

STUDENT POLICY & PROCEDURE HANDBOOK

UNIVERSITY OF NEW MEXICO

DEPARTMENT OF ORTHOPAEDICS AND REHABILITATION

DIVISION OF PHYSICAL THERAPY

August 2019

Welcome to the DPT Program! Your acceptance into the program reflects the faculty's confidence in your past achievements and future potential. Your education is a three-year step-by-step process that will take you from student to competent entry-level practitioner. The DPT curriculum reflects the mission of the University of New Mexico, the philosophical base of the profession, the beliefs and values of the faculty about professional education at the graduate level, and the needs of students who enter with a baccalaureate or advanced master degree.

The Student Policy and Procedure Handbook was developed to acquaint students with information on the DPT Program: academic and clinical policies and procedures, rules and regulations. It represents the efforts of the faculty, interested in the welfare of its students, trying to make the program most conducive to learning and to assist students in successfully completing all requirements for graduation.

It is important that students become familiar with its contents and review as necessary, as you will be held responsible for compliance with these policies during your enrollment in UNM's DPT program.

The faculty reserves the right to revise the enclosed information and regulations at any time as necessitated by changes in program and/or institutional policies and procedures and/or in compliance with accreditation standards set forth by the Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association. Whenever changes occur, students will be duly notified.

This handbook replaces all previous handbook renditions and is printed August 2019

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I. DIVISION OF PHYSICAL THERAPY

Welcome to the UNM Division of Physical Therapy! Your selection as one of our students reflects our confidence in your past achievements and future potential. It also expresses a strong commitment to you and to the process of preparing you to be a physical therapist. One of our first responsibilities in this regard is to orient you thoroughly to our Program, its mission and to your role in its operation. The purpose of this handbook is to help us achieve that goal. Become familiar with the handbook and keep it as a reference. We welcome your feedback on this handbook.

A. INTRODUCTION

The curriculum, of which you are a part, is designed to be consistent with the philosophy and the vision and mission of the Division of Physical Therapy and to deliver learning experiences that enable you to meet the performance expectations we believe to be essential for competent clinical practice and your role as a healthcare professional.

B. PHILOSOPHY

The Division of Physical Therapy is dedicated to the philosophy that a competent physical therapist is a highly educated, autonomous health care provider who possesses the skills to meet the challenges of today's health care and social environments as well as the dedication to continually learn and improve to meet the challenges of tomorrow. To accomplish this, the physical therapist must be a licensed professional in the health care system, competent not only in the area of direct patient care, but also in the skills that enable the graduate to become a life-long learner, educator and an effective member of the healthcare team.

To meet this goal, the curriculum is offered in an orderly and planned sequence designed to instill the philosophy and skills needed to remain current with the rapid changes in health care and society. The education of the student must include experiences to enable the graduate to:

- Be an effective learner and sharer of knowledge
- Develop the skills necessary to coordinate and plan health care services
- Critically appraise research
- Add to the professional body of knowledge
- Effectively consult and communicate with others as part of an interdisciplinary team
- Provide culturally competent, caring, compassionate, quality services to those in need

C. VISION

Our vision is to prepare physical therapists as movement specialists and leaders to fulfill essential roles within interprofessional collaborative teams serving the diverse communities of New Mexico.

D. MISSION STATEMENTS

1. HEALTH SCIENCES CENTER

The mission of the Division of Physical Therapy is an integral part of the UNM Health Sciences Center (HSC). The mission of the HSC is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. The HSC will advance health sciences in the most

important areas of human health with a focus on the priority health needs of our communities. As a majority-minority state, the HSC mission will ensure that all populations in New Mexico have access to the highest quality health care.

2. DIVISION OF PHYSICAL THERAPY

The Division of Physical Therapy mission is to develop highly skilled and compassionate doctors of physical therapy who optimize the human experience of New Mexico communities by enhancing movement and function through evidence-based practice.

E. PHYSICAL THERAPY CURRICULUM GOALS AND OUTCOMES

1. GOALS

The overall goal of the Division of Physical Therapy is to prepare students to achieve educational outcomes required for initial practice of the profession of physical therapy in the five roles of the PT: clinician, administrator, educator, researcher and consultant.

Specific student goals inherent in the overall goal include:

- Professional behaviors: The student will demonstrate attributes, characteristics and professional behaviors that are consistent with entry-level practice.
- Clinical Competence for Patient Care: The student will develop the knowledge, skills, attitudes and behaviors necessary for the ethical, competent, autonomous practice of PT.
- Administration: The student will demonstrate entry-level skills in supervision, management and the promotion of the profession of physical therapy.
- Consultation/Education and Research: The student will function as a contributing member of an integrated health care team through provision of consultation and education as well as practice in an evidence-based manner.
- Professional Development: The student will accept responsibility for identifying and meeting the changing health care needs of society through ongoing service to the profession and commitment to life-long learning.

2. STUDENT OUTCOMES

Upon completion of the program, student will gain the following outcomes pertaining to the curricular goals:

A) PROFESSIONAL BEHAVIORS:

- Demonstrate professional behaviors at the beginning level during year one, intermediate level during year two, and entry-level during year three, which would then prepare them for post entry-level professional behaviors (see Professional Behaviors Assessment Tool).

B) CLINICAL COMPETENCE FOR PATIENT CARE:

- Develop a client specific evaluation; establish a physical therapy diagnosis, set up a safe and effective treatment plan and monitor/re-evaluate effectiveness.
- Perform evaluative and treatment procedures in a safe, accurate and effective manner.

- Provide a logical rationale for all clinical decisions based on knowledge of basic, behavioral and social sciences and principles of evidence-based practice.
- Articulate when to refer to another practitioner based upon intake history and/or physical examination results.
- Demonstrate skills that minimize the potential negative impact of socio-cultural differences (e.g. socioeconomic status, family and community structure and function, race, creed, color, gender, sexual orientation or disability/health status) on access to health care services as well as needs, attitudes, beliefs and practices relative to health care.

C) ADMINISTRATION:

- Demonstrate entry-level performance in direction and supervision of personnel to meet patient goals and expected outcomes according to legal standards and ethical guidelines.
- Participate in the financial management of the physical therapy service consistent with regulatory, legal and facility guidelines.
- Demonstrate promotion of the physical therapy profession.

D) CONSULTATION EDUCATION AND RESEARCH:

- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
- Educate others using relevant and effective teaching methods.
- Demonstrate the ability to access and utilize information from multiple data sources to make clinical decisions, critically evaluate published peer reviewed articles relevant to physical therapy and apply them to clinical practice.
- Establish effective interdisciplinary communication.

E) PROFESSIONAL DEVELOPMENT:

- Participate in self-assessment to improve clinical and professional performance.
- Seek out additional learning experiences to enhance clinical and professional performance.
- Participate in professional activities beyond the practice environment.

F. DIVISION ORGANIZATIONAL STRUCTURE

The Division is led by the Division Chief. There are multiple Faculty Directors that function in administrative roles. These Directors have autonomy in their work with oversight by the Division Chief. Questions concerning content covered by the Director can be asked directly to the director. The Director in turn will include the Division Chief as needed.

Staff members are present to support the Division, the Faculty and the Students. Questions related to program operations and procedures, including student services and clinical support can be directed to the appropriate staff members.

G. FACULTY & STAFF

<u>Faculty:</u>	<u>Contact</u>
Beth Moody Jones, PT, DPT, EdD Associate Professor Division Chief	505.272.6850, HSSB 204F bmjones@salud.unm.edu
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Kathy Dieruf, PT, PhD, NCS Associate Professor Emeritus	
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Tamaya Toulouse Clinical Education Program Coordinator	505.272.6956 tloulouse@salud.unm.edu

H. EMERGENCY CONTACT INFORMATION

Students should give out the following phone numbers in the event they need to be contacted due to an emergency.

The numbers within the Division of Physical Therapy:
Main office line: 505-272-5479

However, if they are on the phone or away from their desks you may get their voice mail. If this is truly an emergency, you should try the following numbers to reach someone who can find you:

David Hansen 505-272-6971
(Program Manager)

Beth Moody Jones 505-272 6850/ 505-280-2354 cell
(Chief, Division of Physical Therapy)

Please use the above phone numbers for emergency contacts, and someone will come find you if you get an emergency call. If you are awaiting an emergency call, inform one of the office staff and they will come get you during class.

II. CURRICULUM

A. CURRICULUM ORGANIZATION

The scope and direction of the curriculum is under the direction of the Division Chief with shared responsibility of the faculty. Therefore, although faculty members are responsible for the manner in which their courses are conducted, the entire faculty oversees and periodically reviews all courses and clinical experiences within the curriculum. The curriculum is centered on a spiral approach with certain threads that are woven throughout the 2.25 years of didactic work. "A spiral curriculum can be defined as a course of study in which students will see the same topics throughout their school career, with each encounter increasing in complexity and reinforcing previous learning" .**

The threads are as follows:

- Motor Learning & Motor Control
- Pharmacological Management
- Client Interaction/Pain
- Gait
- Research/Evidence Based Practice
- Professionalism
- Documentation
- Systems Review/screening
- Therapeutic Exercise
- Wellness & Service
- Doctoring

**<https://study.com/academy/lesson/spiral-curriculum-definition-example.html>.

B. FACULTY RESPONSIBILITIES

Although teaching is the primary focus of the faculty and takes a significant portion of time, each faculty member has other major responsibilities of which students need to be aware. The Division of Physical Therapy in the Department of Orthopaedics and Rehabilitation reviews the faculty's productivity in the following areas: teaching, scholarship, research, public service, professional development, patient service and academic responsibilities. Therefore, faculty members may be engaged in activities related to these topics, and may be unavailable to students at certain times.

C. COURSE ORGANIZATION

In view of the diversity of courses and the types of material covered in the courses offered within the Division, instructors have developed rules and procedures specific to each course. Course purposes and description, grading procedures, objectives and schedule are described in the syllabi. Any questions regarding course organization, expectations, grading, assignments, etc. should be directed to the course instructors first, and then if concerns persist, students should discuss these with the Division Chief.

D. SEMESTER CLASS SCHEDULES

Semester class schedules will be given to students at least 4 weeks in advance. Be aware, that due to circumstances beyond our control, changes occasionally need to be made to the location of the class, and/or the time it is offered. You will be notified of all changes as soon as possible. Occasionally lecture

or lab time will occur outside of the regularly scheduled time. Again, you will be given as much notice as possible.

E. CLINICAL EDUCATION CURRICULUM

Progressing to the clinical education environment is a privilege that a student earns by demonstrating proficiency with all knowledge, hands-on skills, and professional behaviors. The UNM Division of Physical Therapy holds the responsibility of protecting the public when allowing a student into the clinical education setting. In this manner, the faculty are charged with routinely testing and assessing students' attainment of the necessary knowledge, skills, and behaviors. The UNM Division of Physical Therapy reserves the right to withhold a student from entering into the clinical education setting at any point in the curriculum if the student is deemed to have not attained the necessary knowledge, skills, or behaviors within the didactic curriculum. Students must understand that their own perceptions of "doing fine in the clinic" are not sufficient grounds to allow access to the clinical environment, and that all students are charged with proving, within the didactic curriculum, that they are ready, prepared, and safe to enter the clinical setting.

F. CURRICULAR MAP

	Fall/Aug	Sept	Oct	Nov	Dec	Holiday	Jan	Feb	March	April	May Finals	June	July	Aug																																							
	Fall			Spring						Summer																																											
Y1	Foundations I			MS Concepts & Mgmt I			Break	MS Concepts & Mgmt II			MS Concepts & Mgmt II			Clinical I		Break																																					
	Evidence Based PT I			Evidenced Based PT II				Pharmacology			Cardio/Pulm																																										
				Anatomy I				Anatomy II			Pro Pt Management																																										
				MS Intervention I				MS Intervention II			MS Intervention II																																										
				Intg Clin Experience (ICE)				ICE			ICE																																										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
	Fall			Spring						Summer																																											
Y2	Neuro Dysfunc I			Neuro Dysfunc II			Break	Neuro Dysfunc III			Neuro Dysfunc III			Admin/Supervision		BREAK																																					
	Pediatrics							Health, Wellness, Fitness			HWF Project			Acute Care																																							
	Pathophysiology							Gerontology			Gerontology			Biopsychosocial																																							
	ICE							Pharmacology			Capstone I																																										
								Capstone I			ICE																																										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
	Fall			Spring																																																	
Y3	Prosthetics			Clinical II			Break	Clinical III			Clinical IV			Peer, Poster and Commencement																																							
	Adv MS Concepts							CAPSTONE III			CAPSTONE III																																										
	Differential Diagnosis							Service Learning			Service Learning																																										
	Gender Health							Board Prep			Board Prep																																										
	Capstone II																																																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53

G. CURRICULAR CREDITS MAP

DPT Curriculum Class of 2022

YEAR 1				YEAR 2				YEAR 3			
2019				2020				2021			
Fall	PT505	Foundations	3	Fall	PT550	Pathophysiology	2	Fall	PT580	Prosthetics	2
	PT506L	Musculoskeletal Intervention I	2		PT607L	Management of Neurologic Dysfunction I	4		PT611	Clinical II	6
	PT507L	Musculoskeletal Concepts & Management I	4		PT608L	Management of Neurologic Dysfunction II	4		PT640	Gender health Differential Diagnosis (ICE built in)	2
	PT521L	Anatomy I	4		PT662L	Pediatrics	5		PT650	Advanced MS	3
	PT534	EBPT 1	2		PT693	Integrated Clinical Experiences (ICE)	1		PT685	Concepts	3
	PT632	EBPT 2	2				16		PT691	Capstone II	1
	PT 693	Integrated Clinical Experiences (ICE)	1								17
			18								
2020				2021				2022			
Spring	PT508L	Musculoskeletal Concepts & Mgt II	6	Spring	PT546	Pharmacology	2	Spring	PT652	Clinical III	6
	PT509L	Musculoskeletal Intervention II	3		PT609L	Management of Neurologic Dysfunction III	8		PT653	Service Learning	1
	PT512	Professional Patient Mgmt	1		PT660	Health, Wellness & Fitness	3		PT654	Clinical IV	6
	PT522L	Anatomy II	4		PT670	Gerontology	3		PT691	Capstone III	3
	PT613	Cardiopulmonary	3		PT691	Capstone I	1		PT692	Board Prep	1
	PT693	Integrated Clinical Experiences (ICE)	1		PT693	Integrated Clinical Experiences (ICE)	1				17
			18				14				
				Summer	PT610	Acute Care	4				
Summer	PT511	Clinical I	6		PT622	Biopsychosocial Practice	3				
			6		PT680	Admin/supervision	2				
							9				
Total year 1			42	Total year 2			43	Total year 3			34
								Total All 3 Years			119

H. CLASS DESCRIPTIONS

1. FIRST YEAR COURSES

A) FALL SEMESTER (18)

505. Foundations (3)

This course addresses foundations for patient care that will be further developed in subsequent courses. It is divided into three sections: Basic Science (3 weeks), Professionalism (1 week) and Clinical Practice (3 weeks). Content includes principles of exercise physiology, anatomy, documentation, professionalism, ethics, kinesiology, pathology, pharmacology, imaging, learning styles, mind/body, evaluation and therapeutic interventions.

506L. Musculoskeletal Intervention 1 (2)

This course introduces the student to thermal, electrical, and mechanical modalities as an adjunct to physically active interventions. Concepts of tissue inflammation and repair from Foundations is expanded to enhance understanding of indications, contraindications, and precautions for using modalities in the clinical setting. The course will include basic scientific and evidence-based rationale for the use of modalities, laboratory experience and problem solving using patient case studies to enhance student's knowledge relative to direct patient care.

507L. Musculoskeletal Concepts & Management I (4)

Philosophy, process and techniques of patient examination and evaluation including patient interview, systems review, differential diagnosis and neuromusculoskeletal assessment.

521L. Human Anatomy I (4)

This course will involve dissection and study of the human body. Lecture material will highlight the nervous system, cardiac and pulmonary systems and the peritoneal cavity; osteology of the spinal column, thorax, pelvis and lower extremity; the vascular system and the muscular system of the trunk and lower extremities.

534 EBPT1 (2)

This course will teach the principles of evidence based physical therapy practice in patient/client management from the initial clinical question to the analysis of the targeted research. The course will teach the student how to recognize quality in research, increasing the student's understanding of and confidence in their interpretation of the research. Students will learn how to critically appraise research, how to find answers to specific foreground questions, and how to interpret statistical data presented within all types of research. Initiation of "mini capstone" process that will complete in EBPT2.

632. EBPT2 (2)

This course builds on EBPT 1 and expands the critical analysis process to various types of study designs. Critical review of professional literature and determination of the relevance and applicability of research findings to specific patients are introduced with the goal of promoting evidence-based physical therapy practice. Students will learn how to calculate and interpret common statistics in epidemiological and physical therapy research. The ability to analyze the quality of a research article and provide a narrative summary of the analysis will be an integral requirement for your capstone project.

Therefore, article analysis of interventional research and systematic reviews based on your PICO question from EBPT1 is emphasized. Completion of a “mini capstone” will be an important aspect of this class. Concepts from EBPT will be included in other courses as you move forward in the program. 693. Integrated Clinical Experience (ICE) (1)
This course involves part-time, team-based clinic and mini clinics. Student’ roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing treatment plans, providing patient education, prescribing exercises and producing documentation.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinic and mini clinics. Student’ roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing treatment plans, providing patient education, prescribing exercises and producing documentation.

B) SPRING SEMESTER (18)

508L. Musculoskeletal Concepts & Management II (6)

Continuation of Musculoskeletal Concepts & Management I, addressing remaining regions of the body. Final practical examination verifies skills and competencies for both courses at a level adequate to proceed to clinical placements.

509L. Musculoskeletal Intervention II (3)

PT 509L, a continuation of 506L, will continue to provide students with a foundation in musculoskeletal treatment interventions with an emphasis on therapeutic exercise.

512. Professional Patient Management I (1)

The purpose of this course is to gain practice with effective communication techniques prior to the first clinical education experience.

522L. Human Anatomy II (4)

This course will involve dissection and study of the human body. Lecture material will highlight the nervous system including the cranial nerves; osteology of the upper extremity, cranium, spinal column; the vascular system and the muscular system of the upper extremities, head and neck.

613. Cardiopulmonary (3)

Physical therapists commonly encounter clients with cardiovascular and/or pulmonary dysfunction, either as a primary problem or co-morbidity. This course gives an overview of normal cardiovascular and pulmonary function, cardiovascular and pulmonary-related pathologies, examination and evaluation procedures, diagnostic procedures, goal setting, and interventions. Successful completion of the course requires the ability to integrate and synthesize information from this course in the setting of various cardiovascular and pulmonary diagnoses. The lecture portion of the course provides the background to make appropriate clinical decisions in examination, evaluation, and treatment of patients with a wide variety of cardiovascular and pulmonary diseases. The laboratory portion focuses on the necessary psychomotor skills required for the examination and treatment of patients with cardiovascular and pulmonary diseases.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinic and mini clinics. Student’ roles may include taking histories, collecting objective data, determining problem list and related

diagnosis, designing treatment plans, providing patient education, prescribing exercises and producing documentation.

C) SUMMER SEMESTER (6)

511. Clinical Education Experience I (6)

This course consists of one clinical experience. The purpose of this course is to provide the student with an opportunity to participate in examination, evaluation, formulation, implementation and modification of a plan of care, and documentation for patients/clients in an outpatient orthopedic setting.

2. SECOND YEAR COURSES

A) FALL SEMESTER (16)

545. Pathophysiology (2)

The purpose of this course is to understand the changes in cellular and systemic physiology that occur in diseases. At the cellular level students will learn about the response to tissue injury, abnormal cell growth and the immune system. The course expands to investigate the physiological bases of diseases associated with most major organ systems and the effects that these diseases have on whole body homeostasis.

607L. Neuro Dysfunction I (4)

This course introduces the student to neuroscience, neuroanatomy, and neuropathology and illustrates the correlations with clinical practice. The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage adults with neurologic dysfunction with an emphasis on patients with Parkinson's disease, cerebellar dysfunction, and stroke. Concepts related to motor learning and skill acquisition will be reviewed and applied. Motor control theories from historic and contemporary perspectives will be presented. A task-oriented approach to examination and intervention will be applied to patient cases. Neurologic mechanisms of normal and impaired posture, mobility, and upper extremity function will be presented. Principles of neurologic examination, including neurologic tests and measures, movement and task analysis, and outcome measures, will be introduced. Case studies will highlight selected neurologic conditions for integration of the foundational science with clinical relevance specific to the practice of physical therapy.

609L Neuro Dysfunction II (4)

The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage patients with neurologic dysfunction with an emphasis on adults with spinal cord injury, stroke, and traumatic brain injury. Management of neurodegenerative diseases including multiple sclerosis (MS), Guillain-Barré syndrome (GBS), Post-polio syndrome (PPS), amyotrophic lateral sclerosis (ALS), Parkinson's disease (PD), and Cerebellar Dysfunction (CD) will be addressed. Examination and treatment of vestibular disorders is included. Content related to wheelchair seating and positioning, orthoses, and electrodiagnostics is covered. There is an emphasis on neurologic practice fundamentals and an interdisciplinary team approach.

662L. Pediatrics (5)

The purpose of this course is to enhance understanding of physical therapy management of the pediatric client/patient, including issues affecting typically developing children and children with various medical conditions and their families. The course emphasizes assessment of posture and movement in children with various levels

of ability, and discusses factors that may impact function, including mobility. The course facilitates appropriate decision-making for physical therapy management of children, including interventions, in order to promote their health, function, and fitness.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinic and mini clinics. Students' roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing treatment plans, providing patient education, prescribing exercises and producing documentation.

B) SPRING SEMESTER (18)

546. Pharmacology (2)

The purpose of this course is to provide content relevant to pharmacological management of common human medical disorders. How medications exert their therapeutic effect and the impact of medication side effects on PT treatment plans and/or outcomes will be addressed. Pharmacological content areas will be presented over 5 semesters in association the seven following courses: PT 505, Foundations; PT 508, Musculoskeletal Concepts & Management II; PT 545, Differential Diagnosis; PT 607 and 608, Adult Neuro I and II; PT 610, Acute Care and Cardiopulmonary, and PT 670, Gerontology.

608L. Neurodysfunction III (8)

This course enhances the content from PT 607L. The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage patients with neurologic dysfunction with an emphasis on adults with spinal cord injury, stroke, and traumatic brain injury. Management of degenerative diseases including Guillain-Barré syndrome, Post-polio syndrome, amyotrophic lateral sclerosis, multiple sclerosis, and Parkinson's disease will be addressed. Examination and treatment of vestibular disorders is included. Content related to wheelchair seating and positioning, orthoses, and electro-diagnostics is covered. There is an emphasis on neurologic practice fundamentals and an interdisciplinary team approach.

660. Health, Wellness and Fitness (3)

To maximize health, wellness and fitness in the students and for their future clients and patients, students must have an in-depth understanding of the various issues in health promotion. These issues include goals of the Healthy People agenda, fitness components and training, resources for optimizing health, nutrition aspects, prevention practices and health protection across the lifespan and with different populations, community resources, and roles of the PT in advocacy and client/patient management. This course will use a variety of educational opportunities to improve students' abilities to engage in prevention practice and to evaluate and promote health, wellness, and fitness in their clients and patients.

670. Gerontology (3)

This course will emphasize the complexity of the aging process, and will include an in-depth study of issues unique to treating the diverse elder population. In order to provide optimum guidance and care to elders, and achieve optimal outcomes, PTs must understand the complexity of the physical, psychosocial, and environmental factors/issues. Design of effective treatment requires knowledge of evaluation and assessment of the potentially complex internal and external factors of elders, care planning and coordination across the case spectrum, indications for an interprofessional approach, care giver support, health care systems available to elders, as well as health

promotion and safety. Other content of relevance to geriatrics & gerontology within the curriculum will be included in Health, Wellness and Fitness (PT 660), Acute Care (610) and Cardiopulmonary (PT 613), Neurology I and II (PT 607 & 608), Gender Health (PT 640) and Biopsychosocial Practice (PT 622).

693 Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinic and mini clinics. Students' roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing treatment plans, providing patient education, prescribing exercises and producing documentation.

691. Capstone Project I (1)

This course is the academic home for a comprehensive evidence based practice project that definitively, and in a completely supported manner, answers a focused clinical question or a research question. A comprehensive paper and platform presentation are required.

There are two options available to students for completion of this course:

PICO Case Report:

This case report provides the opportunity for the student to demonstrate their clinical mastery by combining two important tools useful to a successful physical therapist: the evidence-based practice approach and The Guide to Physical Therapist Practice. The APTA's Guide to Physical Therapist Practice outlines the profession's elements of appropriate patient management, including examination, evaluation (including diagnosis and prognosis), and intervention, and the student will apply these core elements of PT management to a patient of his/her choosing. The student will also utilize evidence based practice guidelines to determine and justify (in real time if possible, but more likely in retrospect) their intervention strategies for this chosen patient. The intent is to demonstrate the ability to manage a patient in an efficient, comprehensive and evidence based manner. The skills demonstrated will be utilized throughout the student's career as a practicing physical therapist. A clinical question (PICO) will be at the heart of this case presentation. This will require bringing to bear all aspects of evidence based practice including a comprehensive analysis and ranking of all pertinent literature, ultimately leading to your "bottom line" answer to the clinical question and thoroughly supporting that answer. The final product will answer the PICO question for your future practice.

Research option:

The research option provides students with an opportunity to participate in faculty driven research. Faculty will make their current projects available to the students. Students will have the opportunity to write a proposal for participation in a project for which they have an interest. Proposals will then be submitted to Jodi Schilz, PhD. and vetted by the Research Committee. Final selection of a participant for available research projects will be made by the Research Committee and the faculty. Projects will fall within one of the following categories: research projects (Institutional Review Board [IRB] proposal or results paper), review papers or case-study reports. Research projects: Students may write an IRB for a faculty project. An IRB is essentially a paper that reviews the existing data available and makes a case for why research needs to be done. An IRB contains a full description of the methods used to collect, protect and analyze the data acquired during the research. It is the first step in any research project. Students can participate in data collection, analysis and assisting the faculty in writing the results paper for a research project that has already been approved by the IRB committee. Review paper: Students can write a review paper on a subject chosen by a

faculty member. Review papers are often written to analyze existing data before planning a research project or to summarize what is known on a topic. Case-study reports: Students can write a case-study report based on a patient that the faculty member has treated. Case-study reports are retrospective analyses of key clinical cases. Information for all capstone options will be given to you in the first year. Faculty driven research options will be updated periodically, as they become available.

Completion of the following assignments will be required for satisfactory completion of this credit. Unsatisfactory completion of the following requirements could result in an incomplete and placement on provisional probation.

- For PICO capstones: By Spring Break PICO students should have come up with a PICO questions they are interested in. In April each student will be matched to a capstone advisor based on the topic of their PICO question. Between April - May 15th, PICO students should have discussed and edited their PICO question with their capstone advisor. Students will then work through the summer of their 2nd year to complete their evidence-based search, identify their 10 papers to be analyzed, analyze their 10 articles using the critical appraisal worksheets and write their search paragraph, patient description, and results section. A draft of those sections is due to your capstone advisor by August 15th to earn your capstone I grade.
- For research capstones: Your capstone advisor is your research advisor. Dr. Schilz is your secondary research advisor. By Spring Break research students will be required to have finished their proposal, been selected for a project and met with their advisor & Jodi to set up deadlines for the project. These deadlines will vary depending on what kind of project you work on. Assessment of completion of project deadlines will occur by May 15th to earn the Capstone I grade.

C) SUMMER SEMESTER (9)

622. Biopsychosocial Practice (3)

The course primarily focuses on psychosocial issues and culture, proactively preparing students for dignified, respectful, sensitive patient management in physical therapy practice. Through self-reflection and analysis, students will examine their own perspectives, values, biases, and backgrounds to consider how these could impact patient care. Psychosocial content will include mental health conditions, socioeconomic issues, grief, death and dying, and coping. Specific cultures possibly addressed in this course will include age, disability, gender, sexual orientation, chronic pain, religion, race, and ethnicity. Clinician wellness and compassionate patient care are the desired outcomes for our future physical therapists.

610. Acute Care (4)

This course is designed to provide information and experiences to enable students to become comfortable in an acute or critical care setting. The unit will cover instruction in general acute care including ICU equipment, lab values, chart review, evaluation, treatment planning, goal setting, discharge planning and documentation, specifically as these skills are unique to the acute care setting. A unit on Burn and Wound Care in the acute care setting will also be included. Communication skills include active listening, and dealing with difficult patient/client interactions. Experiential lab sessions include mannequin and patient simulations, self-assessment and debriefing components.

680. Administration and Supervision (2)

The purposes of this course are to expose students to basic administrative concepts involved in safe physical therapy practice, including delegation and supervision of personnel and reimbursement and billing, and regulatory and legal issues. This course will prepare students to practice in an increasingly complex health care delivery system. Emphasis includes personnel supervision, practice regulatory and legal requirement issues, reimbursement, litigation, and ethics related to service delivery.

3. THIRD YEAR COURSES

A) FALL SEMESTER (17)

580. Prosthetics (2)

This course provides students with knowledge and practical experience in the therapeutic area of prosthetics. Pathology and etiology of amputation as well as medical and therapeutic intervention for the amputee are included.

611. Clinical Education Experience II (6)

This course consists of one nine-week clinical education experience. The purpose of this course is to provide the student with an opportunity to participate in screening, systems review, examination, evaluation, formulation, implementation and modification of a plan of care, discharge procedures, scheduling, coordination of patient care activities, supervision of support personnel, and documentation for patients/clients. Students can choose from a variety of practice settings. See Clinical Education Handbook for more details.

640. Gender Health (2)

This course is an introduction to gender health issues. The purpose is to enhance the students' knowledge of physical therapy evaluation, goal setting and treatments related to conditions that affect women or men preferentially. Specific topics include: pelvic floor disorders, prostate health, pregnancy, prenatal and postpartum care, female athlete triad, transgender and sexual health issues, domestic violence and strategies for working with abuse survivors.

650. Differential Diagnosis (3)

The purpose of this course is to develop entry level skills in identifying clinical presentations that have an increased likelihood of occurring due to an undiagnosed pathology. Students will have to execute clinical reasoning skills to make effective decisions about when to engage in treatment and when to refer to a primary care provider and/or other specialists. Additionally, the course will expand the students' skills at treatment with complex cases with mental and physical comorbidities.

