)
    -Manage the establishment of new clinical sites and obtain site specific requirements from the SCCE.
    -Discuss unique site-specific requirements with students prior to matching.
3) Students
    -Be aware of any clinical site requirements related to immunizations and training prior to clinical education experiences.
    -Obtain the necessary requirements related to clinical education for the clinical education facility and the University of Charleston DPT program.
    -Make the DCE aware of site-specific requirements if these change prior to or during clinical rotation experience.
    -Submit all immunization requirements to DPT program administrative assistant by due date.
4) Site Coordinator of Clinical Education (SCCE)
    -Notify DCE well in advance, when possible, of any changes in site requirements.
    -Notify DCE of immunization requirements of the facility.
5) DPT Program Admissions and Enrollment Coordinator
    -Collect required clinical education documents from students.
    -Track outstanding elements and notify DCE and student of any outstanding requirements.
6) DPT Program Administrative Assistant
    -Assist DCE and DPT Program Admissions and Enrollment Coordinator as assigned.

Policy Title:	**Health, Screening, and Training Requirements Prior to Clinical Education**	
Policy Number:	**03-03**	
Effective Date:	**03/24/2025**	
Replaces Date:	**12/13/2024**	
Number of Pages:	**2**	
Approval Signature:	*Steven G. Lesh*	**03/24/2025**
	Program Director	Date

Purpose: To Establish Health, Screening, and Training Requirements for Participation in Clinical Education Experiences

Policy:
1. Health Insurance: Health insurance is required for all Doctor of Physical Therapy (DPT) students at the University of Charleston throughout the entirety of the program.
2. Physical Examination: All students must receive clearance from a licensed medical practitioner indicating the student is medically appropriate to complete clinical education experiences.
3. Immunizations: Please refer to immunization policy (03-02).
4. Training in HIPAA privacy regulations is required prior to beginning clinical education experiences.
5. CPR training is required prior to beginning clinical education experiences. Students must provide documentation on current and active CPR certification. Students must not allow this to expire during a clinical education experience.
6. OSHA bloodborne pathogens/infection control standards training for healthcare providers is required prior to beginning clinical education experiences.
7. Child and Elder Abuse Clearance may be required by clinical rotation sites.
8. Criminal Background Checks: Students must have a criminal background check prior to starting clinical education experiences. Some clinical education sites may deem certain findings as making the student ineligible for completing a clinical education experience at that site.
9. Drug Screens: Clinical education sites may require drug screening prior to clinical education experiences.

The student is responsible for all financial costs associated with completing requirements and may have to provide additional authorizations to release protected health information to both the clinical partner and the program (see FORM Clinical Education Authorization and Release of Information).

Procedure:
1) Core Faculty
    -Determine and Review the Health, Screening, and Training Requirements.
    -Remind student advisees to maintain up-to-date records to avoid issues with clinical education placements.
2) Director of Clinical Education (DCE)
    -Manage the establishment of new clinical sites and obtain site specific requirements from SCCE.
    -Discuss unique site-specific requirements with students prior to placement.
    -Collaborate with the DPT program admissions and enrollment coordinator to keep all student files related to clinical education requirements current.
3) Students
    -Be aware of any clinical site requirements related to training prior to clinical education experiences.
    -When requested by DCE, contact SCCE or CI for site specific requirements.
    -Authorize the release of information and submit the necessary requirements or documentation related to participation in clinical education for both the partner facility and the University of Charleston DPT program.
    -Make the DCE aware of site-specific requirements if these change prior to or during clinical rotation experience.
    -Submit documentation of all requirements to DPT program admissions and enrollment coordinator.
4) Site Coordinator of Clinical Education (SCCE)
    -Notify DCE in advance, when possible, of any changes in site requirements.
    -Notify DCE of facility requirements for student clinical experiences.
5) DPT Program Admissions and Enrollment Coordinator
    -Maintain and update the clinical education management database.
    -Contact students to facilitate efficient collection of all required clinical education elements.
    -Notify the DCE, when necessary, of outstanding student elements required for clinical education experiences.
    -Regularly update clinical education management database to keep information current and accurate.
    -Edit and maintain additional clinical education site requirements.
6) DPT Program Administrative Assistant
    -Assist with maintaining and updating clinical education management database as directed.
    -Assist with contacting students for efficient collection of required clinical education elements as directed.
    -Assist with other clinical education elements as directed.

Policy Title: **Assessing Student Readiness for Clinical Education**
Policy Number: **03-04**
Effective Date: **04/01/2025**
Replaces Date: **02/10/2025**
Number of Pages: **3**
Approval Signature: *Steven G. Lesh* 04/01/2025

Program Director Date

Purpose: To establish program expectations and requirements for progression into full-time clinical education experiences for students enrolled in the University of Charleston (UC) Doctor of Physical Therapy (DPT) Program.

Definition:
Core faculty provides input for progression within the curriculum leading to clinical education readiness determinations (see FORM Integrated Lab Evaluation of Student Clinical Readiness).

Policy A: Prior to the start of the first full-time clinical education experience (Term 6), students must meet the following requirements or be approved to progress with an action plan by the Review Committee:

   1. Meet established matriculation standards within the program (see Policy 01-13 Matriculation and Graduation Standards).
   2. Not on probation status (see Policy 01-14 Remediation and Probation for Academic and Non-academic Issues).
   3. Pass all program practical examinations and skill check offs including demonstrating appropriate psychomotor skills administered.
   4. Pass term 5 written cumulative integrated learning lab examination.
   5. Achieve a minimum score of "at that level for all situations" on professionalism standards for Term 5 on the Integrative Lab Evaluation of Student Clinical Readiness Form.
   6. Achieve a minimum score of "at that level for all situations" on safety standards for Term 5 on the Integrative Lab Evaluation of Student Clinical Readiness Form.

7. Achieve a minimum score of "at that level for all situations" on professional ethics and affective domain standards for Term 5 on the Integrative Lab Evaluation of Student Clinical Readiness Form.

If any of the above criteria are not met, the student will be referred to the Review Committee (policy 06-02).

Policy B: Prior to the start of the subsequent full-time clinical education experience (Term 7 and 8), students must meet the following requirements or be approved to progress with an action plan by the Review Committee:

1. Meet established matriculation standards within the program (see Policy 01-13 Matriculation and Graduation Standards).
2. Not on probation status (see Policy 01-14 Remediation and Probation for Academic and Non-academic Issues).
3. Pass all program practical examinations and skill check offs from the previous completed term including demonstrating appropriate psychomotor skills administered.
4. Pass previous clinical education experience.

If any of the above criteria are not met, the student will be referred to the Review Committee (policy 06-02).

Procedure:
1) Core Faculty
   -Develop, evaluate, and refine clinical readiness criteria for the DPT program.
   -Determine if students are ready to engage in clinical education experiences and make recommendations as needed.
   -Communicate concerns regarding clinical readiness to the Director of Clinical Education (DCE).
   -Work with advisees throughout the program when students are falling short of clinical readiness standards.
2) Program Director
   -Memorialize and disseminate established clinical education readiness standards to students enrolled in the program and other relevant communities of interest.
3) Course Faculty
   -Evaluate student professionalism, safety, professional ethics and affective domain standards.
   -Report any student concerns related to clinical readiness to the DCE.
   -Implement or assist with action plans for clinical readiness when necessary.

4) DCE

-Meet with each student prior to the first clinical education experience to address any student questions.

-Track all clinical readiness requirements.

-Discuss any student accommodation, if applicable, with SCCE (student permission is needed).

-Gather any concerns related to student readiness and bring to core faculty as appropriate.

-Assist with action plans for clinical readiness when necessary.

5) Students

-Work with core and/or course faculty to develop appropriate aspects of professionalism, safety, professional ethics and affective domain standards for clinical education readiness.

-Follow all program, university, and clinical site policies and procedures.

-Seek assistance and/or mentorship from core and/or course faculty to build confidence related to contemporary clinical practice.

-If assigned, complete action plan for clinical education readiness.

Policy Title: **Clinical Education Attendance and Hours Worked**
Policy Number: **03-05**
Effective Date: **01/30/2025**
Replaces Date: **12/13/2024**
Number of Pages: **3**
Approval Signature: *Steven G. Lesh*   **01/30/2025**
                        Program Director   Date

Purpose: Clinical education experiences are an invaluable part of the curriculum to integrate the overall learning experience for the student. The purpose of this policy is to establish the clinical education attendance and hours worked policy.

Policy:
1) (See Policy 01-02 Attendance, Participation, and Absences) The student is expected to be on time and actively participate through the duration of scheduled clinical experiences. The excused absence policy applies to missing scheduled days, arriving late, and/or leaving early.

2) (See Policy 01-02 Attendance, Participation, and Absences) Excused time off from a course and/or clinical experience is defined as due to illness, personal/family emergency, University-approved functions including athletic team events, unsafe travel conditions, or military obligation. Appropriate documentation (e.g. physician's note, supporting paperwork) may be required. Unsafe travel conditions for the purposes of this specific policy are related to where the student is during clinical rotations as opposed to the proximity of the campus. The Director of Clinical Education (DCE) may be consulted as needed for policy clarification or concerns that may present.

3) (See 01-08 Holidays) The program will support and plan for recognized holidays determined by the University. However, there may be instances where the student is expected to attend or participate in program related activities on weekends and/or holidays including clinical education experiences. Students attending clinical education are expected to follow the established work schedule determined by the Clinical Instructor (CI), which may not be the same as the official University calendar.

4) Contract Review: It is UCWV DPT policy to review all contracts at a minimum of every 5 years (See 03-06 Criteria for Selection of Clinical Education Placement Sites and Clinical Education Faculty).

5) Professional Liability Insurance: It is UCWV DPT policy that the program/university will provide the student with professional liability insurance. It is encouraged and

recommended that all students have individually named professional liability policies as well. Please note that some clinical sites may require students to have their own professional liability insurance policy.

6) HIPAA: It is the UCWV DPT policy to have students complete mandatory HIPAA compliance training and be able to provide proof of completion as part of the student's clinical education records.

7) As established in policy 03-01 (Matching for Clinical Education), it is expected that students will have 32 hours/week of direct patient care under the supervision of a licensed physical therapist. The remaining 8 hours of a typical work week may be negotiated release time based on the expectations and approval of the clinical faculty. If there is some reason that the student needs to be absent from regularly scheduled clinical time, including inclement weather, this should be coordinated between the student and the clinical faculty. Planned absences should be managed as far in advance as possible. The DCE may be consulted as needed for policy clarification or concerns that may present. If excused absences jeopardize the expected minimum number of direct patient care hours per week, these hours should be made up in direct patient care prior to the end of the scheduled rotation as coordinated with the CI or the Site Coordinator of Clinical Education (SCCE). This may include working weekends or working additional direct patient care time in the facility. If unable to make up the hours prior to the end of the scheduled rotation, the student will be referred to the Review Committee for further action. If the missed clinical time is within the flexible 8 hours of a typical work week, then those hours could be replaced with other negotiated learning or growth opportunities.

8) Being absent from scheduled clinical rotation day(s) that are otherwise unexcused without coordinating in advance with the clinical faculty may result in failure of the course and/or repeating the clinical education experience as determined by Review Committee action. The DCE may be consulted as needed for policy clarification or concerns that may present.

9) There are some work environments that require time outside of typical or expected working hours. It is the student's responsibility to follow this identified schedule whether it is the schedule of the primary CI or potential substitute or secondary CIs. Students may work with a secondary CI due to the primary CI not being readily available or for specific designated learning experiences.

10) Students are expected to attend lunchtime in-services, staff meetings, or other facility training opportunities as determined by the CI.

Procedure:
1) Core Faculty
-Establish and monitor effectiveness of clinical education policies.
-Mentor their advisees on professional conduct when in the clinical education setting.
-Be aware of the hours requirement to effectively mentor their advisees when students have questions.
-Serve on Review Committees as requested.
2) DCE
-Communicate clinical education requirements and expectations to students, CIs, and SCCEs.

-Respond to CI and/or SCCE concerns.

-When consulted, advise CI and/or SCCE regarding how to make up clinical education hours.

-When in question, determine whether clinical education absences are excused or unexcused.

-Serve on Review Committee.

3) SCCE

-Communicate with the DCE regarding student performance or participation related issues or concerns that may interfere with successfully completing the clinical education experience.

4) CI

-Coordinate and approve release time which may include but is not limited to activities such as literature review for how to manage a patient population, working towards a case study publication, preparing to deliver an in-service, or other substantive learning opportunities related to the clinical setting such as surgery observation or shadowing other relevant healthcare providers for interprofessional learning opportunities.

-Communicate with the DCE regarding student performance or participation related issues or concerns that may interfere with successfully completing the clinical education experience.

-Strive to provide non-threatening constructive feedback on professional behaviors to the student.

-Model appropriate professional behaviors.

5) Students

-Discuss and coordinate expected work schedules with the CI.

-Notify CI well in advance, as is possible, of any events in which the student will miss clinical time.

-Consult with the DCE if any questions or issues present.

-Appreciate that unexcused absences which include leaving early or arriving late may result in referral to the Review Committee for disciplinary action.

-Strive to be open and receptive, while actively and regularly seeking out constructive feedback regarding performance throughout clinical education experiences.

Policy Title:	**Criteria for Selection of Clinical Education Placement Sites and Clinical Education Faculty**
Policy Number:	**03-06**
Effective Date:	**01/30/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**
Approval Signature:	*Steven G. Lesh* **01/30/2025**
	Program Director Date

Purpose: To establish clinical education experiences that facilitate clinically competent Doctor of Physical Therapy (DPT) graduates.

Policy: The University of Charleston (UC) DPT program will mandate that a minimum set of criteria is met by clinical education sites to either establish a new clinical education contract or maintain an existing clinical education contract. These criteria will be established by the core faculty and implemented by the Director of Clinical Education (DCE). The DCE will complete a review of each clinical affiliation contract at a minimum of every five years, but this may be completed at any time to ensure sufficient clinical affiliation sites. The following criteria will be utilized when seeking potential new or maintaining existing clinical education sites:

1. Willingness to work with the UC DPT program to provide clinical education experiences, commitment to student success, evaluation of student performance, and complete required paperwork in a timely manner.

2. Completion of a fully executed clinical education contract with the university.

3. Maintain updated and accurate site information made available to the program.

4. Employment of at least one appropriately qualified clinical instructor (see Policy 03-01 Matching for Clinical Experiences).

5. Ability to provide direct and continuous on-site student supervision by an appropriately qualified Clinical Instructor (CI) (see Policy 03-01 Matching for Clinical Experiences).

Procedure:

 1. Core Faculty:
   -Develop and update the criteria for clinical education sites to meet the goals and outcomes of the University of Charleston DPT program.
2. DCE:
   -Implement clinical education standards as determined by Core Faculty and consider any potential addendums proposed by the clinical site.
   -Screen new sites to determine appropriate fit.
   -Monitor existing sites for non-compliance of established standards.
   -Ensure that students are not placed at sites that fail to meet standards.
   -Remove, when necessary, clinical sites from database that fail to meet established standards.
   -Collaborate with relevant communities of interest to facilitate efficient and effective clinical education sites and affiliation contracts.
   -Consult with Program Director and Dean when needed.
3. Site Coordinator of Clinical Education (SCCE):
   -Submit requests to DCE to become a clinical education site.
   -Comply with the established criteria set for clinical education sites.
   -If required by the clinical education site, submit advanced requirements or addendums to affiliation contracts specific to that site for consideration by the DCE.
4. Students:
   -Provide DCE with requested information regarding potential new clinical education sites.
5. DPT Program Admissions and Enrollment Coordinator:
   -Maintain and update the clinical education management database as directed.
6. DPT Program Administrative Assistant:
   -Assist with clinical education elements as directed.

