

The George Washington University

Program in Physical Therapy

Policies and Procedures Manual

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ACCREDITATION

I. Philosophy and Purpose

The George Washington University Doctor of Physical Therapy Program seeks voluntary accreditation through the Commission on Accreditation of Physical Therapy Education. This is a voluntary process that the Program and its faculty value. To ensure maintenance of its accreditation status, the Program Director manages all aspects of the process. However, it is a collaborative process that requires participation of all stakeholders including the Program faculty, staff, students, and alumni as well as senior administrators from the Health Sciences Programs, the School of Medicine and Health Sciences, and the University.

II. General Policies and Procedures

A. Membership

The Program Director has primary responsibility for managing all aspects of programmatic accreditation. To do so, the Program Director solicits input and participation from all stakeholders. In the event that the Program Director is unavailable, the Associate Program Director, in conjunction with the Senior Associate Dean will respond to all requests from the accrediting agencies.

B. Meetings

The Program Director holds meetings related to accreditation with the faculty on an as needed basis.

C. Procedures

The Program Director will be identified to all as the person responsible for managing all aspects of programmatic accreditation with oversight by the Senior Associate Dean of the Health Sciences Programs and other senior administrative personnel. Issues related to accreditation will be brought to the attention of the Program Director immediately. The Program Director will respond to all requests made within established timelines. In the event that the Program Director is unavailable, the Associate Program Director, in conjunction with the Senior Associate Dean will respond to all requests from the accrediting agencies.

III. Specific Actions

1. The Program Director, in conjunction with the Executive Coordinator of the Program, will ensure that all fees related to accreditation are paid for in a timely manner.

2. The Program Director will submit all documentation required by all accrediting bodies related to the Physical Therapy Program in a timely manner. Documentation will include but may not be limited to annual accreditation reports, progress reports, reports of graduation rates, performance on state licensing examinations, and employment rates
3. The Program Director will notify all accrediting bodies of any substantive change within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education in a timely manner; and
4. The Program Director will work to resolve all issues of conditional compliance within 2 years of being determined to be out of compliance.
5. The Program Director will ensure that the Program's accreditation status is accurately reported on all documents, web pages, and other media disseminated for informational purposes.

EVALUATION OF CORE FACULTY

I. Philosophy and Purpose

In the spring semester each year faculty members of the Program in Physical Therapy are required to complete an annual report in compliance with the guidelines established in The George Washington University Faculty Handbook (Section 2-20). The annual report includes a faculty member's appraisal of activities and accomplishments in the areas of teaching, scholarship, service and administration, which is to serve as the basis for an annual performance appraisal. The annual report and performance appraisal serves as a mechanism to recognize and promote faculty and program excellence, as well as address performance areas requiring further development.

Teaching is a fundamental and a major requirement of the program faculty. Teaching or instruction spans a range of activities and occurs in many different contexts. Faculty are expected to design and implement a broad range of learning experiences in order to facilitate and direct the attainment of specific learning objectives in the context of their teaching assignments.

Research, scholarship, and other activities leading to the development of knowledge and professional practice constitute a major expectation on faculty within the Program in Physical Therapy. The concepts of research, scholarship, and creative professional activity are to be evaluated under the heading of research. Importantly, research in this context minimally includes products that are peer reviewed and disseminated. Where creative professional activity is to be appraised, the same principle of peer group review applies to the work to be considered as scholarship.

Service refers to the variety of expectations for a faculty member in the program of physical therapy to contribute to the ongoing maintenance and development of the mission and goals of Program, School, and University. In addition, given the strong professional focus in the Program, faculty members are expected to participate in community and professional service at a variety of levels. Faculty members may also have administrative assignments that have been negotiated with the Chairperson, Program Director, and/or Senior Associate Dean.

II. General Policies and Procedures

A. The Dean or Chairperson informs faculty each year of the time line for completion of the Annual Report as required by Section 2-20 in The George Washington Faculty Handbook.

B. In addition to the completion of the Annual Report, faculty in the Program in Physical Therapy will complete a self assessment in the areas of teaching, scholarship, service and when appropriate administration. The self-assessment should include input from students, peers and where appropriate, other stakeholders. The faculty member should describe, when available, progress towards and attainment of performance goals

and objectives established the previous year. The faculty member will use the self-assessment in conjunction with the program's mission, goals and strategic plan to propose performance goals and objectives in the areas of teaching, scholarship, service and when appropriate administration for the following academic year.

C. Following the submission of the annual report, self-assessment, and supporting documentation, each core faculty member schedules a meeting with the Program Director in Physical Therapy and Chairperson in Health Care Sciences to review activities, accomplishments, self-assessment, and proposed goals. In the case of the Program Director, a meeting is scheduled with the Senior Associate Dean and Dean of the School of Medicine and Health Sciences. The Program Director utilizes the reviews and assessment in conjunction with the overall Program Evaluation Plan to review and potentially modify the performance goals and objectives established for the following year. The Program Director attaches to the report an assessment of the faculty member's performance in the areas related to the faculty member's assignment. This attached summary may include relevant information from other sources of input collected during the administration of the Program Evaluation Plan.

D. The Annual Report is forwarded to the Office of the Vice President for Academic Affairs as indicated in Section 2-20 in The George Washington Faculty Handbook. Copies of the Annual Report, as well as the program faculty member's self-assessment and supporting documents such as student and peer evaluations are maintained in the faculty file within the Director's office. Faculty members have the opportunity to review and to respond in writing to comments that any supervisor may have appended to their report.

ACADEMIC STANDING COMMITTEE

I. Philosophy and Purpose

The George Washington University confers the Doctor of Physical Therapy degree. In so doing, the University certifies that the student is competent to begin a career in physical therapy. The Program in Physical Therapy defines “competence” as including entry-level knowledge, clinical skills, and professional abilities (comportment). The Program is committed to make every effort to assist each student in fulfilling his or her academic, clinical, and professional potential.

It is the intent of this Committee to provide timely and individualized assistance to students to proceed smoothly through the curriculum, as well as to recognize exceptional performance. The purpose of the Academic Standing Committee is to oversee the progress of all students and to provide guidance and support to any student who demonstrates difficulties in the academic, clinical, and/or professional domains.

The primary purpose of this committee is to support the policies and procedures defined by The George Washington University, the School of Medicine and Health Sciences and the Physical Therapy Program, with respect to academic performance and comportment.

The Committee shall have the following responsibilities:

- define requirements for academic performance and/or professional comportment via consensus of the core faculty;
- monitor requirements to remedy issues related to academic performance and/or professional comportment;
- make recommendations concerning student retention, warning, probation, suspension and dismissal;
- provide timely documentation for, and communication with, students, faculty, and administration about its actions and recommendations.

II. General Policies and Procedures

A. Membership

The Committee is chaired by the Program Director and is composed of *at least* two additional core faculty members, including the Associate Director and the DCE or ACCE. Other Health Sciences Programs administrative and faculty members may be asked to participate in Committee discussions on an *ad hoc* basis.

B. Meetings

The Committee Chair reviews each student's individual performance and achievement at the end of each semester. The Chair will bring issues of poor performance to the Committee for review. The Committee will make recommendations to the Senior Associate Dean of the Health Sciences Program in all issues related to student retention, warning, probation, suspension and dismissal. In addition, the Committee meets on an *ad hoc* basis to respond to issues related to student performance.

C. Procedures

Special concerns about student performance may be brought to the Committee by the faculty or administration of the Program. A student may be notified of specific concerns via a faculty advisor and/or by direct communication from the Committee Chair. Should the issue require discussion beyond the Committee Chair, a meeting of the full Committee will be scheduled.

A student may request to have written material presented at this meeting *via* his Faculty Advisor. Such material for presentation, discussion, and dissemination must also be provided at least three days in advance of the meeting.

Under special circumstances, a student may request to present his/her case in person to the Committee, or to have a discussion with the Committee. This requires the consent of the Committee Chair three days in advance of the Committee meeting.

III. Specific Actions

A. Warning

Academic Deficiencies

The Committee Chair will review the performance of all students at the end of the semester and will notify the Office of the Dean of any student who may warrant a warning letter based on the criteria outlined in the Physical Therapy Student Guide to Success and the School of Medicine and Health Sciences Bulletin.

Comportment Issues

Faculty members who observe issues related to comportment will address those issues directly with the student and may bring it to the attention of the student's advisor. Students showing persistent issues will be brought to the attention of the Chair of the Academic Standing Committee, who will determine the need for a meeting of the full Committee. The Committee may give a warning to a student for behavior that is inconsistent with professional principles and abilities as outlined in the Physical Therapy Student Guide to Success and the School of Medicine and Health Sciences Bulletin. The seriousness of the deficiency or the number of behavioral problems identified will be considered by the Committee when issuing its recommendations. Recommendations may

range from a warning, to placing a hold on a student's registration for the subsequent semester to recommending dismissal from the Program. The Committee will make explicit those behaviors that are unacceptable and establish expectations that the student must meet that will demonstrate the student's readiness to commit to the professional principles and abilities as outlined in the Guide to Success.

B. Academic Probation

The Committee Chair will review the performance of all students at the end of the semester and will notify the Office of the Dean of any student who may warrant a letter of academic probation based on the criteria outlined in the Physical Therapy Student Guide to Success and the School of Medicine and Health Sciences Bulletin.

