

University of Wisconsin – La Crosse

Physical Therapy Program

Procedures Manual

Department of Health Professions

Approved by Program Faculty:

December 6, 2024

1. ORGANIZATION AND OPERATION

The procedures in this document were adopted by the members of the Physical Therapy Program and are consistent with the Physical Therapy Program: Policies Manual, Department of Health Professions Bylaws, Articles of Faculty Origination for the College of Science and Health, Commission on Accreditation in Physical Therapy Education (CAPTE) Evaluative Criteria PT Programs, and Governing Faculty and Instructional Academic Staff documents of the University of Wisconsin-La Crosse. Amendment of these procedures is governed by the rules described within the Policies Manual (Section 1. F.). If a conflict arises between this manual and the Policies Manual, the content of the Policies Manual will always take precedent.

All hyperlinks and webpage references contained within this document are for informational purposes only and have no official standing within this document. Instead, the most recent version of the mentioned document should be consulted, which may not be the document found at the provided web address.

2. PROGRAM GOVERNANCE

A. Physical Therapy Program Meetings

1. Meeting Rules of Order

The conduct of program meetings, and meetings of program committees, will be guided by the protocols described within Robert's Rules of Order.

2. Meetings of the Program

- a. Regular business meetings of the program faculty will follow a schedule announced by the program leadership at the beginning of each academic term.
- b. No decisions of the program faculty, or its committees, may occur during a meeting that has been called with less than one work day's (Monday-Friday) notice.
- c. Program meetings with the sole purpose of disseminating and discussing information, without creating a decision on how to act on that information, may be called with less than one day's notice.

3. Quorum

- a. For meetings of the program, a quorum is defined as the simple majority (50%+1) of the program's voting membership (as defined in Section 1. H. of the Policies Manual).
- b. For meetings of program committees, a quorum is defined as the simple majority (50%+1) of the assigned voting committee membership.
- c. Unless otherwise stated by action of the program faculty, business will be approved by a majority vote of those present at meetings of the program or its committees.
- d. When necessary, members may attend meetings over the telephone or through similar electronic media.
- e. Proxy votes are not permitted in meetings of the program and its committees

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4. Structure of Meetings

- a. The agenda for a meeting will be distributed at least 24 hours prior to the meeting date. Committee chairs and program faculty are encouraged to identify agenda items for each meeting and inform the program leadership in time to have items included on the meeting agenda. The program leadership is responsible for prioritizing items and determining the final meeting agenda.
- b. All faculty are expected to review the agenda and prepare for the meeting.
- c. One of the Physical Therapy Program faculty members will be assigned the responsibility for taking minutes of the meeting by the program leadership. The duty of taking minutes will be assigned on a rotational basis. Minutes for a program meeting should follow the format provided in Appendix A.

B. Program Committees

1. Committee Membership.

- a. At the end of each academic year, the program leadership will determine committee assignments for the following year. These determinations will be completed with input from all members of the program faculty.
- b. No faculty can be required to remain on one committee for longer than a term of two years; however, program faculty preference and program needs will allow a committee member to remain on a standing committee for longer than a period of two years.
- c. Program leadership will assign the duty of Committee Chair to one of the committee's members.
- d. Program leadership can serve as regular committee members, with the same powers and responsibilities of the other committee members.
- e. Program leadership may also attend committee meetings in an advisory, ex officio, capacity. When attending meetings in this capacity the program leader will have no vote in determining the committee's business.

2. Responsibilities of Committee Members.

- a. The Committee Chair will determine meeting dates and times, set agenda for meetings, generate minutes of meeting, and post minutes for program faculty access.
- b. Additional committee members will participate actively in the committee activities and will contribute substantively to achieve progress toward development of committee recommendations.

C. Program Evaluation

The faculty will engage in an ongoing formal program assessment consistent with CAPTE Standards and Required Elements for Accreditation of Physical Therapist Education Programs; 2A.

https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook Program assessment will integrate curricular review and review of program outcomes. These reviews will inform the strategic planning process and individual faculty development plans.

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1. Curriculum Review:

The Assessment and Outcomes Committee will conduct an annual review of the curriculum and share the outcomes with the faculty. CAPTE Standards and Required Elements for Accreditation of Physical Therapist Education Programs; 2C

https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook

- a. The following are reviewed on an annual basis:
 1. Prerequisite courses
 2. Required DPT courses
 3. Curricular Threads
 4. Student Learning Outcomes
- b. Faculty as a whole are responsible for determining and implementing academic standards and approving programmatic objectives and curricular threads relative to domains of learning and levels of learning.
- c. Faculty (instructor of record) will participate in curriculum mapping (course mapping) through software provided by the committee.
- d. The committee will review the course maps on an annual basis to ensure that all programmatic objectives and curricular threads are being adequately addressed according to expectations and consistent with accreditation standards.
- e. The committee will review course maps and corresponding links to demonstrate curricular goals/objectives.