Policy Title: **Student Responsibilities During Clinical Education Experiences**
Policy Number: **03-07**
Effective Date: **02/26/2025**
Replaces Date: **N/A**
Number of Pages: **3**
Approval Signature: *Steven G. Lesh*   **02/26/2025**

                                        Program Director   Date

Purpose: To clearly outline the responsibilities and expectations of University of Charleston (UC) Doctor of Physical Therapy (DPT) students while completing the clinical education component of the curriculum.

Policy: Students will be expected to comply with established university, program, and facility policy and expectations. This includes but not limited university and program level handbooks and catalogs. At times, clinical facility policy may supersede program level policy, assuming no conflicts present with university level compliance standards. In addition to established standards within program handbooks, the UC DPT student is expected to:

1. Read and comply with all rules, regulations, policies, and procedures of the university, program and clinical site.
2. Maintain the confidential nature of the information on patients and associated medical records, along with information on the business operations of the clinical site (see Policy 03-03). Facilities may require additional training and/or signed HIPAA acknowledgments related to confidentiality.
3. Inform each patient that care will be provided by a physical therapy student, understanding that the patient may or may not grant permission for the student to provide the care.
4. Wear the UC student nametag or a site-specific student nametag as directed by the facility.
5. Be responsible for all site-specific expenses including but not limited to the following: transportation, housing, meals, drug screening, background checks, and medical expenses which may include emergency care and medical evaluations or tests as required by the clinical site or University.

6. Assume responsibility for the risk of injury and damage, which may occur despite due care on the part of the clinical site or the University. The student will notify the DCE and clinical faculty should the student become injured or ill while directly participating in clinical education.

7. Participate in all clinical education assignments and assessments as directed in the clinical education course syllabus.

9. Complete and submit the designated clinical education site assessment tools by established due dates.

10. Proactively communicate with the clinical instructor in attempt to resolve any issues, concerns or conflicts as appropriate during the clinical rotations.

11. As needed contact the DCE for assistance, guidance or support for any issues, concerns or conflicts that the student may be experiencing during the clinical rotation.

12. Continue to attend the clinical education experience unless directed otherwise by the DCE (only the DCE has authority to terminate clinical experience).

13. Notify the UC Student Solutions Office (see Policy 01-09) if special assistance and/or accommodation is needed prior to or during clinical experiences.

Students failing to meet these established expectations and responsibilities will be referred to the Review Committee (see Policy 06-02) for further action.

Procedure:
1. Core Faculty
   -Establish standards for student responsibilities during clinical education experiences.
   -Collaborate with the DCE on expectations in clinical education experiences.
2. DCE
   -Distribute standards as determined by core faculty to students and clinical education sites.
3. Students
   -Follow established standards.
   -Strive to be open and receptive, while actively and regularly seeking out constructive feedback regarding meeting established clinical education standards.
   -Respond in a timely manner to requests made by the DPT program admissions and enrollment coordinator and/or the DPT program administrative assistant.
   -Seek policy clarification when needed.
4. SCCE
   -Become knowledgeable of student responsibilities for clinical education experiences.
   -Distribute clinical education documents to CI.
   -Communicate to the DCE any site expectations of work to be performed outside of a typical work week (e.g. weekends, holidays, evenings, special events).
   -Ensure CIs meet established program criteria.

5. CI
    -Become knowledgeable of student responsibilities for clinical education experiences.
    -Strive to provide non-threatening constructive feedback on student performance.

Policy Title: **Clinical Education Promediation and Remediation**
Policy Number: **03-08**
Effective Date: **02/24/2025**
Replaces Date: **N/A**
Number of Pages: **3**
Approval Signature: *Steven G. Lesh* **02/24/2025**
Program Director Date

Purpose: To provide guidelines and responsibilities for the design, establishment, and implementation of clinical education promediation and remediation.

Definitions:
a) Clinical Education Promediation is the focus and effort of the Director of Clinical Education (DCE) and the Clinical Faculty to facilitate efficient and effective assimilation of knowledge, skills and behaviors necessary for some students to successfully achieve clinical education standards.
b) Clinical Education Remediation is a structured process designed to address identified deficiencies during clinical education experiences. This may include but not be limited to patterns of lapses in professionalism, safety, communication deficiencies, and not meeting established clinical education benchmarks. This process may occur at any point during the clinical education experience but typically is related to mid-term or final assessments. Remediation is offered as a privilege, not a right, and is subject to direction and oversight by the Review Committee (see Policy 06-02). At the minimum clinical education remediation will require an action plan and may also include probation (see Policy 01-14).
c) Clinical Education Action Plans are formal written plans established by the Review Committee with a goal of successful completion of the clinical education component of the curriculum. The plans may address not meeting established performance benchmarks and/or fulfilling required matching guidelines (see Policy 03-01). Implementation of any action plan may result in delayed graduation.

Policy:
a) For clinical education promedition, the DCE and Clinical Faculty will proactively identify students who may benefit from additional support to meet clinical education standards. This may include, but is not limited to additional mentoring sessions, targeted skill development, supplementary learning resources, or increased frequency of progress checks.

b) For clinical education remediation, specific student deficits are identified followed by a formal written action plan in consultation with clinical faculty to address individual areas of concern.

c) For clinical education action plans, the Review Committee in consultation with clinical faculty as needed will create and document key required elements and/or deliverables with appropriate timelines for completion. Action plans may be related to Attendance, Participation, and Absences (see Policy 01-02), Matriculation and Graduation Standards (see Policy 01-13), Leave of Absence or Deceleration (see Policy 01-18) in addition to not meeting established benchmarks. These plans will be individualized to the specific situation and may include but not limited to extended duration, change in clinical setting, and/or focused learning and growth activities. These plans should be acknowledged and agreed upon by the student and will be overseen by the DCE. Failure to successfully complete an established action plan by the deadline may result in a final failing ("F") grade in the course and/or dismissal from the program (see Policy 01-15).

Procedure:

1) Core Faculty:
   -Develop and monitor the clinical education promediation and remediation strategies for the program.
   -Serve on Review Committee as appointed.
   -Work with advisees on progressing successfully through established action plans (i.e. remediation) if needed.

2) Clinical Faculty and Instructors (SCCE, CI):
   -Discuss performance with and provide appropriate feedback to the student.
   -For promediation efforts, proactively identify students and discuss via phone or email with DCE for potential implementation of appropriate promediation strategies.
   -If critical events that may require remediation efforts present, communicate concern as soon as possible via phone to the DCE.
   -Provide individual input to potential action plans when requested.
   -Work with students on progressing successfully through established action plans when needed.

3) Director of Clinical Education (DCE):
   -Consult with SCCE, CI, and/or student related to potential promediation issues.
   -Oversee the clinical education remediation process including, but not limited to, the development and implementation of action plans.

4) Students:
   -Seek assistance from CI, DCE and/or faculty as needed to successfully meet clinical education benchmarks.
   -Reflect upon feedback and performance including but not limited to identified deficiencies.
   -For promediation efforts, collaborate with CI and DCE as needed.
   -For remediation efforts, provide input to action planning when requested.
   -If assigned, complete established action plan.

5) Review Committee

 -Hear and review cases brought before the committee.

 -Make a determination regarding clinical education action planning and remediation, probation, and/or deceleration when a student is referred (see Policy 01-14).

 -Confer as needed with the student, student's advisor, course faculty, clinical faculty, Program Director, School Dean, and/or Dean of Students.

 -Develop and document an appropriate action plan as needed including relevant timeframes.

 -Designate an appropriate person to discuss and oversee the action plan with the student.

 -Notify the School Dean as needed.

Policy Title: **Unexpected Termination of Clinical Education Experience**
Policy Number: **03-09**
Effective Date: **02/26/2025**
Replaces Date: **NA**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **02/26/2025**

                                     Program Director   Date

Purpose: To provide guidance for when a clinical education experience or site assignment is unexpectedly terminated.

Definitions: Unexpected termination of clinical education experience or site assignment may occur at any time prior to or during the rotation without notice and may be for any reason. Some common examples include poor student performance, staffing changes, site policy changes, and natural disasters. Urgency of situations refers to the timing of events related to planned matriculation and/or graduation of the student.

Policy Guiding Remarks: Students should understand this is not a rare occurrence. If this occurs, the student is expected to be professional, accepting, and flexible. When a clinical education experience or site assignment is unexpectedly terminated, the DPT program cannot make any assurances about the replacement assignment such as location or setting. It is plausible, depending on the length of time of advanced notification of the unexpected termination, that the student's graduation date may be delayed.

Policy: The DCE will work in consultation with the student to find a suitable remedy when a clinical education experience or site assignment is unexpectedly terminated starting with higher urgency situations first.

Procedure:
1. Core Faculty:
    -Develop and update the unexpected termination of clinical education experience policy.

2. DCE:
   -Gather and process information related to unexpected termination of clinical education experience.
   -Work to find a suitable clinical education experience or site replacement for unexpected termination events, in consultation with the student, starting with higher urgency situations.
   -Determine if the unexpected termination of a clinical education experience is an isolated event or will require further evaluation of the clinical site.
3. DPT Program Admissions and Enrollment Coordinator:
   -Assist DCE in finding suitable replacement options.
4. SCCE/CI:
   -Contact the DCE promptly when there will be termination of a clinical education experience.
   -Provide as much notice and information as possible regarding termination of a clinical education experience
5. Student:
   -Appreciate that clinical assignments are not guaranteed and could change without prior notice at any time.
   -Maintain a professional demeanor and a flexible attitude regarding reassignment of clinical education experiences.
   -Professionally discuss replacement site alternatives with DCE.

Policy Title: **Request for a New Clinical Education Site**
Policy Number: **03-10**
Effective Date: **02/27/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh* **02/27/2025**

Program Director Date

Purpose: To gather information on prospective new clinical education sites in order to determine the feasibility of establishing a contractual relationship between the clinical site and the university.

Policy: The University of Charleston (UC) Doctor of Physical Therapy (DPT) program is open to new sites that meet the mission of the program, support the students needs and individual circumstances, and meet established matching standards for clinical experiences (see Policy 03-01).

Priority for new clinical education site development is given to practice areas and locations that will benefit future students as well as current students. Students are not guaranteed that a potential new clinical site contract will be considered or accepted by either the program and/or the facility. Establishing a clinical affiliation contract in advance does not guarantee that a student will be placed at that facility. Due to the complexity of the contractual process in establishing new clinical sites, time to completion and placement may not meet the matriculation needs of the student.

Ideally, requests for new clinical sites are submitted during the first term. To initiate the process, the student should contact the DCE. If the contractual paperwork is not completed prior to the matching and placement process, then the student will be assigned to an existing available site.

At no time is the student authorized to speak for or on behalf of the university and/or program related to potential contractual matters. Students or their representatives are strictly prohibited from contacting sites directly for solicitation of new clinical agreements or clinical placements. If it has been determined that the student or agents acting on behalf of the student have violated this policy, the student will not be permitted to utilize that site for a clinical experience.

Procedure:

1) Core Faculty

-Develop and update policy for request of new clinical education sites as needed.

2) Director of Clinical Education (DCE)

-Meet with students to discuss options related to the establishment of new clinical site agreements.

-Gather contact information submitted from the students.

-Evaluate fit of potential clinical education sites related to program and site criteria policy (see 03-06).

-Work toward securing appropriate agreements from new clinical education sites.

-Communicate outcome of process with requesting student and appropriate communities of interest.

3) Student

-If considering a new clinical site opportunity, contact the DCE.

-Follow established policy regarding communication with potential new clinical sites.

4) Program Admissions and Enrollment Coordinator

-Assist DCE in pursuing new clinical site agreements.

5) Program Administrative Assistant

-Assist DCE in pursuing new clinical site agreements.

Policy Title:	**Student Advisor**
Policy Number:	**04-01**
Effective Date:	**04/01/2025**
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Approval Signature:	*Steven G. Lesh*　　　　　　　　　**04/01/2025**
	Program Director　　　　　　　　　　Date

Purpose: This policy outlines the role and responsibilities of Student Advisors in the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC), focusing on technical and academic support while fostering an environment where mentorship can develop organically among faculty and students.

Definition:
a) Student Advisor: A faculty member assigned to guide students through the technical aspects of the DPT program.
b) Advisee: A student assigned to a specific Student Advisor for guidance through the technical aspects of the program.
c) Technical Aspects: Program requirements, curriculum navigation, and academic/program policies.
d) Mentor: A person who gives a less experienced person help and advice over a period of time, particularly related to professional growth and development. This person does not have to be a specifically assigned Student Advisor from the program and could be either internal or external to the program and university.

Policy: Each DPT student will be assigned a Student Advisor upon entering the DPT program. Assignments will be made by the Program Director taking into consideration faculty workload. The Student Advisor will provide guidance on the technical aspects for the program including but not limited to curriculum expectations and matriculation requirements. The Student Advisor should meet at least once per semester to discuss academic progress, and more frequently if needed. While Student Advisors focus on technical curriculum and program aspects, all faculty are encouraged to serve as mentors to students.

Procedure:

1) Core Faculty

-Establish, review, and update advisor standards for the program ensuring that the policies are compliant with existing university policies and procedures and meet the needs of the program.

-Serve as Student Advisor as appointed.

-Be open to mentoring students when opportunity presents.

-Meet with advisees regularly, at least once per semester, to discuss academic progress leading to graduation readiness (see Policy 01-13 Matriculation and Graduation Standards) including but not limited to review and completion of the Path to Excellence Portfolio assessment (see FORM Path to Excellence).

-Discuss identified issues and/or concerns with the student.

-Document student sessions accordingly, maintaining confidentiality and professionalism including date/time of meeting, topics discussed, any actions items and follow up plans.

-Copy relevant faculty, staff or administrative units on related documentation as appropriate.

-Make referrals to appropriate university units when needed.

-Support course faculty and students when needed for promediation processes (see Policy 01-12 Promediation).

-Refer to Assistant Program Director if issues arise that are unable to be resolved at the advisor level (see Policy 06-02 Review Committee).

-Support student if formal action plans are established (see Policy 01-14 Remediation and Probation for Academic and Non-academic Issues)

2) Program Director

-Assign or reassign when needed advisor to advisee.

3) Course Faculty

-Refer to Student Advisors when issues arise that can not be resolved at the course level.

-Be open to mentoring students when opportunity presents.

4) Students

-Attend scheduled meetings with their Student Advisor.

-Come prepared to discuss academic progress, concerns, and questions.

-Follow through on advisor recommendations and action items.

-Communicate proactively with their advisor about any issues affecting or potentially impacting their academic performance.

-Recognize that student performance related to clinical education preparedness (see Policy 03-04 Assessing Student Readiness for Clinical Education) will be shared with core faculty as appropriate.

Policy Title: **Communications**
Policy Number: **04-05**
Effective Date: **04/08/2025**
Replaces Date: **N/A**
Number of Page: **3**
Approval Signature: *Steven G. Lesh*   **04/08/2025**
                            Program Director   Date

Purpose: This policy establishes guidelines for effective, professional, and ethical communication within the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC). It addresses expectations for digital communication, interpersonal interactions, and the use of technology to ensure clarity, respect, and professionalism in all forms of communication.