D. Suspension

Academic Deficiencies

The Committee Chair will review the performance of all students at the end of the semester and will bring to the attention of the Committee any student who may warrant suspension based on the criteria outlined in the Physical Therapy Student Guide to Success and the School of Medicine and Health Sciences Bulletin. The Committee, with input from the core faculty, will make recommendations for suspension and will determine the conditions that the student must meet before returning to the Program. The recommendation and conditions will be reviewed by the Senior Associate Dean for Health Sciences Programs. The final determination of suspension rests with Senior Associate Dean for the Health Sciences Programs. A student who is suspended must request approval for a leave of absence for academic reasons.

E. Dismissal

Academic Deficiencies

The Committee Chair will review the performance of all students at the end of the semester and will bring to the attention of the Committee any student who may warrant dismissal based on the criteria outlined in the Physical Therapy Student Guide to Success and the School of Medicine and Health Sciences Bulletin. The Committee will review the student's performance in detail and with input from the core faculty will make recommendations to the Senior Associate Dean for Health Sciences Programs who will review the case in detail. At the discretion of the Senior Associate Dean, the recommendation may also be reviewed by the Committee on Health Sciences Student Evaluations before submitting the recommendation to the Dean for Academic Affairs (See School of Medicine and Health Sciences Bulletin). The final decision about dismissal rests with Dean for Academic Affairs.

Comportment Issues

Students who fail to demonstrate appropriate and consistent professional behaviors after receiving a warning may be recommended for dismissal from the Physical Therapy

Program. Documented incidents of unprofessional behavior are reviewed by the Committee on Health Sciences Student Evaluations, and if necessary, by an Ad Hoc Subcommittee on Comportment. Students may be dismissed from the Physical Therapy Program for persistent and/or egregious breeches of professional comportment.

F. Leave of Absence

Definition of a Leave of Absence

A student who must interrupt active pursuit of the degree may petition the Associate Dean of Health Sciences Programs, through the Chair of the Academic Standing Committee as outlined in the School of Medicine and Health Sciences Bulletin for a leave of absence. Similarly, the student granted a leave of absence who does not return to active study at the close of the period of approved absence must apply for readmission, and is subject to the same regulations and requirements then in force.

Conditions for Returning to the Program

At the time a student requests a Leave of Absence, the Academic Standing Committee, with input from the core faculty, will provide the student with a statement of conditions necessary to return to the Program including a list of courses (if any) which need to be repeated.

The student is expected to present evidence of successful completion of the terms of the leave of absence to the Committee for evaluation prior to his/her return.

ADMISSIONS COMMITTEE

I. Philosophy and Purpose

An Admissions Committee is convened in the Physical Therapy Program for the purpose of reviewing and selecting the applicants who possess both the cognitive and non-cognitive attributes that are consistent with the following:

- 1) successful completion of a graduate professional curriculum,
- 2) successful entry into the physical therapy profession,
- 3) achievement of GW Program in Physical Therapy mission and objectives, and
- 4) achievement of GW School of Medicine mission and objectives.

The Program in Physical Therapy designs and modifies as appropriate the admissions process in conjunction with the Health Sciences Programs Office of Admissions (OA). The admissions processes directly under the control of the PT Program include the development and review of admissions prerequisites, admissions criteria, and the recommendation of interviewed applicants for admissions. The Health Sciences Programs Office of Admissions (OA) processes all applications, receives all official admissions records and makes all final admissions decisions.

The Program in Physical Therapy Admissions Committee, in collaboration with the OA, is responsible to ensure that all policies and procedures of the School of Medicine and Health Sciences and the University are upheld throughout the Admissions process.

II. General Policies and Procedures

In an attempt to enroll qualified students with exceptional critical thinking and problem solving skills it is the policy of the Admissions Committee to review all applicant portfolios. All applications meeting the program's minimum requirements will be reviewed for academic history, experiences and references during the admissions process.

A. Membership

It is recognized that the decision to nominate applicants for acceptance into the program is a shared responsibility. Accordingly, it is the policy of the program that all core faculty members have full membership on this committee. The Admissions Committee is comprised of all core faculty members and the Executive Coordinator of the Physical Therapy Program. The Program Director assigns a committee chairperson. Currently enrolled students, experienced clinicians in good professional standing and PT program faculty may have roles and responsibilities delegated to them to achieve Admissions Committee functions.

B. Meeting Schedule

The Committee shall meet at least twice during any academic year to determine overall policies and procedures. The first meeting is devoted to the assessment of admissions outcomes, reviewing the processes employed, and making recommendations for changes in policies and procedures.

The second meeting focuses on reviewing prerequisites and admissions criteria, revising forms and planning for the upcoming admissions process including implementation of changes agreed upon by core faculty.

The Committee meets during the fall and spring semesters as needed to review portfolios, participate in the interview process, and recommend applicants for admission.

III. Specific Actions

The Admissions Committee develops, reviews and updates policies and procedures for the portions of the admissions process managed by the Program in Physical Therapy. These processes include:

- Establishing Admissions Criteria (including prerequisite course work)
- Developing, Assessing and Revising Admissions Forms and Information
- Screening Applications Materials and Inviting Applicants For Interviews
- Making Admissions Recommendations
- Maintaining an Admissions Database

These processes are reviewed annually with input from adjunct and core faculties, clinicians and students. In addition, the Program's processes are coordinated with the Health Sciences Programs Office of Admissions (OA) to ensure that all actions conform to University and Program policies and procedures.

A. Establishing Admissions Criteria

Physical therapy program admission criteria, including prerequisite coursework, are developed, reviewed and updated annually by the Admissions Committee. Faculty and clinicians are asked to provide feedback on the effectiveness of academic preparation of students enrolled in the program. Student feedback is sought on a semester by semester basis and in the summative assessment of their educational experiences.

The Admissions Committee reviews the academic and clinical performance of currently enrolled students, and solicits feedback from faculty, clinicians, advisory board members and students to determine the Program admission criteria. In addition, local clinicians and the Professional Advisory Council make recommendations regarding non-cognitive

attributes which are deemed desirable in an applicant seeking admission into the program.

Academic Attributes

Successful applicants will have completed all prerequisite course work by the end of August of the year applying. This includes a baccalaureate degree with:

- Two courses of physics, chemistry, and biology. All sciences must be designed for science majors with a lab;
- Two courses in social/behavioral sciences;
- Two courses in English composition/literature
- One course in Statistics
- Documentation of current CPR and Basic First Aid certification is required of all applicants.

Successful applicants will have completed all prerequisite courses identified in the application packet. STANDARD EXCEPTIONS to these courses:

- Exercise physiology in lieu of physiology
- Any higher level science course for sciences majors in lieu of a lower level science courses; common examples include microbiology or organic chemistry for the biology or chemistry pre-requisite
- A 5 credit medical physics course in lieu of a two-semester physics course sequence, however the medical physics course must include electricity
- Prerequisites may be waived with the expressed permission of the Admissions Committee. Examples: a one credit lab course may be waived if the student has sufficient experience with science labs in courses other than the required prerequisites, or an applicant with an advanced degree who is missing a second composition course *and* has had literature or other coursework which required demonstration of subject mastery in a written format. (e.g., thesis, writing in the discipline, capstone research project).

Successful applicants will have the following academic attributes as determined by review of official transcripts and standardized test scores:

- Overall GPA greater than 3.0 for all courses taken in aggregate and among all academic institutions including both baccalaureate and post-baccalaureate course work is preferred.
- Prerequisite GPA greater than 3.0 for all courses identified as pre-requisites for the program is preferred. It is preferred that the science prerequisites have been taken within the last 10 years. Exceptions may be made in special situations when the applicant has been employed in a scientific milieu, which has enabled them to have an adequate and current working knowledge of the basic sciences. In determining the science GPA, the highest grades achieved in the required science courses will be used in the calculation.

- A combined Verbal and Quantitative GRE Score greater than 1000 is preferred.
- TOEFL shows minimally acceptable score for Health Sciences Programs (see HSP admissions information.)
- Bachelor’s degree awarded or will be awarded *prior* to matriculation in the PT Program.
- Completion of all prerequisite courses or reasonable plan to complete all prerequisite courses *prior* to matriculation in the PT program.
- Academic performance trends reflecting continuous improvement, i.e. courses taken in final 4 semesters or as post-baccalaureate are significantly better than initial 4 semester’s coursework will be considered in all admissions decisions.

RED FLAGS are identified in the applicant’s academic portfolio. Potential red flags may include but are not necessarily limited to: prerequisite science courses taken individually rather than with a full course load; frequent withdrawals or incompletes; multiple attempts to improve a course grade; interruptions in the academic plan of study; multiple “C”, “D” and “F” assessments in any course work and/ or academic probation.¹

Non-cognitive Attributes

Successful applicants will demonstrate non-cognitive attributes consistent Program and professional standards as determined by the review of the personal statement and the letters of recommendation.

RED FLAGS are identified in the applicant’s admissions materials. They represent attitudes or behaviors that are not consistent with academic success or a future as a health care professional such as a lack of humanistic ethics or values, poor communication or ineffective interpersonal skills.

B. Developing, Assessing and Revising Admissions Forms and Information

The Admissions Committee reviews and updates the contents of the admissions packets at least annually. All packets must have an accurate description of the program and its current accreditation status.