2. Curriculum Evaluation

Quantitative and qualitative assessment tools, using both direct and indirect measures, have been developed to gauge achievement of academic learning objectives and evaluative criteria. They are as follows:

- a. Student Surveys [FYS & SYS] – Data will be collected annually seeking student feedback on the learning environment. Questions will be directed as the climate associated with delivering the curriculum as a whole rather than on individual courses.
- b. Clinical performance instrument scores - Data collected at the mid point and final point of the student's terminal clinical internships uses the profession's national assessment tool known as the *Clinical Performance Instrument for Physical Therapy Education* (CPI). The CPI will provide subjective and objective measures of the DPT student's clinical performance as it relates to all ten of the programs' learning objectives mentioned earlier.
- c. National physical therapy examination (NPTE) scores - Data are obtained from the NPTE in the aggregate and programmatic scores are compared with other programs. Program graduates typically take national exams within six months of completing their degree. CAPTE requires that when averaged over three years, 80% of all graduates pass the licensure exam.
- d. Student surveys [third year students] – Student surveys will be completed immediately following completion of all degree requirements, just prior to graduation as to their perceptions of their academic preparation. Surveying students at this time allows the program to gain insight into how well the didactic portion of the curriculum prepared them for the clinical

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portion of the curriculum. Survey questions are directed at the programmatic learning objectives referenced earlier and consistent with competencies itemized in the CPI.

- e. Graduate surveys – Graduate surveys will be conducted 3 and 12 months after graduation. This allows graduates to respond to the same set of questions asked initially upon graduation. Graduate responses indirectly measure compatibility of their educational preparation with work performance expectations.
- f. Survey of employers - The Physical Therapy Advisory group will be used to solicit information on employer perspective.

3. Curriculum Change

When a curriculum change is proposed by faculty, the following process is to be followed:

- a. Faculty will generate a Course Change Proposal Form and send to the Curriculum Review Committee Chair for formal review by the Curriculum Review Committee.
- b. Once reviewed by the Curriculum Review Committee and deemed complete per CAPTE guidance and UWL Graduate Curriculum Committee (GCC) curriculum change procedures (refer to GCC Committee Action on Course Changes document), the proposal will be forwarded to faculty for review.
- c. Once a majority faculty vote is obtained in favor of the curriculum change, the Program Director and/or Curriculum Committee Chair will forward the proposal to be entered in Curriculum Inventory Management (CIM) for Department Chair, Dean, and GCC approval.
- d. To be included on the GCC agenda for any regularly scheduled GCC meeting, the electronic curricular proposal form should be at the Registrar approval step in the electronic CIM workflow no later than noon the Wednesday prior to the meeting.
 - 1. The Office of Records and Registration will place proposals on the agenda in the order in which they were received and will distribute the agenda to committee members prior to the meeting.
 - 2. Department Chairs for the proposals are sent a reminder to attend the upcoming meeting or to send a representative.
 - 3. A proposal will not be heard without someone to present it.
- e. GCC meets the first and third Tuesday of each month.
 - 1. Mid-September is the deadline for winter intercession and spring timetable changes.
 - 2. Early December is the deadline for summer timetable changes.
 - 3. Mid-February is the deadline for fall timetable changes.

4. Program Outcomes Review:

The faculty will review all program outcomes on an annual basis to determine if outcomes were achieved or revisions are needed.

- a. Recruit applicants from a variety of academic and geographic backgrounds.
- b. Matriculate highly qualified applicants who demonstrate outstanding potential for success in academic, clinical and other professional environments.
- c. Engage proficient students to completion of the program.

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- d. Develop contemporary practitioners who possess knowledge and skills necessary for entry-level practice of physical therapy.
- e. Develop Physical Therapists who display the core values of professionalism and professional behaviors consistent with expectations of a doctoring professional.
- f. Faculty will possess a variety of educational credentials and specializations who demonstrate effective teaching and serve as professional role models.
- g. Faculty will contribute to evidence-based practice through faculty and student scholarly activity.
- h. Faculty will facilitate lifelong learning within the physical therapy community.

5. Strategic Planning

On an annual basis, Physical Therapy Program Strategic Planning is conducted as informed by the Curricular Review, Program Outcomes Review and Institutional priorities. CAPTE Standards and Required Elements for Accreditation of Physical Therapist Education Programs; 2D https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook

The following are reviewed on an annual basis:

1. Program Vision/Mission
2. Program Philosophy
3. Program Goals relative to finances, program growth and development, faculty development, faculty scholarship and community engagement

3. FACULTY DUTIES AND RESPONSIBILITIES

A. Compliance with Standards for Program Accreditation

1. All faculty are responsible for complying with standards for program accreditation.
https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook

B. Teaching

1. Faculty teaching responsibilities are subject to the rules outlined within the Health Professions Department By-Laws and within the Policies of the Faculty Senate.
<https://www.uwlax.edu/faculty-senate/articles-bylaws-and-policies/>