685. Advanced Musculoskeletal Concepts (3)

This course will look at orthopaedic physical therapy of primarily the spine, with extension to the shoulder and hip. The student will be exposed to the history of, theories behind and a limited scope of the skill of dry needling. The emphasis of the course will be on diagnostic evaluation and treatment using multiple approaches (Nordic, Cyriax, Australian, Paris, Greenman, Functional mobilization, Maitland). Treatment techniques covered will include an introduction to functional dry needling, mobilization, muscle energy and thrust, as well as therapeutic exercise as it relates to mechanical spinal pain. As a clinical class, much time will be spent on problem solving real life clinical problems by using volunteer patients.

691. Capstone Project II (1)

Completion of the following assignments will be required for satisfactory completion of this credit. Unsatisfactory completion of the following requirements could result in an incomplete and placement on provisional probation.

- For PICO capstones: Drafts of search paragraph, patient descriptions, and results paragraphs will be returned to you by your advisor with edits no later than Fall Break of your 3rd year. You must correct what has been submitted and resubmit the edited version including your conclusion and clinical bottom line paragraphs by December 15th to earn the Capstone II grade.
- For research capstones: Your capstone advisor is your research advisor. Dr. Schilz is your secondary research advisor. Assessment of completion of project deadlines will occur by December 15th to earn the Capstone II grade.

B) SPRING SEMESTER (17)

652. Clinical Education Experience III (6)

This course consists of one nine-week clinical education. The purpose of this course is to provide the student with an opportunity to participate in screening, systems review, examination, evaluation, formulation, implementation and modification of a plan of care, discharge procedures, scheduling, coordination of patient care activities, supervision of support personnel, and documentation for patients/clients. Students can choose from a variety of practice settings. See Clinical Education Handbook for more details.

653. Service and Interprofessional Learning (1)

This course consists of a minimum of 12 hours service learning/professional volunteer experiences and a minimum of 12 hours interprofessional engagement gained throughout the three year span of the DPT program. There is one assignment: a final reflection paper with documented hours. Each student documents their own service learning (SL) and interprofessional education (IPE) hours and reflections of the experiences throughout the three years. The reflection paper needs to be submitted by April 15th of the third year on Moodle. All experiences must be approved by Dr. Barkocy in advance, if the location/experience is not on the pre-approved list <https://docs.google.com/spreadsheets/d/16lciBKzLXYyGacPZCAhoV0MRMiy7mdo-Hw8zyMFUQLE/edit?usp=sharing> or is not an offering through the HSC IPE Office.

The purpose of the course is for the students to actively involve themselves in service learning/professional volunteer opportunities and interprofessional engagement. These serve to augment the clinical application of skill and knowledge, while facilitating communication, shared values, professionalism, leadership, meaningful and relevant community service, trustworthiness, reciprocal growth, and empowerment for all parties involved. Service Learning (SL) and Interprofessional Education (IPE) Hours include experiences outside of courses and classes. However, the students can document IPE participation of any kind (inside or outside of courses/classes) through the IPE Honors Program for recognition at graduation: <https://hsc.unm.edu/ipe/curriculum/pipes.html> Additionally, 100 hours or more of Service Learning outside of courses/classes will be recognized at graduation.

The criteria for **service learning hours** must include the following:

1. Pro bono (i.e. volunteer)

2. PT or exercise/health promotion/disease prevention related, AND
3. Delivered at a community level

The criteria for **interprofessional education** must include the following:

1. Two or more professions together learning
2. Incorporation of the IPE competencies:
 - a) Sharing of values and ethics in climate of mutual respect
 - b) Identification of professional roles and responsibilities to address patient healthcare needs or community health
 - c) Communication in an interprofessional team for health promotion
 - d) Engagement in team and teamwork activities

654. Clinical Education Experience IV (6)

This course consists of one nine-week clinical education experience. The purpose of this course is to provide the student with an opportunity to participate in screening, systems review, examination, evaluation, formulation, implementation and modification of a plan of care, discharge procedures, scheduling, coordination of patient care activities, supervision of support personnel, and documentation for patients/clients. Students can choose from a variety of practice settings. See Clinical Education Handbook for more details.

691. Capstone III (3)

Completion of the following steps is required for satisfactory completion of the remaining 3 capstone credits. Unsatisfactory completion of the following requirements could result in an incomplete and placement on provisional probation.

For PICO Capstones and research projects:

- December – start of school (mid-January) – work on introduction and background sections.
- Feb 1st - Turn in complete draft of capstone. Includes all sections. Start working on poster.
- February to March 15th – Work back and forth with your advisor to edit capstone. Get approval from capstone advisor that capstone is complete. Work on finishing poster.
- April 15th – submit capstone to plagiarism checker in LEARN and prepare for posting to UNM digital repository.
- May 1st – submit poster to LEARN
- Mid-May – Poster presentation/Research Day

692. Board Preparation (1)

The purposes of this course is to prepare the students for successful completion of the NPTE (National Physical Therapy Exam). Prerequisites include passing STEP 1 and STEP 2 examinations given after the completion of the first year of didactic and second year didactic classes within the curriculum. This course includes a two-day preparatory course focused on strategies for answering challenging multiple-choice questions. There is a practice examination (PEAT) given that the students must pass to complete this course. In order to be awarded the chance to sit for the NPTE in April, the student must have completed the following:

- Passed STEP 1 and STEP 2
- Passed the PEAT with greater than 70%
- Approval from Capstone advisor that all deadlines have been met
- No concerns in the final two clinical education experiences
- Not on provisional probation or probation

I. CLINICAL EDUCATION CURRICULUM

The clinical education curriculum in the UNM DPT program includes 30-36 weeks of full-time clinical education experiences, 15-30 days of half-day 'mini clinic' experiences across various settings, and integrated clinical experiences via REACH learning lab.

1. CLINICAL EDUCATION COURSES:

- PT 511 – Clinical Education Experience I
- PT 611 - Clinical Education Experience II
- PT 652 - Clinical Education Experience III
- PT 654 - Clinical Education Experience IV
- PT 693 – Integrated Clinical Experience (ICE)

2. TIMING OF CLINICAL EDUCATION CURRICULUM:

Year 1:

- REACH lab (fall break through spring semester)
- Mini Clinics in outpatient orthopedic setting (spring semester)
- PT511 Clinical Education Experience I: 40hr/wk in outpatient orthopedic setting (summer semester)

Year 2:

- REACH lab (fall and spring semesters)
- Mini Clinics in pediatric, neurological, and geriatric settings (fall and spring semesters)
- Mini Clinics in acute care setting as able (summer semester)

Year 3:

- PT611 Clinical Education Experience II: 40hr/wk (fall semester)
- PT652 Clinical Education Experience III: 40hr/wk (spring semester)
- PT654 Clinical Education Experience IV: 40hr/wk (spring semester)

Students are expected to complete their clinical education experiences according to the curricular schedule. Students are expected to attend ALL dates of the clinical education experience. Any special arrangements regarding predetermined conflicts must be discussed with the DCE and all policies in this Handbook regarding Absences must be followed.

3. CLINICAL EDUCATION ABBREVIATIONS AND DEFINITIONS:

CCE: Clinical Education Experience – A course that occurs in the clinical setting.

CEPC: Clinical Education Program Coordinator – The UNM DPT staff member that provides administrative assistance for the clinical education curriculum; this includes coordinating and ensuring student clearance processes.

CI: Clinical Instructor – The PT designated as preceptor and legally responsible party when a student is working with a patient. CIs in physical therapy are unpaid, are not required to undergo formal training, and do not hold a faculty appointment.

CPI: Clinical Performance Instrument – An assessment tool utilized during full-time clinical education experiences.

DCE: Director of Clinical Education – The UNM DPT faculty member that coordinates and oversees the clinical education courses within the curriculum.

SCCE: Site Coordinator of Clinical Education – The person at the clinical site that determines how many and which students to accept at the site; the primary point of contact for the DCE.

4. REQUIREMENTS FOR PARTICIPATION IN FULL-TIME CLINICAL EDUCATION EXPERIENCES

Progressing into the clinical environment is a privilege that is earned when a student demonstrates sufficient mastery of DPT curricular content and knowledge, hands-on skills, and professional behaviors. Students must be in academic good standing within the physical therapy program in order to participate in clinical education experiences. This includes successfully completing all prior coursework and clinical education experiences per the Student Policies & Procedures Handbook to meet criteria for progression in the program.

Each student will self-assess their own Professional Behaviors prior to the first and final full-time clinical education experiences. They will then participate in a one-on-one meeting with their advisor to discuss their academic and professional behaviors performance. The purposes of this meeting are to determine professional readiness and to develop customized recommendations and strategies to facilitate clinical success. Students are expected to perform at least at the Beginning level of the Professional Behaviors prior to the first full-time clinical education experience. They are expected to demonstrate Entry-level Professional Behaviors prior to the final full-time clinical education experiences. If a student is not consistently demonstrating independence with a given behavior, they must show ability to self-identify one's own weaknesses and seek feedback and coaching from the academic faculty and/or the DCE in improving these behaviors prior to participating in the full-time clinical education experience. If the advisor has concerns about a student's readiness to enter into the clinical setting based on the one-on-one meeting, a recommendation will be made to the Academic Progress Committee (APC) to review the student's file and make a determination about progression.

J. EVALUATING THE PROGRAM IN PHYSICAL THERAPY

The faculty of the Division of Physical Therapy are committed to having an effective, flexible curriculum -- one that meets the needs of the profession, the program and the students. The curriculum, including course sequence and content, is based upon many factors such as CAPTE accreditation criteria, faculty experience, clinician/community feedback, and graduate and student feedback. Therefore, throughout the curriculum, students will be asked to participate in the process to assess the effectiveness of our curriculum, including individual courses and units including clinical education.

Individual course and instructor evaluations are a required activity for all courses within the DPT Curriculum. An incomplete grade will be issued if the course evaluation is not completed and submitted by the deadline. These evaluations will be available online for a limited amount of time at the end of each semester or as designated by the course instructor. Evaluations must be completed during this open time to complete your course commitment.

Course evaluations are utilized in several ways here at UNM. Primarily they are reviewed by faculty (after grade submission) to make changes to their course as they deem appropriate. Additionally, they are used as part of faculty annual reviews performed by the Division Chief or the Department Chair and are included in the dossier prepared and submitted to the School of Medicine by faculty for promotion and tenure decisions. Data from these evaluations are also often used in preparing reports to various higher individuals and committees within UNM or even in proposals to the State of New Mexico relative to educational quality, support and funding as well as CAPTE, our accreditation body.

Therefore it is imperative that your feedback is given in a constructive and professional manner. This is not the forum for personal vents or comments. One should be able to give respectful, professional, and constructive written feedback in a manner no different from direct face-to-face communications.

Your opinion is important and is taken very seriously at many levels of the University and beyond. Please respond in a manner that is consistent with the uses and viewers of these evaluations. Please keep in mind, however, that major changes do not occur rapidly, such as changes in course sequence or content or addition of new courses; changes within a single course may, and often do, occur more quickly. If you have questions or comments regarding curriculum content and purpose, the faculty would be glad to discuss them with you.

K. OBJECTIVE CLASSIFICATION SCHEME USED IN COURSE SYLLABI

1. COGNITIVE

Level 1 – Knowledge/Comprehension

[Remembering by recognition or recall: facts, ideas, material or phenomena. Understanding the literal message contained in a communication by: translation, interpretation, or extrapolation.]

Level 2 – Application

[Selecting and using technical principles, ideas or theories in a problem-solving situation.]

Level 3 – Analysis/Synthesis/Evaluation

[Breaking down material into constituent parts and relating how the parts are organized. Putting together elements and parts to form a whole that constitutes a new structure or pattern. Making qualitative and quantitative judgments in terms of meeting criteria.]

2. PSYCHOMOTOR

Level 1 – Perception/Set/Guided Response

[Being aware of objects, qualities, or relations through the senses; selecting relevant cues, and relating the cues to motor acts. Being ready for response through mental, physical and/or emotional set. Imitating the performance of another person and/or repeating performance until correct (trial and error).]

Level 2 – Mechanism/Complex Overt Response

[Responding to the demands of a situation with confidence and a degree of proficiency. Performing without hesitating and with coordinated muscle control.]

Level 3 – Adaptation/Origination

[Altering basic motor responses to respond to demands of new situations. Creating new motor acts or ways of manipulating materials.]

3. AFFECTIVE

Level 1 – Receiving/Responding

[Being aware of phenomena and stimuli and willing to control and direct attention. Complying with a suggestion, being willing to respond, and responding with satisfaction.]

Level 2 – Valuing

[Conceptualizing a value. Accepting a value as a belief, preferring the value, and pursuing the value.]

Level 3 – Organizing/Characterizing

[Organizing a value system into an ordered relationship. Characterizing an internally consistent value system. Acting with consistency in accordance with values that are integrated into a total philosophy or worldview.]

L. AWARDS

The Program faculty and clinical instructors nominate graduating students for various awards to recognize them for their achievements while in the program.

The winners of the awards have their names engraved on the appropriate plaques, displayed near the Division of Physical Therapy offices.

1. ACADEMIC HONORS

- The Department of Orthopaedics and Rehabilitation sponsors an Academic Achievement award for the highest Program GPA
- The Outstanding Student Research Awards are presented to the student(s) whose research and capstone presentations are given the highest score during the Research Poster Presentation event at the end of third year.

2. LEADERSHIP AWARDS

- The Outstanding Student of the Year Award is presented at graduation to the student who is elected by the members of the graduating class for having made significant contributions to their class.
- The Student Service Award, is presented at graduation to the student(s) who exhibits exceptional contributions to the service of others through our Service Learning Curriculum.
- The Melissa Sterling Leadership Award is presented to the student(s) who best exemplifies the attributes related to the Professional Behaviors.

3. CLINICAL AWARDS

- The Outstanding Student Clinician Award, sponsored by Encompass Health, is presented to a student nominated by the clinical faculty and selected by the faculty as a student whose clinical skills/behaviors exceeded expectations.
- The Outstanding Clinical Instructor Award is presented to a specific clinical instructor who is nominated by the graduating class and selected by the faculty as having presented a quality educational experience in the clinical setting.
- The Outstanding Clinical Site Award is presented to a clinical facility that is nominated by the graduating class and selected by the faculty as providing a supportive and educational environment that exceeded expectations for students during clinical affiliations.

III. PROFESSIONAL BEHAVIORS CRITERIA

http://ortho.wisc.edu/portals/0/downloads/dpt_academic_curr_ga.pdf

The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each Professional Behavior is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the Professional Behavior they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

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

Opportunities to reflect on each Professional Behavior through self-assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool's use, and ultimately professional growth of the learner. The Professional Behaviors Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

Definitions of Behavioral Criteria Levels

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

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

Entry Level – behaviors consistent with a learner who has completed all didactic work (October of 3rd year) and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals.

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

1. CRITICAL THINKING

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

2. COMMUNICATION

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

Beginning Level:

- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately
- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

3. PROBLEM SOLVING

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:

- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

Intermediate Level:

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

Entry Level:

- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

Post Entry Level:

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

4. INTERPERSONAL SKILLS

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

5. RESPONSIBILITY

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

Beginning Level:

- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

Intermediate Level:

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

Entry Level:

- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:

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

6. PROFESSIONALISM

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

Post Entry Level:

- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

7. USE OF CONSTRUCTIVE FEEDBACK

The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

8. EFFECTIVE USE OF TIME AND RESOURCES

The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

- Comes prepared for the day's activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

9. STRESS MANAGEMENT

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

Beginning Level:

- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

10. COMMITMENT TO LEARNING

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

- Acts as a mentor not only to other PT's, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity

A. ACADEMIC SUPPORT

1. SUGGESTIONS FOR SUCCESS

Being a student in the Physical Therapy Program implies that you have made a commitment to the intensive educational process that is required. The responsibilities connected with this commitment are many. We invest in your success and thus offer the following suggestions as a guideline for meeting these commitments.

- Prepare for and participate in class - Being prepared for class actually saves time (an important commodity) because it allows you to direct your questions toward areas truly requiring clarification rather than a general lack of knowledge. Remember also, that you contribute to your classmates' learning through your questions - as they do to yours. It is your obligation to read the material assigned. Your instructors will assume you have completed the material and may not cover it in class.
- Keep up! - A physical therapy education is akin to learning a new language; the curriculum is progressive, each week builds on the last. Not only will you be better prepared for exams if you keep up with the work, but your stress level may be lower throughout the semester. This approach is particularly valuable in the first part of each semester budget your time for studying so that you will not be caught short in the end.
- Be active - Students of each class elect officers. Students participate in planning for graduation, job fairs, and other special events. Be willing to volunteer and to work with the members of the Division of Physical Therapy.
- Give constructive feedback - Your opinions are essential if we are to know the effectiveness of our educational planning. You may make individual appointments with faculty and/or the Chief to make your views known in a professional and courteous manner. Both your compliments and your constructive criticisms are welcome.
- Seek resources for success - Recognize the need for and seek help from instructors as early as possible. All faculty are committed to your success and are willing to meet with you individually to discuss your needs and progress in the program. Feel free to make appointments with any faculty member as appropriate. Messages can be left via e-mail, in the faculty mailboxes, or given to the program staff.
- Group learning – Research has demonstrated that students feel more successful in their learning if they work in learning groups.
- Be courteous - Even in times of stress, strive to be courteous. Our staff, the faculty and your classmates will appreciate your efforts immensely and will certainly reciprocate. Try to remember that the faculty has your best interest in mind - if this were not so, they would not be in academia.
- Keep your sense of humor! Humor often lowers stress.
- Manage stress in a balanced fashion, and be a role model for others around you.
- Be responsible for yourself - Students admitted to the program are accepted with the understanding that they are adults and able to exercise control over their own lives. For this reason it is inappropriate for parents/family members/significant others to become directly involved with matters that arise which are between the student and the Program.

2. ACADEMIC ADVISING

All faculty within the Physical Therapy Program are investors in your success. As such, you are encouraged to discuss academic difficulties with faculty members in order to help develop a plan for assistance. Moreover, we strongly encourage students experiencing difficulty to approach us

early in the process. The School of Medicine Office of Academic Resources and Support (<https://som.unm.edu/education/md/ume/oars.html>) is also available to you for academic advisement and counseling, computer assistance and educational technology support.

All students are assigned an official academic advisor for the duration of their time in the program. Student advisor lists are posted electronically. You are required to periodically perform self-evaluations using the Professional Behaviors Assessment Tool, and to meet and discuss them with your advisor. Please take these evaluations seriously. You will be notified during the semester when you are expected to schedule an official advisement meeting with your faculty advisor. Additional sessions can be scheduled as deemed necessary by the student or the official faculty advisor. In addition to your official advisor, all faculty members have a role in assisting you in successfully completing the program and are willing to meet with you as needed.

3. ACCOMMODATION AND NON-DISCRIMINATION

The University of New Mexico forbids unlawful discrimination based on age, ancestry, color, ethnicity, gender, gender identity (including gender expression), genetic information, national origin, physical or mental disability, pregnancy, race, religion, serious medical condition, sex, sexual orientation, spousal affiliation, and veteran status. The University of New Mexico seeks to provide equal opportunity to students throughout the duration of the program, both on campus and during off-site clinical education experiences.

Students in need of an accommodation must apply to the Accessibility Resource Center (ARC) every semester. If approved, notice is given to the Division and approved reasonable accommodations will be implemented and provided for that semester. For details on the policy: University Administrative Policy 2310 – Academic Adjustments for Students with Disabilities - <http://policy.unm.edu/university-policies/2000/2310.html>.

Students must be capable, with or without a reasonable accommodation, of following the Technical Standards indicated in the UNM Division of PT Student Policies & Procedures Handbook. Students must be able to participate fully in the clinical education environment - physically, mentally, and professionally - with or without reasonable accommodations.

A) GETTING STARTED

(1) REQUESTING SERVICES <https://arc.unm.edu/students/index.html>

Students requesting services should contact the Accessibility Resource Center (ARC) and schedule an appointment with the center (505) 277-3506 arcsvs@unm.edu as soon as they are admitted to the University of New Mexico. All applicants must submit documentation that verifies that they have a disabling condition before services can be initiated. The Accessibility Resource Center must be provided with documentation from a qualified medical and/or mental health professional or diagnostician.

According to the criteria stated in Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) Amendments Act (ADAAA), and UNM Policy 2310 Academic Adjustments for Students with Disabilities, professional evaluations are the only acceptable proof of a disabling condition. Students must also demonstrate that their need for academic adjustments or other reasonable accommodation is based solely on their permanent disability. After a student submits their documentation, the Accessibility Resource Center Documentation Committee will meet to determine eligibility as well as

appropriate and reasonable accommodations. Before services begin, an eligibility agreement must be completed by the student and an ARC staff member. **Students need to repeat their request for services every semester.**

(2) STEPS

1. Submit documentation via email, mail, fax to 505-277-3750, or in person.
2. ARC staff will contact student to set up an intake appointment via email.
3. ARC Documentation Committee meets to determine appropriate accommodations.
4. Accommodations will begin within fifteen (15) business days after intake appointment in accordance with UNM Policy 2310 whenever possible.

B. STUDENT SUPPORT

1. COUNSELING SERVICES

Dr. Koinis is an Assistant Professor in the Department of Family and Community Medicine. She provides counseling for all HSC students and residents, and works closely with the UNM Accessibility Resource Center for students and residents with disabilities. She completed her Master's in education at the University of Toledo (Ohio). She completed her pre-doctoral internship at the University of New Mexico in the Department of Psychology Clinic, Northeast Heights clinic, and local pain management clinic. She received her doctoral degree in Psychology in 2009 from the Fielding Graduate University.

Her interests are in **health psychology, behavioral medicine, mind-body relationship, and health sciences education.** Her services are free and confidential.

Clinics: UNM Family Medicine Clinic.

Cheri Koinis, PhD
Family Medicine
505-272-3898
ckoinis@salud.unm.edu

Jonathan Bolton, MD is the Director of the HSC **Office of Professionalism** and a psychiatrist. The office provides services to the faculty, students and staff of the UNM Health Sciences Center. Members of the HSC community can receive a confidential initial discussion of work-related issues.

He meets with individuals and teams that might be having difficulties adjusting to new roles or teams that might be experiencing conflict or communication problems. His services are free and confidential.

Dr. Bolton comes to this position with over fifteen years of experience as a psychiatrist in a wide range of work settings. Dr. Bolton can be reached by email: (jwbolton@salud.unm.edu) and phone (505-272-6663).

2. UNM STUDENT HEALTH & COUNSELING (SHAC)

UNM SHAC is located on Main Campus north of Johnson Center and across the mall from (east of) the Student Union Building. SHAC provides quality health and counseling services to all UNM students to foster student success. Fees charged at SHAC are much lower than community rates.

SHAC is funded in part by student activity fees and each student is allowed three free consultations and then can continue counseling at a reduced rate.

A) **EMERGENCIES / AFTER-HOURS OPTIONS**

SHAC is not a provider of emergency medical care. A medical emergency is defined as “posing an immediate threat to life, limb, or body function.” In case of a medical or counseling emergency, dial 9-1-1 or go directly to a local hospital emergency room.

Information & Medical Appointments	(505) 277-3136
Counseling Services	(505) 277-3136
After-Hours Crisis Counselor for UNM Students	(505) 277-3136 Select Option 3
Pharmacy	(505) 277-6306
TTY	(505) 277-7926
Fax	(505) 277-2020
EMERGENCIES (Medical or Counseling)	911

<https://shac.unm.edu/>

3. **AGORA CRISIS CENTER**

<http://www.agoracares.org/>

Agora is a hotline (277-3013) aimed specifically for students to talk about personal or academic problems they may be having. Volunteers at Agora are trained peer counselors who offer compassionate and non-judgmental listening.

Agora also acts as a referral service. They offer walk-in counseling at:
1820 Sigma Chi
Monday through Friday, 8:00 a.m. to 5:00 p.m.

4. CONFLICT MANAGEMENT

A) ACADEMIC DISPUTES

Any questions regarding course organization, expectations, grading, assignments, etc. should be directed to the course instructors first, and then if concerns persist, students should discuss these with the Division Chief. For purpose of academic disputes only and formal appeals of those academic disputes, the PT Program shall follow the process outlined in UNM Pathfinder, Student Grievance Procedure, Article 2. Academic Disputes.

<http://pathfinder.unm.edu/student-grievance-procedure.html>

B) CLINICAL CONFLICT MANAGEMENT

Students should employ the following procedure should they encounter a conflict with their CI while completing a clinical education experience:

- Discuss the concern with the CI as soon as possible, using appropriate guidelines for giving and receiving feedback. This discussion should occur soon after the realization of the difficulty. The DCE is available for consultation about communication strategies. Students are advised not to remain silent and hope they can “get through” the experience. The DCE will maintain written records of all complaints/ concerns of the student, even if they do not affect the outcome or structure of the clinical education experience.
- If the student is unable to resolve the conflict or difficulty with the CI, the student should contact the SCCE and/or the DCE for help in resolution. This should occur soon after the discussion with the CI. The SCCE and/or DCE can provide consultation and/or mediation. The DCE will attempt to arrange a site visit if appropriate.
- The CI/SCCE is expected to contact the DCE as soon as possible should any concerns arise regarding student performance. Addressing these situations promptly is essential. Early communication about a difficulty and notification of the DCE often allow the student to successfully complete an education experience within the scheduled time period. The DCE will maintain written records of all complains/ concerns, including the perspectives of the clinical site or CI, the perspectives of the students, any Action Plans developed, and outcomes of the situation.
- The student must communicate directly with the DCE regarding any event or circumstance that could potentially impact his or her ability to participate in or successfully complete the clinical education requirements of the program. Student contact with another faculty member does not infer that the DCE is aware of or involved in assessment or resolution of the potential problem.

C) OMBUDS/ DISPUTE RESOLUTION SERVICES FOR GRADUATE STUDENTS

<https://grad.unm.edu/resources/ombuds.html>

As conflict is part of our everyday, graduate students often struggle finding resolutions and subsequently, relationships and work suffer. Further, as graduate students, PT

students are in unique positions with stress, collegial relationships, and education/work that greatly impact our ability to communicate.

UNM Ombuds/Dispute Resolution Services for Graduate Students provides consultation and mediation services for graduate students stuck in conflicts with colleagues, staff, administrators, and/or faculty. This office works closely with the Office of Dispute Resolution Services for Faculty and the Office of Dispute Resolution Service for Staff as conflicts often impede student, faculty, and staff boundaries.

The aim of the Ombuds Office is to provide students with a neutral, third-party to assist in conflict resolution processes. This office attends to the notion that all conflicts and resolutions appear different for each individual, thus consultation and mediation are methods that serve graduate students in a way that meets this diversity.

Note: This office does not provide advocacy services as advocacy impedes any impartiality. Students in need of graduate student advocates should contact GPSA (277-3803 or gpsa@unm.edu).

This office abides by the “10A Standards of Practice” according to the International Ombudsman Association as well as HIPAA regulations. Within this practice, confidentiality becomes central to maintaining discretion. All conversations with the ombudsperson are kept confidential. If conflicts resort to mediation, a confidentiality agreement is signed by both parties indicating that no one beyond those in the mediation (ombudsperson(s), party 1, and party 2) are privy to the information that arises in the discussion.

For more questions about these services and/or to make an appointment, please contact ombudsperson Lindsay Scott (505-277-1135).

5. OFFICE OF EQUAL OPPORTUNITY

<https://oeo.unm.edu/index.html>

The Office of Equal Opportunity envisions the University of New Mexico as a community where the value of diversity is recognized and where equal opportunity is afforded for all.

The mission of the Office of Equal Opportunity is to promote equal access and treatment for all and to promote a safe environment free of discrimination and inequity in accordance with University values and policies and with federal and state equal opportunity and affirmative action statutes and regulations.

Office Hours
8 a.m.-5 p.m. Monday-Friday
609 Buena Vista Drive NE
Phone: (505) 277-5251

The Office of Equal Opportunity encourages you to come see us and voice your concerns. Come speak to one of our employees during our walk-in hours listed below:

Walk-In Hours
9 a.m.-4 p.m.
Or by appointment

6. LOBO RESPECT

<https://loborespect.unm.edu/>

LoboRESPECT is the name of UNM's comprehensive approach to preventing and responding to sexual misconduct in our campus community. This website includes information on our prevention education efforts and programs, services and support for victims of sexual misconduct, and our policies.

The LoboRESPECT Advocacy Center opened in Fall 2015 as a part of the LoboRESPECT Initiative. The LoboRESPECT Advocacy Center provides a safe and welcoming environment and serves as a confidential/anonymous reporting location for students to receive support and advocacy services for a number of areas. The LoboRESPECT Advocacy Center is committed to helping students understand and navigate UNM's structure and assist in resolving issues they may encounter at the university. We provide personal advocacy from start to finish with a single point of entry for students to come for information, assistance and support. We serve the UNM community by providing resources and education in an effort to promote student success.

How to Best Utilize the LoboRESPECT Advocacy Center

We encourage students to call and speak with a professional staff. This is beneficial for a number of reasons:

We are often able to answer questions and/or provide direction over the phone. Your particular issue may require some research or legwork on our part, and you can be best served by allowing us time to get answers before meeting. All staff may be unavailable at the time you walk in. Since we are a relatively small office serving a large population of students, we strive to be as efficient and responsive as possible. Calling ahead will help us better serve you.

Phone: 505-277-2911

Email: loborespect@unm.edu

Fax: 505-277-1580

Office Hours:

8:00 am to 5:00 pm Monday through Friday

CLOSED DURING UNM HOLIDAYS AND SNOW DAYS

In Person:

University Advisement and Enrichment Center, Room 262

By Mail:

LoboRESPECT Advocacy Center

MSC 06 3600

1 University of New Mexico

Albuquerque, NM 87131

C. CAMPUS RESOURCES

1. BOOKSTORE

The Medical/Legal branch of the UNM Bookstore is located on the west end of Domenici Center, north of the Health Sciences Library and Informatics Center <https://bookstore.unm.edu/c-210-medicallegal-store.aspx>.

Required texts and an assortment of other supplies are available. Some course materials may need to be purchased directly from the Physical Therapy Program.

2. HEALTH SCIENCES LIBRARY AND INFORMATICS' CENTER (HSLIC)

The Health Sciences Library and Informatics Center (HSLIC) <http://hslc.unm.edu> is available for use by physical therapy students. Students may check out books using their UNM Lobo ID card or HSC ID Badge.

At times, the faculty will place books and audiovisual materials on reserve for student use. The Library has a vast assortment of educational AV materials available for use by students. To check out AV materials or pick up books or materials placed on reserve by faculty, go to the RESERVE counter located at the HSLIC Information desk to the right of the main entrance on the first floor. Generally, HSC Library hours are:

Monday - Thursday - 7:00 a.m. until 11:00 p.m. except during summer. Summer hours are 7:00 a.m. to 9:00 p.m.

Friday - 7:00 a.m. until 6:00 p.m.

Saturday - 9:30 a.m. until 6:00 p.m.

Sunday - Noon until 11:00 p.m. except during summer (noon- 9:00 pm.)