Definition:
a) Professional Communication: Clear, respectful, and purpose-driven exchanges that adhere to ethical standards and reflect positively on the individual and institution.
b) FERPA (Family Educational Rights and Privacy Act): A U.S. federal law enacted in 1974 that protects the privacy of student education records. It applies to all educational institutions that receive funding from the U.S. Department of Education. FERPA gives students and their parents certain rights regarding access to and control over their education records.
c) HIPAA (Health Insurance Portability and Accountability Act): A U.S. federal law enacted in 1996 to protect the privacy and security of individuals' medical information. It establishes standards for the handling, use, and disclosure of Protected Health Information (PHI) by healthcare providers, insurers, and other entities. HIPAA ensures that patients' health data is safeguarded while allowing for the flow of information necessary for high-quality healthcare.

Policy:
A) All communications between faculty, students, clinical faculty, staff and relevant communities of interest should be conducted with professionalism, respect, and cultural sensitivity. Communication should be clear, concise, and free from jargon or ambiguous language. Confidentiality must be maintained in all forms of communication in accordance with FERPA (Family Educational Rights and Privacy Act), HIPAA (Health Insurance Portability and Accountability Act), and university policies. The program will create an announcement portal through the approved university learning management system to provide regular communication between the program and the student.

B) It is expected that official university email is the primary communication mode.

Guidelines:

Please consider the following best communications practices in support of this policy:

1) Determine urgency of matter to be communicated in relation to immediacy of the mode selected.

        -In person, phone or video call is more immediate and allows for in depth communication

        -Email is delayed and lacks depth of communication

2) Email Etiquette (See FORM Netiquette)

        -Use clear, concise subject lines

        -Use a salutation, complementary closing, and signature with contact information

        -Maintain a professional tone and avoid using emojis or informal language

        -Be brief, focused and concise (if a long email is needed, select another more immediate mode of communication).

        -Proofread before sending to catch errors or unclear phrasing

        -Use the "cc" and "bcc" fields appropriately to respect privacy

        -Be very careful when using "reply all" button and avoid forwarding large email chains

        -Remember that in the absence of facial expressions and tone of voice, written communication can be easily misinterpreted. Therefore, it is crucial to be exceedingly clear, kind, and respectful in all email exchanges.

3) Video Conferencing

        -Test audio and video connections before important meetings

        -As is possible, keep video on, and audio muted

        -Use virtual backgrounds or ensure a tidy, professional physical background

        -Look into the camera when speaking to simulate eye contact

        -Use the raise hand feature when questions are necessary

        -Be cautious of extraneous windows that may contain sensitive information that could be accidently shared

4) Confidentiality

        -Use UC approved communication tools (Email, Video Conferencing, Shared Folders, Learning Management System) to ensure FERPA compliance

        -Avoid confidential information in public areas

        -Be cautious about leaving sensitive information visible on screens

        -Do not use student names as file names

5) Feedback and Conflict Resolution

        -Provide constructive feedback using the "sandwich" method (positive-improvement-positive)

        -Address conflicts directly and professionally, using "I" statements

6) Cultural Competence

        -Be aware of and respect cultural differences in communication styles

7) Technology Use

       -Keep software and apps updated for security

       -Use strong, unique passwords for different accounts

       -Never share login or password data

       -Be cautious about using public Wi-Fi for sensitive communications

8) Time Management

       -Set specific times for checking and responding to emails

       -Use out-of-office replies when unavailable

       -Respect others' time by being punctual for meetings and calls

Procedure:

1) Core Faculty

       -Establish, review and update program communication standards, guidelines and policies.

       -Role model effective and efficient communication strategies.

       -Reply to student emails within 24 hours if the message is received on a business day and during regular working hours. Emails received outside these hours or on weekends or holidays will be addressed on the next business day unless extenuating circumstances present.

2) Program Director

       -Memorialize and disseminate program communications policies to relevant communities of interest.

       -Role model effective and efficient communication strategies.

3) Course Faculty

       -Role model effective and efficient communication strategies.

       -Coach or correct student behaviors that are not compliant with this policy.

       -Reply to student emails within 24 hours if the message is received on a business day and during regular working hours. Emails received outside these hours or on weekends or holidays will be addressed on the next business day unless extenuating circumstances present.

4) Students

       -Role model effective and efficient communication strategies.

       -Check official university email and learning management system daily.

       -Ask clarifying questions as needed if communication strategies are unclear.

       -Refer to the university academic catalog for specific policies and procedures related to FERPA communications.

5) Lab Coordinator

       -Establish a "subscribed" program announcement board associated with integrated learning labs 1 – 7.

       -Enroll all students and faculty in the program announcement board.

6) Director of Clinical Education

       -Establish a "subscribed" program announcement board associated with the third clinical education course.

       -Enroll all students and faculty in the program announcement board.

Policy Title:	**Faculty Evaluations**
Policy Number:	**04-06**
Effective Date:	**04/08/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   **04/08/2025**

Program Director   Date

Purpose: This policy establishes a comprehensive and fair process for evaluating faculty performance in the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC). It aims to promote excellence in teaching, scholarship, and service while supporting faculty development and program improvement.

Definition:

a) Personnel Action File (PAF): A tailored collection of documents that captures evidence of an individual faculty member's past performance as well as an indication of future contributions that are used in the faculty evaluation process for promotion and retention.

b) Annual Performance Appraisal: A yearly assessment of faculty performance across teaching, scholarship, service, and professional growth. Input from self and supervisor is used to complete the evaluation process for a given cycle. Performance goals are set for future cycles.

c) Peer Review: Evaluation of faculty performance by colleagues within the program or related disciplines. This evaluation level may also be performed by a supervisor or administrator.

d) Student Evaluations of Teaching (SET): Input on teaching effectiveness submitted anonymously by students at the close of a course. Data is typically used in aggregate as an overall evaluation of faculty performance.

Policy:

A) The program will defer to and utilize current forms and processes established in university policy and handbooks to complete an annual performance appraisal, peer review(s), and SET. The individual core faculty member is responsible for compiling the PAF and sharing with appropriate parties at scheduled intervals. All evaluation materials and discussions will be kept confidential and shared only with relevant parties involved in the evaluation process.

B) Adjunct or associated faculty that are responsible for a course offering will be evaluated using the SET process. The Program Director or delegated representative will discuss results with this faculty member. Evaluation data will be used in part in combination with budgetary, professional development, and/or contemporary expertise elements to make retention decisions. Retention

decisions made on adjunct or associated faculty will be reported to core faculty.

C) Guest Lecturers will be evaluated by the lead course instructor through direct observation and by collecting immediate feedback from participants. Participants may also submit input on guest lecturers when completing student end of semester surveys. Collected data will be utilized in part to make retention decisions. Lead faculty is expected to report retention decisions to core faculty.

Timelines:

a) Annual performance appraisals are conducted during but prior to the end of each academic year with self-assessment completed prior to annual performance appraisal.

b) Peer evaluations are scheduled throughout the academic year.

c) SET are conducted at the end of each course.

d) PAF are formally required as part of promotion and retention cycles established in each faculty member's contract.

Procedure:

1) Core Faculty

-Establish, review, and update faculty evaluation policies and procedures to ensure compliance with university expectations.

-Compile PAF as part of the promotion and retention processes set by the university.

-Appeal evaluation results through the established grievance procedures of the university.

2) Program Director

-Use collected evaluation data to inform decisions on professional development, budget, promotion, and retention.

-Schedule and complete annual performance appraisals of core faculty.

-Recognize excellence in teaching, scholarship, and service.

-When adjunct or associated faculty are utilized, make a retention decision based upon in part direct observation and SET. Consult with adjunct or associated faculty member and share retention decision with core faculty.

3) Course Faculty

-Schedule peer (or supervisor) review as needed. Peers may be within program or within the university. Under some circumstances, expert peers may be utilized from outside of the university. See FORM Teaching Observation Rubric.

-Receive and reflect upon feedback from evaluation components.

-Seek opportunities for discussion and clarification of evaluation results.

-Develop plans and strategies to address areas needing improvement.

-When guest lecturers are utilized, make a retention decision based upon in part direct observation and immediate participant feedback. Share retention decision with core faculty.

4) Students

-Complete student evaluations of teaching and end of semester surveys.

-When requested, provide immediate feedback on guest lecturer's performance.

Policy Title:	**Mission, Vision, and Educational Principles**	
Policy Number:	**05-01**	
Effective Date:	**08/08/2025**	
Replaces Date:	**06/25/2025**	
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Approval Signature:	*Steven G. Lesh*	**08/08/2025**
	Program Director	Date

Purpose: This policy articulates the foundational mission, vision, and educational principles that guide the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC). It serves as a cornerstone for program development, curriculum design, and student outcomes.

Definitions:
a) Mission: The program's core purpose and focus.
b) Vision: The aspirational, long-term goal of the program.
c) Educational Principles: The fundamental beliefs and approaches that shape the program's educational philosophy and practices.

Policy:

Mission of the UC Doctor of Physical Therapy Program (updated 03.27.24):
Empowering skilled physical therapists to address the diverse physical healthcare requirements of the greater Appalachian region through specialized training, compassionate care, and community engagement.

Vision of the UC Doctor of Physical Therapy Program (est. 03.27.24):
Equipping future physical therapy professionals with the capacity to embody excellence as productive members of the healthcare community.

Curricular, Program, and Educational Philosophy and Principles
Pain: In contemporary United States society, effective pain management needs a comprehensive approach that recognizes the multidimensional complexity of pain including but not limited to psychological, social, and physiological influences. Healthcare providers must prioritize the administration of contemporary care tailored to the individual needs of patients presenting with painful conditions or syndromes. A holistic evaluation of patients, particularly in physical therapy, is essential, with an emphasis on fostering autonomous practitioners skilled in psychologically and trauma-informed care. Key elements encompass a deep appreciation for the unique lived experiences

and values that shape each patient's journey. High-value pain-management plans should be implemented to reduce reliance on low-value interventions, with a focus on both individualized and comprehensive treatment interventions for patients with chronic illnesses and painful conditions. Shared decision-making processes must include patients and relevant communities of interest to ensure that care plans are aligned with patient values and goals. This includes comprehensive screening and evaluation that incorporates a psychosocial perspective alongside physical examinations, particularly for nociplastic pain conditions. This involves using valid and reliable tools for measuring pain and associated symptoms, ensuring that care plans are informed by accurate and relevant assessments. Ultimately, addressing painful conditions requires an integrative approach that balances innovative interventions with personalized, patient-centered care, while also considering the broader social, cultural, and political contexts that influence pain management practices.

Excellence: At the heart of our university's ethos lies an unwavering commitment to excellence in all our endeavors. We define excellence as a harmonious blend of specialized expertise, compassionate care, and meaningful community engagement. Our pursuit of excellence is not merely an academic exercise, but rather fosters an environment where innovation thrives. We recognize that true excellence extends beyond technical proficiency. It encompasses the art of delivering care with empathy, understanding, and genuine concern for those we serve. By actively engaging with our community, we create a symbiotic relationship that enriches both our academic environment and the world beyond our campus. The program will embrace belonging, continuous improvement, and ethical practices. Faculty will ignite student-centered learning experiences, craft dynamic and thoughtfully designed instruction, champion the development of critical thinking skills, and fostering a "Path to Excellence" through portfolio style reflective assessment. Strategies include regularly reviewing and revising content and pedagogical techniques based on research and best practice, creating clear and challenging, yet attainable, course learning objectives aligned with program outcomes, facilitating ongoing professional reflection, and mentoring students that contributes to their individual professional growth and development.

Body as Teacher: The professional vision in recent years has focused on improving the human condition through transforming our communities by optimizing movement. As an inherent element of this noble goal, physical therapists must utilize a growing body of knowledge, established skill sets, and adept expertise related to movement (Sebelski 2020). The signature pedagogy for the profession centers on the "Body as Teacher" as we apply principles to explicitly identify movement using data collected from all bodily senses linked to effective clinical reasoning. Using the human body as the teacher emphasizes the profound role the body plays in the learning process. In this approach, the body itself becomes a source of knowledge, offering invaluable insights into movement patterns, functional limitations, and the impact of physical conditions. The program will embrace the "Body as Teacher" philosophy encouraging students to engage in experiential learning, fostering a deep understanding of anatomy, biomechanics, and patient experiences. Faculty will strive to integrate hands-on, practical experiences coupled with genuine appraisals of how and why the human body moves and functions. Strategies include active exploration and interpreting the

language of the body, forming and mastering skills to interact with the body, and compiling empathetic interaction strategies so the student can intuitively respond to the unique needs of their patients.

Motivation: The absence of motivation may negatively impact the student's learning journey. When students are motivated to learn, relevant connections can be made. It is believed that the best way to encourage motivation is to make learning relevant. Cavanagh (2016) suggests that to grab a student's attention and direct it to the material at hand, faculty must tap into the neuroscience of learning using emotions within classroom activities and assignments. By facilitating the student's interest in the relevant task, they will be able to dedicate cognitive resources to boost performance. Developed by Knowles in 1968, the adult learning theory calls for students to be self-directed, motivated, and ready to learn (Kiely 2004). For the purposes of this curriculum, we do not expect the modern physical therapy student to be fully an adult learner, but rather an emerging professional student who is still in need of support and role modeling. The program will emphasize a contemporary and innovative curriculum model founded in the excitement of a dynamic profession fostering motivation for learning. Faculty will strive to make relevant connections between the material being learned and how the material is applied as a future physical therapist as well as role modeling professionalism. Strategies include a presentation of clinical relevance in a student-forward manner at the start of each course, an honest portrayal of the role of material in clinical practice, practical application of skills relevant to case development, fostering accurate reflection, developing emotional intelligence, and encouraging mindfulness strategies. Perhaps most importantly encouraging professional development and growth within the curriculum and planned clinical education experiences.

Mentorship: A robust, synergetic, organic, and mutually respectful relationship between students and faculty is critical for education. "The best predictors of student satisfaction and success are whether students form close-knit friendships, have a mentor or two on campus with whom they develop a close relationship … or find a meaningful social group with which to identify (Cavanagh 2016)." In a noted position of service, the faculty will foster a mentoring and nurturing relationship with the students empowering them to find success along their individual learning journeys. The program will emphasize opportunities for students to be mentored by faculty. Faculty will strive to provide encouragement and support to the student throughout the learning journey. Strategies include being present for the student, using active listening strategies, providing timely feedback, performance calibration, fostering emotional intelligence, encouraging reflection, being an advocate, and offering empathetic support.

Augmented Cognitive Load Theory: As suggested by Sweller (1999) the working memory of students is limited in nature being able to only hold a small amount of information at any one time. Instructional methods should work to avoid overloading the student's memory to facilitate effective learning of new concepts and efficient problem solving. As a foundation, this theory suggests that elements of new learning (germane) are competing for available cognitive resources related to number of tasks and complexity being presented (intrinsic) and by interfering thoughts and processes

(extraneous). Ideally, faculty work to reduce intrinsic and/or extraneous variables and students are granted freed up cognitive resources for germane learning. Huk and Ludwigs (2009) have suggested that simply freeing up memory capacity is not sufficient for the contemporary student as reduced cognitive loads are quickly back filled by extraneous demands placed upon the student. Only when cognitive support is paired with affective support will student learning increase leading to the advent of the augmented nature of the cognitive load theory (Cavanagh 2016). The program will emphasize the importance of both cognitive and affective factors in learning. Faculty will strive to create innovative programmatic elements to provide both cognitive (increasing working memory resources available for germane and intrinsic purposes) and affective/emotional support (increasing student interest, reducing extraneous load) for student learning. Strategies include providing consistent formats of syllabi, giving clear instructions and expectations of performance, having all course elements developed and deployed in advance of the scheduled term, supplying cognitive aids, establishing repetition in learning, accurate reflection, mindfulness, anxiety management, identifying threats to cognitive performance, and recognizing that extraneous real-life variables for the student may distract from learning.