C. Service

1. Faculty are responsible for performing service to the University and to the PT Program. Examples of Program service include but are not limited to:
 - a. **Student Advising**
 1. At the beginning of each academic year program leadership will assign students to a member of the program faculty, who will serve as that student's academic advisor.
 2. Faculty will meet with each of their advisees at least once each semester of the regular school year. At that meeting, the faculty member will share with the student the program's assessment of the student's progress within the Physical Therapy Program. That assessment will typically take the form of the student advising document, provided in Appendix B.
 - b. **Student Academic Progression**
 1. Faculty will, at or about the midterm of the Fall and Spring Semesters, evaluate student academic progression within the program with the aim of identifying problem areas for individual students.
 - c. **Student Professional Behavior**
 1. Faculty will complete a questionnaire about professional development progression of each student within the program. The results of this questionnaire will be tabulated by the program leadership and shared with core faculty for the purpose of identifying problem areas regarding professional behaviors and facilitating the development of remediation plans for individual students.

D. Scholarship

1. All core faculty are required to maintain an active program of scholarship with productivity levels consistent with the guidelines provided by CAPTE Standards and Required Elements for Accreditation of Physical Therapist Education Programs 4B.

4. STUDENT RELATIONS

A. Student Admission Process

Information pertaining to individual applicants will be shared only with the applicant by the student admission program assistant or by a member of the Physical Therapy Program Admissions Committee.

1. Admissions Committee

The admissions committee and chair is established by program leadership. The committee will make all final decisions regarding the applicants who are offered a seat for the upcoming academic year.

2. Selection Process

It is the policy of the University of Wisconsin-La Crosse Physical Therapy Program that all students who desire admission to the program must meet the requirements and complete the admission process by the posted deadlines. All applications will be carefully reviewed, adhering to the procedure detailed below. All applicants, regardless of professional or academic background, must meet the following requirements for admission:

- PTCAS Application:** The program participates in the Physical Therapy Centralized Application Service (PTCAS) <http://www.ptcas.org>. The PTCAS application must be completed by dates that are published on the PTCAS calendar <http://www.ptcas.org/Calendar/>.
- Supplemental Fee:** The program does not require a supplemental application; however, applicants are required to submit an application fee to the program. The amount of this application fee is determined by the Chair of the Health Professions Department
- Degree:** All students must earn a Bachelor's degree prior to entering the PT Program. Students may complete their BA or BS while applying, but they must complete their degree before matriculating in the program. Accepted students completing a Bachelor's degree will need to submit a final transcript demonstrating the issuance of their degree. The program does not require the Bachelor's degree be completed in any particular major or discipline, nor does the program have any bias toward a particular major or discipline. Students enrolled in either of UW-L's Dual Degree Programs are exempt from this requirement.
- Prerequisite Coursework:** All prerequisite courses must be completed prior to beginning the program. Students may apply with outstanding courses so long as they demonstrate a plan to complete those courses before matriculating in the program. A list of the prerequisite course may be found at <http://www.uwlax.edu/Physical-Therapy-DPT/Prerequisite-Coursework>.
- Grade Point Average (GPA):** A minimum cumulative GPA of 3.00, calculated on a 4-point scale by PTCAS, is required of all applicants. A minimum GPA of 3.00 is also required in the program's

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ten prerequisite courses. Applicants not meeting the stated 3.00 GPA requirement will be ineligible for admission and removed from consideration.

- f. **Graduate Review Exam (GRE):** Submission of Graduate Review Exam (GRE) scores directly from the Educational Testing Service is required of all applicants. The Admissions Committee will determine minimum exam scores that are acceptable for consideration.
- g. **References:** Submission of at least two references is required.
- h. **Narratives:** All required narratives are directly included in the PTCAS application. In addition to the mandatory narrative required of all PTCAS applicants, the UW-L PT Program has included several other narratives.
- i. **Transcripts:** All transcripts are to be directed to PTCAS. Transcripts sent to the UW-L PT Program or the UW-L Office of Admissions will not be applied towards the applicant's application.
- j. **Technical Standards of Practice:** All applicants must meet and adhere to the Technical Standards of Practice (Physical Therapy Program Policies Manual, Section 3. A.) required for participation in the Physical Therapy Program (Appendix C).
- k. **Special Consideration:** Applicants who have failed to meet the above stated admissions requirements may request special consideration for admission. This request must justify a consideration of their application despite not meeting the requirements listed above. The Admissions Committee will consider such applicants on a case-by-case basis if a letter requesting special consideration is received prior to receiving the completed application. This request should describe the experiences and factors believed to justify the candidate's admission despite the lack of meeting the minimum requirements listed above. Candidates lacking the minimum requirements but not requesting special consideration will not be considered for admission.

3. Timeline for selection process:

Exact dates will be established by the Admissions Committee chair and the PTCAS calendar (<http://www.ptcas.org/Calendar/>)

- a. Mid-February: Confirm program info with PTCAS
- b. Mid-March: Submit program-specific essays to PTCAS
- c. July: PTCAS opens to applicants
- d. September: Committee begins reviewing applications for rolling admissions
- e. September through December: Committee completes the ongoing review process and determines the applicants who will be offered a seat in the program. All applicants are notified of the committee's decision prior to the end of December.
- f. Early April: Welcome Day
- g. Late May: Classes Begin

4. Deferrals:

If a student is admitted to the program during an academic year but chooses to defer to the following academic year for personal reasons, the student must follow the appropriate steps:

- a. Write a letter addressed to the Admissions Committee stating their desire to defer their admission to the following academic year.