Hours are subject to change, especially over breaks and holidays, and students should call 272-2311 for general information or check the information bulletin board accessible on-line from the HSC Library main menu. For more information about other campus libraries, refer to the Pathfinder <http://pathfinder.unm.edu/index.html>.

Remote access to online HSC Library resources is available to students. When you go to the Library home page (<http://hsc.unm.edu/library>) from off-campus, you will get a log on screen. Enter your UNM Net ID and password in order to gain access. The Library Liaison for Physical Therapy is **Ingrid Hendrix**. The best way to contact her is via email at: ihendrix@salud.unm.edu.

Copy machines are available at the Library for student use. A copy card, which is required to operate some machines in the Health Sciences Library and Informatics Center, can be purchased at the library. Copies are approximately 10¢ each. The minimum purchase for a copy card is \$1.00. Copies may be added to the card as needed. The Physical Therapy Program copy machine is not intended for student use.

3. FOOD SERVICES

- UNM Hospital Cafeteria (student discount with student ID) is located on the second floor of the hospital and is open 6:00 a.m. to 10:00 a.m., 11:00 a.m. to 9:00 p.m., and 10:00 p.m. to 4:00 a.m. The UNM Hospital Cafeteria has a large menu and selection of food items, and there are also several other food options within UNMH.
- UNM Psychiatric Center (student discount with student ID) is located just east of HSSB and offers an inexpensive salad bar.
- Jersey Jacks (student discount with student ID) is located in The Pavilion of the UNM Hospital.

- Subway is located in the hospital on the main floor southeast.
- The Student Union Building (SUB) is located on Main Campus west of the Student Services Building and Student Health Building. The SUB offers a wide variety of food and restaurants.
- Soda and snack machines are available on the first floor of the Health Sciences and Services Building (HSSB) and within DOM North.
- The Alumni office in Fitz hall offers The Nook, a place for free coffee.
- Happy heart Bistro is located in the basement of DOM West offering breakfast and lunch options.
- La Posada located on UNM main campus, and open 24 hours serving breakfast, lunch and dinner. Located right across from Hospital parking area near the residence halls.

Refer to the Pathfinder for information about other cafeterias on campus. There are also a wide variety of restaurants on Central Avenue, south of the University Campus and a Satellite Café on University near the Outpatient Surgery and Imaging Services (OSIS).

4. STUDENT LOUNGE

Located just east of the Domenici auditorium there are refrigerators and microwaves as well as study areas for students.

5. EXERCISE AREAS

The HSC Wellness Center is located on the 2nd floor of Domenici West Wing. It is open 24 hours a day, 7 days a week. You will need your badge to access the facilities. There are lockers and showers available in the bathrooms adjacent to the Center. Showers are also accessible with your badge. Loaning your badge for non-badge holders to gain access is prohibited.

6. PARKING

Parking and Transportation Services makes every effort to offer the most convenient parking available by dividing parking by groups of students based on their academic program. Permits may be purchased online at your My Parking Portal website or in their office located on main campus. All outstanding citations must be paid before permit purchase. All customers parking on campus are expected to read, understand, and follow the published Parking and Transportation Regulations.

A) PURCHASING A PERMIT

You will need:

- If purchasing in person, bring your LoboCard. If purchasing online, you will need your UNM NetID and Password
- Vehicle make, model, color and VIN
- Vehicle license plate number
- A form of payment - Users can use a Visa, Discover, American Express or Mastercard to complete an online permit purchase. Students purchasing permits online can also transfer the balance of their permit to their UNM Bursar's account. Visa, Discover, American Express, Mastercard, UNM Bursar's transfer, and cash are accepted in our office.

Check the PATS website for dates when parking permits go on sale:

<http://pats.unm.edu/parking/students/index.html>

If you need additional information, please call Parking Services at 277-1938.

7. EXTRA CURRICULAR ACTIVITIES

A DPT student's priority should be successful completion of the program. However, there are many opportunities to get involved in leadership experiences with interdisciplinary health profession students on campus and/or off campus with UNM affiliation. Below are some of the options available:

Student Activities Center	https://sac.unm.edu/	Student activity involvement options at UNM
Office for Diversity	https://hsc.unm.edu/programs/diversity/student-programs/index.html	Student programs at UNM HSC
UNM Health Science Student Council	https://hsc.unm.edu/academicaffairs/for-students/student-organizations.html	Student positions for governance
UNM HSC InterProfessional Education	https://hsc.unm.edu/ipe/curriculum/index.html	Opportunities for interprofessional engagement
NM Area Health Education Center Scholars Program	https://fcm.unm.edu/education/ahec/	Federally funded nationwide initiative for interdisciplinary service in rural and underserved communities
Leadership in Education and Neurodevelopmental Disabilities (LEND)	http://www.cdd.unm.edu/nmlend/	Provides interdisciplinary leadership training to improve health of children at risk of neurodevelopmental disabilities
Albuquerque Opportunity Center/Albuquerque Heading Home	https://hsc.unm.edu/health/community-benefit/albuquerque-opportunity-center.html UNM PT clinic coordinators in 2 nd year class	Multidisciplinary clinic for men experiencing homelessness on Tuesday evenings
Fun Run organization: Fit for Fun 5K Run and Walk	Contact Dr. Barkocy at mbarkocy@salud.unm.edu for more information	HSC students help organize this event to raise money for UNM's Healthy and Fit Children's Clinic

1. SECURITY/ESCORT

Campus police can be reached 24 hours per day at 277-2241. UNM also provides escort services to your car, dorm, or classroom after dark. Security aides are available evenings throughout the week. Call Campus Police or see the Pathfinder for hours: <https://pathfinder.unm.edu/campus-services/safety-and-emergency-services.html>

A mobile Lobo Guardian app is available to download free. This app will give you direct access to campus police in case of emergencies.
<https://loboguardian.unm.edu/>

D. COMPUTER SERVICES/TECHNOLOGY

1. INFORMATION TECHNOLOGIES

<http://it.unm.edu/> provides computing and data communication services and support for the academic community at UNM. Basic computing services are provided without charge to the individual student at eight campus-computing facilities called pods as well as thirteen computer classrooms. All locations are equipped with different hardware and software and have their own hours. Pods are staffed by Student Consultants who are trained to answer general computing questions. Computer pod and classroom locations, hours of operation and contact information can be found at: <http://it.unm.edu/pods/locations.html>

Additionally, all Health Sciences students have free access to various databases at the Health Sciences Library for literature searches. These systems can be accessed from home computers utilizing your web browser and Internet Service Provider (ISP). The University of New Mexico also offers computer accounts and access to the Internet. These accounts are free to students.

Introductory training and support are provided by the Health Sciences Center Library and Informatics Technical Support Services. Additional support is also provided by UNM Information Technologies. However, it is the responsibility of each student to learn to use their particular system and to reach a level of proficiency that allows them to utilize the resources available as part of their educational experience in the program.

2. PERSONAL COMPUTERS

The Physical Therapy Program requires students to have portable/laptop computers for home and school use. Many examinations and class work will require you to bring your computer to school. Your computer must meet the minimum requirements as defined by ExamSoft.

Minimum System Requirements:

PC Users

This software cannot be used on virtual operating systems such as Microsoft's Virtual Machine, Parallels, VMware, VMware Fusion or any other virtual environments.

Operating System: 32-bit and 64-bit Versions of Windows 10.

Alternate versions of Windows 10, such as Windows RT and Windows 10 S, are NOT supported at this time. Only genuine, U.S.-English versions of Windows Operating Systems are supported.

CPU Processor: 2Ghz Intel i3 processor or equivalent

RAM: highest recommended for the operating system or 4GB

Hard Drive: highest recommended for the operating system or 1GB of available space.

For onsite support, and in order to backup the answer files to USB, a working USB port is required (Newer devices may require an adaptor).

For technical troubleshooting, account passwords, including BitLocker keys, may be required.

Internet connection for Download, Registration, Exam Download and Upload.

Screen Resolution should be at least 1024x768 or higher.

Surface Pro Users

Surface Pro, Surface Books, and Surface Laptops are supported (Non-Pro Surface devices are NOT supported)

Must be running a supported Operating System (See PC Requirements)

External Keyboard (USB or Bluetooth) required. Bluetooth keyboards must be paired prior to launching exam.

Hard Drive: Minimum of 1GB available space.

For onsite support, and in order to backup the answer files to USB, a working USB port is required (Newer devices may require an adaptor)

Internet connection for Download, Registration, Exam Download and Upload.

Screen Resolution must be 1920x1080.

Mac Users

Supported Operating Systems: OS X 10.13 (High Sierra, Mac OS X 10.14 (Mojave)). Only genuine versions of Mac Operating Systems are supported.

CPU: Intel processor

RAM: 4GB or higher

Hard Drive: 1GB or higher available space

For onsite support, and in order to backup the answer files to USB, a working USB port is required (Newer devices may require an adaptor)

For technical troubleshooting, account passwords, including device passwords, may be required.

Server version of Mac OS X is not supported

This software cannot be used on virtual operating systems such as Microsoft's Virtual Machine, Parallels, VMware, VMware Fusion or any other virtual environments.

Internet connection for Download, Registration, Exam Download and Upload.

iPad Requirements

Hardware Recommendations = iPad 5+, iPad Air, iPad Mini 2+ and iPad Pro +

Operating System = iOS 11 and iOS 12 (Only genuine versions of iOS are supported)

500 MB of free space required to commence an exam

iPad must not be Jailbroken

Internet connection for Download, Registration, Exam Download and Upload.

In order to take an exam using an iPad, your institution must first enable iPad support.

3. NEW STUDENT INFORMATION TECHNOLOGY GUIDE & DISCOUNTS

Please refer to the follow links for help :

<https://app.box.com/s/c9iccmju79nh8d5i16tly7u7dbbhj4w>

<https://app.box.com/s/dte0b2f2fuv122ermxnmkpgkprpo3hxq>

UNM Student discounts for computers and related equipment are also available

<https://store.edutechu.com/?affiliate=868b9996-cf60-499d-97f6-39ee84c25452>.

4. E-MAIL COMMUNICATION/OUTLOOK

The University of New Mexico and School of Medicine utilizes Outlook for all email communication. The Outlook system is used as a master communication tool throughout the Medical School. Visit the link to install outlook web app on your phone.

<https://hcssl.unm.edu/loginAD/index.cfm?act=app.login&appname=HSCEmailPortal>
(must log in).

We expect you to check this email **daily, Monday through Friday**, as it is the primary communication tool used within the program. Departmental communication will be handled via personal electronic mail on Outlook.

In addition, you will be given access to an Outlook calendar from Victoria Garcia that includes activities/events, classes and exams for the entire three years of PT school. These calendars are updated regularly so please check them often.

A student address file is kept in the office of the Physical Therapy Program. Students should be sure to update local and legal addresses, phone numbers and emergency phone numbers and contacts by informing the program staff of any changes and updating information in Banner through the Personal Information Menu tab. Members of the department frequently need to contact students and delays occur when this information is out of date. It is especially important to provide a summer address.

E. FINANCIAL AID & SCHOLARSHIP OPPORTUNITIES

Students in the Physical Therapy Program are eligible for general financial aid, and should apply. Contact:

Eddie Salazar, Manager, Financial Aid, School of Medicine, (505) 272 9876,
EDSalazar1@salud.unm.edu
<https://hsc.unm.edu/academicaffairs/financialaid/som/Contact%20Us.html>

In addition, various loans and scholarships are available for physical therapy students from local, state, and national resources: <http://www.apta.org/CurrentStudents/ScholarshipsAwards/>

Examples and descriptions of some loans and scholarships are below and contacts and websites are provided to allow students to obtain the most recent information.

Contact Dr. Marybeth Barkocy, Director of Student Scholarship and Service, with specific questions.

1. LIST OF SCHOLARSHIPS AND LOANS FOR UNM PHYSICAL THERAPY STUDENTS

A) SCHOLARSHIPS WITH APPLICATIONS IN THE UNM PT PROGRAM & SCHOOL OF MEDICINE

(1) NMAPTA SCHOLARSHIPS FOR STUDENTS IN THE UNM PT PROGRAM

- A. **LIZ BARNETT SCHOLARSHIP:** Elizabeth “Liz” Barnett, MS, was an integral force in the birth of the University of New Mexico’s Physical Therapy Program. In the 1970’s, the Physical Therapy Program was developed through funding from an Allied Health Manpower Training Grant, written in part by Liz Barnett who was employed as a physical therapist in the Regional Medical Program, which was also supported by a Federal Health Manpower Grant. The PT Program was part of a grant package to establish an Allied Health Science Center at the UNM School of Medicine. The first class of 3 students was accepted in 1974, and graduated with their degree of Bachelor of Science in Physical Therapy in 1976. Liz was recruited to serve as the first Director of the PT Program, a position she kept until 1979 when she moved to Colorado. Liz retained her zest for life, which she demonstrated from her wheelchair on the stage at the 30th Anniversary Celebration of the UNM PT Program. Liz passed away in August 2004.

Recipient: third year student who demonstrates financial need for clinical rotations

- Amount: up to \$500.00 each for 1-2 students
- Selection by UNM PT Faculty and the NMAPTA Scholarship Committee based on financial need as well as an essay describing why the student is deserving of the scholarship, including financial issues and how the scholarship money will be used during clinical rotations
- Applications are available in the spring of the third year and awarded at graduation

B. FRED RUTAN SCHOLARSHIP: Fred Rutan joined the UNM PT Program as faculty in the late 1970's when he retired from the University of Florida. He accepted the interim Director position in 1985. Fred was a cohesive force in the program and was loved by all of the PT Program faculty, staff, and students. He was proud of the profession of physical therapy, and he instilled that pride in all of his students. Fred was a strong proponent of the American Physical Therapy Association, and served in various positions within the APTA. The program went through a sad time when Fred, after making a comeback from quadruple cardiac bypass surgery in 1987, was diagnosed with pancreatic cancer in the fall of 1988, and he passed away at Thanksgiving that year.

Recipient: third year student who demonstrates outstanding leadership and scholarship.

- Amount: up to \$500.00 each for 1-2 students
- Selection by UNM PT Faculty based on an essay describing why the student is deserving of the scholarship, including examples of leadership and scholarship qualities and demonstrated performance within the Physical Therapy Program
- Applications are available in the spring of the third year and awarded at graduation

(2) SCHOLARSHIP FOR DISADVANTAGED STUDENTS

This scholarship is offered by the Division of Physical Therapy to students who were disadvantaged in some way on their path to physical therapy education. This can be educational, environmental or economically disadvantaged. The scholarship will provide a \$1000 scholarship to 5 first year students who are determined to be the top applicants by the scholarship committee. The deadline is October 15th.

(3) LA TIERRA SAGRADA SOCIETY (LTSS) \$2500 Scholarship(s)

This scholarship is awarded in July at the end of the first and second year. Students may apply for this scholarship in May of their first and second year. Financial need is determined by the Free Application for Federal Student Aid (FAFSA). Scholarship monies are divided equally between fall and spring semesters, and credited to the student's bursar account. Students must be in good academic standing and have a demonstrated financial need (completing the FAFSA). If you need additional information, please contact Office of Advancement and Alumni Relations, 272-8085.

B) LOCAL RESOURCES: APPLICATIONS ARE MADE DIRECTLY TO THE FACILITIES

(1) LOVELACE HEALTH SYSTEM SCHOLARSHIP

Eligibility criteria: be a NM resident, have at least 3.67 cumulative PT Program GPA, two recommendations from UNM PT faculty Scholarships for the 2nd and 3rd years of PT school Post-graduation requirements: work in Lovelace Health System facility for the number of years the student received the scholarship. Contact: Mark Young at mark.young@lovelace.com or 239-8735

(2) HOME HEALTH & HOSPICE PHYSICAL THERAPY SCHOLARSHIP

Sponsored by: Home Health Care, Inc. in Taos, New Mexico
Eligibility: be a full-time student in good academic standing, be a resident of NM for a minimum of three (3) years, and not be already obligated to another entity for professional practice or service after academic training. Post-graduation requirements: provide one (1) year of full-time service to the home health/hospice agency for every \$5,000.00 awarded.
Contact: Linda Linnane at 575-758-1024.

C) OTHER FACILITY LOANS AND SCHOLARSHIPS

(1) STATE OF NEW MEXICO FINANCIAL INCENTIVES FOR HEALTH PROFESSIONALS

For more information, contact UNM School of Medicine Financial Aid Office. These programs are highly competitive.

(2) ALLIED HEALTH STUDENT LOAN FOR SERVICE

New Mexico residents who are accepted by or enrolled at an accredited New Mexico public post-secondary institution are eligible (incoming or current students): Physical therapy, occupational therapy, speech- language pathology, audiology, pharmacy, nutrition, respiratory care, laboratory technology, radiologic technology, mental health services, emergency medical services, or a licensed or certified health profession as defined by the Higher Education Department.

- Up to \$12,000 annually, financially need based, part- time pro-rated, up to four years and can reapply each year.
- One year service commitment in a designated health professional shortage area within New Mexico for each year awarded. Applications open in May and are due July 1. Applications are available online at: http://www.hed.state.nm.us/students/alliedhealth_lfs.aspx

(3) NEW MEXICO HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM

Two year service commitment in an underserved area.

Primary Care Physicians (to include a physician, allopathic or osteopathic with a specialty in family or general medicine, general internal medicine, general pediatrics and obstetrics and gynecology, other specialties may be considered at the discretion of the committee); Physician Assistants; Advanced Practice Nurses; Dentists, Podiatrists, Optometrists & Allied Health Care Providers (PT students fall under this category).

- Up to \$25,000 annually for two years; can apply for another two years
- Applications open in March and are due May 1

- Applications are available online at:
http://www.hed.state.nm.us/students/health_lrap.aspx

(4) UNM RESOURCES

Funding for Graduate Students at UNM are available through the Graduate Resource Center

<https://unmgrc.unm.edu/resources/funding-for-graduate-students.html>

d) NATIONAL RESOURCES

(1) AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)

Several scholarship/financial aid options for PT students are listed on the APTA website. Follow the links from Education Programs-> Student Resources-> Scholarship/Financial Aid Resources for a complete list. www.apta.org

(2) ONLINEPHYSICALTHERAPYPROGRAMS.COM

A resource dedicated to helping aspiring PTs navigate graduate school with a list of scholarships available to DPT students.

<https://onlinephysicaltherapyprograms.com/scholarships/>

(3) INDIAN HEALTH SERVICES LOAN REPAYMENT PROGRAM

Family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions.

<https://www.ihs.gov/loanrepayment/>

(4) NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

Physical Therapist Student Loan Repayment Eligibility Act of 2009 amends the Public Health Service Act to include physical therapy within the definition of "primary health services"; and make physical therapists eligible for the National Health Service Corps Loan Repayment Program (to assure an adequate supply of physical therapists among other health professionals).

\$50,000 for initial 2 year contract (\$25,000 per year for 2 years).

- Minimum 2 year service commitment.
- Must work full time (min. 40 hrs/week), 32 hours of outpatient clinical services, Ob-gyn and CNM exception: 21 hours of clinical, on call status is not credited; no more than 35 days vacation leave per year; no more than 12 hrs work in a 24 hour period. Primary care only must have a qualifying HPSA score set each year (HPSA = sliding fee scale, accept Medicaid/Medicare). HPSA sites are Community Health Centers, Rural Health Clinics, Health Departments, IHS, Bureau of Prisons, some private practices in VERY rural areas). <http://nhsc.bhpr.hrsa.gov>

(5) INDIAN HEALTH PROFESSION SCHOLARSHIP PROGRAM

Encouraging Native Americans to enter health professions.

Eligibility: Native Americans who are members of a federally recognized Indian Tribe or Alaska Natives. <https://www.ihs.gov/scholarship/>

(6) COBELL SCHOLARSHIP PROGRAM

<http://cobellscholar.org/>

Elouise Cobell was a Native American woman who fought for the rights of Native Americans and strived to bring opportunities to her people. She was very successful in working with the federal government and a fund was established in her honor to help Native students financially in their academic journeys. The Cobell Scholarship is the result of the Cobell vs. Salazar settlement.

Eligibility: It is competitive, merit and need based, non-renewable, and available to any post-secondary student who is; an enrolled member of a US Federally-Recognized Tribe, enrolled in full-time study and is degree seeking. Applicants must plan to attend or be attending any nationally, regionally and industry accredited non-profit, public and private, institution. Applicants must be pursuing a vocational certificate or diploma, associate's, bachelors, masters, doctoral or professional degree, or certificate. The most updated information will be available on the Cobell Scholar homepage and Online Application Student Information System (OASIS), additional FAQs, or by contacting Indigenous Education, Inc.

V. POLICIES

A. ATTENDANCE

The Physical Therapy Program's attendance policy has been designed to reflect the professional behaviors expected of the physical therapist in the clinical environment. It is expected that all students attend all classes, arrive on time and stay until class ends. Lateness and absences are considered unprofessional behaviors. In the event a student is late to class, the student is responsible for communicating with the instructor about their tardiness during the next break in classroom activities. Failure to communicate with the course instructor about your reasons for tardiness or being late for unacceptable reasons may result in disciplinary action.

In order to protect those around you, please do not attend class if you have a fever, vomiting, diarrhea or uncontrolled coughing/sneezing. Students are responsible for all missed course content and assignments. Faculty is not responsible for reviewing missed content with students on an individual basis.

If you must miss class, you will need to complete a Time off Request form (see appendix) and submit this to the course instructor(s) at least two weeks in advance (exceptions will be considered for bereavement). Students must obtain prior approval for absences. If unapproved, this is considered a professional behavior concern (Responsibility) and the student will be referred to the APC and/or Division Chief.

If a student is going to be absent from class for three or more consecutive days, this is considered a leave of absence. Please refer to the leave of absence policy.

In cases where a student is absent or tardy and does not communicate with the course instructor, or where students have excessive absences/tardiness for any reason, he/she will be required to meet with the Division Chief. Students deemed to have excessive absences/tardiness will be referred to the Academic Progress Committee.

B. ACCIDENT/INCIDENT REPORTS

1. PROCEDURE FOR INCIDENTS OCCURRING IN THE CLASSROOM

Student reports accident/injury to the immediate supervisor (clinical instructor or UNM faculty member).

The student, along with his or her immediate supervisor, is responsible for completing the UNM Incident Report form and scheduling the student to be evaluated in the Student Health Center or by student's health provider.

The Student Health Center or student's health provider, with physician consultation, is responsible for decision on treatment for the student when accident/incident occurs on a weekday.

When accident/incident occurs when the Student Health Center is not open, the initial evaluations will be in the Emergency Room. This will be at the student's expense.

All students seen and evaluated in the Emergency Room will be referred to the Student Health Center or student's health provider on the next working day for follow-up.

Students refusing medical evaluation must state such refusal on the Incident Report form followed by their signature.

It is the student's responsibility to be aware of the medical coverage he/she carries in order to properly address accidents/incidents expeditiously and at the lowest possible cost to the individual student.

2. PROCEDURES FOR INCIDENTS OR INJURY IN THE CLINIC

If a student experiences sudden illness during a clinical education experience, or sustains an injury outside of the clinical site that will prevent or hinder participation in the clinical environment, the student must contact the Division Chief and the DCE if to document this illness or injury within the Program.

Students are not considered employees of the clinical site. If the student is injured during a clinical education experience, the facility shall provide emergency medical care to the student in case of need, but shall not bear the cost of such care. In a non-emergent situation, the student may seek medical attention at the healthcare provider of his/her choice. The student is responsible for all costs of the medical care received. Any student injury should be reported immediately to the CI and DCE.

Guidelines for reporting a student injury are as follows:

1. Student reports accident/injury to the immediate supervisor (CI and/or UNM faculty member).
2. The student, along with his or her immediate supervisor, is responsible for completing the UNM Incident Report form (see Appendix) and scheduling the student to be evaluated in the Student Health Center (SHAC) or by the student's health provider.
3. SHAC or the student's health provider, with physician consultation, is responsible for decision on treatment for the student when accident/incident occurs on a weekday. When accident/incident occurs when the SHAC is not open, evaluation can be contacted in the Emergency Room. This will be at the students' expense.
4. All students seen and evaluated in the Emergency Room will be referred to SHAC or the student's health provider on the next working day for follow-up.
5. Students refusing medical evaluation must state such refusal on the Incident Report form followed by their signature.

It is the students' responsibility to be aware of the medical coverage he/she carries in order to properly address accidents/incidents expeditiously and at the lowest possible cost to the individual student. If the incident occurs in a contracted clinical facility, the regulations of the facility must also be followed.

3. CHANGE IN TECHNICAL STANDARDS DUE TO AN ACCIDENT

If a student sustains an injury while enrolled in the UNM DPT program, and there is concern that this injury will affect safe participation in any aspect of the curriculum, the student shall contact the Accessibility Resource Center to determine if the student qualifies for accommodations.

The student must still be able to meet the Technical Standards of the program and the objectives of the curriculum with or without a reasonable accommodation. Inability to do so could warrant postponement of the curriculum until the student is medically cleared for participation by a physician or healthcare provider, followed by remediation of missed time.

In an event such as this, the Program and Accessibility Resource Center will work together to determine next steps for students and to determine if a reasonable accommodation is available

to for the student. In the event that there is no reasonable accommodation for the student, the Program will work with the student to determine if an Incomplete or Withdraw is the best option for their current courses.

C. BACKGROUND SCREENING AND DRUG SCREEN POLICY

Physical therapy students are required to complete fingerprinting and a background check upon entry into the program. This is required to remain compliant with the New Mexico Department of Health Caregivers Criminal Screening Program.

A drug test may also be required for certain clinical facilities according to their affiliation contract. In accordance with those affiliation agreements, the PT program will be unable to place students who refuse to submit to or who test positive on a drug screen. This will effectively cancel the student's participation in clinical for that semester.

A student or practitioner's use of illicit drugs is a direct threat to patient safety. As such a refusal to submit to a drug screen or a positive test result will be considered a professionalism lapse. Students who refuse or test positive will be referred to the APC to be reviewed on a case-by-case basis. Consequences of a positive drug test may include being placed on full probation, undergoing random drug tests for the remainder of the program, and/or other requirements as deemed appropriate for the student. Repeated positive drug tests will lead to dismissal from the program. The timing and location of the clinical experiences required to make up for lost clinical time will be determined by the DCE.

Students will be responsible for the costs associated with background screens and drug screens.

D. BADGE POLICY

Retrieved from: <https://hsc.unm.edu/policyoffice/administration/identification-badges.html>. 7.18.18

It is the policy of the University of New Mexico Health Sciences Center (HSC) that all faculty, staff employees, physicians, residents, students, volunteers, post-doctoral fellows, after hour visitors (10:00 pm to 5:00 am), contractors, vendors, educational guests or other visitors are required to wear the HSC issued identification badge ("badge") at all times while present at all HSC facilities.

1. GENERAL INFORMATION:

1.1. Badges will be worn in full view with photo side out by all those identified in the policy statement, at all times while present at all HSC facilities and when performing education, research and patient care at other facilities as assigned by the HSC. Exceptions will be when patient care and/or infection control will be compromised. Title: DP HSC Identification Badges Policies and Procedures Page 2

1.2. The badge may also be used as an access control credential in accordance with UNM Policy 5010, sections 1 and 7.

1.3. The issuance, use, and possession are guided by the HSC Access Control Agreement, UH Key and Lock Policy, and UNM Policies 1050 Photo Identification Cards and 5010 Key Authorization.

1.4. Badges must be maintained in good condition. The placement of pins and unauthorized stickers on the badge is prohibited.

1.5. Badges that have not been maintained in good condition, as identified by the issuing office, will be replaced at a cost to the person who was issued the badge.

1.6. In no instance should an HSC issued badge be loaned to someone else or be out of the possession or control of the issuee.

1.7. Unauthorized possession, use, or reproduction of an HSC badge may constitute theft or misappropriation of HSC property. In such cases, the individual(s) involved will be prosecuted (30-14-2 NMSA 1978).

1.8. Violation of this policy may result in discipline in accordance with applicable UNM or UNM Hospitals Human Resource policies.

2. ISSUANCE OF IDENTIFICATION BADGE:

All students are required to wear the HSC issued identification badge as determined by policy while present at all HSC facilities.

4.5.1 The Office of Student Services for the School of Medicine, College of Pharmacy and College of Nursing will each be responsible for coordinating the issuance of badges with the appropriate issuing office.

4.5.2 Students may take classes on the HSC campus who are not enrolled in the CON, COP or SOM.

4.5.2.1 For non-HSC students taking classes on the HSC campus, it will be the responsibility of the HSC college or department where the non- HSC student is taking the class to make certain that the non-HSC students obtain an HSC identification badge for the term of that class.

4.5.3 The badge will only be activated for the period of time the student will be taking classes on the HSC campus or while enrolled with an HSC college or school.

4.5.4 The ID badge is the property of the HSC and must be returned when the student completes their rotation or class.

4.5.5 The ID badge must be returned to the office that issued the HSC identification badge to the student.

3. LOST OR STOLEN BADGE:

5.1 Because HSC issued identification cards may also serve as key card for access control, employees must report lost or stolen badges to their immediate supervisor. Lost or stolen cards must also be reported to the issuing office immediately. Immediately following notification the issuing office will terminate all access.

5.2 Students must report lost or stolen badges to the student affairs office in the appropriate college (COP, CON, SOM).

5.3 There will be an appropriate fee for the replacement of lost or stolen badges.

5.4 Fee assessed for lost ID badge cannot be reimbursed even if the old badge is later found.

5.5 When a badge has been reported lost and is later located, that badge must be turned in to the issuing office to be destroyed.

4. REPLACEMENT BADGE:

Replacement badges for job title, department/name changes or any other administrative change will be issued in accordance with the attached procedure as approved by HSC administration.

To be issued a replacement security badge, a student must obtain a signed authorization form from the PT Administrative office and take it over to the hospital security office, where they will take a new photo and another security badge will be printed.

E. CLASS OFFICERS

All class officers must maintain a GPA equal or greater than 3.00 and demonstrate professional behavior throughout their tenure. Those officers who do not achieve these criteria will be asked to vacate their position. Subsequently, an election will be held to fill any and all vacancies.

All officers must be a student in good standing (currently not on any form of probation).

Class officers are elected as follows:

- During Spring of the first year an election is held and supervised by the Division Chief
- Students should review the job descriptions of all class officers prior to the election
- Nominations and voting for each position will occur in sequential manner beginning with the President
- All nominees will have the opportunity to address the class to discuss their background, qualifications and motivation to be a class officer
- All voting will be a closed ballot
- Each officer is elected by a majority vote
- Only those students present during the election can vote. No write-in ballots will be accepted

1. PRESIDENT

This student is the chief executive officer of the class and takes the lead, based on student and faculty input, in establishing the class objectives. The president can set the tone for the class and have an impact on its relationship with the faculty and administration. The president works with all class officers in organizing fund raising activities, outreach programs, participation in national student conclave, APTA and NMAPTA events. It is the duty of the president, on behalf of the class, to be the chief communicator with the Division Chief for issues related to the program and its facilities at least once a semester. Issues related to individual courses should be directed from one student to the instructor directly and is not the job of the class president to intercede.