Scaffolding: While constructed for developmental learning in children, Vygotsky's zone of proximal development holds true for learners no matter their age. The term scaffolding has been applied to this concept as educators strive to determine what the student can do alone, can do with help, or cannot do related to their current skill set (Taber 2018). In a mentoring and facilitating role, faculty possess a greater understanding of the relevant material and should scaffold material into smaller manageable chunks so the student can expand their knowledge and skill set. Some contemporary applications of this theory revolve around what is comfortable for the student and the faculty should work to strategically pull the learner outside of that identified comfort zone to facilitate growth and development. This interaction challenges students to learn past their current foundations, engages students in collaborative efforts, and provides foundations of successful and sequential learning elements. This interaction encourages the teacher to likewise collaborate, but also recognizes that the needs of the individual learner should be paramount. The program will emphasize collaborative relationships between student and teacher such that learning tasks become facilitatory and guiding. Once new concepts are learned, successive challenges are created. Faculty will strive to provide greater instructional support at the beginning of the learning journey but gradually remove structure and support as the student becomes more comfortable with new content and skills. Shifting of the engagement of learning is progressive moving from the teacher to the student. Strategies include moving out of comfort zones, encouraging group work, use of multimedia and visual aids, thinking out loud (oral support of thinking and thought processes), pre-teaching preparation such as content or learning guides, and managing new materials in chunks or more manageable units of engagement.

KSA (Knowledge, Skill, Ability): Often used interchangeably, but the KSA model represents distinct components that together provide a comprehensive assessment of a student's readiness for matriculation, especially for clinical education within the curriculum. In this context, knowledge forms the foundational understanding derived from academic background and theoretical learning. It

serves as the bedrock upon which skills and abilities are developed. Skills refer to the practical proficiencies acquired through training and hands-on experience, while abilities encompass both the personal attributes cultivated through knowledge and skills acquisition and the innate talents essential for success as a licensed physical therapist. Using a pyramid visualization, a large foundation of knowledge elements feed into a decreasing number of skills, and then on top is a smaller summative grouping of abilities integrating all elements together. Faculty members are committed to integrating the best available evidence and nurturing the growth of students' knowledge, skills, and abilities. Recognizing these as distinct yet interconnected concepts, faculty will guide students through a progression where knowledge lays the groundwork, skills serve as intermediary steps, and abilities represent the integrated capstone of learning experiences. Strategies to achieve this include aligning lesson and course objectives with KSA expectations, fostering transparent communication with students to demonstrate the relevance of KSA expectations to their overall learning journey, incorporating innovative and creative instructional strategies such as the curricular integrated learning lab experiences, employing diverse assessment methods tailored to capture each facet of KSA expectations, and determining student readiness for progression to clinical experiences.

Integrated Learning Lab Experience: For terms 1 – 6 lab experiences are structured as stand-alone courses that support the curriculum as opposed to individual courses as is traditionally associated with most lab experiences. Skills will be introduced in associated didactic courses in the given term and be progressed through the integrated experiences in a cumulative manner. The integrated learning experience will promote a culture of professional growth, community, and learning. The case-based learning (CBL) format will be structured across a 15-week term with the first portion of the term working to prepare or pre-brief for the on-campus experience near the end of the term. CBL supports enhanced student self-awareness, increased student confidence, and the development of competence (Murphy & Radloff, 2019). Campus wide elements will be integrated into the learning experience to include HIPE (health science interprofessional experience) at the school level, labor of love (service) and enlightened living both at the university level. In general, the integrated lab and term will flow as 12 weeks remote pre-briefing and preparation, 2 weeks on campus practicing skills and completing cases | scenarios | simulations, and 1 week of synthesis or debrief (El-Hussein 2023). The use of cases and simulations is expected to promote critical thinking, to practice supervision of patient care, to provide immediacy of feedback, to assimilate knowledge, and to gain experience (Koukourikos 2021). Lab facilitators will encourage students along a growth journey suggested by Cutrer et al (2018) of Planning (gaps in knowledge, available resources) > Learning (engagement, calibration) > Assessment (formative, self, summative) > Adjusting (integration of new knowledge and skills into clinical practice). Variations to the schedule will be necessary for term 6, which includes one clinical experience as well as fluctuations in the official university calendar for any given term. The cumulative nature and intended impact of the integrated learning lab experiences will provide a venue for proficiency assessment of expected performance in partial determination of student readiness to progress to clinical experiences. Hallmarks of the integrated experience include remote preparation, hands on participation, problem solving, formative and summative assessment (i.e. written, oral, and skills based), near-peer instruction, reflection, retrieval practice, spaced

intervention, interweaving (randomization), and linking knowledge, skills, and abilities. A dedicated lab coordinator will plan the term-based events in cooperation from core faculty and curricular progression expectations.

Modified Bloom's Integrated Bridge (BIB) Model: The taxonomy created by Benjamin Bloom is a well-known framework for categorizing educational objectives into levels of complexity ranging from remembering at level one to creating at level six (Piza, 2019). Most educational institutions utilize one or more of the contemporary interpretations of Bloom's Taxonomy based on the original work in 1956 along with subsequent revisions by Anderson and Krathwohl (2001). By using an established taxonomy, the faculty are empowered to create and revise a curriculum that is organized and sequential in nature facilitating achievement of student learning outcomes (Piza, 2019). Regular assessment is directly linked to the use of the taxonomy covering the knowledge, skill, and ability expectations (KSA). Some educators question the nature of a true and sequential hierarchy of the levels. Must one level be mastered before the next level is explored? Rich learning experiences may indeed include various types of learning happening at the same time across the taxonomy levels (Arend, 2021). "Creating" and "evaluating" and "analyzing" are most likely differing versions of higher-order thinking used in different contexts. "Remembering" and "understanding" are inherent foundational elements for building knowledge, skills, and ability attributes. For the physical therapist, we believe higher order levels are constructs in part for efficient and effective clinical reasoning. The truer nature of the model may be the differentiation between lower order learning and higher order learning with a bridge or transition existing between the two levels (Tolman, 2021). The program will utilize a consistent application of the Bloom's taxonomy utilizing a modified Bloom's Integrated Bridge (BIB) model such that remembering and understanding form foundational learning objectives. An "apply" transition bridge crosses the span between lower order learning and higher order learning. We will recognize that the levels of analyze, evaluate, and create are differing contextual elements encouraging higher order learning, integrating critical thinking, and developing clinical reasoning. For clarity and assessment purposes, the BIB will have only one recognized verb per level except for the verb "reflect" which will appear in all three higher order learning levels as we believe the student can and should reflect by separating concepts, making judgments about whole concepts, and by building a structure from diverse elements. Thus, a student should be able to reflect through analyzing, evaluating, and creating. For assessment purposes, curricular mapping will focus on: 1) lower order foundational levels (remember, understand), 2) transition or bridge (apply), 3) higher order clinical reasoning (analyze, evaluate, create). See FORM Modified Bloom's Integrated Bridge (BIB) Model.

Guide to Physical Therapist Practice: The APTA Guide to Physical Therapist Practice [https://guide.apta.org/] is the American Physical Therapy Association's seminal resource describing physical therapist practice and the foundations upon which that practice is built. The primary audiences for the Guide include physical therapist and physical therapist assistant educators, students, and clinicians, with excerpts for external stakeholders such as legislators and payers. This comprehensive resource serves as a foundation for curriculum development and instructional design linking together learning experiences with professional principles and expectations. The tool is divided into functional chapters to guide the user through content such as core concepts, professional

roles, accessing services, examination, evaluation, diagnosis, prognosis, interventions, outcomes, career advancement, tests, and measures.

Enlightened Living: The Doctor of Physical Therapy program at the University of Charleston is rooted in the belief that healthcare professionals must possess a comprehensive understanding of the world to provide optimal care. We strive to develop physical therapists who are not only clinically competent but also scientifically, economically, politically, and culturally literate. The program fosters a sense of shared values while emphasizing moral purpose and personal character. We enable student success by celebrating their accomplishments, championing diversity, and promoting a culture of innovation. It emphasizes humility, openness, and continual growth particularly in cross-cultural interactions. Through trust, transparency, and character development, we prepare physical therapists who can thrive in modern society, adapt to evolving healthcare landscapes, and make meaningful contributions to their patients and communities. This holistic approach ensures our graduates are well-equipped to address the complex health needs of diverse populations. The program will create a nurturing culture where students feel valued because of their differences and are comfortable participating centered around contemporary universal course accessibility design. Faculty will strive to accommodate differing learning needs by using a variety of strategies and materials, considering diverse and alternate means of participation such as written projects, group work, and asynchronous discussions catering to diverse student needs while providing clear, consistent, and structured routines and expectations. Strategies include offering case studies and reflections that represent different ethnic, economical, and racial perspectives, incorporate name-blind grading to minimize impact of bias, breaking tasks into smaller components and providing concrete examples to support diverse learning, creating relevance of course materials to clinical practice, encouraging student voice through lived experiences, and by championing student autonomy and independence in the learning process.

Diversity includes but is not limited to: 1) a resident of greater Appalachia, 2) member of a rural and/or underserved community or population, 3) current or former member of the uniformed services, and 4) PTA or other licensed healthcare professionals.

Academic Freedom: From the UC Faculty Manual 2024-25 (section 1.3.4) "*Faculty members—in their official University capacity—are entitled to freedom in their research, publications and classroom discussions and content delivery in their subject areas, **bound only by intellectual honesty and program outcome delivery**. In this vein, faculty members are responsible for protecting the academic freedom of their students. In the community—as citizens—faculty members are free to speak or write without institutional censorship or discipline; but their special position in the community imposes special obligations. Both the University and the education profession may be judged by the content of faculty speeches and writings. As such, faculty members should be accurate, exercise appropriate restraint, and show respect for the opinions of others, and they must avoid giving any impression that they are acting as University spokespersons.*" The program fully recognizes and supports the academic freedom of each member of both the physical therapy faculty and students alike within the boundaries of intellectual honesty and the mapped elements of program level outcomes (goals) and course level outcomes. It is expected that faculty will create appropriate lesson level objectives, learning experiences, and assessments to meet or exceed mapped elements. Changes to mapped elements should be reviewed and approved by the core faculty of the program.

Procedure:

1) Core Faculty

-Be responsible for the establishment, review, and revision of the mission, vision, and educational principles for the program. Review will occur at least annually.

-Update mission, vision, and educational principles as needed to align with university and school mission and expectations as well as with external accreditation standards such as those set by the Commission on Accreditation in Physical Therapy Education (CAPTE).

-Live and role model the mission, vision, and educational principles.

2) Program Director

-Disseminate mission, vision, and educational principles for the program to appropriate communities of interest.

3) Course Faculty

-Incorporate elements into course design, teaching methods, and student assessments.

Policy Title:	**Program and Curriculum Assessment / Strategic Planning**		
Policy Number:	**05-02**		
Effective Date:	**03/12/2025**		
Replaces Date:	**N/A**		
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Approval Signature:	*Steven G. Lesh*		**03/12/2025**
	Program Director		Date

Purpose: To establish the processes to complete a comprehensive assessment of the physical therapy program and curriculum linked to strategic planning.

Definition:
a) Assessment is a process of gathering and analyzing information gathered from multiple sources to improve student learning and programmatic effectiveness in sustainable ways.
b) Data driven analysis refers to the use of collected data from multiple sources to identify strengths and weaknesses to foster an environment of continuous improvement.
c) Program assessment evaluates the overall effectiveness and quality of the program.
d) Curriculum assessment focuses on the design, content, and effectiveness of the curriculum in preparing students to become physical therapists.
e) Strategic planning shapes the direction and goal formation of the program.

Policy: The program will employ multiple strategies and tools to collect information from a variety of sources including but not limited to students, graduates, academic faculty, clinical faculty, administration, staff, and relevant community members such as employers. Data will be compiled, analyzed, and reported accordingly to facilitate effective program strategic planning. Needs assessment data will be updated and shared annually with a strategic planning retreat held at least every three years. If established analytical benchmarks fail to meet established thresholds, then corrective action plans will be enacted based on the triangulated data.

The program will utilize both quantitative and qualitative methods to collect relevant data including but not limited to:
    a) Survey: Clinical Education Student Mid-Term
    b) Survey: Clinical Education Student Final
    c) Survey: Faculty End of Semester
    d) Focus Groups
    e) Survey: Graduate / Alumni

f) Survey: Student End of Semester
g) Survey: Student Entrance
h) Survey: Student Exit
i) NPTE Performance Data
j) Public Advisory Board Input
k) Updated Needs Assessment Data
l) Student Discussions and Debriefings

Procedure:

1) Core Faculty

-Analyze compiled assessment data and make recommendations for process improvement.

-Establish, review and update relevant performance benchmarks and standards.

-When requested, participate in strategic planning initiatives.

2) Program Director

-Oversee the program and curriculum assessment process.

-After analysis is completed, report outcomes to appropriate communities of interest.

-As needed, forward potential assessment process issues or concerns to the core faculty for consideration.

-Update established needs assessment at least annually.

-Lead a strategic planning initiative at least every three calendar years or as needs arise.

3) Course Faculty

-Participate in the program and curriculum assessment process when requested.

-If established processes within the program or curriculum become problematic, then report to the Program Director.

-When requested, participate in strategic planning initiatives.

4) Students

-Participate in the program and curriculum assessment process when requested.

-When requested, participate in strategic planning initiatives.

5) Staff

-Participate in the program and curriculum assessment process when requested.

-If established processes within the program or curriculum become problematic, then report to the Program Director.

-When requested, participate in strategic planning initiatives.

Policy Title:	**Hybrid Learning Best Practices**	
Policy Number:	**05-03**	
Effective Date:	**3/13/2025**	
Replaces Date:	**N/A**	
Number of Pages:	**2**	
Approval Signature:	*Steven G. Lesh*	**3/13/2025**
	Program Director	Date

Purpose: To establish a framework of mutual understanding on best practices for both student and instructors to create an environment that promotes effective and efficient learning.

Definition: Hybrid learning is both synchronous and asynchronous learning that occurs both during in-person and online environments concurrently or sequentially. All components of the curriculum should be effectively navigated by students and instructors to successfully complete the designed course of learning. Synonymous terms used as part of the definition may include, but are not limited to, remote learning, distance learning, and blended learning.

Policy: The University of Charleston (UC) hybrid Doctor of Physical Therapy (DPT) curriculum shall be intentionally designed and delivered integrating both synchronous and asynchronous online elements with the in-person face-to-face components to facilitate a seamless educational experience. All course content, whether online, in-person, synchronous or asynchronous, must be aligned with program outcomes and entry-level DPT practice requirements including Regular and Substantive Interaction (RSI, See Policy 01-07). This policy aims to create a structured yet flexible framework for hybrid learning in the DPT program, ensuring that students receive a high-quality education that prepares each for contemporary physical therapy practice.