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- b. Receive notification of approval from the Admissions Committee through a formal vote.
- c. Once approval is granted, the student will formally deny their admission to the program through PTCAS.
- d. The following academic year, the student will apply during the early admission cycle of PTCAS. Their application must be verified by the August 15 deadline.
- e. The student will then be offered admission for that academic year by the Admissions Committee. The student will be allowed to either accept or deny their admission into the program.
- f. If the student fails to apply prior to the early admission deadline, they will be considered among the other applicants who apply during the general admission cycle.

The student may request for deferral only one time. If granted a deferral, it may only carry over for one academic year.

B. Accident and Injury Procedures

For incidents involving faculty, refer to the Employee Handbook at <https://www.uwlax.edu/human-resources/employee-handbook/>

The following steps are to be taken in the event of any personal injury or accident to a student, with special regard to medical emergencies:

- First aid should be administered to the injured person as appropriate on site.
- For more serious, or life threatening, injuries or the program faculty or staff member will perform a 911 emergency call.
- The student and program faculty member attending to the incident and using appropriate reporting methods established for the class will complete an Incident Report Form.
- All injuries and accidents should be reported using the Health Science Center form located at https://www.lacrosseconsortium.org/uploads/content_files/files/Claimant%20Incident%20Report%202-21.pdf

C. System for Student Progression

Student progression through the didactic curriculum and clinical experiences is determined by good academic standing and development of professional behaviors.

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A student may be dismissed from the DPT program for:

1. A cumulative graduate grade point average below 3.0, lack of progress toward degree, or failure to meet Graduate School or program requirements as listing in the current Graduate School Catalog: <http://catalog.uwlax.edu/graduate/academicpolicies/academiceligibility/#probation-retention>
 - a. The Program Director/s will notify the student in writing in the event that they fail to meet standards for progression in the program and are subsequently dismissed from the program.
2. Failing to demonstrate expected professional behaviors as regularly assessed by DPT program faculty.
 - a. The PT Program faculty will regularly assess a student's professional behaviors in accordance with the Professional Behaviors Assessment Procedure (Appendices D, E and F).

D. Procedure for Appeal for Readmission

If a student wishes to appeal for readmission, the request for a formal appeal must be provided in writing to the Program Director/s within 1 week of receiving official notice of dismissal from the College of Science and Health. The request will contain the reason/s for appeal. Students will be advised of their rights and privileges by the Program Director/s. If the Program Director/s are unavailable, then a delegate faculty member will be established.

The Program Director/s or delegate will acknowledge receipt of the written appeal request within 2 working days. The Program Director/s or delegate will determine a time when the majority of faculty will be present prior to the beginning of the next semester.

Prior to the appeal meeting, the student must provide the Program Director/s or delegate with a letter describing factors that contributed to the student's performance, extenuating circumstances (if any), status of most recent action plan (if any) and specific new strategies that may contribute to the student's success if they are readmitted. The Program Director/s or delegate will disseminate the letter to the faculty in advance of the appeal meeting. The Program Director/s or delegate will set a deadline for receipt of the student's appeal letter so that faculty have adequate time to review before the meeting. The deadline will, in most circumstances, be 5 working days prior to the meeting. Under no circumstances will it be less than 2 working days prior to the meeting. Failure to submit an appeal letter by the deadline to the Program Director/s or delegate will result in automatic denial of the student's appeal.

The Program Director/s or delegate will appoint a faculty member to chair the committee. The student presentation and question and answer of the faculty will be recorded to maintain a record of the event. The appeal meeting will be conducted as follows:

- The student will be given time to describe the basis for the appeal and provide supporting documentation to the program faculty.
- Faculty may ask the student questions regarding the appeal and action plan.
- Student will be excused and program faculty will deliberate the appeal decision.

The possible decisions the committee can make are:

1. Support the appeal with or without conditions regarding readmission to the Program.

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2. Deny the appeal and reaffirm the student's dismissal from the Program.

The Program Director/s or delegate will notify the student of the outcome of the appeal decision as soon as possible after the meeting. Written documentation of the appeal decision will be given to the student, Department Chair, Dean, and Director of Graduate Studies within 5 working days of the appeal meeting. This documentation will also be filed in the student's permanent record.

Any student who is not readmitted to the PT Program will be advised of their right to appeal to Graduates Studies per

<http://catalog.uwlax.edu/graduate/academicpolicies/academiceligibility/#readmission-after-dismissal>

A student can be dismissed from the Physical Therapy Program and still retain their status as a student within the Graduate School if admissions standards are met.

This procedure is also included in the Appendix of the Student Handbook.