2. VICE PRESIDENT

The vice president works with the president and other officers in planning, organizing and implementing class program and objectives. In the absence of the president, the vice president exercises the powers and duties of the president. The Vice President will be the division representative to the HSC IPE Student group. The vice president will be the alumni coordinator for future events post-graduation.

3. TREASURER

The treasurer is responsible for the management of fund raising activities of the class as directed and advised by our Program Manager. It is important to meet early in the process with the Program Manager to understand the requirements of the job.

F. CLASSROOM GUIDELINES

General class etiquette:

- Professional posture during class is expected, e.g., no feet on the desks/plinths.
- No unauthorized use of equipment.
- Clean up after every class and laboratory session.
- Observe time limits of breaks - the professor will begin at the designated time, and “late-returnees” are a distraction for the rest of the class.
- No shoes or sharp objects on the plinths.
- Beverages must be in a sealed container.

1. USE OF TECHNOLOGY

Access to the Internet can be a valuable aid to the classroom learning environment. Students are encouraged to use laptops, smartphones, and other devices in order to explore concepts related to course discussions and topics when given permission by the instructor.

Computer use during any class must be related ONLY to classroom activities and be approved by the instructor. Electronic device use is a privilege. Any other use of such devices (reviewing or responding to personal emails or surfing the internet) will call for immediate loss of this privilege and may be considered academic misconduct.

Students are discouraged from using technology in ways that distract from the learning community (e.g. Facebook, texting, instant messaging through any computer platforms, work for other classes, emailing during class) and if found doing so you will be issued a verbal warning by the instructor. A second infraction will warrant a written warning. Further infractions will be reported to the Division Chief and probationary measures may be taken.

Unless specifically directed by the instructor, students shall refrain from sending email and instant messages, or from engaging in other activities (reading non-course materials, engaging in private conversations and so on) that disrespect the classroom environment and learning conditions for others.

A) CELL PHONE

TO AVOID INTERRUPTIONS IN THE CLASSROOM, CELL PHONES MUST BE TURNED OFF DURING CLASS TIME. In class, all cell phones and electronic devices that are not being used specifically for learning purposes shall be turned off and stored out of sight and away from your table.

These devices may be turned on during class breaks or at lunch. On breaks between classes, please respect hallway space and people working in their offices or other classrooms. Going outside to have your conversation may be the most appropriate. If you are expecting an emergency phone call, please let the faculty member know that you will have your phone on vibrate.

2. FOOD & PERSONAL ITEMS

It is the students’ collective responsibility to keep the classrooms clean, meaning devoid of crumbs, grease, food packages, leftover food, etc. Please be mindful that many people share this space and if the classroom lacks professional representation there will be mandatory clean-up

day on Friday afternoon during the students' down time. Anything left in the classroom will be thrown out, or donated during semester breaks.

3. WRITTEN PAPERS

Written Paper Guidelines: For all written papers to be turned in to the professors, the following rules apply:

- All papers will be word processed and double-spaced; original copies only; no photocopies.
- Bibliography will be in the format suggested by the AMA Manual of Style.
- Use of proper spelling, punctuation and grammar is required.
- Use of Zotero for all references.

4. ASSIGNMENTS

As a professional graduate program we strive for excellence in teaching and expect excellence in the classroom. As such, all course work has a means to the end and helps in the development of you as a professional. Be aware that the expectation is you complete ALL assignments in a timely manner, regardless of the weight of said assignment. This expectation is considered a Professional Behaviors Criteria (5), "Responsibility".

Late Course Assignments: Students must communicate with the course director if there are extenuating circumstances that will delay submission. Consideration to the course policy will be made on a case-by-case situation.

- Course assignments submitted late, with no prior communication with the course director, but within 24 hours of the due date will be accepted but the student cannot earn greater than 75% on that assignment.
- Course assignments submitted between 25 and 48 hours of the due date will be accepted but the student cannot earn greater than 50% on that assignment.
- Course assignments submitted between 49 and 72 hours of the due date will be accepted but the student cannot earn greater than 25% on that assignment.
- Course assignments submitted after 72 hours of the due date will not be accepted and the student will receive 0% on that assignment.

5. USE OF HANDOUTS, POWERPOINTS, SYLLABI

The use or distribution of faculty non-published material, such as handouts, PowerPoint slides, and syllabi are the under the ownership and copyright of the faculty that produced them. **These items cannot be used without permission of the faculty.**

6. EXAM DIRECTIONS

To allow every student the opportunity to succeed in an examination, the following procedure is followed during the examination and exam review period:

- Students must appear on time for an examination. This includes enough time to set up their computer, settle into their seat, put away belongings etc.
- You will not be permitted to eat or drink (except water) during the exams unless there is a medical reason to do so.
- All personal belongings must be packed away from the seating area including cell phones, watches, hats and headphones. You may use single use ear plugs if needed.
- Students are responsible neither to give information nor seek it from another student, or from any other source. Such conduct is considered an offense of the honor code.

- Students will be sequestered for psychomotor practical exams. There will be no use of technology during sequestration.
- Sequestration is to ensure all students are evaluated fairly on an individual basis without external influences. Students are responsible for understanding and following all sequestration procedures.
- No student who has completed an exam and may interact with a student who is still awaiting to take the exam in the sequestered room.
- If the student is unable to be present due to an emergency or illness, the student must contact the course instructor as soon as the issue is known. Within 24 hours of the students return to class, the student must contact the instructor to arrange a date and time to make up the missed exam.

7. EXAM REVIEW

Exams will be reviewed in class as quickly after the exam as possible. Exam reviews are for learning purposes and should be treated as such. If you have concerns about a question you got wrong on the exam you will be instructed to set up an individual appointment to review this with the Professor at another time. Reproduction of the exam in any form will be considered a violation of the Honor Code.

8. HONOR CODE

The purpose of this Honor Code is to communicate the meaning and importance of academic integrity to all members of the UNM Division of Physical Therapy and to articulate and support the interest of the program in maintaining the highest standards of conduct in student learning. The UNM Division of Physical Therapy embodies a spirit of mutual trust and intellectual honesty that is central to the very nature of learning, and represents the highest possible expression of shared values among the members of the program. The core values underlying the Honor Code are:

- Academic honesty is demonstrated by students when the ideas and the writing of others are properly cited; students submit their own work for tests and assignments without unauthorized assistance; students do not provide unauthorized assistance to others; and students report their research or accomplishments accurately,
- Respect for others and the learning process to demonstrate academic honesty,
- Trust in others to act with academic honesty as a positive community-building force in the school,
- Responsibility is recognized by all to demonstrate their best effort to prepare and complete academic tasks,
- Fairness and equity are demonstrated so that every student can experience an academic environment that is free from the injustices caused by any form of intellectual dishonesty, and
- Integrity of all members of the UNM Division of Physical Therapy as demonstrated by a commitment to academic honesty and support of our quest for authentic learning.

Successful completion of the Physical Therapy Program requires a high level of academic performance, clinical performance and evidence of professional behavior.

Each student is expected to maintain the highest standards of honesty and integrity in academic and professional matters. The University reserves the right to take disciplinary action, up to and including dismissal, against any student who is found guilty of academic dishonesty or otherwise fails to meet the standards. Any student judged to have engaged in academic dishonesty in

course work may receive a reduced or failing grade for the work in question and/or for the course.

All students are required to sign and adhere to the UNM PT Division Honor Code, which provides a detailed description of actions considered an honor code violation (see Appendix- honor code). By signing the Division Honor Code, students in the Division accept the responsibility for honesty in the learning process.

9. HONOR CODE INFRACTIONS

Do your part by helping to monitor your own behavior and that of others. If you suspect a classmate is cheating or plagiarizing, approach the person and discuss your impressions. Procedures for reporting an Honor Code violation are as follows:

1. A student who sees or learns of an apparent violation is encouraged to confront the suspected person and ask for an explanation. If an explanation is given that clears up the matter, i.e., the witnessing student is convinced there was no violation, this should end the matter, except as provided below.
2. A student who sees or learns of an apparent violation who prefers not to confront the suspected person or who has confronted him/her and been given no explanation or an inadequate explanation, shall report the incident to the Division Chief of the Division of Physical Therapy or any other faculty member in the Division. This report should be made as soon as possible.
3. A faculty or staff member who sees or learns of an apparent violation should report the incident to the Division Chief of the Physical Therapy Program as soon as possible.

The Division Chief with the reporting witness shall write an internal report of the alleged violation. The report shall include the following:

- The nature of the alleged violation;
- The time and date of the alleged violation;
- The name of the accused;
- The name of the reporting witness;
- The names of any other witnesses.

The Division Chief will investigate the alleged Honor Code violation and if appropriate will refer to the Academic Progress Committee for appropriate disciplinary action.

Any student found to be in violation of the UNM PT Honor Code will face disciplinary action. Moreover, UNM has a student code of conduct that should be adhered to by all students in the Division of Physical Therapy <https://pathfinder.unm.edu/code-of-conduct.html>.

G. CONTACT INFORMATION

It is the responsibility of the student to provide the Program with a current address, phone number, and email address throughout their duration in the Program.

During clinical experiences, the DCE may contact the student at the current phone number to discuss the clinical education experience, advise the student of a change in a placement, or for other reasons.

H. “THE GREY AREA” - MANDATORY SEXUAL MISCONDUCT PREVENTION TRAINING

On October 17, 2016, the University of New Mexico entered into an agreement with the U.S. Department of Justice to refine UNM’s policies regarding sexual harassment and misconduct on campus.

As a part of this agreement, UNM provides a mandatory sexual misconduct prevention training, The Grey Area, to all qualified UNM students. The Grey Area is a one-time, in-person session that is required of all UNM students currently enrolled in 6 credits or more in a degree-granting program with a regular presence on campus. This includes branch campus students and those enrolled at the Health Sciences Center and UNM Law School.

Once you have the in person training, you will be required to complete a yearly on-line training. Failure to complete these trainings will be reported to the Department of Justice.

You can register for training at:

<https://loborespect.unm.edu/education/greyarea/about.html>

I. HEALTH AND HEALTH INSURANCE

Students must have adequate health/ major medical insurance, including hospitalization coverage (with a company of their choice), throughout the duration of the DPT program. Each student must present proof of this coverage upon entry into the program.

All Medical Health Professional students are automatically enrolled in and charged for the UNM Student Health Plan unless a waiver is submitted and approved each semester. The student is responsible for the cost of this coverage. Students covered by the student health plan may purchase health insurance for their dependents, as well as optional dental benefits. For information regarding plan coverage and student eligibility, please follow the link below.

The UNM Student Health Plan is administered by BlueCross and BlueShield of New Mexico (BCBSNM). Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of BlueCross and BlueShield of New Mexico.

<https://hr.unm.edu/benefits/student-health-plan>.

Students must have an Immunization form <http://shac.unm.edu/ImmunizationsHealthcarePrograms.pdf> completed by a provider at the UNM Student Health Center. Students are responsible for maintaining and updating immunizations throughout the duration of the program and must be up-to-date when entering any clinical setting or providing direct patient care, whether during a clinical education experience or as a part of the didactic coursework. Students are also responsible for any additional clinical education requirements prior to each clinical education experience throughout the program (such as influenza vaccination required of all employees and students on North Campus who treat patients). Immunization responsibilities include remaining up-to-date on TB/PPD testing throughout the duration of the program, which involves an annual TB/PPD test. Students are responsible for knowing their own expiration date and presenting updated TB verification prior to expiration of their previous immunization.

Students are required to be CPR certified prior to beginning the PT Program and to maintain current certification throughout the duration of the program. Certification needs to be either Red Cross or ASHI’s CPR Pro for the Professional Rescuer or the American Heart Association’s BLS for the Healthcare Provider. Training must include adult and child AED (Automated External Defibrillation). This certification may be

either 100% in-person training or a mixture of online and in-person classroom skills testing. Online-only CPR certification is not valid. Students are responsible for knowing their own expiration date and presenting updated CPR cards prior to expiration of their previous certification. Students must submit proof of current CPR certification upon entry into the program. Students are responsible for maintaining current status with CPR certification and updating their clinical files throughout the program.

Students are required to report any pregnancy to the Division Chief upon medical confirmation. The faculty will adjust learning experiences to ensure maximum safety to the mother's baby.

Students are eligible to use the Student Health Center located on main campus (<https://shac.unm.edu/277-3136>). This center provides a comprehensive health service designed to assist students to attain optimal health and stay in school. The Student Health Center will provide required vaccinations at low cost.

Additional health services including mental health, counseling, allergy clinic, chemical dependence support, and a pharmacy are also available at the Student Health Center. See Pathfinder for additional information under "Health, Counseling and Wellness" (see earlier pages under Student Services within this Handbook).

1. REQUIRED TRAINING

Each student must successfully complete the online UNMHSC HIPAA (Health Information Portability and Accountability Act) and OSHA Blood borne Pathogens training upon entry into the program. Students involved in human research for their research projects must complete the UNMHSC online HRPO (Human Research Protections Office: <http://hsc.unm.edu/som/research/hrrc/index.shtml> training

Students hired as teaching assistants or tutors will be required to take additional training: HSC Compliance and Code of Conduct, Basic Annual Safety Training; Intersections: Preventing Discrimination and Harassment; and Active Shooter on Campus: Run, Hide, Fight available on Learning Central.

J. HIPAA

Students are expected to follow HIPAA guidelines during all classroom activities and labs, following any interaction with a patient, while in any clinical education setting, and for all assignments related to experiences with patients. Students are prohibited from using identifiable patient information on discussion boards, inservices, the CPI grading instrument, emails to classmates/faculty, and future projects in the classroom related to the clinical experience. Students are prohibited from discussing the conditions of their patients outside of the clinical setting. Patients may be discussed with classmates and faculty for educational purposes but all HIPAA regulations must be maintained including de-identification of the patient.

Students are prohibited from posting any information about their clinical education experience on social media, regardless of the level of privacy of the account. Prohibited use of social media includes posting photos/videos of oneself in clinic; writing any information about patients that you have seen; describing the ethics, attitudes, philosophies, or other qualities of your CI or other healthcare providers; identifying the CI, clinical site, or other healthcare providers either directly or indirectly.

If a photograph or video is required for a capstone or inservice presentation, the student must use a patient consent form specific to that facility and provide a copy of the signed consent form to his/her advisor. The student must follow site-specific guidelines related to use of facility-owned recording

devices and approved methods of sharing and storing such images/videos. As a general rule of practice, students should store images/videos of patients in folders where they will remain separate from personal albums and should properly delete these images/videos once the project is complete. Students should de-identify images/videos of patients whenever possible.

K. IMMUNIZATIONS

Retrieved from: <https://shac.unm.edu/documents/immunizations-healthcare-programs.pdf> 7.18.18

All Healthcare students need to show evidence of having obtained the following immunizations and tests as part of their clinical education compliance.

1. REQUIRED IMMUNIZATIONS AND TESTS

1. Hepatitis B: three dose series completion
2. Hepatitis B Surface Antibody Titer (IgG): In addition to completing the Hepatitis B series, a Hepatitis B Surface Antibody Titer (IgG) for confirmation of immunity is required and preferably should be drawn 4 to 6 weeks after completing the hepatitis b series. Titers drawn before completing the Hepatitis B series, or with inadequate spacing after receiving the third Hepatitis B vaccine dose, will not be accepted.
3. Measles, Mumps, Rubella (MMR):
 - a. TWO (2) DOSES after 1978 (each dose in the 2-dose series must be spaced at least 4 weeks apart, with the first dose given after 1 st birthday). Individuals who received MMR vaccines in or prior to 1978 will need to meet the requirements in “b” below. OR
 - b. Titers (IgG) showing immunity for each disease: Rubeola (Measles), Rubella, Mumps. COPIES OF LAB RESULTS ARE REQUIRED.
4. Seasonal Influenza Vaccine: Please obtain documentation when you receive the vaccine. PLEASE NOTE: Unless students receive Influenza vaccine at Student Health & Counseling, we do NOT have copies or access to copies of Influenza vaccine received elsewhere (e.g., at UNMH, UNM, or any of the Flu Shot Clinics on North Campus or in the UNM SUB).
5. Tdap (Tetanus, Diphtheria & Pertussis): One (1) dose of adult Tdap. If last Tdap is more than 10 years old, another dose of Tdap or Td is required.
6. Varicella (Chickenpox): a. Proof of TWO (2) doses of Varicella vaccine (each dose in the 2-dose series must be spaced at least 4 weeks apart, with the first dose given after 1 st birthday) OR b. Positive Varicella Titer (IgG): A COPY OF LAB RESULT IS REQUIRED.
7. Tuberculosis Screening:
 - a. UPON ENTRY TO PROGRAM:
 - i. A Two-Step Tuberculosis Skin Test (aka TST or PPD—two separate placements and two separate results) is required within six (6) months of starting the 1st year in a healthcare program. Each test placement must be separated by one week. OR
 - ii. A current T-Spot or QuantiFERON Gold TB test within six (6) months of starting the program. OR
 - iii. History of Positive TB Test: If you have a history of a positive TB test, you should bring documentation of the positive TB test result, chest X-ray result, and treatment completion (if applicable).

b. ANNUALLY:

- i. A TB Skin Test (aka TST, PPD) placed day 0 and read within the 48 to 72 hour time period. OR
- ii. A T-Spot or QuantiFERON Gold TB test OR
- iii. A symptom screen (only those with a documented prior history of a positive TB test and negative chest xray).

2. ALLERGY & IMMUNIZATION CLINIC HOURS

Monday through Thursday: 8:00 AM-5:00 PM (Last appointment at 4:30 PM)

Friday: 9:00 AM - 5:00 PM (Last appointment at 4:30 PM)

Friday, August 3, 2018: Allergy & Immunization Clinic is closed for Inventory.

SHAC is closed on all official UNM holidays (and campus closures due to weather/unforeseen circumstances). See also SHAC Hours of Operation.

To schedule an appointment, call the Reception Area at (505) 277-3136.

L. INCLEMENT WEATHER

We will follow the University policy regarding inclement weather. You will be excused from classes in accordance with the message recorded on UNM's Snow Hotline, 277-SNOW (i.e. if UNM is under a 2 hour delay, you would be expected to be here at 10:00 for class). We will provide appropriate information on Outlook as soon as possible. However, if classes are canceled due to inclement weather, this does not include your clinical sites! You must call your clinical instructor to ascertain your need to be in clinic. You should treat the clinical time as you would a job and make every effort to make it to the clinic. However, your safety is important and good judgment should prevail. Honestly assess your ability to make it safely to the clinic or campus, regardless of what UNM is doing that day, and discuss the situation with your clinical or course instructor.

M. LOST ITEMS

Personal items left in the classrooms may be returned to the PT office in HSSB 205 for safe holding. We are not responsible for any lost items. Any item left in the classroom between semesters will be thrown out, or donated.

N. LIABILITY

The University of New Mexico agrees to be responsible for the negligent acts and/or omissions of its students and instructors in a health care program for any and all liability, claims, damages, lawsuits, including costs and expenses of defending, which may arise as a result of any Health Professions and Public Health Program and the actions or inactions of the students participating in said programs.

Liability coverage will be effective only if you are acting within the scope of your assigned duties that you have been requested, required or authorized to perform when an incident occurs. The University of New Mexico agrees to obtain and maintain a professional liability policy covering said students and faculty. This liability insurance is covered by your course fees.

O. LOCKERS & CUBIES

You will have a locker space assigned to you in the restroom near the anatomy lab during the time you are in anatomy. This is to store your scrubs, shoes and gloves. We are not responsible for any items left or stored in your lockers.

You will have a cubie assigned to you in a classroom. This will change with each school year.

P. PRACTICING SKILLS AS A STUDENT OF PHYSICAL THERAPY

The next three years in the UNM PT program marks the beginning of your career as a physical therapist. As a student, you will be progressively moving closer to being an autonomous practitioner. The closer you get to graduation, the more skills you will have in your skill set and the more likely people will begin to see you as a practicing physical therapist. Throughout the program, you will be encouraged to practice the skills you learn under the guidance of faculty and clinical instructors. However, as you continue to develop and begin to have the knowledge and skill set for more complete assessment and intervention, it is paramount that you remember you are still a student and not a licensed Physical Therapist. As a student, be mindful that application of learned skills outside of venues sanctioned by UNM Division of Physical Therapy faculty is outside of the scope of practice for a physical therapy student and therefore inappropriate.

Q. PROFESSIONAL MEETINGS

The program encourages the attendance of students at APTA professional conferences and the National Student Conclave for the purposes of education and professional development. Some program funding may be available to help defray the costs of these meetings.

The Student Conference Award Program (S-CAP) is a travel grant designed to provide undergraduate and graduate students the opportunity to obtain funding to attend an academic or professional conference in their field of study. The maximum award is \$600.00 and may include: travel, lodging, airport shuttle or taxi fees, and conference registration fees.

<https://unmgrc.unm.edu/>

Students involved in a poster presentation at a professional meeting will have their registration paid for and travel assistance. Please contact the department administrator for additional information.

R. RELIGIOUS HOLIDAYS

It is the policy of the University to respect member's religious beliefs. Students will be granted leave of absence for religious holidays. The student must make arrangements to make up any work or examinations with the faculty for classes that fall on the holiday. While the Division will do its best to accommodate religious observances by its students, requested adjustments must be reasonable, made well in advance and allow time for makeup work to fulfill the academic requirements.

S. RESPECTFUL CAMPUS POLICY

Related to UNM policy 2240: respectful campus <https://policy.unm.edu/university-policies/2000/2240.html>

1. PURPOSE

A respectful environment is a necessary condition for success in teaching and learning, in research and scholarship, in patient care and public service, and in all other aspects of UNM's mission. The UNM DPT Program is committed to providing a workplace and classroom free from bullying. Workplace and classroom bullying is unacceptable behavior that can cause psychological and physical harm to students and can significantly disrupt the organization. Accordingly, the UNM DPT program will not tolerate any form of bullying.

2. DEFINITION

Workplace/classroom bullying is repeated and malicious attacks against someone for personal or work reasons. The victim does not need to see or hear the offense occurring to constitute bullying. Bullies usually intend to inflict emotional or mental harm on the victim, and the bullying can come in many forms:

- verbal abuse, insults, threats, and/or yelling
 - non-verbal behaviors that are insulting and/or unwelcoming
 - teasing or regularly making someone the brunt of pranks/practical jokes
 - sarcasm and/or other demeaning language
 - exclusion of a person from activities
 - work sabotage and/or tampering with someone's personal effects
 - gossip and false malicious rumors
 - coercion, intimidation, and/or misuse of power
 - unfair and/or excessive criticism
 - deliberately withholding of information
 - sexual harassment (as defined by UNM policy <https://policy.unm.edu/university-policies/2000/2740.html>)
-

3. RESPONSIBILITIES

Students have the duty to behave in a professional manner and to treat each other with respect and dignity. Everyone has the right to study and work in an environment free from bullying and abuse, and all members of the UNM DPT program should treat others as they would expect to be treated themselves.

Faculty have a special responsibility to create a safe environment free from bullying and abuse. Faculty must take steps to prevent bullying and must take prompt action when they witness any behavior that may be construed as bullying.

If appropriate, the UNM DPT program will investigate bullying complaints and provide disciplinary action.

4. PROCEDURES

Any student who has been subjected to, or witnessed, bullying should report the matter immediately to either to the faculty member in proximity to the incident or to the Division Chief.

If the bullying of students is based on race, color, religion, national origin, physical or mental disability, age, sex, sexual preference, gender identity, ancestry, medical condition, or spousal affiliation, it should be reported to the University Office of Equal Opportunity.

The Division Chief will handle and investigate cases of bullying. If the infractions continue to occur the student will be referred to the Academic Progress Committee as appropriate. If bullying is confirmed, any disciplinary action will be taken in accordance with the UNM administrative policies and procedures policy 2240: Respectful Campus.

5. RETALIATION

Retaliating against someone for opposing bullying, or for participating in an investigation, is prohibited and will result in discipline.

T. SAFETY AND EMERGENCY INFORMATION

Ensuring the safety and security of students at the HSC is one of our primary concerns and obligations. Therefore, we strive to create a safe learning and work environment and to ensure that HSC students and employees feel confident to handle a wide variety of emergency situations.

We encourage you to become fully knowledgeable about the following critical elements of our safety and disaster-management program and that supplement the online UNM student handbook, The Pathfinder (<http://pathfinder.unm.edu/index.html>). Additional resources will keep you informed specifically about individual emergency preparedness, safety and security (<http://emanage.unm.edu> and <http://campussafety.unm.edu>).

At a minimum, please do the following:

- Remain registered with LoboAlerts to receive announcements via phone texts and/or email. Your family and friends can register, too. If you are aware of any campus alerts, be sure you inform other students and faculty who are close by. LoboAlerts are also posted on digital signs in HSC buildings.
- Because you attend classes in many buildings, use the library and food services and are in clinical settings, know how to find the following in each location you visit:
 - The nearest AED (Automated External Defibrillator) station for cardiac events
 - Building emergency exits
 - Fire alarm pull stations, extinguishers, and designated gathering places
 - The best “shelter in place” location
 - The nearest blue emergency phones, if outdoors
- Download the UNM LoboMobile app for your mobile devices (from the Apple Apps or Google Play Store) which includes an icon for “Emergency Info” with emergency numbers and a mobile version of the UNM Emergency Preparedness handout. (<https://mobile.unm.edu/>).
- Understand that in case of an emergency, your first action should be to ensure your own safety.
- Know two ways (without using elevators) to get out of the building you are in.

1. EMERGENCY PREPAREDNESS

Students of the University of New Mexico recognize the classroom leadership of their faculty. In the event of an emergency, students will expect their faculty to provide guidance to mitigate and respond to the situation. The following is offered as a guide to develop those plans in advance of an incident.

A) IN CASE OF EMERGENCY

If one encounters an emergency situation, they must first provide for their own safety. The UNM Police Department is available 24/7 and provides more than just emergency response. In addition to the items listed, they also house “lost and found”, bicycle registration and fingerprinting, offer an escort service, and can provide copies of Police Reports. a. If you come across an emergency situation, you should:

- Step One: Make yourself safe
- Step Two: Warn others in the immediate area of the situation
- Step Three: Call for assistance. DO NOT assume that someone else has called.
UNM PD: (505) 277-2241; 911 from a campus phone; or, via blue light phone.

B) UNM COMMUNICATIONS SYSTEMS

The primary ways that UNM can provide emergency updates to students, faculty and staff are via LoboAlerts (<http://loboalerts.unm.edu>) and the Warning Siren. Although cell phones may be a distraction in the classroom, it is recommended that at least one device be left available to receive LoboAlerts messages. Since different devices and service providers may account for messages being received at different times, it may be prudent to allow several devices to be active for such messages. Other than testing, a sounding of the warning siren means that something has occurred which makes it unsafe to be outdoors. All persons should take shelter in the nearest building, and look for additional information which will be coming via LoboAlerts, local media, email or the UNM Webpage.

C) SHELTER IN PLACE

In some instances, it is safer to shelter in place and wait for further instructions. If you are instructed to Shelter in Place, then:

- a. Remain calm
- b. Move away from windows and glass.
- c. Silence your cell phones.
- d. Lock the door and wait for further instructions.
- e. Keep the telephone lines free for emergency information. Do not call 911 or the UNM Police Department for information. However, if you are trapped or need assistance, please call 911 for assistance!
- f. Don't leave your room until instructed by a Police Officer, authority figure or LoboAlert.

D) EVACUATION

Know two ways to get out of your building, and determine a location to meet to make sure that everyone is accounted for. Share this plan with your students in advance.

E) SUSPICIOUS BEHAVIOR

There are many ways to report behavior that is concerning (AGORA, BIT, CARS, etc.). Report suspicious person(s) and/or activities to the UNM Police promptly.

F) AWARENESS

The first level of prevention is awareness of your surroundings.

For further information please contact:

UNM Police Department
(505) 277-2241
<https://police.unm.edu/>

UNM Office of Emergency Management
Byron Piatt, MPA, CEM
Emergency Manager
(505) 277-0330
bpatt@salud.unm.edu
<http://emanage.unm.edu/>

U. STUDY ABROAD PROGRAMS

The Division of Physical Therapy currently has four study abroad programs: Guatemala, Ethiopia and Japan and Russia.

Two of the three trips (Guatemala, Ethiopia and Japan) are offered each academic year on a rotating basis. Student selection for the Guatemala, Japan and Ethiopia trips is a lottery system. The trip to Russia occurs annually. The Russia trip requires a research capstone proposal.

All applicants must be in good academic standing with a cumulative GPA of at least a 3.0.

A student who is on probation will not be eligible to participate in a study abroad trip. A student placed on probation after being selected will no longer be eligible to participate and will be replaced by an alternate.

1. GUATEMALA:

A two-week experience in Antigua, includes Spanish language classes, participation in a wheelchair factory fabricating and evaluating wheelchairs for children, and providing neurologic physical therapy services to children in a pediatric long-term hospital.

2. ETHIOPIA:

A two-week experience in Addis Ababa, includes outpatient pediatric and adult orthopaedic and neurologic physical therapy in a hospital and inpatient/outpatient adult orthopaedic and neurologic physical therapy in an adult orphanage.

3. JAPAN

A two-week experience in Funabashi and Hokkaido, includes an exploration of different healthcare delivery systems and providing geriatric physical therapy services through a regional governmental center to seniors.

4. RUSSIA:

A one week research Capstone experience in Tula Russia for one student, is available if approved by the Naked Heart Foundation in Russia. The project may include research and teaching with a pediatric faculty member at the Tula Center for children with neuromotor disabilities.

A) GLOBAL HEALTH FUND FOR UNM HSC STUDENTS PARTICIPATING IN INTERNATIONAL HEALTHCARE EXPERIENCES

Reimbursement depends on funds, but is typically \$250 for one week and \$500 for two weeks.

The program requires the following:

Before travel:

- Students visit Student health to ensure they have proper vaccinations for their destination

Upon Return:

- Provide flight receipt with credit card showing charge
- flight itinerary
- Banner ID
- 500 word synopsis of how this experience broadened their health aspirations. The emphasis needs to be on tangible scientific and clinical learning.

- Above information MUST be submitted no later than 60 days after trip.

For more information, contact Kyle Duran
Administrative Officer
Office of the Chancellor, UNM HSC
kwduran@salud.unm.edu

V. STUDENT MEMBERSHIP IN THE APTA

As the next generation of physical therapists, it is important to become part of the professional association. Membership is required throughout your 3 years of study and will be verified as a part of EBPT1, EBPT2, and Patient Management and Clinical Decision Making.