Procedure:
1) Core Faculty
    -Establish, review, and update standards and expectations for best practices in a hybrid DPT learning environment including but not limited to assessment.
    -Seek and complete ongoing professional growth, development, and/or credentialing for best practices in hybrid physical therapy education.
2) Program Director
    -Disseminate standards and expectations to both students and faculty for participation in a hybrid learning environment.

3) Course Faculty

-Develop course content suitable for hybrid delivery, incorporating interactive elements and opportunities for application of knowledge, skills, and abilities meeting established deadlines (See FORM Course Instructional Design (ID) Check Sheet and FORM Course To-Do Checklist 15-week).

-Nurture a supportive community by being both visible and providing relevant and timely feedback to the student across all learning modalities. Be present for the student.

-Match assessments to Modified Bloom's Integrated Bridge Model (see policy 05-01) course and lesson level objectives.

-Use official university online engagement tools for all activities related to class (e.g. email, EXXAT, learning management system).

-When appropriate, faculty should utilize multiple modes of communication to deliver a message to identified communities of interest both online and face-to-face.

-Establish expectations for classroom attendance and participation for both online and face-to-face events. (see Policy 01-02).

-Strive to incorporate contemporary universal design into the classroom learning experience and across the curriculum. For example:

-Whenever possible reduce utilization of red or green text or highlights.

-Strategies for closed captioning (CC) should be incorporated during synchronous sessions.

-Integrate active learning as appropriate (e.g. https://www.liberatingstructures.com/ls/).

-For the most part, synchronous remote sessions should not be passive lectures.

-For the most part, on-campus learning labs are for the integration of knowledge and skills related to clinical practice.

-Address individual student issues or concerns, and report or refer if unable to resolve.

-Ensure online interactions are conducted with the utmost courtesy and respect (See policy 04-05 and FORM Netiquette).

4) Students

-Engage in planned formative and summative learning experiences as designed by the course instructor whether graded or ungraded.

-Use official university online engagement tools for all activities related to class (e.g. email, EXXAT,

learning management system).

-Ask for feedback if expectations or performance standards are unclear.

-Ensure online interactions are conducted with the utmost courtesy and respect (See policy 04-05 and FORM Netiquette).

Policy Title:	**Technology and Computers**
Policy Number:	**05-04**
Effective Date:	**03/26/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**

Approval Signature: *Steven G. Lesh*   **03/26/2025**

Program Director   Date

Purpose: This policy outlines the technology and computer requirements and expectations for students in the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC), ensuring that students have the necessary tools to participate fully in the curriculum and meet program objectives. This policy applies to all students enrolled in the UC DPT program and covers personal computer use, software requirements, and Internet connectivity.

Definition: Microsoft 365 is a subscription service that bundles popular productivity apps like Word, Excel, PowerPoint, Outlook, and Teams, along with cloud storage and other services. The University of Charleston subscribes to Microsoft 365 for students, faculty and staff.

Policy:

A) Students must adhere to the University of Charleston's general computer and technology use policy including minimum systems requirements for personal computing devices. This DPT-specific policy is in addition to, not a replacement for, the university-wide policy.

B) Students are required to have a personal laptop computer that meets or exceeds the established minimum system computer requirements for the University and for curriculum software specific to the program. See FORM Minimum System and Technology Requirements for specific links and information related to minimum system requirements.

C) Students are responsible for the maintenance, repair, and replacement of their personal computers.

D) Students are responsible for maintaining stable high-speed Internet access for online coursework, virtual meetings, and remote learning activities.

E) Utilize Microsoft 365 for program related activities and assignments.

Procedure:

1) Core Faculty

-Establish, review and update standards for technology and computer use in the UC DPT program.

-Establish a reasonable back up plan for technology and computers including access to stable high speed Internet when need presents (e.g. alternate computers, devices, mobile hot spots, public Wi-Fi).

-Store program related documents, files and materials on university cloud storage.

-Assist other faculty when need presents due to technology and computer issues.

2) Program Director

-Memorialize and disseminate established technology and computer standards related to prospective and enrolled students in the program as well as other relevant communities of interest.

3) Course Faculty

-Develop and implement a reasonable backup plan for technology failures during instruction or assessment.

4) Students

-Be responsible for the maintenance, updates, repair, and replacement of personal use computers and stable high speed Internet connections.

-Establish a reasonable back up plan for technology and computers including access to stable high speed Internet when need presents (e.g. alternate computers, devices, mobile hot spots, public Wi-Fi).

-Back up program related documents, files and materials (i.e. cloud storage).

-Contact the university help desk when needed for technology or computer connectivity issues.

-Proactively contact the course faculty when technology or computer issues or concerns present.

-If accommodation is required related to technology and coursework, follow established policies and procedures (see Policy 01-09 Technical Standards).

Policy Title: **Health and Wellbeing**
Policy Number: **05-05**
Effective Date: **03/24/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **03/24/2025**
                        Program Director   Date

Purpose: This policy establishes guidelines and resources to promote and support the physical, mental, and emotional health and wellbeing of faculty, staff and students in the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC).

Definition:
a) Health: A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.
b) Wellbeing: The state of being comfortable, healthy, or happy, encompassing physical, emotional, and social dimensions.
c) Self-care: The practice of taking action to preserve or improve one's own health and wellbeing.
d) Health Insurance: For student health insurance policy coverage, please see policy 03-03 Health, Screening, and Training Requirements Prior to Clinical Education.

Policy: The DPT program is committed to fostering a culture that prioritizes health and wellbeing for all faculty, staff and students. The program will promote a supportive environment that encourages open communication about health, wellbeing and self-care.

Procedure:
1) Core Faculty
    -Establish, review and update standards for health and wellbeing for members of the UC DPT community.
    -Reflect on personal self-care.
    -Access resources as needed including, but not limited to the employee assistance program.
    -Promote reasonable work and study hours for students to mitigate burnout.
    -Listen to and consider issues brought forward by the community.

2) Program Director

 -Promote healthy work and life integration for faculty, students and staff.

3) Course Faculty

 -Integrate, when possible, structure and/or activities that promote health and wellbeing.

4) Students

 -Reflect on personal self-care.

 -Engage in activities that promote health and wellness.

 -Access available health and wellness resources as needed.

 -Maintain open communication with program regarding health and wellness concerns.

5) Staff

 -Reflect on personal self-care.

 -Access resources as needed including, but not limited to the employee assistance program.

Policy Title:	**Digital and Social Media**
Policy Number:	**05-06**
Effective Date:	**03/20/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**
Approval Signature:	*Steven G. Lesh* **03/20/2025**
	Program Director Date

Purpose: Clarify the use, ownership, and distribution of digital and social media related to personal and program experiences and to provide operating guidelines to support the professional use of social media within the University of Charleston (UC) Doctor of Physical Therapy (DPT) program including faculty, staff and students.

Background: UC DPT believes that all faculty, staff and students should appreciate what it means to be a healthcare professional, and that an individual's professional reputation is reaffirmed daily. Everyone is responsible for protecting that professional reputation. Social media are powerful communications tools that have a tremendous impact on organizational and professional reputations as these tools can blur the lines between personal voice and organizational voice. UC DPT believes that contemporary social media does not create a new world of communication and responsibilities but simply provides new tools and venues. UC DPT wishes to utilize social media to engage faculty, staff, students, alumni and our community in conversations that will promote a positive, supportive, and encouraging message of healing for all communities of interest.

Definition:
a) Digital media refers to any media that is encoded in a machine-readable format, allowing it to be created, viewed, distributed, modified, and stored on digital electronic devices such as computers, smartphones, and tablets. It may include, but is not limited to PowerPoints, digital images, digital videos, digital recordings and/or graphics. External Internet sources may include but are not limited to sites such as YouTube and Instagram.
b) Social media refers to online platforms or tools that allow users to create, share, and interact with content, information, or other users in a virtual environment. These platforms facilitate social interaction, networking, and community building among users. Key characteristics of social media include user-generated content, interactivity, networking, and accessibility.

c) Content owner for the purpose of this policy shall be the program. Moderators are assigned by the program as responsible parties monitoring comments and postings by internal and external users, including deleting or blocking of comments, posting, and/or individuals that do not meet the criteria set forth in this policy.

Policy:

A) Digital media created and utilized for classroom or laboratory learning experiences should not be distributed outside of secure university systems. Making digital recordings or images of faculty, staff, guest speakers, other students, or patient experiences without express written consent are considered a professional behaviors violation. The posting or reposting of digital media to external Internet sources by students without express written consent of the program is considered a professional behaviors violation.

B) Faculty, staff, and students should follow the same professional behavioral standards online as they would in real life. While an individual is entitled to express individual opinions and ideas, everyone has a professional responsibility not to violate program and/or university policies or negatively impact the operations of the program and/or university.

C) A moderator shall be assigned to any social media that represents any aspect of the program to ensure compliance with policies.

D) Students found in violation of this policy are subject to referral to the Review Committee (See policy 06-02).

E) Social media is an inappropriate mode to deliver complaints or grievances and will generally not be investigated (see Policy 01-16 Appeals, Complaints, and Grievances).

Procedure:

1) Core Faculty
- Establish, review and update standards for digital and social media within the program to ensure compliance with established university expectations.
- Consult with Program Director as needed if suspected violations of digital and social media policies occur.

2) Program Director
- Disseminate policies and guidelines related to appropriate use of digital and social media to relevant communities of interest.
- Receive and investigate any suspected violations of digital and social media policies making appropriate referrals as needed.

3) Course Faculty
- Role model appropriate use of digital and social media.
- Consult with Program Director as needed if suspected violations of digital and social media policies occur.

4) Students
- Use recommended guidelines to help maintain a professional demeanor when using digital and/or social media (See FORM Netiquette).

Policy Title:	**Artificial Intelligence Use**
Policy Number:	**05-07**
Effective Date:	**03/20/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**
Approval Signature:	*Steven G. Lesh* 03/20/2025
	Program Director Date

Purpose: To establish a framework for encouraged and acceptable utilization of Artificial Intelligence (AI) tools within the Doctor of Physical Therapy (DPT) program at the University of Charleston (UC).

Definition: Artificial Intelligence (AI) focuses on the development of computer systems capable of performing tasks that typically require human intelligence. Based on current industry perspectives and technological advancements, AI can be defined as a branch of computer science that aims to create systems capable of learning, adapting, and performing complex cognitive tasks without explicit programming. These systems can simulate human-like intelligence by processing large amounts of data, recognizing patterns, making decisions, and solving problems across various domains. Domains include but are not limited to machine learning, task performance, data processing, adaptability, human-like capabilities and practical everyday applications. There is potential that data compiled from an AI source is inaccurate or has been hallucinated.

Policy: UC DPT students are encouraged to use generative AI and other innovative technologies in support of learning throughout the curriculum with the appropriate citation, disclosure, or acknowledgment of AI use (See FORM AI Guidelines). Students should not use generative AI in any way that would violate the University of Charleston Academic Integrity Policy found within the UC Student Handbook. It is the student's responsibility to verify the accuracy of information obtained through AI sources.

Procedure:
1) Core Faculty

-Establish, review and update standards for appropriate AI utilization within the DPT curriculum.

2) Program Director

    -Memorialize and disseminate established standards related to AI utilization within the curriculum to students enrolled in the program and other relevant communities of interest.

    -Scan the environment for and report to core faculty new and emerging technologies related to AI.

3) Course Faculty

    -Role model and monitor AI utilization by students enrolled in the program in all learning settings.

    -Post approved program AI utilization policy within the course syllabus (FORM AI Syllabus Statement).

    -If course faculty utilize plagiarism or originality detection tools, penalties should be posted in the syllabus or associated grading rubrics.

    -Correct observed misuse of AI technology either intentional or unintentional on the part of the student.

    -Make referrals when needed for academic integrity issues related to the use of AI technology (see Policy 01-11).

    -Share with other faculty emerging technologies that may enhance the course level learning experience.

4) Students

    -Familiarize self with and follow established standards and policies related to the use of AI within the UC DPT curriculum.

    -Utilize AI technologies to enhance learning experiences.

    -Recognize the role that AI plays in academic integrity.

    -Clarify use of AI with course instructor.

Policy Title: **Policy Review**
Policy Number: **06-01**
Effective Date: **01/30/2025**
Replaces Date: **12/13/2024**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **01/30/2025**

                              Program Director   Date

Purpose: To establish a working timeframe in which the University of Charleston (UC) Doctor of Physical Therapy (DPT) program policy standards are reviewed, validated, updated, or deleted.

Policy: Program policies will be reviewed at least every two years to ensure contemporary needs are met for related communities of interest. Any existing policy may be updated or amended at any time as deemed necessary. New policies may also be created at any time as needs present. Substantive changes impacting the program, curriculum and/or admissions standards will be brought to the core faculty for discussion, revision, and approval. The Program Director may appoint ad hoc committees (06-02) to review individual or collective policies. Editorial or organizational changes and corrections that do not alter the intent of the policy may be performed by the Program Director without direct core faculty input.

Procedure:
1) Core Faculty
       -Create new policies for the program when need presents.
       -Review and update (when needed) established policy standards for the program.
       -Determine if newly created or updated policy must be implemented immediately or whether it can be implemented in future iterations of the UC DPT student handbook.
       -Serve on ad hoc policy committees as appointed.
2) Program Director
       -Oversee the writing and memorializing of program policies.
       -Gather data from relevant communities of interest regarding efficiency and effectiveness of existing policies.
       -Forward issues appropriately for policy review, update and/or creation.
       -Form ad hoc policy committees as needed for creation and/or review of policy.
       -Make policy editorial changes that otherwise do not alter the intent of the established policy.

-Disseminate newly created, updated and/or edited policies to all relevant communities of interest.

3) Course Faculty

-Forward issues to Program Director in which programmatic policies are ineffective and/or inefficient.

-Serve on ad hoc policy committees as appointed.

4) Students

-Forward issues to Program Director in which programmatic policies are ineffective and/or inefficient.

-Serve on ad hoc policy committees as appointed.

5) Dean

-Forward administrative concerns requiring policy review to the Program Director for appropriate action. It is expected that the Dean will be notified of policy changes within the program.

6) Provost

-Review, approve, and/or recommend changes to policies and procedures as needed related to student and program handbooks.

Policy Title:	**Committee Structures**	
Policy Number:	**06-02**	
Effective Date:	**03/10/2025**	
Replaces Date:	**N/A**	
Number of Pages:	**3**	
Approval Signature:	*Steven G. Lesh*	**03/10/2025**
	Program Director	Date

Purpose: To describe the roles and responsibilities of the various standing and ad hoc committees for the Doctor of Physical Therapy (DPT) Program at the University of Charleston (UC).

Definition: A committee is a group of people appointed for a specific function, typically consisting of members of a larger group. For this policy, committees may be standing (permanent in nature) or ad hoc (temporary in nature).

Policy: The following committees will be established and function in support of the program's overall expected outcomes: Public Advisory Committee (PAC), Program Oversight Committee (POC), and Ad Hoc Committees. The specific charge, composition and meeting parameters are established as follows:

Standing: Public Advisory Committee (PAC)

Charge: This committee serves as a non-paid, non-employed advisory capacity to the program providing consultative elements regarding the contemporary practice of physical therapy in a focus group-like manner.

Composition: Community representatives including employers, clinicians, alumni, consumers of physical therapy services, and other identified communities of interest are welcome to serve on the committee. Due to the non-paid, non-employed status, it is expected that the composition of this committee may change frequently. There is no limit to the duration for which a committee member may serve.

Chair: The Program Director serves as chair or assigns a designee in absence.