The Admissions Committee meets prior to the admissions cycle to review and update the documents that support the PT Program-specific elements of the admissions processes. Forms are updated on an annual basis, and may include but are not limited to:

1. Admissions Screening Form

¹**RED FLAG** issues do not necessarily eliminate the applicant from consideration. However, they do alert the Admissions Committee to potential problems and therefore serve as a reminder to seek triangulation of information from the applicant and additional sources, to assess potential for professional success in the Program.

2. Personal Statement Assessment
3. Letter of Recommendation Assessment

C. Screening Applications Materials and Inviting Applicants for Interviews

Applicants possessing the academic credentials that indicate success as identified in the aforementioned criteria are encouraged to participate in either a small group or individual interview. In the interest of timely decisions applicants may request an interview by phone. The interview is to be informative for both the participants and interviewees. The interview process may include faculty, current students, alumni, and local clinicians.

D. Making Admissions Recommendations

The Admissions Committee recommends applicants for admission under the following conditions:

- Applicant possesses academic attributes consistent with program's expectations as demonstrated by their previous academic performance and GRE scores and
- Applicant possesses non-cognitive attributes consistent with the program's expectations as demonstrated by their personal statement and letters of recommendation.

Recommendations for admission are made to the OA. The OA sends official notification to all applicants of the status of their application and any conditions placed upon admission.

E. Maintaining an Admissions Database

The Admissions Database summarizes all data from both the application and interview. Numerical scores are entered for each individual applicant. Admissions recommendations are made when all required scores are in place on each candidate. See foregoing discussion for admissions criteria and prerequisites.

IV. Procedures

A. Completing the Application

The Office of Admissions (OA) processes application requests. Applicants are encouraged to apply on-line. In addition to a completed application and application fee, the following documentation is required:

1. Graduate Record Exams Scores
2. All previous academic transcripts (if foreign transcripts are included, transcript evaluations are required)
3. Two letters of recommendation
4. Personal statement

5. Pre-requisite course list summary sheet
6. TOEFL scores for foreign trained students

B. Application Review

The PT program maintains an admissions file on all program applicants for evaluation purposes. All applications are evaluated by at least two core faculty members who will make a recommendation to the Admissions Committee to accept, non-accept, or hold based on the established criteria noted above.

An applicant is placed in the NON-ACCEPT category because of failure to meet one or more of the above criteria. At least two committee members and one of the committee Co-Chairs must review the application and agree on the decision.

An applicant may be placed on HOLD pending clarification of information. If further information is required from the student either a member of the Program in Physical Therapy Admissions Committee or the OA will communicate with the student by phone and/or mail.

C. Invitation to Interview

Applicants that meet the minimum admissions criteria noted above are generally encouraged to participate in a group or individual on-campus interview. Phone interviews are available for applicants who are not available to come to campus. Interviews are meant to be informative for applicants and faculty; however they are not mandated for admissions.

D. Admission Decisions

The Admissions Committee collects and reviews all data on all candidates who were interviewed. Data is evaluated to determine the degree to which the applicant meets all established criteria as well as for the appearance of trends that indicate the potential for successful completion of graduate professional education including the development of positive professional skills and abilities, and attributes that serve GW and/or PT Program missions.

The Chair and co-Chair of the Committee meet to make final decisions. Questionable decisions are brought to the faculty for consensus.

The Admissions Committee *recommends* applicants for admission to the Physical Therapy Program. The Health Sciences Programs Office of Admissions makes all admissions decisions and officially notifies all applicants. Successful applicants receive a letter identifying the date for response, a request for a tuition deposit and a statement of any conditions of acceptance (e.g., outstanding admissions materials, final transcript records, etc.).

E. Admission Deferrals

Occasionally, an applicant will gain admission to the Program in Physical Therapy, and subsequently must withdraw due to unforeseen circumstances that preclude their attendance. The decision to grant deferral status is made on a case-by-case basis. The Program Director consults with faculty and recommends deferral to the Office of Admissions, where such decision is rendered. It is the policy of the physical therapy program to grant such a deferral for one year, and for one year only. Such deferral guarantees admission to next the year's class.

F. Transfer Students

The Admissions Committee will consider students already enrolled in graduate programs in PT under certain terms and conditions. Matriculation in another PT program does not assure the applicant will have the necessary credentials to qualify for the PT Program at GWU. For this reason, the Admissions Committee will consider credentials comparable to the current group applying for the next admission term. The Admissions Committee reserves the right to fast track the admissions process for the transfer applicant.

DEFINITIONS: For the purposes of this document, the term "transfer applicant" is used to designate a person currently enrolled in another PT program who is in the application process with GWU. The "transfer student" is the person who has been accepted into the GWU PT program. The program or institution from which the person is transferring is referred to as the "source institution or program."

The student considering transferring from another PT program will naturally be concerned with admission as well as advanced placement or transfer of any credit earned in the former program. As a rule, the PT Program will direct the transfer applicant to first meet admissions requirements before discussing potential transfer of credits. The PT program reserves the right to limit any transfer or advanced placement of credit to the basic sciences courses.

Before decisions about transfer credits are made, the transfer student may be required to demonstrate mastery of the content in classes for which transfer credit is awarded. All clinical sciences, professional and administration and clinical education courses must be taken at GWU, even if the transfer student has successfully completed courses with similar content at the source institution.

The transfer student must participate in new student orientation.

Conditions Under which an Application from a Transfer Student are Considered

The transfer applicant must meet all GWU PT Program admissions requirements. The transfer applicant must provide evidence that he/she is in good academic standing and

demonstrates an appropriate level of professional comportment. A letter from a faculty member of the source institution PT program may serve this purpose.

Transfer applications will be processed by the Office of Admissions and the PT Program the same way as any other application, subject to the same fees and admissions requirements.

Conditions Under which the Transfer Applicant will not be Accepted for Admissions

Transfer applicant does not meet the application requirements and has no time in which to complete application requirements.

The transfer applicant does not meet the academic or non-cognitive attributes for the GW Program in Physical Therapy.

Procedures for Application Decisions

The Office of Admissions and the PT Program will manage the transfer application in the same manner as any other application.

Transfer applications are screened as described in previous section as all other applications. The Admissions Committee applies all criteria mentioned above to determine if the transfer applicant meets the admissions requirements.

RED FLAGS: Transfer applicants are assessed for the same cautions and red flags as all other applicants.

Admissions decisions for transfer applicants are made using the same criteria as all other applications.

Admission, Orientation and Registration of the Transfer Student

Students transferring into the program generally follow the same admissions, orientation and registration regulations as their cohort class.

Transfer students must formally petition the Program Director for transfer credit into the GWU Program in Physical Therapy. Only basic sciences courses are considered for transfer credit. These include:

- Gross Anatomy
- Physiology
- Exercise Physiology

The Admissions Committee, in cooperation with the Program Director, reviews the credentials for all course work for which the transfer student is petitioning for transfer

credit. Course syllabi, course work such as term papers, or projects may be requested for consideration. In addition, the student may be required to demonstrate mastery of course content to assist in the decision-making process. This may take the form of a competency examination in the course material and is designed to verify that the transfer student has the required foundation to be successful in the GWU PT Program curriculum.

In general, only courses instructed with comparable content and rigor in which the student has earned a “B-” grade or better will be approved for transfer credit.

All other clinical sciences, professional and administration and clinical education classes must be taken at GWU, even if the transfer student has successfully completed courses with similar content at the source institution.

COMMUNITY AND PROFESSIONAL ACTIVITIES COMMITTEE

I. Philosophy and Purpose

The purpose of the Community and Professional Activities Committee is to encourage the involvement of physical therapy students and faculty in local and/or national community activities in order to promote the physical therapy profession.

II. General Policies and Procedures

A. Members

The Community and Professional Activities committee will consist of two core faculty members and two student representatives from each class. A Chairperson will be appointed by the Program Director.

B. Meeting

The Community and Professional Activities Committee will meet a minimum of once a semester or as needed.

C. Procedures

The Chairperson of the committee will maintain a current listing of community and professional activities on the P-drive. Relevant community and professional activities should be forwarded to the Chairperson for coordination and dissemination. All request for community and professional activities will be brought before the core faculty for discussion.

III. Summary of Actions

The Community and Professional Activities Committee will be responsible for:

1. Maintaining minutes during scheduled meetings
2. Identifying local/national community and professional activities
3. Updating community and professional activities on the P-Drive
4. Solicit volunteers from the faculty and students to participate in community and professional activities.
5. Coordinating program activities for National Physical Therapy Month
6. Disseminating information to students and faculty on upcoming events
7. Providing an end-of-year outcome report on community and professional activities
8. Maintaining a bulletin board of current community and professional activities

CURRICULUM COMMITTEE

I. Philosophy and Purpose

The Curriculum Committee serves to ensure that the curriculum meets with the academic standards of George Washington University, the mission and goals of the Program in Physical therapy, the guidelines and standards of accreditation,² and is relevant to current practice, professional and community needs in physical therapy.

The Committee shall have the following responsibilities:

- ensure that the curriculum is assessed and modified as determined by feedback from all individuals participating in the PT Program.
- forward recommendations from the faculty, that require approval, to the Health Sciences Curriculum Evaluation Committee.
- develop, implement, and maintain the Curriculum Outcomes Evaluation Plan in collaboration with the Outcomes Committee.
- recommend changes in the curriculum based on whether established critical indicators have been met.
- maintain a historical record of the documented curriculum plan.