Verification of your paid association dues should be given to Student Services at the start of each academic year. Verification should be received no later than October 1 of each year. Membership will give you access to PTNow, the Guide to Physical Therapist Practice, PTJournal, Learning Center Courses and PT in Motion. You will also have the ability to join one of the 18 sections to sample some of the specializations in PT at the student discount.

W. STANDARDS OF PROFESSIONAL DRESS

1. NORMAL CLASSROOM ATTIRE

Normal classroom attire should not be disruptive to the educational process. The length of shirts / tops should be adequate to cover the entire trunk at rest and during all movements by the student. No skin should be visible on the abdomen, breasts, buttocks or between the shirt and pants. Clothing should not contain language or symbols that could be construed as offensive, such as profanity, distasteful humor, or sexual innuendo. Students should dress in layers and in clothing that is comfortable and allows for maximal attention in the classroom.

A) LABORATORY ATTIRE AND EXPECTATIONS

Laboratory attire is required in many courses. Students are responsible for reviewing each course syllabus for the required laboratory dress. Students will be expected to perform palpation, manual techniques and other handling skills on male and female students and male and female patients. During laboratory sessions students will be expected to expose certain body parts. Proper decorum and draping is followed. Students seeking lab accommodations for cultural reasons should provide such requests, in writing, to the Division Chief at the start of the term for consideration.

2. NORMAL CLINICAL ATTIRE

Clinic attire should convey professionalism as well as honor the values of a diverse clientele. Students are expected to wear appropriate dress for all activities involving clinical contact with patients, including class lab sessions, REACH lab mini clinics, and full-time clinical education experiences. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty.

Dressing more conservatively or formally on the first day/week is suggested. If a student reports to the clinic wearing any inappropriate dress, he/she may be asked to go home to change. If repeated instances on unprofessional dress occur, the student may face disciplinary action and/or be asked to permanently leave the clinical facility. The following are examples of the expected attire for all clinical situations. Students are expected to adhere to these guidelines

unless a clinical facility specifically requires an alternative. If standards of dress at a specific facility are more lenient than this, the student should maintain more conservative standards, in order to uphold an appearance that aligns with diverse patient values.

3. NAME TAGS/ID BADGES

The Program recognizes the importance of the identification of healthcare providers to the consumer and requires all students to display proper identification during all patient encounters. Students are required to introduce themselves to patients, inform the patient of the student's role in the encounter, and gain verbal informed consent from the patient allowing the student to observe, interact with, and/or evaluate/treat the patient.

Name tags will be provided to the students during the first semester in the program. Name tags must be worn during all real and simulated patient encounters, and should be positioned above the waist. Students should refrain from wearing ID badges on lanyards due to possible safety risks to oneself or patients.

4. STANDARDS OF PROFESSIONAL DRESS

1. Real or Simulated patient-care activities
 - a. Full-time clinical Education Experienced
 - b. Part-time clinical Education Experienced (mini clinics)
 - c. REACH lab
 - d. AOC
 - e. Lab practicals, including OSCEs
 - f. Activities with standardized patients, including SIMs
 - g. Interacting with patients off-campus
 - h. Service Learning activities
 - i. Community volunteerism activities, including fitness/wellness screens and fall risk screens
2. Interprofessional interactions including classroom activities, IPE meetings, and community events
3. When conducting and/or assisting in clinical research, including subject recruitment and data collection
4. When representing the profession, including Induction ceremony, Poster Day, Convocation, and State and National Conferences
5. During guest lectures (subject to individual faculty recommendations)
6. When giving presentations in-class (subject to individual faculty recommendations)

The following are examples of the expected attire for the above situations:

	Recommended	Not Recommended
Tops	<ul style="list-style-type: none"> Professional business shirts with collars, tucked into pants unless the cut of the shirt allows otherwise Polo shirts with collars, tucked into pants unless the cut of the shirt allows otherwise Tops without collars (blouses) made of quality fabric and in good condition Neckline should be no more than 2 inches below the collarbones and should cover cleavage and bra when bending over with the arms forward If not tucked in, the bottom of the shirt should be long enough to cover the entire low back and abdomen when bending and reaching in all directions Recommend an undershirt to wear tucked into pants to maintain modesty 	<ul style="list-style-type: none"> Bare shoulders or bare back Gym tops or yoga tops T-shirts, shirts with logos Puckering of buttons, resulting in exposure of skin or bra between buttons Tight/clingy styles or material Baggy/over-sized styles Wrinkles, tears, frays, stains, pilling, or other signs of wear Sleeveless tops, unless worn under a sweater or shirt with sleeves Tops that reveal the abdomen when reaching overhead Tops that reveal the low back when bending over Tops that expose cleavage or bra when bending over with the arms forward
Jackets	<ul style="list-style-type: none"> Classic styles of cotton or suede jackets Cardigans 	<ul style="list-style-type: none"> Sweatshirts or hoodies of any kind
Dresses/Skirts	<ul style="list-style-type: none"> Professional material Modest neckline If sleeveless, straps should be 3-4" thick Upper back should be modestly covered Length should come to the knee when standing, no more than 2" above the knee when sitting Must wear a slip if the skirt is see-through 	<ul style="list-style-type: none"> Strapless Spaghetti or halter strap Short dresses/skirts that do not come to the knee Shorter than 2" above the knee when sitting Denim Leather Bright or distracting patterns <u><i>Dresses/skirts are not recommended in the clinical setting</i></u>
Pants	<ul style="list-style-type: none"> Dress pants, khakis, and/or dress slacks made of firmer fabric to maintain professional appearance Straight leg, wide leg, or cigarette style trousers Fit should maintain modesty around the buttocks and thighs Capri length at least to mid-calf Wear a belt if shirts are tucked into pants 	<ul style="list-style-type: none"> Pants that are wrinkled, faded, stained, frayed, or look worn Jeans, sweatpants, yoga pants, aerobic pants, leather pants Cargo pants Shorts Hemlines that drag on the floor Styles that expose underwear when bending over Tight pants (no 'skinny' style pants) Styles that cling to thighs or buttocks Leggings worn as pants Bright colored pants or bold prints
Shoes	<ul style="list-style-type: none"> Pumps, flats, boots, loafers, leather shoes in good, clean condition Heel no greater than 2-3 inches Athletic shoes in good quality condition and neutral colors <u><i>Shoes must be closed-toe for all patient-care activities (item #1 above)</i></u> Noise-resistant soles are preferable 	<ul style="list-style-type: none"> Shoes with visible wear such as rips, scuff marks, holes, stains, and dirt Bold colors or patterns High heels over 3 inches tall Foot odor <u><i>Open-toed shoes are not permissible during patient-care activities (item #1 above), for safety reasons</i></u>

Socks	<ul style="list-style-type: none"> • Neutral, conservative colors and styles • Match pants with socks and with shoes • Leggings/hosiery worn under a dress/skirt of approved length 	<ul style="list-style-type: none"> • Bold colors or patterns • Holes or other signs of visible wear
Jewelry	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Limit two rings per hand • Earrings in conservative colors and styles • Earrings only in ears 	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Low hanging necklaces and earrings that might interfere with patient care • Bracelets that might interfere with patient care • Piercings in any area other than the ears (including small nose rings) • Male students should consider avoiding wearing earrings
Tattoos	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Clothing styles must cover all visible tattoos 	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Visible tattoos
Grooming	<ul style="list-style-type: none"> • Free of offensive odor • Hair that is neat and clean • Long hair tied back to avoid patient contact • Natural hair color • Facial hair neat and trimmed • Makeup in natural colors and styles • Fingernails trimmed short, cleaned, and filed • Clear fingernail polish only if not chipped 	<ul style="list-style-type: none"> • Perfume and cologne • Strongly scented hand or body lotion • Cigarette odor • Body odor • Hats or head coverings unless for religious reasons • Sunglasses inside the workplace, including on top of the head • Artificial nails • Chipped nail polish
Setting-Specific Clinical Standards		
Inpatient Setting	<ul style="list-style-type: none"> • Scrubs – clinics may have specific color requirements • Business casual (i.e. Standard Professional Dress) if allowed by the clinic 	
Pediatric Setting	<ul style="list-style-type: none"> • Jeans that are in good condition and of a modest fit • Plain colored T-shirts in good condition, without logos, and that prevent exposed body areas indicated in Basic Standards 	<ul style="list-style-type: none"> • Jeans that are faded, stained, frayed, have holes, or otherwise look worn • Jeans of “skinny” style that cling to the thighs or buttocks • Sweatpants, yoga pants, aerobic pants • Shorts

Attire should convey professionalism, competence, and trustworthiness, as well as honor the values of a diverse clientele. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty. If a student presents to any of the above situations wearing any inappropriate dress, he/she may be asked to go home to change.

If a student is in a clinical setting with Standards of Professional Dress that are more relaxed or lenient than those listed above, The Division recommends that the student follow the above standards. This will ensure that the patient/client views the student with the necessary credibility to gain their trust and established a positive professional relationship.

X. SOCIAL MEDIA

1. STATEMENT ON SOCIAL NETWORKING SITES FROM THE UNM DEAN OF STUDENTS OFFICE

<http://rights.unm.edu/expectations/social-networking-sites.html>

The University of New Mexico Dean of Students Office recognizes that social networking sites are now a part of our university culture. These websites offer students many opportunities to keep connected with their family, friends and other social groups not only at UNM, but across the world. When students connect with others on-line, they typically post information, including pictures and other content to share with all of those who are able to access their website. Occasionally, students will post information that is deemed offensive and/or something that may be seen as being illegal or a violation of UNM Policy. Although the Dean of Students Office does not actively peruse any social networking sites to look for either illegal activity or for violations of UNM Policy, we will investigate information that has been brought forward to this office that may indicate there might be some type of violation of law and/or UNM Policy.

Understanding the risks associated with On-line Communication, including Social- Networking Sites:

Almost all members of the UNM Campus have some type of on-line communication presence, which includes e-mail, home-pages, blogs, instant-messaging and other social networking sites.

When utilizing these on-line resources, individuals should understand the following as potential risks of internet based communications:

- Information posted online is there typically forever.
- Information posted online is for the most part there for everyone to see, such as future employers, university administrators, and parents.

Remember that providing too much personal information on-line, such as telephone numbers, addresses, photos, etc.; can be used to cause harm to you as well. Identity theft, on-line harassment and stalking are examples of how posting too much information can negatively impact you.

A good “rule of thumb” is to not post any information that you would not want your parents, a university administrator, a future employer or a stalker to see on-line.

Should our office receive information that indicates a UNM Student has violated university policy or state law, they may be held accountable for these postings through the legal process or through the Dean of Students Judicial Process.

Y. TECHNICAL STANDARDS

Prior to entrance into the program, it is the student’s responsibility to notify the Physical Therapy Program if they are unable to meet the Technical Standards.

Applicants for admission to the Physical Therapy Program and current students must possess the capability to complete, with or without reasonable accommodations, the entire curriculum and achieve the DPT degree. The use of a trained intermediary, a person trained to perform essential skills on behalf of the student, or a person used so that a student’s judgement is mediated by someone else’s power of selection is not permitted.

1. TECHNICAL STANDARDS REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE PHYSICAL THERAPY CURRICULUM

The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. To achieve these proficiencies, the Physical Therapy Program requires that each student be able to meet the following Technical Standards with or without reasonable accommodations.

A) MOTOR SKILLS:

Candidates must have the gross motor, fine motor and equilibrium functions required to carry out assessments and to provide physical therapy intervention. Task requirements will vary over a large range from gross motor to fine motor requiring adequate strength and coordination. Examples are: transferring a child or adult from a wheelchair or cart to a bed, mat or treatment table; managing a large patient with motor and/or sensory deficits during a mat based treatment program; manipulation of the spine using your hands; mobilization of the joints using your body and/or your hands; manipulation of a goniometer using your hands; manipulation of small materials needed to administer a fine motor exam and perform accurate assessment and treatment techniques by correct applications of forces with precise hand techniques. Errors in application may result in inaccurate information being obtained during assessment or ineffective treatment being delivered to the patient. Some activities may be supervised by the physical therapist and carried out by others. In those situations where a therapist could successfully verbally coach and monitor a family member or other individual through a task (such as a transfer from one surface to another), a student will be given the opportunity to demonstrate competency in this type of directive role as well.

Quick, accurate motor and cognitive reactions are necessary, not only for safety of the person receiving service, but also for the therapist (e.g. a patient may lose balance during a training technique and start to fall or may have an adverse effect from a given treatment requiring appropriate and timely decisions and intervention.)

Students will be expected to perform palpation, manual techniques and other handling skills on male and female students and male and female patients. During laboratory sessions students will be expected to expose certain body parts. Proper decorum and draping is followed. Students seeking lab accommodations for cultural reasons should provide such requests, in writing, to the Division Chief at the start of the term for consideration.

B) SENSORY SKILLS:

Physical therapy students will learn and demonstrate competency in a variety of settings. Their senses must be at a level of functioning to allow them to perceive objects in the environment and to observe human behavior and performance. Examples include, but are not limited to the following: the student must be able to visually assess activities such as joint range of motion and postural alignment; to make auditory assessment of auscultation and breath sounds; as well as to perform palpation in order to assess changes in skin temperature or application of manual pressure. The student must also discriminate between a safe and an unsafe environment, and between therapeutic and non-therapeutic behaviors and contexts. For example, the student must be able to assess whether use of therapeutic equipment may jeopardize the health and well-being of him/herself or others, whether an object being thrown by a child is potentially dangerous for others, or whether a conversation between two individuals in a group indicates that they are angry at one another.

C) **COMMUNICATION:**

(1) **WRITTEN:**

The physical therapy student must be able to comprehend and assimilate information from a variety of written sources including texts, journals, medical records, course syllabi, etc. In addition, the student must be able to acquire written information from a variety of sources including Medline, CINAHL, and other computer-search programs, the Internet, journal and text libraries, etc. The student must be able to produce written materials that are constructed in a discernible and organized fashion, using proper grammar, spelling, and punctuation. This includes both handwriting and typing/word processing skills.

(2) **VERBAL AND NONVERBAL:**

The physical therapy student must be able to impart information so that others can understand it. The student must be able to elicit information from patients, family members, supervisors, and peers. The students must note and respond to factual information provided by others as well as to cues of mood, temperament, and social responses. The student must be aware of and responsive to cultural differences in verbal and nonverbal communication. Communication with patients and all members of the intervention team must be accurate, sensitive, effective, and efficient. Communication must be timely and situationally appropriate.

D) **COGNITIVE SKILLS:**

The physical therapy student must have the mental capacity to assimilate and learn large volumes of complex information. They must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

(1) **PROBLEM SOLVING:**

To be able to make appropriate clinical decisions, a physical therapy student must be able to make correct observations and have the skills of measurement, calculation, reasoning, analysis and synthesis. For example, the student must have the skills to conduct assessments accurately, compute test scores, analyze results and determine the impact of this information on intervention. The student must synthesize a variety of information from many sources, and make a decision in a timely manner.

(2) **JUDGMENT:**

The physical therapy student will be expected to demonstrate judgment in classroom, laboratory and clinical setting which shows an ability to make mature, sensitive and effective decisions in the following areas:

1. Relationships with persons being served and family members. For example: the student demonstrates professional interactions in all situations.
2. Relationships with supervisors and peers. For example: when provided with constructive feedback from an instructor or supervisor, the student will adapt behavior accordingly.
3. Demonstration of professional behaviors, such as timeliness, regular attendance, and completion of assignments.
4. Ability to determine effectiveness of intervention strategies, and modify the program accordingly.

E) BEHAVIORAL/SOCIAL SKILLS:

The physical therapy student is expected to exhibit appropriate professional attitudes and conduct during participation in the classroom and in clinical experiences. This includes, but is not limited to: use of appropriate language and communication, flexibility toward change, the ability to fulfill commitments and to be accountable for actions and outcomes, and the ability to self-assess, self-correct and self-direct and to identify needs and sources of learning.

The student must also demonstrate the ability to work as an effective team member by sharing knowledge, eliciting and accepting input from others, helping others as appropriate in the learning process, taking responsibility for tasks required in group work, and by acting with sensitivity and empathy towards others.

The student must demonstrate a willingness to participate as a subject for teaching of clinical skills by faculty and for the practice of competence of skills by peer students unless a strict contraindication to such treatment is reported to the faculty member or Division Chief at the time of the class.

The determination of whether an applicant or current student meets the standards will be done on an individual, case-by-case basis utilizing the existing committee structure of the Physical Therapy Program (Admissions Committee, Student Performance Committee).

2. PROCEDURES FOR ADMINISTERING THE TECHNICAL STANDARDS FOR ADMISSIONS, CONTINUANCE AND GRADUATION

A) ADMISSIONS

Process Notification of Technical Standards

The Physical Therapy Program shall inform each applicant that in order to be admitted and to complete the DPT at the University of New Mexico, she/he must be able to meet, with or without reasonable accommodations, all of the Physical Therapy Program's technical standards. The technical standards will be available upon request from the Physical Therapy Program.

Admissions Committee

The Admissions Committee shall consider each applicant with the assumption that each can meet the technical standards.

Offers of Acceptance

Upon recommendation from the Committee on Admission, the Physical Therapy Program shall send each selected applicant a letter of acceptance. The letter shall indicate that the acceptance is contingent upon:

1. Receipt of a statement from the selected applicant stating that the applicant is able to meet the Physical Therapy Program's Technical Standards without accommodation; if accommodations are needed the applicant should refer to <https://policy.unm.edu/university-policies/2000/2310.html> for associated processes.
2. In the event that the Admissions Committee has a reasonable belief that any selected applicant has a disability that would prevent him/her from completing all technical standards, the committee may request that the selected applicant demonstrate or

explain how she/he can meet a particular standard or set of technical standards.

<https://policy.unm.edu/university-policies/2000/2310.html>

B) CONTINUANCE THROUGHOUT THE CURRICULUM

- a. All students must fulfill the Technical Standards for completion of a Physical Therapist Doctorate. Therefore, in the event that during training a student becomes unable to fulfill those technical standards and believes she/he may require an accommodation please follow the policy as outlined at:
<https://policy.unm.edu/university-policies/2000/2310.html>
- b. If the student is unable to fulfill one or more technical standards, with or without accommodation, the matter may be referred to the Academic Progress Committee.
- c. If the inability to fulfill one or more technical standards appears by the faculty and the APC of the Physical Therapy Program to be the result of a disability, the matter will be referred to ARC.
- d. If, for any reason, the Division of Physical Therapy has a reasonable indication that the student may not be able to meet the technical standards the Physical Therapy Program may discuss the technical standard and the student's abilities with the student, and if appropriate, the Program will refer the student the ARC.

VI. CLINICAL EDUCATION POLICIES

The UNM DPT program prepares students as generalist physical therapists who are prepared in any clinical setting. Students are therefore encouraged to obtain a wide exposure to a variety of practice settings throughout the program. The DCE intends to choose clinical education venues that allow each student to achieve the breadth of experience necessary per accreditation standards and per the program's goal of generalist practice.

A. CLINICAL SITE ASSIGNMENTS

In accordance with the APTA Academy of Education position statement from 2016, all requests for clinical placements must be coordinated between the DCE and the SCCE. Students are prohibited from contacting clinical sites or clinicians to arrange or inquire about clinical placement. Students **MUST NOT** contact any facility to inquire about interest in student placement, to ask for specific placement at the facility, to discuss/promote him or herself, or to inquire about why a student was not accepted for a clinical experience. If a student does so, he/she will not be placed at that facility and he/she will be subject to disciplinary action.

The DCE maintains full autonomy in the assignment of all clinical education experiences. Students are allowed to provide their preferences to the DCE but in no way does this imply that a student's preferences will be honored or accommodated. The DCE strives to ensure the best match possible amongst the available clinical education slots.

Assignment of all clinical education experiences is based upon, in order of priority:

1. Student learning needs, including past clinical experiences, learning style, and classroom, laboratory and clinical performance;
2. Congruence of student learning needs and preferences with the character of the clinical facility and learning opportunities available at the facility;
3. The overall welfare and viability of the UNM Physical Therapy Clinical Education Program
4. Clinical instructor characteristics, including the clinical instructor's interest in working with the student, background, supervisory/teaching skills, and availability for consultation with the student and/or DCE during the clinical assignment.

All clinical assignments are subject to full faculty approval before final placements are arranged. Faculty approval is based, in conjunction with DCE recommendations, on the 4 items listed above. If any faculty member expresses concerns about a student's performance within the program, the DCE will review items 1-4 above and determine a clinical site placement that matches those priorities. This may result in a student's individual preferences not being honored.

In fairness to all students involved in the selection process, the DCE will not give consideration to students' individual financial situations as a factor when determining clinical placements. UNMHSC allows students to increase their loan amount for any clinical education experiences outside of Albuquerque. Contact the CEPC for further details.

In accordance with non-discrimination policies, the DCE will not give consideration to students' individual family situations, support system needs, or personal stressors during the request and placement process, unless a student receives an accommodation from ARC in this regard.

If a student has a clinical accommodation from ARC, the DCE will need to communicate this accommodation request to the clinical education facility to determine if they can fulfill the accommodation. The DCE therefore requests that a student finalize any clinical accommodation letters with ARC prior to the selection process to avoid delay in placement for other students. The DCE will follow

items 1-4 above in finding a clinical education facility that can fulfill the accommodation. This may result in inability to honor the student's personal site preferences. If the DCE is unable to find a clinical education site that can fulfill the accommodation, the DCE will consult with the student, ARC, and the Division Chief to discuss the situation.

If two students express preference for the same clinical site, preference will be given to a student who is a better match for the clinical environment chosen, based on the 4 criteria presented above. If two students are evenly matched in this regard, the DCE reserves the right to assign the student who has completed or selected more clinical education experiences at least 30 miles outside of Albuquerque, with rural locations given higher preference.

1. OUT-OF-TOWN REQUIREMENTS

Because UNM is a state-sponsored university, the mission of the state related to the DPT program is to place clinicians in rural areas of the state, to meet the needs of rural or underdeveloped areas where there may be a shortage of health care options available. Because of this mission, the DPT program requires each student to complete TWO clinical education experiences at least 30 miles outside of Albuquerque, and that one of these clinical education experiences occurs in a rural area. Students are encouraged to view it as their ethical duty, as a member of this program, to participate in a clinical education experience in rural New Mexico. However, if a student is unable to do their rural clinical education experience in New Mexico, a clinical education experience out-of-state, in a rural area, will also satisfy this criteria. Students should anticipate that clinical education experiences will require geographical separation from family, significant others, friends, and pets.

2. PRACTICE SETTING REQUIREMENTS

The first-year full-time clinical education experience will occur in an outpatient orthopedic setting. Objectives of the experience are on mastering basic musculoskeletal physical therapy skills.

The final three full-time clinical education experiences are designed to facilitate entry-level physical therapist practice and prepare students to function as a general practitioner of physical therapy. Students are expected to choose a diversity of settings and populations in their final three full-time clinical education experiences. Students may not repeat settings in these final experiences because the mission of the program is to graduate a generalist who has skills in all areas. For example, a student may not choose an outpatient private practice setting both for the Outpatient and for the Elective experience. Exceptions may be considered if the student is interested in rural New Mexico.

The requirements are as follows:

- Inpatient Setting
- Outpatient Setting
- Elective Setting

Some sites offer a combination of experiences such as in rural settings where the therapists see patients in inpatient and outpatient routinely during the course of a day and/or week. In these cases, the practice setting will meet clinical education experience qualifications based on where the majority of the student's experience will be. The inpatient and outpatient setting requirements should be close to 90% of the caseload. The DCE will help individual students determine whether a clinical site of interest will fulfill this requirement.

Sites will not be combined to create a mixed experience. For example, students are not permitted to combine half-time at two different clinical facilities. Students who are interested in

a variety of exposure are encouraged to pursue a clinical education opportunity in a rural setting, where a combination of experiences is inherent in the structure of that particular clinic or hospital. A combination of a pediatric and adult setting for the same clinical education experience will not be accommodated.

3. PATIENT POPULATION REQUIREMENTS

The clinical education phase of the curriculum is designed to facilitate generalist physical therapist practice which involves the ability to work with patient of differing age ranges (pediatric through geriatric) and with involvement of different body systems (musculoskeletal, neuromuscular, and cardiopulmonary). Students are not required to complete a full-time clinical education experience in pediatrics, as REACH lab qualifies as meeting this age range requirement.

The requirement of patient population in the final three clinical education experiences are as follows:

- Musculoskeletal system: Some amount of outpatient orthopedic setting (adults or pediatrics).
- Neuromuscular system: Some amount of experience with adults with neurological conditions.
- Cardiopulmonary system: Some amount of experience with patients with cardiopulmonary conditions.

B. SUBMISSION OF STUDENT PREFERENCES

The DCE will meet with students throughout the curriculum in accordance with the national timeframes of clinical request processes. Students will either be provided with a list of available clinical sites or will be provided with instructions on how to access the larger site database. The DCE permits students to submit clinical site preferences with the understanding that a student's preferences may not be able to be honored.

Students have entered into the program already aware that the nature of clinical education requires additional expenditures, on average approximately \$1600 per clinical education experience. The financial concerns of a student related to housing and/or travel during these clinical experiences is not a valid reason to choose one site over another. The student should choose clinical sites based on the experience that they are interested in gaining, not on the ability to attain cheap or free housing.

1. THE CLINICAL EDUCATION DATABASE

The DCE gives the students online access to the clinical education database of UNM DPT program affiliates. This database includes all clinical sites with whom the program currently affiliates. This database does not imply that any of these clinical sites have or will offer a slot to a UNM student.

There are several clinical sites listed in the database that affiliate with multiple PT/PTA programs and are very competitive to get into. Some venues require interviews or applications. There are some clinical sites listed in the database that UNM currently does not have a strong partnership with, and therefore are difficult to receive a slot at. In any of the situations described, these clinical sites have often requested that student assignments be restricted only to those students with high academic achievement in the DPT program.

2. CONSULTATION WITH THE DCE

At any time in the curriculum during normal office hours, students can email the DCE to request a meeting about clinical education. Students must meet with the DCE to review their plans for the final three clinical education experiences; this meeting is mandatory for students choosing CEE3 and CEE4. The DCE makes good faith efforts to educate students prior to submitting their preferences, to encourage appropriate breadth of interests and also to encourage realistic expectations about the placement process.

3. THE DCE REQUEST PROCESS

The DCE follows the national request process supported by APTA. The national request process occurs at a specified time each spring, and requests are for the following calendar year.

When the DCE requests student placement at a clinical facility, the program is often competing with several other PT and PTA programs for student placement. The DCE does not know how many students will be accepted by each facility. For example, a clinical facility may receive a student placement request from 20 different PT/PTA programs and only have 2 spots available. As a result, the DCE often needs to place students at locations that were not identified as sites of preference.

Most clinical facilities are booked within 1 month of the start of the request process. As such, the DCE strives to reserve enough clinical education slots across the region as would support all UNM DPT students through their clinical education experiences. This involves submitting requests at, and accepting offerings from, clinical sites that may not have been listed on any student's preference list.

Some clinical facilities require that the DCE make a request for a specific student during the annual request process. Other clinical facilities will provide UNM with a "reservation". Even if the DCE requests for a specific student, the placement process is not finalized until all students have a clinical assignment. A request for a specific student may be retracted and altered to place a different student, in accordance with items 1-4 above as related to achieving a good fit for all students.

4. CONFIDENTIALITY IN THE PLACEMENT PROCESS

Students must understand that the DCE cannot provide specific details as to why a particular student preference was or was not honored. The DCE would not be able to provide such details without breaking confidentiality of clinical sites and of other students in accordance with items 1-4 above. If a student is not placed at a clinical site of his/her preference, the student should assume that their clinical sites of preference were "Unavailable". The following are examples of reasons that a clinical site might have been Unavailable to a particular student:

- The clinical site did not offer a slot to our program.
- The clinical site preferred a different time of year or experience level.
- The clinical site requested certain student characteristics and the student was not a match.
- The available slot was offered to a different student in the program who was of better fit.
- The characteristics of the CI, schedule, pace, or caseload were not a match to the student's needs and preferences.
- The clinical site did not respond to the DCE's request for placement.
- The DCE received new information about the clinical site, CI, or student that indicated that they were not a match.

- The DCE determined that the clinical site requires development of their clinical education program in order to enhance the relationship or the student experience.
- The DCE or clinical site discontinued their partnership with UNM.
- The terms of the affiliation agreement could not be agreed upon.
- The site retracted their offer due to scheduling, staffing, or managerial changes.

Students are prohibited from contacting clinical sites or clinicians to inquire about why a student was not accepted for a clinical experience. If a student does so, he/she will be subject to disciplinary action.

5. SITE SELECTION AND PLACEMENT RESTRICTIONS

A) RESTRICTIONS BASED ON ACADEMIC/PROFESSIONAL PERFORMANCE

- Students may not apply for an out-of-state clinical education experience for CEE2 if on Probation or Provisional Probation at the time of selection.
- Students may not apply for new clinical site development if on Probation or Provisional Probation at the time of selection.
- Students must understand that his/her academic performance throughout the curriculum may affect a clinical placement after it has already been assigned. In some situations, students may be asked to change clinical education sites based on the environment of the clinic meeting the academic needs of the student. The DCE maintains full autonomy to reassign a student to a different clinical facility at any time, based on items 1-4 above. This includes placements that were arranged via interview or application.
- At any time, a faculty member may inform the DCE and/or APC about academic concerns that may affect the student's ability to deliver safe, effective, and/or respectful clinical care. In such a situation, the DCE will review the reported concerns and determine if the situation necessitates alteration of clinical placement. In addition, the APC will determine if remediation or disciplinary action is recommended. These decisions will override a student's preferences of clinical placement and may result in short-notice changes in clinical placement.

B) RESTRICTIONS BASED ON CONFLICT OF INTEREST

A student will not be assigned a clinical education experience at a facility that is funding a portion or all of the student's education in the Program and/or has hired him/her to begin employment upon completion of the Program. In this situation, the funding and/or hiring arrangement presents a conflict of interest for the facility, the CI, the employer, the student and the Program. A student who is receiving financial support from a facility with the expectation of becoming employed upon successful completion of the Program is required to disclose this arrangement in writing to the Division Chief and to the DCE.

This policy does not prohibit students from accepting positions at facilities where they are currently participating in a clinical education experience or have previously completed a clinical education experience.