Meeting Parameters: Meetings are held at least annually or more frequently on an as needed basis. Minutes are kept of these meetings by the Program Director or designee and are disseminated to relevant communities of interest.

Specific Actions:

Program Director: A) Assures agenda is set and circulated before the meetings,

B) Chairs meetings or designates an alternate, and C) Reports committee findings to communities of interest as needed.

Committee Members: A) Discuss pertinent matters from the established agenda, B) Obtain additional information as directed for subsequent meetings, and C) Make recommendations for future agenda items.

Standing: Program Oversight Committee (POC)

Charge: This committee serves as the primary oversight entity for program and curricular matters for the program including but not limited to assessment and matriculation.

Composition: All core faculty will be equal voting members of the POC. Additional non-voting members may be added to provide specialized expertise or relevant perspective.

Chair: The Program Director serves as chair or assigns a designee in absence.

Meeting Parameters: Meetings are held at least monthly or more frequently on an as needed basis. Minutes are kept of these meetings by the Program Director or designee and are disseminated to relevant communities of interest.

Specific Actions:

Program Director: A) Assures agenda is set and circulated before the meetings,
B) Chairs meetings or designates an alternate, and C) Reports committee findings to communities of interest as needed.

Committee Members: A) Discuss and act upon pertinent matters from the established agenda, B) Obtain additional information as directed for subsequent meetings, and C) Make recommendations for future agenda items.

Ad Hoc Committees

By nature of an ad hoc committee, it is formed for a specific purpose. Such ad hoc committees within this program may be organized by the Program Director with the charge being reported to the POC. Ad hoc committees are established for short term objectives and once the objectives are completed, the committee is disbanded, and member obligation ceases.

Membership will compromise appropriate individuals with the expertise to address the given purpose and may include, but not limited to, core or course faculty members, community members, clinical faculty, students, and/or staff. An ad hoc committee should consist of at least two core faculty representatives. With approval of the POC, ad hoc committees may become standing committees based on ongoing need and workload.

Unique ad hoc committees include the Review Committee, the Admissions Committee, and the Curriculum Committee:

1) The **Review Committee** is called and chaired by the Assistant Program Director with the Director of Clinical Education as a standing member. Additional committee members may be appointed as needed. This ad hoc committee reviews concerns and issues including but not limited to professionalism, academic standing, matriculation, safety, competency, clinical readiness and progression within clinical education. Any potential committee members should recuse themselves if they have a potential conflict to preserve the impartiality of the process. If the Assistant Program Director needs to be recused, then the Director of Clinical Education will become the chair. Course faculty, Core

Faculty, Director of Clinical Education, Program Director or other relevant administrative units within the university will make referral to the Assistant Program Director establishing grounds for potential action. The Assistant Program Director will then gather information from relevant sources to determine if a Review Committee is needed. If convened, then the student will be notified and additional relevant information will be gathered. Potential decisions, based on majority vote, may include but not limited to action plan (with or without probation), dismissal, and/or determine that no further action is needed. After decisions are made, the student and other relevant administrative units will be notified in writing.

2) The **Admissions Committee** which will be called and chaired by the Program Director or delegate to hear and manage issues on the part of admission processes and candidate determinations. The committee is expected to review processes and make appropriate recommendations for improvement.

3) The **Curriculum Committee** which will be called and chaired by the Program Director or delegate to hear and manage issues on the part of curriculum processes and assessment. The committee is expected to review processes and make appropriate recommendations for improvement.

Procedure:

1) Core Faculty
-Establish, review and update policies on both standing and ad hoc committees.
-Serve on committees as assigned.

2) Program Director
-Make assignments to committees both standing and ad hoc.
-Draft committee charges as needed for ad hoc committees.
-Forward relevant information to committees.
-Disseminate reports, requests, and outcomes of committee action to appropriate communities of interest.
-Serve on committees as assigned.

3) Course Faculty
-Provide input to the Program Director for elements which may need to be brought to the attention of a standing committee or the potential establishment of an ad hoc committee.
-Serve on committees as assigned.

4) Students
-Provide input to the Program Director for elements which may need to be brought to the attention of a standing committee or the potential establishment of an ad hoc committee.
-Serve on committees as requested.

5) Staff
-Attend committee meetings when requested.
-Gather and share information and data as requested related to charge of a committee.
-Serve on committees as assigned.

Policy Title:	**Student Files and Records**
Policy Number:	**06-03**
Effective Date:	**03/10/2025**
Replaces Date:	**N/A**
Number of Pages:	**2**
Approval Signature:	*Steven G. Lesh* 03/10/2025
	Program Director Date

Purpose: To establish a process by which University of Charleston (UC) Doctor of Physical Therapy (DPT) student files are stored in a uniform manner which protects the rights and confidentiality of the individual.

Definition:
a) Stored securely means behind two levels of locks (either physically such as a lock/key or digitally such as a password) when files are not in use.
b) Student files and records outside of the DPT program will be maintained according to existing university or program level policy and procedures (e.g. undergraduate records, accommodations, official transcripts).

Policy: The UC DPT student files will consist of program level materials related to: 1) the application, 2) student advisement, 3) clinical education, and 4) post-graduation contact information. Data will be stored electronically in a secure manner either on: a) official university devices, b) official university server, or c) through a contracted vendor server with appropriate security safeguards. Any hard copies of student records (e.g. received official transcripts, vaccination records) will be digitized. Student files are confidential and should not be left unattended or accessed through public devices. Access to the student files is on a need-to-know basis and is limited to core faculty, administrative assistant, admission and enrollment coordinator, clinical education staff, and/or appropriate university officials. UC DPT student files may be purged and/or deleted after 10 calendar years from graduation or end of active enrollment. Alumni contact information will be kept indefinitely. Students may review and access their file, in accordance with FERPA and university policy.

Procedure:
1) Core Faculty
    -Establish, review and update the standards for student files and record keeping within the program ensuring compliance with policy and procedures.
    -Document relevant individual student sessions and discussions in their individual student file.

-Maintain student confidentiality and digital security according to program, university and/or FERPA guidelines.

2) Program Director

-Oversee the student file and records process.

-Receive and process requests for access to files on the part of the student following appropriate university and FERPA guidelines.

-Maintain student confidentiality and digital security according to program, university and/or FERPA guidelines.

3) Course Faculty

-Document and submit for filing relevant individual student sessions and discussions in their individual student file.

-Maintain student confidentiality and digital security according to program, university and/or FERPA guidelines.

4) Students

-Respond to and remediate requests from the program to complete files and records.

-Request access to program files and records in writing to the Program Director following appropriate university and FERPA guidelines.

-Review files and request corrections if needed.

5) Staff

-Maintain and monitor files as directed.

-Post relevant materials to specific student files as directed.

-Notify students and other communities of interest of materials that are incomplete or needed for further processing.

-Maintain student confidentiality and digital security according to program, university and/or FERPA guidelines.

6) Director of Clinical Education

-Oversee the clinical education records process.

-Maintain student confidentiality and digital security according to program, university and/or FERPA guidelines.

7) Admissions Chair

-Oversee the application records process.

-Maintain student confidentiality and digital security according to program, university and/or FERPA guidelines.

Policy Title: **Budgeting and Financial Management**
Policy Number: **06-04**
Effective Date: **03/10/2025**
Replaces Date: **N/A**
Number of Pages: **2**
Approval Signature: *Steven G. Lesh*   **03/10/2025**
                          Program Director   Date

Purpose: To outline the program level budgeting and financial management processes aligned with the overall university processes.

Definition: Budgeting and financial management includes but not limited to shared-decision making processes and authority over fiscal planning, allocation of resources, long-term planning, tuition rates, fee structures, financial aid considerations, personnel decisions, capital and operation expenses, cohort size, and advocacy where appropriate.

Policy: The Program Director has input and appropriate decision-making authority for the budgetary and financial management of the program in order to achieve the program's mission, goals and outcomes in support of the academic integrity and continued viability of the program.

Procedure:
1) Core Faculty
    -Establish, review and update budgeting and financial management policies to ensure the viability of the program and compliance with university expectations.
    -Provide regular input to the program budgetary process through end of course summaries, program oversight committee meetings or as needed.
2) Program Director
    -Oversee the program's budgetary and financial management processes.
    -Collect and analyze data and information from faculty, staff, students and other relevant communities of interest.
    -Collaborate and consult with Dean, or other relevant university budget heads, on budgeting and financial matters.
    -Advocate for additional financial resources as needed.
    -Compile budgetary documents as requested.

3) Course Faculty

     -Provide regular input to the program budgetary process through end of semester summaries or as needed.

4) Students

     -Provide regular input to the program budgetary process through end of semester summaries or as needed.

5) Dean

     -Collaborate and consult with the Program Director on financial matters related to but not limited to tuition rates and fee structures, financial aid, human resources, capital resources, operational resources, and cohort metrics.

     -Forward and advocate for programmatic budgetary and financial matters to appropriate university level decision makers.

6) Administrative Assistant

     -Support the program in the daily program operations as related to budgetary and financial management.

     -Follow established university protocols for budgetary management including but not limited to:

          -program purchasing and bookkeeping elements,

          -initiating check requests, purchase orders, and submission of credit card expense reports, and

          -provide monthly/annual reporting of accounts and vendors.

     -Maintain office and program supplies.

     -Correct safety and repair issues when identified.

     -Provide input to the program budgetary process as needed.

UCC

UNIVERSITY OF CHARLESTON

PHYSICAL THERAPY PROGRAM

Forms and Related Documents

ACTION Plan

An ACTION Plan is a formal written plan designed for improvement or corrective measures established by the Review Committee. Areas of improvement may include but are not limited to professionalism, safety, absences, matriculation, deceleration, remediation, and/or probation.

An ACTION Plan is established for _____ on this date _____

Assess and Investigate (What is the rationale for establishing an ACTION plan?):

Challenges (Are there extenuating circumstances impacting student performance or the situation?):

Team Monitoring (Who are the team members and what are their roles and responsibilities in monitoring progress?):

Identify Methods of Success (What are the areas for improvement?):

Outcomes Assessment (What are the specific goals related to areas for improvement?):

Next Steps and Timelines (What are the next steps, follow up, and timelines for success?):

Team Member Signatures and Dates

Admissions Rubric

Criteria	Description	Total
Holistic: May receive up to max 20 points	• UC earned degree / graduate (20 points) • ACA earned degree / graduate or permanent resident greater Appalachia (10 points) • Currently a licensed physical therapist assistant (PTA) (10 points) • Current or former member of uniformed services (including ROTC graduates deferring for graduate school) (10 points) • Attended, but did not graduate, from UC or ACA school (5 points) • For **priority pool** only, if they check box in PTCAS for rural/underserved and not from greater Appalachia (5 points) • For **general pool** only, if they check box in PTCAS for rural/underserved and not from greater Appalachia (10 points) • Other licensed or certified healthcare professionals, not PTA (5 points)	
GPA (overall): max of 20 points	3.9-4.0 (20 points) | 3.8-3.89 (18 points) 3.7-3.79 (16 points) | 3.6-3.69 (14 points) 3.5-3.59 (12 points) | 3.4-3.49 (10 points) 3.3-3.39 (8 points) | 3.2-3.29 (6 points) 3.1-3.19 (4 points) | 3.0-3.09 (2 points) Under 3.0 (0 points) Under 2.75 with last 60 greater than 3.25 (0 points)	
GPA (prerequisite): max of 40	3.9-4.0 (40 points) | 3.8-3.89 (36 points) 3.7-3.79 (32 points) | 3.6-3.69 (28 points) 3.5-3.59 (24 points) | 3.4-3.49 (20 points) 3.3-3.39 (16 points) | 3.2-3.29 (12 points) 3.1-3.19 (8 points) | 3.0-3.09 (4 points) Below 3.0 (based on pending prerequisites only) (0 points)	
LOR: Max of 5 points	• Both letters with recommend or highly recommend from appropriate sources (5 points) • One letter with recommend with reservation or do not recommend from appropriate source (2.5 points) • Both letters with recommend with reservation, do not recommend, or from inappropriate source (0 points)	
Essay: Max of 5 points	• Clearly and thoroughly answer prompt, minimum of 200 words (5 points) • Clearly answered prompt but didn't thoroughly explore, minimum of 200 words (4 points) • Clearly answered prompt but didn't thoroughly explore, minimum of 150 words (3 points)	

	• Answered the prompt but wasn't clear, minimum of 100 words (2 points) • Answered prompt but wasn't clear, minimum of 50 words (1 points) • Didn't answer prompt or less than 50 words (0 points)	
Campus visit/meeting: May receive up to 10 points	• In person visit and tour (10 points) • Virtual tour / open house (5 points) • Meeting with UC admissions (5 points) • Meeting with Physical Therapy faculty (5 points)	

**To qualify for priority admission pool, must have a minimum of 34 points on the rubric. Under 34 will move applicant to general pool.

AI Guidelines

Best AI Recommended Practices:
-Provide the prompt used when citing AI-generated content.
-Paraphrase or quote the content generated by the AI tool.
-Be transparent about use of AI, either in an appendix or a cover letter.
-Vet any secondary sources cited by the AI tool.
-Consider archiving a copy of the AI conversations with timestamps for reference.
-Remember that citation guidelines for AI-generated content are still evolving, and it's important to stay updated with the latest recommendations from citation style guides and academic institutions.

Question: What is the contemporary way to best cite resources or information gained from using AI?
Answer: from Perplexity.ai on MAR 13, 2025

The contemporary way to best cite resources or information gained from using AI depends on the style being used, but there are some general principles to follow including but not limited to:

> a) **Cite** AI-generated content whenever you paraphrase, quote, or incorporate any content created by it into your work. See example below.
> b) **Acknowledge** functional uses of AI tools, such as editing or translation, in a note, your text, or another suitable location. See example below.
> c) **Treat** AI-generated content as the output of an algorithm, with the author being the company or organization that created the model.

Potential citation format includes APA Style:

Format: Author. (Date). Name of tool (Version of tool) [Large language model]. URL
Example: OpenAI. (2023). ChatGPT (Mar 14 version) [Large language model]. https://chat.openai.com/chat
In-text citation: (OpenAI, 2023)

Potential acknowledgment format includes (AMA Manual of Style; 11th edition):
In-text citation: After the first mention of an AI tool, include the brand name, version number, manufacturer, and date used in parentheses.

Example: The chatbot (ChatGPT, version 3.5, OpenAI, March 13, 2025) was used to generate initial draft responses.

Acknowledgment: Include an acknowledgment after the reference list detailing how the AI tool was used.

Example: Acknowledgment: ChatGPT (version 3.5, OpenAI) was used to generate patient information sheets, which were then checked for quality and corrected as necessary.

It's important to note that AMA does not recommend citing AI software as the creator/author of any material, as software does not qualify for authorship. Instead, the use of AI should be disclosed and explained in the text or acknowledgments.

University of Charleston

Artificial Intelligence (AI) Use Syllabus Statement for UC DPT

University of Charleston (UC) Doctor of Physical Therapy (DPT) students are assigned coursework to complete throughout their academic career, which is meant to assess learned knowledge, skills, and abilities. Without proper citation and/or authorization from the instructor of the course, submitting work created by Artificial Intelligence (AI) is considered a violation of UC's Academic Integrity policy. If a student is not clear about what could be considered a violation, please contact the faculty before using any AI assistant applications. UC DPT students are encouraged to use generative AI and other innovative technologies in this course with the appropriate citation as advised by the instructor. For information on citing AI, please see UC Lib Guide on AI (opens in new window).