II. General Policies and Procedures

A. Members

The Curriculum Committee consists of all core faculty members. A chairperson is appointed by the Program Director.

B. Meetings

Two meetings per year are required and are usually coincident with summer and winter faculty retreats. More frequent meetings are scheduled to achieve special projects or tasks of the Committee.

C. Procedures

The Committee will facilitate ongoing consensus among all program faculty (core, adjunct, supporting and clinical) regarding the curriculum plan, mission and goals. The Curriculum Committee ensures that the philosophy and goals are consistently communicated to students, academic and clinical faculty, administrators, advisory board members and all other stakeholders.

The Committee reviews the current curriculum plan and evaluation outcomes and summarizes areas of strength and areas in the curriculum in need of further development.

² See CAPTE Accreditation Handbook for criteria.

The Committee ensures timely adherence to the schedule of data collection as outlined by the Curriculum Outcome Evaluation Plan as a component of the overall Program Evaluation Plan. See Appendix for a copy of the Program Evaluation Plan.

The Committee ensures that the curriculum plan is based upon: information about the contemporary practice of physical therapy; standards of practice for the physical therapy profession; current literature, documents, publications; and other resources related to the profession, physical therapy professional education, and to educational theory.

III. Specific Actions

A. Curriculum Change

In conjunction with the Program Director and usually following the spring/summer curriculum retreat, the Committee may recommend changes in any and all aspects of the curriculum and individual courses, including:

- the curriculum plan
- outcome evaluation forms
- the plan of instruction
- syllabi
- instructional design of individual courses
- testing methodology
- grading procedures
- available resources
- clinical education
- faculty development
- program resources

B. Documentation of the Curriculum Plan

The Committee monitors current and historical documentation of the curriculum plan. The Committee will monitor course files to ensure that they contain the following information in hard copy:

- course syllabus
- course exams (including examples of unidentified graded exams)
- relevant learning activities (laboratory assignments, problem solving activities, guidelines for presentations and written tasks)
- relevant handouts

All current syllabi will also be maintained on the shared drive of the Physical Therapy Program. Only syllabi will be maintained on the shared drive. The files on the shared drive are: MSHS Syllabi; DPT Syllabi: Semester I; DPT Syllabi: Semester II; etc., ending with DPT Syllabi: Semester VIII. The files will be made current no later than the end of each semester. Materials that have not been filed will be collected from individual faculty at the last faculty meeting of each semester.

C. Liaison to Health Sciences Curriculum Committee

The committee chairperson consults with the Program Director regarding curriculum changes which must be documented through the Health Sciences Curriculum Committee and the Office of the Dean for Health Sciences Programs. The Committee Chairperson ensures that all recommended changes are accompanied by appropriate documentation, including changes in the Master Course Data Form, catalogue descriptions and all other University and Medical Center publications and web sites, if needed.

FACILITIES, SAFETY, AND RISK MANAGEMENT COMMITTEE

I. Philosophy and Purpose

The George Washington University Program in Physical Therapy (i.e., Program) affirms that the highest standards for safety and security of all students, faculty, patients, staff, and visitors (i.e., stakeholders) are a primary concern. To this end, policies and procedures are developed and communicated with all stakeholders by the Facilities, Safety, and Risk Management Committee.

The *GW Statement of Ethical Principles* informs the philosophy of the Committee. The policies and procedures implemented by the Committee are based on the ethos of integrity and respect for all individuals, responsibility and accountability of faculty and students, ethical behavior and the proactive management of conflicts of interest, and stewardship by fostering the safe and prudent use of equipment and facilities.

The purpose of this Committee is to communicate program, department, and university policies and procedures that pertain to facilities, risk management, and safety to all stakeholders. In addition, the Committee will develop policies and procedures when existing regulations do not fully address the Program needs concerning facilities, risk management, and safety. Finally, the Committee will develop and maintain a risk management process for the Program.

The Committee shall address issues related to, but not limited to the following:

- A. Facilities
- B. Classroom Safety and Risk Management
- C. Clinical Education Safety and Risk Management
- D. Confidentiality
- E. Research Activities
- F. Disaster and Emergency Response

The Committee shall complete the following actions:

1. document and communicate the policies and procedures regarding facilities, risk management, and safety to Program stakeholders;
2. develop policies and procedures for facilities, risk management, and safety that address Program needs not covered by existing department and university regulations;

3. develop and maintain a risk management process for the Program.

II. General Policies and Procedures

A. Members

The Committee consists of 2 core faculty members and the Executive Coordinator of the Program in Physical Therapy. The core faculty members are appointed by the Program Director. Other faculty members may be asked to participate in Committee discussions and tasks on an *ad hoc* basis.

B. Meetings

One meeting per year is required at the beginning of the summer semester to review updates to department and university regulations and the Program risk management process. More frequent meetings may be scheduled for planning or completion of tasks based on Program needs.

C. Procedures

The policies and procedures developed by this Committee will be disseminated to Program faculty via electronic files and a hard copy will be stored with all Program policies and procedures. Other stakeholders will be able to access an electronic copy of the policies and procedures by downloading the document from the Program website (<http://www.gwumc.edu/healthsci/programs/dpt/>).

Members of this Committee will develop and maintain the risk management process for the Program. This includes, but is not limited to, the annual safety inspection of laboratory and classroom equipment. This inspection may involve the participation of the core faculty.

The broad areas of facilities, risk management, and safety involve a variety of GW personnel and may require assistance from the program, department, or university level. The policies and procedures developed by this Committee will provide guidance regarding contact information for the enforcement of policies and procedures.

III. Specific Actions

A. Facilities and Equipment

The Committee will monitor, identify and report areas of existing and potential risk associated with the physical facilities or the equipment used by the Program. Specific actions will include:

- Maintaining an itemized list of the Program's equipment and supplies.
- Assuring annual electrical safety checks occur on all electrical equipment

- Conducting annual inventory of equipment and supplies and making recommendations to the faculty for replacement and or repair.
- Mechanical and electrical equipment will be inspected and tagged once a year by an equipment repair contractor.
- Reports of facilities and equipment in need of repair from faculty, students and staff will be evaluated and recommendation for action will be forwarded to the Program Director.
- Monitor and identify issues pertaining to storage, security of equipment and supplies, and safety of equipment and wiring in the classroom and practice laboratory.
- Assuring equipment safety by ensuring completion of all necessary repairs and replacements purchased

Faculty may notify the Committee or the Program Director of facility or equipment problems on an *ad hoc* basis. Any emergent utility failure must be immediately conveyed to Facilities Management (994-5755) and The Program Director.

B. Classroom Safety and Risk Management

The committee will identify and disseminate policies and procedures related to classroom and laboratory activities that affect the rights, responsibilities, safety, privacy, and dignity of students and all participants in classroom activities.

Preserving the rights and dignity of participants in classroom activities

- Faculty Respectful communication, physical contact, and proper draping techniques in didactic and/or laboratory courses will be monitored and enforced by the faculty. Complaints from classroom participants may be directed to the course faculty, student advisor, or Program Director. Issues not resolved at this level of involvement may be addressed to the Senior Associate Dean of the Health Sciences Programs. Formal grievance policies may be found in the *GW Guide to Student Rights and Responsibilities* (GSRR): <http://gwired.gwu.edu/dos/GuidetoStudentRights/>
- Students retain the right to freedom of expression, freedom from discrimination, and protection against improper academic evaluation per the GSRR.
- The Program is committed to maintaining a learning environment free from intimidation or coercion. The university sexual harassment policy and procedures can be found at: http://www.gwu.edu/~vpgc/sexual_harassment.pdf and at <http://my.gwu.edu/files/policies/SexualHarassmentFINAL.pdf>

Classroom safety

- Risks to public safety and criminal activity will be reported to the University Police Department (UPD) as well as to a faculty member and/or the Program Director. The Program Director will be notified of any such activity. The UPD phone number for non-emergencies is 994-6110, and 994-6111 for emergencies. The Committee will conduct periodic inspections to ensure that floor space allows free egress of all individuals accessing the classroom or laboratory.
- Use of **standard precautions** in the classroom will be implemented per the *The Guide to Success: Program in Physical Therapy Student Handbook*.
- The Program Director will be notified of any injuries occurring to students, faculty, and subjects during the course of a laboratory class or official Program activities. This will be followed by a written incident report from both the student and the faculty member, which will be maintained in the student's file. If necessary the Program Director will refer the individual to the Office of Risk Management for further assessment.

Informed consent for classroom participants

- Faculty will obtain informed consent from visitors / volunteer patients / children (informed assent of children when possible and the informed consent of the parents of minor children) who are participating in laboratory or classroom activity. Consent for pictures will also be obtained when necessary. See *The Guide to Success: Program in Physical Therapy Student Handbook* for a copy of the informed consent for participation and photographs.
- Faculty will inform classroom participants of any risks involved in laboratory assignments and demonstrations. Students retain the right to not participate in laboratory demonstrations and assignments that may be contraindicated due to a preexisting medical condition.

Utilization of facilities

- Program students may access laboratories outside of class time only with the approval of a core faculty member. An informed faculty member must be on site whenever students are in the laboratories.
- Use of the Program classroom and laboratory space is subject to approval by the Program Director.
- Limitations governing the use of campus facilities by student organizations are per the GSSR (Section B.3).