5. COMPLAINTS AGAINST THE PROGRAM

The following information will be posted on the program webpage for easy public access:

Any person can file a signed complaint about the Physical Therapy Program with the Program leadership, the Department of Health Professions Chair, or the University administration.

The complaint must be in writing and must identify the complainant. The complaint must clearly identify and describe the specific nature of the complaint, provide supporting data, and specify the requested response to the complaint.

In general, a formal complaint should be initiated with the person who is the next level higher than the target of the complaint. For example: a complaint against a faculty member should be addressed to the Program Director; a complaint against the program director should be addressed to the Department Chairperson; and a complaint against the department chairperson should be addressed to the Dean of the College of Science and Health. Such complaints should be lodged either orally or in writing within 90 days of the last occurrence.

All active and inactive complaints will remain on file for a period of 5 years of the initial filing of the complaint.

Complaints can be submitted directly to the Commission on Accreditation in Physical Therapy Education (CAPTE) using this link: <http://www.capteonline.org/Complaints/>

6. PROGRAM OPERATIONS

A. Equipment Inspection and Maintenance

Comprehensive quality assurance and electrical safety program checks will be performed in compliance with the Health Science Center's Biomedical Electronic Department's Inspection Policies and Procedures and Repair Policies and Procedures (Appendix G). All equipment will be inspected at least annually, including both patient care and non-patient care related. CAPTE compliance will be considered mandatory in creation and implementation of all further policy additions.

APPENDICES

Appendix A: Sample Format for Program Meeting Minutes

**UW-L Physical Therapy
Faculty Minutes for (date)_____ 12:15 – 2:00**

Present:

Absent:

Topics	Discussion Points	Follow-up?
Approve Minutes from last meeting		
Old Business:		
Program Committee Updates		
Curriculum Committee		
Policies and Procedures		
Admissions and Minority Affairs		
Scholarship		
Alumni Relations & Development		
Ad Hoc Committee Task Report force		
Other Old Business:		
New Business:		
Meeting Adjourned		

Submitted by _____

Upcoming Program Events

Date & Time, Name of Event, Place if known

Appendix B: Student Advising Form



PHYSICAL THERAPY PROGRAM

STUDENT/FACULTY ADVISING FORM

Student: _____ FYS / SYS Semester: Fall / Spring Year: _____

ACADEMIC PERFORMANCE:

- Satisfactory / Risk of Probation (GPA Near 3.0) / Currently on Probation (GPA below 3.0)
- Cumulative GPA: _____ GPA in most recent semester: _____
 - *If student is on probation, GPA needed to move off of probationary status: _____*
- Action Plan Required: Yes / No

CLINICAL UPDATE

Most recent clinical fieldwork completed: _____ (*location and experience*)

- Skills Development:
 - Satisfactory / Recommendations based on CPI feedback (Circle One)
- Professional Behaviors
 - Satisfactory / Recommendations based on CPI feedback (Circle One)

PROFESSIONAL BEHAVIORS

Satisfactory Concerns Identified (circle below)

Notes: _____

(attach any related documents if necessary)

Has student been issued a Professional Behaviors Notification? Yes/No Explain: _____

<ul style="list-style-type: none"> • Commitment to Learning • Interpersonal Skills • Communication Skills • Effective use of Time & Resources • Use of Constructive Feedback 	<ul style="list-style-type: none"> • Problem solving • Professionalism • Responsibility • Critical thinking • Stress management
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- Action Plan Required: Yes/No

STATEMENT OF REVIEW

I met with _____ (**faculty member**) on _____ (**date**) to discuss my academic performance, clinical performance, and the development of my professional behaviors.

(Student Signature) _____ (Faculty Signature) _____

Appendix C: Technical Standards of Practice

Overall, the purpose of technical standards is to delineate the skills deemed essential for continuation in and completion of the educational program. Technical standards are necessary to identify and communicate specific expectations for student performance in the academic and clinical environments. Reflected in the standards are those behaviors, knowledge, and skills that degree candidates must possess to engage safely and competently in required learning activities and in clinical practice to ensure the well-being of the patient/client, self, and others. Skills fundamental to Physical Therapist practice and to the curriculum of the UW – La Crosse Physical Therapy Program include but are not limited to the following:

- **Observation:** Observe demonstrations and experiments in the basic sciences. Observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.
- **Communication:** Speak, hear, and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. Communicate effectively and sensitively with patients. Communicate effectively and efficiently in oral and written form with all members of the health care team.
- **Motor:** Possess sufficient motor function to elicit information from patients by palpation, and other diagnostic maneuvers. Execute motor movements reasonably required to provide general care and emergency treatment of patients. Coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
- **Intellectual-Conceptual, Integrative and Quantitative Abilities:** Measurement, calculation, reasoning, analysis and synthesis. Comprehension of three dimensional relationships and understanding of the spatial relationships of structures.
- **Behavioral and Social Attributes:** Possess emotional health and stability required for full utilization of intellectual abilities, exercise of good judgment, timely completion of all responsibilities related to the diagnosis and care of patients, and development of mature, sensitive and effective relationships with patients. Tolerate physically taxing workloads and function effectively under stress. Adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.