For this course students may use Generative AI in the following ways:
Brainstorming: You may use generative AI to stimulate creativity, generate ideas, or brainstorm topics for papers, presentations, and discussions. The generated content must serve as a steppingstone, not a final product.
Citation Assistance: AI tools can be used to manage, format, and organize citations and references, promoting adherence to academic writing standards and specific style guides required for individual assignments.
Grammar and Style Checking: AI-powered writing enhancement tools may be used to help with spelling, grammar, syntax, and stylistic errors.
Concept Understanding: Generative AI can be used to explain or simulate concepts taught in class, aiding in a deeper understanding.
Research Assistance: AI can be used to conduct initial research, compile data, and summarize articles, books, or papers. It should not replace traditional research methods but rather enhance them.
(Note: this list is not meant to be exhaustive as it is possible new innovative technologies are developed and will be evaluated and considered when such technologies are revealed)

Students should not use generative AI in any way that would violate the University of Charleston Academic Integrity Policy. For this course prohibited use of AI includes but is not limited to the following:
Plagiarism: Using AI-generated content as your original work without attribution or presenting misleading data. This includes, but is not limited to essays, papers, presentations, and exam answers.
Misrepresentation of Skills: Using generative AI to complete tasks that are meant to assess your knowledge, skills, and abilities.

Confidentiality Breach: Using AI tools that might violate university policies or laws related to data privacy or confidentiality particularly in the healthcare setting.

(Note: Any content produced by generative AI can "hallucinate" or produce false information, so students are responsible for ensuring the accuracy of any AI-generated content)

Clinical Education Authorization and Release of Information

I, _____ (type name), do hereby authorize the University of Charleston Doctor of Physical Therapy Program to release pertinent and relevant student information that is required by a clinical site for participation in a clinical education experience including, but not limited to, criminal background checks, drug screening results, immunization and health records, physical examinations, professional liability insurance coverage, and/or prior clinical education records.

Student information will be kept in a secure manner by the program. Clinical sites will be expected to maintain student confidentiality on any information received for the given clinical experience.

Student Signature: _____   Date: _____

University Email: _____

Course Instructional Design (ID) Check Sheet

Course Appearance

❑ The course is built in "Snap" theme (to be consistent with all UC's online courses)

Landing/Introduction Page

❑ Faculty Introduction (a video, written intro, "about instructor" page, etc.)
❑ Simple Syllabus fully completed (e.g., program level and course level outcomes indicated, the learning outcome alignment table completed, etc.)
❑ Simple Syllabus (SS connected via external tool for live-courses, pdf format for course templates)
❑ Student Attendance/Participation Assignment (on landing page or in week 1; a discussion post, quiz, etc.)
❑ Announcements Forum (is present by default in all courses) / Virtual Office (or other platform for communication)
❑ Secure Exam Proctor Tool (if Proctorio is used)
❑ Secure Exam Proctor Practice Test (if Proctorio is used, highly recommended)
❑ Forum for Student Introductions (highly recommended for online courses)

Assessment and Measurement

❑ Include assessments that measure stated learning outcomes
❑ Grading policy clearly outlined, including late work policy (required in SS, optional in the course shell)
❑ Gradebook in the course shell is functional (course assignments are built-in and connected to the gradebook)
❑ Gradebook scheme in the course shell mirrors the gradebook outlined in the syllabus
❑ Specific and descriptive criteria are provided for evaluation of the learners work and are tied to the course grading policy (e.g., rubrics, check-sheets, and descriptive grading criteria in assignment descriptions)

Instructional Materials

❑ Include instructional materials that are aligned with stated learning outcomes
❑ Instructional materials are appropriately cited
❑ External links to instructional materials open in new windows and are functional (check for broken links)

Course Assignments and Learning Activities

❑ Include course assignments and activities that promote learning outcomes
❑ Include clear descriptions of assignments and activities
❑ Connect graded assignments and activities with the gradebook in eLearn

Course Technology and Learner Support

❑ Course technology is functional and readily available to students (e.g., Collaborate links, Zoom, Proctorio, etc.)
❑ Information included about technology and learner support resources (e.g., links to student services, library, IT help desk, *note: this is covered in Simple Syllabus)

Course Accessibility and Usability

❑ The course design is functional, well-organized, and facilitates ease of use in navigation and readability (e.g., consistent font type)
❑ The course visuals and multimedia follow the basic accessibility rules (e.g., font size, background contrast, audio quality in videos, etc.)
❑ The course is fully developed (all weeks/modules built)

If you have any questions or need help with course instructional design, contact UC Instructional Design Team (Check sheet developed 02/03/22; edited 09/19/23)

Course To-Do Checklist

15-Week Course

Three Weeks Before Term Begins

Course Content

Action	Responsible Person	Complete
Import or Create Content		
Check all URL Links		
Delete unused topics/modules		
Update Due Dates for Assignments and Activities		
Update visibility settings		
Update publisher software access codes (as appropriate)		
Set up Collaborate session(s) (as appropriate)		
Set up Exam Soft (as appropriate)		
Set up Proctorio (as appropriate)		
Check roster on Self-Service		
Send welcome email		

Syllabus

Action	Responsible Person	Complete
Revise and update the syllabus using Simple Syllabus		
Create Simple Syllabus link in eLearn		
Artificial Intelligence option in Syllabus		
RSI Statement in Syllabus (if online course)		

Gradebook

Action	Responsible Person	Complete
Review/Update Gradebook scheme		
Assure Gradebook mirrors the grade description in the syllabus		

Week 2

Action	Responsible Person	Complete
Attendance Verification submitted through Self-Service when prompted by Registrar		
RSI Evident (if online course)		

Week 4

Action	Responsible Person	Complete
Submit 4-week grades through Self-Service when prompted by Registrar		

Week 7 (Midterm)

Action	Responsible Person	Complete
Check for missing grades and zeros.		
Submit midterm grades when prompted by the Registrar		
RSI Evident (if online course)		
Anonymous Feedback completed (as appropriate)		

Week 12

Action	Responsible Person	Complete
Check for missing grades and zeros.		
Submit 12-week grades when prompted by the Registrar		
RSI Evident		

End of Course

- ☐ Double-check accuracy of gradebook records in eLearn
- ☐ Download the gradebook as an Excel file for your records
- ☐ Archive and save course
- ☐ Delete Turnitin assignments
- ☐ Download and delete Collaborate session recordings
- ☐ Send a note to your students
- ☐ Submit grades on or before the due date (see academic calendar)

Integrated Lab Evaluation of Student Clinical Readiness Form

Student Name: _____

Lab Course Number: [DPT 719L Term 1 | DPT 729L Term 2 | DPT 739L Term 3 | Term 849L Term 4 | DPT 859L Term 5]

Please choose the rating relative to the level for a student entering their first full-time clinical education experience

	Below	Emerging	At level for familiar situations in lab	At level for all situations in lab	Comments
Safety Standards					
Follows health and safety precautions					
Minimizes risk of injury					
Follows appropriate safety procedures for techniques					
Correctly Identifies Contraindications					
Professionalism Standards					
Initiative to Learn					
Accepting Feedback					
Appropriate Attire					

Appropriate professional conduct					
Communicates well with peers and faculty					
Professional Ethics and Affective Domain Standards					
Demonstrates positive regard for peers and faculty					
Shows tolerance and sensitivity to individual differences					
Has an awareness of patient rights					
Adheres to APTA Code of Ethics					

A rating of "below" requires an Action Plan along with a meeting with core faculty advisor.

A rating of "emerging" should include, at a minimum, a discussion with course faculty and/or the lab coordinator on areas for improvement.

A rating of "At Level for All Situations in Lab" must be attained prior to the first clinical education experience (See policy 03-04).

Minimum System and Technology Requirements

University of Charleston Technology Policies and Minimum System Requirements
[https://www.ucwv.edu/uc-life/technology-services/]

ExamSoft | Examplify
[https://examsoft.com/resources/examplify-minimum-system-requirements/]

Internet connectivity at a minimum of 25 Mbps download and 5 Mbps upload

Microsoft 365
[https://support.microsoft.com/en-us/topic/system-requirements-for-microsoft-365-for-home-use-cf5ca69c-71cf-4d99-a394-12ec8ce9e9fc]

Microsoft Teams
[https://learn.microsoft.com/en-us/microsoftteams/hardware-requirements-for-the-teams-app]

Trulearn / Picmonic
To fully utilize all of the features that come with your TrueLearn subscription, your computer must have a consistent minimum internet connection with a speed of 5 Mbps (10-25 Mbps for video) and a modern browser that has been updated within the last 12 months and has cookies and JavaScript enabled. Supported browsers include: Edge, Firefox, Google Chrome, and Safari. Note: Browsers that are outdated or unsupported, such as older versions of Edge, Firefox, Chrome, Safari, or lesser-known browsers like Opera, may operate without issues but are not guaranteed to work seamlessly and are not supported. Certain operating environments, such as Linux, may also function but are not officially supported. [https://truelearn.com/faq/]

Zoom
[https://support.zoom.com/hc/en/article?id=zm_kb&sysparm_article=KB0060748]

Bloom's Integrated Bridge Model (BIB)

Clinical Reasoning

Analyze (level 4)
K: To separate concepts to appreciate the whole
S: To see patterns, relationships, cause/effect and to move from simple to complex
A: To appreciate bias and make logical connections
Verbs: Analyze, Break Down, Characterize, Compare, Contrast, Correlate, Debate, Deconstruct, Deduce, Differentiate, Distinguish, Examine, Explore, **Reflect,** Separate

Evaluate (level 5)
K: To make judgments of whole concepts in relation to other variables, criteria and standards
S: To defend opinions and choices based on reasoned arguments
A: To make informed judgements and justify those judgments with appropriate criteria
Verbs: Advocate, Alter, Appraise, Argue, Conclude, Critique, Decide, Defend, Evaluate, Interpret, Judge, Justify, Modify, Predict, Prioritize, Rank, **Reflect**, Revise, Support

Create (level 6)
K: To build a structure or approach from diverse elements and to display critical thinking
S: To master activity at a strategic level
A: To adopt belief system or philosophy
Verbs: Arrange, Build, Collaborate, Compile, Compose, Construct, Create, Design, Develop, Formulate, Generate, Initiate, Integrate, Make, Organize, Perform, Plan, Propose, **Reflect**, Resolve, Solve

Bridge and Transition

Apply (level 3)
K: To use knowledge and apply concepts in appropriate situations
S: To solve problems and complete tasks
A: To willingly respond by transferring knowledge from one situation to another
Verbs: Act, Adapt, Apply, Assess, Change, Communicate, Complete, Demonstrate, Determine, Diagram, Engage, Facilitate, Implement, Include, Incorporate, Inform, Instruct, Manage, Model, Participate, Prepare, Produce, Relate, Secure, Select, Show, Use, Utilize, Work

K+S+A Foundations

Remember (level 1)
K: To recall, recognize, or identify information
S: To retrieve information from memory
A: To be aware without expectation of deeper context or appreciation
Verbs: Ask, Choose, Define, Draw, Find, Follow, Identify, Include, Label, List, Locate, Match, Name, Quote, Recall, Recognize, Reply, Sequence, State, Tell

Understand (level 2)
K: To grasp or comprehend relevant meaning and explain in own words
S: To both comprehend and explain concepts by interpreting the meaning of information
A: To have selected attention on main ideas and explain relevant context
Verbs: Articulate, Assimilate, Assist, Classify, Convert, Describe, Discuss, Explain, Generalize, Illustrate, Outline, Paraphrase, Report, Summarize, Translate

Netiquette

Communication in the digital age has presented many benefits and challenges. It is the responsibility of all members of the University of Charleston Doctor of Physical Therapy community to be cognizant of how messages delivered via technology platforms can be distorted. The following are strategies to help promote effective communication strategies delivered through technology platforms.

Be smart
Think twice before posting.

Be respectful
Use polite language, avoid offensive words, and be respectful of others' opinions.

Be professional
Exhibit the same professionalism and respect in online communication as you would in the workplace. Separate personal from professional as best possible.

Be mindful of tone
Avoid using all caps, which can be interpreted as shouting.

Be clear
Use proper grammar and spelling while avoiding excessive abbreviations or slang.

Be authentic
Utilize your real name. Don't hide behind avatars and social media handles.

Be considerate
Be mindful of others' time while thinking carefully about who the recipients of your message should be.

Be empathetic
Practice patience and understanding when interacting with others.

Be discrete
Ask people if you can share photos or videos that include them. Consider using BCC (blind carbon copy) instead of CC (carbon copy) when forwarding emails.

Be careful
Don't open messages, click on links, or download attachments from unfamiliar sources. Protect confidentiality of yourself, peers and patients.

Be responsible
Don't abuse your power, and don't take advantage of others just because you know more than them. Avoid use of social media as a distraction from studies. State that it is your individual opinion when necessary.

Be supportive
Mean no offense. Take no offense.

Path to Excellence

A portfolio assessment is a comprehensive, holistic evaluation method used to assess a student's performance and growth over time while enrolled in the Doctor of Physical Therapy (DPT) program. It involves the systematic collection and review of artifacts—such as assignments, clinical evaluations, reflective writings, case studies, capstone projects, and skill demonstrations—that demonstrate the student's achievement of program learning goals and outcomes. The Path to Excellence Portfolio will be used in part to determine graduation readiness (see Policy 01-13 Matriculation and Graduation Standards) and will be organized and presented to student advisors at least each term (see Policy 04-01 Student Advisor). The organization of the portfolio will follow the established program learning goals and outcomes.

Components of the Path to Excellence

1. Academic Artifacts: Examples include capstone projects, case study analyses, or presentations.
2. Clinical Evidence: Include clinical performance evaluations (e.g., PT-CIET), patient care plans, or video recordings of practical skills.
3. Professional Development: Reflective journals, participation in professional organizations, or documentation of service-learning activities.
4. Self-Reflection: Written reflections on personal growth, challenges faced during the program, and strategies for improvement.
5. Program-Specific Requirements: Any additional elements required by the DPT program (e.g., capstone projects or interprofessional collaboration activities).

In summary, the **Path to Excellence** portfolio is a dynamic assessment tool that evaluates student performance comprehensively and holistically while fostering professional growth and reflective practice. It provides both students and faculty with valuable insights into progress toward becoming physical therapy practitioners.

PLO I **"PT Skills"** - Personify the skill sets necessary to thrive in modern society as a physical therapist.

PLO II **"Collaboration"** - Collaborate with clinical personnel and community partners to promote the effective and efficient delivery of services to meet public health needs.

PLO III **"Pain"** - Administer contemporary care for the patient or client presenting with painful conditions or syndromes.

PLO IV **"Greater Appalachia"** - Provide physical therapy services throughout greater Appalachia.

PLO V **"Community"** - Create a positive impact on the community.

University approved file sharing app

Share with your Advisor

Upload Professional Headshot

Create a "New" Folder called "Path to Excellence"

Create five sub-folders named after each of the five program goals for students and graduates

Path to Excellence

File Naming Convention:
YY-MMDD [PLO Name] [Short Description] [Objective number + letter]. [type of file]

Upload artifacts or evidence you have compiled to support your achievement of each goal and outcome of the program

Prerequisite Course Descriptions for the University of Charleston Doctor of Physical Therapy Program

The prerequisite courses are expected to align with the course descriptions below (courses from UC 2024-2025 course catalog). Waivers are available on a case-by-case basis to substitute alternative courses to fulfill the requirements.