Storage of hazardous materials

- The clinical laboratories of the Program are covered under the **OSHA Hazard Communication Standard** that applies to entire University:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099&p_text_version=FALSE

- Specialized training is provided for individuals with occupations that involve exposure to hazardous materials as an essential job function:
<http://www.gwu.edu/~riskmgnt/index.cfm>
- Contact information regarding the hazardous waste disposal may be accessed here: <http://www.gwu.edu/~riskmgnt/hazmat/hwmp.pdf>
- The policy regarding battery recycling and disposal may be accessed here:
<http://www.gwu.edu/~riskmgnt/batteryprogram.cfm>

C. Clinical Education Safety and Risk Management

- The rights, responsibilities, and privileges of students and clinical faculty in the clinical setting are established in the clinical education section of *The Guide to Success: Program in Physical Therapy Student Handbook* as well as in the clinical education affiliation agreements. Policies and procedures therein provide for the safety and well-being of all participants in clinical education activities.
- Recourse in the event of mistreatment of Program students is covered in the *School of Medicine and Health Sciences Health Sciences Programs Student Handbook*.
- The Program standards regarding intimidation and coercion extend to clinical affiliation sites. See Section B of this document concerning the policy for reporting sexual harassment.

D. Confidentiality

Rights of the student

- Students have protection against disclosure regarding information such as personal views or political beliefs shared in the classroom or in student-faculty communication per the GSSR.
- Release of student academic records are guided by the **Family Education Rights and Privacy Act (FERPA)**. Faculty and students may review the policy and additional information may be found at:
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- Faculty with knowledge about student health and other personal information are bound by university policy regarding the release of this information only with student consent. (Additional information is provided at: at <http://policy.gwu.edu>)
- Students that have compliance complaints regarding a breach of confidentiality may contact: the **University Compliance and Privacy Office** at (202) 994-3386, (888) 508-5275 (the University's Regulatory Compliance Help and Referral Line); email at comply@gwu.edu; postal mail at The George Washington University Compliance and Privacy Office at 825 21st Street, NW, Washington, DC 20052.

Rights of the patient and classroom volunteer

- The Program respects the right of privacy for patient and classroom volunteers. Therefore, students are required to pass a course on the **Health Insurance Portability and Accountability Act (HIPAA)** prior to clinical affiliations.
- A signed photo release must be obtained prior to the use of any subject image for any purpose including, but not limited to, clinical instruction, research, and marketing.
- Patients and/or classroom volunteers that have compliance complaints regarding a breach of confidentiality may contact the **University Compliance and Privacy Office** (contact information listed above).

E Research Activities

- Sponsored and unsponsored research typically require Institutional Review Board (IRB) approval and consent forms (for prospective human subjects research). Program faculty will need to contact the Office of the Chief Research Officer to determine if their project is exempt from IRB approval and/or consent form usage: <http://www.gwu.edu/~research/orsstaffing.htm>
- Program faculty involved in research will need to complete research training via the CitiProgram Training Modules at: <http://www.citiprogram.org/>. This training includes:
 - Ethical principles
 - IRB regulations
 - Records management
 - Protected populations and vulnerable subjects
 - Informed consent and human subjects protections
 - Privacy and confidentiality
- Faculty engaged in research activities must review information regarding GW's compliance with HIPAA and human subjects research regulations at: <http://www.gwumc.edu/research/human/ohrforms.htm> and <http://inside.gwumc.edu/hipaa/index.htm>
- A signed photo release must be obtained to use subject images associated with research dissemination.
- Program students cannot serve as research subjects in PT faculty projects without IRB approval and consent of the Program Director.
- The Program Director must be notified of all research proposals prior to submission for IRB approval.
- All formal research dissemination documents should be submitted to the Program Director prior to publication.

F. Disaster and Emergency Response

General safety information

- Because security on an open, urban campus such as GW is a continual concern, special precautions have been taken to protect students. The University Police Department provides 24-hour police service to the campus community and works to improve conditions related to accident and crime prevention. Emergency (“blue light”) telephones are situated throughout the campus, including parking lots, and many campus buildings are accessible only to students and/or faculty holding current GW ID cards. The University Police Department should be contacted to investigate any losses on the GW campus or in the Program Suite. Any issues related to security and safety in the Program Suite are to be reported immediately to the Executive Coordinator or Program Director.
- General responsibilities of the university community to ensure a safe campus may be reviewed at:
http://gwired.gwu.edu/upd/index.gw/Site_ID/24/Page_ID/1619/#responsibilities
- The University Escort Services provide a safe escort for students and faculty from dusk to dawn. For an escort, call 994-RIDE.

General emergency procedures

- Emergency medical responses should be reported to the UPD. The UPD phone number for non-emergencies is 994-6110, and 994-6111 for emergencies.
- GW Medical Center Alert Information:
http://www.gwumc.edu/weather/alert/gwumc_alert_information__update.htm
- Information regarding services available to victims of assault:
http://gwired.gwu.edu/upd/index.gw/Site_ID/24/Page_ID/1644/

Evacuation Guidelines:

Stop Work

Gather ALL personal belongings and take them with you

Use the nearest stairwell—do NOT use the elevators

Exit the building at ground level—move at least 100 feet away from the building; look out for responding emergency vehicles

- Evacuation from **Ross Hall**—go to the far walkway at the end of the courtyard between 23rd and 24th Streets.
- Evacuation from **Warwick**—go to the parking lot behind the building
- Evacuation from **Building K**—go across 23rd Street, next to Ross Hall, 23rd Street Entrance near the garage
- Evacuation from the **6th Floor of the Hospital**—Go to the Warwick Building parking lot.

REMAIN OUTSIDE BUILDINGS UNTIL FURTHER INSTRUCTIONS

Life Safety—Fire

When the fire alarm sounds, [evacuate](#) the building using the stairwells not the elevator.

[Evacuate](#) the building through any fire door exit and congregate on the sidewalks in front of Ross Hall—not in the courtyard or walkway/driveway between 23rd Street and the courtyard

If you discover a fire: 1) remove anyone in danger 2) activate the fire alarm pull station 3) call University police at 994-6111 and provide your name, location, and the size or type of fire; and 4) [evacuate](#) the building. The office of Laboratory Safety can be reached at 994-3282.

Bomb Threats

If you receive a bomb threat call or a suspicious package, immediately call University Police at 994-6111 or page the safety specialists at 202-994-3282.

After a threat evaluation, the Medical Center administration and University Police Department will decide whether to not to evacuate. If an evacuation is ordered, please follow the [evacuation guidelines](#).

Important Hospital Codes/Information

Hospital Security 202-715-5000

If an emergency involves the roof, 6th or 5th floors, evacuate immediately. ALL employees of the 6th floor and students should familiarize themselves with the exit routes located within the hospital. In the event of an evacuation, employees and students should pay attention to fire alarms and other notification warnings.

Code Pink - Baby missing, Building Locked Down

Code Purple -VIP in building. Stairwells may be Blocked/Closed

Code Orange -Hospital Disaster Plan Activated Listen for Details

Code Yellow -Bomb Threat Listen for Details

Code Blue -Resuscitation Team Needed in Hospital

Code White/Yellow -Trauma Victim Arriving

Chemical hazards

The UPD will be contacted at [994-6111](#) in the event of a chemical spill. Specific procedures for the response to a chemical spill are found at:

<http://gwired.gwu.edu/upd/EmergencyProcedures/ChemicalSpills/>

G. Complaints Outside of Due Process

The following procedures will be followed in order to respond to complaints that fall outside of due process, such as those that may be submitted by clinical personnel, patients, or other stakeholders:

- The Program Director is responsible for handling complaints that fall outside of due process. In the event the Program Director is not available or if it is inappropriate for the Program Director to handle the complaint (e.g., the complaint involves the Program Director), the complaint will be forwarded to the Senior Associate Dean.
- Complaints should be submitted in writing.
- The Program Director or his/her designee must respond to the complainant within 3 weeks of receiving the complaint. When appropriate, the Program Director or his/her designee may consult with other University offices and personnel in addressing the complaint.
- Documentation regarding the complaint and any actions taken are maintained in the Program Director's office.
In order to be accessible to stakeholders that are not covered by due process, a copy of these procedures are sent to the clinical sites and maintained on the program web-site.

HONORS AND AWARDS COMMITTEE

I. Philosophy and Purpose

The purpose of the Honors and Awards Committee is to recognize students and faculty for their achievements as it relates to enhancing the mission and the goals of the Physical Therapy Program.

II. General Policies and Procedures

A. Members

The Honors and Awards committee consists of two core faculty members. A chairperson is appointed by the Program Director.

B. Meetings

The Honors and Awards committee will meet a minimum of twice a year or as needed.

C. Procedures

The Committee Chairperson(s) will initiate and coordinate the award process.

III. Summary of Actions

The Honors and Awards committee is given the charge to:

1. Investigate and convey the criteria for external/internal awards for students and faculty.
2. Establish new Honors and Awards with the approval of the program faculty.
3. Supervise and facilitate the process for submissions
4. Solicit nominations for university, community, and professional awards.
5. Review and make recommendations for revising internal award criteria.
6. Maintain minutes for each meeting
7. Maintain bulletin board for award announcements
8. Bring potential for new awards for faculty consideration
9. Provide an end-of the year outcome report on committee activities

IV. Awards for Consideration

A. Physical Therapy Award for Academic Excellence

This award is given to the student who has demonstrated consistent qualities of academic excellence. This student is distinguished by being a self-directed and reflective learner, who promotes the learning process in others and themselves.