You can find out more about services available to students with disabilities at The ACCESS Center website: <http://www.uwlax.edu/access-center>

Appendix D: Professional Behaviors Assessment Procedure

1. Overview and philosophy
 - a. In accordance with APTA Code of Ethics and Core Values in Professionalism
 - b. It is the expectation that students in the UW-L DPT program will understand the importance of professional behaviors.
 - i. These behaviors are expected of all students throughout the course of the program; in the classroom, the clinic, and the community
 - c. UW-La Crosse PT program values professionalism as highly as academic success in the classroom or clinic
 - d. It is the belief of the UW-L PT Program that professional behaviors can be taught and developed.
 - e. Professional Behaviors will be assessed using “Professional Behaviors Assessment” (May, W. W., Kontney, L., & Iglarsh, A. (2010). Professional behaviors for the 21st century.)
 - i. “The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician.”
 - f. Students who are not meeting the expectations of professional behaviors will be held accountable for their actions
 - g. Faculty will review on a regular basis during “Student Updates” section of faculty meetings.
2. Expectations
 - a. In accordance with the 2010 Professional Behaviors Assessment (May et al.), the following behaviors will be expected, to the varying degrees of student progression, throughout the course of the PT Program (see Professional Behaviors Full Document)
 - i. Critical Thinking
 - ii. Communication
 - iii. Problem Solving
 - iv. Interpersonal Skills
 - v. Responsibility
 - vi. Professionalism
 - vii. Use of Constructive Feedback
 - viii. Effective use of Time and Resources
 - ix. Stress Management

- x. Commitment to Learning
3. Procedure for Assessment and Actions during clinical rotations (PTS 651, 751, 851, 852, 853)
 - a. Students will be assessed using validated tools throughout their clinical education experiences, and assessment and outcomes are provided by the respective course syllabi.
 4. Procedure for Assessment and Actions for all other circumstances outside of clinical education experiences
 - a. Faculty are encouraged to address individual observations of professional behavior issues at the time of observation.
 - b. If a student is not in compliance with one or more of the items listed in “Professional Behavior Expectations” (academic or clinical), any faculty member can bring the behavior to the attention of the faculty, either at a meeting or electronically. If the faculty vote to support action, the faculty member involved will issue a **Professional Behaviors Notification (PBN)**. The PBN form will be sent via email to the student, the student’s advisor, and the program director(s).
 - i. The Professional Behaviors Notification will include recommendations for an action plan if appropriate for the behavior/situation.
 - ii. The student will work with their advisor to craft the final action plan and timeline for completion of remediation efforts.
 - c. Additionally or alternatively, faculty will routinely assess “Student Issues” during regular faculty meetings allowing for discussion of behaviors observed and/or addressed by individual faculty that may present as a pattern.
 - i. If it is determined, upon faculty collaboration and vote, that a student is not in compliance with one or more of the items listed in the “Professional Behavior Expectations” the student’s advisor, or the involved faculty member will issue the student a Professional Behaviors Notification.
 - ii. The student will work with their advisor to craft the final action plan and timeline for completion of remediation efforts.
 - iii. If a student has an active Professional Behaviors Notification, their status will be discussed and updated as needed. (see next bullet)
 - d. Should the student fail to comply with the terms of their Professional Behaviors Notification, OR should the student receive 2 or more Professional Behaviors Notifications, the student will meet with the Professional Behaviors Committee for further review and recommendations.
 - e. If a student demonstrates a behavior that is determined by the faculty to be reprehensible (i.e., felony convictions, pleading no contest for behaviors that would prohibit the granting of a physical therapy license, behaviors that

jeopardize the welfare of patients or potential patients), the student will be subject to sanctions/dismissal in accordance with the UW-L Non-Academic Dismissal Policy.

- f. If a student demonstrates unprofessional behavior that falls under the University Academic Policies, (academic dishonesty, etc.) the program will defer to the policies and procedures of the University for such behaviors.
5. Professional Behaviors Committee:
- a. The Professional Behaviors Committee will be comprised of five members:
 - i. Program Director (or Associate)
 - ii. Director of Clinical Education (or Associate)
 - iii. Faculty Member
 - iv. Community Physical Therapist
 - v. Alumnus
 - vi. Alternates
 - b. If a student is called to meet with the Professional Behaviors Committee, the following procedure will take place:
 - i. Meeting will be scheduled by Program Director at the earliest opportunity, but no sooner than 5 business days after the student is notified of non-compliance or second PBN.
 - ii. Committee members and student will be provided with all documentation relative to the Professional Behaviors Notification and the subsequent remediation activities.
 - iii. Student will be given time to address the committee regarding the Professional Behaviors Issue, and their plan for further remediation, if any.
 1. The Student will be excused (note: the committee does not present their recommendation to the student).
 - iv. The Committee will discuss the student's behavior and recommend a course of action. The committee's recommendation will be forwarded to the faculty within two business days for consideration either electronically or at a meeting. The faculty will then make the recommendation and communicate this verbally, and in writing to the student, program director(s), and other appropriate parties. The possible recommendations are:
 1. Dismissal from the Program – for behaviors the committee believes cannot be remedied or are reprehensible.
 2. Program continuation with remediation terms.