C) RESTRICTIONS BASED ON FORMER EMPLOYMENT/VOLUNTEERISM

The program strongly recommends that a student not be placed for a full-time clinical education experience at: (a) a site where the student has worked or volunteered more

than 40 hours in the physical therapy department within the last 3 years; (b) a site where the student has been, or is currently being, treated as a patient in the physical therapy department. The Program believes it may be more difficult for a student to establish themselves as a student professional in these settings since former colleagues and therapists may continue to interact with the student within previously established roles. Additionally, such placement may cause bias in rating the student's performance. The Program also believes that students should take the opportunity, during clinical education experiences, to experience new perspectives than those already observed.

D) RESTRICTIONS BASED ON FORMER CLINICAL EDUCATION EXPERIENCES

Students may not return to complete a clinical education experience at a facility or with a national company where he or she has previously completed a full-time clinical education experience. Students may complete more than one clinical education experience within the same larger medical center system when each experience is completed within a different department or specialty setting. Students may return to complete a full-time clinical education experience at a facility where he or she previously completed a mini clinic experience.

6. CLINICAL INSTRUCTOR ASSIGNMENT

The SCCE is responsible for assigning a CI to a student. In most situations, the DCE does not know which specific instructor will be assigned to the student when the placement is made. The DCE works with the SCCE to assign a clinical instructor within 2 months of the start of the clinical education experience.

Students are not permitted to request specific clinical instructors.

The most common CI assignment is a 1:1 model; 1 CI assigned to 1 student. Several other models of CI assignment exist. The model of CI assignment is often unknown at the time that a student placement is made. Other CI assignment models might include, but are not limited to:

- 2 CIs to 1 student
- 1 CI to 2 students
- 3-5 CIs to 1 student
- 1 CI to 3-5 students
- 3 CIs to 3 students

There are no guarantees that the type of supervision model will match the student's learning needs and preferences. Students are responsible for adapting to any model of supervision that the clinic assigns. A student is encouraged to provide feedback to his/her clinical instructors about specific changes to the supervision model that might benefit the student's learning; however, the student must understand that the clinic is under no obligation to implement the student's suggested changes.

A) CONTACTING CLINICAL INSTRUCTORS/SITES

The DCE gives students information about clinical placements several months prior to the start of the clinical education experience, however the student MUST NOT contact the SCCE or CI until approximately two months prior to the start of the clinical education experience, unless contacted by the SCCE or CI prior to this. If a student receives an email from a SCCE or CI earlier than two months prior to the start date, the student should inform the DCE and include the DCE on the email correspondence, to maintain communication between all parties. In some situations, the DCE may respond for the student.

The clinical site may request paperwork from the student prior to determining the assigned CI. If a student is contacted by the SCCE or clinical site to initiate this process, the student should confirm with the DCE before initiating any paperwork or giving any personal information to the clinical site.

Two months prior to the start of the clinical education experience, students should email their SCCE to introduce him/herself, ask any applicable questions regarding dress code and schedule, and ensure permission from the SCCE to contact the CI directly. Students are requested to include the DCE on any correspondence with the clinical facility in order to maintain communication between all parties. Some SCCEs are best reached by telephone.

One month prior to the start of the clinical education experience, students should be in direct contact with their CI, determining hours, and planning for the experience. Within two weeks of the start, students must email a Student Information Form to their CI.

Students are highly encouraged to arrange a meeting with their CI prior to the start of the clinical experience whenever possible. This ensures that the two parties have sufficient opportunity to get to know each other's personalities, strengths, weaknesses, and expectations without the added stress of a busy clinical schedule.

B) CLINICAL CANCELLATIONS

The DCE assigns clinical placements several months in advance, and situations sometimes change and a clinical placement is cancelled or altered. If a clinical placement cancellation occurs, and there is no suitable clinical site that matches items 1-4 above for the student involved, the DCE may need to reassign other students in order to ensure a good fit for all students in the program. In such a situation, the DCE will maintain best efforts to discuss need for changes with all students involved.

(1) CLINICAL PLACEMENT CANCELLATIONS INITIATED BY THE CLINICAL SITE/SCCE:

An SCCE sometimes contacts the DCE to change or cancel a clinical education experience, most commonly due to staffing issues. Cancellations may occur with several months' notice, or may occur the day that the clinical education experience is scheduled to begin, or any interval in between. Because all other clinical placements will have already been assigned, a student must understand that reassignment due to cancellation may result in very limited options for the student. As a result, the student may be reassigned to a clinical facility in any geographic region, with attendance to items 1-4 above.

If a student receives an accommodation through ARC, and this accommodation letter is generated after a student has been placed at a clinical education site, the student must understand that the clinical site(s) currently assigned might not be able to fulfill the accommodation. This may result in cancellation and reassignment of the clinical education experience. As a result, the student may be reassigned to a clinical facility in any geographic region, with attendance to items 1-4 above.

(2) CLINICAL PLACEMENT CANCELLATIONS INITIATED BY THE UNM DPT PROGRAM:

If, at any point in the curriculum, the DCE or any faculty member feel that a student has been placed at a facility that compromises attainment of generalist practice or does not align with items 1-4 above, then that student's clinical placement may be cancelled and reassigned to a location of suitable fit.

(3) CLINICAL PLACEMENT CANCELLATIONS DUE TO EXTENUATING CIRCUMSTANCES:

A student experiencing extenuating circumstances should consult with the DCE to discuss necessary alterations to his/her clinical assignments. Extenuating circumstances do not include financial concerns, which should be considered prior to submitting clinical preferences. Extenuating circumstances also do not include a student changing his/her mind about places of preference. Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned clinical education experience. If a student does so, he/she will be subject to disciplinary action.

If a clinical cancellation or reassignment occurs for any reason, the student must understand that his/her personal preferences on clinical education venue may not be able to be honored or accommodated. A student may be reassigned to any available clinical location that matches items 1-4 above. As a result, the student may experience financial or personal consequences related to housing and/or travel and may be separated from family and friends. The program is not responsible for any financial or personal consequences that the student experiences in this regard. Such consequences remain the student's responsibility.

C. CLINICAL AFFILIATION AGREEMENTS

A written legal agreement/contract must be in effect with signatures from both the University of New Mexico and the clinical facility prior to placing a student in a site for a clinical education experience. The University has a standard agreement but will also review specific agreements preferred by some facilities. Students and clinical instructors may locate copies of the agreements by emailing the CEPC.

1. SITE DEVELOPMENT

***Disclaimer:** Site development is **NOT** encouraged. UNM Division of PT already has many worthwhile clinical sites that are dedicated to our program and eager to work with our students. Because the mission of UNM Division of PT is to serve the needs of our local community, students in the program are encouraged to view it as their ethical duty to participate in clinical education experience at rural New Mexico sites. UNM already affiliates with many other facilities out-of-state. The DCE will likely only pursue site development in situations where there are no other options for the student.

Site development is not permitted for CEE1 or EE2.

Any student interested in site development must be in good academic standing within the program and all faculty must agree that placement at a new affiliate is a good decision for the student based on his/her academic needs and professional behaviors. A student may not pursue site development if he/she is on Probation or Provisional Probation. Faculty, in conjunction with the DCE, reserve the right to deny site development to any student that they feel would more highly benefit from the supervision and guidance of one of UNM's core clinical affiliates. Site development processes will be discussed with students in accordance with selection timelines for CEE3 and CEE4.

D. PREREQUISITE DOCUMENTATION AND CLEARANCE PROCESS

In addition to programmatic requirements for health insurance, background checks, CPR certification, and immunizations, each clinical education site may require additional prerequisite documentation prior to allowing the student to begin a clinical education experience. The CEPC will inform each student of the specific needs of their clinical facility. Students must be cleared by the CEPC at least four weeks prior to the start of the clinical education experience.

Some facilities require clearance up to three months prior to the start date. The CEPC gives each student a specific timeline that is individualized to the facility where he/she is placed. Students must be proactive about meeting all requirements in the necessary timeframe. Failure to complete the required prerequisite documentation with the CEPC in a timely manner will likely result in a delayed start to the clinical education experience, and possibly a cancellation of the experience, both of which will likely affect progression within the program.

The DCE and CEPC will follow HIPAA and FERPA guidelines when releasing student information to clinical sites. The CEPC does not maintain copies of the student clearance documentation, per FERPA policy. The CEPC can only provide acknowledgement that all health requirements are up-to-date and on file at the University.

Clinical sites are discouraged from requesting actual health records from the DPT students. If a clinical site requires actual copies of any of the above information prior to the start of the clinical education experience, it is the responsibility of the student to supply this information to the SCCE via email, and CC the CEPC to ensure appropriate completion.

Some clinical sites require an additional Background Check or Drug Screen. Any additional immunizations that are required by the clinical site beyond those that are required by SHAC will be the financial responsibility of the student. Students are encouraged to discuss clearance expenses with the CEPC in the event that funds become available.

E. POLICY ON RELEASE OF INFORMATION

SCCEs and CIs are considered Clinical Faculty in the UNM Division of Physical Therapy. CIs are primarily responsible for the student's clinical education in a specific facility, as an integral part of the UNM DPT Program's curriculum, and following the syllabus of the corresponding course in the UNM DPT Program. As course instructor for the clinical education curricular content, the DCE will at times share information with the clinical facility regarding the student's academic and professional strengths and weaknesses. In accordance with FERPA, such information is shared on a need-to-know basis, only with those individuals directly involved in the mentorship of the student or oversight of the clinical education program at the facility. Any information provided is intended to ensure the best possible learning experience for the student, facilitate student success, ensure the safety of patients, and ensure that the clinical site can maintain normal daily operations.

The DCE may recommend specific strategies to the clinical instructor to facilitate effective learning based on the student's academic, clinical, and/or professional performance thus far in the program. The DCE may ask the clinical instructor to monitor the development of specific skills or professional behaviors. The DCE will reveal any probationary status related to a student and will discuss with the clinical facility their roles in any portion of a remediation plan or action plan that they will be involved in, including specific goals that need to be accomplished during the probationary or remediation process. The DCE expects the

SCCE and the CI to hold this information confidential and not disclose this information to colleagues, patients, or any other party not directly involved in mentoring and oversight.

The DCE will disclose a need for accommodations with the clinical site, but per the Americans with Disabilities Act will only disclose the accommodation itself, not the specific reason for the accommodation. As such, the DCE will not disclose information about a learning disability or any specific background related to accommodations requested. In many situations regarding accommodations, the DCE will recommend, but not require, that the student, DCE, and SCCE/CI hold a conversation together prior to the clinical education experience to discuss any particular needs or concerns related to an accommodation. The student is welcome to include an Accessibility Resource Center representative in such conversations.

F. GENERAL ETIQUETTE IN CLINIC

Students are expected to show common courtesy in the clinical setting. Communication of respect, displaying good listening skills, and maintaining sensitivity in verbal communication will help promote productive working relationships with clinical supervisors, patients, and peers.

Students must avoid chewing gum in the presence of patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.

Students must refrain from using personal cell phones or other electronic communication devices during clinic times, unless they are a part of the necessary functions of the job.

Students may not accept gifts or gratuities offered by patients, families, caregivers, or vendors. Any such gifts offered must be reported to the clinical instructor and handled in accordance with clinical site policies.

1. INTEGRITY AND RESPECT

Students must demonstrate respect of other professionals. Students are expected to avoid conversations with other clinicians, students, family members, friends, or other community members that may in any way tarnish the reputation of a clinical site or specific clinician. A student must not speak unfavorably about clinical instructors or other healthcare professionals in public areas, to other students, to other members of the healthcare field, on social media, or to other members of the community.

Students should be discrete and tactful about sharing sensitive information about the clinical site or clinical instructor during discussion boards or classroom activities, and should not identify clinicians or facilities by name. All information contained within the discussion board environment must remain confidential within the student body of that particular cohort and must not be shared with other DPT cohorts.

All conversations about concerns or challenges related to a clinical site or clinical instructor must occur solely between the DCE and the student and must not be shared with other students, faculty, clinicians, family members, friends, or other community members. The DCE can offer suggestions to the SCCE as appropriate to address the concerns.

Students must understand that CIs do not receive reimbursement for their time as clinical instructor and have volunteered to work with the student. The student should respect the time that the CI is providing during into the clinical education experience, value the learning opportunity, and treat the CI with respect.

2. PHYSICAL THERAPY SCOPE OF PRACTICE

Students are expected to know and follow the Physical Therapy Practice Act, Rules and Laws of the state in which they are performing a clinical education experience. Students are expected to report any ethical or legal concerns to the DCE.

3. PATIENT CONSENT

Students must always introduce themselves as a “physical therapy student” and wear a nametag that identifies them by name and as a student.

Students must always provide the name of the supervising CI to the patient and inform the patient that this person is the licensed professional responsible for the patient’s care. The CI might not be present during this initial introduction, but should be present and introduce him/herself at some point during the encounter. The CI should also check in with the patient at each and every follow up encounter.

Students must always ask consent from the patient to allow the student to participate in any form of patient care. This includes evaluation, treatment, and observation. The student must also inform the patient that they are entitled to ask for additional consultation with the licensed physical therapist at any point during the encounter with student. This will allow the patient to clarify information that the student might not have presented clearly, or provide the patient additional validation of the recommendations that the student made.

An example of phrasing is “My name is ___ and I am a physical therapy student. ___ is the licensed physical therapist that is overseeing my training and your care. Is it okay if I work with you today? Please let me know if you would like ___ to join us at any time during our session together.”

Students must understand that the patient has the right to refuse evaluation, treatment, and/or observation by a student. The student must actively seek out other learning opportunities during the allotted time if this occurs.

4. PREPARATION AND INITIATIVE

The student is responsible for informing the clinical instructor of his/her preferred method of learning and feedback. Students must demonstrate initiative in patient care, departmental functions, and in their own learning.

Students must be efficient with clinic time. It may be difficult to arrange formal meeting times with the CI. The student may, therefore, need to be flexible and have their thoughts well organized for any meetings that occur. Students should come prepared for all meetings with written goals, questions and comments. Students must use free time constructively and in ways that are agreed upon by the clinical instructor.

Students are expected to ask the clinical instructor questions throughout the clinical education experience. Asking questions will not only facilitate student learning, but will also ensure patient safety and quality care. The clinical instructor is assessing the skills and knowledge of the student during the clinical education experience. If the student does not ask the CI questions readily, the CI might start to question the skills and knowledge of the student. Be discrete about asking questions in front of patients. Reserve all questions about prognosis for when the patient is not present. Be aware of the clinical instructor’s time constraints in answering questions.

5. STUDENT PERFORMANCE EXPECTATIONS IN THE CLINICAL SETTING

The nature of the clinical education experience is that students are expected to carry a base level of knowledge and skills prior to entering into the clinical education setting.

During a first-year clinical education experience, this expectation includes the ability to apply knowledge and skills learned thus far in the curriculum with little to no supervision of the CI.

During the three final clinical education experiences, the expectation is that the student can evaluate and treat patients of all types and conditions without needing to be “taught” by the CI.

It is inappropriate for a student to expect that a CI will teach or review didactic course content in the clinical education setting. Such review is the student’s own responsibility on his/her own time.

Adult learner characteristics include being able to learn outside of one’s preferred learning style. The physical therapy profession requires the ability to learn in various styles, and requires the learner to synthesize and accurately apply large volumes of new information in fast and high-pressure situations. While the student is encouraged to discuss his/her learning style with the CI, this affords no guarantee that the CI will be able to accommodate the student’s learning preferences. The student is expected to pursue his/her own resources to facilitate learning in the clinical education environment.

Clinical instructors have various expectations of a DPT student’s knowledge, skills, and behaviors, which helps determine their expectations of student participation during the clinical education experience. Please refer to the documents entitled “Expectations of DPT Student Performance During Clinical Education Experiences” for the most common expectations that CIs have of their students. These will be provided to students prior to the clinical education experience. Students should meet with the DCE or the academic faculty prior to the clinical education experience if they have concerns about their ability to meet these expectations.

A) COGNITIVE/KNOWLEDGE EXPECTATIONS

Students are expected to enter into the clinical education experience with a working knowledge of foundational concepts that will apply to the patient population at that clinical site. Students are expected to prepare for their clinical education experience by reviewing didactic material prior to the start of the clinical education experience. It is recommended that students take initiative to prepare for the experience in the following ways:

- Ask the clinical instructor about common diagnoses that they will see at the clinical site.
- Determine if the clinical instructor has any recommended supplemental reading or material to review prior to the experience.
- Meet with course instructors to review any concepts that are unclear.
- Admit when they do not know sufficient information about a condition, diagnosis, or intervention; understand the safety implications of insufficient knowledge. Students must not attempt to mask a knowledge deficit, as this poses a risk to the patient and to the CI’s license.

B) PSYCHOMOTOR/SKILLS EXPECTATIONS

Students are expected to enter into the clinical education experience with sufficient competence with hands-on skills that will apply to the patient population at that clinical site. Examples of psychomotor skills include:

- Use of gait belt, guarding
- Transfers involving various degrees of assistance
- Adjustment of assistive devices
- Goniometry, manual muscle testing, reflex testing, sensation testing
- Palpation skills
- Draping and positioning for patient comfort
- Supporting and handling injured or painful limbs
- Vitals assessment
- Manual therapy skills such as joint mobilization, manipulation, muscle energy techniques, soft tissue mobilization, trigger point release, passive range of motion

Students are expected to prepare for their clinical education experience by reviewing psychomotor skills prior to the start of the clinical education experience. It is recommended that students take initiative to prepare for the experience in the following ways:

- Consider the diagnoses that are common at the clinical site and review the hands-on skills that will apply to that population.
- Determine if the clinical instructor has specific preferences regarding hands-on skills (for example, if they commonly use NDT, muscle energy, soft tissue mobilization).
- Meet with course instructors to review any concepts that are unclear.
- Admit when they lack sufficient practice/mastery of a hands-on technique; understand the safety implications of insufficient mastery. Students must not attempt to mask a psychomotor deficit, as this poses a risk to the patient and to the CI's license.

C) AFFECTIVE/ATTITUDES/BEHAVIORS EXPECTATIONS

Students are expected to consistently demonstrate the professional behaviors as defined in the Student Policies & Procedures Handbook and in the document "Expectations of DPT Student Performance During Clinical Education Experiences".

Students are expected to self-reflect on their own strengths and weaknesses related to professional behaviors. Students are expected to self-identify behaviors that they may struggle to consistently demonstrate, be honest and forthcoming with the CI regarding these areas for improvement, and seek feedback and coaching from the CI in order to improve these behaviors.

D) TECHNICAL STANDARDS EXPECTATIONS

Students are expected to review the Technical Standards of the DPT Program prior to progressing to the clinical aspect of the program. Students should consider if they will require accommodations to meet the Technical Standards, and are encouraged to contact the Accessibility Resource Center to discuss their situation and determine if they qualify for accommodations.

The student may not attempt or request to alter the standard expectations of the clinical education experience in response to any student struggles. The student may not attempt or request to alter the productivity requirements of the clinical facility or the CI. The student may not attempt or request to alter the technical standards or performance standards of the job.

G. STUDENT SUPERVISION

1. GENERAL GUIDELINES

In order to provide physical therapy services, a DPT student must be supervised by a licensed PT CI. A CI must be on the premises and immediately available for consultation at all times when the student is performing physical therapy activities. Primary CIs must have a minimum of one year of clinical experience. A PT with any level of experience may participate as CI in a part-time or secondary role.

If a student is assigned to a small clinic with only one physical therapist, the student cannot provide physical therapy services without the physical therapist on-site, as may occur if the therapist calls in sick. If a student is at a clinic with multiple physical therapists and the CI calls in sick, the CI must designate another PT to act as interim CI for that day if the student is to work with patients.

In the event that there is no supervising physical therapist available on-site on any day a student is scheduled to be in the clinic, alternative arrangements must be made for the student's clinical hours. Options may include observation of another professional or another discipline, assignment to another clinic for the day, or making up hours during or after the experience. Occasionally, the CI may ask the student to work with some of the scheduled patients on the CI's caseload in the absence of the CI, but under the supervision of another PT. If the student agrees to work with the primary CI's patients while the primary CI is not at the clinic, the student must be fully comfortable with these patients and the covering CI must be comfortable with the situation and supervision involved. If the student finds him/herself in this situation and has concerns, these concerns must be discussed with the CI and escalated to the SCCE and/or DCE if the situation is not easily resolved with the CI.

Students may participate in co-treatments with other professionals (OTs, SLPs) if the supervising CI is on the premises and if the patient is receiving physical therapy care. If the patient is not receiving PT services, and instead is receiving OT, SLP, or nursing services, etc., the student may only observe. Students can receive instruction from physical therapist assistants, however, the patient's care must be directed by the CI or primary therapist, and a PT acting as CI must be on-site.

Some students might be temporarily supervised by other CIs while the primary CI is on leave or at a meeting. The student is expected to remain professional even if the temporary CI is not a good match for the student's learning preferences. Contrastingly, a student may receive a temporary CI that is a better match than the primary CI, and the student might prefer that this temporary CI become the student's full-time CI.

Students must understand that it is unprofessional to ask to be assigned to a different CI. If a student feels that the learning environment under their primary CI will prevent the student from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible. If the DCE determines that a change in CI assignment is necessary, the DCE will lead the facilitation of this change.

A) STUDENT SUPERVISION UNDER MEDICARE A

For acute care settings, the CI must provide on-site supervision which does not need to be within line of sight. The CI and student must ensure that Medicare A is clearly notated in the patient's chart to avoid any potential situation such as secondary insurances or observation status which would qualify under Medicare B.

B) STUDENT SUPERVISION UNDER MEDICARE B

In the skilled nursing facility setting, in order to record minutes as individual therapy when a student is involved in the treatment, only ONE resident can be treated by the therapy student and the supervising therapist. The supervising therapist cannot be treating or supervising other individuals, and the therapist must be able to immediately intervene or assist the student as needed while the student and resident are both within line-of-sight supervision.

The minutes must be coded as "concurrent therapy" if the student and supervising therapist are each treating a separate resident while the student is in line-of-sight of the supervising therapist; if the student is treating two residents simultaneously, both of whom are in line-of-sight of the supervising therapist, and the therapist is not treating any patients and not supervising other individuals; if the supervising therapist is treating two residents simultaneously (regardless of payer source), both of whom are in line-of-sight, and the student is not treating any residents.

In an outpatient setting, in order to bill for student services provided to patients and clients with Medicare B, the CI must be present and actively engaged in all decision making related to the patient's care. The CI may not be engaged in another activity simultaneously.

Students, CIs, and SCCEs are all encouraged to stay up-to-date with Medicare/CMS policies related to student supervision. SCCEs should be aware of site-specific methods of ensuring regulatory compliance related to student participation in the delivery of PT services.

2. DOCUMENTATION

Students are responsible for understanding the documentation permissions, expectations, and processes at each clinical education site where he/she is assigned. A student must take the initiative to receive training on documentation processes. All documentation by a PT student must be co-signed by the supervising PT CI. The designation "SPT" should follow the student's name and signature.

H. CLINIC HOURS

The student is expected to follow the schedule of the clinical instructor, which can take a variety of formats. A typical clinical schedule is 8:00am-5:00pm five days per week, but many CIs start earlier than 8:00am or leave later than 5:00pm. Some CIs work alternative schedules such as four 10-hour days; 7 days on, 7 days off; longer vs shorter days throughout the week. Some CIs work weekends and holidays. Students are expected to comply with any schedule variation.

Students should notify the DCE during the selection process if there are any special needs that would not allow them to comply with any type of schedule. Once a placement is arranged and confirmed, any additional scheduling needs will not be accommodated. If a student is employed during clinical education

hours, the student is expected to forfeit or change employment hours so as to not conflict with their clinic hours.

Weekly scheduled hours for full-time clinical education experiences should average 36-40 hours per week. Clinics or CIs who cannot accommodate a 36-40 hr/week schedule should contact the DCE to discuss alternate options. 36-40 hours per week typically does not include lunch, documentation time, or prep time. It is therefore not unusual for a student to have close to 50 hours per week when prep time and documentation time are included.

1. HOLIDAYS

Students will follow the same holiday schedule as the clinical instructor. Therefore, students may be required to work on major holidays, and may be separated from family and friends on that day. Students will not observe University holidays if the clinic does not also do so. On occasion, a clinical site will observe several holidays and/or vacation cycles, the extent of which compromises the length and timing of the clinical education experience. This commonly occurs in the school-based setting and the government healthcare setting. The DCE will work with SCCEs and students to adjust the timing of the clinical education experience when excessive days are scheduled off. This may result in lengthening the clinical education experience and/or adjusting the dates of any subsequent clinical experiences in order to make up missed time.

2. OVERTIME EXPECTATIONS

Students should not be expected to work overtime patient-care hours, but overtime is likely necessary for documentation, preparation, and homework assignments.

Students are expected to pursue learning opportunities outside of clinic hours, review didactic information and complete assignments. Students should expect that CIs will assign homework activities/assignments. Students are expected to fulfill all homework assigned by CI and meet stated deadlines as if it were a classroom assignment.

Students are expected to arrive to work up to 30 minutes early to review charts for the day. They are expected to stay late to complete documentation and may end up taking documentation home, depending on clinic policy. Students should show initiative in preparing for the day and taking responsibility for one's own work. However, a student must refrain from working with a patient if the CI is not on the premises (unless the CI denotes another physical therapist to be in charge of supervising the student).

3. TARDINESS

Students must arrive on time, keep appointments, and leave at a time agreed upon (in advance) by the clinical instructor. Tardiness will not be tolerated. If a student is late, the CI should discuss the issue with the student when it first occurs and give a verbal warning. If tardiness occurs a second time, the situation will be documented and reported to the DCE. The DCE will determine the overall status and progress of the student in considering what plan of action will occur to address the concerns. The plan of action may involve specific objectives, remediation activities, or termination of the clinical education experience.

4. ABSENCES

A) USE OF TIME OFF REQUEST FORM

For any expected or unexpected days missed, the student must complete the Time Off Request Form and submit the request to the DCE. If the DCE indicates approval, the student must then gain approval of the CI. The student must then email the completed

Time Off Request Form to the DCE. Students should avoid scheduling travel arrangements/airfare until they receive approval from the DCE.

B) ILLNESS OR EMERGENCY

In any situation where a student is not able to attend a particular day of the clinical education experience due to illness or emergency, the student must notify the clinical instructor prior to the start of that day. The student must go through some process to ensure that the CI received notification of the absence. The student must also inform the DCE of this absence by using the Time Off Request Form.

Time off for appointments for medical and dental care, either for the student or the student's dependents, should be discussed with the DCE prior to making the appointment. The student is expected to schedule appointments outside of clinical time in order to minimize disruption to the facility, patient care, and the learning experience. Students are required to make up any missed time.

C) PROFESSIONAL DEVELOPMENT

Students are allowed 2 days off per clinical education experience for professional development. This includes attendance at CSM or a state/national conference, a continuing education seminar, participation in select research activities, licensure exam, and residency interviews. Students must make these requests to the DCE, in writing, before arranging the time off with the clinical site. Students should wait to register and pay for conferences and travel until written approval is given by the DCE.

Residency Interviews: Students who are pursuing residency interviews should be aware that only 2 days off are allowed per clinical education experience. Any students pursuing residency interviews should alert the DCE immediately and should include the DCE in all discussions related to negotiation of time off. Students will be asked to inform the residency director of their existing academic commitments and arrange residency interviews during breaks or via Skype whenever able. If these are not an option, the student should schedule the residency interview on a Monday or Friday (with a weekend/normal clinic days off on one end) so that only one day of clinic is missed. The DCE will work with the student as best as possible to allow the necessary time off, but students must also prioritize the commitment that they have made to their clinical education site and to their patients.

Early exams – Students who plan to take the licensure exam in April should alert the DCE as soon as they make this decision. The DCE will make arrangements with the clinical site to allow the student to take the day off for the exam. The student is expected to attend all other clinic days surrounding the exam date. For example, days off before and after the exam (ie to study or to unwind) will not be granted.

Because professional development activities are no substitute for patient care experience, missed time for professional development must be made up.

D) PERSONAL DAYS AND UNEXCUSED ABSENCES

The Code of Ethics, the PT CPI, and the Professional Behaviors documents all indicate that a physical therapist is to place the needs of the patient above one's own self-interests. Accordingly, in order to show readiness to function in the role of the physical therapist, students are not permitted to take personal days off during full-time clinical education experiences, even if the CI feels that it is permissible.

Students are aware of their clinical experience dates well ahead of time, and are expected to avoid scheduling events such as weddings, vacations, and family reunions

during a clinical education experience. Any student request for time off for these reasons will not be granted. In rare situations, the DCE may allow one personal day if it is for a good cause and does not risk adversely affecting patient care, the learning experience, and the daily operations of the clinical facility.

Time off from a clinical education experience for the purpose of a job interview is not an excused absence. Interviews should be scheduled at times other than scheduled clinic days or hours.

Any student who pursues missed time in clinic due to unexcused or unapproved absences may be subject to disciplinary action for professional behaviors concerns. Remediation will occur on an individualized basis.

E) MAKING UP MISSED TIME

An absence during a clinical education experience may compromise a student's ability to successfully meet clinical objectives. Students should show effort to make up all missed time, as this shows professional commitment to the clinical education experience.

All absences must be disclosed to the DCE. Any student who knowingly fails to disclose absences to the DCE may be subject to disciplinary action for professional behaviors concerns. Remediation will occur on an individualized basis.

Students are required to make up all missed days if they are struggling in the clinical environment, are on probation, and/or if their CI has expressed concerns about their progress, professionalism, or ability to meet the clinical objectives. Students required to make up a clinical absence must do so based on clinical faculty availability and convenience.

Days missed must be made up prior to the start of the next semester (for CEE1); prior to the start of the next clinical education experience (for CEE2 and CEE3); or prior to convocation (for CEE4). This may result in a delay of the next clinical education experience and/or a delay in graduation.

If there are no concerns about a student's progress, professionalism, or ability to meet the clinical objectives, and the student only has one excused absence, it is up to the discretion of the CI as to whether the student needs to make up that day versus put in some extra time on another day.

Occasionally a clinical site will be unable to make up missed days. In this case, if the student's performance during the clinical education experience has been adequate, missed days may be made up on the next clinical experience. Individual situations will be assessed by the DCE with input from the SCCE/CI.

I. EXPECTATIONS OF THE CLINICAL EDUCATION SETTING

The DCE has very little control over the teaching and learning that occurs in the clinical education environment. The DCE is available for consultation if a student is concerned about the teaching and learning that he/she is experiencing. The DCE may not alter the standard expectations of the clinical education experience in response to any student struggles. The DCE may not alter the productivity requirements of the clinical facility or the CI. The DCE may not alter the technical standards or performance standards of the job.