B. Physical Therapy Award for Clinical Excellence

This award is given to the student who has demonstrated consistent qualities of clinical excellence while working with patients across the lifespan and in various clinical settings. This is a person who may serve as a resource to others, by freely sharing his/her knowledge and skills.

C. Physical Therapy Award for Service

This award is given to the student who distinguishes him/herself as a leader among his/her peers in community and professional service. This student may distinguish him/herself through active service to the GW community and beyond, and is an active participant in the physical therapy profession on the local and/or national level.

D. Distinguished Student Award

This award is given to the student who distinguishes him/herself in some unique way, perhaps through responding to adversity. This person may be responsive to the needs of others and distinguishes him or herself among their peers. This individual may volunteer for faculty-generated special projects or assignments, takes on leadership roles, or recognizes a need to provide service beyond the physical Therapy Community. This is a person who fulfills and advances the mission of the program.

V. Potential Scholarship Awards

A. DCPTA Chapter Scholarship

This award is offered annually to a student who is a member of the DC Chapter Physical Therapy Association and entering their second year at a District of Columbia Physical Therapy Program. This award is conferred in the spring.

OUTCOMES COMMITTEE

I. Philosophy and Purpose

The Outcomes Committee serves to ensure that the Program in Physical Therapy systematically implements a comprehensive Program Evaluation Plan to assess whether the Program is meeting its mission and goals, as well as the guidelines and standards of accreditation.³ .

The Committee shall have the following responsibilities:

- ensure that all components of the Program are assessed and modified as determined by feedback from individuals participating in the Physical Therapy Program as well as appropriate stakeholders.
- develop and maintain the Program Evaluation Plan.
- triangulate the data gathered from the sources outlined in the Program Outcomes Evaluation Plan in order to assess whether critical thresholds are being met and to facilitate faculty discussion of program strengths and weakness.
- maintain a historical record of the Program Evaluation Plan, the timeline of implementation and the survey instruments used to gather data.

II. General Policies and Procedures

A. Members

The Outcomes Committee consists of the Program Director, Associate Director, and Director of Clinical Education of the Program in Physical Therapy. The Associate Director serves as chairperson of the Committee. All core faculty of the Physical Therapy Program serve as ex officio members of the Committee.

B. Meetings

Two meetings per year are required and are usually prior to the summer and winter faculty retreats. More frequent meetings are scheduled to achieve special projects or tasks of the Committee.

C. Procedures

The Committee serves as a liaison to the persons responsible for collecting and synthesizing data as identified in the Program Evaluation Plan in order to facilitate the systematic implementation of data collection and synthesis of the results. The Committee will foster ongoing discussions among all program faculty (core, adjunct, supporting and clinical) regarding the extent to which the program is meeting its mission and goals.

³ See CAPTE Accreditation Handbook for criteria.

Summative discussions on program outcomes occur during the Spring and Summer retreats.

The Committee reviews the current Program Evaluation Plan to determine whether the sources of input, timeline of implementation, person(s) responsible, identified thresholds, and data analyses are effective in identifying program strengths and weaknesses and to ensure that it remains consistent with current standards of practice and accreditation guidelines.

See Appendix for a copy of the Program Evaluation.

III. Specific Actions

A. Implementation of the Outcomes Evaluation Plan

The Outcomes Committee will have oversight of:

- disseminating graduate and employer surveys
- conducting exit interviews with program graduates at the conclusion of the capstone session of the final semester of the curriculum.
- in conjunction with the DCE and ACCE, collecting clinical outcomes
- implementing the evaluation of the Program Director and providing the collated feedback to the Director.
- maintaining data bases of collected outcomes
- providing triangulated data results to core faculty minimally twice a year., usually just prior to the faculty retreats, identifying areas that warrant in depth discussion based on established critical indicators.
- coordinating the review of the collection instruments identified on the Program Evaluation Plan

B. Documentation of the Program Evaluation Plan

The Committee maintains current and historical documentation of the results of the Program Evaluation Plan. This includes samples of survey instruments and databases that are not maintained in other program areas (i.e. clinical education).

C. Liaison to Other Program Areas

The Committee serves as a liaison to program areas identified in the Curriculum Evaluation Plan in order to encourage data triangulation between the areas. The Committee engages faculty in a discussion regarding program strengths and weaknesses based on the results of the Curriculum Evaluation Plan as well as other components of the Program Evaluation Plan.

RECRUITMENT AND MARKETING COMMITTEE

I. Philosophy and Purpose

The purpose of recruitment within the Program in Physical Therapy is to develop an applicant pool that is sufficient in number and quality to have an adequate class size each academic year to establish budgetary support for the educational program and its' diverse activities.

The Committee shall have the following responsibilities:

- Execute a recruitment process that is perpetual and that is implanted in the budget and the administrative activities and procedures of the Program
- Execute a communication plan that will facilitate applications for admission and enrollment in the DPT Program from high quality post baccalaureate degree applicants
- Increase the visibility and recognition of the DPT Program
- Review and recommend appropriate changes in the information distributed by the Program in Physical Therapy

II. General Policies and Procedures

A. Members

The Recruitment and Marketing Committee consists of core faculty members of the Program in Physical Therapy. A chairperson is appointed by the Program Director. The Program Director is an ex officio member.

B. Meetings

Three meetings per year are required, one in fall, one in spring and one in the summer semester. More frequent meetings may be scheduled for planning or completion of tasks.

The chairperson of the committee will attend and represent the Program in Physical Therapy at the Health Sciences Admissions and Marketing Committee meetings.

C. Procedures

The committee will solicit input from the Health Sciences Office of Admissions and Recruitment, the Program in Physical Therapy faculty and students regarding recruitment activities.

The committee will consult the Medical Center Communications and Marketing Office and appropriate University offices regarding the content of and "branding" policies of print materials to include; letters, newsprint ads, and posters.

The committee chairperson in consultation with the Program Director ensures that recruitment activities are in keeping with Health Sciences Programs and University requirements.

III. Specific Actions

A. Refine and Implement a Recruitment Plan

The committee will implement a communication plan that will facilitate applications for admission and subsequent enrollment of diverse, academically successful post baccalaureate degree applicants.

1. Host one to two Information Sessions per month, to include the months of September, October, November, December, January, February, March and April.
2. Facilitate the maintenance of a Physical Therapy list serve of interested individuals and perspective students.
3. Execute a mail campaign of Letters of Introduction and Program information to identified individuals.
 - i. GRE respondents indicating physical therapy as major for study
 - ii. Prospective students identified from health fairs, information sessions and inquiries.
4. Execute a mail campaign of Letters of Introduction and Program information to target populations with a vested interest in the health professions.
 - i. Undergraduate colleges/university advisement and career centers in the DC/MD/VA metropolitan area, including GWU (science departments, health science, allied health, exercise science, public health)
 - ii. Historically Black Colleges and Universities (HBCU's)
 - iii. Two year college advisement and career centers (e.g. PTA Programs)
5. For information sessions and open houses, place print ads in College and University newspapers, distribute flyers and place posters.
6. Monitor and revise the Program in Physical Therapy website. Solicit input on usefulness of website format and information from current students, perspective students, faculty and alumni.

B. Increase Visibility of the Program in Physical Therapy

The committee will increase the visibility and recognition of the Program in Physical Therapy.

1. Locate and participate in health professions recruitment fairs at various colleges and universities that have a pre health professions curriculum.
2. Host a minimum of one Open House event per academic year, preferably in the fall semester, prior to the early admission deadline.

C. Collect Data

The committee will collect data that identifies and describes the prospective applicant, as well as, effective methods of recruitment.

1. Determine what data will be collected, how it is collected, timelines for collection, and process for collection and analysis.
2. Collect data and analyze data according to established timelines.
3. Submit a yearly report to faculty and Outcomes Committee.

D. Maintain Informational Materials

The committee is responsible for maintaining currency of print materials and the website. Final approval for dissemination is given by the Program Director.

E. Represent the Program on the Health Sciences Admissions and Marketing Committee

The committee chairperson represents the Program on the Health Sciences Admission and Marketing Committee.

RESEARCH COMMITTEE

I. Philosophy and Purpose

The Research Committee serves to facilitate scholarly activity among the physical therapy faculty and the student body in order to advance and promote the mission of the Program in Physical Therapy at GWU.

The Committee shall have the following responsibilities:

- Conduct regular faculty research meetings and maintain meeting minutes.
- Regularly disseminate to the physical therapy faculty and students any research related information gathered from University departments and programs and outside agencies.
- Act as a mentor to junior faculty members in order to assist them in developing a research agenda.
- Act in a peer review capacity when scholarly products are submitted to outside agencies for formal review.

II. General Policies and Procedures

A. Members

The Research Committee consists of all core faculty members in the Program in Physical Therapy. Two core faculty members are appointed by the Program Director in Physical Therapy to act as co-chairpersons of this committee.

B. Meetings

Two meetings are required per year. More frequent meetings may be scheduled in order to work on special projects or tasks.

C. Procedures

The committee acts as a liaison to the faculty and students so that any pertinent research related information is disseminated in a timely fashion. The Committee will foster ongoing discussions among all program faculty regarding the extent to which the program is meeting its mission and goals.