- a. Terms **do not** allow student to complete next clinical experience.
 3. Program continuation with remediation terms.
 - a. Terms **do** allow student to complete next clinical experience.
 4. Program continuation without remediation terms.
 5. Rejection/withdrawal of the accusation.
6. Appeal Process.
- a. Should a student be dismissed from the Physical Therapy Program for a violation of the Professional Behaviors Policy, the student has the right to appeal the dismissal in accordance with University Policy and Procedures.

Appendix E: Professional Behaviors Notification



PROFESSIONAL BEHAVIORS NOTIFICATION

Issued to: ____ (Student Name) _____ on: ____ (Date) _____

This notification serves as official documentation that the UW-La Crosse Physical Therapy Faculty have noted that the student is not meeting the Professional Behavior Expectations of the PT Program as defined in the Professional Behaviors Assessment and Procedure (Appendix D).

Description of Behavior Observed:

Faculty recommendations for remediation (if applicable):

The student will create an action plan with objectives specific toward remediation of the above mentioned behavior, with edits and final signature by faculty advisor within **7 days** of this notification.

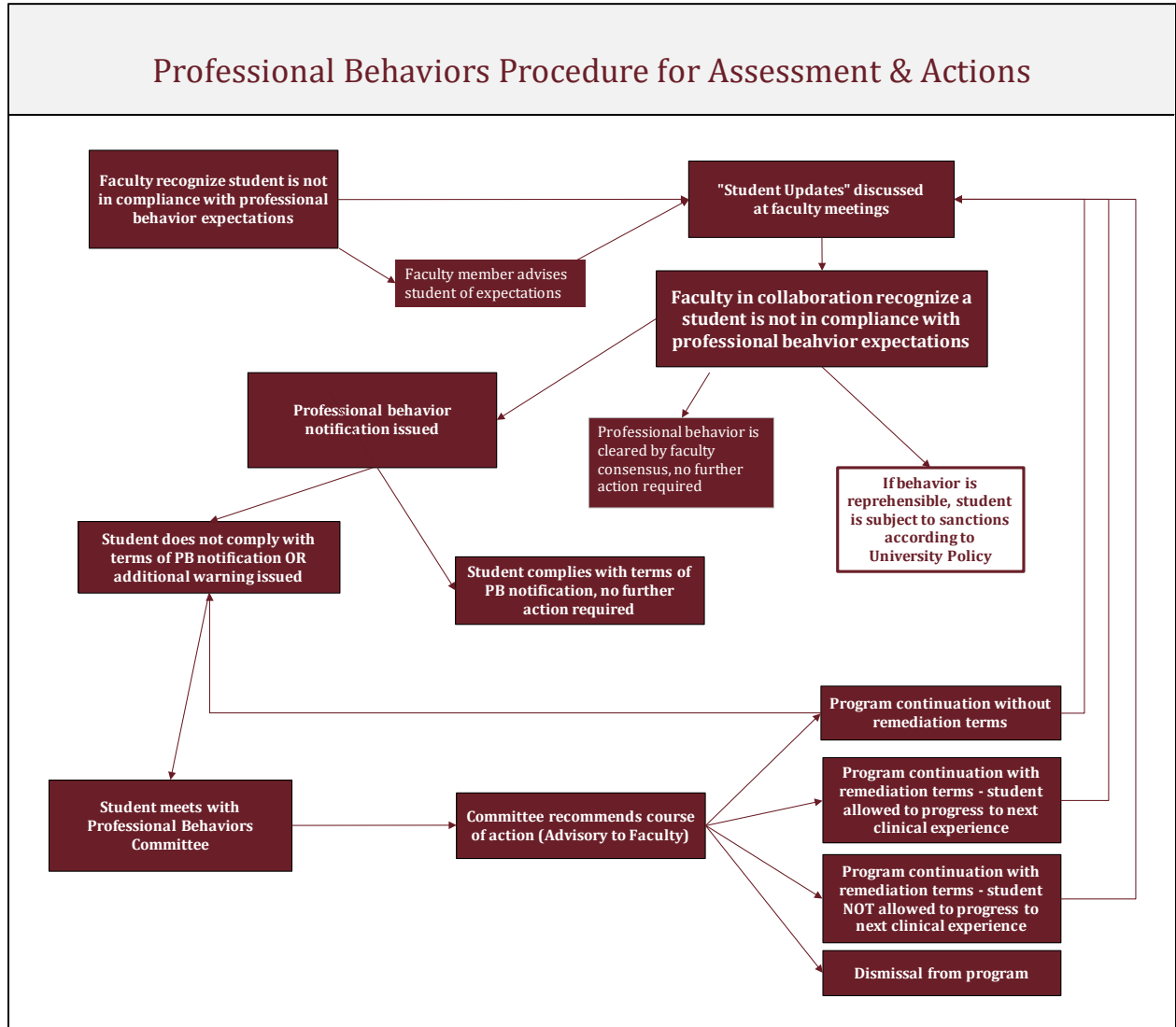
Signature of this document acknowledges receipt of the professional behaviors notification:

Student: _____ Date: _____

Faculty: _____ Date: _____

A copy of this notification is to be sent to the student, student's academic advisor, PT Program Director, and filed in the student's department file.