In some situations, the DCE may find it necessary to intervene in the learning experience. In other situations, the DCE may determine that intervention may be detrimental to the learning experience and/or to the relationship with the clinical site or CI. In yet other situations, the DCE may determine that

the student needs to employ conflict management techniques without additional DCE intervention. As such, the DCE advises the student to keep the following information in mind:

1. SKILLS

The CI is not responsible for teaching basic skills; that is the responsibility of the UNM DPT faculty. The student is responsible for achieving competency with basic skills prior to entering into the clinical education setting. The role of the CI in skill development is to facilitate the student's application of skills in new or complex patient situations. It is inappropriate for a student to expect that a CI will teach or review didactic course content in the clinical education setting. Such review is the student's own responsibility on his/her own time.

2. TEACHING METHODS

CIs are not trained teachers. They are not likely to use the same level of patience and coaching that the student is familiar with from the UNM DPT professors. CIs might be unfamiliar with the UNM DPT curriculum and therefore their treatment style might differ significantly from the student's training. A CI's teaching methods might differ significantly from the student's preferred learning style. Students must understand that this is a normal aspect of a clinical education curriculum. Students are expected to adapt to the CI's teaching methods. If the student feels in any way that the CI's preferred methods of teaching will prevent the student from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

3. FEEDBACK

A student is not guaranteed to receive feedback from the CI according to his/her method of preference, timing of preference, or frequency of preference. Some CIs give a lot of feedback, others give very little. Some CIs only give negative feedback; some CIs give very general feedback. The DCE regularly offers CI training workshops and/or one-on-one CI mentoring but CIs are not required to participate in these trainings. The DCE also provides written materials to CIs prior to start of the clinical education experience, in order to guide them in providing useful feedback. It is the responsibility of the student to inform the CI of his/her preferences related to feedback and to request modifications of the CI as needed. However, the student must understand that the CI may or may not adjust his/her feedback mechanisms in response to the student's requests for alternative mechanisms. If the student feels in any way that the CI's preferred methods of feedback will prevent the student from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

4. POPULATION

A student is not guaranteed to receive exposure to certain diagnoses or health conditions during the clinical education experience. The clinical site often does not have control over the types of patients that are admitted to the facility, and often the CI does not have control over the patients assigned to their schedule. Students must understand that the patient population that is present during the clinical education experience may restrict the student from performing the breadth of evaluation and treatment techniques that they were hoping to perform. Students must also understand that the patient population present during their time at the facility might include a majority of low complexity patients or a majority of high complexity patients. The student is expected to participate fully in the learning experience regardless of the complexity of the patients or the diagnoses seen. It is inappropriate for a student to request certain types of patients that are "more interesting", or to state that he/she is not interested or willing to work

with a particular patient. It is imperative that the student display appreciation for the learning opportunity that each and every patient has to offer. If a student is concerned that the patient population will prevent the student from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible. The DCE can help advise the student and CI on how to appropriately measure objectives in this situation.

5. PACE

A student is not guaranteed to receive their preferred pace of learning during the clinical education experience. While the DCE attempts to assign clinical placements based on a good match in this regard, the nature of the healthcare environment makes the pace unpredictable at times. Some clinical facilities might have a low census at the time of the student's experience, limiting opportunities for student-patient interactions. Some clinical facilities might have staffing issues that are causing higher caseload and/or longer hours than usual. The student is expected to adapt to the learning environment that he/she enters into. If a student is concerned that the pace of the facility will prevent the student from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

6. AVAILABILITY OF THE CI

A student is not guaranteed to receive direct one-on-one mentoring during the clinical education experience. The only requirement in this regard is that the CI follow the state laws regarding supervision of a student. Typically the state law only requires that the CI be in the building when the student is with a patient. A student might be independently treating patients under no direct supervision. The CI might have other students that he/she is supervising simultaneously. The CI might have supervisory or administrative responsibilities that prevent routine direct supervision of the student. A CI might not have opportunity in their schedule, amidst their other responsibilities, to devote significant time to answering questions, reviewing concepts, or practicing skills. It is the student's responsibility to pursue their own resources to answer their questions, and to review skills with their peers outside of clinic. It is inappropriate for the student to expect that a CI will stay overtime to review concepts or answer questions. If a student is concerned that the availability of the CI will prevent the student from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

J. EXPENSES

The unique nature of clinical education requires students to allocate additional funds beyond tuition and fees to cover this requirement within the curriculum. Examples of additional costs may include, but are not limited to: parking, travel, relocation, and/or housing expenses. Average expenditure is approximately \$1600 per clinical education experience.

1. REGISTRATION AND TUITION

The student will register and pay tuition for clinical education experiences. The student is responsible to acquire all necessary information and register prior to all University deadlines. Until registered, the student will not be able to participate in clinical education experiences.

2. HOUSING

Many clinical facilities provide housing support to students in the form of stipends or accommodations. Occasionally, the SCCE can be a resource for housing options; however, this contact would occur after placement at a clinical site has been arranged. Other resources for rental information include contacting the DCE of a nearby PT or PTA school, contacting college campuses in the area, contacting church groups, and Craig's List www.craigslist.com. The UNM PT program is not responsible for securing or assisting the student in finding housing during clinical education experiences.

3. AHEC SUPPORT FOR TRAVEL TO RURAL NM SITES

Students traveling to underserved areas in New Mexico (anywhere outside of the Albuquerque/Rio Rancho area) for full-time clinical education experiences are eligible for reimbursement for travel expenses through a grant funded program, New Mexico Area Health Education Center (AHEC). Reimbursement generally ranges from \$25-\$300 per month depending on location of clinic and state funds allocated. Reimbursement is based on one round-trip mileage to the clinical facility and is not meant to cover a daily commute.

VII. ACADEMIC PROGRESS & PROMOTION POLICIES

The Division of Physical Therapy has adopted policies which apply specifically to its professional curriculum. The faculty is concerned with students' growth and success in the professional preparation process, and it is the intent of faculty to help students proceed through the curriculum smoothly. The faculty advisor in collaboration with the student will review his/her performance and professional behavior throughout the curriculum, and most students will progress well through the curriculum.

If upon review, a student needs assistance in their educational pursuit, the student will be referred to the Academic Progress Committee. Examples of conditions of corrective action may include, but is not limited to, repeating an examination or other academic requirements, or modifying professional behaviors as deemed appropriate by the faculty. In the event of continuing concerns following a corrective action plan, the student can be placed on provisional probation. (See Section C: Retention).

Requirements for Graduation:

- Successful demonstration of entry level professional behaviors.
- In good academic and/or professional standing (not on probation).
- Successful completion of the didactic and clinical curriculum with a 3.0 overall GPA
- Successful completion of service learning requirements by April 15th of the 3rd year.
- Successful completion and presentation of the Capstone/Research Project.
- Successful completion of all comprehensive examinations (STEP/PEAT).
- Attendance at an exit interview and completion of Programmatic and Self-Evaluation Survey.
- Five-year limit to graduate – A student in the Physical Therapy Program at UNM has 5 years to graduate upon matriculation regardless of circumstances delaying the process. Exceptions will be made for military service. If the student is unable to graduate within 5 years of matriculation, they have the ability to drop out of the program, re-apply and if offered a position in the incoming class, reenter as a first year student again.
- To “walk” in the convocation ceremony a student must be within 6 credits of completion of all curricular requirements.
- To sit for the PEAT exam a student must be within 6 months of graduating.
- To sit for the NPTE prior to graduation the student must attain at least a 70% on the PEAT and according to National standards be within 90 days of graduation.

A. PROMOTION

The student's knowledge, understanding and ability to integrate information, professional behavior and clinical problem solving abilities (as appropriate) will be evaluated in each class. It is the responsibility of any student who is underperforming to seek the assistance of the course instructor and their advisor. In the event of extenuating circumstances please refer to "Leave of Absence" section of this handbook.

1. GRADING SCALE

The Division of Physical Therapy has adopted the grading scale listed below for all courses:

97-100	A+	4.33	Reserved for highly exceptional achievement
93-96	A	4.00	Excellent, outstanding achievement
90-92	A-	3.67	Very good achievement
87-89	B+	3.33	Solid achievement
83-86	B	3.00	Good
80-82	B-	2.67	Acceptable but below graduate level expectations
77-79	C+	2.33	Marginal achievement
70-76	C	2.00	Marginal achievement
69 and below	F		

CR/NC Classes that are Credit/no credit do not affect GPA.

Students must receive a passing score ($\geq 70\%$) on all high stakes assignments (examinations and key projects indicated with an asterisk in the syllabi).

Clinical Lab practicals, OSCEs and Standardized Patient Activities require a passing score of $\geq 80\%$ in order to pass the course and ensure clinical competency.

A) REPEAT EXAMINATION - "RETAKE":

Exams and High stakes assignments:

There will be one retake allowed per semester/ per course if a grade of below 70% is earned on a high stakes assignment. A score of at least 70% must be earned on the retake in order to pass the course. **If a retake is required and passed ($\geq 70\%$), the original score will be used to calculate the final grade.**

Psychomotor Exams:

"Psychomotor" is a term for hands-on skills. Each course instructor is charged with the responsibility to ensure that students achieve all course outcomes, including psychomotor outcomes, in order to progress within the curriculum. The faculty are permitted to videotape all psychomotor assessments.

A score of at least 80% must be received on a psychomotor exam, and all safety criteria must be met. If a student earns a grade $< 80\%$, or otherwise does not meet the criteria for passing a psychomotor exam, a retake will be required. A score of at least 80% must be received on the retake in order to pass the exam.

If a student does not pass a psychomotor exam upon first attempt, the maximum score the student will receive toward their final grade is 60%. If the original score is lower than 60%, the student will receive the original score. If the psychomotor exam failure occurs due to safety, this overrides the points value of the exam and 60% is the maximum score received.

There will be one retake allowed per psychomotor exam. A psychomotor retake exam may be observed by additional instructors and may be videotaped. A faculty member will likely serve as “patient” in retake situations. A student who is offered a retake may be required to complete additional assignments to ensure satisfactory achievement of requisite knowledge and skills. A student who fails the retake of any psychomotor exam will fail the course and can receive a grade of no higher than F for the course.

B) INCOMPLETE (“INC”):

A student may be given an incomplete (INC) if any one of the following apply:

1. In an academic course, failure to meet the course requirements due to extenuating circumstances that is to the satisfaction of the course instructor. The student will have a specified period of time (no longer than one year) to amend the missing course work and have the grade changed to a letter grade. If, after the specified period of time, the course work has not been completed, the student’s grade will become an ‘F.’
2. In a clinical course, difficulty demonstrating all performance requirements necessitating additional clinical education time. Please see below.
3. Failure to complete a course evaluation.

C) CLINICAL EDUCATION GRADING

The Director of Clinical Education (DCE) is the course instructor for all clinical education experiences and will assign the final grade based upon ratings and narrative comments given by the clinical instructor (CI), and the completion of other required documentation, include the clinical performance instrument (CPI).

The additional review process may include: the CI(s) written comments and recommendations, phone conversations and/or site visits with the student and/or CI(s), as well as communication with the CI(s), Site Coordinator of Clinical Education (SCCE), DCE and the student.

2. GRADE POINT AVERAGE

Students are required to maintain a GPA of 3.0 for each semester in the program and must graduate with a cumulative GPA of 3.0.

Please be advised that scholarships and/or financial aid may require a minimum cumulative GPA of a 3.0 at all times.

3. PROMOTION POLICY

The faculty of the Division of Physical Therapy is charged by the Regents of the University of New Mexico with recommending candidates for the Doctor of Physical Therapy (DPT) degree. The faculty sets policy for, and is responsible for, the evaluation of student performance in the curriculum. In order to recommend a student for the DPT degree, the student must fulfill the basic requirements for graduation (listed previously) as well as the meet the technical skills and professional skills, knowledge, and attitudes necessary to be a competent physical therapist. Acceptable final grades, narrative clinical evaluations and acceptable standards on the Clinical Performance Instrument (CPI) as well as competent professional abilities are all considered academic requirements for promotion and graduation decisions.

The curriculum is a hierarchal and integrative curricular model with all coursework built from a foundation of previous coursework. **The student must receive a minimum grade of a C to pass a**

course in the physical therapy program however to be a student in good standing, they must average a 3.0 cumulative GPA and a semester GPA of 3.0.

A) PROMOTION AND GRADUATION RELATED TO BENCHMARK EXAMS (STEP/ PEAT)

Upon successful completion of the Division of Physical Therapy curriculum, graduates must pass the National Physical Therapy Exam (NPTE) to become a licensed physical therapist. To facilitate success in this endeavor, the Division will administer a comprehensive examination in May of each academic year. In order to progress in the program, students must pass each of these exams.

(1) STEP EXAMS

To pass the STEP exams, the student must attain 140/200 or a 70%. If a student fails the exam on the first attempt, the student will be given up to 4 weeks for review, at which time they will re-take the exam. Failure to pass the exam after two attempts will result in the student's status being reviewed by the Academic Progress Committee.

The Academic Progress Committee will review the test performance, identify deficiencies, and create a remediation strategy for the student. Failure to pass the exam after the second attempt may result in one or more of the following:

- 1) Further remediation while remaining with their cohort
- 2) Suspension with remediation of repeating the academic year that took place prior to the exam and joining the cohort behind them
- 3) Dismissal from the program per the dismissal policy

If a student is suspended and repeats curricular content, or undergoes remediation and is unsuccessful at passing the STEP exam on their 3rd attempt, they will be dismissed from the program immediately.

(2) PEAT EXAM

Students must pass the PEAT exam with a 65% to complete the curricular requirements. If a student wishes to take the NPTE exam early (April) they must pass the PEAT with a 70% or better.

If the student fails to reach the passing mark of 65% on the first attempt of the Academic PEAT (retired NPTE exam), they will be given a second attempt before reaching the end of the curriculum. If the student fails the second attempt (does not reach 65%) they will be given an incomplete in the Board Prep class which may delay graduating with their cohort.

Failure to pass the exam after two attempts will result in the student's status being reviewed by the Academic Progress Committee, the Division Chief and student advisor.

Based on the needs of the student, the Academic Progress Committee will make recommendations for remediation and successful completion of the program. Remediation could include any of the following:

- i. The student may be set up in a remediation course offered online.
- ii. The student may be given assistance needed with either tutoring, counseling or advising.

- iii. The student will be permitted to audit classes or meet with faculty for assistance in content deficiencies.
- iv. Other aspects as deemed appropriate for the individual.

There is a one year window to work towards passing another PEAT exam in order to remove the INC grade. After this year of remediation and study, the student will be permitted to achieve credit for the course and graduate. This may delay graduation from the program by up to year.

B) RESOURCES FOR HELP WITH BENCHMARK EXAMS

If you are struggling with multiple choice exams you may need to seek outside guidance on test taking skills or help in organizing your study habits. Your first place to turn to would be your advisor, who will be able to assist you in locating on campus resources that may be able to help you. The second step may be to sign up for some of the study help found on line (this would be independent of the program).

Options are listed on the APTA: <http://www.apta.org/Licensure/ExamPreparation/>

Other options can be found at:

<https://therapyexamprep.com/>

<https://ptfinalexam.com/pt-independent-study-course-pricing/>

<https://www.nptefinalfrontier.com/>

C) PROMOTION INTO THE CLINICAL EDUCATION SETTING

The APC is charged with reviewing student files prior to clinical education experience to ensure that there are no concerns about a student's mastery of skills and behaviors that would pose a risk to patients or to the clinical site; thereby the APC grants a student permission to participate in real patient care experiences. If any faculty member has concerns about a student's readiness to enter into the clinical setting, a recommendation should be made to the APC to review the student's file and make a determination about progression. Examples of APC determinations may include:

- The student is appropriate to progress into the clinical setting without any associated recommendations.
- The student is appropriate to progress into the clinical setting with associated recommendations, which may include an Action Plan to address deficits and/or Probationary status, as needed.
- The student is not appropriate to progress into the clinical setting the APC will review the concerns with the student and provide associated recommendations, which may include remediation, suspension, and/or dismissal.

If the APC determines that there are concerns about a student's clinical reasoning, safety, professional behavior, hands-on skills, clinical knowledge, or any other aspect of the curriculum that is likely to affect the student's ability to deliver safe, effective, and respectful care to the patient, the APC may deem the student ineligible to progress to the clinical education curriculum. APC recommendations may include remediation plans that are in addition to the standard curriculum, reviewing course materials, re-

submitting assignments and/or exams, re-taking curricular courses, suspension, dismissal, or any other case-specific recommendation.

B. ACADEMIC PROGRESS COMMITTEE

The Academic Progress Committee (APC) has a charge from the Division Chief to review and address issues related to academic, behavioral and professional student progress through the Program.

The APC conducts end-of-semester reviews of all student files to ensure academic good standing. If any student is demonstrating marginal or poor performance in the program or shows risk factors for future concerns, the APC will conduct an in-depth file review and meet with the student before making any determination. From this, the APC may recommend resources or support for the student. In addition, the APC may recommend remediation activities which may include, but are not limited to, repeating an examination or other academic requirements, completing additional academic activities and/or exams, self-reflection activities, and meetings with faculty members. These remediation activities are not intended to be punitive in nature but instead are designed to facilitate growth and development in areas of deficit when a student is performing below expectations.

The APC will meet as needed for issues that arise throughout the semester that may affect a student's progression in the program. A faculty member may refer a student to the APC for consideration of probationary status when the student's performance is not up to academic, clinical or professional standards, the student has a significant breach of professional or ethical judgment or policy, and /or the student has been given ample verbal and written warnings and the behavior has not changed. When this occurs the student will be referred to the Academic Progress Committee (APC) for review. A referral to APC may come from any involved faculty member.

The APC will make decision, which include, but are not limited to promotion and the imposition of adverse or corrective actions in the event of behavioral, professional or academic difficulty. The Division Chief reviews all recommendations of the committee and has final approval of all recommendations.

The APC is comprised of 3 members: A senior member of the faculty (associate or professor) serving as Chair, the Director of Clinical Education, and a junior faculty member. The Division Chief may act as an ad-hoc member as needed. The chair of the committee is Dr. Sue Leach.

C. RETENTION

The PT Program strives to assist its students with professional and academic advancement. The following retention plan was developed to provide students with ample warning to address professional, behavioral, and academic issues before they are problematic. The policy also recognizes, however, that some behaviors are egregious and warrant a direct referral to and review by the Academic Progress Committee (APC).

Students must understand that some forms of remediation could affect the anticipated date of graduation. A student who is placed on a remediation plan should hold a discussion with the Division Chief to determine the changes that will occur related to the anticipated date of graduation.

If the remediation plan contains any corrective or adverse action, as described in the due process policy, the student may seek review or appeal as described in Section VII (H).

1. VERBAL AND WRITTEN WARNINGS

Students with minor behavioral or professional issues (i.e. those behaviors not specifically listed below in “provisional probation,” “probation,” “suspension,” or “dismissal”) will first be issued a verbal warning from the faculty member who witnessed the infraction. If, after receiving the faculty member’s verbal warning, the behavior does not stop, the faculty member shall issue a written warning. Upon issuance of the written warning, the faculty member shall also alert the Division Chief of the student’s ongoing academic, behavioral or professional concerns.

2. PROVISIONAL PROBATION

Provisional probation is to be construed as a warning. The Student should be aware that if their academic performance or professional behavior does not improve, the student is in danger of being placed on full probation. (See Section 3)

After reviewing the student’s progress and/or ongoing academic, behavioral, or professional concerns, the APC in consultation with the Division Chief may decide to place a student on provisional probation. “Provisional Probation” may be assigned to a student who:

- In the estimation of the faculty, has demonstrated inadequate development of one or more of the professional behaviors; or
- Demonstrates concerns about professional behaviors during a clinical education experience such that they do not result in remediation but indicate concerns about future performance; or
- Has received any infractions related to the respectful campus policy; or
- Has demonstrated unsafe patient care during a real or simulated clinical experience; or
- Has demonstrated unsatisfactory completion of the capstone deadlines within the 2nd /3rd year; or
- Has three infractions of any classroom or program guidelines and policies (see retention policy algorithm in appendix); or
- Two lab practicals that result in retakes; or
- Two exams/ high-stakes assignments that result in retakes.

The student will be informed in writing about the provisional probation status by the Division Chief.

Students who are placed on provisional probation must develop a remediation plan with their faculty advisor and/or the APC. This plan will be reviewed by the Division Chief and faculty members involved. The duration and conditions of provisional probation will be determined collectively by the Division Chief in conjunction with the APC and any faculty involved.

During and at the conclusion of the remediation plan, the APC may review the student’s file to ensure that concerns are resolving. At the end of the prescribed timeframe, the APC will review the student’s file to determine if all conditions of the remediation plan have been met and if the student has shown progress in the areas of concern. Provisional probation may only be removed if all conditions of the remediation plan are met, all concerns are resolved, and no new concerns are present.

If the APC feels that the conditions of the remediation plan have not been met and/or there are ongoing or new concerns in the student’s file, the APC may recommended to the Division Chief an extension of the remediation timeframe, additional activities, and/or progression to probation, suspension, or dismissal.

3. PROBATION

For the Physical Therapy Program, probation is to be considered a final warning to the student that, if performance does not improve, the student is in danger of being suspended or dismissed from the Program.

If the student is placed on probation, the student will be notified in writing by the Division Chief, and will also notify the student of the specific conditions that must be met in order to be removed from probationary status.

The Program and its faculty will not issue a verbal or written warning and will progress immediately to a referral to APC for probation if any of the following issues occur:

1. A semester GPA of less than 3.0; or
2. An unsatisfactory report in a clinical education experience (i.e. critical incidents or Significant Concerns noted in CPI or otherwise reported by the CI, failure of a clinical education experience); or
3. Positive drug test at any time during the program; or
4. Demonstrated concerns about multiple (greater than three) professional behavior/issues reported in the classroom and/or clinic or infraction of classroom guidelines; or
5. Failure to meet the conditions of remediation from provisional probation status, or a reoccurrence of unprofessional behaviors or classroom behavior that resulted in a prior placement on provisional probation; or
6. Significant or consistent breach of professional behavior in the judgment of the faculty; or
7. Has demonstrated unsafe patient care during a real or simulated clinical experience; or
8. More than one infraction of the Respectful Campus policy; or
9. Continued infractions (after being placed on provisional probation) of any classroom or program guidelines and policies; or
10. Three lab practicals that result in retakes; or
11. Three exams/ high-stakes assignments that result in retakes.

To allow the student adequate time to work on the significant concerns that placed the student on probation, a student on probation is ineligible to participate in: study abroad, extramural research, class office, REACH director, Albuquerque Opportunity Center (AOC) director or other elective activities.

Probation may be set for the entire time the student is in the program. This may, among other things, include any of the following infractions:

1. After receiving No Credit for any clinical education experience;
2. Receiving a Critical Incident or Significant Concern during clinical education experiences;
3. Honor code violations that result in Probation.

Probation may be removed by the Division Chief, at the recommendation of the Academic Progress Committee (APC), upon successful completion of the APC remediation plan along with demonstration of (as applicable):

- a. Cumulative GPA at or above 3.0; or
- b. Successful remediation of the STEP/PEAT exam process; or
- c. Professional behaviors consistent within the level required for the year within the program; or
- d. No additional concerns related to the reasons for probation; or
- e. No new concerns related to different performance items.

A) PROBATION RELATED TO CLINICAL EDUCATION EXPERIENCES

(1) STUDENTS WHO ARE ON PROBATION OR PROVISIONAL PROBATION FOR PROFESSIONAL BEHAVIORS CONCERNS DURING THE DIDACTIC PHASE OF THE PROGRAM:

As per the Policy on Release of Information, the DCE is permitted to disclose the probationary status of a student about to enter into the full-time clinical setting. The DCE will discuss with the clinical facility their roles in any portion of a remediation plan or action plan that they will be involved in, including specific goals that need to be accomplished during the probationary or remediation process. The DCE will work with the CI to set clear objectives, expectations, and consequences related to these behaviors in the clinical setting, with the intent to facilitate student success. If professional behaviors concerns persist or increase in the clinical education setting, the student may be asked to leave the clinical facility and will receive No Credit for the clinical education experience.

(2) STUDENTS WHO ARE ON PROBATION OR PROVISIONAL PROBATION FOR ACADEMIC CONCERNS DURING THE DIDACTIC PHASE OF THE PROGRAM:

As per the Policy on Release of Information, the DCE is permitted to disclose any specific learning needs of a student about to enter into the full-time clinical setting. This may include suggested approaches to enhance skills or knowledge in certain areas. The DCE may also work directly with the student to develop an Action Plan related to improving areas of deficit during the clinical education experience. The DCE will work with the CI to set clear objectives, expectations, and consequences, with the intent to facilitate student success.

4. SUSPENSION

For the Physical Therapy Program, suspension is when a student is required to take a leave from the Program. The Program will specify the period of time for which the student must remain suspended. Specific conditions for progression within the program will be defined in a written contract as determined by APC and that must be signed by the student and Division Chief.

Consideration of suspension for any student will be reviewed and decided by the APC. A recommendation of suspension may be initiated by a faculty member's referral, or the APC through their monitoring of the student.

The Program and its faculty will not issue any warning and will progress immediately to a referral to APC for suspension if any of the following issues occur:

1. A student who receives a final course grade of F (below "C") or No Credit (NC); or
2. Placement on probation for a second time during the curriculum; or
3. Failing to progress off of probationary status after a complete calendar year; or
4. Violation of the Honor Code; or
5. A student who cannot successfully pass the STEP 1 or STEP 2 exam following two attempts at the exam; or
6. Unsafe patient care during a real or simulated clinical education setting; or
7. Unsuccessful completion of a remediation plan.

If a student is suspended due to a single failing course grade, they will not be allowed to progress within the curriculum until that course is satisfactorily completed. Suspension from the program could affect the anticipated date of graduation.

A suspension remediation plan that occurs during the didactic curriculum will involve the student leaving their current cohort and joining the subsequent cohort. The suspended student will be required to re-take coursework within the curricular year, in addition to the failed course, as is applicable to facilitating success with the failed material and/or to facilitate integration with the new cohort. The Division Chief holds full autonomy in deciding which courses the student must re-take, but will consider input from the APC, the faculty, and student.

A suspension remediation plan that occurs during the clinical education curriculum may involve the student leaving their current cohort and joining the subsequent cohort. If the APC and Division Chief deem that the student requires remediation of didactic curriculum in order to facilitate success in the clinical education environment, the suspended student will be required to re-take coursework as applicable to facilitating success. The Division Chief holds full autonomy in deciding which courses the student must re-take, but will consider input from the APC, the faculty, and student.

A suspension remediation plan that occurs in place (maintains in the current cohort) will involve a remediation plan to address the deficiencies noted. Often this occurs when the remediation involves work on areas beyond the classroom or in the final clinical experiences this may involve extending or adding additional components to the experience (see section VII.C.5). The Division Chief holds full autonomy in deciding which courses or the plan the student must take to remediate the situation, but will consider input from the APC, the faculty, and student.

The student will be informed in writing about the Suspension status and any remediation by the Division Chief.

Suspension may be removed by the Division Chief, at the recommendation of the Academic Progress Committee (APC), upon successful completion of the APC remediation plan.

5. REMEDIATION RELATED TO CLINICAL EXPERIENCES

A) REMEDIATION FOR INCOMPLETE

If a student receives Incomplete for the clinical education experience, the DCE may, if appropriate, create a remediation plan to facilitate meeting the objectives of the clinical experience via making up missed time and completing the course assignments. If the remediation plan is fulfilled within the designated timeline, the Incomplete will be converted to Credit. Failure to meet the specific remediation plan for the clinical education experience will result in further review by the APC and may result in dismissal from the program.

If an Incomplete occurs during the final clinical education experience, remediation will be required prior to graduation or a delay in graduation will occur. The DCE will discuss the situation with the APC and/or Division Chief. If the student is required to complete additional clinical time, the student must reach the level of expectation on performance criteria and demonstrate ability to resolve Professional Behaviors concerns and/or Red Flag concerns in order to receive Credit. Once remediation weeks are successfully completed, the Incomplete will be converted to Credit. This may result in a delay in the date of graduation.

B) REMEDIATION FOR NO CREDIT OR WITHDRAW

If the student's performance is determined to be unsatisfactory or indicates inability to reach the necessary level of proficiency to reach Credit criteria without a remediation plan, the student will receive No Credit or Withdraw for the clinical education experience. The student will be referred to the APC to determine recommendations regarding progression within the program.

Remediation plans developed by the APC are created on an individual student basis and may include an extension of the clinical education experience, an additional clinical education experience elsewhere, a letter of reflection, academic remediation, meetings with the DCE or other academic faculty, use of other UNM or community resources to facilitate professional development, Action Plans related to skills development in future clinical education experiences, and/or other customized remediation plans.

The location, length and any additional remediation activities will be determined by the APC in consultation with the DCE. Failure to meet the specific remediation plan for the clinical education experience will result in further review by the APC and may result in dismissal from the program.

Receiving Withdraw or No Credit for any clinical education experiences will likely result in a cancellation of upcoming clinical education experiences. The clinical experience that the student withdraws from or does not successfully complete will need to be repeated before the student progresses into future clinical experiences. The DCE in conjunction with the APC will discuss the site-specific plan for a student on an individual level if this situation occurs.

6. DISMISSAL

Dismissal is the student's termination from the Physical Therapy Program. Consideration of dismissal for any student will be reviewed and decided by the APC. A recommendation of dismissal may be initiated by any faculty member, or the APC through its monitoring process of the student.

In the event of any of egregious behavioral, professional or honor code issue listed below, the Program and its faculty will not issue any warnings and will progress immediately to a referral to APC for dismissal.

Any of the following conditions will result in dismissal from the program:

1. A student who has a GPA of less than 3.0 for more than two academic semesters within the course of the program; or
2. A student who receives a final course grade of F (below "C") or No Credit (NC) for the same course more than one time or for two different courses across the curriculum regardless of the overall cumulative Grade Point Average; or
3. If a student has to repeat a clinical education experience, or any part of a clinical education experience, the student must pass this repeated attempt successfully. Failure to successfully complete a clinical education experience upon second attempt will result in dismissal from the program; or
4. A student who receives No Credit for a clinical education experience, and the reasons for No Credit relate to academic or professional concerns that were remediated previously in the program; or
5. A student who receives No Credit for more than one clinical education experience;
6. Placement on probation for a second time during the curriculum; or
7. Failing to progress off of probationary status after a complete calendar year; or
8. A student who does not successfully complete additional remediation activities; or
9. A student who has more than one positive drug test; or
10. A student who is impaired by drugs or alcohol during class or clinic; or
11. Significant unprofessional behavior during any real or simulated clinical education experience;
12. Patient care that is considered highly unsafe; or
13. Failure to remedy a significant or consistent breach of professional behavior; or
14. Changes in ability to meet the technical standards that cannot be reasonably accommodated by the program; or
15. Any prohibitive activity on campus as described in the Pathfinder (<http://pathfinder.unm.edu/>), or illegal activity in the clinical setting; or
16. Violation of the Honor Code; or
17. Failure of the background check; or
18. Failure of the STEP exam after remediation and/or suspension and a 3rd attempt at the exam.