Summative discussions on faculty related research will happen biannually. Opportunities to partner within the University and with outside collaborators will be investigated.

III. Specific Actions

The Research Committee will be responsible for:

1. Organizing and conducting biannual research committee meetings and maintaining minutes of the same.
2. Disseminating up to date research related information and opportunities available at GWU and outside agencies/institutions on a regular basis.
3. Disseminate information to faculty and students relative to the IRB process at GWU.
4. Develop and maintain the research webpage for the Program in Physical Therapy.
5. Review and update the Research Policies and Procedures on an annual basis.

APPENDIX
Program Evaluation Plan

Program Area	Including	Person(s) Responsible	Data Sources and Methods	Timelines for Data Collection	Critical Indicators	Data Assessed Results (+met/-not met)
Mission, Philosophy, Goals, and Expected Outcomes	Philosophy, Principles and Values of the Program	Program Director Program Faculty	Written curriculum plan Program philosophy, goals and mission University and school mission Student outcomes Advisory Committee	Spring and Summer faculty retreat January advisory committee meeting	Philosophy and values of the program are congruent with the University's mission and philosophy. Philosophy and values are consistent with professional core values Graduate outcomes reflect the philosophy, principles and values of the program. Philosophy, principles and values of the program are consistent with needs and values of the local professional community.	
Faculty	<u>Core Faculty with Special Responsibilities</u> Program Director/Chair DCE/ACCE	Senior Associate Dean Program Director/Chair	Faculty Perceptions of Program Director/Chair Survey See individual core faculty member evaluation below. Refer to Clinical Education Program Area. See individual core faculty evaluation below.	Yearly - Spring	Regularly evaluates of all core faculty. Evaluations result in a development plan for each faculty member that addresses individual as well as program development needs. Surveys indicate faculty members are satisfied with program director/chair's leadership in planning and administrating the program budget and resources. Surveys indicate faculty members are satisfied with the effectiveness of the program director/chair's communication with other people and departments involved with the program. Program outcomes are consistently met. See clinical education critical indicators under ACCE.	

	<p><u>Core Faculty</u></p> <p>Collective Core Faculty</p> <p>Individual Core Faculty</p>	<p>Program Director/ Chair</p>	<p>Student Course Evaluations</p> <p>Peer Evaluation Syllabus Audit</p> <p>Annual Physical Therapy Evaluation Report (activity report, self-assessment and program director assessment)</p> <p>Program/Chair Evaluation</p> <p>Faculty goals and objectives</p> <p>Student Exit surveys</p> <p>Graduate surveys (program outcomes)</p> <p>Annual retreat (program goals and outcomes assessment)</p>	<p>After each course</p> <p>Yearly</p> <p>Yearly - March</p> <p>Yearly - Feb</p> <p>Yearly - Spring</p> <p>At end of last internship</p> <p>6-8 months after graduation</p> <p>Yearly- Summer</p>	<p>Each faculty demonstrates evidence of contemporary expertise in areas of assigned teaching as is evidenced by satisfactory student evaluations, peer assessment, program director assessment and professional activities within assigned area.</p> <p>Each faculty meets his/her established yearly goals of scholarly and professional accomplishments as well as community service.</p> <p>Each faculty demonstrates effective teaching and student evaluation skills as evidenced by:</p> <ul style="list-style-type: none"> • Student and peer assessments • Incorporating a variety of assessment activities that also evaluate higher levels of learning and student readiness for clinical preparation. <p>Collectively faculty demonstrate expertise in curriculum design, implementation and evaluation as is evidenced by:</p> <ul style="list-style-type: none"> • Satisfactory program outcomes on survey instruments. • Ongoing implementation of curriculum assessment resulting in program enhancement. • Ongoing analysis of the program's strengths and weaknesses. <p>Program outcomes are consistently met.</p>	
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	<u>Clinical Faculty</u>	ACCE/ DCE Assigned Faculty	Midterm visit feedback form. CPI and modified CPI Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction	During each clinical experience After each clinical experience After each full- time clinical experience Summative report at Summer retreat	All clinical faculty possess a minimum of one year of experience and are determined by the CCCE to be competent in the area of practice in which they are providing clinical instruction. Clinical faculty assesses student performance in the clinic consistently and adequately documenting all required performance indicators (including deficits and unsafe practice). Student survey instruments indicate that students were satisfied with the quality of their clinical supervision and agree that the clinical faculty member served an effective role model. Clinical faculty provides feedback to the program about the relative strengths and weakness of the preparation of the students for entry level practice. Program outcomes are consistently being met.	
	<u>Associated Faculty</u>	Adjunct Faculty	Student Course Evaluations Peer assessment Teaching Assistant Assessment Self-assessment Program outcomes	After each course Yearly Yearly Yearly – Summer retreat 47	Peer assessments and student assessments substantiate effective teaching and student evaluation strategies. Associated faculty member is recognized as a contemporary expert in the assigned content areas. Associate faculty complies with all relevant academic policies and procedures. Associate faculty give regular input to the program director regarding curriculum development in content areas related to their assignment. Program outcomes are consistently being met.	

Clinical Education	<u>Breadth of Clinical Experience</u> - Variety and Number of Clinical Sites	DCE ACCE	Student Exit Survey	End of last clinical	Students are placed in a range of sites across the practice patterns and lifespan.	
			CSIF	Ongoing	Program maintains current contracts with approximately 150% of needed sites for quality clinical placements.	
			Clinical Education Focus Group Survey	Yearly - Summer		
			Clinical Site data base <ul style="list-style-type: none"> • Contracts • Student placements • Available placements ACCE/DCE summative reports ACCE/DCE formative reports Graduate surveys	Ongoing Yearly-Summer Once per semester 6-8 months after graduation	Student and graduate surveys indicate all students had an adequate breadth of experience.	
<u>Depth of Clinical Experience</u> - Length and number of experiences	DCE ACCE Program Faculty	Student Exit Survey	End of last clinical	Average “score” of at least adequate or satisfactory on any survey instrument.		
		Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction ACCE/DCE formative reports ACCE/DCE summative reports	After each full time internship At least once per semester Yearly	All sources consistently report sufficient depth of experience (consistent = no weaknesses identified by more than one data source or multiple times (>2) of a single data source.		
<u>Pedagogical Process</u> – Sequencing of experiences within curriculum. Quality of Educational Experience	DCE/ACCE Assigned Faculty	Student Exit Survey	At end of last clinical	Survey tools and evaluation of student performances indicate students are ready to perform the required clinical competencies within the assigned practice site.		
		Midterm visit feedback forms (each clinical experience).	During each clinical experience			
		CPI and modified CPI (clinical immersions)	After each clinical experience	Faculty analyses of both curriculum and clinical education outcomes indicate clinical education assignments track with curriculum progression.		
		Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction	After each full-time internship	Survey instruments indicate that at least 90% of students were satisfied with the quality of their clinical placement.		

			CSIF ACCE/DCE contact	Ongoing		
			Faculty meetings /discussion (minimum of 1X/semester)	Minimum once per semester		
			Faculty Curriculum Retreat	Yearly - Summer		
<u>Administrative Process</u> - Student Placements Communication with the Clinical Sites Clinical Forms Contracts Timing and Follow-up	DCE/ACCE Program Director Outcomes Committee	Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction	After each full-time internship	Survey instruments indicate that at least 90% of students were satisfied with the placement process.		
		Exit Survey	At end of last clinical	Survey instruments indicate students and CI's were satisfied with the academic supervision and communication during the clinical internships.		
		Evaluation of Academic Supervision.	After each clinical experience	Student and CI evaluation of forms are at least adequate or satisfactory on surveys. Information obtained from forms accurately facilitate the identification of:		
		Clinical Education Focus Group Survey	Yearly	<ul style="list-style-type: none"> • Program strengths and weaknesses • Student performance outcomes. • Developmental needs of CI's and ACCE. 		
		Area Clinical Consortium Meetings (guidelines on timelines of communication)	Quarterly			
		Midterm visit feedback form	During each clinical experience			
<u>Leadership of Clinical Education Program</u> - ACCE/DCE	Program Director DCE/ACCE	Exit Survey (at end of last clinical)	At end of last clinical	Survey instruments indicate students and representatives of the clinical community are satisfied with the leadership of the ACCE/DCE.		
		Midterm visit feedback form.	During each clinical experience	The ACCE/DCE consistently plans, coordinates, implements and monitors the effectiveness of the clinical education plan. He/she summarizes the strengths and weaknesses of the program and reports results and plans to Program Director, faculty, and other stakeholders (formative each semester; yearly summative; as necessary).		
		Evaluation of Academic Supervision/	After each clinical experience			
		Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction.	After each clinical experience			

			Clinical Education Focus Group Survey (See also Faculty Evaluation for evaluation of ACCE/DCE and clinical faculty)	yearly	The ACCE uses information provided by the clinical education faculty to appropriately assess student learning in the clinical education experiences and assign grades consistently and collaboratively.	
	<u>Outcomes</u> - Student Outcomes in Clinical Education	DCE/ ACCE Program Director Assigned Faculty	CPI and modified CPI	After every clinical experience	Students consistently perform at entry-level performance at the conclusion of the final internship.	
			Midterm visit and feedback form	During each clinical experience	Students consistently are given opportunity to address required competence during the clinical placements.	
			Student Exit survey	After last fulltime internship	Surveys consistently rank outcomes associated with clinical internships as at least adequate.	
			Graduate Surveys	6-8 months after graduations		
Curriculum	Philosophy, Principles and Values of the Program	Program Director Program Faculty	Written curriculum plan Program philosophy, goals and mission University and school mission Student outcomes Advisory Committee	Spring and Summer faculty retreat January advisory committee meeting	Philosophy and values of the program are congruent with the University's mission and philosophy. Philosophy and values are consistent with professional core values Graduate outcomes reflect the philosophy, principles and values of the program. Philosophy, principles and values of the program are consistent with needs and values of the local professional community.	
	Expected Student Outcomes	Associate PD	Exit Survey	End of last clinical	Average "score" of at least adequate or satisfactory on exit survey on all indicated student outcomes.	