Appendix F: Professional Behaviors Procedure for Assessment and Actions



Appendix G: Equipment Inspection and Maintenance Policies

1. PURPOSE

To provide an accurate and comprehensive quality assurance / electrical safety program, ensuring compliance with industry standards.

2. PROCEDURE

An inventory list of patient care and non-patient care related equipment will be inspected at least annually. Specialized equipment used for research will be inspected by PT Program faculty. Patient care equipment is defined as equipment whose function is to treat or diagnose a patient condition. Quality assurance to patient care equipment will include operational checks that include: analysis of any outputs affecting a patient, all alarms, indicators and controls, electrical safety analysis as per above references, and minor corrective maintenance as needed. Equipment will be maintained and inspected as per manufacturer's specification and procedures whenever those procedures are available, and as per Midwest Biomedical Services PM2004 and AHA Maintenance Manual for Medical Equipment as cited above.

Non-patient care equipment is defined as any or all equipment that is located within the patient area and is not used as a form of treatment or diagnostic application. In this case, Western Biomedical Electronics Department will perform an "environmental sweep" which will include visual inspection and ground wire resistance where applicable.

In order to maintain an effective inventory and thoroughness of percent completion, UWL PT or - Western PTA faculty will notify the Western Biomedical Electronics Department when new equipment is acquired. Equipment shall be inspected by qualified personnel prior to use and catalogued.

3. DOCUMENTATION

At minimum a manual reporting system will be used to record results of testing of patient care equipment and date performed. Records will be maintained for each piece of equipment tested and/or repaired and are available to any inspecting agencies. In the event minor corrective actions are necessary, such actions will be logged on the report form. Individual pieces of equipment will be labeled with appropriate markings upon completion of testing.

4. REPORTING

Reporting will primarily be "by exception" or pass-fail, with the exception of devices outputting electrical power into a patient. In that case, power levels will be documented. When annual testing has been completed, a copy of all documentation will be provided to UWL PT or Western PTA Program Director/ designee. Any instances requiring major corrective maintenance will be reported promptly. In the event that major corrective maintenance is needed, equipment shall be clearly labeled "defective" and removed from service.

5. CORRECTIVE MAINTENANCE

In the event of failure requiring major repair, Western Biomedical Electronics Department will obtain parts and pricing information and provide that information to the departmental liaison for acquisition.

The departmental liaison will notify the Western Biomedical Electronics Department that the order was placed and the repairs will commence once all necessary parts have arrived. Should the Western Biomedical Electronics Department be unable to repair the equipment in-house, every effort will be made by the Western Biomedical Electronics Department to provide alternative service provisions based on both cost effectiveness and reliability.

When corrective maintenance has been completed, the device will be tested in accordance with the previously cited references and procedures. Upon completion of repair, an equipment history file will be created to record the repair and all subsequent repairs. It will be the Western Biomedical Electronics Department's responsibility to maintain equipment histories and make them available upon request.

References Listed: NFPA 99, Midwest Biomedical Services PM2004, AHA Maintenance Manual for Medical Equipment, JCAHO Accreditation Manual, and any/all specific equipment manufacturer's documentation.

6. INVENTORY TRACKING AND REPORTING

Equipment that may require repeated inspection and calibration will be entered into an inventory management system maintained in an electronic database. Registration of equipment in this system will include a person or group of persons that will be designated as a point contact for reporting proper function of the equipment. This inventory system will also be used to track the user and location to which an individual piece of equipment is registered and checked out for purposes of teaching and research. When students check out equipment for usage, the registered user will be entered as the faculty or staff member giving the student permission to check out equipment. When equipment is returned, the registered user will release the equipment back into the system and return to designate storage location.

The inventory tracking system will have a schedule of preventative maintenance inspections entered for each piece of equipment. The system will notify a user group of appropriate qualified personnel in advance of the scheduled maintenance check period. These users will then perform the required maintenance inspection and document results in the tracking system. In the event of equipment failure or suspicion of malfunction, a user will enter an inspection and repair ticket request into the inventory system. This ticket will include the point contact information of the entering user, details regarding failure, and repair priority indicating date at which equipment must be returned to service. The designated qualified personnel will be assigned to perform inspection and repair as warranted for the defective piece of equipment. Ongoing details of inspection and repair progress will be entered and updated into the ticket management system. In the event that equipment is non-repairable, the UWL PT or Western PTA Program Director will be notified with an estimate of cost of replacement. If required inspection and inspection is not performed in a timely fashion by assigned personnel within the mandatory schedule, then the UWL PT or Western PTA Program Director will be notified of the lack of action so that alternate personnel will be assigned to ensure completion and compliance.