The student will be informed in writing about the Dismissal status by the Division Chief.

D. LEAVE OF ABSENCE

If a student is going to be absent from class for three or more consecutive days, this is considered a leave of absence.

Requests for a leave of absence from the UNM Division of Physical Therapy must be submitted in writing to the Academic Progress Committee one month prior to requested dates. Exceptions will be considered

for emergency cases. Students who request a leave of absence must be in good academic standing at the time of the request. The written request must include the requested start date, duration and reason for the leave of absence. The student will receive a decision regarding the leave of absence request in writing. Students whose requests are denied will be required to continue in the program or withdraw.

If a student is granted a leave of absence, specific conditions for progression within the program will be defined in a written contract that must be signed by the student and Division Chief. Students must understand that taking a leave of absence could affect the anticipated date of graduation from the program.

Approved requests will:

1. Define the date the leave of absence will take effect; and
2. Define the point of entry (program year/semester) back into the program and date of graduation.

E. PART-TIME STATUS

The Division of Physical Therapy curriculum is intended to be a full-time, three-year course of study. However, in the event of exceptional circumstances a student may petition for part-time status. Details will be determined at the discretion of the Academic Progress Committee and the Division Chief.

If a student is allowed to pursue part-time status, specific conditions for progression within the program will be defined in a written contract that must be signed by the student and Division Chief. Students must understand that pursuing part-time status could affect the anticipated date of graduation from the program.

F. WITHDRAWAL PROCEDURES

Students who wish to withdraw from the program should complete the following steps:

- Talk to their advisor
- Talk to the Division Chief
- Give the Division Chief a letter stating the intent to and reason(s) for withdrawal.
- Complete an official withdrawal form from the University if applicable (available in Student Services Center on main campus). Failure to do so will result in a grade of "F" in each course.

G. STUDENT DUE PROCESS

1. CURRICULAR GRIEVANCES AND/OR CONCERNS

Any questions regarding course organization, expectations, grading, assignments, etc. should be directed to the course instructors first, and then if concerns persist, students should discuss these with the Division Chief. For purpose of academic disputes only and formal appeals of those academic disputes, the PT Program shall follow the process outlined in UNM Pathfinder, Student Grievance Procedure, Article 2. Academic Disputes.

<http://pathfinder.unm.edu/student-grievance-procedure.html>

2. UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE HEALTH PROFESSIONAL PROGRAMS STUDENT DUE PROCESS POLICY

<https://som.unm.edu/education/assets/doc/health-professions-due-process-policy.pdf>

I. Introduction

This University of New Mexico Health Professions Programs Student Due Process Policy (hereafter “Due Process Policy”) outlines for students, faculty and administrators in the School of Medicine Health Professions Programs, the course of action that is available to a Health Professions Programs student should his or her individual program take either an adverse or corrective action against the student for failure to maintain the academic, professional and/or ethical requirements and standards of the program.

The individual programs that make up the Health Professions Programs and that follow this Due Process Policy are: Dental Hygiene, Emergency Medical Services Academy-Paramedic and Bachelor of Science Programs, Medical Laboratory Sciences, Occupational Therapy, Physician Assistant Program, Physical Therapy, and Radiologic Sciences. Each of these individual programs must have a student guide/handbook made available to its students that includes, at a minimum, the program’s (1) academic requirements; (2) professionalism and/or ethical requirements and standards; (3) a description of the program’s process for dismissing a student or otherwise sanctioning a student for failing to meet program requirements; and (4) a copy of this Due Process Policy.

The individual programs that make up the Health Professions Programs are responsible for monitoring their students’ performance and compliance with academic, professionalism and ethical requirements and standards. The individual programs decide whether to dismiss or suspend a student or take other action for unsatisfactory performance pursuant to program policies and procedures. As discussed below, a student can appeal the program decision pursuant to this Due Process Policy.

II. Adverse and Corrective Action Defined

The distinction between an adverse and corrective action is important. Adverse actions are those that separate the student from his or her Health Professions Programs and include dismissal and suspension. Also, requiring a student to repeat a significant part of the program’s curriculum so that completion of the program will be delayed by more than one semester is an adverse action.

A corrective action involves the program imposing an educational prescription that, in the opinion of designated program faculty, is necessary in order to improve the student’s performance. Corrective actions include, but are not limited to, requiring a student to take a specific course, narrowing the choice of elective courses, mandating a student meet with a program advisor regularly, and mandating additional professionalism training.

Adverse actions are subject to being appealed by the student as provided for in Sections III through VI herein. Corrective actions cannot be similarly appealed by the student, but may be reviewed at the student’s request as provided for under Section VIII of this Due Process Policy.

III. Appeal of Program Decision Imposing Adverse Action

A student who disagrees with his or her Health Professions Program’s decision imposing adverse action is entitled to appeal that decision to the Health Professions Programs Appeals Committee, which is composed of members of the Health Professions Programs Evaluation Committee. The request for appeal must be made in writing to the Assistant Dean for Health Professions, stating the reasons why the student disagrees with the Health Professions Program’s decision, and must be received by the Assistant Dean within fifteen (15) calendar days after the student receives the

program's written letter imposing adverse action. If the student fails to notify the Assistant Dean within fifteen (15) calendar days, this shall be considered a waiver of his/her right to appeal the adverse action and the Health Professions Program's decision shall be final for the University of New Mexico.

IV. Formation of Health Professions Programs Appeals Committee

When an appeal is timely made by a student, the Assistant Dean for Health Professions Programs will form a Health Professions Programs Appeals Committee ("Appeals Committee") consisting of four (4) faculty members from the Health Professions Programs Evaluation Committee ("Evaluation Committee") and one (1) student in good academic standing from the same program but a different class/cohort than the student bringing the appeal.

The Evaluation Committee consists of one faculty member from each program appointed by the director of the program and up to three (3) members appointed by the Assistant Dean for Health Professions Programs. Evaluation Committee members serve a 3-year term which may be renewed for one additional 3-year term. Ideally, the Evaluation Committee will have a mixture of experienced and new members. Members will receive an orientation when appointed to an Appeals Committee, including a review of this Due Process Policy and any relevant policies from the appealing student's program.

The Assistant Dean of Health Professions Programs will review the composition of the Appeals Committee with the student making the appeal. If the student objects that any member is biased against the student or otherwise may not be a fair Appeals Committee member, the Assistant Dean will consider the student's objections and decide whether to remove the members. The Assistant Dean's decision is final. If a Committee member is removed for cause, the Assistant Dean will appoint a new member if one is available from the Health Professions Programs Evaluation Committee. If a new member is not available, the Appeals Committee will proceed to hear the appeal with three faculty and one student member. The Appeals Committee will select one of its faculty members to serve as chair.

V. Review of Appeal by Health Professions Programs Appeals Committee

The Appeals Committee will accept relevant documentary evidence for review from the student and the director of the program that took the adverse action. Each party will be provided with a copy of the other's submission. The Appeals Committee will conduct individual interviews with the student, director and faculty from the program that took adverse action and others with relevant information.

The Appeals Committee will decide who will be interviewed. These interviews will be tape recorded and the student will be offered an opportunity to listen to the tapes. The student will not attend the actual interviews. After the Appeals Committee concludes its interviews, if it has additional questions for the student and/or if the student wants to respond to statements from any of the witnesses, the student will be offered one opportunity to meet with the Appeals Committee.

After all of the interviews have been completed, including the final interview with the student, the Appeals Committee will deliberate in closed session. Within thirty (30) calendar days of completing the interviews, the Appeals Committee will decide the appeal by a vote (simple majority) of its members and issue its written decision, which will include its rationale. The final decision will be to uphold or overturn the adverse action imposed on the student by the program. The student and the program director will each be sent the Appeals Committee's decision.

In arriving at its decision, the Appeals Committee shall not overrule the academic judgment of a faculty member in the program on the assignment of grades to the student. The Appeals Committee should, as appropriate in the case, consider: (1) whether the program followed its own policies governing student performance, advancement and program completion; (2) whether the evidence supports the program's decision; and (3) whether the student has significant new information that bears on the program's decision that was not available to the student when that decision was made. If the Appeals Committee finds that the student has significant new information, the appeal shall be referred back to the student's program for reconsideration of the adverse action in light of that information. If the program affirms the adverse action, the student may request review by the Appeals Committee. The Appeals Committee will consider any additional relevant evidence and/or witness interviews and issue its written decision within thirty (30) calendar days.

VI. Appeal to the Dean

Either the student or the program director may appeal the decision of the Appeal Committee to the Dean of the School of Medicine or designee in writing within thirty (30) calendar days of receipt of the Appeals Committee's decision. Failure to submit a timely appeal means that the student and/or program director waive their right to appeal and the decision of the Appeals Committee shall be final for the School of Medicine.

The Dean or designee will review the student's academic record; the decisions of the program, Health Professions Programs Appeals Committee and any other documents in the student's program file. Additionally, the Dean may meet with the student and program director. The Dean (or designee) shall issue a written decision on the appeal and send a copy to the student and the program director.

VII. Appeal to the Chancellor

The student may appeal the decision of the Dean of the School of Medicine to the Chancellor of the Health Sciences Center, or his or her designee by providing a written appeal within (15) calendar days of the receipt of the Dean's decision. Failure to submit a timely appeal means that the student waives his/her right to appeal the decision and the decision of the Dean shall be the final decision.

The Chancellor, or his or her designee, will review the student's academic record; the decisions of the program, the Health Professions Programs Appeals Committee, the Dean, and any other documents in the student's program file. Additionally, the Chancellor may meet with the student and program director. The Chancellor shall issue a written decision on the appeal and send a copy to the student and the program director.

In the event that the Dean of the School of Medicine and the Chancellor of the Health Sciences Center are the same person, the Dean/Chancellor will delegate at least one of the student appeals to ensure that each level of appeal is reviewed by a different HSC administrator.

Discretionary review by the UNM President and Board of Regents, as provided in the UNM Student Grievance Procedure, is accorded to students in academic programs in the HSC. The President and the Board of Regents will normally accept review only in extraordinary cases, such as where proper procedures have apparently not been followed, where the decision appears to be unsupported by the facts, or where the decision appears to violate University policy.

VIII. Review of Corrective Action

As stated in Section II herein, a student is not entitled to go through the appeals process described above to dispute corrective action imposed by his or her program. If the student believes that the corrective action is fundamentally flawed, unfair or otherwise inappropriate,

the student may request review by the School of Medicine Senior Associate Dean of Education. The student shall present his or her reasons for disputing the corrective action in writing. The Senior Associate Dean of Education may meet with the student and may discuss the matter with the program director and faculty and the Assistant Dean of the Health Professions Programs, as the Senior Associate Dean deems appropriate. The decision of the Senior Associate Dean of Education is final for the University of New Mexico and is not subject to discretionary review by the President or the Board of Regents.

IX. General Provisions

Minor deviations from this Due Process Policy are permitted so long as they do not substantively impact the due process rights of the student.

For good cause, the time limits for written decisions to be made can be extended. Good cause includes the fact that a deadline falls during school holidays, vacations or summer session if parties or decision makers are absent. Any such time extensions should be communicated in writing to all interested parties and the decision will be made thereafter as expeditiously as possible.

The University of New Mexico Health Professions Programs reserves the right to make changes to this Due Process Policy as it deems necessary, with the changes applicable to all students then in attendance in a Health Professions Program.

VIII. APPENDIX

Capstone/ Research Timeline;
Time Off Request Form;
Immunization Requirements Form;
Photography and Video Consent release form;
Clinical Laboratory Participation Release Form;
Honor Code;
Emergency Contact Agreement;
Registration Release Form;
Qualifications of a Clinical Instructor;
Student Information Form for Clinical Education Experiences;
UNM Incident Report;
Inappropriate Clinical Behaviors;
Acknowledgement of Receipt of this Handbook.

If there are changes in personal status on any forms, the student must notify the Program of these changes.

Capstone/Research Timeline

Timeline	Student	Advisor
Spring Break (Mid-March), 2 nd Year	Come up with PICO question/submit interest in research project	Submit PICO question to Jodi/submit research proposal to Jodi & faculty investigator
April, 2 nd year		Be matched with a PICO advisor/ be approved for research project
April – May 15 th , 2 nd year	Student initiate contact with capstone advisor/research advisor and discuss PICO question/project.	Give feedback on PICO question/research project
Grade for Capstone 1 – By May 15 th , research students will be required to have finished their proposal, been selected for a project and met with their advisor & Jodi to set up deadlines for the project. PICO students will be required to choose a PICO question and discuss/edited their PICO question with their advisor. Students who do not meet the deadlines described above by May 15 th will be given an incomplete in the course and put on provisional probation.		
April – end of summer semester (August 15 th), 2 nd year	Write search paragraph, patient description and results sections (using critical appraisal worksheets). Submit to advisor.	
If students doesn't meet deadlines described above by August 15 th they will be put on provisional probation.		
End of summer to Fall Break (mid-October), 3 rd year		Edit submitted sections and return to student → give feedback
Fall Break – December 15 th , 3 rd year	Fix edits to results section and write discussion & conclusion/clinical bottom line. Resubmit to advisor.	
Grade for Capstone 2 – Students who do not meet the deadlines described above by December 15 th will be given an incomplete in the course and put on provisional probation.		
December to start of Clinical Education Experience III	Work on intro/background	Check edits to results have been completed and edit discussion/bottom line → give feedback
February 1 st , 3 rd year	Submit full capstone with all sections to advisor. Start working on poster.	
Feb- March 15 th , 3 rd year	Work with capstone advisor/research advisor to edit written project. Work on poster.	Edit full capstone and return to student with feedback.
March 15 th , 3 rd year	Get approval Capstone is complete from advisor.	Submit approval capstone is complete.
Students who do not meet the deadlines described above by March 15 th will not be allowed to sit for the board exam early.		
April, 3 rd year	Submit to plagiarism checker and repository. Finish poster.	
May 1 st , 3 rd year	Submit poster to LEARN. Print poster and prepare for poster presentation.	
Mid May, 3 rd year	Present Capstone project at research day.	
Grade for Capstone 3 – Students who do not meet the deadlines described above including the presentation of their capstone project at research day will be given an incomplete in the course and not allowed to graduate in May. A plan of action will be written to guide the student in the completion of their capstone project leading to graduation in July if all deadlines are met.		



UNM Division of Physical Therapy

Time Off Request Form

(For DPT Students During Semester Coursework)

Students must obtain prior approval for absences. Submit this form to the course instructor(s) at least Two Weeks in advance (exceptions will be considered for bereavement) and retroactively for illnesses > 2 days.

Name:

Requested Date(s):

Total Number of Hours Requested:

Reason for Time Off Request:

- Illness > 2 days (requires verification from medical provider)
- Bereavement
- Professional Development Activity (please describe):
- Personal* (please describe):

Please describe when/how you plan to make up this time

Approved**

Not Approved***

Reason for denial:

Signature of Course Instructor:

Comments:

* Time off for personal reasons is generally not approved by the UNM PT Program

** Students are responsible for all missed course content and assignments

*** Students who miss clinic for an unapproved reason are in breach of Professional Behaviors Criterion #5: Responsibility, and will receive notice of violation per the Retention Algorithm



UNM Division of Physical Therapy

Time Off Request Form

(For DPT Students During Clinical Experience)

Name:

Requested Date(s):

Total Number of Hours Requested:

Reason for Time Off Request:

- Illness
- Bereavement
- Licensure Exam
- Residency Interview
- Professional Development Activity (please describe):
- Personal** (please describe):

Please describe when/how you plan to make up this time

- Approved
- Not Approved
- Reason for denial:

Signature of Director of Clinical Education:

Comments:

- Approved
- Not Approved
- Reason for denial:

Signature of Clinical Instructor:

Comments:

** Please note that time off for Personal reasons is generally not approved by the UNM PT Program

IMMUNIZATION FORM



UNM Student Health & Counseling (SHAC)
MSC06 3870, 1 University of New Mexico
Albuquerque NM 87131-0001

UNM SHAC Immunization Clinic (505) 277-7925
**Immunization Requirements for
UNM Students in Healthcare Programs**

Last Name First Middle Birth Date UNM ID

REQUIRED IMMUNIZATIONS	Month	Day	Year
Measles/Mumps/Rubella (MMR) 2 doses required			
Dose 1			
OR If born prior to 1957 1 dose			
Dose 2			
OR Titers: Measles (Rubeola)—Attach copy of lab IgG			
Result _____			
Mumps—Attach copy of lab IgG			
Result _____			
Rubella—Attach copy of lab IgG			
Result _____			
Tdap required (Booster within last 10 years)			
Hepatitis B (3 doses complete series)			
Dose 1			
Dose 2			
Dose 3			
Post Completion Hepatitis B Surface Antibody Titer Attach copy of Lab Result _____			
Series completed _____, no documentation, booster needed			
date			
Tuberculosis Test (See "Informational Handout" for details)			
Initial 2-Step Required			
1 st Placement Result _____ mm			
Or T-Spot			
2 nd Placement Result _____ mm			
Subsequent Annual TB Tests or T-Spot			
_____ mm			
_____ mm			
_____ mm			
History of Positive PPD: Attach copy of chest X-ray Results _____			
Completed Treatment _____ Questionnaire completed			
Varicella — MD Documentation of Disease at time of diagnosis Yes ___ No ___			
OR Attach copy of lab IgG Titer Results _____			
OR			
Varicella Vaccine #1			
Varicella Vaccine #2			
Protocol for Bloodborne Pathogen Exposure Reviewed			

PENDING

Immunization records have been reviewed by SHAC staff, and the student is currently working on either a vaccination series or awaiting titers.

Provider Name _____ Current Date _____
Signature/Title _____ Expected Date of Completion _____

COMPLETED FOR SHAC OFFICIAL USE

Immunization records have been reviewed by the SHAC Immunization Clinic. All immunizations are complete.

Signature/Title _____ Date _____

Form M-63, X-Form/Medical Record Form/MED-63/Immunization Healthcare Programs New Form.doc; Revised 7/14/11; Yellow lines to fill on the left side of the chart.



PHOTO AND VIDEO RELEASE CONSENT FORM

I, _____, a student in the Doctor of Physical Therapy Program hereby give the Doctor of Physical Therapy Program the right to use any still or video pictures of me or my property taken during any PT activity for programmatic, educational, and/or marketing purposes without compensation. I waive any right to inspect or approve the finished version(s), The University of New Mexico shall be the owner of the photography or video, solely and completely. I have read this release and am fully familiar with its contents.

If at any point, I have questions or concerns about this release or my previously provided release consent, I understand that I should contact the PT Program Manager at 272-6971.

Student Name: _____

Student Signature: _____

Date: _____

CLINICAL LABORATORY PARTICIPATION FORM

University of New Mexico Physical Therapy Program

This release is to be completed at the beginning of the UNM Doctor of Physical Therapy Program and retained in the student's file. It is the responsibility of the student to inform each instructor of any changes which may alter the student's ability to participate in designated laboratories.

Clinical Laboratory Participant Release

My signature below acknowledges that I willingly participate in the clinical teaching laboratories in the UNM Physical Therapy Program. I agree to wear lab attire as described in the syllabus.

I acknowledge that all teaching labs in the University of New Mexico Physical Therapy Program are designed to teach students clinical skills such as therapeutic evaluation and patient management/treatment techniques. I understand that during clinical laboratory sessions, other class participants may practice techniques on me and I may practice techniques on other participants for the purpose of learning clinical skills.

To my knowledge I do not have a personal physical condition that would prevent or limit my full participation in these labs and/or said therapeutic evaluation and treatment techniques, except (enter none if there are no exceptions):

I agree that I will terminate my participation in any clinical techniques that I judge may be injurious in any manner to me, including any procedure which causes pain, discomfort, or any adverse sensation. I will notify the instructor and arrange for alternative, appropriate learning experiences.

I hereby release the University of New Mexico, the instructor, and other class participants from any claim I may have for personal injuries or damages resulting from my participation in UNM Physical Therapy Program clinical laboratories.

SIGNED: _____ DATE: _____

PRINT NAME: _____

WITNESS _____ DATE: _____

HONOR CODE

Sign and return to the office by September 1, 2019

Honor Code (page 1)

The student body and faculty of the UNM Physical Therapy Program will not tolerate any violation of the Honor Code.

Students are expected to abide by the Honor Code once enrolled in the UNM Physical Therapy Program. Behavior which subverts the integrity of the examination process for oneself or others is unacceptable. Such behavior includes but is not limited to:

1. Cheating on course or examinations by the use of books, notes, or other aids when these are not permitted, or copying from another student.
2. Submission of similar papers or projects in more than one course without permission of the instructor.
3. Collusion: two or more students helping each other on an examination or assignment, unless specifically permitted by the instructor.
4. Plagiarism: the submission of another's' work as one's own original work without proper acknowledgement of the source.
5. Falsifying documents or records related to credit, grades, and other academic matters.
6. Altering an examination or paper after it has been graded for the purpose of fraudulently requesting a revision of a grade.
7. Use of unauthorized materials for an examination or project (electronic devices)
8. Circulation and/or use of unauthorized previous examinations
9. Unauthorized copying or possession of an examination, even if inadvertent
10. Theft, concealment, destruction or inappropriate modification of classroom or other instructional material

Honor code (page 2)

Before an examination:

- Seeking and/or obtaining access to examination materials prior to test administration.
- Unauthorized entry into the area where test materials are being prepared.
- Unauthorized reproduction and/or dissemination of test materials.

During an examination:

- Sharing information about any of the test materials including simulation (electronic, human or mechanical) and paper cases.
- Possessing unauthorized materials during an examination. This includes reviewing instructions on outer doors for standardized patient encounters more than 5 minutes before the scheduled testing time.
- Leaving the test area without authorization.
- Possessing and/or using recording devices.
- Possessing and/or using unauthorized study aids.
- Giving or receiving information during the examination.
- Sharing information, resources or reasoning on problems meant to be solved by individuals.
- Theft of examination materials.
- Disruptive behavior which affects other examinees, standardized patients, or staff.
- Communication and signaling devices must be off.
- Making reference notes of any kind during the examination, except on paper provided.
- All written notes must be deposited in the designated area before moving forward to the next testing activity.
- Unauthorized reproduction and/or dissemination of test materials.

After an examination:

- Sharing information about any of the test materials including simulation (electronic, human or mechanical) and paper cases.
- Altering or misrepresenting examination scores.
- Unauthorized reproduction and/or dissemination of test or copyrighted materials.

Students who witness activities by another student that is in violation of the honor code are required to inform UNM Physical Therapy Program faculty. Failure to report witnessed activities by another student is also considered an honor code violation.

Irregular behavior will be investigated and reviewed. Students found to have violated the honor code will face disciplinary action as outlined in the PT Handbook. .

I have read and agree to abide by the honor code while throughout my entire enrollment in the UNM Physical Therapy Program.

Name

Signature

Date

EMERGENCY CONTACT AGREEMENT

Sign and return to the PT offices by September 1, 2019

I authorize representatives of the Division of Physical Therapy in case of an emergency to contact the following:

1st Contact Name _____

Phone Number _____

2nd Contact Name _____

Phone Number _____

I will notify the office of the Physical Therapy Program of any changes in the above in order to keep it current while I am a student in the Physical Therapy Program.

Print Name

Signature

Date

REGISTRATION RELEASE FORM

Complete and return to PT office by September 1, 2019

Registration Authorization

Due to the complexity of the Doctor of Physical Therapy program, student course registration is managed by PT staff and HSC Registrar. I hereby authorize the UNM Doctor of Physical Therapy Program to complete all registration transactions on my student account throughout my DPT curriculum.

Signature

Date

Print Name

Class Year

QUALIFICATIONS OF A CLINICAL INSTRUCTOR

The APTA Credentialed Clinical Instructor Program (CCIP) is NOT required if a clinician wishes to become a clinical instructor, but this course is highly recommended by the UNM Division of Physical Therapy.

General qualifications mandate that the lead clinical instructor has at least one year of clinical experience, and preferably at least one year at the clinic where he/she is currently employed, however, graduates with under one year of experience may assist on a part-time basis.

Recommended qualifications include:

- Being prepared for the student's clinical education experience by reviewing the Program objectives and clarifying any information with the DCE prior to the start of the clinical education experience.
- Completing the Clinical Performance Instrument training module.
- Discussing the student's goals and objectives during orientation and at regular intervals during the clinical education experience.
- Providing written, site-specific performance objectives and expectations.
- Demonstrating clinical competence in the area of practice in which clinical instruction occurs.
- Providing a helpful and supportive environment for the student.
- Being available to answer questions or clarify items in a supportive manner.
- Arranging learning experiences throughout the clinical education experience.
- Supervising the student throughout the clinical education experience in accordance with the rules and regulations of the facility and Medicare. The CI must be on the premises when the student is performing physical therapy activities.
- Meeting regularly with the student for formal and informal feedback regarding performance. Formal meetings should be scheduled at midterm and during the final week of the clinical education experience with informal meetings scheduled as needed.
- Requesting feedback from the student and adapting to different learning styles if needed.
- Assessing and documenting student strengths, weaknesses and deficiencies (knowledge, skills and professional behaviors) and working with the SCCE and DCE when appropriate to plan remediation.
- Facilitating discussions about ethical issues/dilemmas.
- Demonstrating professional behavior consistent with the APTA Code of Ethics.

STUDENT INFORMATION FOR CLINICAL EDUCATION EXPERIENCES

STUDENT INFORMATION FOR CLINICAL EDUCATION EXPERIENCES

For review by Clinical Instructor

Name: _____, SPT, Class of ____

Phone number:

Email:

Dates of Clinical Education Experience:

1. Briefly describe your previous PT experience(s) (ie, volunteer, Tech work, personal as a patient, previous clinical experiences, etc.)
2. Describe your learning style (i.e. watching, listening, reading, doing, pressured vs. relaxed, fast vs. slow pace, being questioned, observing first, etc.)
3. I learn best when...
4. Describe how you like to receive feedback? How often do you like to receive feedback? (daily, end of each day, once a week, etc.)
5. *Overall* goals for this clinical education experience: What do you expect to learn or would you like to accomplish during this experience? Do you have any areas of special interest with respect to this facility?
6. What are your top 5 *measurable* goals for this clinical experience (ie, Independent with MMT, history taking, Max A transfers, documentation; evaluate complex patients with minimal assistance, etc.)
7. What are your clinical strengths?
8. What clinical areas would you like to upgrade, or like more exposure to, during this experience?
9. Beyond patient care, are there any other additional activities that you would like exposure to while at this facility? (clinics, rounds, surgery, team conferences, audits, staff meetings, observing other disciplines, inservices, home visits, administration, etc.)
10. How can your clinical instructor be most helpful?
11. Please include any other comments you would like to share with your CI to maximize your experience.

Student Injury

UNM Incident Report – Official Version in Student Handbook

<http://policy.unm.edu/common/documents/6150-exhibit-d.pdf>

NOTICE OF INCIDENT (Record Only) Revised: 06/01/07

This form must be completed when a claim is not expected for personal injury or property damage. It is for record only and should be completed as soon as practical after the occurrence, but within ninety (90) days of the occurrence. File the form with:

**Department of Safety and Risk Services
1801 Tucker St. NE, Bldg 233 MSC07 4100
1 University of New Mexico
Albuquerque, New Mexico 87131-0001**

Full Name _____ Phone No(s) _____

Mailing Address (Include city, state, zip code) _____

Amount of damages (if known) \$ _____

Describe WHERE, WHEN, and HOW the damages or injury occurred. Include names of all persons involved and any witnesses, including their addresses and telephone numbers.

Location of the Occurrence: _____

Date of Occurrence: _____ Approximate Time: _____

Description of the Occurrence: _____

Describe the injury or damage you sustained and attach copies of all medical reports, bills, or estimates of repairs. _____

All of the statements made on this form are true and correct to the best of my knowledge.

Date _____ Signature of Person Reporting _____

Daytime Phone No. _____

Inappropriate Clinical Behaviors

It is the right and responsibility of the CI to hold students to standards of professional behavior.

The following list indicates examples of unprofessional or inappropriate behavior in the clinic setting. If a student demonstrates any signs of an inappropriate behavior, the CI must bring the issue to the student's attention immediately. The student must be given a verbal warning that the behavior is not appropriate. If the behavior occurs again, or there are signs of additional unprofessional or inappropriate behaviors, the CI should document the occurrence (Anecdotal Record or Critical Incident) and **contact the DCE**. A third occurrence warrants termination of the clinical education experience.

Unprofessional or Inappropriate Behaviors:

- Arrives late, unprepared, or with insufficient time to prepare
- Reacts to feedback poorly or defensively
- Arrogance, authoritative attitude, abrasive attitude, disrespectful
- Overconfidence
- Dismissive attitude (as though the clinical experience is a waste of time)
- Lack of preparation (did not complete assignments given by CI)
- Lack of initiative (does not seek learning opportunities)
- Poor time management
- Not taking responsibility for own actions
- Dishonesty
- Lack of empathy
- Disinterest in clinical experience (lazy, distracted, passive, not being responsive to patient, not communicating needs to CI, not being engaged in conversations with CI)
- Inappropriate language (tasteless joking, vulgar, language does not match the patient's needs)
- Uses angry or confrontational tone of voice
- Inappropriate body language, gestures, non-verbal communication
- Inappropriate conversations with patients and/or colleagues (argues with CI, complaining, subject matter inappropriate for the clinical environment, makes a joke where the patient is the object, speaks poorly about other professionals)
- Not complying with HIPAA/ not maintaining patient confidentiality
- Not following policies and procedures of the clinical site
- Posts information about the clinical experience on social media sites
- Performs a technique that they are not adequately trained in
- Changes treatment plans without permission
- Gives patients knowingly inaccurate information
- Immaturity (crying, lacking confidence)
- Inability to manage stress
- Inability to demonstrate social awareness or pick up on social cues of others
- Pursuing time off that has not been approved by DCE
- Being under the influence of drugs/alcohol/hungover
- Inappropriate use of cell phones or other electronic devices
- Inappropriate dress

If the CI is questioning the behavior of the student at any time, is uncertain if it qualifies as 'unprofessional' or 'inappropriate', or does not feel comfortable addressing the situation, he/she should contact the DCE to explain the situation. The DCE will help determine the appropriate course of action.

RECEIPT OF STUDENT POLICY AND PROCEDURE HANDBOOK –

Sign and return to the PT office by September 1, 2019

The undersigned indicates by his/her signature that he/she has received and read their copy of the Handbook, August 2018. The undersigned further acknowledges that he/she is cognizant of, and will abide by, the policies and procedures contained within the above document and understands that he/she will be held responsible for compliance for the period of enrollment in UNM's Doctor of Physical Therapy Program. In addition, the undersigned will uphold academic and clinical integrity as described in various parts of this handbook.

Print Name

Signature

Date