Anatomy with lab (either standalone or combined) or equivalent
Physiology with lab (either standalone or combined) or equivalent

BIOL 251 Human Anatomy and Physiology 3 credits
> An in-depth study of human anatomy and physiologic processes. The course will include, but not be limited to, the integumentary, skeletal, muscular, and nervous systems. These systems will be covered on a cellular, tissue, organ, and system level.

BIOL 251L Human Anatomy and Physiology Lab 1 credit
> The lab emphasizes the anatomy while reinforcing the physiology presented in lecture. The course will include, but not be limited to, the integumentary skeletal, muscular, and nervous system. These systems will be covered on a cellular tissue, organ, and system level. The lab will include dissection of select organs.

BIOL 252 Human Anatomy and Physiology 3 credits
> A continuation of BIOL 251. The remainder of the course will include, but not be limited to, the endocrine, cardiopulmonary, gastrointestinal, urinary, and reproductive systems. These systems will be covered on a cellular, tissue, organ, and system level.

BIOL 252L Human Anatomy and Physiology Lab 1 credit
> A continuation of BIOL 251L. The course will include, but not be limited to, the endocrine, cardiopulmonary, gastrointestinal, urinary, and reproductive systems. These systems will be covered on a cellular, tissue, organ, and system level. The lab will include dissection of select organs.

Biology with lab (1) or equivalent

BIOL 130 Introductory Biology for Majors 3 credits
> An introductory course in General Biology. It is intended for science majors. It is directed toward an understanding of the scientific method, the chemical basis of living organisms, the structure of cells (eukaryotic and prokaryotic), and the processes of life that constitute the functions of cells. Throughout the course the practical significance of material is highlighted to demonstrate the applications of basic knowledge and emphasize those components necessary for further study in the sciences

BIOL 130L Introductory Biology for Majors Lab 1 credit
> The lab emphasizes practical understanding of the chemistry of life, cell functions and structures as well as broad practical applications of ecology.

Chemistry with lab (full sequence) or equivalent

CHEM 101 General Chemistry I 3 credits

> An introduction to the quantitative study of the physical and chemical behavior of matter. Major topics include: matter and measurement, atoms, ions and molecules, chemical formulas, equations, and moles, reactions in aqueous solution, periodicity and atomic structure, ionic and covalent bonding, molecular structure, chemical energy, and gases and their behavior

CHEM 101L General Chemistry I laboratory 1 credits

> Provides a laboratory that compliments an introduction to the quantitative study of the physical and chemical behavior of matter. Major topics include: matter and measurement, atoms, ions and molecules, chemical formulas, equations, and moles, reactions in aqueous solution, periodicity and atomic structure, ionic and covalent bonding, molecular structure, chemical energy, and gases.

CHEM 102 General Chemistry II 3 credits

> A continuation of CHEM 101 with the major topics being liquids, solids, intermolecular forces, solutions, rates of chemical reactions, chemical equilibrium acids, bases, aqueous equilibrium, electrochemistry and nuclear chemistry.

CHEM 102L General Chemistry II laboratory 1 credits

> Provides a laboratory that compliments an introduction to the quantitative study of the physical and chemical behavior of matter. Major topics include: liquids, solids, intermolecular forces, solutions, rates of chemical reactions, chemical equilibrium acids, bases, aqueous equilibrium, electrochemistry and nuclear chemistry

Physics with lab (full sequence) or equivalent

PHSCI 201 Introduction to Physics I 3 credits

> This is a course intended for science majors. The areas of study fall under the headings of mechanics, thermodynamics, vibrations and waves. Specific topics are motion in one and two dimensions, forces, energy, momentum, collisions, rotational motion, solids/fluids, thermal processes, vibrations, sound.

PHSCI 201L Intro to Physics I lab 1 credit

> Laboratory exercises to reinforce topics in Physics 201 lecture.

PHSC 202 Introduction to Physics II 3 credits

> This laboratory course is intended for science majors. The topics that are considered to be crucial include: electricity, magnetism, light, optics, relativity, quantum physics, atomic physics, and nuclear physics.

PHSC 202L Intro to Physics II lab 1 credit

> Laboratory exercises to reinforce topics in Physics 202 lecture.

Psychology (1) or equivalent

PSYC 101 Introduction to Psychology 3 credits

> This course provides a general introduction to psychology and its approaches to gathering and evaluating evidence about the causes and correlates of behavior. The topics surveyed will include brain and behavior, memory, perception, development across the lifespan, personality, abnormal behavior and psychotherapies.

Statistics or equivalent (any of the courses below can fulfil this requirement)

NSCI 220 Statistics in Science and Research 3 credits

> This course is designed specifically for science majors. The course will provide the student with a thorough background in statistics which will permit them to conduct scientific research and to understand and interpret the results of scientific research. Topics include normal distributions, interval estimates, t-tests, Chi Square tests, correlation and regression, ANOVA, Factorial ANOVA and non-parametric tests. Software use is required. Required of all science students. Emphasis is placed on hypothesis testing, statistical analysis of data, and writing in the sciences.

MATH 240 Probability and Statistics 3 credits

> This course covers the definition and elementary properties of probability, random variables, expectation, distributions, estimation, hypothesis testing, and linear regression.

HSCI 312. Statistics for Evidence Based Practice 3 credits

> This course prepares the student to evaluate statistical concepts, technology, statistical models, and skills necessary to interpret data to build evidence-based practice (EBP).

BUSI 316. Business Statistics I 3 credits

> An introduction to the theory and application of quantitative techniques in the fields of business and economics. The major areas of emphasis will be probability and statistical theory, decision-making models, statistical process control, and data description in respect to graphic presentation and calculation of measures of central tendency and dispersion. Prerequisite: MATH 121. (offered in fall and spring).

BUSI 317. Business Statistics II 3 credits

> A study of the foundations of statistical analysis of data. The primary areas of emphasis include sampling theory, summation of data (central tendency, variance, skewness), natural distribution of data (normal, binomial, Poisson), and statistical inferences from data (confidence intervals, hypothesis testing). The course will also examine relationships among paired data (regression, correlation) and non- parametric statistical measures. Prerequisite: MATH 121 and BUSI 316 or consent of instructor. (offered in fall and spring)

PSYC 315. Psychological Statistics 3 credits

> This course provides an intensive interpretation of experimental data in quantitative terms. 477 Return to Table of Contents Topics included are description by ranking and averaging, correlation, regression, probability, inference, t-tests, analysis of variance (ANOVA), Chi square and other nonparametric methods. Prerequisite: SSCI 203. Cross-listed as SSCI 315.

Professional Standards and Descriptors[1,2]

1. Commitment to Learning: The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks out professional literature; facilitates effective learning throughout the patient and client management process.

2. Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other healthcare professionals, and the community; demonstrates cultural literacy and humility showing tolerance of and sensitivity to individual difference; maintains professional demeanor; demonstrates empathy, positive regard, and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner.

3. Communication Skills: The ability to communicate effectively (i.e., speaking, listening, body language, reading, writing) for varied audiences and purposes; demonstrates understanding of basic English language; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact; listens actively.

4. Effective Use of Time and Resources: The ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates teamwork, flexibility, adaptability; recognizes own resource limitations; uses existing resources effectively in a safe, legal, ethical, and sustainable manner.

5. Use of Constructive Feedback: The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits; reflective practice to continuously improve practice and outcomes.

6. Problem-Solving: The ability to recognize and define problems, analyze data, develop, and implement solutions, and evaluate outcomes; states problems clearly; values shared decision-making to achieve desired health outcomes; reports or describes known solutions to problem.

7. Responsibility: The ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely; demonstrates safe behaviors to minimize risk to self and others; demonstrates awareness of patients' rights and responsibilities; responsiveness to the larger context of the healthcare systems and public policy; engage in continuous quality improvement.

8. Critical Thinking: The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant; raises relevant questions; uses information effectively; thinks both analytically and systematically in a thorough manner; applies principles of evidence-informed practice and clinical reasoning to patient and client care services.

9. Stress Management: The ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professionalism regardless of context, problem or situation.

10.   Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively; demonstrate a commitment to a higher standard of performance; adheres to ethical and legal standards; abides by facility policies and procedures; projects professional image; continuous regard for all; describes professional value system.

Teaching Observation and Evaluation

Faculty being evaluated_____   Date_____

Course and Section Number_____   # Students Present _____

Evaluator_____Supervisor or Peer (circle one)

Course Delivery: Online Synchronous / Hybrid / In-seat _____

This form is used to support PAF review for contract and promotion. Please provide clear and constructive feedback.

Criteria	Exceeds Expectations 4	Meets Expectations 3	Emerging 2	Does Not Meet Expectations 1	N/A* (Explain)	Narrative Feedback Describe method of observation and suggestions for improvement.
Teaching objectives are stated clearly and explained in detail.						
Content delivered is well organized and explained with clear transitions.		.				
Delivery is interactive and stimulating.						
Uses relevant and engaging visuals, illustrations, and/or technology.						
Demonstrates knowledge of subject matter.						

Criteria	Exceeds Expectations 4	Meets Expectations 3	Emerging 2	Does Not Meet Expectations 1	N/A* (Explain)	Narrative Feedback Describe method of observation and suggestions for improvement.
Provides opportunities for student involvement and interaction through questions, activities, reflection and/or small group work.						
Efficiently allocates class time.						
Demonstrates respect for students.						
Provides clear, concise, and appropriate feedback.						
Closure of class reinforces class objectives.						

* N/A – Unable to observe

Overall Evaluation Findings

Faculty Plan for Improvement

Summative Rating
Assign a summative score (1-4) inclusive of all criteria.

Faculty Signature _____ Date_____

Evaluator Signature _____ Date _____

As per the UC Faculty manual, it is the responsibility of the faculty member being observed to post the completed and signed teaching evaluation form in their PAF for review by the Faculty Affairs Committee (FAC) and administration.

Doctor of Physical Therapy (DPT) Program Technical Standards
(Adopted 12/24 by University of Charleston DPT Core Faculty)

I. Introduction

The purpose of this document is to delineate cognitive, affective and psychomotor skills, abilities, and behaviors deemed essential for successful matriculation within the program. The following examples included are illustrative for program Technical Standards and may not represent an all-encompassing listing of essential job functions to become a future physical therapist.

The intent of the professional program at the University of Charleston (UC) is to educate competent generalist physical therapists who can provide examination, evaluation, diagnosis, prognosis, and intervention. Treatment interventions for the general population typically occur in acute, sub-acute, rehabilitation, or outpatient centers in the current healthcare system. Enrolled students are required to complete the academic and clinical components of the professional physical therapy program, as defined in the UC Catalog, Program Handbooks, and the various course syllabi.

It is during the rigorous 32-month curriculum that the student develops the knowledge, skills and abilities needed to practice in the physical therapy profession. To evaluate competence, the program employs periodic examination, both written and practical, as an essential component of the curriculum. Successful completion of these examinations is required of all students as a condition of matriculation through the curriculum. Reasonable accommodation will be made based on receipt of approved accommodation by the Offices of Student Solutions. Students must be able to integrate all information received by whatever sense(s) is/are employed in a consistent, efficient, and effective manner and must have the ability to remember, understand, apply, analyze, evaluate, and create data as well as perform prescribed skills in a safe and effective manner.

The process of evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Although reasonable accommodation may be made, participation in clinical experiences away from campus and the evaluation of the student's participation is required with or without accommodations. Students, to be successfully placed in a clinical experience must not only meet the Technical Standards of the UC DPT program but may also need to meet whatever essential function standards may be in place by the matched clinical facility.

II. Reasonable Accommodation

It is the policy of the UC DPT Program in cooperation with the disability resource professionals at the University to develop accommodations to maximize access for qualified students with disabilities. Prospective students, who can complete these established standards and activities with or without reasonable accommodation, are not required to disclose potential specifics of an accommodations request prior to an admission decision. All students, prior to the start of classes, must indicate that Technical Standards can be met with or without reasonable accommodation.

III.   Technical Standards

Candidates for the physical therapy degree must be able to meet these Technical Standards and follow legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice. The potential student must be able to perform the skills throughout their matriculation in the program, with or without reasonable accommodation, for successful completion of degree requirements. Technology or intermediaries may be considered on an individual basis.

A. Intellectual-Cognitive

These abilities or attributes include measurement, calculation, reasoning, analysis, judgment, numerical recognition, synthesis, and evaluation.

Technical Standard: Students should have the capacity to interpret, assimilate, and understand complex curricular information presented both in person and remote via technology. Students are expected to possess the ability to measure, calculate, reason, analyze, synthesize, hypothesize, and transmit information.

Examples: Identify significant findings from history, physical examination, and laboratory data; provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner; incorporate new information from peers, faculty, and professional literature; demonstrate sound judgment in patient assessment, diagnostic and therapeutic planning; communicate the limits of one's knowledge and abilities to others when appropriate; interpret graphs describing biologic relationships and manage other similar modes of data.

B. Behavioral-Social

These abilities or attributes include recognition of the biopsychosocial impact of impairments, limitations, and participation restrictions, as well as the integration of the needs of the patient, family and/or caregiver into the plan of care.

Technical Standard: Students should possess the psychological capacity for the exercise of sound judgment, the completion for all responsibilities inherent to the diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients, colleagues, educators, and other healthcare providers.

Examples: Tolerate physically and mentally taxing workloads; function effectively under stress; adapt to a changing healthcare environment; display flexibility when learning to function in the face of uncertainties inherent in the clinical environment.

C. Communication

These abilities or attributes include efficient and effective communication.

Technical Standard: Students should possess the capacity to explain treatment procedures, obtain essential information from the patient and others, educate patients, and document according to practice guidelines.

Examples: Communicate with faculty, clinical instructor, staff, clients, and patients to elicit information regarding expectations, behavior, mood, and activities both verbally and non-verbal; communicate effectively and efficiently with other members of the healthcare community to

convey information essential for safe and effective care; communicate with individuals in a culturally sensitive and respectful way; read, write, speak, and understand English at a level consistent with successful course completion.

D. Observation and Awareness

These abilities or attributes involve the use or functional equivalent of vision, hearing, smell, and somatic sensations.

Technical Standard: Students should possess the capacity to collect and accurately interpret information from the classroom and clinical settings whether delivered in-person or remotely.

Examples: Observe a patient accurately; observe digital and waveform readings and other graphic images; palpate peripheral pulses, bony prominences and neuromusculoskeletal structures; evaluate and/or assess (both visual and tactile) areas of inflammation and/or edema, gait analysis, radiographic images; visual and olfactory assessment of wounds; auscultation of heart/breath/abdominal sounds.

E. Motor

These abilities or attributes involve the motor skills required for the coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch, vision, and smell.

Technical Standard: Students should possess sufficient motor function to elicit information from the patient examination and provide safe therapeutic interventions.

Examples: Execute movements required to provide general and therapeutic interventions; position large or immobile patients; provide balance and safety support during movement tasks; gait training using therapeutic aids and orthotics/prosthetics; perform manual mobilization techniques; perform non-surgical wound debridement.

F. Professional Attributes

These abilities or attributes involve adherence to ethical and legal standards and abiding by facility policies and procedures while projecting a professional image.

Technical Standard: Students should possess the capacity to maintain and display ethical behavior commensurate with the professional role of a physical therapist in all interactions with patients, faculty, clinical instructors, staff, students, colleagues, and the public.

Examples: Understand the legal and ethical aspects of physical therapy; function within the legal, ethical standards, and core values of the physical therapy profession; abide by established policies during clinical education placements.