	Associate PD	Graduate Surveys	6-8 months after graduation	Average “score” of at least adequate or satisfactory on exit survey on all indicated student outcomes.	
	Associate PD	Survey of Employers: Performance of Graduates	6-8 months after graduation	All employers indicate GWU graduate performing at least adequate or satisfactorily on all areas of the instrument. Employers indicate that GW graduates meet the practice expectations of the clinic. All employers surveyed indicate would hire students from GWU given opportunity to do so.	
	Program Director	NPTE Results	Yearly	Ultimate pass rate >80%	
	ACCE/DCE	Clinical Outcomes DCE and ACCE report of CPI And Midterm Clinical Review Questionnaire Clinical Education Focus Groups Survey	After each full time clinical internship Yearly (summer)	Students perform at expected level of competency Clinicians agree (mean score between one and three) that students are competent in all aspects of responsibility within the patient-client management model.	
	Program Faculty Curriculum Committee	Course Syllabi – ongoing peer and faculty review Syllabus Audit Faculty Course Feedback Form Faculty retreats	Yearly (with Peer Review) ~Every 3 years. Spring and Summer retreats	Course objectives reflect *current practice setting expectations. *current literature *normative model *The Guide to Physical Therapy Practice *CAPTE criteria *diverse teaching styles *ongoing evaluation of student achievement.	
<u>Curriculum Plan</u> Sequencing and integration. Breadth and	PD Program Faculty	Student Feedback HSP Course Evaluations. Annual Student Evaluation of Curriculum Semester meetings with PD	At end of semester; yearly	Students indicate they felt prepared for content presented in the course. Students indicate they felt material and concepts were challenging but accessible. Student evaluations consistently indicate they understand the specific performance	

depth of content.				objectives required to be successful in each course.	
	Associate PD	Student Exit Survey	End of last clinical	Average “score” of at least adequate or satisfactory. Student comments support that students felt prepared for practice expectations based on their didactic and clinical preparation.	
	ACCE/D CE	CPI, Midterm visits Clinical Education Focus Group Surveys	After each clinical experience Yearly	Survey tools and evaluation of student performances indicate students are ready to perform the required clinical competencies within the assigned practice site.	
				Surveys indicate CCCE’s consider GWU students well prepared contemporary physical therapist practice.	
	Curriculum Committee Program Faculty	Faculty meetings Peer Reviews Syllabus Audits Faculty retreats Integrated Program Assessment Faculty course feedback form	Ongoing Meetings; Yearly peer reviews and syllabus audits Dec. and May retreats ~3 years (more frequent with implemented change or new faculty)	Faculty review indicates curriculum plan moves student from simple to complex and from recognition/recall to application and evaluation. Important concepts are threaded and reinforced.	
				Faculty review indicates curriculum plan allows students multiple opportunities to integrate content and experiences throughout the curriculum.	
				Peer review indicates each course promotes students to problem solve, weigh values and set priorities.	
				Faculty review indicates students are required to demonstrate proficiency in both oral and written communication in each semester.	
				Faculty review indicates curriculum plan is reflective of current literature and fosters the development of evidence based practice.	
				Faculty review indicates curriculum plan is consistent with the stated mission and philosophy of the university and program.	

Pedagogical methods; Evaluation Methods	PD Program Faculty Curriculum Committee	Student feedback on course evaluations, yearly evaluations and semester meetings. SPI's Syllabus audits/Peer assessments Faculty meetings Faculty retreats PD assessments of faculty performance *Annual Report *Annual Faculty Self-Assessment	Summative reports at Spring and Summer retreats	Feedback forms and syllabi support faculty use a variety of presentation techniques that facilitate different learning styles. Student achievement is evaluated on a regular basis throughout the semester in a variety of styles. Students receive timely feedback on performance evaluations (typically within one week on tests; within two weeks for papers and documentation) Students achievement is evaluated comprehensively for important clinical objectives at the end of the semester and throughout the curriculum. Critical safety elements are identified during evaluations of psychomotor objectives. Students can not progress unless they perform all required safety elements.	
Prerequisite courses	Program Faculty Admissions Committee Curriculum Committee	Number of qualified applicants. Average performance of students during the first year of professional coursework (May and December Faculty retreat) Student feedback on survey instruments and semester meetings.	Yearly (Jan.Feb) 2X/year (December and May) Each semester Exit interview	Prerequisite courses enhance the ability of the students to understand fundamental theory, communicate effectively, and problem-solve independently. Student retention during the first year is >90%. Student survey responses indicate they consider the coursework of the first year challenging but accessible Student exit survey indicates prerequisite coursework contributes to the depth and breadth of their professional development.	

	Curriculum Evaluation Plan	Outcomes Committee Curriculum Committee Program Director Faculty	Data gathered from survey instruments Faculty meetings and retreats Advisory Committee meetings	Ongoing Minimum twice a year Yearly	Survey instruments gather sufficient information to reflect the depth and breadth of the program. Survey instruments reflect the opinions of a diversity of stakeholders (minimally students, faculty, clinicians, graduates and employers) Data gathered can be triangulated to identify program strengths and weaknesses. Curriculum evaluation plan facilitates evaluation of the effectiveness of changes implemented to address program weaknesses.	
Resources	<u>Faculty</u>	Program Director/C hairperson Senior Associate Dean	Student outcomes in the clinic. Graduate and employer surveys Student evaluations of faculty Program Director evaluations of faculty evaluations	At conclusion of each clinical yearly yearly (approx. 8 months after graduation) After each course Yearly Yearly	Clinical Instructor and students agree that students are meeting or making sufficient progress towards entry level expectations in the range of practice settings consistent with contemporary practice. Graduates and employers rate all graduates at least adequate for all practice expectations. Student evaluations indicate faculty serve as effective teachers with contemporary expertise in assigned content areas. Sufficient faculty members exist to meet the program's mission and goals. Sufficient faculty exist to meet individual faculty goals related to teaching, scholarly activity and service.	

	<u>Financial Resources</u>	Program Director/C hairperson	Chairperson and institutional meetings Strategic and long range planning documents Budget Faculty Feedback Forms Faculty meetings	Yearly Yearly	Financial support is adequate to support the current program needs related to: <ul style="list-style-type: none">• teaching and learning;• facilities and equipment and maintenance• clinical education• faculty development. Faculty feedback forms indicate faculty had sufficient space, equipment and technology to meet the teaching and learning needs of courses taught.	
	<u>Facilities and Library</u>	Program Director/C hair Outcomes Chair Program Director/c hair	Faculty Meetings/Feedback Exit Interviews Faculty development plans	At least once a year Yearly	Physical environment is supportive of teaching and learning in terms of: <ul style="list-style-type: none">• Size• Access• Storage• Privacy when indicated. Equipment and materials available for student practice are typical of those used in contemporary practice. The library is accessible in terms of time and resources to meet program needs for both faculty and students. Facilities and equipment are adequate for faculty to pursue scholarly activities as identified in annual goals.	
	<u>Student Services</u>	Director/C hair Senior Associate Dean	Graduate Surveys Exit Surveys Institutional Surveys Faculty meetings	Summative report at Summer retreat	Both graduate and current students indicate adequate access to: counseling, disability, and financial aid services. Technical support is available to meet the learning, teaching and research needs of the program.	

Policies and Procedures	<u>Academic Retention and Promotion</u>	Program Director/C hairperson	Program in Physical Therapy Student Handbook: Guide to Success Clinical Handbook Institutional Handbooks Minutes of meetings Minutes of faculty retreat	Ongoing At least yearly	At least 75% of admitted students complete all degree requirements. At least 80% of graduates successfully pass the licensing exam within the first two attempts. Students are safe and effective in clinical practice (see Clinical Education Outcomes)	
	<u>Admission and Recruitment</u>	Program Director/C hairperson Recruitment Committee chairperson Program Committee Chairperson Health Sciences Programs Office of Admissions	Student baseline characteristics of the applicant pool and admitting class Student retention throughout the program Class size Graduate Outcomes	Yearly Graduation Fall of each year Yearly	Student outcomes are consistent with program's mission and goals (see Clin Ed and Curriculum Plans) Applicant pool is sufficient to admit at least 24 students/year who meet minimum qualifications. Attributes of admitted class are consistent with the needs of the profession as indicated by at least 90% achievement of entry-level practice on all red flag items of the CPI. At least 75% of admitted students complete all degree requirements.	
	<u>Policies and Procedures Related to Faculty, Staff, and Students</u>	Program Director/ Associate Program Director	Mission statement Program in Physical Therapy Policy and Procedure Manual	Yearly	Incongruence with Institutional or Professional expectations, standards, or guidelines	